Implementation Manual

ILLINOIS STATE BOARD OF EDUCATION

preschool for all

NURTURING ILLINOIS' PROMISE

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GOVERNOR, STATE OF ILLINOIS

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This implementation manual is designed to serve as a guide for administrators and staff of Illinois Preschool for All programs. Programs must adhere to the program guidelines as outlined in the implementation manual.

ILLINOIS STATE BOARD OF EDUCATION

Implementation Manual

Introduction
Overview of the Illinois Preschool for All (PFA) Program

ILLINOIS STATE BOARD OF EDUCATION EARLY CHILDHOOD CARE AND EDUCATION POSITION STATEMENT

The Illinois State Board of Education believes that the educational development and success of all Illinois children can be significantly enhanced when children participate in early childhood programs and services.

For the purposes of this position statement, early childhood is defined as the period in a child's life from birth through 8 years of age. Appropriate early childhood programs, practices, and services are defined as those which

- are founded on research-based knowledge about child development;

- promote the child's emotional, physical, mental, and social well-being; and

- support and nurture families.

The Illinois State Board of Education is actively committed to develop, deliver, and support early childhood programs, practices, and services that will enable all children to be successful students and responsible citizens. The State Board will give particular attention to the following actions:

1. Emphasize the need for high-quality early experiences that reflect research on and knowledge of program quality and outcomes across the developmental period of birth through 8 years.

2. Encourage Illinois public schools to create coherent early learning systems that minimize major transitions for children and provide stable, consistent educational experiences for young children, ages 3 through 8 years.

3. Make Preschool for All programs available for all Illinois children identified as at risk of academic failure and actively seek their participation. Support the provision of full-day prekindergarten for at-risk students who need additional educational experiences.

4. Support the availability of full-day kindergarten programs for all Illinois children. Full-day kindergarten is not mandatory.

5. Collaborate with families and relevant social service providers to provide early identification of and response to educational risk factors among children from birth through 3 years of age.

6. Collaborate with families, community organizations, child care organizations, Head Start, and other state agencies to meet the physical, mental, social, and emotional needs of young children, including their physical care and protection.

7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

PRESCHOOL FOR ALL PROGRAM

The Illinois State Board of Education is committed to supporting early childhood education to ensure that all Illinois children develop a strong foundation for learning. Public Act 096-0948 (see Appendix A) amends Section 2-3.71 of the School Code (105 ILCS 5/2-3.71) to establish the Preschool for All program to be administered on a competitive basis. The Preschool for All program emphasizes the relationship among early childhood education, parenting education and involvement, and future success in school.

The Preschool for All program replaces the Prekindergarten Program for Children At-risk of Academic Failure. Like its predecessor program, the Preschool for All initiative focuses on providing high-quality educational programs for children who are determined to be at risk of academic failure. When funds are available, funding may be provided for programs serving families of low to moderate income whose children are not considered to be at risk academically and other families that choose to participate.

In awarding Preschool for All grants, the Illinois State Board of Education must address two legislatively mandated priorities:

> **The first priority** in awarding grants must be given to applicants that propose to serve primarily children who have been identified as being at risk of academic failure. At-risk children are those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages. They have been determined, as a result of screening procedures, to be at risk of academic failure. A disproportionate share of all children considered to be at risk come from low-income families, including low-income working families, homeless families, families where English is not the primary language spoken in the home, or families where one or both parents are teenagers or have not completed high school. However, neither a child's membership in a certain group nor a child's family situation should determine whether that child is at risk.

> **The second priority** in awarding grants must be given to applicants proposing to serve primarily children whose family's income is less than four times the poverty guidelines updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services (HHS) under the authority of 42 U.S.C. 9902(2) (see Appendix B). For each child whose participation is based on the family's income, the successful applicant must collect evidence of family income level.

For purposes of the Preschool for All grant, "programs serving primarily at-risk children" are defined as those programs which

> Have 80 percent or more of the enrolled children identified as at risk; prioritize at-risk students over non-at-risk students when making enrollment decisions; and have taken specific, proactive measures to ensure that parents of potentially at-risk children in the community are aware of the opportunity for preschool education through the program.

Preschool for All programs must serve only 3- to 5-year-old children who are not age eligible for kindergarten (i.e., age 5 on or before September 1 of the school year in which the Preschool for All program is to be implemented). As part of the Early Childhood Block Grant, the Preschool for All program emphasizes the relationship among early childhood education, parenting education and involvement, and future success in school. Preschool for All programs are encouraged to think strategically about the use of early childhood funds so that each element of the effort reinforces and supports the others (Illinois State Board of Education, 2006).

Purpose

Research indicates that children who are provided with a high-quality preschool experience show significant positive developmental differences when compared to children from the same backgrounds who do not attend a preschool program (Barnett, 1995). Through the Illinois State Board of Education, funding is provided for high-quality preschool programs.

History

In 1985 legislation was established to offer prekindergarten programs for children ages 3 to 5 at risk of academic failure. Funding for the Prekindergarten Program began at $9 million for programming and $3 million for professional development activities. Prekindergarten funding was increased 10 to 20 percent in the first few years. In 2001 the first Governor's Task Force on Universal Preschool was developed. In 2003 the Early Learning Council was established. In 2003, 2004, and 2005, $30 million in new Early Childhood Block Grant funds were added to total $213 million. These funds were used to expand to child care, Head Start, and community-based organizations. Eleven percent of block grant funds are set aside for 0-3 programs. In 2006, $45 million additional funds were added, and Preschool for All was established. In 2007, Preschool for All funding was increased by $29 million. In FY2012, Preschool for All and Prekindergarten At Risk were combined into one program with one application.

Who Can Apply

Eligible Applicants: Public school districts, university laboratory schools approved by the Illinois State Board of Education (ISBE), charter schools, area vocational centers, and public or private not-for-profit or for-profit entities with experience in providing educational, health, social, and/or child development services to young children and their families are eligible to submit a proposal for the Preschool for All program for 3- to 5-year-olds.

If funds for new or expanding programs are allocated, eligible applicants not currently offering a Preschool for All program and current programs seeking expansion funds may apply. Applicants seeking funding to continue currently funded Preschool for All programs without expansion apply online through the Illinois State Board of Education Web Application Security (IWAS). Currently funded Preschool for All programs are approved through a continuation application process separate from the RFP.

Separate appropriations are awarded to the City of Chicago Public School District #299 for the initiatives funded under the Preschool for All grant program. Applicants proposing to provide services for children and families within the Chicago city limits must apply for funds through the Chicago School District and should contact Dr. Christine Ryan at (773) 535-3245 or email her at cryan@cps.k12.il.us.

If the Preschool for All program is operated in or by a child care center subject to licensure requirements of the Illinois Department of Children and Family Services (DCFS), then that child care center must hold the appropriate licensure in accordance with rules promulgated by DCFS (see 89 Illinois Administrative Code, Chapter III: Department of Children and Family Services, Subchapter e: Requirements for Licensure at http://www.ilga.gov/commission/jcar/admincode/089/089parts.html).

Applicants other than public school districts must provide evidence of existing competencies to provide early childhood education programs. This evidence should include the following materials:

- The agency's mission statement, goals, or policies regarding early childhood programs should be provided.
- A description of the agency's organizational structure and a list of any early childhood accreditations that have been achieved should be included.
- Joint applications for funds may be submitted; however, in each case, an administrative agent must be designated, and the joint proposal must have the signature of each district superintendent or official authorized to submit the proposal and agree to participate in the joint agreement. A school district or other eligible applicant can participate in only one proposal for a Preschool for All initiative.

How to Apply

When sufficient funding is available, the State Superintendant of Education will issue a Request for Proposal (RFP), which will be posted on the Illinois State Board of Education's web site at http://www.isbe.net/earlychi. Individual grant awards will be based upon the needs addressed in the proposal and total appropriation for the program. The grant period will begin no sooner than July 1 of the program year and will extend until June 30 of the program fiscal year. Funding in subsequent years will be contingent upon a sufficient appropriation for the program and satisfactory progress in the preceding grant year.

Section 1
Educational Program

We did not budget enough money for snacks this year and are planning to charge each child a small fee for snacks. Is that allowable with the Preschool for All grant?

Programs may not charge any fees to families in the Preschool for All program, including fees for snack, field trips, or materials and supplies.

Our teachers have divided the children into two groups. Three-year old children are in one classroom and four-year old children are in the other classroom. Is this appropriate for three and four-year old children to be divided into separate classrooms?

Three and four year-old children should be served in the same classroom in a multiage grouping.

Our Preschool for All classrooms meet 120 days a year because we take days off for planning staff development and home visits. Does this meet the required number of days?

If a program needs staff development days or home visit days, the administrator should hire substitute teachers so that the children will not miss any days of school. The Preschool for All classroom should meet the same number of days as the local school district.

HIGH-QUALITY PRESCHOOL PROGRAM

The sections below describe a high-quality preschool program that will enhance the development of young children.

Preschool for All offers an appropriate educational program for those children who are eligible to participate, as determined by the screening process. The education program that is established must meet the following requirements:

- The curriculum and instructional practices are aligned with the Illinois Early Learning Standards (to review the standards, go to http://www.isbe.net/earlychi and then under Resources at the right, click on "Illinois Early Learning Standards for 3 to 5 years olds").
- The individualized assessment profile for each child will be the basis for determining that child's educational program.
- The following domains of development are addressed: vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social and emotional skills, and cognitive development.
- A language and literacy development program shall be implemented for each child based on the child's individual assessment.
- An appropriate and nutritional snack is provided for participating children in a half-day program.
- Student progress will be assessed and documented to ensure that the educational program meets the needs of the student. (See Section 7 for assessment.)
- A system is established whereby each student's parents are routinely advised of their child's progress.
- The staff-child ratio for each classroom must not exceed one (1) adult to ten (10) children, and no more than twenty (20) children can be served in a single classroom. **Illinois State Board of Education expects each Preschool for All classroom to serve twenty (20) children, excluding Head Start, or if DCFS guidelines restrict the number of children allowed in the Preschool for All classroom due to square footage limitations.**
- Programs must be fully enrolled before a waiting list is created. Programs with a waiting list are required to serve all children identified as being at risk of academic failure before enrolling other children not identified as being at risk.
- The Preschool for All program is for children ages 3 through 5 who are not age eligible for kindergarten (i.e., age 5 on or before September 1 of the school year in which the early childhood program is to be implemented) and who qualify.
- 3- and 4-year old children are served in the same classroom.
- Preschool for All programs are not allowed to charge fees for field trips, snacks, registration, supplies, and materials etc.

A successful educational program contains the following elements:

- The program meets five days a week.
- The program is half-day and meets a minimum of two and a half hours each day.
- The program meets a minimum of 180 days a year—children attend same as school calendar (176 days).
- Emergency drill procedures and the class schedule are posted.
- Activities that pull children out of the classroom are minimal or nonexistent.
- Minimal time is spent waiting in line and participating in group snack.
- Teacher lesson plans have been developed and reflect the philosophy of the program and the Illinois Early Learning Standards.
- The education program is delivered in a group setting.
- An evidence-based curriculum is used. (See Section 5.)
- The classroom is stocked with developmentally appropriate materials, equipment, supplies, and learning tools.

- Provisions are made for children with disabilities to participate in the program. A minimum of 70 percent of the children in each classroom must be children without IEPs.
- Programs in child care centers must have a current and valid license from the Department of Children and Family Services (DCFS).

Daily Routine

Children have opportunities to utilize play to translate experiences into understanding. Adults establish a consistent daily routine (Dodge, Colker, & Heroman, 2002):

1. Adults and children follow a consistent sequence of events:
    - There are activities/learning experiences for each part of every day.
    - Adults refer to the names for the parts of the day.
    - Children are fully aware that there is a routine.
    - Children can anticipate what activities come next.
    - Children are provided one hour of uninterrupted choice time to carry out their individual plans or choices.
    - Children are actively engaged and appear focused as they carry out the activities in each time segment.
    - Blocks of time are scheduled in such a way that the children can become absorbed in their learning experiences without being interrupted.
    - Children are read to everyday.

2. The schedule provides a balance of activities:
    - Teacher-directed and meaningful child-initiated activities
    - Active and quiet activities
    - Independent and guided activities
    - Large-group, small-group, and individual activities
    - A minimum of time wasted by waiting in line and group snack
    - Outside time

3. The program has a time during which children initiate activities and carry out their intentions:
    - Children choose areas, materials, and activities.
    - Children are free to invent activities.
    - Children use materials creatively.
    - Children are free to take materials from one area to another.
    - Children are free to change activities.

4. The program has a time for small-group activities that reflect and extend children's interests and development:
    - Small-group times are planned around children's interests and geared to their developmental levels.
    - Adults introduce the activity.
    - Children contribute their ideas and participate at their own levels.
    - Adults use many strategies to support and extend children's activities.

5. The program has a time for large-group activities that reflect and extend children's interests and development:
    - Large-group times are planned around children's interests and geared to their developmental levels.
    - Adults introduce the activity.
    - Children contribute ideas and participate at their own levels.
    - Adults use many strategies to support and extend children's activities.
    - All adults participate with children at large-group time.

6. During transition times, children have reasonable choices about activities and timing as they move from one activity to the next:
    - Children make choices during transition times.
    - Adults let children know transitions are coming.
    - Parts of the day overlap.
    - Children have the option of finishing the previous activity or moving to the next activity without the rest of the group.
    - Adults plan ways for children to make transitions.

7. The program has a cleanup time with reasonable expectations and choices for children:
    - Children are involved in cleaning up.
    - Adults accept children's level of involvement and skill at cleaning up.
    - Children have choices during cleanup time.
    - Children are given a reasonable amount of time to finish what they are doing before cleaning up.
    - Adults support children's learning during cleanup time.

8. The program has a snack center that encourages social interaction:
    - Children have choices at the snack center.
    - Children are encouraged to be self-sufficient.
    - Adults are able to interact with children at the snack center.

9. The program has an outside time during which children engage in a variety of physical activities:
    - During outside time, children play in a variety of ways.
    - Children use a variety of age-appropriate, stationary outdoor equipment.
    - Children use a variety of portable equipment; e.g., tricycles, balls, sleds, buckets, chalk, bubbles, garden tools.
    - Adults provide materials and equipment.
    - Adults participate in children's play.
    - Adults imitate or build on children's actions.

Sample Daily Schedule

(AM Class)
8:00-8:30 Arrival (wash hands) and Choice Time
8:30-8:35 Cleanup Time
8:35-9:00 1st Group Time
9:00-10:00 Center Time (includes snack as a center)
10:00-10:05 Cleanup Time
10:05-10:35 Gross Motor
10:35-10:40 Wash Hands
10:40-11:00 2nd Group Time
11:00 Dismissal and Lunch

(PM Class)
12:00-12:30 Arrival (wash hands) and Choice Time
12:30-12:35 Cleanup Time
12:35-1:00 1st Group Time
1:00-1:30 Gross Motor
1:30-1:35 Wash Hands
1:35-2:35 Center Time (includes snack as a center)
2:35-3:00 2nd Group Time
3:00 Dismissal

Adult-Child Interaction

Building positive relationships with young children promotes academic and social competence and should begin early in a child's educational journey. Through moving children forward and continuing to help them build new competencies, we take children from dependent to independent learners. Through conversations with peers and supportive adults in the classroom, literacy development advances naturally and fosters children who embrace meaningful experiences with a better understanding of the world around them.

Adult-child interactions include the following elements (Dodge, Colker, & Heroman, 2002):

Adults use a variety of strategies as co-players in children's play:
- Observe and listen before and after entering children's play.
- Assume roles as suggested by children.
- Follow the children's cues about the content and direction of play.
- Imitate children.
- Match the complexity of children's play.
- Offer suggestions for extending play.
- Stay within the children's play theme.

Adults listen to children and encourage children to talk about what they are doing, trying out and imitating children's ideas, using children's words, and commenting specifically on children's work:

- Adults encourage children to explore and use materials at their own developmental level and pace.
- Adults encourage children to use materials in their own individual way.
- Adults support children when they choose to repeat an activity.
- Adults acknowledge children's individual accomplishments.
- Adults use encouragement instead of praise to acknowledge individual children's efforts and ideas.
- Adults encourage children to interact with one another in ways appropriate to their developmental levels.
- Adults find many opportunities to link children to one another.
- Adults look for and support children's spontaneous cooperative efforts.

Children's basic physical needs are met:

- Nutritious food is provided.
- Denial of food is never used as a form of control or punishment.
- Children are given choices of quiet activities at rest time.
- Children use the toilet as needed.
- Wet or soiled clothing is changed promptly.
- Injuries and illnesses are attended to promptly.
- Children's separation from home and daily entry to the program is handled with sensitivity and respect.

MULTIAGE GROUPING IN EARLY CHILDHOOD EDUCATION

Multiage grouping in a Preschool for All classroom is beneficial for all children in the classroom. Lev Vygotsky, Jean Piaget, and Jerome Bruner have stressed cognitive development as being closely linked to the brain's construction of knowledge within a social context. Their work has been useful in providing a base for multiage grouping (North Central Regional Educational Laboratory, 2004). The following is a summary of their ideas:

Lev Vygotsky. Vygotsky asserts that the most fruitful experience in a child's education is his or her collaboration with more skilled partners. Vygotsky explains that the more experienced partner provides help in the way of an intellectual scaffold, which allows the less experienced learner to accomplish more complex tasks than may be possible alone (Stone, 1995; McClellan, 1994). Within a multiage setting, many opportunities exist for interaction between children of different ages, experiences, and developmental levels. (North Central Regional Educational Laboratory, 2004)

Jean Piaget. Piaget considers the most critical factor in a child's cognitive development to be interaction with peers. Interaction lends opportunities for the child to have cognitive conflict, which results in arguing or debating with peers. This type of interaction requires children to *decenter,* or consider another person's point of view. Piaget observes that children are most challenged in their thinking when they are with peers, because they all are on an equal footing and are more free to confront ideas than when interacting with adults. However, when children are too similar in their thinking, there may be little to debate about, resulting in fewer developmental gains (Stone, 1995; McClellan, 1994). The multiage setting maximizes a child's opportunity for cognitive conflict because it brings together children at a variety of developmental levels. For further information, refer to Thinking about Piaget in Relationship to the Mixed-Age Classroom (McClellan, 1993). (North Central Regional Educational Laboratory, 2004)

Jerome Bruner. Bruner observes that the process of constructing knowledge of the world is not done in isolation but rather within a social context. The child is a social being and, through social life, acquires a framework for interpreting experiences (Bruner & Haste, 1987). Bruner (1966) also notes that "there is no unique sequence for all learners, and the optimum in any particular case will depend upon a variety of factors, including past learning, stage of development, nature of the material, and individual differences" (p. 49). Effective curriculum then, must provide many opportunities and choices for children (Anderson & Pavan, 1993). Within the multiage setting, opportunities exist for children to make choices about their learning experiences. In addition, the variety of teaching methods used in the multiage classroom provides opportunities for children to construct knowledge in a multitude of ways. (North Central Regional Educational Laboratory, 2004)

In summary, the work of Vygotsky, Piaget, and Bruner emphasize the importance of multiage grouping in early childhood education. A classroom in which 3- and 4-year-old children work and learn together provides a stimulating environment both socially and cognitively. Preschool for All programs are encouraged to offer classrooms with 3- and 4-year-old children in a multiage grouping.

Section 2
Recruitment, Enrollment, and Records

A child came to our screening but will not be three-years old until November. Can we enroll a child who is not yet three years old?

A child who turns three after September 1st of the current year cannot be enrolled in Preschool for All until their third birthday. The program must consider the following:

- **Children are eligible for kindergarten when they are 5-years old on or before September 1st of the given year. Due to this, children enrolled in Preschool for All who are 3-years old after September 1st would be attending the program for three years.**
- **Only the most at-risk 3-year old children should be enrolled in Preschool for All when their birthday falls after the September 1st deadline. This would include children from Prevention Initiative, Early Intervention, and Early Head Start programs. The most at-risk child with the greatest number of eligibility criteria, including circumstantial risks and information from the parent interview, would be considered when determining enrollment in the program.**

A family lives in Iowa but the mother works in Illinois everyday. She would like to bring the child to Preschool for All in Illinois. Is this allowable?

A child must be a resident of Illinois in order to attend the Preschool for All program.

We have written our own screening instrument. Is that appropriate for Preschool for All screening?

The screening process must include a research based screening instrument and use weighted eligibility criteria to prioritize enrollment of the most at risk children.

CHILD FIND

Recruitment

The recruitment process should begin in the spring of the preceding year of the start of the program. Flyers may be sent home with children enrolled in elementary school and be posted throughout the community and in the local newspapers. This process should include the local Head Start agency and all area early childhood programs. Posters could be displayed at local health departments, libraries, post offices, hospitals, and local businesses such as laundromats, grocery stores, and doctors' offices, as well as notifying home visit specialists through local intermediate school districts and community mental health agencies.

Additional ideas might include the following activities:
- Conducting a door-to-door census.
- Advertising at area fairs and festivals.
- Setting up a display at a local school's open house, church, child care etc.
- Making information available at library story hours.

Screening

The goal of screening is to identify and serve Illinois' neediest children.

Programs must develop procedures to be used to screen all children and their families to determine their need for services. Screening should be conducted on a communitywide basis and be developed and implemented with cooperation among programs serving young children operating in the area to be served (e.g., public schools, licensed child care providers, special education, Head Start, prevention initiative, Early Intervention, Child and Family Connections, and Child Find).

A screening is a short administered tool or checklist that identifies children needing further assessment/evaluation or identifies participants for a given program. Preschool for All programs must use a research based instrument as well as a weighted eligibility criteria.

Examples of Broad-Based Screening Instruments

- Ages & Stages Questionnaire, www.brookespublishing.com
- AGS Early Screening Profiles, http://ags.pearsonassessments.com
- Battelle Developmental Inventory, www.riverpub.com
- Brigance Screens, www.curriculumassociates.com
- CIP (Comprehensive Identification Process) Screen, http://ststesting.com/CIP.html
- Denver Developmental Screening II, www.denverii.com
- Developmental Indicators for the Assessment of Learning–Third Edition (Dial-3), http://ags.pearsonassessments.com
- Early Screening Inventory (ESI-R or ESI-P), http://ags.pearsonassessments.com
- First STEP-First Screening Test for Evaluating Preschoolers, http://pearsonassess.com

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All comprehensive screening procedures must include the following:

- Criteria will be used to determine at what point performance on an approved screening instrument indicates that children are at risk of academic failure as well as to assess other environmental, economic, and demographic information that indicates a likelihood that the children would be at risk. All screening instruments and activities must relate to and measure the child's development in these specific areas: vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills, and cognitive development.

- All screening procedures must include a parent interview (to be conducted in the parents' home/native language, if necessary). This interview should be designed to obtain a summary of the child's health history and social development and may include questions about the parents' education level, employment, income and age; the number of children in the household; and the number of school-age siblings experiencing academic difficulty.

- Vision and hearing screening, in accordance with 77 Illinois Administrative Code 685 (Vision Screening) and 77 Illinois Administrative Code 675 (Hearing Screening) (Appendix C), must be provided.

- Written parental permission for the screening must be obtained.

- Where possible, teaching staff of the Preschool for All program must be involved in the screening process. Results of the screening must be made available to the teaching staff.

- Results of the screening are shared with parents through an exit interview.

Research has shown that a successful screening component addresses the following elements:

- The at-risk factors to determine eligibility are agreed upon by all partners.
- The at-risk factors used for program eligibility are based upon the risk factors present in the community.
- The most at-risk children with the greatest number of eligibility criteria are enrolled in the program.

Eligibility Criteria

Eligibility requirements are based on local need to identify children at risk of academic failure. At-risk children are those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages to be at risk of academic failure. A disproportionate share of all children considered to be at risk come from low-income families, including low-income working families, homeless families, families where English is not the primary language spoken in the home, or families where one or both parents are teenagers or have not completed high school. However, neither a child's membership in a certain group nor a child's family situation should determine whether that child is at risk. Eligibility criteria may be established for Preschool for All to meet the needs of the programs and community. (See Sample Forms 1, 2, & 3 in Section 2.)

When determining eligibility criteria for the Preschool for All program, a good tool to consider is Maslow's Hierarchy of Needs created by psychologist, Dr. Abraham Maslow. Maslow's Hierarchy of Needs is broken into five levels; however, only four levels are applicable to screening.

Level I – Biological and Physiological Needs
These needs would score four points each because they are considered basic deficiency needs. A child who is stressed or hungry cannot learn. A child who is in an environment absent of unconditional love cannot learn. The brain of a child who feels physically or emotionally threatened can produce chemicals that will actually inhibit learning. Threat or stress can put a young child's brain in survival mode at the expense of higher order thinking skills, and lasting threat or stress can reduce the brain's capacity for understanding, meaning, memory, and analytical thinking (TLL Education Services).

A sample of checklist items that could place a child at risk of academic failure for Level I are:

Economic
> Federal Lunch Program
> Subsidized Housing
> Public Aid
> Homeless

Heath
> Nutritional Deficiency
> Lead Exposure
> Vision Problems
> Chronic Illness: (ear infections, asthma, ADD, etc.)
> Heath Concerns

Birth/Prenatal Factors
> Lack of Prenatal Care
> Age of Mother
> Low Birth Weight
> Fetal Drug Exposure
> Oxygen Deprivation
> Lack of Medical Attention
> Pre/Post Delivery High Risk
> Congenital Anomalies
> Fetal Distress
> Premature Birth
> Failure to Thrive

Level II – Safety Needs
These needs would score three points each. Security needs are important for survival, but they are not as demanding as the biological and physiological needs.

A sample of checklist items that could place a child at risk of academic failure for Level II are:

Parenting/Home Environment
>Behavior Management Skills
>Communication Skills
>Effective and Positive Interaction
>Nurturing
>Access to Support Services
>Realistic Goals
>Family Structure
>Safe Environment
>Consistency of Care

Abuse/Neglect
>Foster Care
>Shelters
>Court Supervision
>Restraining Order
>DCFS Involvement

Level III – Belongingness and Love Needs
These needs would score two points each. These needs are considered less basic than physiological and security needs. Developing relationships with family and friends help fulfill the need for companionship and acceptance.

A sample of checklist items that could place a child at risk of academic failure for Level III are:

Speech/Language
>Difficulty Labeling
>Repeats
>Will not answer questions
>Low Vocabulary
>Conversing Issues
>Trouble Understanding
>Articulation
>Receptive Issues
>Connective Speech

Social/Emotional
> Lack of Self Control
> Lack of Self Esteem
> Trouble expressing feelings
> Trauma
> Loss/Death/Divorce
> Separation issues
> Lack of Social Skills
> Lack of Respect

English as a Second Language (ESL)
> Primary Home Language
> Oral Proficiency Level

Level IV – Esteem Needs

These needs would score one point each. After the first three needs have been satisfied, esteem needs become increasingly more important.

A sample of checklist items that could place a child at risk of academic failure for Level IV are:

Learning Skills
> Short attention span
> Personal Data
> Trouble Following Directions
> Low Score on Developmental Screening
> Body Parts

Gross/Fine Motor
> Pencil Grasp
> Walking
> Balance
> Grasping
> Visual Motor

Self Actualization
Creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

Level IV - (1 pts) Esteem Needs
Confidence, achievement, respect of others, respect by others, etc.

Level III - (2 pts) Belongingness and Love Needs
Family, friendship, intimacy, etc.

Level II - (3 pts) Safety Needs
Protection, security, order, law, limits, stability, etc.

Level I - (4 pts) Biological and Physiological Needs
Basic life needs – air, food, water, shelter, warmth, sleep, etc.

Rhonda Clark, Illinois State Board of Education

Demographics and Individual Children's Records (Appendix E)

The following records must be found in each enrolled child's file:

- Name, address, and phone number
- Age documentation
- Birth certificate
- Health and immunization record
- Documentation of a minimum of two risk factors used for eligibility in the program (see Sample Form 4)
- Income verification (if being used as entrance criteria)
- Demographic and family information (emergency and home information) (see Sample Form 5)
- Name and numbers of anyone else to whom the child can be released

During the year, the following information should be placed in each child's working file:

- Family involvement record (parent-teacher conferences and home visits) (see Sample Form 6)
- Assessment of children's progress

The information for each child should be kept intact in a secure place for the required period. If a required document is needed for other purposes, it should be photocopied so that the file is complete at all times. Children's files are subject to all of the rules about family privacy and confidentiality. Programs are required to have confidentiality policies and to limit access to sensitive information. Families, of course, have the right to copies of their children's files. In particular, the enrollment qualification data (risk factors) should be carefully secured and should not follow the child to elementary school. However, should a child transfer to another preschool program, records should follow the child.

Health and Immunization Records (Appendix F)

In a center-based program, each child must have a record of immunizations, as required by the Division of Child Day Care Licensing, at the time of enrollment.

Immunizations that are not up to date must be in the process and completed within 30 days of a child's enrollment. Each child must also have a health form on file within 30 days of enrollment. The health form must be signed by a health care professional indicating that the child has been examined and may participate in a preschool program. Preschool for All program grantees are required to collaborate with school district programs, such as special education, and community providers of services to ensure that children receive all necessary assistance to help them be successful when they enter school.

Family Involvement Records (See Sample Form 6)

The Illinois Preschool for All grant program grantees must provide for active and continuous participation of parents or guardians of the children in the program. All 04-certified teachers, including those in family home child care, must have a minimum of four family face-to-face contacts; two must be parent-teacher conferences. Programs should use reporting forms signed by staff and families to document all meaningful face-to-face visits and each parent-teacher contact. (See Sample Forms 5 & 8.) These must be kept in the child's file.

Documentation of Children's Progress

Documentation of children's progress while in the program is required and must be maintained in each child's file. Appropriate assessment relies on systematic observation of children in the program. Programs needing additional instruments for screening or other purposes are advised to choose valid and reliable instruments that are not culturally biased and that assess children through the use of familiar activities. Instruments should be used only for the purposes for which they have been developed. (Please refer to Section 7 for additional information.)

Program Data Collection
The Preschool for All grantees are required to follow children's progress as they enter elementary school to determine the effectiveness of the program.

Homeless (Appendix G)
The ISBE homeless policy states that every child or youth be enrolled and attend the appropriate school every day. The McKinney-Vento Homeless Assistance Act requires handling of children to be done in a sensitive and respectful manner. The goal is to minimize any educational disruption and to promote and provide social-emotional support to the children and families involved.

Homeless is defined by federal and state law as follows:

Homeless students include, but are not limited to, children or youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (commonly referred to as being "doubled up"); are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; are awaiting foster care placement; are staying in public or private places not ordinarily used as sleeping accommodations; are living in cars, parks, public places not ordinarily used as sleeping accommodations; are living in stations or similar settings; or are otherwise not residing in a fixed, regular, and adequate nighttime residence. There is no specific time limit on how long a child or youth can be considered homeless. Whether a child or youth meets the definition of homeless depends on the living situation and the individual circumstances.

Residency
All children who attend a state-funded Illinois Preschool for All grant program must live in Illinois; they must be eligible to attend Illinois public schools. This includes migrant children during the time they are living in Illinois. Children who live in bordering states, even if their parents/guardians work in Illinois, are not eligible for an Illinois program.

Age (Appendix H)
Preschool for All programs must serve only 3-5 year old children who are not age-eligible for kindergarten (i.e., age 5 on or before September 1 of the school year in which the Preschool for All program is implemented). A copy of a legal birth certificate may document a child's age eligibility. The age record must be kept in the child's file for audit purposes. Children who turn three after the September 1st deadline are eligible for prekindergarten on their third birthday. Program administrators must consider several factors when making decision concerning enrollment of these children. Only the most at-risk 3-year old children may be enrolled after their third birthday. This would include children from Early Intervention, Early Head Start, and Prevention Initiative, as well as children determined to be the most at-risk by a screening identifying circumstantial risk factors, eligibility criteria, and information from the parent interview.

Toilet Training
Eligibility criteria does not discriminate against children who are not toilet trained.

Sample Forms

1. Preschool for All Screening Form

2. Screening Eligibility Sample

3. Eligibility Checklist

4. Documentation of Eligibility

5. Parent Information Form

6. Family Involvement Record

7. Confidentiality Policy

8. Parent Contact Reporting Form

Preschool for All Screening Form   Sample Form 1

Child's Name_____Birthdate_____Age_____

The Following Will Be Worth 5 Points:

Child will be 4 years old by Sept. 1……………………………. _____

Motor Skills – potential concern ……………………………… _____

Concepts – potential concern……………………………….. _____

Social-Emotional Observations – potential concern………….. _____

Speech & Language – potential concern……………………… _____

Economic Status: low income, Public Aid, Free/Red. Lunch… _____

Physical/Health concerns…………………………………… _____

Prenatal/Birth concerns…………………………………….. _____

Family situation: abuse/alcohol/drugs/prison involvement/

        Family member in special ed/ developmental

        Or mental disability/chronic illness of parent/

        Divorce/lived in shelter, domestic violence, etc...._____

Child lives with adult other than birth parent…………………. _____

Family lives with child's grandparents, friends, or homeless… _____

Family has required services of DOVE, DCFS………………. _____

The Following Will Be Worth 4 Points:

Parent did not graduate from high school…………………… _____

Mother is 21 years old or younger…………………………… _____

Family is associated with, or receives support services from

        one or more social service agencies………………….. _____

Parenting Skills – lack of effective or positive interaction,

        non-nurturing, other……………………………….... _____

The Following Will Be Worth 3 Points:

Serious behavior concerns…………………………………… _____

English as a second language………………………………… _____

Short attention span………………………………………….. _____

Difficulty communicating/separating………………………… _____

Sibling in program…………………………………………… _____

Comments:_____
_____

_____ Child meets eligibility requirements for at-risk criteria
_____ Child does not meet eligibility requirements for at-risk criteria

Form provided by Baby Talk Pre-K

Screening Eligibility Sample

Sample Form 2

1. Children are eligible if they show a delay in any two areas measured by the screening instrument. (ASQ and BHASED screening tool)
2. Children are eligible if they show a delay in any one area and score 5 or more on risk factors. (ASQ and BHASED screening tool)
3. Children are eligible if they are questionable in an area and score above 8 on the risk factors. (ASQ and BHASED screening tool)
4. Children are eligible if they score a 12 or above on the risk factors.
5. Children are eligible if they receive a score of PKF on the BHASED screening tool. (This indicates that the child is eligible for Preschool for All services.)
6. Children are eligible if they receive a score of Refer on the BHASED screening tool. (This indicates that the child is eligible for Special Education services.)
7. Children are eligible if they attended the Preschool for All program during the previous year.
8. Each community chooses eligibility criteria and creates a score ranking to consider child eligible.

Risk Factors

3 Pts	Attends no program (No child care or other prekindergarten)	2 Pts	Teacher referrals
2 Pts	Attends one day per week or less	2 Pts	Parent balancing work and school
0 Pts	Attends two or more days per week	3 Pts	Chronic or terminal illness of household family member
3 Pts	Homeless/foster child	3 Pts	Disability of household family member
3 Pts	DCFS involved with family	3 Pts	Excessive mobility (more than three times since birth)
2 Pts	Low birth weight/Failure to thrive/Premature		
3 Pts	Fetal alcohol/drug exposure	3 Pts	Single-parent household
3 Pts	Congenital or chronic illness of child	3 Pts	Grandparent(s) raising child
3 Pts	Disability of child/early intervention eligibility	2 Pts	Large family size (4 or more children)
		3 Pts	Language other than English in the home
3 Pts	Social security (SSI) disability funded	3Pts	Siblings who are older are experiencing academic difficulties
3 Pts	Poverty/TANF eligibility		
3 Pts	Public housing eligibility		
3 Pts	Federal lunch program eligible		
3 Pts	Age of mother at birth of this child 18 years or younger		
2 Pts	Low education of parent		
3 Pts	Parent deceased/incarcerated		
3 Pts	Victim of abuse/domestic violence		
3 Pts	Drug/alcohol abuse of parent		
3 Pts	Multiple employment/struggling to meet basic needs		
3 Pts	Child or family receiving counseling		
3 Pts	Living in multiple households		
2 Pts	Receiving additional services (i.e., speech, mental health)		
2 Pts	Vision/Hearing referrals		

Screening Observations
(each worth 1 point)

- Unable to separate
- Unsteady or awkward
- Crying or whimpering
- Unusually quiet or withdrawn
- Distracted
- Fidgety or restless
- Disruptive
- Resistive
- Lethargic
- Impulsive

Sample form provided by Rock Island County Regional Office of Education #49

Eligibility Checklist

Screen each child and rank scores to determine eligibility.

_____Eligible

_____Ineligible

_____Other

Child's Name_____

PLEASE CHECK ALL THAT APPLY

5 _____ English not spoken as first language in the home

5 _____ History of abuse in family

5 _____ One parent incarcerated or past history of incarceration

5 _____ Two or more screeners indicate concern

5 _____ Referral from other agency   Explain _____

5 _____ Homeless family

5 _____ Primary caregivers are not the child's parents/wards of the state

5 _____ Speech/Language pathologist indicates need for intervention

5 _____ Socially isolated

4 _____ Child has been served by another at-risk program

4 _____ Teen parent at birth of first child

4 _____ History of alcohol or drug abuse in family

4 _____ Child of active duty military parent

4 _____ Health concern Explain _____

4 _____ Other siblings or parents in special program

4 _____ Siblings had been enrolled in prekindergarten program

4 _____ Receive community resources Identify _____

4 _____ Low income/parents unemployed

3 _____ Behavioral concerns

3 _____ Single parent family/blended family

3 _____ Concern on the hearing and/or vision screening

3 _____ Parent(s) not high school graduates

2 _____ Family history of transience

_____ CONCERNS_____

_____ = TOTAL SCORE

_____ Speech/Language rescreen   _____Hearing/Vision Referral

_____ Speech/Language evaluation   _____Special Education referral

Adapted from Regional Office of Education #12

Documentation of Eligibility

Sample Form 4

Qualifications for Preschool for All

Name of Child:_____

First   MI   Last

Date of Screening:_____

Month   Day   Year

Screening Instrument Used:_____

Screening Completed By:_____

Name of Screener:_____

Screening Scores:

Developmental   Speech   Behavior

_____   _____   _____

Vision _____   _____   Hearing_____   _____

Pass   Referral   Pass   Referral

Child Qualified for Preschool for All Service?   Yes   No

Child Enrolled in the Preschool for All Program?   Yes   No

Date Enrolled in the Preschool for All Program_____

Date Exited the Preschool for All Program_____

Form provided by Rock Island County Regional Office of Education

Parent Information Form   Sample Form 5

Today's Date_____   Form Completed By:_____

The information you provide on this form is strictly confidential. This information is important because it helps us to have a picture of the whole child when we are considering referral or placement options. Thank you for your cooperation.

Child's FULL Name_____ Nickname_____
Address_____
Date of birth_____Boy_____ Girl_____
Phone_____
If no phone, please give name and number for emergency:_____
Are both parents living in the home with this child?   Yes_____   No_____   Homeless_____
If no, with whom does this child live?_____
Relationship to child_____
Father's name_____Age_____
Presently employed? Yes_____ No _____
Education: (Indicate highest level completed)_____
Place of employment_____Work phone_____
Address if different from child's_____
Phone if different from child's_____
Mother's name_____Age_____
Presently employed? Yes_____ No _____
Education: (Indicate highest level completed)_____
Place of employment _____Work phone_____
Address if different from child's_____
Phone if different from child's_____
Person to be contacted: Mother_____ Father_____ Other_____
If other than parents, fill in below:
Name_____Relationship_____Phone_____

Please check any of the agencies your family is/has been involved with:

____Preschool for All (Pre-K)   ____GED   ____SocialSecurity
____Head Start   ____Public Aid (IDPA)   ____Drug and/or Alcohol
____Birth-3 Program   ____Dept. of Children and   Rehabilitation
____Private Preschool   Family Services (DCFS)   ____County Health Dept.
____Alternative Ed.   ____Shriners   ____WIC
____Southeastern Special   ____Department of Corrections
    Education (SESE)   ____Other_____

List names of all people living in household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check appropriate yearly family income:
_____$0 - $10,000   _____$20,000 - $30,000
_____$10,000 - $15,000   _____$30,000 - above
_____$15,000 - $20,000

Has anything happened that may be influencing your child's development: (For example: divorce, separation, relocation, new baby, death, etc.)   Yes __ No____
If Yes, please explain: _____
_____

Parent Information Form (continued)

Developmental Background

Family doctor_____
Was this child premature? Yes_____ No_____ If yes, how much?_____
Child's birth weight:_____
Were there any complications or difficulties during pregnancy and/or birth of this child?
 Yes_____ No_____
If yes, please explain:_____
Was this child exposed to drugs or alcohol before birth? (Including prescription drugs taken by the Mother during pregnancy) Yes_____ No_____
Is this child on medication? Yes_____ No_____ If yes, why and what is the medication?_____
_____
Is the child prone to ear infections? Yes_____ No_____ If yes, how often? _____
Has the child had an ear/hearing exam Yes_____ No _____ When_____
Where_____Results_____
Has the child had a vision exam? Yes_____ No_____ When_____
Where_____Results_____
Is there a history of any serious health problems in your family? Yes_____ No_____
Please explain_____
_____
This child began walking at _____months.

Do you notice or has a doctor reported any of the following in this child?

____Asthma	____Nose bleeding	____Thumb sucking
____Chronic ear infection	____Indigestion	____Stuttering
____Nail biting	____Constipation	____Bed wetting
____Epilepsy (seizures)	____Heart trouble	____Diarrhea
____Allergies	____Diabetes	____Hyperactivity
____Vomiting	____Serious blows to the head	____Lack of consciousness
____Lack of coordination	____Stomach aches	____Frequent fevers
____Headaches	____Overtired/lacking pep	____Medical problems
____Sinus		____Nightmares

Other physical problems? Please explain.
_____
_____
_____

Is there anything else you would like us to know?_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Form provided by Regional Office of Education #12

Family Involvement Record   **Sample Form 6**

<p align="center">FY_____</p>

Child's Name_____

<p align="center">First   MI   Last</p>

Child's Date of Birth_____

<p align="center">Month/Day/Year</p>

Child's Enrollment Date_____

Parental Involvement

Indicate the date in the boxes below that parental involvement has occurred during the fiscal year.

Home Visit (when needed)	Parent-Teacher Conferences	Parent Education Meeting	Parent/Child Interaction Activity	Classroom Visit	Field Trips	Other

Confidentiality Policy

Confidentiality Assurance Agreement for the Preschool for All Program

I, _____, agree to keep all information

         (Name of Employee)

relating to _____ staff, parents, children, and/or

         (Name of Program)

families confidential. I will not disclose this information to any other third party or make

use of the information for purposes in the community.

In the case of a breach in confidentiality, the following steps will be taken:

1st Offense-Verbal Warning

2nd Offense-Written Warning

3rd Offense-Possible Termination

Signature of Employee: _____

Date: _____

Parent Contact Reporting Form

Sample Form 8

All 04-certified teachers, including those in family child care homes, must have a minimum of four family face-to-face contacts. Two family contacts must be provided by parent teacher conferences. Programs should document all meaningful face-to-face contacts by using the attached reporting form and including signatures by the teacher and parents/guardian. This reporting form should be kept in the child's individual file.

Date Contact Occurred: _____

Define the type of contact:
Home Visit, Parent/Teacher Conference, Classroom Visit, Parent Education Meeting, Parent Advisory Council, Parent Support Group, Other

_____

Briefly describe the outcome of the meeting:

_____

_____

_____

_____

_____   _____

Teacher's Signature   Date

_____   _____

Parent's/Guardian's Signature   Date

Section 3
Children with Special Needs

I have a child in my Preschool for All classroom who seems to need additional testing. Who do I contact for this service?
Contact the program administrator or the director of special education for further evaluation.

Does the Illinois State Board of Education have a publication available to serve as a resource concerning services for children with disabilities?
Yes, *One of Us: Access and Equity for All Young Children.* This document is available at isbe.state.il.us/earlychi.

PRESCHOOL-AGE CHILDREN WHO ARE ELIGIBLE FOR SPECIAL EDUCATION

The goal for local school districts/public school, academies, and agencies should be to provide high-quality preschool experiences for *all* preschool-age children, including children with disabilities. Local school districts and/or special education cooperatives may determine, through the Individualized Education Plan (IEP) team process, that the Illinois Preschool for All grant program is the most appropriate placement for children who are eligible for early childhood special education services. The following information on inclusion and collaboration is important in providing education and care for all children—especially for those with differing abilities.

WHAT IS INCLUSION AND WHY IS IT IMPORTANT?

Inclusion of children with disabilities and their families in early education and care, as well as other community settings, is rooted in the concept of equity. Two central components of inclusion are access, or enrollment in early education and care, and participation, which involves active engagement in activities in settings that promote learning and development.

- Young children with disabilities do not require different activities or experiences for learning to occur. They do need specific individualized supports including evidence-based instructional strategies (i.e., adaptations, individualized instructional strategies, modified curriculum and/or environment, and weaving interventions into routines) to benefit from learning opportunities.

- High-quality early education and care services for all children require coordinated efforts across the service delivery spectrum, including education, special education, child care, health care, mental health, and social services. Collaboration is the key to achieving high-quality services.

The Individuals with Disabilities Education Act (IDEA), originally passed in 1975, is the primary federal law governing special education. It is the framework that guarantees children with disabilities the same access to a free, appropriate public education as other children. The intent of IDEA is that young children with disabilities be educated with other children in typical early childhood settings, and that they have access to a curriculum appropriate to their age. IDEA requires that young children be served in the least restrictive environment (LRE) unless it is specifically shown in the child's Individualized Education Plan (IEP) why this environment is not appropriate. The full continuum of alternative placements required by law includes integrated placement options such as school district prekindergarten programs, Head Start, and community-based settings with typically developing age peers. A sample IEP can be found at http://www.isbe.net/spec-ed/pdfs/iep_english.pdf.

Service provision is the heart of early childhood services. It includes "special education" and "related services" provided under Part B of the IDEA, and other services provided under other legislation and through a range of public and private entities. The focus of service provision is to implement the goals and outcomes for individualized intervention that are written into the IEP or Individualized Famiy Service Plan (IFSP).

Inclusive service provision can be divided into two levels: (1) the system level and (2) the service level. Ingredients at the system level include organizational contexts, settings, models, and organization of roles, or how the system is structured. The service level refers to the "tiers" of individualized intervention within the setting, or how children's needs are met within the everyday routines of the setting.

INGREDIENTS OF AN INCLUSIVE SYSTEM

Organizational Contexts: The term "organizational contexts" refers to those agencies or systems that put together systems of service, gain sufficient resources to support the systems, and ensure that intended services are delivered. A wide range of organizational contexts are involved in early childhood services, including public school early childhood programs, private nursery schools and preschools, Head Start programs, community child care providers (public or private child care, family day care), agency services, and specialized clinics. Children and families may receive services provided under the umbrellas of one or more of these organizational contexts.

Each organizational context has its own strengths and limitations with respect to addressing the IEP or IFSP in an inclusive setting (Wolery & Odom, 2000):

- A public school as an organizational context may be able to provide transportation and may have certified teachers but may lack availability of appropriate placements due to structural separation of programs funded with different funding streams.
- A community-based child care center, in contrast, may offer a more natural environment and be more convenient to the family, but staff may not feel adequately prepared to address the child's IEP.
- Head Start has comprehensive support for families and ongoing training for staff but may have difficulty providing specialized services to children with disabilities.

Settings: Often, but not always, the settings in which children receive services are located within the same organizational contexts responsible for those services. Even when a child receives inclusive services within a public school building, the setting in which the services occur (such as in a Head Start classroom housed in the school) may not be a part of the same organizational context as the one responsible for the child's IEP. Other examples of appropriate settings that are not also organizational contexts include the family home and environments such as community recreation centers and the public library.

Sometimes there is confusion over who is responsible when children with disabilities receive their IEP or IFSP services within organizational contexts other than those responsible for the IEP or IFSP. For this reason, it is important to distinguish between organizational contexts and settings. *In general, when services required by the child's IEP or IFSP are delivered in a setting that is part of a different organizational context or funding structure, the entity responsible for the IEP or IFSP (i.e., the local early intervention entity or school) is also responsible for seeing that those services are provided.* Services can be provided directly by those responsible, such as when an itinerant therapist provides services to a child within a child care setting. Services may also be provided through contract, as when the public school contracts with the community Head Start agency to provide services to one or more children with disabilities. When the child is enrolled in Head Start, the Head Start program also has responsibilities consistent with federal Head Start Performance Standards. These include collaborating with others who are also legally responsible for the IEPs and IFSPs of children with disabilities in their communities. Collaboration is critical to ensuring that these relationships result in a cohesive, high-quality program for the child and family.

Programs Models: A variety of models can be used for accomplishing inclusion. In early childhood, having a range of models available is similar to having a continuum of placements available for older children with disabilities. Each child's IEP or IFSP will determine which model is best for that child; it will be the one that best addresses the child's IEP or IFSP goals or outcomes with provision of the necessary supports.

To early childhood advocates, a setting in which the majority of children do not have disabilities is the most appropriate model. Among early childhood settings, inclusive settings most closely match the federal provisions related to inclusion. In those models, special education, special instruction, therapies, and other needed services are provided within the context of the everyday routines and environments of young children. This can be accomplished using several different models. Each model suggests different roles and different types of relationships among personnel, and no one model is appropriate for all children.

THREE COMMON MODELS FOR INCLUSIVE SETTINGS

Itinerant: An *itinerant* model is the most common. In this model, services are provided by teachers and therapists who travel to the inclusive setting in which the child is participating and provide individual IEP- or IFSP-related services in that setting. While in the setting, the itinerant provider may work directly with the child or may work with a group of children of which that child is a part.

Alternatively or additionally, the itinerant provider may provide consultation to personnel who are in that setting with those personnel then being responsible for implementing the intervention.

Collaborative relationships may take many forms, depending on the extent to which providers view themselves as partners and to which intervention is embedded within everyday routines.

Blended: A *blended* model is one in which personnel with different areas of expertise and those who are usually funded under different funding streams are co-located and work together within the same setting. This approach can be useful for combining children from two or more separate programs within the same classroom. For example, this blend might include early childhood special education, Title I and child care, or early childhood special education and Head Start. In a blended model, personnel in the setting include those who would be present in each individual site if the programs were not co-located. They work together to plan and implement the daily routines and activities of the program. The needs and goals of children with disabilities are addressed within this overall context.

Team-based: A *team-based* model can also be useful for achieving inclusion. In this model, there is usually one lead teacher who works with a team that may include another teacher, one or more therapists, and one or more associate staff who may be present in the setting for varying periods of time. In a classroom setting, the team as a whole plans for the group, including how to address the goals of each child with an IEP or IFSP. Team members may spend varying amounts of time in the setting and implement individualized interventions within daily routines or in small groups. For example, a team composed of an early childhood teacher, an early childhood special education teacher, a speech therapist, and an occupational therapist may be responsible for two morning and two afternoon groups of children, some of whom have disabilities. This team plans together for all sessions. Each teacher serves as the lead teacher for two classrooms. But children are combined for most activities. The two therapists take an active role in all sessions, sometimes supporting individual children within group activities, sometimes conducting group activities, and sometimes working directly on individual goals with a particular child.

CLASSROOM TIERS OF INTERVENTION AND SUPPORT

The move toward inclusive, natural environments has gone hand-in-hand with new strategies for providing intervention within those contexts. One way of thinking about embedding individualized services within the everyday routines of a child care or other early childhood setting is to visualize four "tiers" of intervention and support. These tiers of intervention and support apply equally well to thinking about family routines within the home. The first tier is the foundation. The other three tiers more directly address the "special education and related services" portions of Part B of the IDEA.

First Tier—A Good Early Childhood Environment: The bottom block, a high-quality early childhood environment, provides the foundation for high-quality services in inclusive and/or natural environments. The characteristics of high-quality environments for young children apply equally to all children and to all environments in which young children live, develop, and learn: school, home, child care, and community settings. For most children, conditions naturally present in high-quality environments will ensure healthy development and learning. These conditions set the stage for development and learning by providing safety, emotional nourishment, and plenty of opportunities to explore, learn social skills, and build a foundation for school success.

The first step in using natural environments as settings for intervention is to make sure that these environments match the characteristics of environments known to promote optimal development and learning. Child care providers and schools can evaluate the environments in which they serve young children for how well they match these characteristics and then take steps toward improvement. Professionals responsible for the IEP or IFSP can work with families to evaluate how well any particular community setting matches these characteristics. The National Association for the Education of Young Children (NAEYC) guidelines for developmentally appropriate practices, used in accrediting early childhood centers, are an excellent tool for the first tier (Bredekamp & Copple, 1997); there are versions for both the preschool and the infant-toddler levels. Another good resource for the preschool level is the *Early Childhood Environment Rating Scale-Revised* (ECERS-R) (Harms, Clifford, & Cryer, 1998). A similar tool at the infant-toddler level is the *Infant-Toddler Environment Rating Scale* (Harms, Cryer, & Clifford, 2003).

Second Tier—Adaptations and Modifications: The second tier recognizes that many young children with disabilities may not automatically be able to take advantage of the opportunities for learning and development that are available within a high-quality early childhood environment. Individualized intervention based on the IEP or IFSP begins at the second tier based on the recognition that while the first tier provides a necessary foundation, it may not be sufficient to meet the special needs of young children with disabilities.

To increase the likelihood that the child can make use of the environment, modifications may be needed in the physical environment, or adult-child and peer-child interactions may need to be more carefully planned.

Specific strategies include the following:
- Changing the environment, including arrangement and groupings
- Providing special equipment such as assistive technology
- Adapting materials
- Simplifying activities or modifying expectations
- Increasing adult or peer support

For example, a piece of furniture might be moved to make it easier for the child to gain access to all areas of the room, or handles might be added to puzzle pieces to make them more easily handled by a child with a physical disability. Adaptive equipment such as a talk pad or a walker might be added, or additional but unobtrusive

support may be provided by an adult who moves the child to a more comfortable position. The distinguishing feature of the second tier is that the goals and outcomes toward which the child is working are the same as for all other children; what differ are the individualized supports that may be needed for getting there.

The roles of the intervention specialist in the second tier are to talk with primary care providers (i.e., family members, child care providers) about their concerns, observe the child within the natural routines of that environment, suggest adaptations and modifications that will provide the child additional access to events and routines, procure resources, and work with other providers and caregivers so that they feel comfortable implementing the changes agreed upon. The intervention specialist will then ensure through regular communication and observation that these changes continue to be relevant and useful to the child.

Third Tier—Embedded Opportunities: The third tier recognizes that, even with modifications and adaptations in the environment, all goals and outcomes present on the IEP or IFSP may not be achievable without more systematically planned opportunities that directly address the child's individual goals and outcomes. "Special education," "special instruction," and "therapy" all imply that intervention is directed toward making a change over and beyond what would typically occur, even with modification.

In this tier, adults in the environment use strategies to ensure that opportunities to address goals and outcomes will occur more often than they typically would. For example, matrix planning may be used to determine which goals and outcomes can best be addressed in which routines of the day. Adults will then use strategies such as naturalistic language teaching to elicit or draw out particular responses from the child within those routines. The behaviors that they want the child to practice and achieve, and which they elicit, are ones that are a natural part of those routines. For example, when a child is just learning language, opportunities to request may be embedded within play time by "hiding" some material that the child will want to use.

The roles of the intervention specialist (i.e., early childhood special educator, therapist) in the third tier are to build on the second tier by collaborating with primary care providers and other specialists to identify appropriate routines for embedding and by suggesting specialized techniques that can be embedded to obtain particular child goals and outcomes. Planning and intervention strategies that are compatible with an itinerant approach that emphasizes delivering services within everyday routines include "integrated therapies," "embedded instruction," and "activity-based intervention."

The intervention specialist often spends time with the child in the setting, employing and demonstrating special techniques. Integrated therapies and embedded intervention have many advantages—they ensure that the skills the child is developing are useful in those routines and that they are motivating to the child. Embedding of therapies can also be more cost effective than isolated, direct intervention because the child has many more opportunities to practice and learn the behavior (McWilliam, 2000).

Fourth Tier—Explicit Intervention: The fourth tier comes into play when even embedded opportunities are not sufficient for the child to achieve the outcomes outlined on the IEP or IFSP. This more detailed intervention may address a goal or outcome that is difficult to embed within a routine or that requires some special environmental condition such as a quieter environment. Even in this tier, however, intervention should occur within activities and routines preferred by the child or should occur in response to a special request from the child. The specialist will, in collaboration with primary care providers and intervention specialists, plan these more specific intervention events.

Inclusive, natural environments are more likely to fit the criteria of high-quality environments than are more isolated, specialized environments. The opportunities that these environments provide are more likely to be relevant to the child than what occurs in other contexts. When intervention builds on the routines present in these environments,

these too are more likely to be relevant and motivating to the child and to yield many more opportunities for development and learning. Thinking about these building blocks and how they work together can help to bridge gaps between differing approaches to intervention such as those typically used with all children and those needed to directly address individual needs and outcomes of children with disabilities. Just as the roles of the interventionist change with each tier, so too do those of the primary care provider. Collaboration implies joint responsibility for children; more contact; and closer, longer-term relationships among specialists, other providers, and families.

Natural settings go beyond group settings. There are three major sources of developmental and learning opportunities: (1) family life, (2) community life, and (3) early childhood programs (Dunst et al., 2001). "Activity settings" within environments, including neighborhood walks, car rides, meals, and block play with peers, are the environments within which young children have the motivation to learn new skills and in which those skills become useful and are practiced. Keeping these activities and routines in mind can help intervention specialists, families, and other providers think about the many routines in which young children spend their time and build on each of these types of settings in planning individualized intervention.

Receiving individualized services within the activity settings present in inclusive, natural environments means that:
• Professionals will learn about children's daily routines and the routines that they would be participating in if they did not have a disability.
• Outcomes and goals will be based on knowledge, skills, and dispositions that will enable children to participate in these routines.
• The planning team, including families, teachers, and other professionals whose time, expertise, and resources will contribute to the child's outcomes, will decide on settings and services that best address those outcomes and goals. **The Preschool for All classroom teacher should be a member of the IEP team and attend all IEP meetings.**
• Professionals will coordinate their services through collaboration and consultation so that the child and family experience a seamless set of services. (Adapted from McWilliam, 2000.)

ACCESSING SPECIAL EDUCATION SERVICES AND SUPPORTS

ISBE's Website—http://www.isbe.net/earlychi/html/spec-ed.htm—offers a good overview of resources and services for young children with special needs from birth through age 5.

ISBE's *One of Us: Access and Equity for All Young Children* (McCollum, 2005) is another good general resource about services for young children with disabilities, resources and Websites, and serving children with special needs in a range of early childhood settings. This document can be ordered through the Illinois State Board of Education Public Information Center at (217) 782-4321 or your regional STAR NET (Statewide Technical Assistance Regional Network) office at http://www.wiu.edu/starnet/about/statewide.php.

Early childhood special education services for 3- to 5-year-olds are administered by the Illinois State Board of Education and delivered by local school districts in accordance with Part B Section 619 of the Individuals with Disabilities Improvement Act (IDEA) 2004. IDEA mandates that children with disabilities be educated to the greatest extent possible with their typically developing peers in the least restrictive environment. Often specialized designed instruction and related services are required to address children's individual development and learning goals. To refer a child for early childhood special education services, use the Child Find process in your community and/or contact your local public school. Classroom teachers in child care centers, community-based settings, or school districts may direct questions concerning special education services to the Director of Special Education in the local school district, Regional (STAR NET), or program administration.

Section 4
English Language Learners

Will I need to speak a second language to be able to teach in Preschool for All?
It depends on your teaching assignment. Only those teachers assigned to provide bilingual instruction are required to have a bilingual endorsement or approval and to speak the same language as their students. Bilingual instruction is required when 20 or more preschool students at an attendance center are English language learners and have the same home language. This bilingual endorsement/approval requirement goes into effect on July 1, 2014.

We have only one or two children a year that are non-English speakers. In this situation, do I need an ESL endorsement in addition to my 04 certification?
English language support for those children is required, however, it can be provided by another ESL endorsed staff member in the school/district. Ideally, the classroom teacher and the ESL staff member would work together to create a plan that meets the child's individual needs. The requirement that the teacher providing the ESL instruction hold an ESL endorsement or approval goes into effect on July 1, 2014.

I want to be qualified to teach in a classroom with English Language Learners (ELLs) and provide their English language instruction. What do I need to do?
By July of 2014, you will need to earn an English as a Second Language (ESL) endorsement or approval in addition to your Early Childhood certification. For information about obtaining an ESL endorsement, visit the Certification section of the Illinois State Board of Education's web site at http://isbe.net/ certification/html/esl_endorsement.htm.

**SERVING ENGLISH LANGUAGE LEARNERS IN PRESCHOOL PROGRAMS
IN ILLINOIS PUBLIC SCHOOL DISTRICTS**

Introduction

Under 23 Illinois Administrative Code Part 228 Transitional Bilingual Education, public school districts must uniformly identify children who are English language learners (ELLs) by administering a home language survey to all children new to the district and conducting an English language proficiency screening process for children who come from a language background other than English. Preschool programs must offer a language instruction program for ELLs consistent with the requirements of Part 228 to all preschool children identified as ELLs.

An ELL student in preschool:

(a) comes from a home where a language other than English is spoken by the student and/or by the student's parent, guardians or anyone else who resides in the household; and

(b) does not demonstrate English language proficiency during a research-based English language proficiency screening procedure that is developmentally appropriate for the student.

Preschool Programs Governed by These Rules

1. *Which preschool programs are included under the Part 228 Transitional Bilingual Education rules?*
   All preschool programs for children ages 3 -5 that are administered by a public school district must adhere to the rules under Part 228. This includes preschool programs that are subcontracted by districts to community organizations and preschool programs that districts administer regardless of the source of funding for the programs.

Identification and English Language Proficiency (ELP) Screening of ELL Students

2. *How are potential ELL students identified in preschool?*
   The district must have families of all children new to the district, including preschool children, complete the home language survey (HLS) by the first day the student starts to participate in the program. The HLS contains two questions. If the answer to one or both of the questions is "yes" then the district must screen the child for English language proficiency.

3. *How does the program screen potential ELL students in preschool to determine whether they are proficient in English?*
   The district must establish standard English language proficiency (ELP) screening procedures that are research based to determine each potential ELL preschool student's English language proficiency level, minimally in the domains of listening and speaking. The procedures may include use of an established assessment such as the pre-IPT or other screening procedures. State rules indicate that the screening procedures must:

   • Be age and developmentally appropriate;
   • Be culturally and linguistically appropriate for the children being screened;
   • Include one or more observations using culturally and linguistically appropriate tools;
   • Use multiple measures and methods (e.g., home language assessments; verbal and nonverbal procedures; various activities, settings, and personal interactions);

- Involve family by seeking information and insight to help guide the screening process without involving them in the formal assessment or interpretation of results; and
- Involve staff who are knowledgeable about preschool education, child development, and first and second language acquisition.

Screening procedures may be modified to accommodate the special need of students with IEPs.

4. *If ELL students are enrolled in preschool for more than one year, must the district re-screen the students in the second year of participation?*
No, the district is not required to re-screen preschool ELL students in their second year of participation. The student is considered ELL and eligible for the ELL program services in the second year of participation based on the initial ELP screening results. However, the district may choose to assess students' progress in English acquisition and modify the level of ELL services provided in the second year based on assessment results.

All potential ELL students are screened with the WIDA MODEL™ to determine their English proficiency level and placement in kindergarten (see #15 below).

5. *Are staff who administer the preschool screening required to participate in online training and to pass a test?*
ISBE does not require that preschool staff who administers English language proficiency screenings participate in a particular online training course. However, it is recommended that these staff participate in training specific to the screening procedures used by their program to ensure consistent administration and valid results.

Establishment of Programs

6. *What type of language instruction program must be offered when there are 20 or more preschool ELLs who have the same home language in an attendance center?*
An attendance center that enrolls 20 or more preschool ELLs who have the same home language must offer a **Transitional Bilingual Education (TBE) Program** which includes instruction in the home language and in English as well as English as a second language to these preschool children. TBE services may be offered by the classroom teacher or by another teacher who pushes into the classroom. A pull-out model for language support may be used in some circumstances but generally is not recommended for preschool. Some of the program models allowed under TBE are described in #8 below.

7. *What type of language instruction program must be offered when there are fewer than 20 preschool ELLs who have the same home language in an attendance center, including situations in which there are more than 20 preschool ELLs but they come from different language backgrounds?*
An attendance center that enrolls 19 or fewer preschool ELLs who have the same home language must offer a **Transitional Program of Instruction (TPI)** if they do not offer a TBE program for these students. This attendance center may have more than 19 ELL students enrolled who have different home languages. TPI programs provide language instruction which typically includes English as a second language and may include home language instruction or support based on the needs of the students. Some of the program models allowed under TPI are described in #8 below.

8. *What program models may be used to serve ELL students in preschool?*
The district may select the program model(s) best suited to its preschool population. Many configurations meet the requirements of TBE and TPI. Models most commonly used include:

Appropriate for TBE or TPI
Dual Language/Two Way Immersion: Instruction is given in English and another language to English-speaking students and students who speak the other language together in the same classroom with the goal of developing proficiency in both languages for all students in the class.

Transitional Bilingual Education: Instruction is in the students' home language to enable them to transition into English. The goal is to help students transition to mainstream, English-only classrooms as quickly as possible, and the linguistic goal of such programs is English acquisition only. English as a second language is provided in addition to content area instruction.

Developmental Bilingual: Instruction is in the child's home language for an extended duration, accompanied by education in English and English as a second language. The goal is to develop bilingualism and biliteracy in both languages.

Appropriate for TPI only
English as a Second Language: The language of instruction is English but some support may be provided to students in their native language. Teachers focus on building English language skills. Classes may be composed of students who speak many different languages but are not fluent in English.

Sheltered English Instruction: Instruction is entirely in English. Teachers with training in modifying instruction for ELL students use clear, direct, simple English and a wide range of scaffolding strategies so that students develop English language skills and comprehend learning area content. Classes may be composed of students who speak many different languages but are not fluent in English.

Language instruction may be delivered by the classroom teacher or by a pull-out or push-in teacher. ELL students may be integrated with non-ELL students in the classroom as long as the preschool program provides the ELL children with daily language instruction that specifically addresses second language acquisition and making the curriculum accessible for ELLs.

Whenever possible, the preschool program should offer a program model that aligns with the program model that the child will enter in kindergarten to provide continuity and best prepare the child for successful entry into kindergarten.

Parent Notification

9. *What communication with parents is required when a student is identified as an English language learner?*
The district must notify the parent in writing that the child has been placed in a TBE or TPI program for English language learners within 30 days after the beginning of the school year or 14 days after enrollment in the program during the middle of the school year. The notification letter must be in English and the home language of the student and must address the areas required under Section 14C-4 of the Illinois School Code. A parent may withdraw a student from the TBE/TPI program at any time by submitting the request in writing to the school or district.

Prior to July 1, 2014, a district may be offering language support services to preschool ELL students without having properly endorsed bilingual and/or ESL teachers in place. In this case, the parent notification letter should contain the elements required under Section 14-C-4 of the Illinois School Code and stipulate the specific nature of the language support services being offered.

Annual English Language Proficiency Assessment

10. *Are preschool students required to participate in the annual state ELP assessment?*
    No, there is no annual ELP testing requirement for ELLs in preschool programs.

Teacher Certification

11. *What type of certification is required to teach ELLs in preschool?*
    Preschool teachers must hold the proper certification to teach preschool students. Preschool teachers hold an Early Childhood certificate. By July 1, 2014, preschool teachers who provide native language/ESL instruction to ELL students must also hold the English as a second language (ESL) or bilingual endorsement or approval that corresponds with the teaching assignment. A teacher who provides bilingual instruction, which may include instruction in the home language, in English and ESL, must hold the bilingual endorsement or approval. A teacher with the ESL endorsement or approval may provide ESL instruction to help ELL students learn English. The teacher who provides the native language/ESL instruction may be the classroom teacher or another teacher who pushes into the classroom for part of the day. A pull-out model for language support may be used in some circumstances but generally is not recommended for preschool.
    - To provide bilingual instruction to preschool children, a teacher must hold an Early Childhood certificate with a bilingual endorsement or approval or both an Early Childhood certificate and a Type 29 provisional certificate.
    - To provide English as a second language instruction to preschool children, a teacher must hold an Early Childhood certificate with a bilingual or ESL endorsement or approval or both an Early Childhood certificate and a Type 29 provisional certificate.

12. *By July 1, 2014 are all preschool teachers required to hold a bilingual or ESL endorsement or approval?*
    No, only preschool teachers who are providing native language/ESL instruction to ELLs must hold the appropriate endorsement or approval.

TBE/TPI Program Director

13. *Who is the TBE/TPI Program Director in the district?*
    The TBE/TPI Program Director who oversees the program in the district should meet the requirements for administrator qualifications included under 228.35(d). This individual may often be someone other than the Early Childhood Director in the district. As such, implementation of a successful preschool ELL program will require ongoing communication and coordination between the TBE/TPI Program Director and the Early Childhood Director.

Counting Years in the TBE/TPI Program

14. *Does preschool count toward the three years in the TBE/TPI program provided for under Article 14C?*
No, enrollment in preschool does not count for the purpose of determining the number of years a child has been enrolled in the TBE/TPI program.

English Language Proficiency Screening and Placement in Kindergarten

15. *How does a child's ELL status in preschool affect placement in kindergarten?*
Preschool screening results may not be used to determine placement in kindergarten. All children identified as coming from homes where a language other than English is spoken on the home language survey must be screened with the WIDA MODEL™ to determine ELL status and placement in the TBE/TPI program in kindergarten. Children who were identified as ELL in preschool but meet the State English proficiency standard when screened for kindergarten should be enrolled in the same manner as other students who demonstrate English proficiency on the WIDA MODEL™. No parent permission is required to place these children in the general education program.

Professional Development

16. *What professional development requirements apply to preschool TBE/TPI programs?*
Districts must offer professional development opportunities to all staff in the TBE/TPI program including certified and non-certified staff in the preschool TBE/TPI program. The district must offer at least two professional development activities a year that focus on at least one of the following topics related to the education of ELL students: current research in bilingual education; content-area and language proficiency assessment of students with limited English proficiency; research-based methods and techniques for teaching students with limited English proficiency; research-based methods and techniques for teaching students with limited English proficiency who also have disabilities; and the culture and history of the United States and of the country, territory or geographic area that is the native land of the students or of their parents.

Districts must also provide newly hired TBE/TPI program staff with an orientation that includes information about the TBE/TPI program requirements.

Districts should offer professional development that is relevant and addresses developmentally appropriate practices for preschool teachers who work with ELL students.

17. *Should preschool staff be included in the training related to the implementation of the Spanish language arts standards that districts must offer beginning in 2012-13?*
Preschool staff may be included in the Spanish language arts standards training, and the training should include information about how preschool programs can use developmentally appropriate practices to help prepare children for Spanish literacy.

Program Funding

18. *May districts receive state TBE/TPI funding for preschool ELL programs?*
    State TBE/TPI funding is available to reimburse school districts for the excess costs associated with providing ELL students with five or more periods of TBE/TPI instruction a week in accordance with the Illinois School Code Article 14C and the corresponding state rules. As such, districts may receive funding for preschool students who receive TBE/TPI instruction from a teacher who is properly certified to provide bilingual or ESL instruction to preschool students.

For more information, refer to 23 Illinois Administrative Code Part 228, Transitional Bilingual Education, located in Appendix N or log onto the Illinois State Board of Education Division of English Language Learners web site at http://isbe.net/bilingual/default.htm.

HOME LANGUAGE SURVEY (HLS)

This sample Home Language Survey, along with surveys in 40 different languages, can be found at: http://www.isbe.net/bilingual/htmls/access identifying.htm.

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

     Student's Name: _____

1. Is a language other than English spoken in your home?

     Yes _____   No _____

     What language? _____

2. Does your child speak a language other than English?

     Yes _____   No _____

     What language? _____

     If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

_____   _____
Parent/Legal Guardian Signature   Date

Challenging Common Myths About Young English Language Learners

Linda M. Espinosa

Summary

This review of research from a variety of disciplines about dual language development and the impact of different educational approaches for children ages three to eight runs counter to much conventional thinking.

Scientific studies suggest that young ELL children are quite capable of learning subject matter in two languages. In fact, they may benefit cognitively from learning more than one language. Transitioning from their first language to English before they have a firm grasp of their first language, usually by the end of Third Grade, may be detrimental in the long run. Early literacy skills learned in the home language do transfer to English. The children who were taught in English-only classrooms or transitioned to English instruction before they demonstrated well-established oral language abilities in their own language frequently never achieved high levels of English fluency and did not fare as well as those who had the opportunity to learn in two languages. All children can benefit cognitively, linguistically, and culturally, from learning more than one language.[32]

There are significant differences among children who are becoming fluent in English that will influence how they learn English. These include the language spoken at home, the socioeconomic circumstances of the family, the age of the child and extent of exposure to English, fluency in the home language, circumstances surrounding the family's immigration to the U.S., and the particular values and customs of the family.

Each of these factors may require programs to adapt, because no ELL model will fit all populations and contexts. In addition to differences among ELLs, programs also will differ with respect to the expertise of their staff, their resources and capacity, and community priorities.

Challenging Common Myths About Young English Language Learners

With the increasing demands for accountability and high academic achievement for all students, educational policymakers are increasing their attention to young children (ages three to eight) from non-English speaking backgrounds. Children who speak a language other than English in the home and are not fully fluent in English are designated as English Language Learners (ELLs).

The rate of growth of ELLs in the school systems has been dramatic over the past decade, with some Southern states experiencing 300 to 400 percent increases. In some parts of the country, more than 50 percent of the preschool population comes from non-English-speaking homes.[1] As a group, ELL students have struggled to become fluent in English, lagged well behind in terms of academic achievement, and had school dropout rates almost twice those of native English speakers.[2]

The confluence of these factors has created an urgent need to design and implement instructional approaches and school structures that will ensure that ELL students thrive and achieve at high levels. The issue of how to best educate our non-English speaking students to full English fluency and high academic standards has often been clouded by deeply held beliefs and myths that are not informed by current research.

Fortunately, in the past two decades there have been advances in neuroscience, rigorous research on dual language development, early childhood program evaluations, and international research on multilingual development that can provide useful guidance on best policies and practices for young ELL children .

When carefully analyzed, this new research often contradicts commonly held beliefs and myths that have influenced the instruction, assessment practices, and organizational structure of educational programs that serve ELL children ages three to eight.

The new research shows that a consistent, coherent approach to education that provides continuous, enhanced learning opportunities from Prekindergarten through Third Grade (PK-3) offers the best chance for improved academic performance. ELL children in PK-3 programs would have the advantage of six years of continuous education with a curriculum integrating standards, consistent instructional methods, and ongoing assessments of their progress.

The PK-3 approach gives ELL children more time both to master the essential elements of the English language and to learn challenging academic content. Academic success at the end of Third Grade will increase the likelihood that ELL children will do well during the rest of their academic careers.

This brief highlights six commonly held beliefs about the development and learning of young children who are learning English as their second language and presents research evidence that can better guide educational policies.

MYTH 1: Learning two languages during the early childhood years will overwhelm, confuse, and/or delay a child's acquisition of English.

When preschoolers insert Spanish into their English sentences or school-age children alternate between the two languages while socializing with their peers, conventional wisdom concludes that they are confusing the two languages. Because language learning is such a monumental and challenging task during the first years of life, it is also logical to believe that expecting young children to learn not one, but two languages as they are just beginning to speak may delay overall language fluency.[3]

In fact, the opposite holds true. Most young children throughout the world successfully learn more than one language from their earliest years. Exciting new research from neuroscientists and psycholinguists on the impact of learning two languages during the infant-toddler years has highlighted the human brain's extensive capacity to learn multiple languages, as well as the infant's ability to separate out each language and to interpret contextual cues to know which language is appropriate in a given context.[4]

There is wide scientific consensus that bilingual infants develop two separate but connected linguistic systems during the first year of life.[5] We now know that infants have the innate capacity to learn two languages from birth and that this early dual language exposure does not delay development in either language.

Recent research suggests that the development of two languages benefits the brain through the development of greater brain tissue density in areas related to language, memory, and attention.[6] Young children learning two languages also have more neural activity in the parts of the brain associated with language processing.[7] This increased brain activity and neural density may have long-term positive effects on specific types of cognitive abilities, such as those that require focusing on the details of a task and knowing how language is structured and used.[8]

These studies have also demonstrated that knowing more than one language does not delay the acquisition of English or impede academic achievement in English when both languages are supported. Research on children who learn English after their home language has been established — usually around age three — has also shown that most young children are capable of adding a second language during the PK-3 years and that this dual language ability confers long-term cognitive, cultural, and economic advantages.[9, 10, 11]

MYTH 2: Total English immersion from Prekindergarten through Third Grade is the best way for a young English Language Learner to acquire English.

Common sense suggests that the more time children spend listening to and speaking English, the faster they will master the fundamentals of the English language. For adults and older children who have a well-established first language, this may be the case. It also is true that children need sufficient input in a language to gain fluency. In addition, many educators are concerned that if young children are not instructed in English-only programs from the very beginning, the children will be confused and their acquisition of English fluency and literacy skills will be delayed.

Research on the effects of early English immersion programs for ELL students contradicts this belief. The evidence suggests that children in these preschool programs tend to lose their ability to communicate in their first language, start to prefer the English language, frequently develop communication problems with their extended families, and experience depressed academic achievement in English.[12]

For young children who are actively processing and have not yet mastered the elements of their first language, completely shifting from their first language to a new, unfamiliar language too early may have a negative effect on English fluency and academic achievement during the PK-3 years and beyond. While English can be successfully introduced during the preschool years, if it replaces the home language, and children do not have the opportunity to continue to learn in the language they know, their future linguistic, conceptual, and academic development in English is at risk.

Systematic, deliberate exposure to English during early childhood combined with ongoing opportunities to learn important concepts in the home language results in the highest achievement in both the home language and English by the end of Third Grade and beyond.[13]

The most recent evidence suggests that intensive support for the home language during the preschool years will help, not hurt, long-term attainment in English. Young children can learn nursery rhymes, songs, extended vocabulary, and early literacy skills in English and their home language with adult support. ELL children who receive systematic learning opportunities in their home language from ages three to eight consistently outperform those who attend English-only programs on measures of academic achievement in English during the middle and high school years.[14, 15, 16]

These dual language learning opportunities can occur during designated classroom instructional time throughout the day in each language, in addition to extended activities conducted in the home by family members in the child's first language. Encouraging ELL children's families to continue to talk with, read to, and sing to the child and to use the home language in everyday activities will promote continuous development of the child's first language while the child also is acquiring English.[17, 18]

MYTH 3: Because schools don't have the capacity to provide instruction in all of the languages represented by the children, they should provide English-only instruction.

Early education programs throughout the country are reporting not only more ELL children, but also more different languages represented among their children and families. In Los Angeles County, more than 55 percent of the five-year-olds entering kindergarten in 2004-2005 were children whose primary home language is not English, with 88 percent coming from Spanish-speaking homes.[19] Head Start has documented more than 140 different languages among their families enrolled. At the same time, less than 10 percent of our teachers are fluent in more than one language, and few teachers certified in early childhood education have any training in cultural and linguistic diversity.[20]

Because school administrators cannot meet the needs of all linguistic groups, they argue that it makes sense to adopt English-only approaches. While it may make sense from a narrow staffing perspective, this would be a misguided conclusion. From the preceding discussion, it is clear that in order to thrive academically, socially, and cognitively, young ELL children need systematic support for their home language while they are acquiring English.

Even when teachers do not speak the child's first language, there are many specific teaching practices that will support native language development.[21] Teachers and ancillary staff can support children's home language throughout the day in all kinds of learning situations; they also can train parents, community members, and volunteers to work with ELL children in their home language. Ideally, educators will provide home language support through the elementary grades.

It is possible for all PK-3 teachers to introduce young ELL children to English while also supporting development of the child's first language — even when the teacher has no experience with the language. While this is a challenging goal, it should be a high priority for classrooms in which children speak many languages.

MYTH 4: Native English speakers will experience academic and language delays if they are enrolled in dual language programs.

Conventional wisdom holds that parents and educators may be reluctant to enroll native English-speaking children in programs where much of their academic instruction is in a language the children have not mastered. They fear that their children may "lose ground" over the PK-3 years compared with their monolingual English-speaking peers. Because all important achievement testing is conducted in English, there also is the fear that the students will be disadvantaged by the amount of instructional time spent learning a second language.

In fact, recent evaluations show that the dual language approach is effective for both ELL students and for native English speakers. Dual language programs educate all children in two languages. The goal is to promote bilingualism and biculturalism for all students. In these classrooms, all students experience the benefits and challenges associated with learning a second language during the early childhood years as well as the richness of being introduced to many cultures and social customs.

The dual language approach is one of the few instructional methods that can fully close the achievement gap for ELL students while not adversely affecting non-ELL students. All students seem to benefit, as measured by standardized achievement testing and positive reports from parents, teachers, and administrators.[22, 23]

MYTH 5: Spanish-speaking Latinos show social as well as academic delays when entering Kindergarten.

The academic achievement gap for young Latino ELLs is significant at Kindergarten entry and persists throughout the school years. In a large national study, low-income Hispanic children scored more than half a standard deviation below the national average in math and reading achievement at indergarten entry.[24]

These achievement disparities persist as children who are not native English speakers continue to have substantially lower levels of educational achievement, including high school completion and college enrollment rates, than their peers from English-only backgrounds.[25, 26]

Although these academic discrepancies are well documented and well known among the educational community, almost no attention has been paid to the social competencies of young ELL children.[27]

The emotional and social competence of young ELL children is important to their school adjustment and academic achievement. Young children must be able to regulate their emotions, follow directions, form positive social bonds, and express their feelings appropriately to succeed in school. According to multiple measures of family risk factors, e.g., poverty, immigrant status, English language fluency, and access to mental and physical health services, Latino ELL children would appear to be at greater risk than their white and non-Hispanic peers for poor mental health.

However, recent research has found that children from Mexican immigrant families had lower levels of internalizing and externalizing symptoms than both their white and African-American peers.[28] Teachers rated the children of Mexican immigrant families at Kindergarten entry as more socially and emotionally competent than their peers from similar backgrounds. The finding that these children were rated as having a "mental health advantage" is noteworthy, given the multiple risk factors associated with Mexican immigrant families.

These unrecognized social-emotional strengths among a population often viewed only through the "at-risk" lens offers a potential source of resilience that school personnel should recognize, support, and enhance. Because young Mexican immigrant children are judged to be at least as intra- and inter-personally competent as their peers, if not more so, than their peers, Hispanic child-rearing practices have likely promoted their children's ability to control their emotions and get along with others at school entry — two highly prized social competencies for school success.

MYTH 6: Latino English language learners are less likely to be enrolled in Prekindergarten programs, because of their families' cultural values.

Research documents that Latino families enroll their children in early educational programs at much lower rates than their African-American, White, and Asian counterparts. Close to half of children in California ages three to five across all racial/ethnic groups are enrolled in preschool/child care (47 percent), while only 37 percent of Latino children ages three to five are similarly enrolled.[29] When Latino preschoolers live in a household where no one over the age of 14 speaks English fluently (linguistically isolated), the enrollment rate drops to 32 percent. In contrast, about 50 percent of Asian children in California attend preschool/child care irrespective of the ability of people over the age of 14 to speak English fluently.

The conventional wisdom holds that this low attendance for Latino children, despite the well-known benefits of high-quality early education, is based on their families' cultural values and beliefs. Because the Latino culture has a strong emphasis on "la familia" and tends to turn to the family for economic and instrumental support, many have inferred that Spanish-speaking mothers choose to keep their young children in the home rather than enrolling them in early education programs.

Recent studies cast doubt on this assumption. They suggest that Latino children attend out-of-home center-based programs at lower rates because of financial constraints and lack of access, not because of any cultural reluctance.[30, 31] In fact, Latina mothers have consistently placed a high value on quality early childhood programs, but often cannot find affordable programs in their neighborhoods.

Conclusions

The following conclusions rest on the current research and practice.

1. All young children are capable of learning two languages. Becoming bilingual has long-term cognitive, academic, social, cultural, and economic benefits. Bilingualism is an asset.

2. Young ELL students require systematic support for the continued development of their home language.

3. Loss of the home language has potential negative long-term consequences for the ELL child's academic, social, and emotional development, as well as for the family dynamics.

4. Teachers and programs can adopt effective strategies to support home language development even when the teachers are monolingual English speakers.

5. Dual language programs are an effective approach to improving academic achievement for ELL children while also providing benefits to native English speakers.

6. Hispanic Spanish-speaking children enter Kindergarten with many social strengths that are the result of positive parenting practices that need to be acknowledged and enhanced.

7. Hispanic parents value high-quality early education and will enroll their young children if programs are affordable and accessible.

Finally, recognizing the period from ages three to eight as critical for language development is necessary for providing the continuity and extended time for children to fully benefit from these programs. The PK-3 years are critical years for developing mastery of the sounds, structure, and functions of language, and thus are an ideal time to expose children to the benefits of two languages .[7, 22, 25]

With regular and continued application of these findings, we can improve the educational outcomes for ELL children as well as the social and economic strength of our diverse communities. However, doing so will require that we all abandon outdated misconceptions and diligently inform our practices with current scientific findings.

Footnotes

1. Olsen, L. Ensuring academic success for English learners. UC Linguistic Minority Research Institute, *Newsletter v15*, (4), Summer 2006.

2. Gandara, P., R. Rumberger, J. Maxwell-Jolly, & R. Callahan. English learners in California schools: Unequal, outcomes. *Education Policy Analysis Archives*, 11(36), 2003. Retrieved from *http://epaa.asu.edu/epaa/v11n36/v11n36.pdf*.

3. Chiappe, P., & L.S. Siegel. Phonological awareness and reading acquisition in English-and Punjabi-speaking Canadian children. *Journal of Educational Psychology*, *91*, (1999), 20-28.

4. Kuhl, P.K. Early language acquisition: cracking the speech code. *Nature Reviews Neuroscience*, *5*(11), (2004), 831-843.

5. Genesee, F., J. Paradis, and M.B. Crago. *Dual Language Development and Disorders: A Handbook on Bilingualism and Second Language Learning*. Baltimore, MD: Brookes Publishing, 2004.

6. Mechelli, A., J.T. Crinion, U. Noppeney, J. O'Doherty, J. Ashburner, R. Frackowiak, & C.J. Price. "Structural Plasticity in the Bilingual Brain," *Nature*, Vol. 431 (2004), 757.

7. Kovelman, I., S. Bakers, & L.A. Petitto. "Bilingual and Monolingual Brains Compared: An fMRI Study of a 'Neurological Signature' of Bilingualism." Paper presented at the annual meeting of the Society for Neuroscience, Atlanta, GA, October 2006.

8. Bialystok, E., F.I.M. Craik, & J. Ryan. "Executive Control in a Modified Antisaccade Task: Effects of Aging and Bilingualism," *Journal of Experimental Psychology: Learning, Memory and Cognition*, Vol. 32, No. 6. (2006), 1341-1354.

9. Bialystok, E. *Bilingualism in Development: Language, Literacy, and Cognition*. Cambridge, U.K.: Cambridge University Press, 2001.

10. Hakuta, K., Y.G. Butler, & D. Witt. *How Long Does It Take English Learners to Attain Proficiency? 2000*. *http://lmri.ucsb.edu/publications/00_hakuta.pdf* (accessed February 13, 2007).

11. Kuhl, P.K. Early language acquisition.

12. Hakuta, K. *How Long Does It Take*

13. Thomas, W., & V. Collier. A national study of school effectiveness for language minority students' long-term academic achievement. Santa Cruz, CA: Center for Research on Education, Diversity & Excellence. 2002. Retrieved from: *http://www.cal.org/crede/pubs/ResBrief10.htm*.

14. Campos, S.J. The Carpenteria preschool program: A long-term effects study. In E.E. Garcia & B. McLaughlin (Eds.), *Meeting the challenge of linguistic and cultural diversity in early childhood education* (pp.34-48). New York: Teachers College Press, 1995.

15. Gutierrez-Clellen, V. Language choice in intervention with bilingual children. *American Journal of Speech-Language Pathology*, 8, (1999), 291-302.

16. Restrepo, M.A., & K. Kruth. Grammatical characteristics of a bilingual student with specific language impairment. *Communications Disorders Quarterly*, 21, (2003), 66-76.

17. Espinosa, L. English-language learners as they enter school. In R. Pianta, M. Cox, & K. Snow (Eds.), *School readiness and the transition to kindergarten in the era of accountability* (pp.175-196). Baltimore, MD: Paul H. Brookes, 2007.

18. Hakuta, P.K. Early language acquisition.

19. California Department of Education, Educational Demographics Unit. *Statewide English Learners by Language and Grade, 2005-06*. 2006. *http://dq.cde.ca.gov/dataquest/LEPbyLang1.asp?cChoice=LepbyLang1&cYear=2005-06&cLevel=State&cTopic=LC&myTimeFrame=S&submit1=Submit*.

20. Ray, A., B. Bowman, & J. Robbins. *Preparing Early Childhood Teachers to Successfully Educate All Children*, Foundation for Child Development Policy Report, September 2006. Retrieved from *http://www.fcd-us.org/resources/resources_show.htm?doc_id=463599*.

21. Espinosa, L. English-language learners as they enter school.

22. Collier, V., & W.P. Thomas. Reforming education policies for English learners means better schools for all. *The State Education Standard*, 3(1), (2002), 30-36. & Collier, V., & W.P. Thomas. The astounding effectiveness of dual language for all. *NABE Journal of Research and Practice*, 2:1 (Winter 2004), 1-20.

23. Thomas, W. A national study of school effectiveness.

24. Lee, V., & D. Burkam. *Inequality at the starting gate: Social background differences in achievement as children begin school*. Washington, DC: Economic Policy Institute, 2002.

25. Gandara, P. English learners in California schools.

26. Rumberger, R.W. What can be done to reduce school dropouts? In Gary Orfied (Ed.), *Dropouts in America: Confronting the Graduation Rate Crisis* (pp.243-254). Cambridge: Harvard Education Press, 2004.

27. Espinosa, L. English-language learners as they enter school.

28. Espinosa, L. English-language learners as they enter school.

29. Lopez, E.S., & de Cos, P.L. *Preschool and childcare enrollment in California*. California Research Bureau No: CRB99009. Sacramento, California, 2004.

30. Fuller, B. *Mapping the availability of center-based care in Latino communities*. Paper presented at the technical work group meeting of the National Task Force on Early Childhood Education for Hispanics, Tucson, AZ, 2005.

31. Hernandez, D. Demographic change and the life circumstances of immigrant families. *Foundation for Child Development*. University at Albany, SUNY, 2004.

32. Thomas, W. A national study of school effectiveness.

33. Espinosa, L. English-language learners as they enter school.

34. Rodriguez, J.L., D. Duran, R.M. Diaz, & L. Espinosa. The impact of bilingual preschool education on the language development of Spanish-speaking children. *Early Childhood Research Quarterly*, 10, (1995), 475-490.

35. Winsler, A., R.M. Diaz, L. Espinosa, & J.L. Rodriguez. When learning a second language does not mean losing the first: Bilingual language development in low-income, Spanish-speaking children attending bilingual preschool. *Child Development*, 70(2), (1999), 349-362.

Section 5
Environment

Our parents like to see worksheets and workbook pages come home from school. We understand that these are not best practice. What should we do?
Educate the parents about best practice. Refer to the Illinois Early Learning Standards and explain appropriate ways to meet each benchmark.

Our Preschool for All classroom has behavior challenges. Many of the children run during center time and disrupt the other children. What can we do about this?
Arrange classroom furniture so that there are no open areas large enough for children to run. Eliminate runways in the classroom. Ensure that children know how to use the learning materials and tools appropriately in each learning center. Some children may need guidance in learning how to use a specific learning material or tool.

Many of our children find it difficult to find something to do during free choice time. Any suggestions for these children?
Be sure the classroom is not too cluttered. It is difficult for children to make choices when there are too many materials to choose from.

THE LEARNING ENVIRONMENT

An observer with limited background in early childhood education can find it difficult to tell a good preschool classroom from a bad one. In both cases, it may appear that children simply are playing. In a bad classroom, that actually may be all they are doing: simply playing. In a good classroom, what appears to be play will be anything but simple. The teacher constantly prompts children to ask questions and make choices, providing hands-on materials chosen to raise each child's learning level and take advantage of the child's interests. The teacher continuously monitors and adjusts what is being taught to allow for young children's limited attention spans. While the children think they simply are playing, the teacher is well aware of how hard she or he is working.

David Denton, Southern Regional Education Board, Georgia

The following are things to consider when setting up the environment (Dodge, Colker, & Heroman, 2002):

The Indoor Classroom
- The classroom provides a safe and healthy environment for children.
- The classroom is not crowded and provides at least 35 square feet of space per child (divide total area by number of children).
- The room is free of health and safety hazards.
- Ventilation and lighting are adequate.
- Learning centers can accommodate several children at one time.
- A quiet area is available for children.

Room Arrangement
The space is divided into interest learning areas that address basic aspects of children's play and development:
- All interest learning areas are defined and clearly marked; e.g., by low shelves and furniture, carpeted area, and tile area.
- Names of learning areas are easily understood by children; e.g., toy area, house area.
- Teachers and children refer to learning areas by name.
- An open unrestricted gathering area is provided.
- Display space is provided for child-initiated work at child's eye level.
- Illinois Early Learning Standards are posted in learning areas.
- High quality children's books and writing materials are provided in all learning centers.

Children benefit from the process of creative art. The appearance of the finished work is not the priority with young children. Teachers must focus on the process, not the product, as children engage in all art experiences.

Children's art work is
- Individually created (with no worksheets or workbooks)
- Created with little direction from the teacher
- Unique and is not expected to reflect a pre-made sample designed by the teacher

The location of the interest learning areas is carefully and intentionally planned to provide for adequate space in each area, easy access between areas, and compatible activities in adjacent areas:
- Each interest learning area has enough space for many children to play at once.
- Children can move freely from one learning area to another.
- Low furniture and shelves allow children to see from one learning area to another.
- Learning areas for compatible activities are adjacent; e.g., block area is near house area; art area is near sink or bathroom.
- Temperature is consistently maintained during the day.

Sample Floor Plan
(Dodge, Colker, & Heroman, 2002).
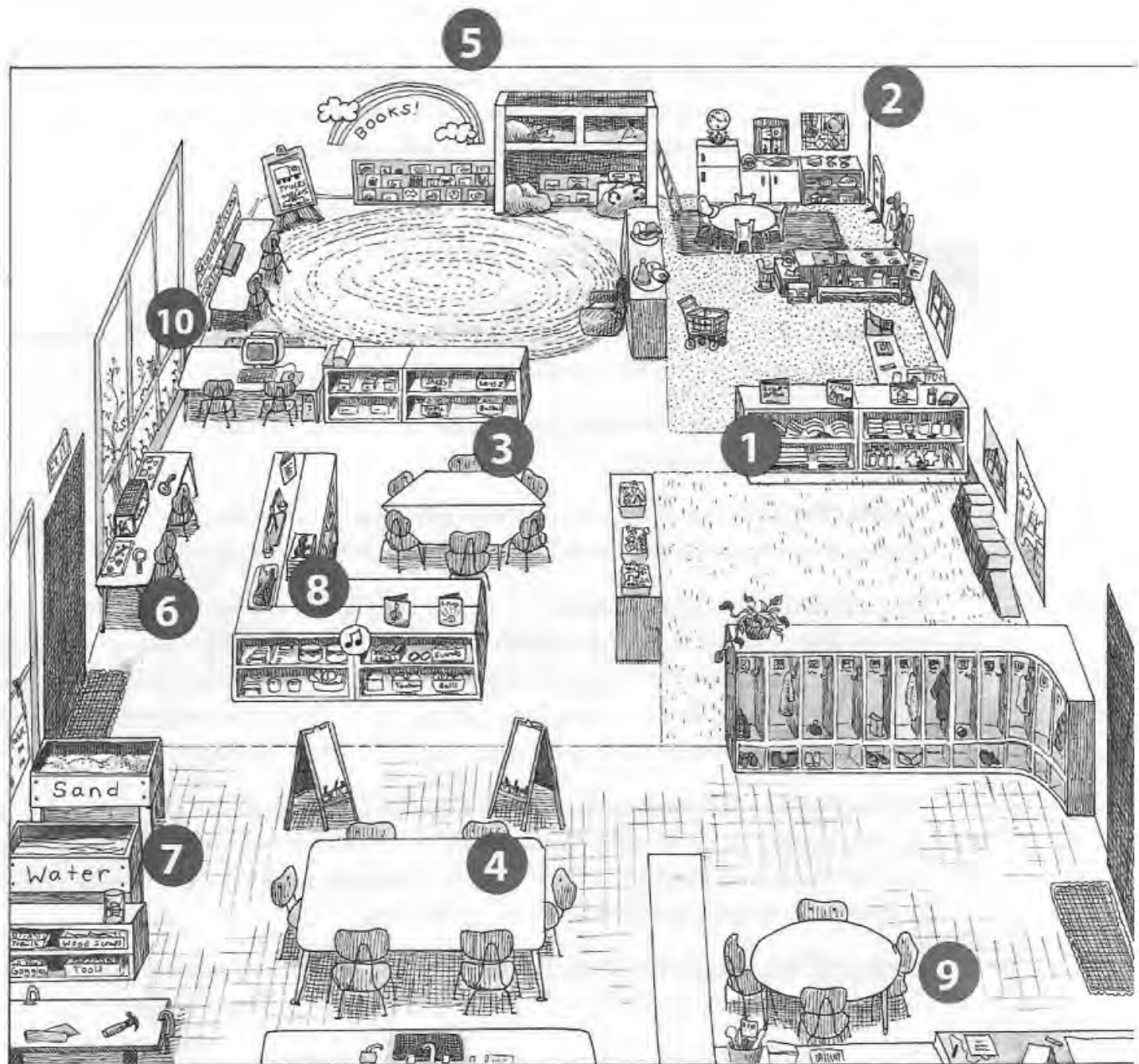
1. Blocks
2. Dramatic Play
3. Toys and Games
4. Art
5. Library

6. Discovery
7. Sand and Water
8. Music and Movement
9. Cooking
10. Computers

Materials/Learning Tools

Early childhood classroom materials should be purchased and gathered with intentionality. Knowing why, how, and what the educational intent is helps the teacher to scaffold the learning in ways to meet the needs of all learners in the classroom. The materials and or learning tools they use are key to creating open-ended activities that will promote problem solving, critical thinking, collaboration, and creativity. When selecting open-ended materials, teachers need to keep in mind the interests of the children and remember not to set limits on how the materials can be used. Children are more likely to use open-ended materials constructively and creatively if materials are accessible to them, organized to promote independent use, and periodically changed to provide variety. Open-ended materials affect the level of involvement of the children and the quality of interactions within the learning environment.

- Classroom materials are systematically arranged, labeled, and easily accessible to children.
- Materials are labeled using a format that is visually clear and neat.
- Classroom materials are varied and appeal to the multiple senses.
- Materials include both natural and manufactured materials.
- Multiple sets of materials are available so that children can play with identical materials at the same time.
- Materials reflect human diversity and the positive aspects of children's homes and community cultures.
- Multicultural materials are integrated naturally into the classroom and daily routine.

Children's Behavior and Environment

Children's behavior is a good indication of how the physical environment of your classroom is working. Once you set up the classroom as an effective learning environment, you can turn your attention to establishing the daily routines and schedule. This chart presents possible reasons for restless or disruptive behavior related to the environment (Dodge, Colker, & Heroman, 2002).

Problem Behavior	Possible Cause	Changes to the Environment
Running in the classroom.	Too much space is open; room is not divided into small enough areas; activity areas are not well defined.	Use shelves and furniture to divide the space. Avoid open spaces that encourage children to run.
Fighting over toys.	Too many popular toys are one of a kind; children are asked to share too often.	Provide duplicates of toys; show children when it will be their turn (e.g., use a timer with a bell, a sand timer, or a list with names of children waiting for their turn).
Wandering around; unable to choose activities.	Room is too cluttered; choices are not clear; there is not enough to do.	Get rid of clutter; Simplify the layout of the room and materials. Add more activity choices.

Problem Behavior	Possible Cause	Changes to the Environment
Becoming easily distracted; trouble staying with a task and completing it.	Areas are undefined and open; children can see everything going on in the room; materials are too difficult or children are bored with them.	Use shelves to define areas to minimize distractions. Separate noisy and quiet areas. Assess children's skills and select materials they can use successfully.
Continually intruding on others' work spaces.	Space is limited, and poor traffic patterns prevent children from spreading out.	Define work areas for children (e.g., use masking tape or sections of cardboard for block building, trays or placemats for toys). Limit the number of areas open at one time to allow more space for each.
Misusing materials and resisting cleanup	Materials on shelves are messy; the display of materials is not orderly; children don't know how to use materials appropriately.	Make a place for everything. Use picture labels to show where materials go. Provide consistent guidance on how to clean up.

The Outdoor Classroom

An outdoor classroom play area (at or near the program site) should have adequate space, equipment, and materials to support various types of play. This environment should also be created with intentionality. Children should be able to play in an environment created with spaces that interest and challenge all children. Large motor skills can be enhanced through the use of stationary equipment as well as through simple materials used to meet the same benchmarks as in the indoor environment. An outdoor classroom can be created by the teaching staff using child-friendly materials and learning tools: e.g., balls, tricycles, bean bags, low balance beams, hoola hoops, and parachutes. The outdoor classroom is also a space where learning centers can be used. Create spaces that promote learning experiences to support the Illinois Early Learning Standards and benchmarks in the following learning domains:

- Scientific exploration
- Numbers and counting
- Art/Music
- Literacy (storytelling)
- Dramatic play
- Group games
- Large and small motor skills

The following are points to consider when arranging an outdoor environment:
- Teachers are actively involved with children.
- The outdoor area includes both stationary and portable equipment and materials for various types of play.
- Outdoor classrooms have a variety of play surfaces whenever possible; e.g., grassy areas, blacktop/concrete, woodchips, and sand are all appropriate.
- Outdoor classrooms have areas that protect children from the elements of nature; e.g., shade trees in the summer, wind breaks in the winter; the area should also be dry and have a good drainage system.
- Outdoor classrooms also have a close storage space for equipment, and drinking and bathroom facilities should also be in child-friendly places for convenience and safety.

The following excerpts from *The Creative Curriculum® for Preschool,* Fourth Edition, provide programs additional information on how specific interest areas support children's development.

Specific Interest Areas

- Toys and Games

- Art

- Outdoors

- Dramatic Play

- Cooking

- Library

- Sand and Water

- The Discovery Area

Toys and Games

How Toys and Games Promote Development

The Toys and Games Area includes manipulatives, puzzles, collectibles, matching games, and other games that children can play at a table, on the floor, or on top of a divider shelf. These materials offer children a quiet activity that they can do alone, with a friend, with a teacher or a parent volunteer, or with a small group. Children strengthen all areas of their development as they play with toys and games.

Social/emotional Development

Children learn to cooperate with one another by sharing and taking turns as they play a game or build an intricate design. They develop confidence when they complete a task successfully using self-correcting toys such as puzzles, sorting boards, and stacking rings.

Physical Development

Children practice eye-hand coordination while lacing cards or placing pegs in a pegboard. When children string beads or construct with interlocking cubes, they refine small muscle skills.

Cognitive Development

As children build with table blocks or make designs with pattern blocks and parquetry blocks, they experiment with construction and invention and use creative problem-solving skills. They also expand their emerging math skills such as counting, seriation, matching, patterning, and classification. In fact, the Toys and Games Area often serves as the math hub in your classroom.

Language Development

Children use words to describe how they are putting together a puzzle or sorting a collection of objects. They compare the size, shape, and color of objects as they play. While using beads, pegboards, puzzles, dominoes, and collectibles, they develop reading skills such as left-to-right progression, visual discrimination, and matching similar objects. As they use magnetic letters and alphabet blocks, children explore letters, then arrange and rearrange them to form words.

Art

How Art Promotes Development

The Art Area is a place filled with materials that children can enjoy on a purely sensory level. Here children can create and represent their ideas in a visual form. On a table or the floor, at an easel or a workbench, children draw, paint, knead, cut, glue, and make things of their own choosing. Sometimes they simply explore the materials and enjoy the process. At other times they create designs or make something that represents a real object, place, or living thing. Creative art is another language children use to express what they know and what they feel. The Art Area is a studio for children's development and learning.

Social/emotional Development

Art is a natural vehicle for children to express their feelings. Children reflect their thoughts and emotions through their choices of color, texture, and media. For example, when happy or excited, a child might use bright colors. When sad or upset, a child may choose darker tones. Children also express their originality and individuality in their art. Who says the pumpkins they paint have to be orange? A child may prefer having a purple one simply because it will stand out better in a patch.

Physical Development

As children tear paper for a collage or use scissors to cut, they refine small muscle movement. Making lines and shapes with markers and crayons or hitting a nail on the head with a hammer are activities that help children develop the fine motor control they need for writing. Art is all about fine motor skills.

Cognitive Development

Children draw, paint, and sculpt what they know. As they translate their ideas and feelings into art, they use thinking skills to plan, organize, select media, and represent their impressions. When children draw, paint, and make collages, they experiment with color, line, shape, and size. Using paints, fabrics, and woodworking tools, they make choices, try out ideas, and experiment. They learn about cause and effect when they mix colors. Through trial and error, they learn how to balance a mobile and weave yarn.

Language Development

Children often talk about what they are doing and respond to questions about their creations as they engage in art. Teachers can write down what children say about their artwork as a permanent record of the experience. Art also fosters vocabulary development as children learn and use related technical vocabulary: sculpture, palette, and clamp, to name just a few terms.

Outdoors

How Outdoor Play Promotes Development

Outdoor play is essential for children's health and well-being. The sense of peace and pleasure children experience when they take in fresh air, feel the warmth of the sun on their backs, and watch a butterfly land gently on a flower is immeasurable. What is very evident is how much children enjoy running, jumping, climbing, and playing outdoors. The time children spend outdoors every day is just as important to their learning as the time they spend in the classroom. For teachers, the outdoors offers many ways to enrich the curriculum and support children's development and learning.

Social/emotional Development

Children experience a sense of accomplishment and growing competence when they spend time outdoors every day engaged in purposeful activities. You can see the sense of pride a child feels when she can keep a swing going on her own, climb to new heights, throw and catch a ball, and complete an obstacle course. Social skills grow as children share equipment such as tricycles and shovels, work together to build a tunnel in the sandbox, and follow safety rules.

Physical Development

Many reports suggest that the number of children who are overweight is increasing steadily. One factor contributing to the problem is that children do not get the large muscle activity essential for their healthy development. Part of the problem is that in many places it is not safe for children to play outdoors and children spend too much time watching TV. Thus, it's even more important to make the most of outdoor time while children are at school. Children develop their gross motor skills outdoors by weeding a garden, collecting bugs, and pouring sand through a funnel.

Cognitive Development

The outdoors is a natural laboratory for scientific explorations as children observe nature firsthand. They find and study bugs and butterflies, plant seeds and watch vegetables grow, observe leaves change color, taste snow, touch the bark of a tree, hear crickets, and smell the air after a rain shower. They count the seeds they plant and the number of petals on a flower, measure how tall a sunflower grows and calculate how long it takes for a flower to appear, note patterns on the bodies of caterpillars and butterflies, and solve problems, for instance, how to make water or sand run through a plastic rain gutter.

Language Development

Children expand their vocabularies when they learn the names of insects and plants and use words to describe the characteristics of each—*fuzzy, fast, shiny, hard, colorful, striped, slimy*. They learn to read traffic signs and use field guides to identify the leaves, birds, or spiders they find.

Dramatic Play

How Dramatic Play Promotes Development

Dramatic play is central to children's health/development and learning during the preschool years. For this reason, every Creative Curriculum classroom includes an area designed to inspire creative and imaginative play. In the dramatic play area, children break through the restrictions of reality. They pretend to be someone or something different from themselves and make up situations and actions that go along with the role they choose. When children engage in dramatic play, they deepen their understanding of the world and develop skills that will serve them throughout their lives.

Social/emotional Development

To engage in dramatic play with others, children have to negotiate roles, agree on a topic, and cooperate to portray different situations. They re-create life experience and try to cope with their fears by acting out roles and situations that worry them. For example, a child who anticipates going to the hospital for an operation can pretend to be the doctor. By assuming this role, the child can switch from feeling out of control to being in charge. Research shows that children who engage in dramatic play tend to demonstrate more empathy toward others because they have tried out being someone else for a while. They have the skills to cooperate with peers, control impulses, and are less aggressive than children who do not engage in this type of play (Smilansky, 1990).

Physical Development

Children develop small muscle skills when they button and snap dress-up clothes and dress the dolls. They practice hand-eye coordination and visual discrimination skills when they put away props and materials.

Cognitive Development

When they pretend, children create pictures in their minds about past experiences and the situations they imagine. These images are a form of abstract thinking. When children set the table for a meal for two or use play money to purchase food at their grocery store, they explore math concepts. They also learn from one another as they share ideas and solve problems together.

Language Development

To engage with others in dramatic play, children use language to explain what they are doing and ask and answer questions. They choose the language that fits the role they have selected. They use reading and writing skills when literacy props are included in the Dramatic Play Area.

Cooking

How Cooking Experiences Promote Development

Cooking is fun. It's also a natural laboratory for helping children to develop and learn. When children participate in cooking activities, they learn how food is prepared and how it contributes to their health and well-being. They also form eating patterns that can last a lifetime.

Social/emotional Development

Children show pride in their ability to produce a snack that they and others can enjoy. They develop independence as they follow a recipe on their own or work cooperatively on a common task.

Physical Development

Chopping celery, squeezing a lemon, and spreading apple butter are actions that develop children's small muscle control and eye-hand coordination. In fact, children cannot cook without working on their physical development.

Cognitive Development

Cooking activities inspire children's curiosity and thinking. They learn comparative words as they measure items for a recipe and fill a gallon pitcher with four quarts of water. They develop problem-solving skills through experimentation and observe cause and effect when they watch bread dough rise once yeast is added to it. Cooking is also an outlet for creativity. Pretzel dough can be made just as effectively into letters, numbers, or snakes, as well as its characteristic looped shape.

For children with learning disabilities, cooking can be a valuable activity because it provides hands-on experiences with cognitive concepts that are often difficult to master. While cooking, children can organize ingredients, follow the sequence of a recipe, and carry out multiple directions.

Language Development

Cooking has its own terminology. Food names and basic cooking-related words like ingredients, recipe, gadget, grate, knead, simmer, grease, and dice all may be new additions to children's vocabularies. Moreover, as children match pictures to the written words in recipes, they learn to read and follow recipes on their own.

Library

How the Library Area Promotes Development

An attractive space with soft furniture, beautiful picture books, and writing materials can be an oasis in the classroom—a place to get away from more active interest areas and relax. In the Library Area, children develop the motivation and skills necessary to read and write. As they hear stories read aloud every day, look through books on their own, listen to story tapes, retell familiar stories, and make up their own stories, they also have many opportunities to grow in all areas of development.

Social/emotional Development

From books, children learn about people who are like them and who are different. They feel comforted learning that others have had experiences or fears similar to their own and managed them. They develop empathy for those who have challenges and struggles that make life difficult. Children develop social skills when they share books together, re-enact a story, and write a card to a sick friend.

Physical Development

Children strengthen the small muscles in their hands when they use tools for writing and illustrating. They use their eye muscles as they follow the pictures and words in a book.

Cognitive Development

Books help children gain a better understanding of the world around them. They develop an understanding of symbols (relating the picture of a boy to the written word "boy"). They learn to make predictions and think about cause and effect ("If the pig builds his house of straw, the wolf will blow it down."). When they hear a story, children make connections between the story and things they already know. When they retell stories, they learn to sequence as they relate the events in a story in order. Children also can learn basic skills such as counting, number recognition, colors, and shapes through books.

Language Development

All aspects of literacy—reading, writing, listening, and speaking—can be strengthened in the Library Area. When children hear stories, they learn new words and their meaning, and their comprehension grows. Children develop phonological awareness when they hear and explore the sounds and rhythms of language in books. They learn how to follow the flow of print on a page, left to right and top to bottom. Children use writing in a meaningful way in the Library Area when they create a message for a friend or a letter to Mom.

Sand and Water

How Sand and Water Play Promote Development

Play with sand and water involves sensory experiences that appeal to young children. They need little introduction to playing with these materials. While sand and water play can delight the senses, it also can challenge children's minds and promote all areas of development.

Social/emotional Development

Sand and water inspire children to work together to construct a sand village, wash a baby doll in water, or chase a giant bubble as it sails through the air. The fact that play with these materials can calm a child who is agitated or upset has been well documented. When children play with sand and water, they often express their thoughts and feelings.

Physical Development

Children strengthen their small muscles as they mold wet sand and scoop water. They develop fine motor skills and eye-hand coordination working with props as they pour water through a funnel, sift sand through a sieve, and squeeze a baster full of water. They build gross motor skills as they carry buckets of sand or water outdoors.

Cognitive Development

Sand and water are natural companions in scientific explorations and engage children in making careful observations in classification, comparison, measurement, and problem-solving activities. Children discover that as a liquid, water can be splashed, poured, and frozen. As a dry solid, sand can be sifted, raked, and shoveled. When children combine the two, the properties of both change: the dry sand becomes firm and the water becomes cloudy. The texture of sand changes, too. Wet sand can be molded. It also feels cooler to the touch than dry sand. Children learn about volume and capacity as they fill empty containers. They explore cause and effect when they observe which objects sink and which float. And they discover that the amount of sand or water remains the same whether the container is thin and tall or short and wide.

Language Development

While playing with sand and water, children expand their vocabularies as they learn words like *grainy, sprinkle, shallow,* and *sieve.* They build emerging literacy skills as they write letters in the sand or use alphabet molds. Equally important, as children perform experiments in the sand and water area, they routinely ask and answer questions.

The Discovery Area

How the Discovery Area Promotes Development

Young children wonder about the world around them. They think to themselves:
- I wonder what will happen if I push this button.
- I wonder what the bunny feels like.
- I wonder why my plant died.
- I wonder how I can make a bigger bubble.

The Discovery Area is a place to find the answers to these kinds of questions with few right or wrong answers. It is a place to spark curiosity and wonder using new and interesting materials. In the Discovery Area, children can use their senses to touch, feel, taste, smell, and see. They can act on objects and observe what happens next. You can help nurture children's curiosity. When you join children in the Discovery Area and pose questions or wonder aloud, children respond by using their thinking skills to investigate and explore. In the Discovery Area, all areas of development can be enhanced.

Social/emotional Development

Children learn to work together as they explore, make discoveries, and solve problems. They take care of living things such as classroom pets and plants, and they learn classroom rules for using materials safely and responsibly.

Physical Development

Children develop their fine motor skills when they use eyedroppers to squeeze colored water onto wax paper or pick up a dead insect with tweezers. They develop dexterity and eye-hand coordination as they turn gears, take apart a broken toy, and pick up paper clips with a magnet. When they measure ingredients to make Silly Putty and then squeeze, pull, stretch, and bounce it, children practice many different fine motor skills. They strengthen their gross motor skills as they pull the rope on a pulley, create shadows on the wall using their bodies, or run in place to feel their pulse.

Cognitive Development

Children use all the process skills when they observe and ask questions about the world around them. They watch plants and animals with great curiosity and make predictions about how they change, move, and react to different conditions. Children organize their thoughts by classifying, comparing, measuring, counting, and graphing objects. They represent their findings in drawing, writing, and by creating models.

Language Development

When children make discoveries, they are eager to share their excitement with others. They want to talk about their investigations, ask questions, and share experiences. They use new words to describe how things look, touch, taste, smell, and sound. Using books and other texts, children find out about topics that are beyond the classroom walls.

Section 6
Curriculum

I'm looking for the list of curriculum endorsed by the Illinois State Board of Education. Where can I find a listing?
The Illinois State Board of Education does not endorse a specific curriculum. Guidelines for choosing a curriculum are listed in the implementation manual and on the Illinois State Board of Education website.

Our classroom teachers have written their own curriculum. Will that meet the requirements for Preschool for All?
The curriculum must be research based and meet the criteria provided by the Illinois State Board of Education.

We have been introduced to several curriculums. How do we know if it is a good curriculum?
Refer to the recommendations listed in the implementation manual before making any decisions to purchase a curriculum.

MAKING YOUR PRESCHOOL PROGRAM DEVELOPMENTALLY APPROPRIATE

Sue Bredekamp, director of professional development for NAEYC, stated, "Too many preschool and kindergarten teachers, perceiving themselves as advocates of developmentally appropriate practice, fear pushing children too much academically and fail to teach them the knowledge and skills they need" (Bredekamp, 1997, p. 38). Research consistently points to the importance of ensuring that children enter kindergarten with the attitudes and knowledge about literacy that will enable them to succeed in learning to read (Snow, Burns, & Griffin, 1998).

A developmentally appropriate framework, as defined by the International Reading Association and the National Association for the Education of Young Children, means using knowledge about child development to set goals and expectations for young children's achievement that are challenging but achievable, with sufficient adult support (Bredekamp, 1997, p. 38).

CHOOSING AN APPROPRIATE PRESCHOOL FOR ALL CURRICULUM

The practical application of a curriculum model includes guidelines:

- How to set up the physical environment
- How to structure the activities
- How to interact with children and their families
- How to support staff members in their initial training and ongoing implementation of the program

Curriculum models should be central to any discussion of early childhood programs. Curriculum models are essential in determining program content and in training and supervising staff to implement high-quality programs. In order to provide a preschool program of the highest quality, it is necessary to adopt a research-based curriculum model.

The Illinois State Board of Education does not endorse specific curricula for use in Preschool for All. The following criteria must be considered by local projects in evaluating curricula for use in these programs. Curriculum models should

- align with the Illinois Early Learning Standards;
- include significant content to be taught with intentionality and integration;
- include child initiation and engagement;
- use clear research-based content based on a systematic and comprehensive review of research of how children learn;
- provide parent involvement by using curricula that helps build meaningful communication with families;
- align with an authentic assessment tool that is ongoing and comprehensive;
- consider the child's linguistic and cultural background;
- be appropriate for all early childhood teachers to implement regardless of their qualifications (certified, paraprofessional);
- be appropriate for children with a wide range of abilities; and
- provide research evidence of the model's effectiveness.

The following article, written by Dr. Ellen Frede and Dr. Debra J. Ackerman, (reprinted with permission, courtesy of the National Institute for Early Education Research), discusses further the questions to consider when choosing an appropriate curriculum.

NIEER

Preschool Curriculum Decision-Making: Dimensions to Consider

by Ellen Frede and Debra J. Ackerman

Policymakers at the federal, state, and local levels recognize the key role preschool education plays in children's learning and development, but they may have less understanding of what constitutes a quality preschool program curriculum. Given the multitude of available curriculum models, the confusion regarding which ones are appropriate for 3- and 4-year-olds is understandable. However, if one of the goals of preschool is to improve children's school success by enhancing their early skills and knowledge, programs serving preschoolers need to decide the content of what children should learn, as well as how they will best learn it. This report provides a framework for decision-makers to use in evaluating which curriculum might be most appropriate for their specific preschool program.

What We Know:

- Preschool curriculum models vary widely. Some may detail exactly what to teach. Others may provide guidance in developing activities and interactions. How play is defined and used can also vary.

- A single curriculum may not address all of the different areas of learning. Curricula may appear to be comprehensive, but the focus on some domains is superficial and will not expand children's knowledge or develop the skills necessary for their later learning.

- Even if a curriculum fits a program's philosophy and provides the needed amount and type of content, it might not be appropriate for the children enrolled. In addition, if it is impossible for teachers to implement, it will be ineffective.

- Not all curriculum models have been empirically evaluated or even based on a systematic and comprehensive review of research of how young children learn. In addition, no single curriculum or approach has been proven to be best for all preschool programs.

Recommendations for Decision-Makers:

- To help discern which curricula are more appropriate, the roles of the teacher and the child in the learning process and the areas of learning to be addressed should be considered.

- Curricular decisions should take into account children's ages, behavior or learning needs, linguistic and cultural backgrounds, and economic status, as well as teachers' prior training and experience and need for ongoing professional development.

- Assessment systems should be specifically designed to measure whether learning objectives are being reached, engage children in meaningful tasks within a realistic context, and document changes over time.

- For parent involvement, curricula should help build program-family partnerships and establish ongoing meaningful communication with families.

- Decision-makers should look for research evidence of a model's effectiveness and attempt to see the model in action in multiple settings.

Today, increasing numbers of 3- and 4-year-olds are enrolled in preschool programs. Many parents, teachers, and policymakers look to such programs to help children become successful learners in kindergarten and beyond. Yet, while programs may claim to promote young children's learning and development, their educational effectiveness varies. This is due in part to the skills children bring to preschool and overall program quality. Effectiveness also relies on a program's curriculum, or the content of what children learn in preschool and how it is taught.

Policymakers at the federal, state and local levels recognize the key role preschool programs play in children's learning and development, but they may have less understanding of what constitutes a quality preschool program curriculum. Given the multitude of available curriculum models, the confusion regarding which ones are appropriate for young children overall or more effective for specific populations of 3- and 4-year-olds is understandable. Although the early childhood education field recommends programs utilize what are known as Developmentally Appropriate Practices,[1] it does not yet have the research base to promote any single curriculum model as "best." In addition, no state government or federal entity mandates use of just one particular curriculum in their publicly funded preschool programs.

However, if one of the goals of preschool is to improve children's school success by enhancing their early skills and knowledge, programs serving 3- and 4-year-olds need to decide the content of what children should learn, as well as how they will best learn it. The purpose of this report is to provide a framework for decision-makers to use in evaluating which curriculum might be most appropriate for their specific preschool program. The framework consists of a series of questions focusing on specific features of any curriculum model and the supports the model developer may provide. We begin with some definitions of curriculum.

What Makes a "Curriculum" a Curriculum?

At its simplest, curriculum is defined as what to teach and how to teach it. However, deciding what to teach—as well as how to teach it—is influenced by "concepts of what repertoire of knowledge and skills it is important for the young child to master, what role the child shall have in achieving mastery, and what organization of learning experiences is most likely to yield maximum cognitive power."[2]

Any curriculum model, therefore, is "an ideal representation of the theoretical premises, administrative policies, and pedagogical components of a program aimed at obtaining a particular educational outcome."[3] No matter what model is ultimately used, curriculum "affects students by initiating learning and by exposing students to experiences designed to help all children to attain skills and knowledge and to change values and feelings."[4]

At the same time, the term "curriculum" can have a variety of meanings in preschool programs, particularly in contrast to how the term is used in K-12 settings. This is due in part to the fact that curriculum is often heavily defined by the content to be taught, but theories of child development and learning are more likely to provide implications for how to teach, rather than *what* children should learn. As a result, some preschool stakeholders feel that a curriculum must detail exactly what to teach, as well as how to teach it and when.

Others argue that while this is a type of curriculum, what is more appropriate for young children is one that provides learning goals and guidance to teachers in developing activities and interactions. This would include carefully planned environments and activities in the classroom, such as recurring story telling at circle time or the obstacle course added to the playground for one week to help children develop spatial terminology and exercise. It would also include unplanned and spontaneous learning, such as learning about water systems when a pipe bursts or developing self-regulation skills while waiting for your turn on the slide. In short, curriculum in the extremes can be as minimal as offering guidance for deciding what and how to teach, or as structured as not only telling the teacher what the content should be on any given day, but also exactly what to say when teaching the content.

Although views of what makes a "curriculum" a bona fide curriculum vary, when the term is left undefined, it can be difficult for a preschool program to answer the question: "What should be learned?"[5] It is also difficult to outline "the set of goals which are the aims of education for children"[6] in their programs, including those that support "children's physical, social, emotional, and cognitive growth."[7] The National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE) therefore advise the following:

> "Curriculum is more than a collection of enjoyable activities. *Curriculum* is a complex idea containing multiple components, such as goals, content, pedagogy, or instructional practices. Curriculum is influenced by many factors, including society's values, content standards, accountability systems, research findings, community expectations, culture and language, and individual children's characteristics."[8]

In short, if preschool programs are to be educationally effective, it is not enough to set up a classroom with well-trained teachers and appropriate materials. Early childhood educators must also make some curriculum decisions.

Questions to Consider When Making Curriculum Decisions

Preschool policymakers and stakeholders face a variety of curriculum-related decisions. These include selecting a curriculum for a specific preschool program or generating a list of recommended curricula from which programs may choose. They may also need to evaluate the appropriateness of curricula already in use.

Yet, just as one will most likely be unable to find a size-, color-, and activity-appropriate pair of footwear by blindly choosing from among every item in a shoe store, preschool stakeholders need to consider a variety of criteria when accomplishing these curriculum-related tasks, as well. As we discuss next, these include the specific population of children served and the skills and experience levels of the teachers who will implement the curriculum. The place to begin in the decision-making process is with an examination of where a curriculum model places both teachers and preschoolers in the learning process.

Checklist for Preschool Curriculum Decision-Makers

1. How does the curriculum define the roles of the teacher and the child in the learning process?

2. What domains of learning are addressed? Are they integrated or treated separately? Will the curriculum lead to achievement of state early learning standards?

3. Does the curriculum provide guidance for differentiating teaching for students with special behavior, linguistic, or learning needs?

4. Do the curriculum's developers provide an assessment system that is consistent with the teaching philosophy and learning content?

5. What research evidence exists to support the value or effectiveness of the curriculum?

6. Is the curriculum appropriate for all teachers, regardless of their qualifications? What kind of professional development is provided?

7. Are specific materials required to implement the curriculum?

8. Does the curriculum model provide guidance for such services as parent involvement and the transition to kindergarten?

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1. How does the theoretical orientation of the curriculum define the roles of the teacher and the child in the learning process?

Curriculum models in the 18th and 19th centuries focused on issues such as what children should know to become contributing, law-abiding members of American society. An additional premise was the importance of providing health and nutrition assistance, as well as basic skills to children who were poor, immigrants, or living in unhealthy conditions.[9]

During the latter half of the 20th century, the connection between opposing theories of development and the curriculum derived from them was of great interest. Multiple curriculum approaches were developed that were based on the dominant developmental theories. These represented three broad streams of thinking about development and learning.[10]

Direct instruction curriculum. The first approach—the didactic or direct instruction curriculum—stems from behaviorist or social learning theories that view learning as mostly input by the environment. In this approach the teacher typically presents information to the entire class of children in whole groups and uses structured, drill-and-practice lessons that are fast-paced, teach discrete skills or isolated facts in small steps, and involve frequent praise. A major advantage of this approach for some programs is the structure provided for the teacher, which may ensure more consistency across classrooms even if teachers have varying experience, abilities, and education.

Socialization curriculum. At the other end of the continuum is the maturationist theory, which leads to an open classroom or socialization curriculum. This theory derives from the belief that children must direct their own learning, and if developmentally ready, will learn when teachers are nurturing and provide stimulating materials and support for children's choices. The main goal of curricula based on this approach is socialization. This approach also relies on unstructured play as its main activity. In contrast to direct instruction models, such models allow great freedom for teachers to develop activities based on their own experiences, creativity, and understanding of child development. Thus, content and activities can be based on the interests and needs of individual children and reflect the values of the community and program.

Constructivist curriculum. The third theoretical tradition falls in between these two approaches and comes from the constructivist theories of Piaget or Vygotsky. Adherents of interactive or constructivist curricula view learning as an active exchange between the child and his/her environment. In this model, teachers initiate activities designed to foster children's reasoning and problem-solving abilities, but they also interact with children during child-designed activities to add new ideas or enhance learning. Peer-to-peer interaction is also viewed as essential to the learning process. Models derived from the constructivist theories also respect teachers as decision-makers and expect them to design activities and interactions to meet individual and community needs and interests. However, a framework for making these decisions, as well as specific methods for achieving learning objectives, are provided by the curriculum model. This third approach is the mostly widely espoused in preschool and supported by NAEYC.[11]

What does research tell us about the value of these approaches? Research exists that compares the effects of curriculum derived from each of the three theoretical approaches. In general, all increase children's academic abilities if teacher qualifications and class size are held constant. But, one study found long-term benefits in social behavior (e.g. reduction in crime) and another in application of knowledge (e.g. reading comprehension as opposed to discrete decoding) from participation in classrooms that allowed children to initiate their own activities and focused on integrated learning across domains.[12] Other studies have found beneficial effects of practices that mirror those of the constructivist approach.[13]

What about an eclectic approach? Of course, describing these three broad approaches over-simplifies the variety of curricula available and blurs some real differences among curriculum models within the same theoretical tradition. This variation is partly due to other dimensions of curriculum discussed below and to the fact that distinctions may exist even within one theoretical approach. In addition, not all curriculum models clearly follow one theoretical approach and may prescribe an eclectic mix. Taking a "little of this, little of that" approach may have some appeal to curriculum decision-makers. Choosing particular aspects of different curricula would seem to allow a program to "hedge its bets" and ensure children have all of their needs met. However, some research exists that indicates that the eclectic approach should be used with caution. Studies comparing "pure" implementation of a specific theoretical approach to mixed models have found some benefits for a pure approach.[14] This is likely due to the consistency provided for the teacher. Learning to embed learning standards and integrate across different subject areas by guiding individual children's development and enhancing their learning within child- or teacher-initiated activities is a formidable task, yet is expected of teachers in the constructivist tradition. If teachers then spend part of the day in skills-focused whole group instruction as is expected in most direct instruction models, it may cause confusion for the teacher, resulting in less effective teaching.[15]

Theoretical and practical importance of play. Preschool stakeholders must also exercise caution when analyzing curriculum models, as the theoretical orientation and the activities promoted may be misrepresented. For example, the use of "play" in a curriculum may seem to signal a more child-initiated program. However, *how* it is used also needs to be examined to determine where classrooms might fall on a teacher/child-initiated continuum. On one end of the continuum, if play is used, its sole purpose may be to reward the completion of academic work. Play in the form of structured learning games can have a more prominent role in the day-to-day activities in direct instruction classrooms, but may in actuality only be a variation of one-size-fits-all academic work. "Play" in this case only focuses on practicing skills and repeating facts and does not provide children with the opportunity to engage in abstract thinking, problem solving, or cooperation with peers.[16]

On the other end of the continuum, play is not used as a reward or a disguise. Rather, children have the opportunity to choose among many different types of materials and activities for much of the day, with play deliberately included in the curriculum to enhance children's social and emotional development. In these classrooms, the teacher's role is mainly to support children and manage materials.

In constructivist classrooms, in order for play to also enhance children's intellectual curiosity and capacities, the teacher must make conscious decisions regarding what materials should be incorporated into such activities. The teacher must then scaffold, or support children's learning through interactions with the children and by carefully orchestrating the opportunities for dramatic play and other peer-to-peer interactions. In this approach, play is seen as the opportunity for children to construct knowledge, develop self-regulation skills, acquire content knowledge, and enhance their oral language skills. This type of play also provides young children with the opportunity to deepen their intellectual understanding of various concepts with the help of teachers and peers.[17]

2. What domains of learning are addressed, and are they integrated or treated as distinctly separate content and skills? Will the curriculum lead to achievement of state standards?

A preschool program's curriculum should attend to children's overall development.[18] This is not only because of the role social emotional development plays in a child's ability to learn and the importance of enhancing children's early learning skills in a variety of areas, but also because much of the economic benefits of attending high-quality preschool come from a combination of social emotional and academic competencies.[19]

Yet, a single curriculum may not address all of the different domains—or areas—of learning, including the traditional academic subjects, as well as children's language, cognitive, social and physical development. Conversely, curricula may appear to "cover all the bases," but the focus on some domains is superficial and will not expand children's knowledge or develop the skills necessary for their later learning. While there is still much left to be learned about the effectiveness of various preschool curricula, an analysis of the curricula used in programs that have shown long-term benefits revealed two essential commonalities: a concentration on interesting and relevant content across subject areas, combined with a deliberate and intense focus on language development through meaningful interactions among children and between children and their teachers.[20]

Developmental psychologists generally agree that learning within one domain is highly dependent upon each of the others. Thus, it is not surprising that national organizations (e.g. NAEYC and NAECS/SDE) and expert panels (e.g. National Goals Panel, Eager to Learn) call for comprehensive curricula that focus on teaching the whole child across all domains.[21] Rather than taking the approach of most elementary school textbooks and curricula and always teaching each subject distinctly and at separate times, preschool curricula should explicitly integrate, or connect learning across developmental domains and academic subject areas. While there may be times when it is advantageous to focus on one area in depth, guidance to preschool teachers and suggested activities should emphasize how oral language, early literacy, science, social studies, math, the arts, and socio-emotional and motor learning can be integrated.

Theme-based curricula. A common approach to integrated learning is a theme-based curriculum where one broad topic or "big idea," such as "Alive!" (a study of living versus non-living things) or "How We Grow" is the organizing structure for teaching and learning for a period of time. Such themes may transition into what is known as the project approach,[22] which entails a "research effort deliberately focused on finding answers to questions about a topic posed either by the children, the teacher, or the teacher working with the children."[23]

Themes can be predetermined by the curriculum model, the program, or the individual classroom teacher. Advantages of predetermined topics are that there may be less need for teacher preparation time and materials are often provided by the curriculum model. It may also be easier to systematically meet state learning standards or curriculum objectives.

Themes can also emerge from the interests or activities in the classroom. This is the basis for an emergent curriculum, which—as the name suggests—involves the study of a topic that emerges from the interests of the children and may involve a short- or long-term, in-depth examination of that interest.[24] The advantages of the emergent approach are that teaching and learning are more easily adapted to the interests and needs of individual children and the particular community. Since topics aren't repeated yearly unless there is great interest and more depth added, the emergent curriculum may be more appropriate for programs that serve both 3- and 4-year-olds. In some cases the emergent curriculum may also be better suited to meet state standards, as most curriculum models that have a prescribed content are national and not necessarily keyed to local standards.

In determining whether a curriculum model aligns with specific state standards or guidelines from national organizations such as the National Goals Panel, NAEYC, International Reading Association, or National Council of Teachers of Mathematics, decision-makers should be somewhat cautious in relying on the developer's analysis alone. A thorough comparison, or the results of a disinterested reviewer, should be used to ensure that the connections between the standards and the curriculum objectives are substantive. Decision-makers may also wish to view a curriculum "in action," particularly if they are aiming to serve a specific population of preschoolers.

3. Does the curriculum model provide guidance, adaptations, and specific strategies to differentiate teaching for children with special learning or linguistic needs or challenging behaviors?

Even if a curriculum model fits the program's stance on the role of the teacher and child in learning and provides the needed amount and type of content and language instruction, it might not be appropriate for the children enrolled. This might be because a curriculum is "context-free," with no mention made of the differences in children that are a result of culture or socioeconomic status. Some curricula can be "context-sensitive" and cognizant of the "crucial role that culture and subculture play in determining cognitive abilities," yet still not be appropriate for the children enrolled in a program.[25]

Stakeholders must therefore also consider the following:

The age of the children served. Does the program serve both 3- and 4-year-old children? Are these mixed-age classrooms? Do children stay with one teacher over more than one year? In addition to considering if the curriculum takes into account how young children develop and learn, policymakers must look at the specific ages of children served in their program. If both ages are served or programs engage in "looping," then the program must consider whether the content and skills are overly repetitive from one year to the next or whether the curriculum is designed for individually differentiated instruction.

The home language and culture of the children. Do the children and families served by the program speak more than one language and have different cultures? If so, is the goal of the program to provide dual language instruction? Or, is it to acknowledge and support the home language as much as possible, but primarily teach English? This goal would generally be the case where many languages are spoken and it is not possible to have teachers who speak all of them or where bilingual teachers are unavailable. Alternatively, is the goal to maximize acquisition of concepts and oral language in the home language and teach English as a Second Language? Also, are there specific content or teaching methods that are best suited to the cultural backgrounds of the children? Decision-makers should check that the curriculum is compatible with the chosen language approach and provides the necessary supports, such as lesson plans in both languages or suggested materials that reflect the culture and language of the children.

The economic status of the families enrolled. Are the children enrolled in the program predominantly low-income? Compared to their more affluent peers, they may have less complex language abilities, which are predictive of later reading skills.[26] Programs may therefore want to seek out a curriculum with a heavy emphasis on language development.

The developmental abilities of the children. Does the program serve children with special learning or behavior needs? If a program is inclusive and serves children with and without identified disabilities together in the classroom, then the curriculum model chosen should provide specific adaptations for activities and the environment. No curriculum can anticipate exactly the precise combination of strategies that will meet the needs of every child with disabilities, but methods for thinking about adaptations for common characteristics should be provided. For example, many children with and without identified disabilities have difficulty transitioning from one activity to another or need extra help developing fine motor skills. The curriculum should provide evidence-based methods for integrating individual objectives for these and other concerns.

4. How is learning assessed? Do the curriculum developers provide an assessment system that is consistent with the teaching philosophy and content of the model?
Both parents and policymakers look to preschool programs to improve children's early learning. There are no shortage of norm-referenced, standardized early childhood assessments that measure young children's skills and knowledge, many of which have established reliability and validity. Given the current policy focus on testing and accountability, preschool programs may feel increasing pressure to regularly assess children's learning using such tests.

However, standardized tests are rarely the best method for helping teachers learn how to improve their instruction overall or for particular children. This is especially true if the test is not specifically developed to measure the curriculum goals and objectives. The information generated may not inform how well the curriculum is "working" for any particular child, or how a teacher's practice might be modified as a result. When making curriculum decisions, preschool program stakeholders also need to determine if their curriculum choice includes an assessment system that has been specifically designed both to measure whether learning objectives are being reached and to inform teaching. In addition, it should engage children in meaningful tasks within a realistic context. Such assessments should also document changes in individual children over time.[27]

5. What research evidence exists to support the value, as well as the effectiveness of this curriculum model?

NAEYC has noted that, "Teachers who use a validated curriculum model benefit from the evidence of its effectiveness and the accumulated wisdom and experience of others."[28] Yet, not all curriculum models have been empirically evaluated, or even based on a systematic and comprehensive review of research of how young children learn.[29] At the same time, of those that have been researched, no single curriculum or approach has been definitely proven to be best for all preschool programs.

While the literature comparing outcomes of different curricula is too large to detail here, in general such studies have compared outcomes for approaches that represent different points on the child-centered vs. teacher-centered continuum outlined above. They have also explored the difference in outcomes between boys and girls, as well as children from specific socioeconomic backgrounds.[30] Preschool program decision-makers might wish to investigate the research base for any particular curriculum model, paying careful attention to the demographics of the children who served as the sample for the study. For example, if research studies examined the outcomes of middle-income, English-speaking children only, such a curriculum might not necessarily be as effective in meeting the needs of low-income children or English Language Learners.

6. Is the curriculum appropriate for all teachers in a preschool program? Is there a systematic and well-researched plan for teacher professional development?

Evidence of wide-spread use and successful implementation in multiple settings is a good indication that a curriculum model is transportable. However, no matter how perfectly the curriculum seems to fit a program's children and how effective it has proven to be in other settings, if it is impossible to implement in your setting, then it will be ineffective.

Because teachers are the "street level" implementers of children's daily experiences in any classroom,[31] curricula also need to be evaluated on how dependent they are on teachers' experience levels and educational backgrounds. For example, if teachers do not have an educational background that provides a foundation in child development or early childhood pedagogy, it can be difficult for them to implement curricula that give teachers great latitude in choosing daily learning activities.[32] This issue is particularly salient given the variety of qualifications required of preschool teachers in any state. While some teachers in state-funded preschool programs are required to have a bachelor's degree and certification related to early childhood education,[33] many teachers in child care settings are not required to have any credential beyond a high school diploma.[34] In addition, in light of the rapid expansion of preschool programs, many teachers are new and inexperienced and may require more guidance to provide an effective program.

"Scripted" curricula can override such difficulties by providing clear directions, examples, and sequences that are to be used by all teachers and for all students.[35] However, teachers may wish to differentiate their teaching practices based on children's ongoing needs, but instead of allowing for a great deal of teacher choice, such curriculum may be "teacher proof."[36] For experienced, well-qualified certified teachers, such curricula can also lead to feelings that their teaching skills or professional experience are of little use.[37]

Tanner and Tanner's[38] three levels of teacher competency may be helpful for determining a teacher's capacity for implementing particular curricula. At Level I, teachers employ ready-made, routine materials, such as worksheets. Such materials are not critically evaluated and are used in isolated activities. Level II teachers may try to integrate both emerging classroom issues and different content areas, but may not necessarily be successful. For example, one teacher tried to focus on a letter of the week and connect it with each new theme. This left her with simplistic connections, such as choosing the letter "d" for the farm unit and singing both BINGO (because it was about a dog) and the "Farmer in the Dell" (because dell begins with "d").

At Level III, teachers emphasize broad themes that are related to specific content areas and also exercise quite a bit of independent judgment in adapting curriculum to children's individual needs. For example, in a larger theme about living things, the class visited a pet store. Although the teachers had planned to focus on pets generally and classification, the children's excitement about the snake that was fed a live mouse led to a more specific focus on snakes and their prey.

No matter what a teacher's background, he or she cannot implement a curriculum well without initial training and ongoing professional development. To be effective, such training should be provided by individuals who are familiar not only with adult learning principles, but also with the realities of teachers' classrooms. Decision-makers will therefore want to look for a comprehensive professional development plan and examine the research on its effectiveness. They must also examine the types of built-in supports available for providing ongoing technical assistance, including those at the site level, such as supervisors, coaches, or directors. Decision-makers must also ascertain the supports that are available within their own organizational context, such as money and time for teacher professional development.[39]

7. Are specific materials required to implement the curriculum effectively?

Young children's cognitive and socio-emotional development often occurs through interactions with physical objects.[40] Thus, one additional area of inquiry for preschool decision-makers might be the materials used as part of any curriculum, as well as the cost of acquiring them. When considering cost, preschool program stakeholders might also wish to determine if such materials are closed- or open-ended. Closed-ended objects have just one single answer or correct way to use them (such as a puzzle) and tend to promote a single specific skill. Conversely, because there are many "correct" ways to use them, open-ended materials—such as blocks, sand, clay, or art supplies—can promote children's language growth, imagination, and problem solving skills each time children interact with them.[41]

8. Does the curriculum model provide guidance for related services, such as parent involvement and transition to kindergarten?

Children's early learning and development, as well as their transition from preschool into kindergarten, also relies on their family contexts. Effective early childhood educators need to know children's families to enhance young children's learning. Even if a curriculum seems to be a good match for the children enrolled in a program, decision-makers might also wish to determine whether an emphasis is placed on connecting preschool programs with families, and if so, the role families are expected to play in their children's early education. If preschool stakeholders view parent involvement as a key contributor to program effectiveness, curricula should provide materials and suggestions to help build program-family partnerships and establish ongoing meaningful communication with families about children's progress. There should also be opportunities to work together to develop goals for both individual children and the program overall.[42] Finally, the curricula should include mechanisms and activities to assist programs and families in transitioning children into the more formal setting of K-12 education.[43]

Final Thoughts for Preschool Curriculum Decision-Makers

Clearly, the quality and content of the curriculum provided will influence the effectiveness of any preschool program. Years of development and research have been invested in designing and researching a variety of curriculum models. However, choosing a curriculum model also involves careful research on the part of the decision-makers. They must reflect on their own beliefs about how children develop and learn and the role a classroom teacher should have in that development and learning. They must also consider the characteristics of the children and families served, and in turn, the goals of program participation. The characteristics of the teaching staff must be kept in mind as well.

If the goals and objectives of a program include all domains of development and relationships with families and the K-12 system, then the search will be for a comprehensive curriculum model. However, as described above, curricula can fall on a wide flexibility-to-structure continuum. Program decision-makers will need to balance their need for structure with their desire for individualization at the child, classroom, and family level. They might also wish to use the items in the checklist provided above to weight which additional criteria matter most for their program.

An additional common theme is evidence of effectiveness. Decision-makers need to be skeptical of curriculum developers' claims unless they are confirmed by researchers who are unaffiliated with the curriculum model. Seeing the model in action in multiple settings is also especially helpful in deciding whether it will meet a program's objectives. The promise of preschool will not be met if the curricula implemented are not rigorously designed, carefully researched, and implemented as intended.

Endnotes

[1] Bredekamp, S., and Copple, C. (Eds.). (1997). *Developmentally appropriate practice in early childhood programs*. Washington, DC: NAEYC.

[2] Biber, B. (1977). A developmental-interaction approach: Bank Street College of Education. In M. Day & R. Parker (Eds.), *The preschool in action: Exploring early childhood programs* (pp. 423-460). Boston: Allyn & Bacon, p. 432.

[3] Spodek, B., & Brown, P. C. (1993). Curriculum alternatives in early childhood education: A historical perspective. In B. Spodek (Ed.), *Handbook of research on the education of young children* (pp. 91-104). New York: Macmillan, p. 91.

[4] Vold, E. B. (2003). Young children's affirmation of differences: Curriculum that is multicultural and developmentally appropriate. In J. P. Isenberg & M. R. Jalongo (Eds.), *Major trends and issues in early childhood education: Challenges, controversies, and insights (Second edition)* (pp. 30-46). New York: Teachers College Press, p. 31.

[5] Katz, L. G. (1993). Dispositions as educational goals. *ERIC Digest, EDO-PS-93-10*. Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood Education, University of Illinois, p.1.

[6] Spodek, B., & Saracho, O. N. (2003). "On the shoulders of giants": Exploring the traditions of early childhood education. *Early Childhood Education Journal, 31*, 3-10, p. 7.

[7] Bowman, B. T., Donovan, M. S., & Burns, M. S. (Eds.). (2001). *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press, p. 182, 184.

[8] National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE). (2003). *Joint position statement on early childhood curriculum, assessment, and program evaluation building an effective, accountable system in programs for children birth through age 8*. Washington, DC: NAEYC, p. 6.

[9] Nourot, P. M. (2005). Historical perspectives on early childhood education. In J. L. Roopnarine & J. E. Johnson (Eds.), *Approaches to early childhood education (Fourth ed.)* (pp. 3-43). Upper Saddle River, NJ: Pearson. Spodek, & Brown (1993).

[10] Frede, E. C. (1998). Preschool program quality in programs for children in poverty. In W. S. Barnett & S. S. Boocock, *Early care and education for children in poverty: Promises, programs, and long-term results* (pp. 77-98). Albany, NY: SUNY Press.

[11] Bredekamp & Copple (1997).

[12] Schweinhart, L. J., & Weikart, D. P. (1997). *Lasting differences: The High/Scope Preschool Curriculum Comparison study through age 23* (Monographs of the High/Scope Educational Research Foundation, 12). Ypsilanti, MI: High/Scope Press. Marcon, R. (1999). Differential impact of preschool models on development and early learning of inner-city children: A three cohort study. *Developmental Psychology, 35*, 358-375.

[13] Frede (1998). Montie, J. (2005) *The IEA preprimary project age-seven follow-up: Characteristics of Early Childhood Programs and Children's development*. Ypsilanti: MI: High/Scope Resources, Vol. 24, No1. p 11-12.

[14] Marcon (1999). Rawl, R. K., & O'Tuel, F. S. (1982). A comparison of three prereading approaches for kindergarten students. *Reading Improvement, 19*, 205-211.

[15] Epstein, A. S., Schweinhart, L. J., & McAdoo, L. (1996) *Models of early childhood education*. Ypsilanti, MI: High/Scope Press. Goffin, S. G. & Wilson, C. S. (1994). *Curriculum models and early childhood education: Appraising the relationship*. New York: Merrill.

[16] DeVries, R. (2002). Play in the early education curriculum: Four interpretations. In R. DeVries, B. Zan, C. Hildebrandt, R. Edmiaston, & C. Sales (Eds.), *Developing constructivist early childhood education*. New York: Teachers College Press.

[17] DeVries (2002).

[18] National Association for the Education of Young Children. (1997). Position statement: Developmentally appropriate practice in early childhood programs serving children from birth through age 8. In S. Bredekamp and C. Copple (Eds.), *Developmentally appropriate practice in early childhood programs* (pp. 3-30). Washington, DC: Author.

[19] Boyd, J., Barnett, W. S., Bodrova, E., Leong, D. J., & Gomby, D. (2005). *Promoting children's social and emotional development through preschool.* New Brunswick, NJ: NIEER.

[20] Frede (1998).

[21] See Berk, L. E. (2004) *Infants, children and adolescents (5th edition).* New York: Pearson; or Cole, M., Cole, S. R., & Lightfoot, C. (2004). *The Development of Children,* New York: WH Freeman.

[22] Helm, J. H., & Katz, L. (2001). *Young investigators: The project approach in the early years.* New York: Teachers College Press. Katz, L. G., & Chard, S. C. (2000). *Engaging children's minds: The project approach* (2nd ed.). Stamford, CT: Ablex Publishing Corporation.

[23] Katz, L. G. (1994). The project approach, *ERIC Digest, EDO-PS-94-6.* Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood Education, p. 1.

[24] Jones, E., & Nimmo, J. (1994). *Emergent curriculum.* Washington, DC: NAEYC.

[25] Golbeck, S. L. (2001). Instructional models for early childhood: In search of a child-regulated/teacher-guided pedagogy. In S. L. Golbeck (Ed.), *Psychological perspectives on early childhood education: Reframing dilemmas in research and practice* (pp. 3-34). Mahwah, NJ: Lawrence Erlbaum Associates, Inc., p. 6-7.

[26] Hart, B., & Risley, T. R. (1995). *Meaningful differences in the everyday experience of young American children.* Baltimore: Paul H. Brookes Publishing Co. Strickland, D. S., & Riley-Ayers, S. (2006). *Early literacy: Policy and practice in the preschool years.* New Brunswick, NJ: NIEER.

[27] Edmiaston, R. (2002). Assessing and documenting learning in constructivist classrooms. In R. DeVries, B. Zan, C. Hildebrandt, R. Edmiaston, & C. Sales (Eds.), *Developing constructivist early childhood curriculum: Practical principles and activities* (pp. 53-67). New York: Teachers College Press. Epstein, A. S., Schweinhart, L. J., DeBruin-Parecki, A., & Robin, K. B. (2004). Preschool assessment: A guide to developing a balanced approach. *Preschool Policy Matters, 7.* New Brunswick, NJ: NIEER. Gullo, D. F. (2006). Alternative means of assessing children's learning in early childhood classrooms. In B. Spodek & O. N. Saracho (Eds.), *Handbook of research on the education of young children (Second edition)* (pp. 443-455). Mahwah, NJ: Lawrence Erlbaum Associates. National Association for the Education of Young Children (1997). NAEYC & NAECS/SDE (2003). Wortham, S. C. (2003). Assessing and reporting young children's progress: A review of the issues. In J. P. Isenberg and M. R. Jalongo (Eds.), *Major trends and issues in early childhood education* (pp. 97-113). New York: Teachers College Press.

[28] National Association for the Education of Young Children. (1997).

[29] Thompson, C. M. (2006). Repositioning the visual arts in early childhood education: A decade of reconsideration. In B. Spodek & O. N. Saracho (Eds.), *Handbook of research on the education of young children (Second edition)* (pp. 223-242). Mahwah, NJ: Lawrence Erlbaum Associates.

[30] For example, see Chambers, B., Cheung, A. C. K., & Slavin, R. E. (2006). Effective preschool programs for children at risk of school failure: A best-evidence synthesis. In B. Spodek & O. N. Saracho (Eds.), *Handbook of research on the education of young children (Second edition)* (pp. 347-359). Mahwah, NJ: Lawrence Erlbaum Associates. Hart, C. H., Burts, D. C., & Charlesworth, R. (1997). Integrated developmentally appropriate curriculum: From theory and research to practice. In C. H. Hart, D. C. Burts, & R. Charlesworth (Eds.), *Integrated curriculum and developmentally appropriate practice: Birth to age 8.* Albany: State University of New York Press. Lonigan, C. J. (2003). Comment on Marcon (*ECRP,* Vol. 4, No. 1, Spring 2002): "Moving up the grades: Relationship between preschool model and later school success." *Early Childhood Research & Practice, 5*(1). Online journal available at

http://ecrp.uiuc.edu/v5n1/lonigan.html. Marcon, R. A. (1999). Marcon, R. A. (2002). Moving up the grades: Relationship between preschool model and later school success. *Early Childhood Research & Practice, 4*(1). Online journal available at http://ecrp.uiuc.edu/v4n1/marcon.html. Marcon, R. A. (2003). Reply to Lonigan commentary. *Early Childhood Research & Practice, 5*(1). Online journal available at http://ecrp.uiuc.edu/v5n1/marcon.html. Schweinhart, L. J. (2002). *Making validated educational models central in preschool standards.* Retrieved March 24, 2006 from http://nieer.org/docs/index.php?DocID=15. Schweinhart, L. J., & Weikart, D. P. (1997). The High/Scope preschool curriculum comparison study through age 23. *Early Childhood Research Quarterly, 12,* 117-143. Spodek, B., & Brown, P. C. (1993). Stipek, D., Feiler, R., Daniels, D., & Milburn, S. (1995). Effects of different instructional approaches on young children's achievement and motivation. *Child Development, 66,* 209-223. Stipek, D. J., Feiler, R., Byler, P., Ryan, R., Milburn, S., & Salmon, J. M. (1998). Good beginnings: What difference does the program make in preparing young children for school? *Journal of Applied Developmental Psychology, 19,* 41-66.

[31] Tanner, D., & Tanner, L. (Eds.). (1995). *Curriculum development: Theory into practice (Third edition).* Englewood Cliffs, NJ: Merrill.

[32] Catapano, S. (2005). Teacher professional development through children's project work. *Early Childhood Education Journal, 32,* 261-267.

[33] Barnett, W. S., Hustedt, J. T., Hawkinson, L. E., & Robin, K. B. (2006). *The state of preschool 2006: State preschool yearbook.* New Brunswick, NJ: NIEER.

[34] Ackerman, D. J. (2004). States' efforts in improving the qualifications of early care and education teachers. *Educational Policy, 18,* 311-337.

[35] Goffin & Wilson (1994).

[36] Krogh, S. L., & Slentz, K. L. (2001). *The early childhood curriculum.* Mahwah, NJ: Lawrence Erlbaum Associates.

[37] Crawford, P. A. (2004). "I follow the blue…" A primary teacher and the impact of packaged curricula. *Early Childhood Education Journal, 32,* 205-210.

[38] Tanner, D., & Tanner, L. (Eds.). (1995). *Curriculum development: Theory into practice (Third edition).* Englewood Cliffs, NJ: Merrill.

[39] Ackerman, D. J. (in press). "The learning never stops": Lessons from military child development centers for teacher professional development policy. *Early Childhood Research & Practice.* Schweinhart (2002).

[40] Sutterby, J. A., & Frost, J. (2006). Creating play environments for early childhood: Indoors and out. In B. Spodek & O. N. Saracho (Eds.), *Handbook of research on the education of young children (Second edition)* (pp. 305-321). Mahwah, NJ: Lawrence Erlbaum Associates.

[41] Sutterby & Frost (2006).

[42] Bredekamp & Copple (1997). Fiese, B. H., Eckert, T., & Spagnola, M. (2006). Family contexts in early childhood: A look at practices and beliefs that promote early learning. In B. Spodek & O. N. Saracho (Eds.), *Handbook of research on the education of young children (Second edition)* (pp. 393-409). Mahwah, NJ: Lawrence Erlbaum Associates.

[43] Pianta, R. C., & Kraft-Sayre, M. (2003) *Successful kindergarten transition: Your guide to connecting children, families, and schools.* Baltimore, MD: Paul Brookes and Co.

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LITERACY IN THE PREKINDERGARTEN CLASSROOM

Help Preschoolers Develop Strong Oral Language Abilities

Becoming literate requires knowing thousands of words; researchers tell us that, not only do gaps in vocabulary start in preschool, but word knowledge in preschool correlates with comprehension scores in the upper elementary grades.

To help children develop strong oral language skills, teachers in high-quality preschool programs:

- model correct sentence structure and word usage.
- use complete sentences and new words in everyday conversations with children.
- extend children's thinking through questioning and discussion.
- help children connect new words to their past experiences.

In addition to learning new words, children need to develop the ability to use language to communicate with others. Researcher Michael Halliday identified seven functions of language used by young children. These functions represent ways we want all young children to be able to use language.

A high-quality preschool program provides opportunities for children to use their language in each of the following ways:

1. The **instrumental** function is used to get needs and wants met: "I need a drink of water."

2. The **regulatory** is used to regulate, or control, the behavior of others. "It's my turn to swing now!" "Don't hit me!"

3. The **interactional** function involves interacting socially with others: "Do you want to play with me?"

4. The **personal** function involves the sharing of personal ideas, feelings and emotions: "My mom is going to have a new baby."

5. **Heuristic** is the term used to denote inquiry or inquisitiveness. Children use this function to question and explore: "Why did the red and yellow paint make orange?:

6. The **imaginative** function is important for creativity and enhances children's ability to create mental images of characters, settings and actions in stories: "Let's pretend we're going on an airplane."

7. The **representational** function is used when children are sharing factual information that is not of a personal nature: "I can tell you all about riding on Amtrak."

We often see a combination of these functions, such as when children are engaged in social interactions during imaginative play encounters. Adults can best assist young children in developing oral language proficiency by observing their ability to use language, and by encouraging and supporting growth in those functions not observed.

Help Preschoolers Learn About the Sounds of Spoken Language

The name for the ability to notice and work with the sounds in language is *phonological awareness*. Young children who have phonological awareness notice, for example, when words begin or end with the same sound (i.e. *bag, ball,* and *bug* all begin with the sound of *b*), that words can rhyme, and that sentences are made of

separate words and words, are made of separate letter sounds. Research shows that how quickly children learn to read often depends on how much phonological awareness they have when they begin kindergarten.

High-quality preschool programs help children learn about the sounds of spoken language such as rhyming, identifying sounds heard at the beginning of words and isolating the beginning and ending sounds in familiar words by:

- reading books that focus on sounds, rhyming, and alliteration (i.e. big brown bear).
- having children sing or say a familiar nursery rhyme or song several times and point out the words that rhyme.
- inviting children to make up new verses of familiar songs or rhymes by changing the beginning sounds of words.
- monitoring children's ability to rhyme, to match sounds, to clap or count parts in words, etc.

Help Preschoolers Gain Alphabet Knowledge

Research shows preschool children who know the alphabet are much more likely to learn to read with ease. Alphabet knowledge begins to develop during the preschool years and, for most children, continues to grow during kindergarten.

High-quality preschool programs help children acquire alphabet knowledge such as knowing the names of the letters, recognizing letters, knowing the sounds of letters, and knowing how to write letters by:

- teaching the alphabet song
- sharing alphabet books
- pointing out letters in signs, on food containers, in books, etc.
- helping children learn to write their name and names of family members and friends
- providing magnetic letters, alphabet cookie cutters and play dough, alphabet puzzles and cards, etc. for children's play
- talking about words that start with the same sound, end with the same sound, etc. (For example, "Jack and Jill went up the hill. That's like your name Joseph. Jack, Jill, Joseph…they all start with /j/."

Help Preschoolers Learn About Books and Print

Young children need to be surrounded with print. Not only do they need access to high-quality children's books, they need to see print used for many types of purposes both within and outside of the preschool classroom. Through observations and interactions with books and print, young children can gain many important concepts necessary for learning to read and write.

High-quality preschool programs help children learn:

- How to hold a book and turn the pages.
- The features of books, such as the front and back covers, title, title page, the author and the illustrator.
- The direction in which we read print by pointing to the words as they are read from left-to-right and from the top of the page to the bottom.
- Words are separated by spaces in a line of print, and that one word on the page stands for one word that is spoken.

- To engage in shared reading experiences by joining in the rereading of familiar big books, stories, rhymes and poems as adults point to each word read.
- The relationship between spoken and written words
- To recognize that print is used in many ways and for various purposes (i.e. lists, labels, signs, greeting cards, notes).

Help Preschoolers Develop Fine Motor Skills and Emergent Writing Abilities

As young children are beginning to gain alphabet knowledge and to learn concepts about print and books, they need to begin to develop a number of prerequisites for handwriting.

High-quality preschool programs help children develop prerequisite skills for writing such as body stability, upper body strength, fine motor skills, dominance, dexterity, and eye-hand coordinator by providing opportunities to practice:

- the ability to cross the midline of the body (i.e. right hand to left shoulder)
- the ability to use two hands
- an understanding of directional terms (i.e. left, right, top, bottom)
- the ability to recognize similarities and differences in shapes and other forms
- hand dominance
- the ability to build a block tower with an increasing number of blocks
- the ability to pick up small objects with individual fingers and thumb
- scissor skills
- the ability to trace, copy, and then, later, to draw circles and squares
- play throw and catch, starting with a large ball and progressing to smaller ones

Most three- and four-year olds understand the difference between drawing and writing and are interested in different forms of writing for communication. As children begin to try to write, they progress through a series of stages. Adults can support preschoolers' emergent writing by recognizing each stage and encouraging children in their early writing attempts.

Developmental stages of writing include:

- **Scribbling:** Writing appears as random marks (i.e. straight lines, circles).
- **Mock Handwriting:** Children in this stage produce lines of wavy scribbles as they attempt to imitate the cursive writing of adults or older siblings.
- **Mock Letters:** In this stage, children make letter-like shapes that resemble conventional alphabet letters.
- **Conventional Letters:** Mock letters become more conventional, with the letters in the child's name typically appearing first. Children in this stage often create strings of letters, many times filling an entire page with random letters.
- **Invented Spelling:** When children develop an understanding of the concept of word, they begin to invent spellings. Early invented spellings neither look nor sound like real words.
- **Approximated or Phonetic Spelling:** As children learn to associate some letters with their sounds, they begin to attempt to spell words the way they sound. Early phonetic spellings often include only the correct initial consonant sound. Later spellings include correct initial and final consonant sounds, followed by words with initial, middle and final sounds included.

High-quality preschool programs support children's emergent writing by:

- providing plenty of materials for writing and drawing.
- answering children's questions about writing.
- pointing out letter shapes, letter names and sounds.
- modeling writing and emphasizing concepts about print and books
- encouraging children to use known letters and approximations of letters to write words.
- helping children write words and parts of words by stretching out the sounds in words for children to hear and identify the sounds (i.e. "Listen to the sounds in the word *mom: mmmmm-ooooo-mmmmm*. What letter makes the /m/ sound? The /o/ sound?").
- encouraging children to take risks in their writing to spell words by using known letter sounds.
- encouraging children to use words to begin writing sentences.
- accepting all children's early writing attempts.

Help Preschoolers Understand and Enjoy Stories

- Good readers use a range of strategies to deepen and enrich their understanding.
- Both reading and telling stories provide opportunities for children to acquire important listening, speaking, and comprehension skills. In addition, research has shown that children develop language skills as they use their own words to retell a story heard orally.
- Through children's retellings of stories, teachers can more accurately assess whether the children understand and remember the key story elements (i.e. characters, setting, problem, sequence of events).

High-quality preschool programs scaffold children's story understanding and recall by:

- sharing high-quality children's books
- engaging children in repeated readings of big books, experience charts, poems, rhymes, etc
- involving children in making and discussing predictions prior to and during read-aloud experiences.
- pausing during reading to discuss the story and pictures, as well as children's predictions, and to encourage new predictions, as appropriate.
- helping children connect stories to their own lives.
- asking questions to prompt children's discussion and retelling of stories.
- using pictures or props to support children's retelling of stories.
- inviting children to help make story murals to use in retelling a story.

Thank you to Kathy H. Barclay, Ed.D. Professor, Department of Curriculum & Instruction, Western Illinois University, Macomb, Illinois for writing this section on literacy.

Response to Intervention (RtI)

Response to Intervention (RtI) refers to a ***general and special education*** service delivery model designed to positively impact student achievement of essential skills. Generally, the RtI service delivery model is defined as one in which high-quality instruction and/or interventions matched to student needs is/are provided and important educational decisions are made using student learning rate over time and level of performance. This frequently used definition comes from the National Association of State Directors of Special Education (NASDE) document, authored by George Batsche and others.The core RtI principles include the following, also excerpted from the NASDE document:

(1) We can effectively teach all children.
(2) Intervention should occur early when the first signs of learning difficulties arise.
(3) A multi-tiered model of service delivery should be employed.
(4) A problem-solving method to make decisions within a multi-tiered model should be used.
(5) Research based scientifically validated intervention/instruction should be used to the extent available.
(6) Student progress should be monitored to inform instruction.
(7) Instructional and programmatic decisions should be based on data.

The state of Illinois formally adopted an RtI service delivery model when new special education rules and regulations were adopted in June 2007. Although the RtI model is not mandated for implementation around the state for preschool-age children, tiered instructional models that include These core principles represent "recommended practice" in early childhood programs. The following articles *Roadmap to Pre-K RTI* and *Myths about Response to Intervention (RtI) in Early Childhood* provide helpful information to early childhood programs. In addition, you can refer to The "Big Ideas" that Characterize RTI in EC/Preschool Settings, January 14, 2011, by visiting http://www.rtinetwork.org/rti-blog/entry/1/114.

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Roadmap to Pre-K RTI:

Applying Response to Intervention in Preschool Settings

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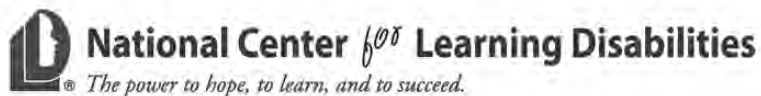
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Roadmap to Pre-K RTI:

Applying Response to Intervention in Preschool Settings

This report is available at www.RTINetwork.org/PreKRTIRoadmap

Foreword

by James H. Wendorf

For the past ten years, the National Center for Learning Disabilities (NCLD) has shaped policies and developed resources and tools to strengthen early childhood programs. Working in partnership with practitioners and researchers, we have sought to increase the capacity of teachers and parents to understand young children's learning strengths and needs, and to take action to support their readiness for instruction as they enter school. We believe that early recognition of learning problems, combined with timely, effective intervening services to address such problems, is a mission-critical component of any successful early childhood program.

In 2007, NCLD launched a new initiative to advance a comprehensive framework — Response to Intervention (RTI) — through which to deliver the kind of evidence-based screening, interventions, progress monitoring and tiered instruction that decades of research has shown to be effective with children who struggle to learn. We developed the RTI Action Network as a way to connect practitioners, researchers and policymakers with the information needed to implement Response to Intervention frameworks in kindergarten through high school.

While RTI was designed for K-12, there exists research to suggest that an RTI approach can be beneficial in the years before kindergarten. By co-developing the Recognition and Response Observation Rating Scale (RRORS), supporting Pre-K RTI through our RTINetwork.org website and now developing and launching the Roadmap to Pre-K RTI, we are providing the field with the most recent data and resources to explore this exciting frontier in early education.

This Roadmap provides educators, researchers and policymakers with a balanced resource that explains Pre-K RTI and provides practical information to guide the development of a Pre-K RTI model, as well as policy recommendations to help build the state and local support needed to implement a successful model.

Introduction

by Charles R. Greenwood, Ph.D.

For a variety of reasons, young children entering preschool may not have had the opportunities needed at home or in childcare to learn the language, early literacy, and social-emotional regulation skills expected. Preschool RTI promises a means of preventing these early delays from becoming learning disabilities. Consider Tyshawn, whose progress learning language and early literacy skills was the typical pattern until 50 months of age, when suddenly he slowed down compared to other children his age. Because Tyshawn's progress was frequently monitored, that information alerted his teacher that he was falling behind and could benefit right away from an extra level of intensive, early literacy intervention. Based on these results and discussion with the school's early literacy team, his daily schedule was changed to include the instruction he was receiving in the general curriculum plus an additional 30-minute session (Tier 2 instruction) focused on building his phonemic awareness skills. Additionally, probes reporting his progress learning the weekly content were added to his progress monitoring to assess Tyshawn's response to this intervention. After 10 weeks, he had made sufficient, measurable progress toward benchmarks that the decision was made that he no longer needed this extra level of service.

The National Center for Learning Disabilities (NCLD) has provided this report to share that Pre-K RTI is grounded in our greater knowledge from brain science and early childhood research that early learning in young children sets the path toward readiness for kindergarten and subsequent school success. RTI enables elementary education to intervene earlier than ever to prevent initial delays from becoming disabilities starting as early as kindergarten. This stands in comparison to the past practice of waiting for children to fail second or third grade before intervening with special education.

Reading this report we see how existing programs are considering Pre-K RTI and how they are adapting RTI principles to work in early education programs. We also learn that Pre-K RTI is about adults learning what each child needs to learn and providing needed experiences in a manner that maximizes success and that prevents delays from waiting too long to receive the level of support each child needs to learn.

Reading this report we learn that there are issues in the language we use to talk about RTI and the need to keep the language in the "positive." The key issue is not using failure to respond to intervention as a label for the child, similar to past practices with disability labels. When a child fails to respond to an intervention, it simply means that "the intervention used has failed to achieve its intended goal", and needs to be changed. The field is challenged by and needs to make progress in how we talk about RTI with reference to children and students.

The RTI approach has its roots in prevention science and use of evidence-based practice. RTI embraces both general and special education by focusing on:

(a) enabling the majority of children to make expected rates of progress by providing them a curriculum supported by evidence of effectiveness (Tier 1),

(b) universal screening that identifies children not learning as expected and providing additional, focused, intensive instruction and monitoring their progress (Tier 2), and

(c) supporting the learning of students who have the greatest challenges learning the subject matter (e.g., those for whom Tier 2 instruction has failed, and who need an even more intensive intervention [Tier 3]).

To assume that Tier 3 is only for special education is a myth. In RTI, children with disabilities of all kinds are expected to be represented in all tiers of intervention as are children without Individualized Education Programs (IEPs) — depending on universal screening of the particular skill domain, behavior, and outcome of interest. Prevention in RTI is the idea that early delays may become learning disabilities if not addressed at the age when a child should be proficient with particular skills. Prevention in RTI seeks to assure that children lacking exposure to key experiences receive that exposure, as soon as possible, so that lack of sufficient opportunity to learn is addressed.

We are just learning about the preschool programs and early childhood systems that are implementing RTI, and this report advances our knowledge. We will need not only RTI approaches that fit early childhood but also a greater number of evidence-based practices appropriate for use in each and every tier to be successful. This report documents these initial preschool efforts where local programs are pioneering translation of this vision into practice. We are just beginning; many important lessons wait to be learned.

Charles Greenwood is the Director of the Juniper Gardens Children's Project and Professor of Applied Behavioral Science at the University of Kansas. He is the author of progress monitoring measures for infants and toddlers and editor of *School-wide prevention models: Lessons learned in elementary schools* (Guilford Press, 2008). He is co-principal investigator of the Center for Response to Intervention in Early Childhood (CRTIEC).

Roadmap to Pre-K RTI

Mary Ruth Coleman, Ph.D, Froma P. Roth, Ph.D, & Tracey West, Ph.D

Introduction

Response to Intervention, RTI, is sweeping the country as educators look for effective ways to meet the increasing range and intensity of the needs of today's students. Currently, most states are engaged in some level of implementation of RTI. While the status of practice varies from emerging to fully developed, depending on regions, districts, and sites, state leadership for RTI seems strong and is growing stronger. In addition to state leadership, the RTI movement has benefited from intense interest at the local school district and program levels. This grassroots interest in RTI implementation has led to innovative practices in most states and across multiple educational settings. RTI is a collaborative initiative focused on meeting the needs of *all* children. RTI provides comprehensive supports and services for children, bridging special and general education.

The current focus of RTI in most states and across most districts is with school-aged children. There is, however, growing awareness that RTI approaches can and should be applied to younger children, in the pre-k years: Pre-K RTI. Using RTI with preschool children is important to help all children be successful. Early intervention support can prevent or mitigate the occurrence of language, literacy, and academic learning difficulties. A compelling body of evidence affirms that early intervention is key to children's success representing best practice in early child development and education. Thus, to place children on a trajectory for success, RTI is best-positioned to begin at the pre-k level.

The purpose of this report is to: (a) describe five projects that demonstrate how RTI is being adapted for pre-k children; (b) identify the critical elements of RTI needed to ensure fidelity of implementation with young children; (c) provide guiding questions to help policy makers/program directors assess their readiness to implement RTI as a framework for organizing pre-k supports and services; and (d) offer policy recommendations for Pre-K RTI initiatives.

Pre-K RTI draws on RTI approaches for school age children

In order for Pre-K RTI to work it must be implemented rigorously and with integrity. Only then will parents and school staff know the type and intensity of intervention needed for each student to succeed. The features of Pre-K RTI that are shared with RTI for school aged children include:

- Tiered instruction and intervention
- High quality classroom instruction
- Ongoing student assessment and progress monitoring
- Family involvement

Each of these RTI features must be adapted for Pre-K settings.

Pre-K RTI

The overriding structure of Pre-K RTI is a tiered approach to meeting the needs of children. Tiered approaches allow the intensity of supports and services to increase as the intensity of the child's needs increases. Tiered approaches are strategic because the intensity of time, effort, and resources matches the intensity of specific needs shown by the child. The most widely used RTI model for supports and services includes three tiers. Each tier is briefly described below.

Tier 1. Tier 1 provides a foundation of high quality early childhood programming for all children. Elements include a comprehensive, evidence-based curriculum and intentional teaching. Universal screening, assessment, and progress monitoring are used to obtain baseline information about each child and to determine whether a child would benefit from additional support.

Tier 2. Tier 2 consists of more intensive learning opportunities that are provided to large or small groups of children who have been found to need additional support. Progress monitoring is conducted more frequently and is used in conjunction with the collaborative problem-solving process to guide and refine interventions. Parents and family members are included as part of the collaborative problem-solving team.

Tier 3. Tier 3 focuses on the children who do not make expected progress through the support of Tier 2 interventions. In Tier 3, interventions are more intensive and individualized and may be conducted one-on-one with the child. Progress monitoring and the collaborative problem-solving processes are used to guide decisions about the child's program.

RTI for Pre-K

The downward extension of RTI from school-age to pre-k is a logical step given the fundamental importance of early intervention and prevention for young children who face developmental learning challenges. Given the natural fit between RTI and early childhood practices and the importance of early intervention to place the child on a trajectory for success, it is essential that we expand our use of RTI to pre-k settings and programs. RTI approaches designed for school-aged children, however, cannot simply be lifted and applied to younger children without modifications. While the critical features of RTI and Pre-K RTI remain similar, the specific applications of RTI must be adapted to fit within the early childhood culture and must address the developmental needs of young children.

The early childhood culture embraces a positive view of the child and the belief that adults must take an active role in helping children reach their potential. In keeping with this positive view, we will need to be careful of the language we use as we move to an RTI approach. The language used with school-aged RTI often carries negative messages about children with words like "non-responder" and "inferior responses." As we use RTI with young children we must frame our language around positive messages by looking at how the child's response indicates a need for additional support and by sharing our responsive education plans to ensure the child is placed on a trajectory for success.

Early childhood culture, beliefs, and practices focus on the importance of supporting the family as well as the child. These beliefs and practices must be honored as RTI is applied to preschool children. Core early childhood beliefs that shape the application of RTI in pre-k settings include:

- the holistic view of child development (i.e., cognitive, communicative, social–emotional, motor, and language)
- the importance of early intervention to enhance the child's success;
- the importance of providing supports and services in naturalistic settings;
- the critical contributions of parents and families to the success of the child; and
- the need for multi-dimensional authentic assessments that can identify the child's strengths and needs over time.

Several existing early childhood practices are a good fit with Pre-K RTI and can provide a foundation for its implementation. The early childhood practices that provide starting points for Pre-K RTI include:

- a focus on quality child care settings;

- the use of tiered service delivery models;

- learning standards that guide instruction;

- the use of intentional teaching methods that include embedded and explicit instruction; and

- the emerging use of progress monitoring measures and data driven decision making models.

The major components of Pre-K RTI are described below.

Learning About the Child's Strengths and Needs: Screening, Assessment, and Progress Monitoring

Universal screening, conducted with all children, provides a quick check-point to determine if the child's development is on target. Screening permits the early identification of children who may require additional supports and services. Screening also helps determine when additional assessments are required to plan the appropriate supports and services.

Assessments in early childhood must yield a clear understanding of a child's strengths and needs within his or her everyday learning experiences and environments. The use of authentic assessments (e.g., observation rating scales, work samples, and curriculum probes) provides insights into how the child thinks, functions, and responds to learning opportunities within the context of authentic settings and routines. New screening tools are being developed to support the implementation of Pre-K RTI. One of these the *Recognition and Response Observation and Rating Scale* (RRORS), co-developed by the National Center for Learning Disabilities and the Frank Porter Graham (FPG) Child Development Institute, is currently being field tested for release in the Fall of 2009. The RRORS is designed to help teachers and parents recognize early signs of learning problems across the child's development in perceptual motor, self-management, social and emotional, early math, early literacy, receptive language, and expressive language.

Progress monitoring, also used within Pre-K RTI, tracks the child's responsiveness over time as he or she approaches mastery of important learning outcomes. Progress monitoring measures are essential to Pre-K RTI because they provide ongoing information about the intensity of supports and services each child needs to be successful. The Center for Response to Intervention in Early Childhood, described later in this paper, is developing new and improving existing measures for the *Individual Growth and Development Indicators* (IGDIs) to support teachers ability to monitor the progress of their children.

Evidence-Based Practices and Standard Protocols*

Evidence-based practices and standard protocols increase the likelihood that the supports and services provided will benefit the child. Within early childhood education, there is a solid foundation of evidence-based curricula, instructional methods, and service delivery models that can be used to respond to the academic, social, and behavioral needs of young children (see resources at the end of this paper). Standard protocols still need to be identified for use with young children. The Pre-K RTI approach provides the framework for linking evidence-based practices and standard protocols with assessments and progress monitoring data. In this way, Pre-K RTI promotes the use of data driven decision making to determine the level and intensity of supports for each child.

Fidelity of Implementation

Fidelity of implementation, or the degree to which a practice is used as it was intended, is fundamental to any new educational initiative. Fidelity clearly outlines expectations by defining what a practice should look like when it is being implemented.

*The phrase **"evidence-based practices"** is used throughout this paper to explain practices that reflect a research-base; are supported by practitioner wisdom; and are respectful of family values. The term **"standard protocol"** is used for specific research-based interventions that can be used to support children's learning.

■ Collaborative Problem-Solving

The problem solving method for decision making fits well with early childhood educational philosophies. Problem solving methods move through several phases that typically include: defining the problem (e.g., the child is struggling with letter naming); analyzing the problem to determine why it is occurring (e.g., too few opportunities for letter recognition have been provided); developing a support plan (e.g., designing specific embedded opportunities for practicing letter names); and implementing the support plan while monitoring its effectiveness so that adjustments can be made.

Collaboration between teachers, related service providers, and parents is critical to the success of the problem solving process because each team member contributes a unique view of the child's strengths and needs and is critical to the successful implementation of the support plan.

■ Parental and Family Engagement*

The engagement of parents as partners must begin at the earliest possible point because parents are essential to the success of children. Parents know their child's strengths and needs within a broader context of home, neighborhood, and community, and this understanding is central for planning and providing appropriate supports. Further, family-centered approaches emphasize the importance of supporting the entire family as a unit. Parental participation in the collaborative problem solving process also allows other team members to learn about the child from the parents perspective. Understanding the family's values, beliefs, and desires allows educators to shape the supports and services appropriately.

Putting Ideas into Practice: Examples of RTI Approaches for Pre-K

Each of the elements described above play a critical role in the use of RTI within pre-k, and are reflected in the five examples presented in this report.

The application of RTI within pre-k settings is a relatively new phenomenon. The following examples have been selected because they represent Pre-K RTI approaches as they are emerging from theoretical designs to implementation. The examples chosen also reflect the multiple pathways currently being used to bring RTI to pre-k settings. These pathways include leadership from the university and/or research community, a state department of education, and a local school district. The examples also show the widespread interest in RTI for pre-k across the country including: Maryland, Washington DC, Florida, Illinois, and Colorado. The synergy found across these innovations illustrate the features that are critical to the ultimate success and wide-spread use of RTI in pre-k settings.

*Throughout this paper we use parent and family to mean those individuals who provide the primary support for the child's well-being.

Recognition & Response (R&R)

Implementation sites in Florida and Maryland

Submitted by:
Virginia Buysse, Ph.D. & Ellen Peisner-Feinberg, Ph.D.

Brief Description of Recognition & Response

Recognition and Response (R&R) is a tiered model for providing high quality instruction and targeted interventions that are matched to the learning needs of 3-5 year-old children. The model was developed by a research team at the Frank Porter Graham Child Development Institute (University of North Carolina at Chapel Hill), with funding from a private foundation and the federal government. The idea behind R&R is that early education programs should provide core, strategic, and sometimes intensive supports to help all young children learn, and that decisions about instructional supports are based on children's level and rate of progress. R&R is designed to help early childhood teachers gauge the effectiveness of their instruction for all children as well as to recognize individual children who show signs of early learning difficulty and respond in ways that help them experience early school success. R&R is based closely on the principles of RTI, but adapted for a younger population of children prior to kindergarten entry. The instructional principles that serve as the foundation for R&R and RTI are consistent with the current emphasis in early childhood on high quality curriculum and instruction, the importance of intervening early using research-based approaches, and the need to connect teaching and learning processes to positive child and family outcomes.

Key Components of Recognition & Response

R&R is a tiered instructional framework specifically designed for use in pre-k. The three components include: (1) recognition which involves screening all children and periodically monitoring the progress of some who require targeted interventions in early language, literacy, or math; (2) response which provides an effective core curriculum and instruction and the use of targeted interventions linked to assessment to support children's learning; and (3) collaborative problem-solving which offers a process for teachers, parents, specialists, and others to make informed decisions based on assessment results to plan and evaluate instruction/interventions at all tiers.

Unique Features of Recognition & Response

The R&R model encompasses three layered tiers of increasing intensity, with different aspects of recognition and response at each tier, guided by the collaborative problem-solving process. R&R is a framework for linking assessment to instruction as part of an integrated system, and as such, is designed to be used with a variety of curricular and assessment approaches that have been validated through research and found to be effective with pre-k children. R&R is designed to ensure that all children receive appropriate and beneficial early education, especially children who may need additional supports for learning. Further, R&R may be a promising approach for instruction with young Dual Language Learners (DLLs), as the model provides a means for discriminating between more generalized learning difficulties and issues surrounding second language learning. Future

research is needed to determine whether it may be possible to differentiate DLLs in pre-k who might benefit from additional instructional supports in language and literacy from those who may be at risk for a specific reading disability that could require more intensive interventions.

Evidence of Success for Recognition & Response

A study has been conducted to evaluate the first implementation of R&R in community-based early childhood programs serving 4-year-old children in Florida and Maryland. This multi-site study involving 24 teachers and more than 300 children was designed to evaluate whether teachers find the R&R system useful and are able to implement it with fidelity. It also evaluated the preliminary effectiveness of R&R on classroom practices and children's outcomes in language and literacy. Components of the study included: (1) professional development, including weekly consultation sessions, biweekly community of practice meetings, and collaborative problem-solving; (2) universal screening for all children and progress monitoring for target and comparison children; (3) Tier 2 small group language and literacy interventions for

targeted children; and (4) evaluation data, including social validation, implementation fidelity, and child and classroom outcomes.

A second study is underway to evaluate the additive effects of a Tier 3 intervention focused on providing children with more intensive and individualized supports and to compare various assessment approaches used in universal screening and progress monitoring. A third study will be launched later this year to develop and evaluate adaptations of R&R for Latino DLLs.

Remaining Challenges for Recognition & Response

Additional research is needed to evaluate issues around the implementation and effectiveness of R&R in a wider range of early childhood programs. Research-based small-group interventions for use at Tier 2 need to be developed and evaluated, as do valid assessments for screening and progress monitoring that adhere to an RTI/R&R logic for assessing level and rate of growth across various domains.

The Literacy Partnership

Implementation site Washington, D.C.

Submitted by:
Froma P. Roth, Ph.D., Pat Rogers, Jay Michney & Nancy Mahon

Brief Description of the Literacy Partnership

The Literacy Partnership is a three-year program funded by the U.S Department of Education as an Early Reading First project. It is now in its third year of implementation at three public charter schools in a mid-Atlantic urban area which serves 3- and 4-year-old children from low-income families. A significant number of the children in the project are English language learners.

Project goals are accomplished by: (1) providing theoretically sound and scientifically motivated classroom-based literacy instruction, (2) conducting baseline assessments and on-going progress monitoring activities to identify and track students at risk for language and literacy problems, (3) providing innovative professional development through a coaching-mentoring model which emphasizes a collaborative problem-solving team approach among classroom teachers, teaching assistants, speech-language pathologists, and literacy mentors, (4) implementing measures of fidelity; and (5) aligning the four key emergent literacy skills with the standards of the local educational district for grades K-3. The team consists of a childhood language researcher (Froma P. Roth, Ph.D. University of Maryland, College Park), learning environment coordinator (Patricia Rogers), professional development coordinator (Jay Michney), administrative project manager (Nancy Mahon), speech-language pathologists, and literacy mentors.

Key Components of the Literacy Partnership

The Literacy Partnership utilizes a three-tiered Response to Intervention (RTI) problem-solving model, which focuses primarily on the prevention of language and learning difficulties and therefore does not directly target children with identified disabilities (although this model can be used with this group).

■ Tier 1

In Tier 1, speech-language pathologists and literacy mentors assess student and teacher performance at the beginning and end of each school year to obtain individualized skill levels and to guide classroom instruction and professional development activities. The measures used to track student progress include the *Peabody Picture Vocabulary Test (PPVT-III)*, the *Expressive Vocabulary Test (EVT)*, and the *Phonological Awareness Literacy Scales (PALS Pre-K)*. In addition, student learning is systematically monitored at 6-week intervals using the *Individual Growth Developmental Indicators (IGDIs)*. The measures to track educator performance include the *Early Language and Literacy Classroom Observation (ELLCO)*, *Classroom Assessment Scoring System (CLASS)* and other curriculum-based measures (e.g., *Student-Teacher Relationship Scale*).

The Literacy Partnership uses *Creative Curriculum-Preschool* and developed their own Instructional Supplement Manual to provide detailed and explicit instructional guidance for teachers. To increase family involvement, the Literacy Partnership developed their own parent/caregiver involvement components which include semi-annual family workshops that focus on how to use home literacy activities to promote children's oral language and print literacy development in family and community settings.

■ Tier 2

In Tier 2, children with known risk factors or those who indicate, through the assessment measures used in Tier 1, the need for additional supports to Tier 1 activities participate in small group instruction in vocabulary enhancement (*Receptive and Expressive*

Approach to Language and Learning, REALL) and/ or phonological awareness (Promoting Awareness of Sounds in Speech, PASS) which have been conducted by the speech-language pathologists.

■ Tier 3

Students who show continued need for additional support receive intensive services from the literacy mentors or speech-language pathologists in Tier 3 and/ or are referred for evaluation by a multi-disciplinary team to determine eligibility for special education services. Assessment results (IGDIs) for each class are discussed at the bi-weekly Collaborative Team Meetings with the classroom teachers and are used to refine and develop new goals for emergent literacy instruction in the classroom.

Unique Features of the Literacy Partnership

The Literacy Partnership has several unique features, including two innovative Tier 2 programs: (1) Promoting Awareness in Speech Sounds (PASS): a phonological awareness intervention program designed for preschool children at risk for literacy learning difficulties; (2) Receptive and Expressive Approach to Language Learning (REALL), a receptive and expressive vocabulary enhancement curriculum for preschool children and children in the early primary grades. Another unique feature of the Literacy Partnership is its emphasis on teacher-child discourse, through implementation of an adapted version of the Classroom Assessment Scoring System (CLASS), which involves a videotaping assessment component and a one-on-one coaching component. In addition, the Literacy Partnership has also offered a nine-session course for teachers, teaching assistants, and school administrators that focuses on language and emergent literacy development, creation of a literacy-rich and welcoming learning environment, and best practices for developmentally supportive instruction in these areas.

A main priority for the Literacy Partnership is to assist the schools with sustainability. Project staff has initiated a year-long process of training school staff on the Literacy Partnership components. A gradual transfer of responsibility for implementation of project activities (e.g., assessment tools, instructional lessons, etc.) is underway.

Evidence of Success for the Literacy Partnership

Throughout the implementation period, data have been collected and analyzed to document both changes in child and teacher performance. Initial results indicate that both Tier 1 and Tier 2 activities have been successful in improving children's performance to meet pre-determined Spring benchmarks on both norm-referenced and criterion-referenced measures of language and emergent literacy. In addition, in comparison to a group of non-participating children within the same schools, the Literacy Partnership child participants showed markedly greater improvements on several measures of emergent literacy and receptive vocabulary. On measures of teacher performance, significant improvement was observed on the Early Language and Literacy Classroom Observation (ELLCO) between pre-test and posttest administrations, however, it should be noted that a control group is not available for teacher measures comparisons.

Teacher feedback on the professional development has been positive. Many teachers have also commented on their appreciation of the ongoing in-class support provided by the literacy mentors and the speech-language pathologists.

Remaining Challenges for the Literacy Partnership

The Literacy Partnership faces a number of challenges in its attempt to implement an RTI model in the general educational preschool setting, among which are: (1) The high rate of teacher attrition from one year to another and, to a lesser extent, within the same academic year; (2) Most of the teachers in the project have not received prior training on basic aspects of oral language and emergent literacy development, or developmentally-supportive teacher-children interaction styles; (3) Issues over usable data collection, especially those collected in the classroom by teaching staff; (4) Effective methods for attaining acceptable levels of treatment fidelity for certain project components (e.g., CLASS) remain a work in progress; (5) Efforts to ensure long-term sustainability of the project (or specific aspects of the Literacy Partnership) are welcomed by the school administrators; yet, in the absence of additional resources for dedicated staff time and fiscal support, sustainability may likely be limited.

Center for Response to Intervention in Early Childhood (CRTIEC)

Consortium partner states: Kansas, Minnesota, Ohio and Oregon

Submitted by:
Charles Greenwood, Judith Carta, Howard Goldstien, Ruth Kaminski, & Scott McConnell

Brief Description of the Center

Center for Response to Intervention in Early Childhood (CRTIEC) is a research center funded in 2008 by the U.S. Department of Education's Institute for Education Sciences, National Center for Special Education Research. The long-term goal of the Center is reduction in the prevalence of children not ready for kindergarten in language, communication, and literacy skills using a Response to Intervention (RTI) instructional approach to language and early literacy in the preschool years. Specific outcomes of interest include: vocabulary, phonological awareness, print awareness and alphabet knowledge, and comprehension. Developing the tools needed to implement an RTI approach with pre-k children will help to ensure that all children have the support they need for success in learning.

CRTIEC is a consortium effort of four partners: Judith Carta and Charles Greenwood at the University of Kansas (the lead institution); Scott McConnell, Tracy Bradfield, and Michael Rodriguez at the University of Minnesota; Howard Goldstein and Robyn Ziolkowski at The Ohio State University; and Ruth Kaminski and Annie Hommel at the Dynamic Measurement Group in Eugene, Oregon. The Center is in its first of five years. The work will be implemented in at least four states (KS, MN, OH, OR) enrolling Head Start, Head Start Childcare, and public Pre-Kindergarten programs.

The main goals of the Center are to: (a) improve existing and develop new assessment tools in support of RTI with language and early literacy goals, and (b) develop and evaluate the efficacy of language and early literacy interventions designed for multiple tiers, specifically Tier 2 and Tier 3. The Center also is conducting a study of Tier 1 intervention as a means of better understanding the quality and fidelity of Tier 1 instruction, including the prevalence of preschool children in programs needing Tier 2 and Tier 3 interventions.

Within these specific aims, development research is underway. Studies using single-case designs are building promising techniques/instructional components for Tier 2 and 3 interventions. Assessments are being developed for screening, progress monitoring, instructional planning, and fidelity of implementation purposes. These studies involve multiple phases to identify measures that will be used in subsequent validation studies. Multi-site evaluation studies of the developed interventions and assessment system are planned for the last half of the Center's five-year plan.

The Center has two additional aims: providing *Leadership* in the field of early childhood RTI, and *Dissemination* of best practices and resources to the great education community. With respect to leadership and dissemination, several efforts are underway. One is to develop a national RTI early childhood network of professionals with strong interests in the topic. Second is an annual national meeting of interested professionals to present and discuss developments in early childhood RTI and to learn from each other. Third, is maintaining a website providing a range of information on the topic, including reporting of the Center's research plans and findings. Plans include development of an annual state-by-state update on early childhood RTI developments. The Center plans to disseminate its tools, products and research via the website and a variety of publication outlets.

Key Components of Center's Work

CRTIEC is not fielding a complete RTI model, but rather components needed for the success of early childhood RTI models. Relevant RTI components being developed by the Center for early childhood settings include multiple tiers of intervention; a supporting assessment architecture; a framework for problem solving/educational decision making; and evidenced-based curriculum components.

Unique Features of the Center's Work

Early *Literacy Individual Growth and Development Indicators (IGDIs)* lie at the heart of the assessment architecture being developed by the Center. Using the *IGDIs*, teachers can monitor the progress of their children to determine when additional support is needed to help each child succeed. Although in the early phases, the Center plans to use the General Outcome Measurement approach to progress monitoring throughout the project to develop new and improve upon existing *IGDIs**. The Center plans to include quarterly screening of all Tier 1 students to identify those in need of Tier 2 or Tier 3 interventions, and biweekly assessment of progress for children in Tier 2 or Tier 3 intervention to determine the most effective intensity of service for these students.

At the heart of Tier 2 and 3 intervention development is a focus on using strong instructional design principles and components known to impact short-term child growth and development. Several instructional design principles are unique to the Center's approach. First, differentiated instruction with a focus on fewer high priority skills using explicit, systematic instruction in Tiers 2 and 3 will be employed. Second, the Center will insure increased opportunities for child engagement during instruction. Third, individualization and accommodations will be used for children with identified disabilities.

The Center's Tier 2 intervention development approach is an innovative way to use the educational media and materials platform of *Skill-Focused Listening Centers*.

*Development of measures is based on several standards, including American Educational Research Association's 1999 educational testing standards, the National Center on Progress Monitoring's standards, and Division of Early Childhood's Recommended Assessment Practices.

These listening centers will allow for implementation of Tier 2 interventions with monitoring by paraprofessionals. Similarly innovative, Tier 3 teacher-led interventions have been developed. These activities referred to as *BRIEF (Brief, Reading-related, Intensive, Engaging, and Focused)* target a restricted number of evidence-based skills in the four content areas using games, movement, and song to increase engagement and opportunities to respond.

Evidence of Success for the Approaches Used by the Center

The Center's research program is just underway; however, substantial preliminary research evidence by this team and others support current plans and studies. For example, the technical soundness of the *IGDIs* for preschool language and early literacy; as well as other outcomes for younger and older children is reported in the literature. And, the effectiveness of some of the components used in the proposed instructional interventions, such as the *Skill Focused Listen Center* activities (e.g., embedding phonological awareness) is based on completed preliminary research.

Remaining Challenges for the Center

Major work remains to be completed by the Center to provide evidence to support the RTI in preschool components now in development. A tenet of RTI and tiers of intervention is that evidence-based practices be used. The development of assessment and intervention procedures will proceed in an iterative fashion that allows for refinement in the effectiveness and usability of our products. Thus, a series of development studies will create, evaluate, and refine the planned tools and products; and thereafter, larger, multi-site replication will evaluate the products to provide the needed supporting evidence. The final outcomes will be the products, their supporting evidence, the website, and other dissemination activities to make them widely available. A critical aspect of the success of the RTI approach in early childhood will be reasonable cost and feasibility given available staff, limited professional development, and sparse resources to implement and manage the program.

Rockford Early Childhood Program

Rockford Public Schools #205, Rockford, IL

Submitted by:
Margaret Gillis & Susan Busker

Brief Description of Rockford Early Childhood RTI Program

The mission of the Early Childhood Program in Rockford Public Schools in Rockford, Illinois, is "to empower all young children to become effective, enthusiastic, and socially competent learners by creating a bond among children, their families, the school and community". The Early Childhood Program offers pre-Kindergarten classes to children ages 3 to 5. These pre-K classes are housed in 9 public elementary schools, Roosevelt Community Education Center, Dennis Early Education Center, Fairview Early Childhood Center, two local childcare centers, and one Head Start center.

Rockford Public Schools Early Childhood Program has been working to integrate RTI approaches in preschool settings for approximately one year in order to provide a comprehensive framework for supports and services for all children. The Rockford Early Childhood Program RTI committee includes an administrator, the early childhood special education supervisor, curriculum implementers, a social worker, classroom teachers (including a bilingual teacher), and a special education resource teacher. At this point, the district's Early Childhood Program RTI plan is still emerging; however, many of the components of RTI are already in place in the program (e.g., research-based curriculum and instruction, research-based assessment including on-going progress monitoring, and a system for problem-solving regarding both behavioral concerns and academic concerns).

In preparation for a full implementation of RTI, the district is concentrating on overall program quality as a starting place for Tier 1. The Early Childhood Program is currently focusing on implementation fidelity of the curriculum and assessment in an effort to make a stronger Tier 1.

Key Components of Rockford Early Childhood RTI Program

The Rockford Early Childhood Program model of Pre-K RTI addresses key components of RTI including research-based curriculum, screening, assessment, progress monitoring, data-driven problem solving, tiered interventions, and parental involvement.

The Rockford model includes use of three research-based curricula to support academic and behavioral goals. These curricula are: High/Scope Preschool Curriculum, Second Step Violence Prevention Curriculum, and Woven Word dialogic reading and social-emotional development program.

All children in the pre-K program are screened prior to program entry using the Early Screening Inventory-Revised and the Ages and Stages Questionnaire: Social-Emotional. On-going screening occurs four times per year using Work Sampling Illinois and on-going behavioral data are collected as needed.

Problem solving involves the use of data teams and educational teams. Data teams and educational teams meet monthly or more frequently as needed. Data teams consisting of the teacher, paraprofessionals, resource teacher, speech-language pathologist, curriculum implementer, and administrator collaborate to review goals and make decisions about academic concerns, including the area of social/emotional development, for groups of students. Educational teams consisting of teacher, paraprofessionals, resource teacher, family support staff, parents, social worker, psychologist, and administrator collaborate to make decisions about academic and/or behavioral concerns for individual students.

Rockford Early Childhood Program plans to implement a three-tiered model of increasingly intensive instruction and interventions. Tier 1 involves the use of research-based core academic and behavioral practices for all children. While still in development, Tier 2 involves supplemental instruction for some children in addition to core curriculum and Tier 3 involves intensive instruction and interventions for individual children in addition to core curriculum.

Family involvement is an integral aspect of Rockford's program, including home visits, conferences, weekly standards-based handouts, family events and parent education. The district believes that families play an important role in the child's education and development and make efforts to involve them in all aspects of the program.

Unique Features of Rockford Early Childhood RTI Program

The Rockford model of Pre-K RTI is unique in that it addresses both academic and social-emotional aspects of learning. The use of data teams and educational teams for decision-making around learning and behavioral needs and goals ensures that children's needs will be met across domains of learning and development.

Rockford is currently in the process of piloting the assessment tool and the Work Sampling Illinois with their students. All children are being monitored 4 times each year for areas in need of development. The committee selected 12 Performance Indicators from the Work Sampling Illinois Checklist to serve as key points to monitor student development. Eight of these points correlated with IDEA Regulations regarding the areas used for determining the Identification of Specific Learning Disabilities, and four additional Performance Indicators were selected from the area of Social/Emotional Development.

Evidence of Success for Rockford Early Childhood RTI Program

The program has found success in implementation of the Tier 1 strategies of research-based curriculum and assessment. Rockford student achievement data show proficient ratings ranging from 86 to 93% across the Learning Areas of the Illinois Early Learning Standards.

The data team problem-solving process is showing signs of success in supporting student progress by providing educators with specific areas in need of improvement, helping to focus their planning and problem-solving discussions.

Another sign of progress and positive change is that one elementary school site that has successfully integrated 38 children from a self-contained special education classroom into the general pre-kindergarten classes. During the 2007-2008 school year, the resource teacher, speech-language pathologist, and special education paraprofessionals provided additional instructional, including small group and/or individual activities.

Results of this pilot showed that only 3 of the 38 students required an evaluation by the diagnostic team and received special education eligibilities during that school year. Of the 8 children who went on to kindergarten at the same site, one student received special education eligibility during the kindergarten year.

Remaining Challenges for Rockford Early Childhood Pre-K RTI Program

Many challenges and questions remain as Rockford continues to develop their Pre-K RTI plan. One challenge is the lack of resources at the pre-k level. While Rockford Early Childhood staff were included in the district and state RTI training, the presentations focused on strategies appropriate for K to 12 education.

Another area the committee is beginning to focus on is the involvement of parents in a Pre-K RTI model including how to provide information and how to engage parents and families in the process at every level. The program plans to examine options for how to include parent education groups and workshops on academics and behavior identified within the RTI process for K-12.

Colorado State Department of Education

Submitted by:
Froma P. Roth & Susan Smith

Brief Description of Colorado's Pre-K RTI Model

RTI at the pre-k level is consistent with the state's core principles: (1) that all students must have access to a rigorous, standards-based curriculum and research-based instruction; (2) that early intervention is essential; (3) that a comprehensive system of tiered interventions is necessary to address the full range of student needs; (4) that students improve when ongoing performance data inform instructional decisions; and (5) when there is ongoing and meaningful collaboration among all professionals and families for problem-solving and decision-making.

Key Components of Colorado's Pre-K RTI Model

Colorado's Pre-K RTI model has adopted the three-tiered RTI problem-solving model that has been implemented in K-12 education since the late 1990s. Its goal is to provide a continuum of evidence-based tiered instruction and intervention with increasing levels of intensity and duration to improve the educational outcomes of all students. Systematic measurement of overall program quality is another critical goal.

Preschool education is provided through local school districts, Head Start programs, and Child Care programs. All public school pre-k programs use an inclusion model with related services and supports provided on an as needed basis. The state at-risk preschool includes an emphasis on the large proportion of the pre-k population who are English language learners. Classrooms are staffed by a variety of professionals including general education teachers, early childhood special educators, and teachers with child care licenses in consultation with early childhood special educators if there are children with identified disabilities in their classrooms.

Parental involvement in all tiers is viewed as key at the statewide and local levels. While there is no initiative specific to the Pre-K RTI process, parents are included in planning and program design efforts at the local level and are invited to problem-solving meetings and RTI workshops. Parents were also part of the state-wide task force for planning RTI from pre-k through high school.

■ Tier 1

In Tier 1, all children receive a high-quality research based curriculum which comprises the core instruction. Universal screening and progress-monitoring measures are administered to each child and are used as baselines to guide instruction, provide information about children who begin the school year at-risk for language and emergent literacy difficulties, and permit an ongoing review of children's learning to support their further development.

■ Tier 2

In Tier 2, more individualized and intensive instruction is provided to children whose performance data indicate the need for additional support. Multiple school personnel can provide Tier 2 instruction including the classroom teacher, special educators, related service providers, or other staff. Data are collected on a regular basis to monitor children's progress and may be geared to examine specific skill areas.

■ Tier 3

Tier 3 instructional supports are provided to children who show the need for more intensive and targeted supports and adaptations than afforded by Tier 2 services. Tier 3 interventions are more individualized than Tier 2 services, are generally of greater frequency, and like Tier 2, the interventions can be provided by a variety of providers. At the present time, most pre-k programs do not have the infrastructure or resources to

provide Tier 3 services, and therefore, Tier 3 services vary greatly across schools. Children's progress is monitored more often, and based on decision-making determinations of the problem-solving team, may involve the administration of diagnostic assessments to carefully examine a child's specific strengths and areas of need. Special education referral occurs after interventions at all three levels or upon request.

Unique Features of Colorado's Pre-K RTI

Colorado is a home-rule state which affords local school districts substantial flexibility and discretion over types of partnerships that can be established to meet the needs of individual communities. In addition, a foundation has been established for adoption of Pre-K RTI since the 3-tiered model is already used in K-12 education as is a tiered approach to behavioral supports (i.e., Positive Behavioral Supports program). Further, an initiative is underway to help Child Find teams* more accurately distinguish between English language learners who exhibit language differences and language disabilities.

Evidence of Success for Colorado's Pre-K RTI

Currently, there are three main groupings of Pre-K RTI implementation, all of which aim toward a clearly articulated connection between RTI and Child Find. These three groupings reflect an emerging stage of systematic statewide preschool RTI implementation of with pockets of fuller implementation.

RTI is implemented through local partnerships between schools, Head Start programs, and Child Care programs in approximately 10-15 of the 178 districts or groups of large and small school districts. Approximately half have been engaged in implementation for 5-7 years, with the remaining half for about 3-5 years. With respect to stage of implementation, consensus has been reached regarding a problem-solving process for meeting the needs of individual learners with identified steps to be taken at different stages, the individuals involved at different points in time, and the information to be shared with parents at specific points in time.

In Tier 1, all districts use one of three statewide-approved measures: (a) Creative Curriculum Developmental Continuum, (b) CORE of High Scope

Curriculum, or (3) Work Sampling, with most using (a) or (b). Documentation of the state-required ongoing assessment information is required at three points during the year. Also in place are individual child progress monitoring protocols, procedures, and timelines which vary across districts.

Systematic use of universal assessment data and progress monitoring data to inform decision-making is at an emergent stage, varying between agencies and problem-solving teams.

Pre-K RTI implementation is in an early developmental phase in an additional 20-30 districts. These districts are collecting information about Pre-K RTI models, attending meetings about Pre-K RTI and RTI, and reviewing documentation and literature regarding application of RTI at the pre-k level. In addition to these sites, there are some program specific initiatives across the state.

Remaining Challenges for Colorado's Pre-K RTI Implementation

The main challenges for full-scale implementation of Pre-K RTI are projected to be resources for sufficient personnel, time, and funding, to build the necessary infrastructure, particularly at the local level. This includes the need for professional development (from pre-service through in-service) related to the provision of high quality evidence-based instruction, the full implementation of universal assessment systems, and availability of educational and related service professionals (e.g., speech-language pathologists) to successfully operationalize Pre-K RTI. Another projected challenge is recognizing that a Pre-K RTI model must be geared specifically for the developmental stages and needs of young children rather than adopting the same model already in use at the K-12 levels.

Finally, state-adopted preschool standards are currently under State Board of Education and legislative review and are to be formalized and aligned with K-12 standards which are already in place. Once standards are in place, a realistic timeline for statewide implementation of Pre-K RTI is 3-5 years. While the existing 3-tier model will likely be used, specific implementation practices are may vary considerably across districts and regions.

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*(mandated by Section 619 of Part B of IDEA to guarantee a free appropriate public education to children with disabilities age three through five)

Implementation Considerations for Bringing Pre-K RTI Practices to Scale

Bringing any practice to scale requires clearly defining what the "practice" is. In this paper, we have identified the following key components of Pre-K RTI: a tiered framework for supports and services; screening, assessment, and progress monitoring; evidence-based practices and standard protocols; collaborative problem solving approaches to determining children's needs; and parent — family partnerships. These components are essential to any Pre-K RTI model and form the basis for determining fidelity of implementation. Reflecting on fidelity helps us determine the extent to which our implementation has been faithful to our model or original design. Fidelity of implementation further helps us assess the quality of our work so that we can plan for improvements. More information on fidelity and a sample "Fidelity of Implementation Rubric for Pre-K RTI" can be found a the following website www.RTINetwork.org/PreKRTIRoadmap.

Planning for the Implementation of a Pre-K RTI Model

To begin planning for Pre-K RTI, the first step is to set up a planning/implementation team. This team seeks to arrive at a consensus regarding the philosophy and framework of the Pre-K RTI program that will be adopted and how this approach will align with current supports and services. While keeping the team to a workable size is important, it is also essential to include representatives of all key stakeholders. As reflected in the examples provided, each setting included development teams with multiple points of view. Once the planning/implementation team is in place, a series of steps can be followed to begin the implementation process (see page 21).

The initial planning stage will involve seeking answers to a variety of questions (see page 22). In addition to these questions, several challenges must be addressed for Pre-K RTI models to be successful, including: (a) the lack of a unified funding source(s); (b) multiple agencies responsible for early childhood care and education; (c) multiple preschool service delivery settings; and (d) high teacher turnover at the preschool level. The complex nature of early child care and education makes answering these questions more difficult; the answers to these questions may differ across early child care and education settings (e.g., public school, Head Start, center-based, and family-based) and may change depending on the specific configuration of funding and agency oversight. The critical consideration in all initial planning, however, is to consider the capacity building needed to create an infrastructure that will support and sustain the changes made. In this way improvements can become systemic and sustainable.

Steps to Implementing a Program-wide Model of RTI in Early Childhood Settings*

1 **Ensure Administrative Support and Commitment** — Every program will need a "champion" to make this work. It is important to recognize that across different types of pre-k settings, administrators will have differing levels of training and experience related to the educational and social/emotional needs of young children.

2 **Establish an RTI Team** — The team should include classroom teachers, administrators, family members, related service providers, and behavior support specialists. This team will be responsible for guiding the adoption and implementation of the program-wide model. Many pre-k programs will not have behavior support staff available. As part of this process, the programs will need to identify a consultant or staff member who can serve in this role. This person may need significant training prior to beginning implementation.

3 **Develop a Plan for Getting Commitment from Program Stakeholders** — Support of all individuals involved in the initiative should be garnered, including administrators, general and special education teachers, related services professionals (e.g., speech-language pathologists), paraprofessionals, and others related to the program.

4 **Develop Opportunities for Family Involvement in All Aspects of the Initiative** — Ensure that families are involved in the plan for adopting the model, identifying strategies for sharing the information with families, and evaluating the success of the model. When working with families of young children, it is important to recognize that this may be the family's first experience with the educational system and therefore may need more information on the team's role.

5 **Identify Program-wide Learning and Behavior Expectations for Children** — Identify a small set of realistic expectations that can be implemented across settings within the school. Ensure that they are appropriate for the developmental levels of the children in the program. These expectations should be understandable for teachers, staff, parents, and children.

6 **Develops Instructional Strategies for Achieving Learning Expectations** — Select strategies that are developmentally appropriate and that can be used throughout the program. Strategies should be embedded into ongoing classroom activities such as circle time and centers.

7 **Develop a Process for Addressing the Needs of Children** — Develop a problem-solving process that is efficient, effective, and accessible to teachers and others actively involved in the children's learning. Consider who will facilitate this process and the training needed to develop the expertise of this individual(s).

8 **Design a Plan for Professional Development and Supporting Faculty/Staff/Families** — This effort should include strategic start-up and ongoing professional development and technical assistance in the classroom that is based on an understanding of participants' prior training and expertise. Sustained and continued professional development is essential for successful Pre-K RTI implementation and collaboration.

9 **Collect and Use Data for Decision Making** — The RTI team should identify how and when data will be collected to guide implementation efforts, make decisions about child and program needs, effectiveness, and outcomes (i.e., what has happened based on expectations) associated with the model. This process may be complex given the extent to which data are generally collected in early childhood settings. Further, most pre-k settings do not have a common measure that can be used as a gauge of overall program success.

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*Adapted with permission form Hemmeter, Ostrosky, & Fox (2006). Social and emotional foundations for early learning: A conceptual model for intervention. *School Psychology Review*, 35(4), 583-601.

Guiding Questions for Self-Assessment of Readiness to Implement RTI in Pre-K

The following questions can be used to guide the initial process of planning and determining "readiness" for implementing Pre-K RTI.

I. Finding the "Goodness-of-Fit" for Pre-K RTI with Existing Programs and Policies

A. What is your philosophy or vision for Pre-K RTI and how does this fit with existing philosophies for early childhood, school-aged RTI approaches, and special education services?

B. What are your goals for Pre-K RTI and how will these goals fit with other program goals already in place? Are there points of synergy across programs (e.g., parental involvement; enhancing student success; existing school performance standards/benchmarks) that can connect the work?

C. How can the Pre-K RTI approach be integrated into existing structures and policies, what existing structures and policies will have to be modified, and what new structures and policies will need to be created to support Pre-K RTI ?

D. How will your Pre-K RTI approach fit with existing special education services? What circumstances will determine the child's need for comprehensive evaluation?

E. What funding sources will be used to support Pre-K RTI initiatives? How can existing funds be leveraged (e.g., professional development funds, parent support funds) and what new funds can be secured?

F. What is the overall quality of pre-k services and how is this quality measured and monitored? Will this overall quality need to be improved as part of strengthening Tier 1 supports?

G. What kinds of professional development will be needed to help ensure that all teachers, staff, and related services professionals have the knowledge and skills to implement your Pre-K RTI model? How will information be shared with parents?

II. Questions to Consider While Designing the Pre-K RTI Model to Meet Your Needs

A. How many tiers will your approach have and how will supports and services be arranged across these tiers?

B. What screening, assessment, and progress monitoring measures do you currently use and what do you view as the strengths and weaknesses of each?

C. What type of collaborative problem-solving process will be used and who will serve on the problem-solving team?

D. What record keeping procedures will be needed to document the process for the child, family, program, and for overall accountability?

E. What standards-based and evidence-based curricula will be used?

F. What instructional strategies are being used and are these strategies evidence-based?

G. Have responses been identified/developed for children who need additional support to achieve success at each tier?

H. How will parents and families be involved and supported at each tier?

I. How will technical assistance and support be provided to teachers to assist their implementation of Pre-K RTI approaches?

J. Have you developed a strategic plan for this project which includes a focus on sustainability and securing adequate financial and programmatic resources?

K. What evaluation measures will be used to monitor effectiveness and ensure continuous improvement of the program?

NCLD's Policy Recommendations Related to Pre-K RTI

NCLD has led national efforts to advocate for increasing screening and progress-monitoring in the early childhood years to improve the identification of struggling and at-risk preschoolers. NCLD believes a clear focus on improving access and quality to early childhood education and early intervention is the best way to help all children build the skills and confidence they need to be successful throughout their lives.

- Promote and enhance national adoption of universal developmental screening of young children's early literacy and other cognitive skills (e.g. Pre-K RTI)

- Support policies that intensify professional development on early behavior and signs of learning difficulty

- Authorize and appropriate necessary funding to demonstrate and evaluate the most promising instruction and early intervention approaches for struggling learners

- Provide flexibility to align practices, policies and the braiding of funding while protecting the federal investment in early childhood education

- Increase federal research that develops valid, reliable methods to improve research-based classroom instruction, interventions and assessments to serve struggling students most at-risk for LD.

Resources

Fidelity of Implementation Rubric
www.RTINetwork.org/PreKRTIRoadmap

The RTI Action Network is a program of the National Center for Learning Disabilities, Inc and is dedicated to the effective implementation of Response to Intervention (RTI) in school districts nationwide.
www.RTINetwork.org

To learn more about Recognition and Response, please visit:

Recognition & Response Pathways to Success for Young Children a website developed by the National Center for Learning Disabilities
www.recognitionandresponse.org

The Recognition & Response (R&R) website developed by FPG Child Development Institute at UNC Chapel Hill provides information about research on the R&R model of instruction and supporting resources and presentations. The R&R study is funded by the Institute of Education Sciences.
www.fpg.unc.edu/~randr/

The Literacy Partnership website provides information about the RTI model used in the project and includes resources and additional contact information. The Literacy Partnership is funded by the U.S. Department of Education.
www.literacypartnershiperfgrant.com

The Center for Response to Intervention in Early Childhood's (CRTIEC) website provides information about current research, components of an RTI for preschool system, and resources, sample interventions, and presentations. As part of the Center, a network of individuals interested in Pre-K RTI is being formed. Please visit their website to join the network.
www.crtiec.org

Council for Exceptional Children (CEC) position on Response to Intervention and Recognition and Response for Preschool:
www.cec.sped.org/AM/Template.cfm?Section =Home&CONTENTID=7006&TEMPLATE=/CM/ ContentDisplay.cfm

The Rockford Public School's Early Childhood Department website provides a variety of resources being used in their implementation of Pre-K RTI
http://webs.rps205.com/departments/ec/

The Colorado Department of Education has developed several resources connected to Pre-K RTI and RTI **www.cde.state.co.us/**.
A new website is set to launch in Spring 2009.

Authors

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Froma P. Roth, Ph.D. is a Professor in the Department of Hearing and Speech Sciences at the University of Maryland, College Park Campus. Her current research program is directed at specifying the developmental relationships between oral language, emergent and early literacy, and clarifying the language skills and background factors that underlie the development of phonological awareness and early reading skills. She also has developed a phonological awareness intervention program (Promoting Awareness of Sounds in Speech, PASS), designed specifically for preschool children with identified emergent literacy impairments. Large scale implementation of this program is funded by the U.S. Department of Education as a component of an Early Reading First project directed by Dr. Roth. Dr. Roth was a member of the Committee on the Early Intervention formed by the American Speech, Language and Hearing Association (ASHA), charged with re-formulating ASHA's position and the roles and responsibilities of speech-language pathologists in the identification and management of infants and toddlers with or at risk for communication impairments. She also serves as ASHA'a liaison to the National Joint Council on Learning Disabilities. Her publications emphasize issues related to the assessment and treatment of oral language and literacy problems from the preschool years through adolescence. She is the co-author of a basic textbook on speech and language intervention, entitled *Treatment Resource Manual for Speech-Language Pathology* (Thomson Delmar Learning, 2005).

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Acknowledgements

References

Bagnato, S. J. (2006). Of helping and measuring for early childhood intervention: Reflections on issues and school psychology's role. School Psychology Review, 35(4), 615-620.

Barnett, D. W., Elliott, N., Wolsing, L., Bunger, C. E., Haski, H., McKissick, C., & Vander Meer, C. D. (2006). Response to intervention for young children with extremely challenging behaviors: What it might look like. School Psychology Review, 35(4), 568-582.

Barnett, D. W., VanDerHeyden, A. M., & Witt, J. C. (2007). Achieving science-based practice through response to intervention: What it might look like in preschools. Journal of Educational and Psychological Consultation, 17(1), 31-54.

Berkeley, S., Bender, W. N., Peaster, L. G., & Saunders, L. (2009). Implementation of response to intervention: A snapshot of progress. Journal of Learning Disabilities, 42(1), 85-95.

Bredekamp, S., & Copple, C. (1997). Developmentally appropriate practice in early childhood programs. Washington, DC: National Association for the Education of Young Children.

Bricker, D., Clifford, J., Yovanoff, P., Pretti-Frontczak, K., Waddel, M., Allen, D., & Hoselton, R. (2008). Eligibility determination using a curriculum-based assessment: A further examination. Journal of Early Intervention, 31(1), 3-21.

Burchinal, M., Roberts, J., Riggins, R., Zeisel, S., Neebar, E., & Bryant, D. (2000). Relating quality of center-based child care to early cognitive and language development. Child Development, 71(2), 339-357.

Buysse, V., & Wesley, P. W. (Eds.) (2006). Evidence-based practice in the early childhood field. Washington, DC: ZERO TO THREE Press.

Coleman, M. R., Buysse, V., & Neitzel, J. (2006). Establishing the evidence base for an emerging early childhood practice: Recognition and response. In V. Buysse & P. W. Wesley (Eds.), Evidence-based practice in the early childhood field (pp. 195-225). Washington, DC: ZERO TO THREE Press.

Coleman, M. R., Buysse, V., & Neitzel, J. (2006). Recognition and response: An early intervening system for young children at risk for learning disabilities. Chapel Hill, NC: University of North Carolina at Chapel Hill, FPG Child Development Institute.

Coleman, M.R., Gillis, M., & West, T. (in press). Response to Intervention pre-k: Emerging practices, remaining challenges. Exceptionality, 17(3).

Council for Exceptional Children (2007). CEC's position on response to intervention (RTI): The unique role of special education and special educators. Arlington, VA: Council for Exceptional Children.

Deno, S. L. (1997). Whether thou goest . . . Perspectives on progress monitoring. In J. W. Lloyd, E. J. Kameenui, & D. Chard (Eds.), Issues in educating students with disabilities (pp. 77-99). Mahwah, NJ: Lawrence Erlbaum.

Elliott, S. N., Gresham, F. M., Frank, J., & Beddow, III, P. A. (2008). Intervention validity of social behavior rating scales: Features of assessments that link results to treatment plans. Assessment for Effective Intervention, 34(1), 15-24.

Fuchs, L. S., & Fuchs, D. (2006). A framework for building capacity for responsiveness to intervention. School Psychology Review, 35(4), 621-626.

Gettinger, M., & Stoiber, K. (2007). Applying a response-to-intervention model for early literacy development in low-income children. Topics in Early Childhood Special Education, 27(4), 198-213.

Greenwood, C. R., Carta, J. J., & Walker, D. (2005). Individual growth and development indicators (IGDIs): Tools for assessing intervention results for infants and toddlers. In B. Heward et al. (Eds.), Focus on behavior analysis in education: Achievements, challenges, and opportunities (Chapter 6; pp. 103-124). Columbus, OH: Pearson/Prentice-Hall.

Greenwood, C. R., Carta, J. J., Baggett, K., Buzhardt, J., Walker, D., & Terry, B. (2008). Best practices in integrating progress monitoring and response-to-intervention concepts into early childhood systems. In A. Thomas & J. Grimes & J. Gruba (Eds.), Best practices in school psychology V (pp. 535-548). Washington, DC: National Association of School Psychology.

Greenwood, C. R., Walker, D., Carta, J. J., & Higgins, S. K. (2006). Developing a general outcome measure of growth in the cognitive abilities of children 1 to 4 years old: The early problem-solving indicator. School Psychology Review, 35(4), 535-551.

Grisham-Brown, J., Hemmeter, M. L., & Pretti-Frontczak, K. (2005). Blended practices for teaching young children in inclusive settings. Baltimore, MA: Paul H. Brookes.

Guralnick, M. J. (Ed.), (2005). The developmental systems approach to early intervention. Baltimore, MD: Paul H. Brookes.

Hemmeter, M. L., Ostrosky, M., & Fox, L. (2006). Social and emotional foundations for early learning: A conceptual model for intervention. School Psychology Review, 35(4), 583-601.

Hemmeter, M. L., Smith, B. J., Sandall, S., & Askew, L. (2005). DEC recommended practices workbook: Improving practices for young children with special needs and their families. Missoula, MT: Division for Early Childhood (DEC) of the Council for Exceptional Children.

Hojnoski, R. L., & Missall, K. N. (2006). Addressing school readiness: Expanding school psychology in early education. School Psychology Review, 35(4), 602-614.

Justice, L.M. (2006). Evidence-based practice response to intervention and prevention of reading difficulties. Language, Speech, and Hearing Services in Schools, 37, 284-297.

Kaminski, R., Cummings, K. D., Powell-Smith, K. A., & Good, R. H. (2008). Best practices in using dynamic indicators of basic early literacy skills for formative assessment and evaluation. In A. Thomas & J. Grimes (Eds.), Best practices in school psychology V (Vol. 4, pp. 1181-1204). Washington, DC: National Association of School Psychologist.

Kirk, S., Gallagher, J. J., Coleman, M. R., & Anastasiow, N. (2008). Educating Exceptional Children (12th ed.). Boston, MA: Houghton Mifflin Harcourt.

Koutsoftas, A. D., Harmon, M. T., & Gray, S. (2008, October 24). The effect of tier 2 intervention for phonemic awareness in a response-to-intervention model in low-income preschool classrooms. Language, Speech, and Hearing Services in Schools, Article doi:10.1044/0161-1461(2008/07-0101). Retrieved January 9, 2009, from http://lshss.asha.org/cgi/rapidpdf/0161-1461_2008_07-0101v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&author1=Koutsoftas&author2=Harmon&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&fdate=1/1/2008&resourcetype=HWCIT

Luze, G. J., & Hughes, K. (2008). Using individual growth and development indicators to assess child and program outcomes. Young Exceptional Children, 12(1), 31-41.

McConnell, S. R., Priest, J. S., Davis, S. D., & McEvoy, M. A. (2002). Best practices in measuring growth and development for preschool children. In A. Thomas and J. Grimes (Eds.), Best practices in school psychology IV (pp. 1231-1246). Washington DC: National Association of School Psychologists.

McConnell, S. R., Wackerle, A., Roverud, J., Wagner, A., Hays, A., & Missall, K. (2007). Recent research in early literacy assessment and intervention. Paper presented at the National Association of School Psychologists.

Missall, K., N., Carta, J. J., McConnell, S. R., Walker, D., & Greenwood, C. R. (2008). Using individual growth and development indicators to measure early language and literacy. Infants and Young Children, 21(3), 241-253.

Missall, K. N., McConnell, S. R., & Cadigan, K. (2006). Early literacy development: Skill growth and relations between classroom variables for preschool children. Journal of Early Intervention, 29(1), 1-21.

Noonan, M. J., & McCormick, L. (2006). Young children with disabilities in natural environments: Methods and procedures. Baltimore, MD: Paul H. Brookes.

Odom, S. L., Horner, R. H., Snell, M. E., & Blacher, J. (Eds.). (2007). Handbook of developmental disabilities. New York, NY: The Guilford Press.

Paul, D.P., Blosser, J., & Jakubowitz, M.D. (2006). Principles and challenges for forming successful literacy partnerships. Topics in Language Disorders, 26, 5-23.

Pence, K.,L., Justice, L.M., & Wiggins, A.K., (2008). Preschool teachers' fidelity in implementing a comprehensive language-rich curriculum. Language, Speech, and Hearing Services in Schools, 39, 329-341.

Pretti-Frontczak, K., Jackson, S., Goss, S., Grisham-Brown, J., Horn, E., Harjusola-Webb, S., Lieber, J., & Matthews, D. (2007). A curriculum framework that supports quality early childhood education for all young children [Monograph]. Young Exceptional Children, 9, 16-28.

Pretti-Frontczak, K., Jackson, S., McKeen, L., & Bricker, D. (2008). Supporting quality curriculum frameworks in early childhood programs. In A. Thomas and J. Grimes (Eds.), Best practices in school psychology V (pp. 1249-1259). Washington, D.C.: National Association of School Psychologists. Texas: Psychological Corporation.

Recognition & Response implementation guide. (2008). Chapel Hill: The University of North Carolina, FPG Child Development Institute.

Rogers, P., & Roth, F.P. (in preparation). Receptive and Expressive Approach to Language Learning (REALL): A vocabulary enhancement program.

Roth, F.P., & Troia, G.A. (in press). Applications of Responsiveness to Intervention and the speech-language pathologist: Elementary school settings. Seminars in Speech and Language.

Roth, F.P., Troia, G.A., Worthington, C.K., & Dow, K.A. (2002). Promoting Awareness of Sounds in Speech (PASS): An initial report of an early intervention program for children with speech and language impairments. Applied Psycholinguistics, 23, 535-565.

Roth, F.P., Troia, G.A., Worthington, C.K., & Handy, D. (2006). Promoting Awareness of Sounds in Speech: A follow-up report of an early intervention program for children with speech and language impairments. Learning Disability Quarterly, 29, 67-88.

Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (2005). DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education. Longmont, CO: Sopris West.

Snyder, P. A., Wixson, C. S., Talapatra, D., & Roach, A. T. (2008). Assessment in early childhood: Instruction-focused strategies to support response-to-intervention frameworks. Assessment for Effective Intervention, 34(1), 25-34.

Troia, G.A., & Roth, F.P. (Eds.) (in press). Responsiveness to intervention: New opportunities and challenges for the speech-language pathologist. Seminars in Speech and Language.

VanDerHeyden, A. M., & Snyder, P. (2006). Integrating frameworks from early childhood intervention and school psychology to accelerate growth for all young children. School Psychology Review, 35(4), 519-534.

VanDerHeyden, A. M., Snyder, P. A., Broussard, C., & Ramsdell, K. (2007). Measuring response to early literacy intervention with preschoolers at risk. Topics in Early Childhood Special Education, 27(4), 232-249.

VanDerHeyden, A. M., Witt, J. C., & Barnett, D. W. (2005). The emergence and possible futures of RTI. Journal of Psychoeducational Assessment, 23(4), 339-361.

Ziolkowski, R. A., & Goldstein, H. (2008). Effects of embedded phonological awareness intervention during repeated book reading on preschool children with language delays. Journal of Early Intervention, 31(1), 67-90.

Center for Response to Intervention in Early Childhood

(CRTIEC)

Myths about Response to Intervention (RtI) in Early Childhood

While RtI approaches for children in K-12 settings have been gathering steam for the last 5 years, many states, local education agencies and programs are considering implementing some version of RtI or multi-tiered systems of instructional support in pre-kindergarten programs. With so few clearly defined and evaluated models of RtI implementation focused on preschool-aged children and no federal guidelines for their implementation, a number of myths have developed about what RtI for early childhood is and how it should be implemented. While we acknowledge an absence of facts to inform this discussion, the researchers and leaders of CRTIEC, the Center for Response to Intervention in Early Childhood (www.crtiec.org), offer our opinions regarding some myths that are beginning to color what people think about RtI for young children. We offer these in the hopes that we can continue a conversation about the benefits and challenges of RtI for young children based on more accurate information. We also recognize that research about approaches for providing multi-tiered systems of support for young children is in its early infancy and recommended practices for implementing these approaches may change as new data inform this discussion. This paper provides our best available knowledge at the current time.

Myth 1: RTI replaces early childhood special education and its procedural safeguards, and if a district has implemented RtI, it means that students cannot be referred for special education evaluation.

Preschool children and their families have a host of legal rights and privileges for gaining access to special education and related services, and RtI models must not reduce or restrict those rights and privileges. There are currently NO federal regulations or written policies regarding RtI or multi-tiered models of support for children in pre-kindergarten settings. Even for students in grades K-12, the law (IDEA 2004) gives districts the option of using RTI procedures as **part** of the evaluation procedures for special education eligibility. Therefore, RtI should not be used to replace procedural safeguards. A parent or educator still has the right to request an initial evaluation to determine if a child has a delay or disability and the existence of an RtI process does not weaken that right.

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Myth 2: RTI necessarily delays referral, eligibility, or the onset of special education services.

An effective RtI model should **increase** children's access to helpful services, and **not** lead to delays in referral, eligibility determination, or the onset of special education and related services. *The* goal of RtI is to broaden the range of intervention strategies employed in general education, not to deny students with access to services or supports they may need to be successful. The official Position on RtI by the Council on Exceptional Children (October, 2007) specifically states: "The RtI process shall not delay the referral of a child who is suspected of having a disability for a comprehensive evaluation. Children with identified disabilities may not be required to go through an RtI process in order to receive special education and related services" (CEC, 2009). RtI is a prevention model that is designed to provide high quality opportunities for learning **before** a child is eligible for special education and related services. When such experiences appear to be limited or absent, a tiered model of instruction should prove helpful in deciding whether a child should be referred for an evaluation for special education services.

Myth 3: RtI consists of 3 tiers of increasingly individualized instruction with children with disabilities being in Tier 3.

There is no ideal number of tiers of instruction. The general notion of RtI is to have a continuum of increasingly intensive or alternative options to meet the needs of the population served. The number of instructional options will vary and there is no consensus at this point on the extent of procedural variation that might be considered a separate tier of instruction. In an RtI model, students would be identified for increasing level of support in higher tiers if they did not demonstrate adequate growth in a particular tier. Students with identified disabilities may be at any tier of instruction depending on their progress and their performance relative to benchmarks on the skills of concern.

Myth 4: Evidence-based curricula and instructional practices are available to support the implementation of RtI approaches in early education.

While the list of curricula and instructional practices with demonstrated effectiveness in producing short-term outcomes for children is growing, the evidence base of curricula and instructional strategies to support children's school readiness, and to provide intervention across multiple tiers of an RtI model, is still in its infancy. Information about effective practices and curricula to promote early literacy and other domains related to school readiness can be found in the What Works Clearinghouse (http://ies.ed.gov/ncee/wwc/reports/Topic.aspx?tid=13), the report from the National Early Learning Panel (http://www.nifl.gov/earlychildhood/NELP/NELP09.html), and the report from the Preschool Curriculum Evaluation Research Consortium http://ies.ed.gov/ncer/pubs/20082009/index.asp. While the strength of evidence

is stronger in some areas than others, studies showing that effective interventions and curricula can be scaled up and implemented and sustained in community-based early education programs are exceedingly rare. Furthermore, only a few studies have been published to demonstrate the effectiveness of interventions that might be used in Tier 2 or Tier 3 to support children who need more intense or individualized interventions to demonstrate growth toward school readiness outcomes. Finally, the infrastructure to provide wide-scale and high fidelity implementation of these curricula and instructional strategies to be used in any tier of intervention is only beginning to develop.

MYTH 5: *Assessment tools that can be used within RtI approaches to identify preschool-aged children with learning problems or to monitor young children's progress in response to intervention are currently lacking.*

To date, there are tools for assessing children's growth and development, but they are still few in number and not widely available. There is a growing list of measures (e.g., *Individual Growth and Development Indicators* (http://ggg.umn.edu); *mClass Circle*, (http://www.wirelessgeneration.com/solutions/mclass-circle.html); *Get Ready to Read* (http://www.getreadytoread.org.) that predict later reading performance, and that can be used for instructional decision-making in pre-kindergarten settings. It should be noted that even these measures have not been field tested widely and await both longitudinal studies to examine their general psychometric properties and intervention studies to explore their sensitivity to treatment effects. However, researchers and local education agencies are making rapid progress both in the design and evaluation of screening and progress monitoring measures, and in developing systems that help early childhood educators apply and use these measures. As this development work continues, the array of tools available to practitioners will grow.

Myth 6: *Once children are identified as needing instruction at a specific tier, they will not change tiers over the course of the academic year.*

RtI is designed to be a dynamic model of service delivery, adjusting teaching approach as a child's progress dictates. Students who demonstrate response to intervention at a given tier (i.e., demonstrate growth meeting a specific benchmark) may move to a less intensive tier. Similarly, if children show inadequate growth to meet a benchmark at a specific tier, they may be moved to a more intensive level of intervention. This is a critical issue in early childhood programs, where the time is often very short (usually less than a year) before matriculation to K-5 programs. In these cases, frequent assessment and movement to a more appropriate level of instruction is critical.

Myth 7: While RtI might be an appropriate model of providing a greater level of instructional support to school-aged children, most RtI models for pre-kindergarten children focusing on early literacy are based on developmentally _inappropriate_ expectations for young children.

RtI, particularly in early childhood, must be designed to be individually appropriate for participating children. There is no single RtI approach for pre-kindergarten children focusing on early literacy but a critical component of all RtI models is the use of a strong Tier 1 founded on an evidence-based curricula. It is important to note that RtI approaches focusing on early literacy in PreK are _not_ focused on teaching children to read, but rather on emergent literacy skills that are appropriate for preschool children. If RtI approaches in early literacy are to be successful in improving children's readiness for school, they should focus on providing children with instruction on the set of pre-literacy skills known to be predictors of academic performance in kindergarten. In early education, these curricula are typically implemented within the context of teacher-directed group interaction and embedded in classroom routine activities. As with all intentional teaching, instructional approaches must be individually- as well as developmentally appropriate to meet the short- and long-term needs of any particular child.

Myth 8: RtI reinforces the practice of "ability grouping" which may be detrimental to young children's self-esteem.

While tiered interventions in some RtI models may include homogenous groups of children, these groupings will occur only for a small part of a day and can (and, we believe, should) be embedded in a comprehensive and inclusive program. RtI allows classroom staff to provide a level of instructional intensity that a given child needs to promote success. Rather than "tracks," RtI promotes dynamic allocation of instructional resources based on the current needs of individual children. We are unaware of research that validates the myth that grouping children based on their level of need lowers children's self-esteem. On the other hand, there is much research that children who experience early success go on to achieve healthy academic and social outcomes.

References

Council for Exceptional Children (2009). *News and issues: Response to Intervention.* Retrieved June 30, 2009 from http://www.cec.sped.org/AM/Template.cfm?Section=Response_to_Intervention &Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=37&ContentID=8363

National Early Literacy Panel. (2008). *Developing early literacy: Report of the National Early Literacy Panel.* Washington, DC: National Institute for Literacy. Retrieved August 31, 2009 from Author http://www.nifl.gov/earlychildhood/NELP/NELPreport.html.

Preschool Curriculum Evaluation Research (PCER) Consortium. (2008). *Effects of preschool curriculum programs on school readiness.* Washington, DC: National Center for Education Research, Institute of Education Sciences, U.S. Department of Education.

National Association of State Directors of Special Education (NASDSE) (2006). *Myths about response to intervention (RTI) implementation.* Retrieved June 30, 2009 from http://www.nasdse.org/Portals/0/Documents/Download%20Publications/Myths% 20about%20Rtl.pdf

The National Association of State Directors of Special Education (NASDSE) (2005). *Response to Intervention: Policy considerations and implementation*. Retrieved June 30, 2009 from http://www.nasdse.org/Portals/0/Documents/Download%20Publications/Myths% 20about%20Rtl.pdf

Section 7
Assessment

What is the best source of information about a child's development?
Teacher observations provide the most useful, ongoing information concerning a child's development.

What is meant by developmentally appropriate assessment?
Practices that are age appropriate, culturally appropriate, and individually appropriate for each child.

My classroom teachers say that they do not have time to sit with every child and assess them. How is this possible?
Teachers are not expected to sit children down to assess children. The assessment is completed during observations in real activities, not contrived situations.

Assessment uses "specialized" vocabulary, therefore, this glossary is provided at the beginning rather than at the end of this section.

GLOSSARY FOR ASSESSMENT

Accountability – *Being held responsible for something.* In early childhood education, teachers and programs are typically held accountable for meeting a standard of performance (including being held accountable for child outcomes).

Authentic Assessment – *A type of performance assessment that uses tasks that are as close as possible to real-life practical and intellectual challenges. Specifically, the situation or context in which the task is performed.* The child completes the desired behavior in a context as close to real life as possible.

Benchmark (or milestone) – *A point of reference for measurement and evaluation; used especially in connection with content standards.* Benchmarks are usually more specific than a standard, giving more details about performance.

Bias – *Any characteristic of an assessment that unfairly discriminates against or favors a child or a group of children on the basis of factors such as gender, urban or rural residence, socioeconomic class, ethnic origin, culture, or language.*

Content Standard – *An outcome statement that specifies what every child should know and be able to do.*

Curriculum-Embedded Assessment (also referred to as authentic assessment) – *Assessment that is integrated as part of the curriculum, in contrast to tests or other assessments that are given apart from daily teaching and instruction.* The teacher assesses the children using the classroom activity itself and not a separate procedure.

Developmental Continuum – *A predictable but not rigid sequence of the knowledge or skill levels typically achieved or attained by young children.*

Developmentally Appropriate – *Regarding practices, including assessment, that are age appropriate, culturally appropriate, and individually appropriate for each child.*

Documenting – *The process of systematically gathering information about what children have done or accomplished.* Documentation consists of what a child has done, and then making a record.

Evidence – *An outward sign or indication.* In child assessment, evidence would be an outward sign about a child's development and learning; e.g., an observation of how long a child spent "reading" books, a drawing on which a child printed his own name using correct letter forms, or a parent's account of a child's persistent questioning "What's that letter?".

Formal Assessment – *A term with a wide variety of meanings, typically describing assessment used for the purpose of reporting to others.* There are often specific requirements for a formal assessment, such as using standardized procedures for all children, following a specific format, or using a specific instrument. Examples might vary from classroom assessments that use a specific set of scoring rubrics to standardized tests.

Informal Assessment – *A term with a wide variety of meanings.* Informal assessment could be used to describe information collected for the teacher's use only (e.g., to make classroom decisions or adjustments to instruction) that might or might not be written or follow a specific format. This process could also be used to describe any method of gathering information in the classroom that is not a standardized test. Although informal assessments might not be highly accurate or consistent from child to child, they can yield useful insights into children's learning.

Observation – *A method of gathering information by systematically watching and noting what children do and say.*

Performance Assessment (also referred to as authentic assessment) – *Finding out what children know and can do from their ability to perform certain tasks.* Usually uses tasks as close as possible to real-life practical and intellectual challenges. Specifically refers to the type of response by the child; e.g., if writing is being assessed, the child writes.

Portfolio – *A purposeful collection of the child's work and other indicators of learning, collected over time, used to demonstrate to the child and to others the child's efforts, progress, or achievement in particular developmental or subject area(s).*

Portfolio Assessment – *A type of assessment that evaluates a child's performance based on evidence that the teacher and the child have selected and compiled in a portfolio.*

Reliability – *The extent to which any assessment technique yields results that are accurate and consistent over time.* Assessments with high reliability are described as "reliable."

Screening – *Brief, relatively inexpensive, standardized procedures or tests designed to quickly appraise a large number of children to find out which ones need further evaluation.*

Standard – *An outcome statement that specifies what children should know and be able to do.*

Standardized Test – *A test with specific characteristics: (1) developed according to American Psychological Association/American Educational Research Association guidelines, with high levels of reliability and validity; (2) prescribed methods for administration and security; and (3) scoring systems based on comparisons either with other test takers (norm-referencing) or with a specified level of performance (criterion-referencing).* Not all tests that are published and available for the public use meet these requirements to be labeled "standardized."

Validity – *The extent to which an assessment measures what we want to measure and not something else.* An assessment is "valid" if the results agree with other information gathered in other ways about the same behavior.

ASSESSING CHILDREN'S LEARNING AND DEVELOPMENT

> **Assessment is the process of observing, recording, and otherwise documenting the work children do and how they do it, as a basis for a variety of educational decisions that affect the child.**
> **National Association for the Education of Young Children (NAEYC, 2006)**

Teachers are decision makers. Using a curriculum that is based on child development research, the teacher sets up an environment and plans experiences that support children's growth and learning. Assessment provides the information needed to make decisions about the program or individual children. The more information obtained, the better the decisions.

> For too long, assessment and instruction have been adversaries. Teachers say that they cannot teach as they wish because they spend time preparing their students and modifying their curriculums to conform to items that will appear on mandated tests. By placing assessment in the hands of teachers and embedding it in active curriculum making, we remove the mystery from evaluation and confer new meaning on the entire assessment process. Linking assessment and instruction enhances teaching and improves student learning. (Meisels, 1997, pp. 64-65)

The concept of **developmental appropriateness** is applied to assessment in the following instances:

> In real life, children are most themselves when they are in familiar environments with adults and children whom they know and trust, engaged in tasks that allow them to use the modalities with which they are most comfortable. In such situations they will most likely demonstrate the knowledge, skills, and attitudes that truly represent their attainments. When we introduce strange people, unfamiliar surroundings, demands for responses to atypical tasks, and constrictions on their usual behaviors, we will likely elicit behaviors that are neither valid nor reliable samples of the children's development and learning. (Hills, 1993, p. 22)

> Good schools for young children move away from reliance on standardized achievement tests of basic skills, as well as policies of tracking or retaining children. They move toward a philosophy of assessment that is continuous, based on children's performance, and directed by the teacher. (National Association of State Boards of Education, 1991, p. 35)

Standards and benchmarks are now commonly used for measuring student progress and growth, from earliest years in preschool through high school. A key to using standards is learning how to evaluate each child's progress. In primary and secondary school, this usually takes the form of standardized testing. Such testing is inappropriate for preschool children, who often don't respond well to group or even individual testing conditions.

Instead, early childhood educators have spent a lot of time learning about assessment techniques that are **authentic**, meaning that they are conducted in the context of each child's everyday classroom or care center experience. **Authentic assessment** is also sometimes called **performance assessment** because teachers document children's skills, knowledge, and behaviors using actual classroom experiences, activities, and products. **Curriculum-embedded assessment** is another term for authentic assessment. This term refers to teachers observing what children know and can do as they are constructing with blocks, painting with various media, "reading" a book, or counting napkins for snack time (Dichtelmiller et al., 2001).

Assessment of individual children's development and learning is essential for planning and implementing appropriate curriculum. In developmentally appropriate programs, assessment and curriculum are integrated, with teachers continually engaging in observational assessment for the purpose of improving teaching and learning. Accurate assessment of young children is difficult because their development and learning are rapid, uneven,

episodic, and embedded within specific cultural and linguistic contexts. Too often, inaccurate and inappropriate assessment measures have been used to label, track, or otherwise harm young children.

Assessment of young children's progress and achievements is ongoing, strategic, and purposeful. The results of assessment are used to benefit children—in adapting curriculum and teaching to meet their developmental and learning needs.

GUIDELINES FOR ASSESSMENT OF YOUNG CHILDREN

The National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE) developed a joint position statement titled, "Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages 3 through 8." These guidelines for assessment are highlighted by Bredekamp and Rosegrant (1992, pp. 22-24) in their report:

A. Assessment is congruent with and relevant to the goals, objectives, and contents of the program.

B. Children's development and learning in all the domains—physical, social, emotional, and cognitive—and their dispositions and feelings are assessed.

C. Assessment relies on demonstrated performance during real, not contrived, activities.

D. Assessment recognizes individual diversity of learners and allows for differences in styles and rates of learning. Assessment takes into consideration children's ability in English, their stage of language acquisition, and whether they have been given the time and opportunity to develop proficiency in their native language as well as in English.

E. Assessment demonstrates children's overall strengths and progress, what children can do, not just their wrong answers or what they cannot do or do not know.

F. Assessment addresses what children can do independently and what they can demonstrate with assistance, since the latter shows the direction of their growth.

G. Assessment involves regular and periodic observation of the child in a wide variety of circumstances that are representative of the child's behavior in the program over time.

H. Assessment relies primarily on procedures that reflect the ongoing life of the classroom and typical activities of the children.

I. Assessment utilizes an array of tools and a variety of processes including but not limited to collections of representative work by children (artwork, stories they write, tape recordings of their reading), records of systematic observations, and interviews of children's progress as individuals and as groups.

J. Information about each child's growth, development, and learning is systematically collected and recorded at regular intervals. Information such as samples of children's work, descriptions of their performances, and anecdotal records are used for planning instruction and communicating with parents.

ASSESSMENT STRATEGIES

Developmental Screening

A classroom teacher may be asked to use a screening instrument, such as the Developmental Indicators for the Assessment of Learning-Revised (DIAL-R) (Mardell-Czudnowski & Goldenberg, 1983). As with any assessment instrument, training and practice in how to administer the screening tool is necessary. Screening instruments should assess the development of the whole child, i.e., emotional, social, cognitive, communicative, and physical. Developmental screening should be used to identify those children who may be in need of further assessment or evaluation to diagnose a specific learning problem and to suggest appropriate remediation strategies. Screening instruments may not be used as a sole means of determining placement of a child in a special services program or in determining appropriate curriculum strategies for any child.

Diagnostic Instruments

When the results of the screening process indicate a need for further diagnosis of suspected developmental problems, a diagnostic evaluation will be conducted after this has been discussed with parents and their permission obtained. Generally a multidisciplinary evaluation is conducted. One component of the evaluation is usually assessment by the teacher, using tools that provide diagnostic information on developmental skills. Examples of such tools include the *Brigance Diagnostic Inventory of Early Development* (Brigance, 1978) *Battelle Developmental Inventory* (Newborg et al., 1984), and *Learning Accomplishment Profile* (Sanford & Zelman, 1981). Some diagnostic measures can be administered by the trained teacher, while others will need to be administered by support personnel. As with screening, diagnostic tools should address the strengths and needs of the total child. The diagnostic evaluation should also be prescriptive to assist in program planning for the child.

Teacher Observation

The best source of information about the child's development is ongoing observation of the child in a naturalistic setting by a trained observer. In the child's play environment within the classroom setting, the teacher can note accomplishments, changes, and problems in the child's total development without placing the child in an artificial test situation. Recordkeeping can be accomplished through written anecdotal records, completion of informal checklists, and collections of the child's "work," including drawings, art projects, dictated stories and messages, and photographs of the child's block building and other creative endeavors.

Parent Observation and Interview

Parents or caregivers responsible for the home environment or the child care environment are the child's first and most important teachers. They are also in the best position to observe the child's developmental progress and limitations. Dr. Lilian Katz (1994) has suggested eleven dimensions of the child's behavior that parents might observe over a period of time (a minimum of four weeks for the 4-year-old child) to determine whether the child is developing in an appropriate manner. These dimensions include sleeping, eating, toilet habits, range of affect (emotions), variations in play, curiosity, acceptance of authority, friendship, interest in something outside of self, spontaneous affection, and enjoyment of the "good things in life" (p. 2). Difficulty in one or several of these areas should not be seen as irreversible, but as a signal that the child needs adult intervention in that dimension.

It is important to always include a parent interview at screening and or when the child enters a program. Parents and caregivers need to know and understand the development of appropriate behaviors exhibited by their children.

Reports from Medical Personnel

The child's physician is in a position to provide vital information relative to the child's pre- and post-natal development, medical history, hearing and vision, and medications that might affect the child's behavior. Usually, this information is obtained as a part of the developmental history of the child and requires parental permission.

Each child entering the Preschool for All program must have a physical examination, including hearing and vision screening. It is desirable to have this information at the time of the screening so that children with such physical problems are identified for eligibility.

Section 8
Developmental Continuity and Transition

What is one of the most important parts of a transition plan?
It is important to assist in developing a relationship with the child and the kindergarten teachers.

We are having difficulty creating a transition plan. How do we develop an effective transition plan?
All programs are unique and therefore transition plans vary from project to project. There is not a right way to develop a transition plan. Using the sample plan included in the implementation manual, choose transition activities appropriate for your program and agreeable to the kindergarten teachers as well as the prekindergarten teachers involved. The teachers can work together to suggest other effective ways to transition children smoothly from prekindergarten to kindergarten.

Is anyone else involved in a transition plan?
Transition plans should be built on a team approach including teachers, parents, and children.

PRESCHOOL FOR ALL TO KINDERGARTEN

When a child first enters the public school system, there are many different transitions that occur throughout the early childhood years. These transitions, or times of change, can be stressful, especially for families with children who have limited experiences outside the home. Moving from program to program requires adjustments. However, teachers and administrators can play a vital role in assisting children and families through the transition process by planning ahead and working together.

Transition begins with forming a network of social connections that are built around supporting children and families. These connections go further than just making a connection between the preschool teacher and the kindergarten teacher. The connections also include building a relationship between the child and the teacher, the child and his or her peers, and the parent and the teacher. These relationships are instrumental in the success of the children and their learning.

The key to this transition process is giving children continuity in the learning environment and the curriculum strategies that teachers use within their classrooms. This continuity process builds a comfort zone for all participants. Developmental continuity describes how we design early childhood curriculum, how we provide learning experiences that build on the child's prior knowledge, and how these experiences flow in a natural progression across not only the preschool and kindergarten years but also how they build through the entire primary school years. **When focus is on both transition and continuity together using a team approach with teachers, parents, and children, smooth transitions for children are ensured as they move from preschool to kindergarten and primary grades.**

Transition Is a Web of Relationships
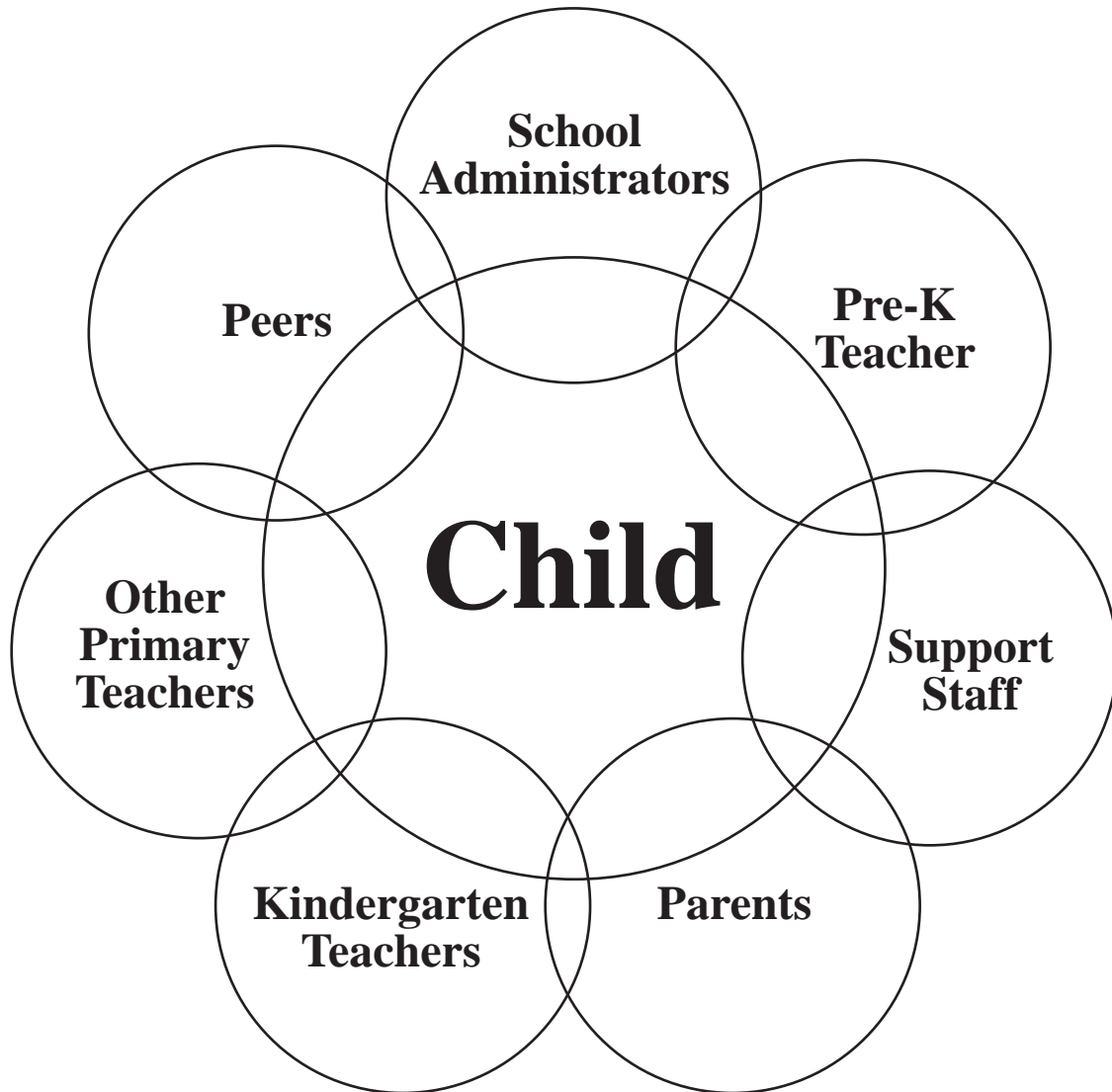
Shelby King, Illinois State Board of Education

CONTINUITY OF THE CURRICULUM

The types of learning experiences, the developmental appropriateness of the curriculum, and the appropriateness of curriculum content and approaches are integral to the curriculum design in early childhood programs (Bredekamp & Copple, 1997). A portion of transition planning success is based on continuity of the curriculum (Repetto & Correa, 1996). This includes ensuring that classrooms have access to appropriate materials and that teachers engage children in a variety of tasks and projects (Gottlieb & Rasher, 1995). Sensitivity to the home culture and home language is also important (Jang & Mangione, 1994).

Program administrators and staff can further facilitate the transition process and ensure program continuity by providing developmentally appropriate curriculum for all age levels in all educational settings (Glicksman & Hills, 1981). Some specific guidelines for facilitating congruency of curriculum were provided by Repetto and Correa (1996). These guidelines include (1) coordination of the curriculum at each step of the transition process and (2) flexible scheduling to support the transition curriculum.

Prekindergarten programs use a variety of approaches or conceptual models in addressing children's prekindergarten transitions. Each model has different implications for the transition practices of teachers and schools. Two widely used models are the skills-only approach and the developmental/ecological approach.

The skills-only model reduces the transition period to a focus on abilities and skills the child displays at a given time, such as a number of letters she can write at the end of kindergarten. This approach is the model most commonly used but is also the most limited. Transition is understood in terms of the child's readiness skills, chronological age, and academic development.

The developmental/ecological model describes a web of child, family, school, peer, and community factors that are interconnected and interdependent throughout the transition period. This model considers information sharing and connections among children, parents, and schools to be critical supports for children.

The skills-only model does not look at ecological features or even at developmental features. In other words, the skills-only model imagines that when children go to school, they simply get on a bus and carry certain skills with them—ready or not.

The developmental/ecological model takes into account the stability of relationships among the child, school, family, and community as the child moves from preschool into kindergarten. Perhaps most important, it considers information sharing and connections among children, parents, and schools to be essential for supporting children.

Developmental/ecological continuity describes how we design early childhood curriculum, how we provide learning experiences that build on the child's prior knowledge, and how these experiences flow in a natural progression across not only preschool and kindergarten years but also how they build through the primary school years.

Illinois Preschool for All programs develop transition plans to assure smooth transitions for each child transitioning from prekindergarten to kindergarten.

EXAMPLES OF PREKINDERGARTEN-KINDERGARTEN TRANSITION PRACTICES

(Adapted from *Enhancing the Transition to Kindergarten: Linking Children, Families, and Schools,* Kraft-Sayre & Pianta, 2000.)

Family-School Connections		
Activity	**How**	**When**
Contact families during the first few days of prekindergarten and kindergarten	**Telephone calls, visits**	**First week of prekindergarten**
Maintain periodic contact with the family	**Telephone calls, notes, news-letters, visits**	**Ongoing**
Encourage family participation in home-learning activities	**Materials and/or instructions sent home**	**Ongoing, particularly during the summer between pre-kindergarten and kindergarten**
Encourage family participation in the classroom and at school events	**Telephone calls, notes, news-letters, visits**	**Ongoing, particularly at the start of the school year**
Conduct regular family meetings at school	**Lunches, family nights**	**Ongoing, and at regular intervals**
Conduct family meetings about transition issues	**Family nights, workshops**	**During prekindergarten spring and summer, and kindergarten fall**
Coordinate information sharing about individual children between the families and teachers	**Conferences**	**During prekindergarten spring or summer**
Create newsletters and resource materials	**Transition packets, tips, handouts**	**Ongoing**
Conduct parent orientation at the beginning of prekindergarten and kindergarten	**Back-to-school nights**	**First two weeks of prekindergarten and kindergarten**
Child-School Connections		
Establish a connection between the prekindergarten child and the kindergarten teacher	**Visits to the kindergarten classroom by the child or visits by the kindergarten teacher to the prekindergarten classroom**	**During prekindergarten spring**
Have children practice kindergarten rituals in prekindergarten	**Practice behaviors, sing songs, read stories**	**During prekindergarten spring**
Incorporate prekindergarten activities into the kindergarten year	**Read a favorite book, introduce similar activities**	**During kindergarten fall**
Encourage prekindergarten teachers to stay in contact with former students	**Letters, school visits**	**During kindergarten fall**

Peer Connections		
Establish peer connections within the prekindergarten class	Purposeful classroom activities	During the summers before prekindergarten and kindergarten
Establish peer connections outside of school	Play dates	Ongoing, particularly during the summer
Establish connections with peers who will be in kindergarten	Activities with other prekindergarten classrooms	Ongoing, particularly during pre-kindergarten spring and summer
Establish prekindergarten peer connections with kindergarten peers	School visits, summer school	During prekindergarten spring and summer
Classroom-Classroom Connections		
Share curriculum activities and classroom routines between prekindergarten and kindergarten	Teachers observe each other's classrooms and hold regular meetings	Ongoing
Agree on a common assessment tool to describe individual children and their families	Meet to decide what information will be helpful to both teachers	Ongoing

Note: This table is intended to serve as flexible menu from which teachers can pick and choose transition activities that fit their situation. In fact, teachers are encouraged to be creative and add their own ideas to this list as they build a developmentally and ecologically responsive transition plan.

A national Head Start organization has highlighted the importance of continuity between programs as an element of successful transitions between preschools and elementary school. Being aware of the composition of the program that children will go to makes it possible to include activities that will be most effective for transitioning them to the next step. Increasing the communication between the staff of sending and receiving schools can be a catalyst for change so that more child-centered approaches may grow at all levels.

No matter which activities teachers and administrators choose to implement to smooth the transition process for children and families, it is important to understand that all programs are unique and there is no one "right way" to approach transition. Each community must tailor its transition process and activities to meet the needs of the specific children and families it serves (Rous, Hemmeter, & Schuster, 1994; Logue & Love, 1992).

Transition Prekindergarten to Kindergarten
Suggestions for Transition Plan
Sample

Pre-Kindergarten Teacher_____ School_____

Kindergarten Teacher_____ School_____

Teachers may discuss options for the transition plan and choose ideas from this list or others to include in their plan.

August-October

- Ask parents at registration to identify the school they think their child will attend for kindergarten.

- Send letters to kindergarten teachers inviting them to be involved in the plan for transition from prekindergarten to kindergarten.

- Discuss possible activities for kindergarten and prekindergarten classrooms to share.

- Plan weekly activities for prekindergarten and kindergarten children to sptime together getting to know each other as well as getting to know the teachers.

- Plan family nights together with prekindergarten and kindergarten families.
(Fall party, holiday meeting, etc.)

- Invite kindergarten teachers to spend one day each month in prekindergarten and the prekindergarten teacher may visit kindergarten on that day.

November-January

- Prekindergarten teachers and kindergarten teacher meet to discuss expectations for children going into kindergarten.

    — What do kindergarten teachers expect

    — What do prekindergarten teachers think the child needs to know?

    — Compare expectations and create an appropriate list of expectations agreeable to both teachers and aligned with the Illinois Early Learning Standards and the Illinois Early Learning Standards Kindergarten.

- Prekindergarten teachers and kindergarten teachers discuss philosophies for teaching and learning in early childhood.

- Prekindergarten teachers may invite kindergarten teachers to join them for professional development opportunities appropriate for early childhood teachers.

February-April

- Begin preparing a small portfolio for each child to send to the kindergarten teacher. (You would not need to send the child's entire portfolio.)

- Ask kindergarten teachers to talk to parents about Kindergarten screening.

- Share information with parents on Kindergarten screening dates and locations.

- Play school in a center in the prekindergarten classroom.

- Pretend the classroom is a kindergarten. Let the children act out what they think kindergarten will be like.

May

- Ask parents to clarify where their child will be going to kindergarten in casethis has changed.

- Be sure that each parent has all pertinent information for registering their child at their school of choice.

PRESCHOOL TO KINDERGARTEN

TRANSITION PLAN

FALL

- Preschool teachers visit kindergartens at the beginning of the school year to support their students in their new kindergarten classrooms and to offer the kindergarten teachers suggestions and strategies for the students' success.

- Preschool teachers use this time to observe expectations for preschoolers starting kindergarten.

WINTER

- Kindergarten teachers visit preschool classrooms to observe students that will be starting kindergarten the following fall. Substitutes can be hired so that teachers can spend time talking to kindergarten staff about the strengths and challenges of students.

SPRING

- Hold a kindergarten transition parent meeting to discuss expectations in kindergarten.

- Encourage parents to visit the school/program where their child will attend kindergarten.

- Kindergarten teacher attends annual review meetings for preschool students with IEPs.

SUMMER

- Encourage parents to visit their child's kindergarten, play on the kindergarten school playground, or go to the library at the elementary school. Take frequent walks or drive by the school so that the preschooler can become comfortable with the new surroundings.

Section 9
Parent and Family Involvement

There is a child eligible for our program who is not toilet trained. The classroom teacher does not want to serve this child. What does the Illinois State Board of Education say about children who are not toilet trained?
Children may not be excluded from the program because they are not toilet trained.

Most of our parents do not attend the parent activities. Do we have to offer activities for parents?
Yes, the creation of a family/school partnership is essential to the effectiveness of the preschool program and is a requirement of the grant. Find ways to encourage parent participation, including parent surveys to help plan agendas for meetings. Provide food so parents do not have to cook when they get home after the meeting, and always provide child care so parents may bring children to the meetings.

Our families do not have books and materials at home. What can we do to help parents/families provide learning materials at home?
Develop a lending library with books and materials for children and parents/families to use at home.

FAMILY/SCHOOL PARTNERSHIPS

The creation of a family/school partnership is considered to be an essential ingredient of an effective preschool program (Henderson & Berla, 1994; Epstein, 1986). When teachers actively involve parents in their children's school experience, parents are more committed to the program's goals (Henderson & Berla, 1994) and report greater interest and satisfaction with their children's education (Epstein, 1986). With systematic coordination between home and school, all aspects of the child's life can be more meaningfully supported. Children have a chance of reaching their maximum potential if educators and parents work together. Many families encounter challenges that place children at risk. Basic issues involving clothing, shelter, and medical care add to family stress and interfere with a child's ability to learn. Program staff must partner with parents and support them in their role by understanding their perspectives, enhancing their understanding of child development, assisting them in reaching their goals, and involving them in the program. Every program must carefully balance knowledge of the obstacles that their families face with high expectations.

The greatest predictor of a child's life success, regardless of education and income levels, is a family's ability to do the following (NEA Communications, 2006):

- Create a home that encourages learning by reading aloud to and otherwise positively interacting with children.
- Become involved in their child's education at home and at school.
- Actively organize and monitor children's time.
- Get involved with school early on.

The following activities have been compiled from National Standards for Parent/Family Involvement Programs, Head Start Parent Involvement Standards, and a comparison of parent involvement activities from other states. These activities are to be used by administrators and teachers for building family partnerships.

Communication

- Arrange one-on-one conferences between teachers and parents of each child, with follow-up as needed. These meetings should accommodate the varied schedules of parents, language barriers, and the need for child care.
- Encourage programs to conduct at least one home visit per year.
- Provide opportunities for parents to communicate with administrative staff.
- Distribute communications about classroom activities.
- Distribute regular progress reports to parents and provide support services and follow-up conferences as needed.
- Distribute information about the Illinois Early Learning Standards.
- Translate communications to assist non-English-speaking parents.
- Provide staff development regarding effective communication techniques and the importance of regular two-way communication between the program and the family.
- Communicate regularly with a parent educator.

Parent Education
Adapted from the Michigan Department of Education Office of School Excellence Implementation Manual.

- Enhance parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children, through including adult parent group activities and parent-child interaction activities.
- Establish policies that support and respect family responsibilities, recognizing the variety of parenting traditions and practices within the community's cultural and religious diversity.

Student Learning

- Inform parents about child development, age-appropriate expectations, and the behaviors of young children.
- Provide information regarding how parents can foster their child's learning and development through parent-child interaction, at-home activities, and parenting education groups.
- Engage parents in a dialogue related to their observations of their child's increasing skills and abilities.
- Sponsor workshops and distribute information to assist parents in understanding how young children learn. Include information about the Illinois Early Learning Standards and performance-based assessments.
- Provide opportunities for staff members to learn and share effective strategies to engage parents in their child's education.

Involvement

- Encourage parent volunteers in the classroom and other areas of the program and/or from home.
- Survey parents regarding their interests, talents, and availability, and then coordinate parent resources with those that exist within the program and community.
- Encourage parents to observe children as often as possible and to participate with children in group activities.
- Educate and assist staff members in creating an inviting climate and effectively utilizing volunteer resources.

Decision Making and Advocacy

- Include parents in the development and implementation of program activities.
- Assist parents in becoming their children's advocates as they transition into preschool from the home or other child care settings, and from preschool to elementary school.
- Provide education and training to parents to prepare them to understand and exercise their rights and responsibilities concerning the education of their children.
- Assist parents in communicating with teachers and other program personnel so that parents can participate in decisions related to their children's education.
- Encourage the formation of parent-teacher organizations, parent advisory committees, or other parent groups to identify and respond to issues of interest to parents.
- Provide parents with current information regarding policies, practices, and children's progress as documented through performance-based assessment data and program evaluation procedures and outcomes.

Research has shown that a successful parent education and involvement component contains the following elements:

- Parents, families, staff members, and community representatives develop a mission statement based on shared beliefs cooperatively.
- The program develops and implements a written parent involvement plan.
- The program recognizes that both mothers and fathers play an essential role in their children's development.
- Family activities such as workshops, field trips, and child/parent events are provided.
- Parents are encouraged to volunteer in the classroom.
- Opportunities for parent education are provided.
- The program encourages both mother and father/male involvement in children's lives.
- Home visits are scheduled regularly.
- The program has a lending library for parents.
- The program has a toy/book lending library for children.
- The program has a newsletter.

Defining Family Involvement
Adapted from the Maryland State Department of Education.

Family makeup varies widely and can include parents, stepparents, grandparents, brothers, sisters, and others living in the household. Families also come from a variety of cultural backgrounds and have a variety of values and traditions. Differences can be misinterpreted as indifference to children's education. There are numerous and varied ways to effectively engage family members in their child's preschool experience, from asking them to help out at the school to allowing them to take an active role in the decision-making processes. It is critical that schools develop policies that are sensitive to, and reflective of, the communities they serve.

Specific Ways to Include Families

The best way to accommodate the varying types and degrees of family participation is to offer a range of flexible ways to get involved. The following approaches easily adapt to each family's changing needs and circumstances:

- Create an atmosphere in which teachers, administrators, and families all value parental involvement. Communicate to parents that their involvement and support makes a great deal of difference in children's development.
- Include teachers, parents, and other family members in the design of family services plans.
- Ask families to develop their own participation goals.
- Design a volunteer calendar and encourage parents to participate when possible.
- Communicate regularly. Focus on verbal communication when written language is an obstacle.
- Create a browsing and checkout library with books, videos, cassettes, brochures, and magazines.
- Make it easy for parents to attend meetings and visit the school by offering transportation and child care.
- Hold meetings at different times of the day to accommodate parents' work schedules.
- Send frequent communications to families about both individual children and classroom content. Provide information about key child developmental milestones and ways to nurture and support growth. Offer specific, individualized strategies that guide families in how to help at home.
- Act as a clearinghouse for external supports such as local businesses, health care agencies, and colleges to make services more accessible.
- Solicit the help of interested family partners.

Indicators of Parent Involvement

- Parents are welcome in the school and their support and assistance are sought.
- Multiple opportunities are available for parents to be involved with school.
- Parents are partners in the decisions that affect children and families.
- Community resources are used to strengthen schools, families, and student learning.
- Communication between home and school is regular and two-way.
- Parenting skills are promoted and supported.
- Parents play an integral role in assisting student learning.
- Barriers to family involvement such as transportation and language are reduced.
- Family workers, social workers, and community parent involvement specialists work together to assist parents in obtaining services within the school district and the community.

Toilet Training

A child may not be excluded from the program due to a need for toilet training. Programs work together with families to promote appropriate toilet training. The following excerpts from an article from the University of Missouri-Columbia can be used as a guide in helping to develop such a plan.

Excerpts from

Toilet Training

Lynn Blinn Pike
Human Development Extension Specialist
University of Missouri-Columbia
(originally written by Karen DeBord)

Methods for toilet training vary. Parents may depend on their child care provider to guide the training process or read popular books for accomplishing the process in only one day. Whatever approach is used, the process should be approached with calmness and patience.

Toilet training is a developmental milestone. It cannot be rushed. Adopting an attitude that "it will eventually happen" will ease parents' frustration and protect the child's sense of esteem.

Readiness

In many areas of child development, children must reach a certain age or be in the proper setting or situation before they are ready to learn. Children are ready to learn when they are healthy, well nourished, and not pressured to achieve at a level above their capability.

Children often are pushed to grow up long before they are ready, as noted by child development expert David Elkind. "Growing up emotionally is complicated and difficult under any circumstances, but especially so when children's behavior and appearance speak 'adult' while their feelings cry

'child' (p. 12, 1988)."

Early childhood is a challenging period. Children are exploring their growing sense of independence. There is a sensitive balance between how this search for independence is accepted by others and the child's developing sense of shame and doubt.

If children are given encouragement, then they are able to provide parents with clues and cues of readiness. If children are pressured to feed, dress themselves, or be readily toilet trained before they are physically or intellectually capable, then there will be unavoidable accidents and embarrassment. Embarrassment combined with parental disapproval increases the child's sense of doubt and shame.

A word of caution to parents and caregivers in this stage: Proceed slowly, taking signals from the child.

Lessons from research

- In general, bowel training occurs before urine training. This is because children can control the sphincter muscle at an earlier age than they are able to recognize and control muscles controlling urination. In addition, parents often can more easily recognize behavior that

suggests a child needs to have a bowel movement.
- Daytime training occurs before night time training.
- Girls usually are toilet trained before boys. For girls, successful training starts around 18 months or later, for boys around 22 months or later.
- Toilet training problems often can be traced to other struggles between parent and child (discipline, authority acceptance, etc.).
- Before toilet training is started, the child needs to be old enough to have biological control of elimination.

Fears

Most young children may be frightened by or curious about toilets. The size, noise and rapid water movement could be alarming to them. It is important to have a child-sized toilet for them to use. You will also need to help a child watch a toilet function and allow them to ask questions. "Where does it go?" and "Will I fall in?" (and disappear!) are common concerns. Be patient and give honest, simple explanations.

Some parents find children will play in the water or clog plumbing by throw-

ing objects in the toilet to see what happens. Adults may have to be very clear about why nothing else can be put in the toilet. Make sure you know where the valve is located to turn off the water to the toilet — just in case! A word of caution to parents and care-givers — attempt to separate the behavior from the child's sense of self. Otherwise, the process may be delayed if the child feels shame and doubt instead of a sense of independence.

How to begin

To start toilet training your child, first figure out his/her readiness by asking questions like:

- Does the child urinate much at one time as opposed to dribbling throughout the day?
- Does the child stay dry for several hours?
- Does the child seem to realize that he/she is about to urinate based on particular posture, gestures, verbal or facial expressions?
- Can the child understand and use words for elimination?
- Does the child show an interest and is motivated by wearing "real" underwear?
- Can the child walk steadily from room to room? Does the child have the coordination needed to stoop and pick up in order to complete task?
- Can the child partially pull training pants down and up?

After figuring out the child's readi-ness, take a look at your readiness to begin toilet training your child:

1) Honestly decide what signs of readiness your child shows. Enough to start the process?
2) When will you actually begin toilet training?
    a Is your daughter at least 18 months old, son at least 22 months old?

b. If both parents work, do you need to start the process on the weekend?
    c. Is there a family crisis or other major family or child task that requires the child's or adult's attention right now?
3) Have you talked about and agreed on training techniques with child care providers, family members, and friends?
4) Buy appropriate supplies: training underwear, clean-up supplies, child-sized toilet or training chair.

Bowel training

Since bowel training usually occurs first, begin when you see a consistent pattern in your child's bowel move-ments. As soon as you see signs of concentration and pushing, take the child to the bathroom and help him or her finish in the toilet. The next day, take the child to the toilet to "try" at the predicted regular time. Be consistent and supportive until they recognize the need and take themselves.

Training for urination

1) Begin in the bathroom with a very simple explanation to your child like "Tomorrow, I am going to help you learn to use the toilet. Here is the toilet (or potty) you will use. I will help you by reminding you to go. We will do it together." Use words that are simple but realistic, such as "Go potty" or "Go to the toilet." Continue to provide liquids to the child on a regular basis.
2) The next day, start by taking your child to the toilet as soon as the child gets up. Be relaxed and sup-portive. Encourage your child to "try." After a few minutes, even if they haven't toileted, help them get dressed in simple, loosely fitting clothes. This may mean only under-wear or loose pants or shorts with

an elastic waist. Bare feet or rubber sandals also make life easier, depending on the weather.
3) If your child is urinating four to five times a day in the toilet, start lengthening the time between scheduled trips to the bathroom. On a two-hour schedule, if your child averages less than one accident a day, start giving the child more free-dom to decide if they have to toilet.
4) Once a child has achieved bowel and daytime bladder training, do not worry about night-time training. Keep diapers on at night. Children may continue to wet at night until they are 4 or 5 years old.

How parents can help

- Teach the child words needed to talk about elimination.
- Provide a potty chair for training.
- Use praise (hand clapping, positive phrases) and incentives (books to read while sitting, playing potty with a doll) without allowing them to be too distracting.
- Begin toilet training only when the child seems interested and willing.
- Gently ask the child several times throughout the day and evening if they need to go to the bathroom.
- Establish a regular pattern of toilet-ing; upon rising, before and after meals, before bed.
- Monitor fluid intake, particularly at bedtime.
- Postpone training if the child does not seem to catch on or does not seem interested.
- Remain calm and patient.
- Expect accidents. Do not harshly punish accidents.
- Do not blame, threaten or demoral-ize the child.
- Do not insist that a child remain on a potty seat longer than 5 to 7 min-utes. They may build up an associ-

ation of unpleasantness with the bathroom or potty seat.

- If the child seems more interested in the large toilet than the small potty chair, follow this cue.
- Use same sex adult modeling when possible.
- If the child has an accident, remain calm, saying "Sometimes accidents happen." Let them take part in the clean up by placing soiled clothing in the sink, wiping the floor with a towel, or wiping with a washcloth.
- Some parents find it helpful in early training to try turning on the water faucet in the bathroom as a stimulus to urinate.
- Storing clean underwear near the toilet may be beneficial.
- Colorful underwear may be motivating and easy-to-remove clothing is recommended.

Sources

Baker, B. and Brightman, A. (1989) *Steps to Independence: A Skills Guide for Parents and Teachers of Children With Special Needs*. Paul H. Brooks Publishing Co.

Elkind, D. (1988) *The Hurried Child*. New York, Addison Wesley Publishing Co.

Jensen, L.C. and Kingston, M. (1986) *Parenting*. Holt, Rinehart and Winston: New York.

Verner, E. and Gray, M.M. (1989)

Starting Early: Sexuality Education for Preschoolers. Order MU publication GH 6001 from your local University Extension center.

Verner, E. and Gray, M.M. (1989) Starting Early: *Sexuality Education for Children Ages 3 to 7*. Order GH6002 from your local University Extension center.

Wing, L. (1972). *Autistic Children: A Guide for Parents and Professionals*. Brunner/Mazel Publishers: New York.

(Reprinted with permission)

HIV (human immunodeficiency virus) is a concern for everyone. The following article from the National Association for Education of Young Children helps clarify some concerns and questions regarding a child who may be enrolled in a program with HIV.

HIV/AIDS in Early Childhood Centers:
The Ethical Dilemma of Confidentiality versus Disclosure

Sandra M. Black

At meeting time, four-year-old Josh shares weekend news with his friends. He says, "Uncle Joe died because he has AIDS. All the people were crying and rushing around. Me and my sister had to be quiet."

In another city, in another early childhood center, three-year-old Natasha is silently weeping. Her teacher goes to soothe her and asks why she is so sad. Natasha whispers, "Because the ambulance took my momma to the hospital and she didn't come home. She stayed there because she has AIDS."

A neighbor tells a teacher in a suburban child care center that an infant in the center is HIV positive; however, the baby's parent has not revealed this information to the baby's classroom teacher.

It is very disturbing when a preschool child tells teacher that a family member has HIV/AIDS. Uninvited information challenges us to integrate knowledge about HIV/AIDS with personal feelings and discomfort related to the stigma of HIV/AIDS. We feel angry about not having known, fearful about transmission, and uncertain about what to do.

Infants and toddlers who are HIV positive or have AIDS also present challenges to child care providers. Though obviously an infant will not be the source of such information, the caregiver could learn from comments by neighbors, relatives, or well-meaning informants.

Early childhood educators and caregivers are faced with issues of childhood innocence, fairness, and anger toward the suspected source of the infant's or toddler's infection and with concerns about how to maintain personal and classroom safety. Do we really believe that universal precautions are effective? (See the Universal Precautions poster on page 40.) Is it really safe to change diapers or to clean up an infant's vomit? What about biting? What about sick infants, toddlers, and young children who become orphaned as a result of AIDS-related parental death (Mahler 1961; Bowlby 1980; Norris-Shortle, Young, & Williams 1993; Essa & Murray 1994)?

The ethical dilemma of confidentiality versus disclosure presents us with many questions: Do we, as teachers, have a right to know that Josh's uncle or Natasha's mother had AIDS? What if Josh or Natasha is HIV positive? What about other family members? What about the infant or toddler in our classroom who has HIV/AIDS? How can we keep ourselves and others safe? How do we respond (American Academy of Pediatrics Task Force on Pediatric AIDS 1987; Skeen & Hodson 1987; NAEYC 1989; Olson et al. 1989; American Public Health Association & American Academy of Pediatrics 1992)?

Facts, feelings, and rights

Green (1995) reports that AIDS is a disease that can affect anyone and there are a growing number of families affected by HIV/AIDS. She notes that a child care provider may unknowingly be caring for a child infected with HIV or a child living in a family affected by HIV/AIDS. Early childhood educators report confusion and difficulty in addressing the needs of young children and families who are affected by HIV/AIDS. Some people worry about infection control when an infant,

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Each state has laws to protect the rights of individuals about disclosure of HIV/AIDS status. Teachers do not have a right to know if a child in their class has HIV/AIDS. According to the law, individuals have a right to privacy.

toddler, or preschooler brings HIV/AIDS into the classroom. It is important to remember that infection-control guidelines remain constant regardless of the source of disease (National Pediatric HIV Resource Center 1992; Massachusetts Department of Public Health 1993). Children who live in families affected by HIV/AIDS experience changes in nurturing, caretakers, and living arrangements, as well as grief and bereavement due to the death of loved ones (Skeen & Hodson 1987; Jessee, Potett-Johnson, & Nagy 1993; Schonfeld 1993; Black 1995).

Given these realities, and the need to stay apace with the ever-growing body of knowledge about HIV/AIDS resulting from medical research, we need facts and information about resources available to help us deal with HIV/AIDS issues.

Kaiser (1995) acknowledges that facts about HIV/AIDS are not enough. She notes that feelings about the right of children infected with or affected by HIV/AIDS to attend early childhood programs must also be addressed. Children who are infected may become ill and require compassionate care; chil-

dren who are affected may bring news from home about changes in the health of family members that challenges educators' feelings. Early childhood educators need time to understand and deal with their own feelings in a supportive environment. They also need time and support to wrestle with the ethical dilemma of confidentiality and privacy versus disclosure.

Who has the right to privacy? Who has the right to know? What are the implications for early childhood educators of knowing or not knowing if a child or family

General Guidelines: HIV/AIDS within Early Childhood Centers

Goal	Resources	Steps to achieve goal
Be sure staff are aware of facts about the cause, transmission, and prevention of HIV/AIDS	HIV/AIDS resources: Department of Public Health, local school system, local hospitals, local HIV/AIDS agency, educator/administrator, health coordinator	• Identify HIV/AIDS agencies in the community that can provide facts, information, and resource materials for early childhood educators • Designate a staff member to serve as HIV/AIDS staff liaison responsible for inservice education, library materials, and so forth
Ensure staff use of universal precautions with *all* children	Universal Precautions poster (see p. 40)	• Discuss with staff the general principles of maintaining good health • Present to staff the universal precautions to practice in child care settings • Provide the materials needed (bleach, gloves, etc.) • *Make it clear* that universal precautions are *required,* not optional
Address how teachers and parents can best respond to children's worries (worries expressed at school about home or at home about school)	Policy statement in the Staff Manual and Parent Handbook Your state's Department of Public Health for guidelines on confidentiality and disclosure Americans with Disabilities Act (1990) Local mental-health agency	• Develop a process for teachers to communicate to the director, parents, or parent surrogate sensitive information shared by a child • Maintain respect for the family's confidentiality, but ensure the child's emotional and physical safety

member is HIV positive or has AIDS? Knowing a child has HIV/AIDS might affect our interaction with that child. We might feel more sympathetic, more tolerant, or overprotective. We also have strong defensive feelings about our right to know, fears about transmission, and confusion about HIV/AIDS myths (see the box titled "HIV/AIDS: Myths and Facts" on p. 45). In addition, directors and administrators have concerns about legal responsibilities to protect the confidentiality of families (Jessee, Potett-Johnson, & Nagy 1993; Black 1995).

The ethical dilemma

The ethical issue of confidentiality versus disclosure about HIV and AIDS is discussed in the literature. Hirsch (1993) notes that HIV/AIDS presents an ethical dilemma to contemporary society. HIV/AIDS evokes personal prejudices and social stigmas; basic values and beliefs are threatened and challenged. There is an ethical need to develop strategies that support human relationships based on respect for individual dignity, independence, and community contribution.

Jonsen (1988) suggests that HIV/AIDS is a disease that challenges humanity with the ethical dilemma of privacy versus disclosure. Privacy refers to individual rights and personal health. Disclosure refers to community rights and public health. The ethical dilemma of privacy versus disclosure refers to equally held values within two strong, divergent belief systems. One belief system advocates for individual rights to privacy and services to ensure personal health. In this context, primary modes of intervention include optional disclosure, education, and public health policies that support acceptance of an individual's right to privacy. Another belief system advocates for a community's right to know and protect itself from individuals who are infected with the virus or sick

It is the responsibility of teachers, religious leaders, community members, and local policymakers to ensure that all children are protected and that their basic needs—safety, shelter, food, emotional support—are provided for in order to facilitate healthy development.

with AIDS. Primary modes of intervention here include mandatory disclosure and public health policies regarding quarantine, tattooing, travel restrictions, and segregated education of children with HIV/AIDS. A middle ground would advocate for disclosure with informed consent and an educated community response with resources in place to ensure personal and public health.

Disclosure is not a simple act. It is an ongoing process that involves careful consideration of who will be told what. Difficulties encountered in addressing HIV/AIDS-related issues include the need to respect confidentiality. The fact that a family member has HIV/AIDS is often considered a "family secret" and disclosure may not be permitted by family norms. Potential repercussions of disclosure include rejection, loss, and hurtful comments (Tasker 1992). The reality of living in a family affected by HIV or AIDS is often acknowledged and discussed for the first time in the safety of a trusted environment. Discussing this family secret and seeking help to cope with HIV/AIDS issues (the changing physical and mental status of family members, changing family roles, and pending losses) require the support of educational, social, political, and religious institutions (Eakin & Taylor 1990; Lipson 1993; Geballe, Gruendel, & Andiman 1995).

Specific privacy-versus-disclosure issues that need to be ad-

dressed include whether or not to tell; who tells what to whom; when, how, where? Also the costs of disclosure (social stigma, isolation, rejection, guilt, shame, anger, fear) as well as the benefits (emotional and social support) need to be considered. Presently the legal system protects the individual's right to privacy and requires confidentiality. Disclosure is solely the choice of the individual and must be respected by educational, medical, and social communities (Coles 1991; Tasker 1992; Lipson 1993; Kaiser & Rasminsky 1995). Each state has its own laws about HIV/AIDS confidentiality and disclosure; this information is available through your state's Department of Public Health and will provide needed guidelines for the development of your early childhood center's HIV/AIDS policy.

Coping with HIV/AIDS in the early childhood community

While we must be aware of the dilemma of confidentiality versus disclosure with HIV/AIDS-related issues, we must also find ways to respond to uninvited information. During the past five years, HIV/AIDS issues have become increasingly more common in my early childhood community. We are striving to resolve issues of stigma connected to HIV/AIDS and increase personal comfort when dealing with this illness. Our objectives are to separate facts from

Specific Guidelines:
HIV/AIDS Confidentiality and Disclosure

Goal	Resource	Steps to Achieve Goal

Provide support, comfort, and reassurance to the child who shared uninvited information with a teacher or other adult	Facilitator from a community resource (see "General Guidelines," p. 41) who has established trust and a comfortable relationship with the staff and is available on a regular and an on-call basis	• Teacher validates the child's fears and worries
		• Teacher explains to the child that the director and parents (or parent surrogate) need to know about the child's worries so they can help the child understand what is happening
		• Teacher and director decide who will contact the parents, schedule a parent conference, and participate in the conference
		  Purpose of a parent conference: to share information from school with the family and to work with parents to help the child
		  Protocol: demonstrate respect for family confidentiality—parents are *not* expected to share anything until they choose to—and share school information with parents in factual manner ("Natasha was crying today and said, 'My momma is sick.'")
		  Desired outcome: an agreed-upon process to address the child's confusion, worries, sadness
		• Hold follow-up discussions as needed to ensure that the child is coping with changes in the family situation
		• Schedule regular informal staff discussions for updates on new information or interventions, fears, worries, doubts, anger, hope
		• Provide opportunities for informal discussions to address concerns as they arise

Additional HIV/AIDS Resources

AIDS National Interfaith Network (ANIN)
1400 Eye Street, NW
Suite 1220
Washington, DC 20005
202-842-0010 • http://www.thebody.com/anin/aninpage.html

Association for the Care of Children's Health
19 Mantua Road
Mt. Royal, NJ 08061
800-808-2224 or 609-224-1742

Canadian Public Health Association
400-1565 Carling Avenue
Ottawa, Ontario
Canada K1Z 8R1
613-725-3434 • http://www.cpha.ca

Centers for Disease Control AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
800-458-5231 • http://www.CDCNPIN.org

Child Care Plus+
Rural Institute on Disabilities
Corbin Hall
University of Montana
Missoula, MT 59812
800-235-4122 • http://ruralinstitute.umt.edu

Child Welfare League of America
440 First Street, NW
Washington, DC 20001-2085
202-638-2952 • http://www.CWLA.org

National Pediatric and Family HIV Resource Center
30 Bergen Street, ADMC #4
Newark, NJ 07107
800-362-0071 or 973-972-0410 • http://www.pedhivaids.org

EDITOR'S NOTE: Some of the resources mentioned are no longer available.

myths, explore fears and feelings, validate beliefs and values, and replace despair with hope. Ongoing collaboration among community agencies has supported our efforts.

To address HIV/AIDS-related issues within our early childhood community, we developed the guidelines set forth in the boxes titled "General Guidelines: HIV/AIDS within Early Childhood Centers" (p. 41) and "Specific Guidelines: HIV/AIDS Confidentiality and Disclosure" (p. 43). These guidelines will help early childhood educators feel less disturbed by uninvited information and more competent in coping with HIV/AIDS and the ethical dilemma of confidentiality versus disclosure. We need to be aware of HIV/AIDS myths and facts. Keeping abreast of information about the cause, transmission, and prevention of HIV/AIDS, and familiarity with available resources, can decrease our anxiety. We also need opportunities to explore our own fears and feelings about HIV/AIDS. Open discussions about difficult topics and chronic illness provide support and guidance in dealing with our personal fears. Confidentiality is more easily respected when facts are separated from myths, beliefs and values are validated, and despair is replaced with hope.

With the support of community resources and leadership programs that provide information and training, we can become more confident nurturers of children living in families affected by HIV/AIDS.

References

American Academy of Pediatrics Task Force on Pediatric AIDS. 1987. Health guidelines for the attendance in day care and foster care settings of children infected with human immunodeficiency virus. *Pediatrics* 79: 466–70.
American Public Health Association & American Academy of Pediatrics. 1992. *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs,* 231–33, 288. Washington, DC: American Public Health Association.
Black, S. 1995. *Increasing early childhood educators' and parents' understanding of AIDS through an early childhood AIDS program.* Ph.D. diss., Nova University, Florida.
Bowlby, J. 1980. *Attachment and loss: Loss, sadness, and depression.* New York: Basic.
Coles, M. 1991. AIDS and the law: Confidentiality and disclosure. *AIDS Clinical Care* 3 (January): 1–3.
Eakin, J., & K. Taylor. 1990. The psychosocial impact of AIDS. *AIDS:* 257–62.
Essa, E., & C. Murray. 1994. Research in review. Young children's understanding and experience with death. *Young Children* 49 (4): 74–81.
Geballe, S., J. Gruendel, & W. Andiman, eds. 1995. *Forgotten children of the AIDS epidemic.* New Haven, CT: Yale University Press.
Green, K.M. 1995. HIV/AIDS and early childhood programs: Myth and reality. Presentation at the Annual Conference of the National Association for the Education of Young Children, Washington, DC, November 28–December 2.
Hirsch, E. 1993. Cancer and AIDS: Must we reinvent an ethic? In *Cancer, AIDS and society: Integrating science, medicine and health policy,* eds. C. Jasmin & G. Bez, 163–69. Paris, France: Council for Global Health Process.
Jessee, P.O., D. Potett-Johnson, & M.C. Nagy. 1993. Fears of AIDS among day care administrators and teachers. *Early Childhood Development and Care* 89: 19–30.
Jonsen, A. 1988. Ethics, history and public health. In *AIDS in children, adolescents and heterosexual adults: An interdisciplinary approach to prevention,* eds. R.F. Schinazi & A.J. Nahmias, 48–49. New York: Elsevier.

Kaiser, B. 1995. *HIV/AIDS education initiative for childcare settings.* Presentation at the Annual Conference of the National Association for the Education of Young Children, Washington, D.C., November 28–December 2.
Kaiser, B., & J.S. Rasminsky. 1995. *HIV/AIDS and child care: Fact book.* Ottawa, Ontario: Canadian Child Care Federation, AIDS Clearing House.
Lipson, M. 1993. Disclosure within families. *AIDS Clinical Care* (5): 46–47.
Mahler, M. 1961. On sadness and grief in infancy and childhood. *Psychoanalytic Study* (16): 332–51.
Massachusetts Department of Public Health, Massachusetts Department of Education, Massachusetts Board of Education. 1993. *AIDS/HIV infection policies for early childhood and school settings.* Boston: Author.
NAEYC. 1989. New guidelines on HIV infection (AIDS) announced for group programs. *Young Children* 44 (2): 51.
National Pediatric HIV Resource Center. 1992. *Getting a head start on HIV: A resource manual for enhancing services to HIV-affected children in Head Start.* Newark, NJ: Author.
Norris-Shortle, C., P.A. Young, & M.A. Williams. 1993. Understanding death and grief for children three and younger. *Social Work* (38): 736–42.
Olson, R.A., H.C. Huszti, P.J. Mason, & J.M. Seibert. 1989. Pediatric AIDS/HIV infection: An emerging challenge to pediatric psychology. *Journal of Pediatric Psychology* 14: 1–21.
Schonfeld, D.J. 1993. Talking with children about death. *Journal of Pediatric Health Care* 7: 269–74.
Skeen, P., & D. Hodson. 1987. AIDS: What adults should know about AIDS (and shouldn't discuss with very young children). *Young Children* 42 (4): 65–71.
Tasker, M. 1992. *How can I tell you? Secrecy and disclosure with children when a family member has AIDS.* Bethesda, MD: Association for the Care of Children's Health.

HIV is *not* spread by saliva. To transmit HIV via biting, there must be an exchange of infected with uninfected blood. The infected child would have to have fresh blood in his or her mouth and break the skin of the uninfected child, mixing the infected blood directly with uninfected blood. An uninfected child who bites an infected child would have to break the skin of the infected child, draw infected blood into his or her mouth, and have a blood-to-blood exchange. To date, no such event has been reported.

HIV/AIDS: Myths and Facts

Myths	Facts
AIDS is a disease that affects only a small minority of the adult population.	AIDS can affect anyone. It crosses age, sexual, racial, ethnic, socioeconomic boundaries. Through December 1997, Centers for Disease Control reported 641,086 cases of AIDS occurring in the United States, including 8,086 cases of children under 13 years.
Everyone who has HIV/AIDS dies quickly.	People infected with HIV may live with few symptoms for 10 to 15 years. People with AIDS have lived with medical care and social supports for as long as 10 years.
Infected with and *affected by* with HIV/AIDS are the same thing.	*Infected* means a person has the virus in his or her body; this causes medical illness and multiple psychosocial problems (emotional, social, educational, and employment) for the infected person. *Affected* means a family member or a friend has the virus or is sick with AIDS; this causes psychosocial problems for affected children, family members, and friends.
It is easy to tell if someone has HIV/AIDS because of the way they look.	It is hard to know from appearance if someone has HIV/AIDS. People with HIV/AIDS look the same as everyone else.
HIV is easy to catch. People can get it from others coughing or sneezing; from water fountains or swimming pools; from kissing, hugging, saliva, insect bites, toilets, hand shaking, dishes, and household utensils.	HIV is hard to get! There are *only five ways* to get HIV: (1) from infected blood, (2) from unprotected sex with an infected person, (3) from intravenous drug needles used by an infected person, (4) from a pregnant woman infected with HIV (transmitted to her fetus during pregnancy), and (5) from breast milk of an infected mother (transmitted to her nursing baby).
Children who have HIV/AIDS should not go to preschool.	The Americans with Disabilities Act of 1990 gives civil rights protection to children with HIV infection, AIDS, or developmental disabilities resulting from HIV/AIDS and guarantees child care and public education.
It is complicated and time consuming to keep everyone safe from contagious diseases.	*Universal precautions* are simple measures that safeguard the health and safety of everyone. (See p. 40) They should be *required* in *every* child care program.
Biting can cause HIV/AIDS.	HIV is *not* spread by saliva. To transmit HIV via biting, there must be an exchange of infected with uninfected blood. The infected child would have to have fresh blood in his or her mouth and break the skin of the uninfected child, mixing the infected blood directly with uninfected blood. An uninfected child who bites an infected child would have to break the skin of the infected child, draw infected blood into his or her mouth, and have a blood-to-blood exchange. To date, no such event has been reported.
Teachers have a right to know if a child in their class has HIV/AIDS.	*No one* has a right to know. Individuals have a right to privacy. Each state has laws to protect the rights of individuals about disclosure of HIV/AIDS status. Teachers are responsible for knowing the legal rights and guidelines.
People with HIV/AIDS deserve it; they did bad things and got it.	*No one* deserves to be sick, stigmatized, discriminated against. Everyone deserves compassion, care, and kindness.
Children who live in families affected by HIV/AIDS adjust and learn to live with the situation.	Children who live in families affected by HIV/AIDS often experience losses, change in their caretaker, and uncertainty about their future; they often become behavior problems in school.
It is the responsibility of parents to care for their own children.	It is the responsibility of teachers, religious leaders, community members, and local policymakers to ensure that all children are protected and that their basic needs—safety, shelter, food, emotional support—are provided for in order to facilitate healthy development.

Sources: Data from K.M. Green, HIV/AIDS and child care: Myth and reality, *Child Care Plus+* 5 (1995): 3; Centers for Disease Control, *HIV/AIDS Surveillance Report* (Rockville, MD: Author, 1997); National Pediatric & Family HIV Resource Center, *HIV and AIDS in children: Questions and answers* (Newark, N.J: Author, 1995); B. Kaiser & J.S. Rasminsky, *HIV/AIDS and child care: Fact book* (Ottawa, Ontario, Canada: Canadian Child Care Federation, AIDS Clearing House, 1995); P. Panchuck, *Caring for children with HIV/AIDS* (Newton, MA: Lasell College, 1995).

Section 10
Collaboration

Our teachers are trying to develop collaboration activities within the community. So far, they have not been too successful. Do you have any recommendations?

Collaboration must start at the top. Program administrators must be the leaders in developing collaboration in the community.

We are trying to develop collaboration within our community but we continually run into barriers. What can we do?

Make a commitment to work things out. Attitude is very important. Roadblocks must be seen as a temporary challenge and resolved quickly.

THE NEED TO WORK TOGETHER

In "Integrating Community Services for Young Children and Their Families," Kunesh and Farley (1993) discuss the need for collaboration:

> To address both problems in the community and problems in the service delivery system, many agencies are reworking their organizational thought and practice to emphasize interagency cooperation, coordination, and collaboration. Educational, health, and social service agencies are beginning to recognize that only by working together can they provide services that are integrated rather than fragmented, multidimensional rather than one-dimensional, and continuous rather than sporadic. Still, for agencies accustomed to competition, boundary protection, and categorical funding, recognizing the need to work together is much easier than actually practicing it.
>
> Recent reports and studies suggest that this need is particularly acute among agencies that provide services to young children—from birth through age 8—and their families.
>
> Ensuring that mothers receive adequate prenatal care, that young children receive adequate parenting and guidance, that young children receive appropriate health care to ensure healthy development, and that they receive developmentally appropriate primary care and education is, in the final analysis, the responsibility of not only parents and family members but a host of other health, education, and social institutions as well. Communities must recognize their responsibility to and self-interest in providing positive early experiences for children. An awareness of our interdependence necessitates increased environmental resources targeted at best outcomes for our youngest citizens. Thus, the efficacy of efforts aimed at caring for our children in healthy and appropriate ways will depend, in part, on the ability of parents, families, schools, service providers, and community organizations to work together toward this end. (Kunesh & Farley, 1993)

Preschool for All programs will develop a collaboration plan that includes the school, parents, and community.

A MODEL FOR COMMUNITY COLLABORATION

The old African proverbs "It takes a village to raise a child" and "A five-stranded rope is much stronger than a rope of one strand" hold true today. Community collaboration is an important part of early childhood. Bringing all agencies (school district prekindergarten, Head Start, child care centers, family home providers, public health departments, Birth to Three, etc.) together to develop a communitywide plan will strengthen all early childhood programs. The group can work together to develop a pamphlet highlighting all the early childhood services available in the community. The pamphlet can be handed out to all new parents as well as to parents moving into the area.

Community collaboration will also build community support. Allowing the community to see how learning happens in the classroom will build support for the program. This goal can be achieved by keeping documentation of the learning experiences in the classroom.

Documentation can provide a vehicle for communicating about early childhood programs. This communication occurs with staff members, with children about their work, with parents about what is happening in children's classrooms and how their children are learning, and with the members of the greater community. When documentation is used in this way, the teacher is able to open windows into the heart of the classroom and develop respect, understanding, and support for the work being done there (Helm et al., 1998) (Helm & Beneke, 2003).

Listed below are ways to increase community collaboration. This particular model showcases the school district taking the lead in establishing the collaboration; however, anyone can be the leader in this area. Who takes the first step doesn't matter. The important thing is that programs establish a collaborative working plan to provide the best possible program for the families and children in their area.

The following guidelines are based on Dr. Judy Helm's work at the Valeska Hinton Early Childhood Education Center and Peoria Public Schools:

1. One agency or organization must take the lead. Sharon Kagan in *United We Stand* (New York: Teachers College Press, 1991) suggests that a public school can serve as the hub for early childhood program collaboration. As children leave early childhood programs and enter kindergarten, the schools reap the benefits or pay the price for the quality of early childhood programs. In Peoria, the school district served as the hub by including other agencies in the design and decision-making process and eventually inviting them to provide programming at the center. The promise of participation in the district's staff development component for staff from other programs cemented the collaborative relationship.

2. Support must come from the top. The school board understood and accepted the need for collaboration and supported and encouraged the process. The superintendent committed time and effort by selecting and chairing the Task Force. His presence assisted in obtaining cooperation and participation from agencies. In cases where there were things that needed to be worked out, the superintendent communicated directly and effectively with the leaders of other agencies. His active participation in the process assured that his involvement in working out problems was effective, because he had accurate knowledge and perceptions of the concerns. Although efforts at the grass roots level can initiate a collaboration, lack of commitment and involvement in the collaboration project by the decision makers for an institution will eventually result in the collaboration effort failing.

3. A focus, or a driving goal, is needed to motivate, inspire, and provide a timeline. Pulling representative programs together into an early childhood center can provide an exciting and motivating force for a community. Discussions of problems and philosophies naturally flowed from the task of designing the school. A new building, however, is not necessary. Developing an early childhood center in an existing school or designing an early childhood unit within a building can provide the impetus and the timeline for doing the hard work that collaboration requires.

4. Goals that are set must benefit everyone. Even though the focus of the collaboration was the design of the center, other coordination and cooperation opportunities were identified during the communication process. Another goal defined and achieved by the Task Force—to the benefit of all programs—was the development of a unified screening and recruitment process.

5. Make a commitment to work things out. Attitude is very important. With a forward-looking attitude, problems are seen as **temporary** roadblocks. The group searches for a bridge over or a new path around the roadblock. If instead the attitude is negative or tentative—a "wait and see what develops before we commit" attitude—then every problem is seen as an indicator that the collaboration is not working.

6. Call meetings regularly, but more important, meet immediately when there are questions or concerns. Learn to drop everything and work out problems. Be honest about feelings and concerns. Problems and concerns that are ignored will not go away but will eventually kill a collaboration effort.

7. Agree to disagree. Recognize that each program will need to maintain its own sense of identity and philosophy. The goal is not to have everyone agree on all issues or to eliminate diversity in early childhood programs. The goal is to improve the services to children and families." (North Central Regional Educational Laboratory, n.d.).

AGENCY/COMMUNITY PARTNERSHIP AGREEMENT

Preschool for All Program Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Preschool for All Staff Participating: _____

Community Agency Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Community Agency Staff Participating: _____

Partnership Goals and Description

_____

_____

_____

_____

PARTNERSHIP COMMITMENT

The partnership between _____ and _____named above shall
<div align="center">Preschool for All Program   Agency/Community Program</div>

be in effect during the term from _____ **to** _____. It is understood by the partners that involvement in the partnership is for the sole purpose of enriching the educational experiences of young children and their families. At the end of each term, the partners will determine if there is a desire/need to continue the involvement for the next program year. A new partnership commitment will be completed each year.

_____
Partnership Official Signature   Date

_____
Preschool for All Administrator Signature   Date

Form is adapted from the Early Childhood Development Enrichment Center, Arlington Heights, Illinois

Section 11
Budget, Financial and Reporting Guidelines

We have a new Preschool for All grant. May we pay part of the principal's salary with the grant funds?
This would be considered supplanting and is not an allowable expense (refer to page 179).

We would like to hire a secretary to handle our Preschool for All paperwork. Is this allowable?
Yes, but the total cost of administrative charges must not exceed 5% of the total amount of the grant. The program may request up to 10% of the grant for administrative services and must be approved by the Illinois State Board of Education.

We have received a letter from the Illinois State Board of Education notifying us that we have been awarded a Preschool for All grant. May we start expending funds now that we have been notified?
Programs may not spend money until an approved budget is on file at ISBE.

I have a Preschool for All classroom in my child care program. Do I need to enter my Preschool for All students into the Student Information System (SIS) if I'm not part of a district?
Yes, all children ages three to five who are enrolled in a Preschool for All classroom must be entered into the Student Information System.

All reporting requirements can be found on the overview page of the eGrant on IWAS.

GENERAL INFORMATION

This section provides guidance and information to assist administrators in developing and submitting an appropriate/cost-effective budget and in successfully administering the fiscal requirements of the grant. An overview of general fiscal and grant administration requirements is included, as well as sample budget worksheets and help/tip sheets for the electronic submission of applications, budget amendments, and expenditure reports.

Participating programs that have not previously received a grant from ISBE will need to contact the Early Childhood Division at **(217) 524-4835** to obtain an **RCDT (Region-County-District-Type) code**. The RCDT code is a unique identifying code assigned to each entity funded by ISBE and is required to receive payment for a grant.

For the first year of a new grant, entities must submit their proposals, budgets, budget amendments, and requests for changes of project end dates on paper. Budget amendment forms can be found at http://isbe.net/earlychi/html/block_grant.htm. Continuing programs (2nd year and beyond) submit their continuing applications, budget amendments, and requests to extend project end dates online through IWAS in the eGrant system. Copies of receipts for capital outlay purchases and supplies and materials costing over $500.00 must be available for the accountability liaison review. All receipts must be on file for audit purposes.

Developing and Completing the Budget

In developing the budget, it is important to understand what expenses are allowable and to provide enough detail so that reviewers can determine whether the expense is allowable and coded correctly. The Early Childhood Division will send formal budget forms to newly funded programs and assist new programs in completing the formal budget forms. Programs are not allowed to obligate funds until an approved budget is on file.

There are two budget forms that must be completed: 1) the Budget Detail, and 2) the Budget Summary and the Payment Schedule. It might be most helpful to complete the Detail portion of the budget first. The Budget Detail is where the details of expenditures should be denoted. The Budget Summary should be completed from the information in the Budget Detail. The amounts in the Summary and the Detail should match.

Instructions for the Budget Detail Page

Function and Object Codes
Expenditure Description and Itemization
Examples of Appropriate Expenditure Detail
Funds
Delete Row
Create Additional Entries
Calculate Totals
Indirect Costs
Budget and Allotment Totals
Supplement vs. Supplant
Budget Worksheet

> **The Budget Detail Page is required. The Consistency Check will not check to see if the budget page is filled out before you submit your application. DOUBLE CHECK TO MAKE SURE YOU HAVE YOUR BUDGET DETAILS ENTERED BEFORE SUBMITTING THE APPLICATION.**
>
> **Be sure to SAVE this page before proceeding to other pages or programs in the application. Failure to save this page as it is completed will result in data loss.**

At the bottom left of the screen is the **Total Allotment** for the grant you have chosen. This amount should be referenced when completing the budget and is a read-only cell.

A hyperlink, **"Description of Function Codes and Object Codes;"** provides descriptions of all function and object codes recognized within the Illinois Program Accounting Manual.

Function Codes and Object Codes are the first two columns on the left. Each column contains function and object codes allowable for a specific grant. To access the available codes, "click" on the drop down arrow and select the appropriate code for the expenditure.

"Tab" or "Click" into the Expenditure Description and Itemization textbox. Enter the appropriate level of detailed information for each function/object code selected. Providing adequate description will facilitate the approval process. Inadequate detail will result in the application being returned for additional information. **Examples** of appropriate level of detail are:

1000/100   Certified Teachers, Teacher's Aides, Substitute Teachers. (Itemize costs – example:
                  3.5 FTE Certified Teachers - $165,000 (Smith – 1FTE, Jones – 1 FTE, Brown – 1 FTE, White – .5 FTE)
                  3.5 FTE Teacher's Aides - $65,000 (Porter – 1FTE, Green – 1 FTE, Mason – 1 FTE, Johnson – .5 FTE)
                  Substitutes for classroom instruction - $4,000
                  Do not use a separate budget line/cell for each individual, aggregate in single budget line/cell
                  whenever possible.

1000/200   TRS (employee share only), THIS, FICA, Medicare, IMRF, life insurance, medical insurance.
                  (Itemize benefits – example: TRS - $16,500, THIS - $3,000, FICA - $5,000,….) List all benefits
                  (Please aggregate items/costs in single line/cell.)

1000/300   Worker's/Unemployment Compensation (FUTA, SUTA), equipment repair & maintenance, in-
                  district travel, field trip fees, software license, online assessment fees, subscriptions (Itemize item
                  costs – example: Workman's Comp - $800, Unemployment Insurance - $700, classroom equipment
                  repair & maintenance - $500, in-district travel for home visits - $300, field trip fees - $400.
                  (Please aggregate in single budget line/cell, if possible)

1000/400   Software packages, consumable supplies, curriculum materials, manipulatives, books, equipment
                  < $500/unit housed in classroom for student instruction. (Itemize costs of items – example:
                  Software - $1,000, consumable supplies- $1,000, curriculum materials - $1250, manipulatives -
                  $600, books - $900, equipment < $500/unit housed in classroom for student instruction.) Please
                  aggregate in single line/cell.

1000/500   Equipment & furniture only > $500/unit, housed in classroom for student instruction. (Describe
                  and itemize **each capital outlay item.** Example: 1 Computer - $800, 1 printer for classroom -
                  $600.) (Please aggregate items/costs in single line/cell.)

1000/700 Non-Capitalized Equipment – items that would be classified as capital assets except that they cost less
                  than the capitalization threshold but more than the $500 minimum value established for purposes
                  of calculating per capita costs. Must provide: per unit cost, threshold amount, and documentation
                  of adoption by the school board. **Provide board approval date.**

2210/100   Substitute salaries for teachers/staff attending trainings
                  Stipends for professional development activities, No tuition allowed.
                  (Please aggregate items/costs in single line/cell.)

2210/200   Health insurance, Medicare IMRF, FICA for Professional development, Substitutes and stipends.
            (Please aggregate items/costs in single line/cell.)

2210/300   Workshop and conference fees, travel, meals, mileage for staff development
            Speakers and consultants for staff development activities
            Substitutes (for staff at professional development) Worker's compensation, FUTA, SUTA
            (Please aggregate items/costs in single line/cell.)

2210/400   Materials for staff development activities
            Transition materials for training
            (Please aggregate items/costs in single line/cell.)

2300/100   Clerical support for Early Childhood (no supplanting)
            (Must include FTE, name - example: .5 FTE Clerical (Green) - $10,000)
            (Please aggregate items/costs in single line/cell.)

2300/200   Life insurance, FICA, IMRF, Medicare
            (Please aggregate items/costs in single line/cell.)

2300/300   Unemployment compensation
            Workmen's Compensation
            Prorated audit fee (for EC only)
            Equipment repair and maintenance
            (Please aggregate items/costs in single line/cell.)

2300/400   Office supplies, paper, pens.
            (Please aggregate items/costs in single line/cell.)

2300/500   Equipment & furniture only > $500/unit for general administration only.
            (Describe and itemize **each capital outlay items.**)

2300/700   Non-Capitalized Equipment – items that would be classified as capital assets except that they
            cost less than the capitalization threshold but more than the $500 minimum value established
            for purposes of calculating per capita costs. Must provide: per unit cost, threshold amount, and
            documentation of adoption by the school board. **Provide board approval date.**

2540/100   Janitor salary
            (Must include FTE, name - example: .25 FTE Janitor (Green) - $6,000)
            (Please aggregate items/costs in single line/cell.)

2540/200   Life insurance, FICA, IMRF, Medicare
            (Please aggregate items/costs in single line/cell.)

2540/300   Contractual custodial services, equipment maintenance and repair (pro-rated), phone service,
            water, internet, contractual security services, janitor's unemployment compensation, worker's
            compensation.
            (Please aggregate items/costs in single line/cell.)

2540/400   Cleaning supplies, energy, bottled gas, oil, coal, natural gas, electric, mulch, playground equipment < 500/unit.
(Please aggregate items/costs in single line/cell.)

2540/500   Equipment & furniture only > $500/unit (Describe and itemize **each capital outlay items.**)

2540/700   Non-Capitalized Equipment – items that would be classified as capital assets except that they cost less than the capitalization threshold but more than the $500 minimum value established for purposes of calculating per capita costs. Must provide: per unit cost, threshold amount, and documentation of adoption by the school board. **Provide board approval date.**

2550/100   Bus Driver salary, Transportation aides
(Must include FTE, name - example: .5 FTE Bus Driver (Green) - $12,000)
(Please aggregate items/costs in single line/cell.)

2550/300   Contractual bus services, Bus maintenance, bus lease (no purchase)
(Please aggregate items/costs in single line/cell.)

2550/400   Gas, oil
(Please aggregate items/costs in single line/cell.)

2560/300   Catering Services, Contracted food services.
Food service for students only, not for parent/family activity snack or food.
(Please aggregate items/costs in single line/cell.)

2560/400   Food/snacks for students, paper supplies (napkins, etc.)
Food service for students only, not for parent/family activity snack or food.
(Please aggregate items/costs in single line/cell.)

3000/100   Parent Coordinator salary, Screening Coordinator
Must include FTE, name - example: .5 FTE Parent Coordinator (Green) - $12,000
(Please aggregate items/costs in single line/cell.)

3000/200   Life insurance, FICA, IMRF, Medicare
(Please aggregate items/costs in single line/cell.)

3000/300   Guest speakers for parent night, screening activities, in-district travel (home visits).
(Please aggregate items/costs in single line/cell.)

3000/400   Parental supplies/materials, screening supplies/materials, equipment < $500/unit
(Please aggregate items/costs in single line/cell.)

3000/500   Equipment & furniture only > $500/unit for use in Parent Education/Involvement Program
(Describe and itemize **each capital outlay item.** Example: 1 Computer - $800, 1 printer for classroom - $600.)
(Please aggregate items/costs in single line/cell.)

3000/700   Non-Capitalized Equipment – items that would be classified as capital assets except that they cost less than the capitalization threshold but more than the $500 minimum value established for purposes of calculating per capita costs. Must provide: per unit cost, threshold amount, and documentation of adoption by the school board. **Provide board approval date.**

4000/300   Screening services provided by Special Education Cooperative, Providing Early Childhood Program Services (purchased services only – not flow-through; **purchased services benefit the purchaser; flow through benefits others rather than the fiscal agent of the grant**) If another governmental entity provides your entire program services for you, all of these services must be detailed in this budget/line cell (sub-budget).

Example: District A transfers all of its funds to the local Special Ed Coop District #2 to administer District A's Early Childhood Program. 4000/300 must contain detail similar to this:

4000/300 Transfer to Special Ed Coop District #2 (Total $1,000,000) – Teachers' Salaries for District A, 3 FTE's (Jones, Smith, Johnson) - $150,000; Teacher's Aides' Salaries, 3 FTE's (Brown, Miller, White) - $60,000; Substitutes - $10,000; TRS - $15,000, FICA - $8,000, IMRF - $7,000; Field trips - $1,000; Classroom materials and equipment <$500 - $25,000; Clerical Salary, .5 FTE (Forrest) - $10,000…..etc. for all grant expenses.

Please place the entire sub-budget for a benefiting entity in one budget line/cell.
(There can't be more than one benefiting entity (the fiscal agent of the grant) of transfers for purchased services.)

4000/600   Flow through funds to another governmental entity/district to provide program/program services. **Flow-through transfers are those that benefit others (usually other partners in a joint agreement) rather than the fiscal agent of the grant.**

Example: Districts A, B, and C are in a joint agreement. District A is the fiscal agent for the agreement and transfers all of the Early Childhood Block Grant funds to the local Special Ed Coop District #2 to administer District A's, B's, and C's Early Childhood Programs.

The expenses of District A's EC program should not go under 4000/600; it should go under 4000/300 as outlined above.

The expenses for B & C's Early Childhood program should each be under a 4000/600 budget line/cell. Each line should have a sub-budget detailing the expenses of each district. Each line should look similar to the following:
4000/600 Transfer to Special Ed Coop District #2 (Total $350,000) – Teachers' Salaries for District B, 3 FTE's (Jones, Smith, Johnson) - $150,000; Teacher's Aides' Salaries, 3 FTE's (Brown, Miller, White) - $60,000; Substitutes - $10,000; TRS - $15,000, FICA - $8,000, IMRF - $7,000; Field trips - $1,000; Classroom materials and equipment <$500 - $25,000; Clerical Salary, .5 FTE (Forrest) - $10,000…..etc. for all grant expenses.

Please place the entire sub-budget for a benefiting entity in one budget line/cell.

"Tab" or "Click" into the text field for grant **Funds**. Enter the total amount requested for each function/object code. Expenditure amounts should be in whole dollar amounts only, no decimal points or commas.

At the end of each line is a **Delete Row** check box. If you have entered a line of detail and need to remove it, **"click"** on the check box in the far right column. Then **"click"** on the **"Save Page"** button.

If you need additional lines of budget detail, **"click"** on the **"Create Additional Entries"** button located at the bottom of the page. Each time you click this button it will add 5 additional rows of budget detail cells.

Once you have completed the detailed budget information, **"click"** on the **"Calculate Totals"** button at the bottom of the page. (Clicking on Calculate Totals does not save the information) Please verify that all data you have entered is correct and that you have utilized the appropriate funds for each line of expenditure.

The next section on the right of the screen is a calculation of the **Maximum Indirect Cost**. Indirect cost is not applicable to this program. An amount cannot be entered in the **Indirect Cost** field.

The last section of the screen displays allotment information; **Total Allotment, Grand Total** of the budget and **Allotment Remaining**. These are calculated fields and can only be changed when detail information is changed and saved.

Supplement vs. Supplant

The provision of federal and state funded programs provides that only supplemental costs may be charged. Those funds are intended to supplement and not supplant local funds. Grantees are required to maintain, in each eligible attendance area, a level of expenditure which is at least equal to the level of expenditure that would be maintained if federal/state funds were not being expended in that area.

No project or activity can be approved which proposes to provide a service required by State law. For example, any project to singly provide special education for children with disabilities cannot be approved because special education is required by State law with special funds appropriated to pay for it. In like manner, basic kindergarten programs cannot be approved for the same reason.

In most cases, compensation for supervisory personnel (including superintendents of schools, directors of education, supervisors of instruction in regular curriculum areas, and principals) falls within the category of expenses that would be incurred if a school were not participating in a federal/state funded program. This would not be eligible for reimbursement unless additional administrative personnel are necessary and hired specifically for that purpose. Extreme care should be taken in determining the applicability of the charges to the federal/state program.

Payrolls must be supported by time and attendance or equivalent records for individual employees. Salaries and wages of employees chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records.

The use of Preschool for All funds is limited to expenses incurred as a result of implementing the Preschool for All program. Programs cannot use Preschool for All funding to supplant, i.e., funds may not be used to cover costs for positions, services, or goods that were covered by another fund source prior to receiving the Preschool for All grant. As an example, if your district or agency had a principal or director prior to receiving the Preschool for All grant, you may not use grant funds to pay any part of the salary of that person as a principal or director.

General Administrative Expenses

Administrative costs up to 5% of the total grant funds are allowed. Administrative costs of up to 10% are allowed only with prior Division approval providing that exceptional fiscal need and circumstances exist and are approved by the Division Administrator or Budget Coordinator. All such requests must contain detailed rationales and be made prior to submission of the online application/amendment (email dscheite@isbe.net or alynchde@isbe.net) Upon approval and subsequent submission, the pre-approval must be noted in the district comment box.

Be sure to SAVE each page before proceeding to other pages or programs in the application. Failure to save each page as it is completed will result in data loss.

EARLY CHILDHOOD BLOCK GRANT
THREE TO FIVE BUDGET WORKSHEET

Function	Expenditure Account	Salaries (Obj. 100s)	Benefits (Obj. 200s)	Purchased Services (Obj. 300s)	Supp. & Mat. (Obj. 400s)	Capital Outlay (Obj. 500s)	Transfers (Obj. 700s)
1000	Instruction (Student Use)	Teachers Substitutes Aides Home-based Teachers	TRS Life Insurance FICA, Medicare-Only IMRF Medical/Health Insur. IRA Bonus	Worker's Comp. Unemployment Comp. Classroom Equip. Maint. & Repair In-District Travel Field Trip Fees	Software Charts Consumable Supplies Books Equipment < $500/unit	Equipment & Furniture >$500/unit	
2210	Improve. of Instruction (Staff Use)	Subs for Staff to Attend Training Stipends for staff	Related Benefits	Registration fees Meals Mileage Hotel Accommodations Transition Training	Supplies & Materials for In-service Workshops Transition materials		
2300	General Administration	Coordinator Director Secretary/Clerical	Related Benefits	Audit Fee (prorated) Worker's Comp. Unemployment Comp. Office Equip. Repair & Maint. Phone Service	Administrative Supplies & Materials Consumable Admin. Supplies & Materials		
2540	Oper. & Maint. of Plant Serv.	Janitor	Related Benefits	Custodial (Contractual) Phone service Internet service Garbage service Pro-rated Liability Ins.	Cleaning Supplies Utilities		
2550	Pupil Transportation Services	Bus Driver Transportation Aides	Related Benefits	Contractual Bus Service Field Trip Transportation Costs			
2560	Food Services		Related Benefits		Food Snacks Other Related Supplies – for student meals and snacks only		
3000	Community Services	Parent Coordinator Parent Educator Parent Advocate Screening Coordinator	Related Benefits	Worker's Comp Unemployment Comp Sub-contracted Services Guest Speaker for Parent Meetings Screening Activities	Parental Supplies/Materials Screening Supplies/Materials Food/Snacks for Parent Activities		
4100	Payments to Other Gov. Units			Purchased/Contracted Services by other Govt. Unit – Benefits Fiscal Admin.			Flow through funds to another govt. unit for services – Benefits other than Fiscal Adm.

Payment Schedules

In completing the payment schedule, the payment schedule requests should be based on the cash needs of the entity for this project. **If salaries/benefits are being requested, these should be reflected evenly throughout the entire span of the payment schedule.** Supplies, materials, and equipment purchases to begin the new year should be reflected in the months in which the purchase orders/bills will be paid. If staff development activities are being planned for a certain time, these costs should be reflected in the month in which the planned activity costs will be paid. **The payment schedule should always equal the total approved budget.**

Budget Amendments

A budget amendment is required when

- The total funds available become known
- The scope of your program is expected to change (example: adding a new component)
- The expected expenditures exceed the budget cell by 20 percent or $1000, whichever is greater
- Opening a previously unbudgeted cell
- Closing a previously budgeted cell

All amendments are due at the Illinois State Board of Education 30 days prior to the end of the project. **No final amendments can be accepted after the below due dates**.

- **Project end date, June 30; amendments due May 31**
- **Project end date, August 31; amendments due August 1**

Amendments also must be received prior to the obligation of funds based on the amendment.

Each project must be amended separately. If you have a new program and a continuing program, those funds must also be amended separately. New program budgets must be amended on paper forms; the forms can be found at the Early Childhood ISBE Website: http://www.isbe.net/earlychi/html/block_grant.htm. Continuing programs are amended through IWAS in the eGrant system.

Each budget amendment/payment schedule replaces the prior one, so all budget cells (even the ones that are not changing) and a new payment schedule (even if it is not changing) should be included on the Budget Summary and Payment Schedule. Only the budget **changes** should be included on the Budget Detail/Breakdown.

All budgets and budget amendments must be signed by the Administrative Agent, the LEA Superintendent, Administrator, or their designee. An electronic signature is used for continuing applications and budget amendments submitted through IWAS.

Project Start and End Dates

Start Date
The beginning date (project start date) cannot precede the receipt of a substantially approvable request for funds at the Illinois State Board of Education for entitlement programs or notification of approval for discretionary programs. **Obligation of funds cannot begin prior to the project start date—If you have not submitted your continuing application by July 1, you cannot obligate funds until you submit the application**. The start date of the project cannot precede the beginning of the fiscal year for which the funds are appropriated.

End Date
Early Childhood programs have a normal end date of June 30. An entity may request an extended end date of August 31, if needed. New (1st year) projects must submit their request to extend their project end date in writing to the Early Childhood Division for approval. Continuing programs must submit their request online through IWAS in the eGrants system as an amendment. The project end date field is located under the Applicant Information tab in the eGrant system. All requests to extend a project end date are due at the Illinois State Board of Education 30 days prior to the end of the project. **No requests to extend the project end date can be accepted after May 31.**

Expenditure Reports

Expenditure Reports are required for the periods ending September 30, December 31, and March 31. A final report is required through June 30. Both new and continuing programs must file the reports electronically.

All Expenditure Reports are due one month after the "Cumulative Expenditure through Date." This is the date through which the cumulative expenditures should be reported. The report should include expenditures from the project begin date through this date. All expenditures should be reported in whole dollars; please round up or truncate any cents as necessary.

If there are outstanding obligations reported on the Completion Report (June 30), you will receive a Final Expenditure Report to complete when all outstanding obligations have been liquidated. An outstanding obligation is any unpaid debt for which funds were requested prior to the end of the reporting period and are expected to be paid within 90 days. (Salaries can only be obligated on the June 30 Completion Report.) The Final Expenditure report is due no later than 90 days after the end of the project.

Expenditure reporting due dates can be found in your eGrant under the Program Assurances, Specific Terms of the Grant. Additional grant/fiscal requirements can be found at http://www.isbe.net/funding/html/general_grant_info.htm.

Expenditures can be claimed ONLY in cells that have been previously approved through the Budget/ Amendment approval process. The allowable variance between what is budgeted and what can be expended is 20 percent or $1000, whichever is greater. Example: If the approved budget cell (Function/Object) has been approved for $15,000, the most that can be expended in that cell is $18,000 (120 percent of the budgeted amount). *If there is nothing budgeted in a particular cell, funds cannot be expended in that cell*. Amendments to adjust for expenditures above this variance or to budget funds in a cell not previously approved must be received at the Illinois State Board of Education prior to the obligation of funds.

Excess Cash on Hand: A positive balance on line 37 of the Expenditure Report indicates excess cash on hand. In other words, more funds were requested than were actually expended. **This balance would be withheld on the next payment**. When a subsequent Expenditure Report is received showing that these funds have been expended, the funds will be released in the next payment. Note: You do not have to wait until the next Expenditure Report is due to submit a more current Expenditure Report. To release funds that have been withheld due to excess cash on hand, you simply need to file a subsequent Expenditure Report showing that the excess funds have been expended.

If you have a negative balance on line 38 of the Expenditure Report, this indicates that cash needs were understated. In other words, more funds were expended than have been disbursed, based on the approved payment schedule. If this situation happens consistently, you should consider reevaluating the payment schedule to more accurately reflect the cash flow needs of the project. This can be accomplished in the amendment process.

Also, if a scheduled payment has not been received:
- Check to make sure that all required Expenditure Reports have been submitted to ISBE (including the final report from the prior year). If the proper reports have not been submitted, payments are withheld until the required reports have been received and approved.
- Check to make sure all funds due the Illinois State Board of Education from the prior year have been remitted. Payments are withheld (frozen) until all funds have been recovered from the prior year.

Submitting Expenditure Reports Electronically

How to Get There
From the ISBE Home Page: http://www.isbe.net
Click IWAS Link

How to Sign Up
Through ISBE Web Application Security System (IWAS)
- District Superintendent/Agency Administrator: sign up for IWAS administrative access **(one-time only)**
- Expenditure Report submitter: Sign up through IWAS **(first time only)**
  New Partner – Sign Up Now
  System Listing – Electronic Expenditure Reports – Sign Up Now
  Complete profile as "Document Author" (more levels Available Help Screens)
  Submit to District Superintendent/Agency Administrator for approval
- Technical Support: Call Center - (217) 558-3600

- *Must be an approved document author/district administration*
- Locate IWAS on the isbe.net Website
- IWAS: "Already Have an Account: Log In Here"
  Log In Name/Password
  IWAS Inbox – **All Confirmation Emails/Reminder Emails will be sent to this Inbox**
  System Listing – Electronic Expenditure Reports
  Main Screen: – Select: Start New Expenditure Report Edit Saved Expenditures (work-in-progress)
  View Submitted Expenditures (status of Exp. pending/processed)
  Admin. Use Only: Approve/Disapprove Exp.
  Fiscal Year/Program – Select the appropriate fiscal year/program in which
  Selection Screen to enter expenditure data.
  Continue-Through Date Selection Screen:
  Select appropriate expenditure through date.
  Continue
  Expend Report Entry Screen:
  Complete Contact Person, Phone, and Fax Number (scroll)
  Sections I-V: enter expenditure data in appropriate cells
  Section VI: Click Calculate Totals button
  Verify information in Sections VII-X (**Print-Optional**)
  Section XI: Click: Continue & Save: to save a work-in-progress
  Submit for approval/to ISBE button
  Confirmation Screen:
  Confirmation of information submitted for approval/transmitted to ISBE (**Print**)
  Confirmation email sent to IWAS inbox
  ADMIN. USE ONLY: Approve/Disapprove Expenditure Reports
  Return to Main Screen:
  Click on Return to Main Screen button to enter new data
  Click on **HELP** link for more detailed instructions and field descriptors

IWAS – ISBE grantees and customers now use their IWAS (ISBE Web Application Security) account to submit reports and applications and access data collection forms that were previously paper-based. Through your IWAS account, you will be able to submit continuing program applications, budget amendments and expenditure reports.

If you are a new administrator, please contact the Early Childhood Division at (217) 524-4835 to allow us to approve/establish the new account with the Data Systems Division. To create your new account, go to the ISBE home page, http://isbe.net/; the IWAS tab can be found at the top left.

FRIS Inquiry (Financial Reimbursement Information System) Quick Help

How to Get There
- From ISBE Home Page: http://www.isbe.net
- Funding and Disbursement Services Division Link (left side of screen)
- FRIS Inquiry (Resources box-right side of screen)

Instructions:
- Choose Fiscal Year (defaulted to current)
- Enter RCDT Code (NO DASHES) or Entity Name in the Contains field
  (if partial information entered—select appropriate entity from search results)

Project Information:
- Click on "Display Projects" to view **all projects** for selected entity
- From Search Results Screen: click on # column or program code of project you wish to view more detailed information
- Project Summary Screen: most current information on file at the Illinois State Board of Education for the selected project
- Click for Details: to view more details (if applicable)

Payment Information:
- Choose: Recipient: entity responsible for administrating project, **or**
                    Payee: entity receiving funds for distribution to participating entities/recipients
- Click on "Display Payments" to view entities receiving payments based on the information entered above
- Recipient/Payee Payment Screen: click on RCDT code of entity you wish to view more detailed information
- Voucher Search Screen: enter **EITHER**: Voucher Number **OR** Date Range (see format)
- Default sort order = by descending voucher date
- Sort by Program Code = sort by Program Code in descending voucher date order
- Sort by Processed Date = sort by date processed by Comptroller in descending date order
- Voucher List Screen: list of vouchers based on the information entered above
- Click on Voucher Number you wish to view more detailed information
- Recipient/Payee Payment Screen: detailed payment information based on the information entered above (Date payments released from the Comptroller's Office included)

Reports:
- Click on "Project Based" to view reports based on *project-*specific information
- Click on "Summary Reports" to view reports based on *program* summary information
- Select program
- Hover over Report Description to view detailed description
- Click on **HELP** link for more detailed instructions, field descriptors, and instructions on the Comptroller's Website
- Click on **Content Summary** link for outline of all information included on this site
- Information is updated daily
- Information is view only

Questions

- Division of Funding and Disbursement Services at (217) 782-5256
  Kim Lewis   klewis@isbe.net
  Ernestine Barrow   ebarrow@isbe.net

Lapsed Funds—Return of Funds to ISBE

Funds that have not been expended for the project year must be returned to ISBE. As carryover of funds is not allowed for state-funded programs, these funds basically "lapse" and will be returned/credited to the State General Revenue Fund. Essentially, these funds are permanently lost to Early Childhood efforts.

If you realize that you will not/cannot expend all of your program funds, please contact the Illinois State Board of Education, Early Childhood Division as soon as possible. The division will assist you in filing a "downward" amendment for the amount of funds you cannot expend. The division then has the opportunity to reallocate those funds on a one-time basis to programs that could possibly serve more children or improve services if they had additional resources. Filing a "downward" amendment (in and of itself) should not affect your future funding level.

If a downward amendment is not filed so that funds can be realloted, the unexpended funds must be returned to ISBE. Funding and Disbursement Services Division will request funds to be returned when the amount to be returned on a grant is more than $50 unless specific grant provisions require otherwise.

Please wait to be notified of funds to be returned to the ISBE via correspondence from the Funding and Disbursement Services Division staff. **Please include a copy of this correspondence with checks remitted to ISBE to insure the proper deposit of funds**. The checks should be remitted within 45 days of notification by ISBE according to the Illinois Grant Funds Recovery Act, 30 ILCS 705/10 to avoid having future payments frozen.

Checks should be remitted to:
>   Illinois State Board of Education
>   Funding and Disbursement Services Division (E-320)
>   100 North First Street
>   Springfield, IL 62777-0001

Interest Earned on State Funds

Interest may accrue when an entity receives state funds. All interest earned on Early Childhood Block Grant funds during the grant period may be retained by the grantee and must be expended during the grant period for purposes authorized by the grant. Interest income that is not expended or obligated by the end of the project year must be returned to the state within 45 days following the end of the grant period.

Grant Record Retention Requirements

All purchase orders, time-and-effort sheets, and other supporting documentation will be retained at the local level and must be available for review or audit.

Records may be disposed of
  • After their individual retention period is complete
  • Providing any local, state, and federal audit requirements have been met
  • As long as they are not needed for any litigation either pending or anticipated
  • If they are correctly listed on a Records Disposal Certificate submitted to and approved by the appropriate Local Records Commission

The responsibility for retention and destruction of records is shared between the Illinois State Board of Education and the Local Records Commission. Prior to the destruction of any records, a fund recipient must contact the Local Records Commission, Illinois State Archives, Margaret Cross Norton Building, Illinois Secretary of State, Springfield, Illinois 62756 (217) 782-7075.

Student Information System (SIS)

All PI and PFA programs are required to enroll their 0-3 and 3-5 year old children in the ISBE Student Information System (SIS). Student data must be entered at pre-determined periods throughout the school year based upon an ISBE reporting timeline. Data to be entered includes homeless, English Language Learners, early childhood outcomes, enrollment data, and other demographic information.

The ISBE SIS system is designed to assign a unique Student Identifier (SID) to each student; collect demographic, performance, and program participation data for each student; track students from school to school and district to district within Illinois; and report timely and accurate information and data through standardized reporting capabilities. This system serves as the vehicle to collect student-related information electronically from school districts. The result of successful implementation is the ability to provide the state education agency, state and federal entities, the education community, and the public with timely and accurate data collection and reporting for students, schools, school districts, and the state.

The ISBE SIS application allows authorized users at school, district, and Regional Offices of Education (ROE) Sites to access the system via IWAS - www.isbe.net. This application facilitates the assignment of an individual SID through secure online web forms or mass assignment of SIDs through batch processing. The Statewide SID web application is designed from the user's perspective to include all the function necessary to perform the user's role effectively and efficiently.

For more information about SIS or to view a SIS training calendar, visit the ISBE web site at http://www.isbe.net/sis/. For data entry timelines, click "Key Dates" in the Resources box.

Section 12
Professional Development

Who needs a professional development plan?
The teacher, assistant, parent coordinator, and administrator each need a professional development plan describing what professional development opportunities they will attend and what areas of early childhood education they will be focusing on in their trainings.

Who actually makes the decisions and plans for the staff development plan? Does the administrator do this?
Each person designs their own staff development plan.

Does the Illinois State Board of Education have a professional development center for Preschool for All programs?
Yes, the Illinois Resource Center: Early Childhood Professional Development, www.thecenterweb.org/ec, and Illinois STARNET, www.starnet.org/about/statewide.php.

PURPOSE OF PROFESSIONAL DEVELOPMENT

Professional development is defined as those processes and activities designed to enhance the professional knowledge, skills, and attitudes of educators so that they might, in turn, improve the learning of students. It also involves learning how to redesign educational structures and cultures.

Professional development is a process that is intentional, ongoing, and systemic.

- Intentional—bring improvements and positive changes.
- Ongoing—continuously investigate improvements and new strategies.
- Systemic—recognize change for larger span of time and various levels of the program.

Professional development is critical for educators to acquire knowledge that can be used to enhance their skills within their classrooms, keep informed of emerging concepts, and to succeed in their roles as teachers (Guskey, 2000).

Evidence of a written professional development plan must be provided. The following points are necessary to complete the plan:

- Determine the needs of each staff member (teaching assistant, teacher, or administrator) within the program, i.e., assess the needs.
- Describe the staff inservice training program that will be conducted to meet the individual staff needs, i.e., delivering inservice.
- Describe other professional development activities that will be provided, i.e., other opportunities that are provided free of charge but staff that have the opportunity to attend.

Professional development opportunities are provided free of charge to participants by STAR NET (http://www.isbe.net/spec-ed/html/sped_early_child.htm) and the Illinois Resource Center: Early Childhood (http://www.thecenterweb.org/ec), with support provided by the Illinois State Board of Education.

Individual Preschool for All Professional Development Plan

Name_____ Position_____

Date_____

Completed for _____, _____ to _____, _____
                        Month   Year   Month   Year

What are your professional goals? Please describe below.

    1.   _____
          _____
          _____

    2.   _____
          _____
          _____

    3.   _____
          _____
          _____

How do you plan to meet your professional goals? What staff development opportunities can assist you to achieve your goals during the fiscal year? Please list below.

    1.   _____
          _____
          _____

    2.   _____
          _____
          _____

    3.   _____
          _____
          _____

How can these goals be assessed?

    1.   _____
          _____

    2.   _____
          _____

    3.   _____
          _____

PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND BENEFITS

The opportunities for professional development in Illinois relating to early care and education are available through a variety of organizations. They are offered for various types of credit, including inservice hours, clock hours, Continuing Education Units (CEUs), Continuing Professional Development Units (CPDUs), and college credit.

The number of benefits result from professional development:

- Ongoing professional development assists staff and early care and education programs to meet child care licensing requirements, teacher certification requirements, and professional development goals.
- Teachers learn to deliver sensitive, appropriate services and create effective, responsive learning environments for young children.
- Children's learning and development is reflected by the training and educational qualifications of their teachers.

The following sections describe organizations that offer early childhood professional development.

Center for Early Childhood Leadership
(For early childhood administrators)

The Center for Early Childhood Leadership, a part of National-Louis University's College of Education, is dedicated to enhancing the management skills, professional orientation, and leadership capacity of early childhood administrators through training, technical assistance, research, and public awareness. The Center hosts training events throughout the year to improve the knowledge and skills of early childhood program directors. Current initiatives include the Director's Technology Training program; Management Institutes; the May Leadership Connections Conference; Taking Charge of Change, a year-long leadership and management training program for child care center directors; and The Next Step, an advanced leadership training for seasoned early childhood professionals.

Training Coordinator
Center for Early Childhood Leadership
National-Louis University
6310 Capitol Drive
Wheeling, IL 60090
Phone: (800) 443-5522 ext. 7703
Email: eeisenberg@nl.edu
http://www2.nl.edu/twal/contactus.htm

Early Childhood Career Advisor Trainings
(For seasoned early childhood professionals)

The Center for Early Childhood Leadership and the Illinois Network of Child Care Resource and Referral Agencies joined forces to create a professional growth opportunity for early childhood leaders. The Next Step training builds coaching and mentoring skills to prepare participants to become early childhood Professional Growth Advisors and counselors for the Illinois career development system. Upon successful completion of the training, coursework, assignments, and approval by the Illinois Director's Credential (IDC) Commission, participants will serve as Professional Growth Advisors and maintain a caseload of 2-5 IDC applicants each year.

Annual stipends are paid for the work. Application forms are required.

Training Coordinator
Center for Early Childhood Leadership
National-Louis University
6310 Capitol Drive
Wheeling, IL 60090
Phone: (800) 443-5522 ext. 7703
Email: eeisenberg@nl.edu
http://www2.nl.edu/twal/contactus.htm

Head Start and Early Head Start Program Training

The Illinois Head Start Association (IHSA) is committed to enhancing the development of children, empowering families, and strengthening communities. IHSA provides professional development opportunities for all early care and education programs and plays a leadership role in developing partnerships. The IHSA sponsors statewide training events for Head Start programs as well as other early care and education providers (including for-profits) and parents, including its annual statewide conference in January. The IHSA Website contains an updated calendar of training events and is a great source of information about Head Start and Early Head Start in Illinois and nationally.

Lauri Morrison-Frichtl, Executive Director
Illinois Head Start Association
3435 Liberty Drive, Suite D
Springfield, IL 62704
Phone: (217) 241-3511
Email: director@ilheadstart.org
http://www.ilheadstart.org/calendar.html

Head Start State Collaboration Office
(For all early care and education practitioners and administrators)

The Head Start State Collaboration Office is a federal-state partnership that supports and encourages collaboration with Head Start, Early Head Start, and various other stakeholders at the state and local levels in the following priority areas: education and child care, professional development, health, community services, family literacy, homeless services, disabilities, and welfare. The Head Start State Collaboration Office works to educate the larger community about Head Start and Early Head Start, provide information and ideas to support partnerships, and conduct and participate in statewide planning to move Illinois toward an integrated system of services for low-income children and families. For-profit providers are eligible to access all training resources offered through this office.

Gina Ruther, Director
Illinois Department of Human Services Head Start State Collaboration Office
IDHS Head Start Collaboration Office
10 Collinsville Avenue, Suite 203
East St. Louis, IL 62201
Phone: (618) 583-2083
Email: gina.ruther@illinois.gov
http://www.ilearlychildhoodcollab.org

HeadsUp! Reading Illinois
(For early care and education professionals and parents)

HeadsUp! Reading is a national distance learning course that provides early childhood teachers, practitioners, and parents with the tools to enhance the reading, writing, and thinking skills of young children. Taught by nationally recognized instructors, the course is designed to ensure that teachers provide the most effective literacy experiences for young children. HeadsUp! Reading participants can often obtain Continuing Education Units, Continuing Professional Development Units, inservice hours, or clock hours.

INCCRRA
1226 Towanda Plaza
Bloomington, IL 61701
Phone: (800) 649-1884
http://www.inccrra.org
Or contact your local CCR&R for more information.

llinois Early Intervention (EI) Training
(For early childhood practitioners in Illinois, particularly early intervention professionals)

The Illinois Early Intervention Training Program provides training opportunities for early intervention professionals in Illinois. Many of these trainings may be helpful for early care and education practitioners. Trainings are organized by the United Cerebral Palsy Association of Greater Chicago funded through a grant from the Illinois Department of Human Services Bureau of Early Intervention. An EI Training Calendar, newsletter, and Web links are available at the http://illinoiseitraining.org Website.

Ted Burke, Director
Illinois Early Intervention Training
7550 W. 183rd Street
Tinley Park, IL 60477
Phone: (708) 444-8460 ext. 250
Email: lgimble@ucpnet.org
http://www.illinoiseitraining.org

Illinois Early Learning (IEL) Project
(IEL is intended for early care and education professionals and parents who care for children ages birth through age 5)

The Illinois Early Learning (IEL) Project and Website are funded by the Illinois State Board of Education and managed by staff at the University of Illinois at Urbana-Champaign. A variety of resources for early care and education professionals and parents can be found on the IEL Website in English, Spanish, and Polish. Resources include Tip Sheets on high-interest topics; links to activities, videos, and resources to help implement the Illinois Early Learning Standards; a statewide calendar of training events; and responses to questions about topics related to early education and development. The Website also features responses from Dr. Lilian Katz, IEL Director, to questions from parents and teachers.

Illinois Early Learning Project
c/o Early Childhood and Parenting Collaborative
University of Illinois
Children's Research Center
51 Gerty Drive
Champaign, IL 61820-7469
Phone: (877) 275-3227
Email: iel@uiuc.edu
http://illinoisearlylearning.org

Illinois Resource Center: Early Childhood Professional Development, a Project of The Center: Resources for Teaching and Learning
(For early care and education practitioners and administrators, with priority for those working in programs funded by the Illinois State Board of Education Block Grant, Preschool for All)

The Illinois Resource Center's Early Childhood Professional Development office works directly with the Illinois State Board of Education's Early Childhood Division to provide professional development opportunities for educators whose work is funded in whole or part by the state's Early Childhood Block Grant.

Organizationally, the professional development program is a project of a not-for-profit umbrella organization, The Center: Resources for Teaching and Learning. The early childhood program has a mailing list of about 10,000 professionals including superintendents, speech language pathologists, social workers, principals, teachers, teacher assistants, and others engaged in some aspect of early childhood work.

Professional Development Workshops and Calendar
A calendar of professional development opportunities is printed for each school year, distributed to the program's mailing list, and posted on the Early Childhood program's Website. Educators may register online, by regular mail, or by fax. The calendar and Website are updated monthly.

Workshops offered are for professionals working with children birth through age 5 and cover such topics as language/literacy development, observation and assessment, curriculum, and social and emotional development. Most workshops are offered during the week, although some are scheduled in evenings and on Saturdays.

Professional Development Conferences
Conferences are scheduled periodically to provide opportunities for educators and administrators to keep current with early childhood theory and research and to provide networking forums.

The Center's Early Childhood Professional Development Library
The Early Childhood Library has more than 2,500 books, videotapes, and periodicals specifically related to early childhood issues. In 2005, The Center Library served about 60 early childhood professionals who visited the library personally and circulated about 300 books, videos, and kits.

Illinois Resource Center: Early Childhood Professional Development
c/o The Center: Resources for Teaching and Learning
2626 S. Clearbrook Dr.
Arlington Heights, IL 60005
Phone: (224) 366-8525
http://www.thecenterweb.org

Illinois Trainers Network (ITN)
(For early care and education professionals)

In partnership with your local CCR&R, the Illinois Trainers Network can provide high-quality, accessible, and affordable training for your staff or community. Participants may receive inservice hours for training on a wide variety of topics, including using the Creative Curriculum for infants and toddlers and preschoolers, foundations of child care, special care (how to effectively serve children with disabilities), and Red Cross first aid and CPR. Center directors can contact their local CCR&R Training Coordinator for specific training events or INCCRRA for trainers who might come to your site or other community locations. These services are offered at low or no cost.

Contact your local CCR&R for trainers and training available in your area.

Illinois Trainers Network
1226 Towanda Plaza
Bloomington, IL 61701
Phone: (800) 649-1884
http://www.inccrra.org

Illinois STAR NET
(For early care and education practitioners and administrators, with priority for those working in programs funded by the Illinois State Board of Education)

Illinois STAR NET provides a variety of opportunities for personal and professional growth for those working in early care and education settings with young children ages birth to 8, with an emphasis on children with special needs. STAR NET, operated through a grant awarded by the Illinois State Board of Education, provides training workshops and conferences, technical assistance and consultation, linkages and networking, and funding opportunities and resources regionally to the early childhood community in Illinois.

STAR NET Project Coordinator
Northwestern Region I and Central Region III
Center for Best Practices in Early Childhood Education
Western Illinois University
Horrabin Hall 32
1 University Circle
Macomb, IL 61455
Phone: (800) 227-7537; (309) 298-1634
http://www.wiu.edu/starnet

STAR NET Project Coordinator
Northern Region II
The Center: Resources for Teaching and Learning
2626 S. Clearbrook Dr.
Arlington Heights, IL 60005
Phone: (224) 366-8579
http://www.thecenterweb.org

STAR NET Project Coordinator
Southern Region IV
St. Clair County Regional Office of Education
1000 South Illinois St.
Belleville, IL 62220
Phone: (618) 825-3966
http://roe.stclair.k12.il.us/starnet

STAR NET Project Coordinator
Chicago Region V
Office of Specialized Services/Early Childhood Special Education
Chicago Public Schools
125 S . Clark - 8th f loor
Chicago, IL 60603
Phone: (773) 553-5596
http://starnetchicago.org/

STAR NET Project Coordinator
South Suburban/East Central Region VI
Southwest Cooperative/Braun Education Center
6020 W. 151st s treet
Oak Forest, IL 60452
Phone: (708) 342-5370
http://www.swcccase.org

To view the Illinois STAR NET Regions Map visit http://www.thecenterweb.org/starnet/res-regions.html

Section 13
Accountability, Evaluation and Monitoring

Will our Preschool for All program be monitored?
Yes, you will be contacted to schedule a visit to your program and will receive all information needed to prepare you for your monitoring visit.

Will I have an opportunity to respond to the our monitoring report?
Yes, each program will be asked to respond to any issues included in their monitoring report. The report must be completed in writing and returned to the Illinois State Board of Education.

We have not had a visit for many years. Why are we being monitored now?
Programs are held accountable for complying with the requirements of the grant and for implementing a quality program based upon best practices.

PROGRAM EVALUATION

Each program must have an evaluation plan to determine if progress is being made toward achieving all required components of the grant. Information gathered through evaluation should be the basis for continuous program improvement. Programs should determine who will review the data, on what schedule, and how it will be used to inform improvement. Components of the program to be evaluated include but are not limited to:

- measureable outcomes for children participating in the program
- measurable outcomes for family participation
- the effectiveness of English and second language instruction
- the effectiveness of the program at contributing to children's development and readiness for school success

Program Monitoring

To ensure that programs are complying with grant requirements and meeting quality standards, assessors will make regular monitoring visits to observe and evaluate PFA programs. The assessor assigned to monitor a program will make contact well in advance of the visit to identify a three week period during which the visit will take place and to provide the program with needed information. Both the administrative and classroom components of the program will be monitored. The visit will include classroom observations and a review of children's records, screening and enrollment procedures, educational program, staff certification, professional development, snack procedures, and parent involvement. The Early Childhood Environmental Rating Scale (ECERS) will be used to assess program quality and the ISBE 3-5 Compliance Checklist will be used to assess administrative compliance with the grant. Following the monitoring visit, programs will receive a follow up report and will be asked to submit an improvement plan that addresses any components in need of development or out of compliance.

For more information about the ECERS or for a copy of the compliance checklist or program improvement plan template, visit the ISBE Early Childhood web site at http://isbe.net/earlychi/preschool/default.htm and look under "Accountability."

Administrative Records

The following administrative records should be kept on file for seven years. The records must be available for on-site monitoring visits and for potential audits during the program year and for six succeeding years.

A. Applications and other correspondence

B. All reports, including midyear and narrative summary (year-end) and any reports from on-site monitoring visits completed by the Illinois State Board of Education

C. All budgets and financial records, including reports

D. Student Recruitment and Selection Plan, including copies of flyers, announcements, and enrollment forms

E. Project Plan, including philosophy statement, curriculum model, and examples of lesson plans

F. Parent Involvement Materials: Records of parent group meetings including agenda, attendance, and family activities

G. Supplementary Child Care Records

H. Program Evaluation Plan
    1. Program improvement plans
    2. Child assessment tool
    3. Records of accreditation plans, if applicable

I. Approval of Department of Children and Family Services (DCFS) child care license/approval, including correspondence and compliance issues

J. Personnel Records
    1. Qualifications
    2. Professional development, including inservice training, conferences, workshops, classes, etc.

K. Children's Records—a single file for each enrolled child must be kept for seven years and include the following materials:
    1. Age documentation (birth certificate or other proof-of-age eligibility)
    2. Health and immunization record
    3. Documentation of eligibility (risk factors)
    4. Verification of income eligibility (as applicable)
    5. Family information (parent/guardian name, address, phone number, employer)
    6. Assessment of child's progress in the program and follow-up information through second grade
    7. Documentation of date and content of home visits and parent-teacher conferences
    8. Home Language Survey

Section 14
Personnel

We have a candidate for the teaching position in our Preschool for All program but he will not receive his Type 04 certificate until December. Could we hire him now since he will have the Type 04 soon?
The teacher must have the Type 04 certificate when s/he starts teaching the class.

What degree does a parent educator or coordinator need to work in the Preschool for All program?
The parent coordinator/educator does not need a certificate or degree and is not to be placed on the teacher salary schedule.

Our parent coordinator has a Type 04 certificate. Does that mean she qualifies for Teacher Retirement System (TRS)?
Parent coordinators and parent educators do not qualify for TRS even when they have a Type 04 certificate.

PROGRAM QUALITY INDICATORS REGARDING PERSONNEL

The following items are program quality indicators regarding personnel:

- ✓ The program offers opportunities and resources for staff to share and consult with each other regularly. Whenever possible, space is available for individual conferences and small-group meetings.
- ✓ A high-quality program provides for the professional development of all staff, encourages their participation in related professional organizations, and works to promote retention of staff. All staff have a continuing need to update their skills. (Nebraska Department of Education, 1996)
- ✓ Support is available for staff to attend courses, conferences, and workshops not provided by the local program; e.g., release time, travel costs, any conference fees (Harms, Clifford, & Cryer, 1998).
- ✓ The administrator and all program staff are knowledgeable about high-quality early childhood programs and are effective in explaining, organizing, and implementing them.
- ✓ Regular evaluation is an important aspect of a high-quality education program for children. Regular evaluation is essential to maintain the vitality of the program and to assure that the best interests of children and families are being served. Evaluation combining self-study along with outside observation provides comprehensive, meaningful information for continuing program improvement. (Nebraska Department of Education, 1996)
- ✓ The program has written personnel policies and job descriptions on file. Policies might include the following information:
    - ✓ Program philosophy, values, and goals
    - ✓ Expectations for ethical conduct
    - ✓ Health, safety, and emergency procedures
    - ✓ Child abuse and neglect reporting procedures
    - ✓ Daily schedule and routines
    - ✓ Special dietary, allergy, and other individual needs of children
    - ✓ Staff development and professional growth plans
    - ✓ Personnel evaluation procedures
    - ✓ Termination procedures

The early childhood program is administered by an early childhood professional, such as a consultant from the intermediate school district, an institution of higher education or the state agency, a program administrator from the local school district or consortium, or an experienced teacher in early childhood education. Early childhood programs are staffed by individuals with differing levels of education and experience, and the instructional staff should have responsibilities commensurate with their backgrounds and educational training.

TEACHING STAFF

All teaching staff providing instruction to preschool children in the Preschool for All Children initiative must hold either an Initial or Standard Early Childhood Certificate (formerly Type 02 and Type 04 Early Childhood Certificates). **Evidence of the certification status of these staff members must be provided prior to final funding approval.** See Section 2-3.71(a)(3) of the School Code.)

Noncertified staff employed to assist in the instruction of children shall meet the requirements set forth in 23 Ill. Adm. Code 25.510(c).

Each paraprofessional shall hold a high school diploma or its recognized equivalent. To receive approval to serve as a teacher aide, an individual shall:

1) Present evidence of having completed 30 semester hours of college credit at a regionally accredited institution of higher education; or

2) Complete a training program for paraprofessionals that has been approved either by the Illinois Community College Board or by the State Board of Education in consultation with the State Teacher Certification Board; or

3) Pass the ParaPro test offered by the Educational Testing Service (ETS) with at least the score identified by the State Board of Education in consultation with the State Teacher Certification Board; or

4) Pass the Work Keys test offered by ACT with at least the score identified by the State Board of Education in consultation with the State Teacher Certification Board.

Parent Program Non-certified Personnel

Parent coordinator or parent educator positions in Preschool for All programs do not require a degree or certification. The Parent Coordinator/ Educator position may be filled for purposes of coordinating activities that enhance parent participation in two-way meaningful communication with the school regarding children's learning and other school activities, helping parents to play an integral part in assisting their child's learning by getting actively involved in their child's education at school, and helping parents understand their role as a full partner in their child's education.

Personnel Retirement Options

- Teachers in the Preschool for All program **may participate** in the Teacher Retirement System (TRS).

- Parent coordinators, parent educators, or teacher assistant(s), including any who may hold teaching degrees and teacher certification, **are excluded** from the Teacher Retirement System (TRS). These positions are covered under the Illinois Municipal Retirement Fund (IMRF).

CHARACTERISTICS OF GOOD EARLY CHILDHOOD PROFESSIONALS (Adapted from Feeney & Chun, 1985)

A good early childhood teacher:
- Is warm and caring
- Is patient and flexible
- Has a good sense of humor
- Respects and understands parents as children's first teachers
- Welcomes diversity among children
- Builds upon children's interests
- Models desired behaviors
- Redirects inappropriate behaviors
- Is sensitive to children's individual needs
- Is aware of each child and the total group
- Likes children and enjoys working with them
- Has many interests and shares them with children
- Is creative and encourages creativity
- Listens to children and converses with them
- Praises appropriately and genuinely
- Is reliable and responsible
- Strives to become more knowledgeable
- Is interested in ideas and possibilities
- Contributes to the profession
- Has energy and stamina
- Has self-understanding

SAMPLE JOB DESCRIPTIONS

Teacher
Job Goal: To create a flexible Preschool for All program and developmentally appropriate class environment favorable to learning and personal growth of children; to facilitate children's development of communication abilities, attitudes, skills, and knowledge needed to provide a good foundation for future success in school, in accordance with each child's ability and based on the Illinois Early Learning Standards; to build strong ties between home and school; to establish good relationships with parents and with other staff members.

- Provide learning experiences in language arts, mathematics, science, social studies, physical education, fine arts, foreign language, social/emotional development, and other subject matter suited to the needs of children.
- Develop and use instructional materials suitable for verbal or visual instruction of children with a wide range of mental, physical, and emotional maturities.
- Develop in each child an awareness of his/her worth as an individual and his/her role in the family and community.
- Provide ongoing observation and authentic assessment of children and maintain documentation of each child's progress and growth.
- Provide individual and small-group instruction designed to meet individual needs of children in communication skills, health habits, physical skills, and development of satisfactory self-concepts. Work with other support personnel/agencies to promote this goal.
- Enrich educational program through study trips to community resources such as museums, parks, and through classroom visits by resource persons from the school and community. Share and interpret these experiences with children and parents.
- Plan and coordinate the work of aides, assistants, parents, and volunteers in the classroom and on field trips in order to obtain the maximum benefit from their efforts.
- Develop activities for parents that promote parent participation and involvement in education activities provided for their children.
- Communicate regularly with parents by means of parent meetings, newsletters, home visits, and individual parent conferences.
- Interpret school program to parents in order to strengthen parental understanding of the individual children's needs and the school's role in the child's life.
- Provide appropriate climate to establish and reinforce acceptable child behavior, attitudes, and social skills.
- Cooperate with other professional staff members in assessing and helping children solve health, attitude, and learning problems.
- Create an effective environment for learning through functional and attractive displays, interest centers, and exhibits of children's work.
- Maintain professional competence through inservice education activities provided by the District, and through self-selected professional growth activities.
- Select and requisition books, instructional aids, instructional supplies, and food.
- Participate in curriculum and other developmental programs as appropriate.
- Perform other incidental tasks consistent with the goals and objectives of this position.

- Select a curriculum that is aligned with the Illinois Early Learning Standards.
- Develop and implement daily lesson plans that meet the developmental, social, emotional, and intellectual needs of all children in the class.
- Set up and maintain an environment in the classroom that fosters learning, including switching or rotating materials in learning centers on a regular basis.
- In cooperation with other staff, carry out routine duties such as toileting, hand washing, cleanup, and supervision of children at all times, including outdoor play.
- Collect anecdotal notes and portfolio items to assess children's development using individual files.
- Communicate weekly with parents through a newsletter.
- Host parent meetings throughout the year on various topics. These are in addition to parent conferences.
- Conduct parent teacher conferences twice a year.
- Compile a list of equipment and materials needed for the classroom and, with approval of the center director, order the materials.
- Meet with the center director to help manage the grant.
- Meet with teaching assistant to go over lesson plans and share teaching strategies.

Teacher Assistant

Job Goal: To assist the Preschool for All teacher in developing and implementing a developmentally appropriate program for young children.

- Assist with classroom learning activities.
- Supervise children inside and outside, including, but not limited to, bus duty, recess, field trips, classroom activities, and lunchroom.
- Maintain accurate records, as assigned by the teacher.
- Assist with the assessment and evaluation of learning.
- Assist with the preparation of materials for use in the program.
- Assist and maintain an orderly learning environment.
- Assist with identification of and attention to children's health and hygiene.
- Assist in providing individual and small-group instruction in learning activities.
- Assist in communicating with parents.
- Maintain strict confidentiality of student records and data.
- Participate in inservice training.
- Accompany teacher on home visits.
- Perform other incidental tasks consistent with the goals and objectives of this position.

Parent Coordinator/Educator

Job Goal: The purpose of the position of Parent Coordinator is to work with teachers, administrators, and parents to coordinate and advocate for family involvement to facilitate children's learning.

- Assist the teacher in planning and implementing programs and services offered.
- Establish the Preschool for All program as a place that invites participation and partnership through the development of a wide variety of "welcome" activities for parents/families.
- Conduct a variety of programs for parents and children at flexible times of the day to accommodate parent needs.
- Facilitate parent education, playgroups, and family development programs.
- Maintain files for all meeting agendas, facilitators, presenters, and meeting attendance; e.g., parent sign-in sheets.
- Conduct home visits and provide support to parents and their children.
- Coordinate resources (e.g., transportation, child care, etc.) for the purpose of providing the parent an opportunity to become an active participant in school activities/organizations.
- Evaluate effectiveness of program activities periodically and keep current with trends and developments in the field.
- Recommend and arrange for new programs as needed.
- Collaborate with local and state agencies.
- Maintain needed supplies and equipment for program activities.
- Perform other incidental tasks consistent with the goals and objectives of this position.

Appendices

APPENDIX A

Public Act 096-0948 (Updated 2011)

Public Act 096-0948

SB2594 Enrolled

AN ACT concerning education.
 **Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**
 Section 5. The School Code is amended by changing Section
2-3.71 as follows:
 (105 ILCS 5/2-3.71) (from Ch. 122, par. 2-3.71)
 Sec. 2-3.71. Grants for preschool educational programs.
 (a) Preschool program.
 (1) The State Board of Education shall implement and
administer a grant program under the provisions of this
subsection which shall consist of grants to public school
districts and other eligible entities, as defined by the
State Board of Education, to conduct voluntary preschool
educational programs for children ages 3 to 5 which include
a parent education component. A public school district
which receives grants under this subsection may
subcontract with other entities that are eligible to
conduct a preschool educational program. These grants must
be used to supplement, not supplant, funds received from
any other source.
 (2) (Blank).
 (3) Any teacher of preschool children in the program
authorized by this subsection shall hold an early childhood
teaching certificate.
 (4) (Blank) This paragraph (4) applies before July 1,
2006 and after June 30, 2010. The State Board of Education
shall provide the primary source of funding through
appropriations for the program. Such funds shall be
distributed for the benefit of children who because of
their home and community environment are subject to such
language, cultural, economic and like disadvantages that
they have been determined as a result of screening
procedures to be at risk of academic failure. Such
screening procedures shall be based on criteria
established by the State Board of Education.
 (4.5) This paragraph (4.5) applies from July 1, 2006
through June 30, 2010. The State Board of Education shall
provide the primary source of funding through
appropriations for the program. Such funds shall be
distributed to achieve a goal of "Preschool for All
Children" for the benefit of all children whose families
choose to participate in the program. Based on available
appropriations, newly funded programs shall be selected
through a process giving first priority to qualified
programs serving primarily at-risk children and second

priority to qualified programs serving primarily children with a family income of less than 4 times the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). For purposes of this paragraph (4.5), at-risk children are those who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. Such screening procedures shall be based on criteria established by the State Board of Education.

Except as otherwise provided in this paragraph (4.5), grantees under the program must enter into a memorandum of understanding with the appropriate local Head Start agency. This memorandum must be entered into no later than 3 months after the award of a grantee's grant under the program, except that, in the case of the 2009-2010 program year, the memorandum must be entered into no later than the deadline set by the State Board of Education for applications to participate in the program in fiscal year 2011, and must address collaboration between the grantee's program and the local Head Start agency on certain issues, which shall include without limitation the following:

(A) educational activities, curricular objectives, and instruction;

(B) public information dissemination and access to programs for families contacting programs;

(C) service areas;

(D) selection priorities for eligible children to be served by programs;

(E) maximizing the impact of federal and State funding to benefit young children;

(F) staff training, including opportunities for joint staff training;

(G) technical assistance;

(H) communication and parent outreach for smooth transitions to kindergarten;

(I) provision and use of facilities, transportation, and other program elements;

(J) facilitating each program's fulfillment of its statutory and regulatory requirements;

(K) improving local planning and collaboration; and

(L) providing comprehensive services for the neediest Illinois children and families.

If the appropriate local Head Start agency is unable or unwilling to enter into a memorandum of understanding as required under this paragraph (4.5), the memorandum of understanding requirement shall not apply and the grantee under the program must notify the State Board of Education in writing of the Head Start agency's inability or unwillingness. The State Board of Education shall compile

all such written notices and make them available to the
public.

      (5) The State Board of Education shall develop and
provide evaluation tools, including tests, that school
districts and other eligible entities may use to evaluate
children for school readiness prior to age 5. The State
Board of Education shall require school districts and other
eligible entities to obtain consent from the parents or
guardians of children before any evaluations are
conducted. The State Board of Education shall encourage
local school districts and other eligible entities to
evaluate the population of preschool children in their
communities and provide preschool programs, pursuant to
this subsection, where appropriate.

      (6) The State Board of Education shall report to the
General Assembly by November 1, 2010 and every 3 years
thereafter on the results and progress of students who were
enrolled in preschool educational programs, including an
assessment of which programs have been most successful in
promoting academic excellence and alleviating academic
failure. The State Board of Education shall assess the
academic progress of all students who have been enrolled in
preschool educational programs.

      On or before November 1 of each fiscal year in which
the General Assembly provides funding for new programs
under paragraph (4.5) of this Section, the State Board of
Education shall report to the General Assembly on what
percentage of new funding was provided to programs serving
primarily at-risk children, what percentage of new funding
was provided to programs serving primarily children with a
family income of less than 4 times the federal poverty
level, and what percentage of new funding was provided to
other programs.

   (b) (Blank).
(Source: P.A. 95-724, eff. 6-30-08; 96-119, eff. 8-4-09.)

    Section 99. Effective date. This Act takes effect upon
becoming law.

Effective Date: 6/25/2010

APPENDIX B

HHS Poverty Guidelines (Updated 2011)

2011 HHS Poverty Guidelines

Persons in Family or Household	Poverty Guideline	4 Times Poverty Guideline
1	$10,890	$43,560
2	$14,710	$58,840
3	$18,530	$74,120
4	$22,350	$89,400
5	$26,170	$104,680
6	$29,990	$119,960
7	$33,810	$135,240
8	$37,630	$150,520
For families with more than 8 persons, add $3,820 for each additional person.		

SOURCE: *Federal Register,* Vol. 76, No. 13, January 20, 2011

http://aspe.hhs.gov/poverty/llfedreg.shtml

APPENDIX C

Vision Screening (77 Ill. Admin. Code 685) and Hearing Screening (77 Ill. Admin. Code 675)

Section 685.20 Definitions

As used in this Part, the terms defined in this Section shall have the meanings ascribed to them herein.

"Act" means the Child Vision and Hearing Test Act [410 ILCS 205].

"Department" means the Illinois Department of Public Health.

"Eye doctor" means a physician licensed to practice medicine in all its branches and specializing in diseases of the eye or a licensed optometrist.

"Vision Screening Services" means ongoing community education programs covering the following topics: identification, prevention, causes, nature and effects of vision impairments. Such programs utilize program planning, management, evaluation and reporting, procedures for detecting possible abnormalities of the visual system, referral, and follow-up.

(Source: Amended at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.100 Instrumentation

Instruments for screening pre-school age children are those which measure distance visual acuity. Instruments for screening school age children are those which are capable of measuring the following:

a)   Visual acuity

b)   Hyperopia

c)   Muscle balance

d)   Optional tests

Section 685.110 Frequency of Screening

a)   Vision screening services shall be provided annually for:

1)   All preschool children 3 years of age (or older) in any public or private educational program or licensed child-care facility.

2)   All school age children who are in kindergarten, second and eighth grades; in all special education classes; referred by teachers; and transfer students. Vision screening is recommended in grades 4, 6, 10 and 12. Such screening services shall be provided in all public, independent, private and parochial schools.

b)   In lieu of the screening services required in subsection (a) of this Section, a completed and signed report form, indicating that an eye examination by an M.D. specializing in diseases of the eye or a

licensed optometrist has been administered within the previous 12 months, is acceptable.

c)   The parent or legal guardian of a student may object to vision screening tests for their child on religious grounds. If a religious objection is made, a written and signed statement from the parent or legal guardian detailing such objections must be presented to the screening entity.

d)   *Individuals conducting vision screening tests shall give a child's parent or guardian written notification, before the vision screening is conducted, that states, "Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months."* (Section 27-8.1 of the School Code)

(Source: Amended at 30 Ill. Reg. 905, effective January 5, 2006)

Section 685.115 Pass/Fail and Referral Criteria

Pass/fail criteria shall refer to the initial screening test. Referral criteria shall refer to the rescreening test. Pass/fail and referral criteria are identical standards as presented below:

a)   School age children:

1)   Massachusetts Battery of tests:

A)   Phoria near and far:

i)   For children in first grade, target alignment outside a defined area for both near and far modes constitutes a failure.

ii)   For children in second grade and above, target alignment outside a defined area for either near or far modes constitutes a failure.

B)   Visual acuity. The correct identification of three or fewer of the monocular symbols constitutes a failure.

C)   Hyperopia. The correct identification of four or more of the monocular symbols constitutes a failure.

2)   Color discrimination. The correct identification of five or fewer of the eight targets constitutes a failure.

3)   BRL (both right and left). The correct identification of three or fewer of the five letters in each of the three columns constitutes a failure.

b)   Preschool and Kindergarten grade children:

1)   Michigan Preschool Test. The correct identification of three or fewer of the monocular symbols constitutes a failure.

2)   HOTV (stereoscopic or distance screening). The correct identification of three or fewer of the monocular symbols constitutes a failure.

(Source: Added at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.120 Referral

a)   A vision diagnostic examination must be immediately recommended in written form to parents or guardians of all children who meet referral criteria as a result of vision screening, including observation, instrument screening, or monitoring.

b)   The screening entity or its designee shall initiate recommendations for a diagnostic examination and shall coordinate those activities necessary to complete the diagnostic examination and treatment management of the child suspect of a vision impairment.

(Source: Amended at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.140 Screening Battery for Preschool Children and Difficult to Test Children

The screening battery for preschool children, three years and older, and Kindergarten grade children shall consist of:

a)   Observation of the child (appearance, behavior, complaint).

b)   Instrument screening using any one of the following tests:

       1)   Stereoscopic instrument screening using the Michigan Preschool Test at far point.

       2)   Stereoscopic instrument screening using the HOTV test at far point.

       3)   Distance instrument screening using the Good-Lite Insta-Line HOTV test.

c)   The preschool screening battery and procedures may be utilized when screening difficult to test children, including children who are developmentally disabled, etc.

d)   Preschool children, age 3 and 4, shall be screened with 20/40 targets. Five year old and Kindergarten grade children shall be screened with 20/30 targets.

e)   Photoscreening, using the MTI camera, may be conducted for children under three years of age and for older children who can not be screened with stereoscopic or distance tests.

(Source: Added at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.150 Screening Battery for Children Wearing Glasses or Contact Lenses

a)   The screening battery for children wearing glasses shall consist of:

       1)   Observation (appearance, behavior, and complaint);

2)   Inspection of the lenses and frames for problems; and

3)   Determination of the child's last visit to an eye doctor.

b)   The screening battery for children wearing contact lenses shall consist of (a)(1) and (3) of this Section.

c)   Instrument screening of children wearing glasses or contact lenses is not appropriate.

(Source: Added at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.230 Personnel

Vision screening services shall be provided by a vision technician certified by the Department. Any person with a high school education or its equivalent who is working in or supervising, or has a definite commitment to work in or supervise, a vision screening program may apply for training. The screening program must be for the identification of vision problems in preschool and school age children.
(Source: Added at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.240 Training for Vision Screening Technicians

a)   The Department shall provide or authorize a training course to prepare persons to qualify for a vision screening services certificate.

b)   The vision training course shall include, but shall not be limited to, the following topics: vision conservation for children, anatomy and the vision process, diseases and disorders of the eye, vision screening, the difficult to test child, referral and follow-up procedures, and establishing, managing and evaluating a vision conservation program. The training course shall also include laboratory practice, practicum experience, and a written examination.

(Source: Added at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.250 Application for Training and Certification

Applicants for training and certification shall complete and submit, to the Department, the Application for Training and Certification Form.

(Source: Added at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 685.260 Certification of Vision Screening Technicians

a)   The Department shall issue a certificate after the training participant:

1)   Submits the training and certification fees as required in Section 685.320;

2)   Fully attends all portions of the training course;

3)   Obtains a score of 80 percent or better on the written examination; and

4)   Demonstrates proficiency during a vision training practicum.

b)   Practicum participants will be rated on the following items: School Age Tests, Preschool Tests, General Skills and Overall Skills. All above items must be rated acceptable to qualify for certification.

(Source: Added at 23 Ill. Reg. 4278, effective March 26, 1999)

Section 675.110 Frequency of Screening

a)   Hearing screening services shall be provided annually for all preschool children three years of age or older in any public or private educational program or licensed child care facility.

b)   Hearing screening services shall be provided annually for all school age children who are in grades K (kindergarten), 1, 2, and 3; are in any special education class; have been referred by a teacher; or are transfer students. These screening services shall be provided in all public, private, and parochial schools. Hearing screening is recommended in grades 4, 6, 8, 10, and 12.

c)   In lieu of the screening services required in subsections (a) and (b) of this Section, a completed and signed report form, indicating that the child has had an ear examination by a physician and an audiological evaluation completed by an audiologist within the previous 12 months is acceptable.

d)   In cases of known hearing loss, an audiological evaluation completed by an audiologist within the previous 12 months may be accepted instead of threshold monitoring services.

e)   Hearing screening services in public, private and parochial schools shall be provided annually for all special education children using screening methods contained in Section 675.120 of this Part.

f)   The parent or legal guardian of a student may object to hearing screening tests for their children on religious grounds. If a religious objection is made, a written and signed statement from the parent or legal guardian detailing such objections must be presented to the local school authority. General philosophical or moral reluctance to allow hearing screening will not provide a sufficient basis for an exception to statutory requirements.

(Source: Amended at 24 Ill. Reg. 4956, effective March 20, 2000)

Section 675.120 Identification Audiometry

a)   Screening Procedures

1)   For the screening stage of identification audiometry, the following pure-tone frequencies and intensity levels shall be used:

Test Frequencies in Cycles Per Second	Screening Levels in Decibels
500 Hz	25 dB
1000 Hz	25 dB
2000 Hz	25 dB
4000 Hz	25 dB

2)   If a child fails to hear any tone at 25 dB, you should immediately raise the level to 35 dB and present it again. If the child responds at the 35 dB level, move on to the next test frequency and present the tone at 25 dB. In the event the child's condition is such that recommended screening procedures are not applicable, the child should receive alternative services if the child is considered at risk for hearing difficulties.

b)   Pass – Fail Criteria

1)   A child is considered to have "failed" the screening test, if he:

A)   fails to hear any tone at 35 dB in either ear; or

B)   fails to hear any two tones at 25 dB in the same ear.

2)   Children "failing" the screening test should be given a second screening identical to the first and judged by the same criteria. The second screening should occur within two weeks of the first test. Those children who fail the second screening should then have a threshold test.

c)   Threshold Test Procedures
It is recommended that the right ear be tested first. Always begin testing at 1000 Hz. After determining threshold at 1000 Hz, continue with the following frequencies: 2000, 4000, 8000, 500 and 250 Hz. Then switch to the opposite ear and repeat the entire procedure at 1000, 2000, 4000, 8000, 500 and 250 Hz.

Section 675.130 Referral Criteria

a)   A child is considered to have "failed" the threshold test and is referred for a medical examination and an educational screening evaluation if either or both of the following criteria are met:

1)   Any two speech frequencies (500-1000-2000 Hz) in the same ear which fall on or below the referral line, or

2)   Any two consecutive frequencies in the same ear which fall on or below the referral line (250-500, 2000-4000 or 4000-8000 Hz).

b)   The referral line is at 30 dB for the frequencies 500, 1000, and 2000 Hz and at 40 dB for the frequencies 250, 4000 and 8000 Hz.

Section 675.140 Referral

a)   Medical examination must be immediately recommended in written form to parents or guardians of all children who meet the referral criteria specified in Section 675.130 as a result of threshold testing. The names of these children shall be reported to the local education agency (LEA), or its designee, for educational screening, including audiological review.

b)   The screening agent or its designee shall initiate recommendations for medical examination, educational screening, and further audiological evaluation and shall coordinate those activities

necessary to complete medical management of the child suspected of a hearing impairment.

(Source: Amended at 24 Ill. Reg. 4956, effective March 20, 2000)

Section 675.20 Definitions

As used in this Part:

"Act" means the Child Vision and Hearing Test Act [410 ILCS 205].

"Audiological Review" means a review of hearing screening results by an audiologist.

"Audiologist" means any person licensed to provide audiology services as provided in the Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110].

"Calibration Check" means a listening and visual observation and an electro-acoustic evaluation of the audiometer to include frequency count, attenuator linearity, and earphone sound pressure level output.

"Certified Hearing Screening Technician" means a person who has successfully completed the requirements of the training, written examination and practicum evaluation provided through the Department and who holds a valid Hearing Screening Technician Certificate issued by the Department.

"Department" means the Illinois Department of Public Health.

"Educational Screening" means a review of the student's current grade placement; classroom functioning level; achievement scores; teachers' ratings of classroom performance regarding attention and concentration, reading, arithmetic, spelling, oral language and written language skills; and teachers' descriptions of oral and written language performance, ability to hear in the classroom, and speech development.

"Hearing Screening Services" means on-going programs of: community education regarding the identification, prevention, cause, nature and effects of hearing impairments, program planning, management, evaluation, reporting, identification audiometry, referral, and follow-up procedures.

"Physician" means any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

(Source: Amended at 24 Ill. Reg. 4956, effective March 20, 2000)

APPENDIX D

Preschool Educational Program (105 ILCS 5/2-3.71)

(105 ILCS 5/2-3.71) (from Ch. 122, par. 2-3.71)

Sec. 2-3.71. Grants for preschool educational programs.

(a) Preschool program.

(1) The State Board of Education shall implement and administer a grant program under the provisions of this subsection which shall consist of grants to public school districts and other eligible entities, as defined by the State Board of Education, to conduct voluntary preschool educational programs for children ages 3 to 5 which include a parent education component. A public school district which receives grants under this subsection may subcontract with other entities that are eligible to conduct a preschool educational program. These grants must be used to supplement, not supplant, funds received from any other source.

(2) (Blank).

(3) Any teacher of preschool children in the program authorized by this subsection shall hold an early childhood teaching certificate.

(4) This paragraph (4) applies before July 1, 2006 and after June 30, 2008. The State Board of Education shall provide the primary source of funding through appropriations for the program. Such funds shall be distributed for the benefit of children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages that they have been determined as a result of screening procedures to be at risk of academic failure. Such screening procedures shall be based on criteria established by the State Board of Education.

(4.5) This paragraph (4.5) applies from July 1, 2006 through June 30, 2008. The State Board of Education shall provide the primary source of funding through appropriations for the program. Such funds shall be distributed to achieve a goal of "Preschool for All Children" for the benefit of all children whose families choose to participate in the program. Based on available appropriations, newly funded programs shall be selected through a process giving first priority to qualified programs serving primarily at-risk children and second priority to qualified programs serving primarily children with a family income of less than 4 times the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). For purposes of this paragraph (4.5), at-risk children are those who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. Such screening procedures shall be based on criteria established by the State Board of Education.

On or before November 1 of each fiscal year in which the General Assembly provides funding for new programs under this paragraph (4.5), the State Board of Education shall report to the General Assembly on what percentage of new funding was provided to programs serving primarily at-risk children, what percentage of new funding was provided to programs serving primarily children with a family income of less than 4 times the federal poverty level, and what percentage of new funding was provided to other programs.

(5) The State Board of Education shall develop and provide evaluation tools, including tests, that school districts and other eligible entities may use to evaluate children for school readiness prior to age 5. The State Board of Education shall require school districts and other eligible entities to obtain consent from the parents or

guardians of children before any evaluations are conducted. The State Board of Education shall encourage local school districts and other eligible entities to evaluate the population of preschool children in their communities and provide preschool programs, pursuant to this subsection, where appropriate.

(6) The State Board of Education shall report to the General Assembly by July 1, 2007 and every 3 years thereafter on the results and progress of students who were enrolled in preschool educational programs, including an assessment of which programs have been most successful in promoting academic excellence and alleviating academic failure. The State Board of Education shall assess the academic progress of all students who have been enrolled in preschool educational programs.

(b) (Blank).

(Source: P.A. 94-506, eff. 8-8-05; 94-1054, eff. 7-25-06.)

APPENDIX E

Student Records (105 ILCS 5/2-3.13a)

(105 ILCS 5/2-3.13a) (from Ch. 122, par. 2-3.13a)

Sec. 2-3.13a. School records; transferring students.

(a) The State Board of Education shall establish and implement rules requiring all of the public schools and all private or nonpublic elementary and secondary schools located in this State, whenever any such school has a student who is transferring to any other public elementary or secondary school located in this or in any other state, to forward within 10 days of notice of the student's transfer an unofficial record of that student's grades to the school to which such student is transferring. Each public school at the same time also shall forward to the school to which the student is transferring the remainder of the student's school student records as required by the Illinois School Student Records Act. In addition, if a student is transferring from a public school, whether located in this or any other state, from which the student has been suspended or expelled for knowingly possessing in a school building or on school grounds a weapon as defined in the Gun Free Schools Act (20 U.S.C. 8921 et seq.), for knowingly possessing, selling, or delivering in a school building or on school grounds a controlled substance or cannabis, or for battering a staff member of the school, and if the period of suspension or expulsion has not expired at the time the student attempts to transfer into another public school in the same or any other school district: (i) any school student records required to be transferred shall include the date and duration of the period of suspension or expulsion; and (ii) with the exception of transfers into the Department of Juvenile Justice school district, the student shall not be permitted to attend class in the public school into which he or she is transferring until the student has served the entire period of the suspension or expulsion imposed by the school from which the student is transferring, provided that the school board may approve the placement of the student in an alternative school program established under Article 13A of this Code. A school district may adopt a policy providing that if a student is suspended or expelled for any reason from any public or private school in this or any other state, the student must complete the entire term of the suspension or expulsion before being admitted into the school district. This policy may allow placement of the student in an alternative school program established under Article 13A of this Code, if available, for the remainder of the suspension or expulsion. Each public school and each private or nonpublic elementary or secondary school in this State shall within 10 days after the student has paid all of his or her outstanding fines and fees and at its own expense forward an official transcript of the scholastic records of each student transferring from that school in strict accordance with the provisions of this Section and the rules established by the State Board of Education as herein provided.

(b) The State Board of Education shall develop a one-page standard form that Illinois school districts are required to provide to any student who is moving out of the school district and that contains the information about whether or not the student is "in good standing" and whether or not his or her medical records are up-to-date and complete. As used in this Section, "in good standing" means that the student is not being disciplined by a suspension or expulsion, but is entitled to attend classes. No school district is required to admit a new student who is transferring from another Illinois school district unless he or she can produce the standard form from the student's previous school district enrollment. No school district is required to admit a new student who is transferring from an out-of-state public school unless the parent or guardian of the student certifies in writing that the student is not currently serving a suspension or expulsion imposed by the school from which the student is transferring.

(c) The State Board of Education shall, by rule, establish a system to provide for the accurate tracking of transfer students. This system shall, at a minimum, require that a student be counted as a dropout in the calculation of a school's or school district's annual student dropout rate unless the school or school district to which the student transferred (known hereafter in this subsection (c) as the transferee school or school district) sends

notification to the school or school district from which the student transferred (known hereafter in this subsection (c) as the transferor school or school district) documenting that the student has enrolled in the transferee school or school district. This notification must occur within 150 days after the date the student withdraws from the transferor school or school district or the student shall be counted in the calculation of the transferor school's or school district's annual student dropout rate. A request by the transferee school or school district to the transferor school or school district seeking the student's academic transcripts or medical records shall be considered without limitation adequate documentation of enrollment. Each transferor school or school district shall keep documentation of such transfer students for the minimum period provided in the Illinois School Student Records Act. All records indicating the school or school district to which a student transferred are subject to the Illinois School Student Records Act.

(Source: P.A. 93-859, eff. 1-1-05; 94-696, eff. 6-1-06.)

APPENDIX F

Immunizations (105 ILCS 5/27-8.1)

(105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)
   (Text of Section from P.A. 93-946)
   Sec. 27-8.1. Health examinations and immunizations.

   (1) In compliance with rules and regulations which the Department of Public Health shall promulgate, and except as hereinafter provided, all children in Illinois shall have a health examination as follows: within one year prior to entering kindergarten or the first grade of any public, private, or parochial elementary school; upon entering the fifth and ninth grades of any public, private, or parochial school; prior to entrance into any public, private, or parochial nursery school; and, irrespective of grade, immediately prior to or upon entrance into any public, private, or parochial school or nursery school, each child shall present proof of having been examined in accordance with this Section and the rules and regulations promulgated hereunder.

Clarification of the Immunization Status
of Children and Compliance with State Law

The following definitions have been developed by the Illinois Department of Public Health to clarify the difference between (1) being protected against the specific immunizable diseases and in compliance, (2) being unprotected and in compliance, and (3) being unprotected and in noncompliance.

In addition to being in compliance relative to immunizations, children must receive physical examinations prior to entering Illinois schools for the first time, prior to the date of entering kindergarten or first grade, prior to entering sixth grade, and prior to entering ninth grade. Children who have not received physical examinations, as required, are considered to be in noncompliance whether or not they have received the required immunizations.

POLIO (IPV/OPV)			
CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START. STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	PROTECTED AND IN COMPLIANCE Has received three or more doses of Polio (IPV/OPV) administered at intervals of no less than four weeks apart. Has received four or more doses of any combination of IPV and OPV, or three or more doses of all-IPV or all-OPV, at intervals of no less than four weeks apart, with the last dose having been received on or after the 4th birthday.	UNPROTECTED AND IN COMPLIANCE* Has received at least one dose of Polio (IPV/OPV), but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	UNPROTECTED AND IN NONCOMPLIANCE* Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented a schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

DIPHTHERIA, TETANUS, PERTUSSIS (DTP/DTaP)			
CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START. KINDERGARTEN OR FIRST GRADE ALL OTHER GRADE LEVELS	PROTECTED AND IN COMPLIANCE Has received four doses of DTP/DTaP. The first three doses in the series must have been received no less than four weeks apart. The interval between the third and fourth or final dose must be at least six months. Has received four or more doses of DTP/DTaP with the last dose being a booster and having been received on or after the 4th birthday. The first three doses in the series must have been received no less than four weeks apart. The interval between the third and fourth or final dose must be at least six months. 1. Has received three or more doses of DTP/DTaP or Td, with the last dose being a booster and having been received on or after the 4th birthday. The first two doses in the series must have been received no less than four weeks apart. The interval between the second and third or final dose must be at least six months. 2. If 10 years have elapsed since the last booster, an additional Td booster is required.	UNPROTECTED AND IN COMPLIANCE* Has received at least one dose of DTP/DTaP/Td but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	UNPROTECTED AND IN NONCOMPLIANCE* Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented a schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

*Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

MEASLES (RUBEOLA)

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*
	Has received one dose of measles vaccine on or after the 1st birthday, had physician diagnosed measles disease, or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.	Has **not** received, or provided proof of, measles vaccine as required, nor had physician diagnosed measles disease, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the date this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	Has **not** received, or provided proof of, measles vaccine as required, nor had physician diagnosed measles disease, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s) objection on religious grounds.
STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	Has received two doses of measles vaccine, with the first dose on or after the 1st birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed measles disease, or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.	Has received at least one dose of measles vaccine, but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the date to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	

RUBELLA (3 DAY)

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*
	Has received one dose of rubella vaccine on or after the 1st birthday or has laboratory evidence of rubella immunity.	Has **not** received, or provided proof of, rubella vaccine as required, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	Has **not** received, or provided proof of, rubella vaccine as required, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	Has received one dose of rubella vaccine on or after the 1st birthday or has laboratory evidence of rubella immunity.		

MUMPS

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*
	Has received one dose of mumps vaccine on or after the 1st birthday, or had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.	Has **not** received, or provided proof of, mumps vaccine as required, nor had physician diagnosed mumps disease, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	Has **not** received, or provided proof of, mumps vaccine as required, nor had physician diagnosed mumps disease, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	Has received one dose of mumps vaccine on or after the 1st birthday, had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.		

*Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

HEPATITIS B			
CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	**PROTECTED AND IN COMPLIANCE** Has received three doses of hepatitis B vaccine administered at the appropriate intervals, or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. **For students entering for the first time on or after July 1, 2002, the interval between the first and third dose must be at least 4 months. The third dose must have been administered on or after 6 months of age.**	**UNPROTECTED AND IN COMPLIANCE*** Has **not** received, or provided proof of, hepatitis B vaccine as required, nor has laboratory evidence of prior or current hepatitis B infection, but has received at least one dose of hepatitis B vaccine and has presented a schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	**UNPROTECTED AND IN NONCOMPLIANCE*** Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, nor has laboratory evidence of prior or current hepatitis B infection, nor presented a schedule from a physician or clinic indicating date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING 5ᵗʰ GRADE FOR THE FIRST TIME AFTER JULY 1997. (Pre-K (and 5th through 12th grades only).	Has received three doses of hepatitis B vaccine at the appropriate intervals or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. **For students entering the fifth grade for the first time on or after July 1, 2002, the interval between the first and third dose must be at least four months.**		
HAEMOPHILUS INFLUENZAE TYPE B (Hib)			
CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	**PROTECTED AND IN COMPLIANCE** Has received the primary series of Hib vaccine according to the Hib vaccination schedule **or** a single dose of Hib vaccine between 15-59 months of age.	**UNPROTECTED AND IN COMPLIANCE*** Has **not** received, or provided proof of, Hib vaccine as indicated by the Hib vaccination schedule, but has presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	**UNPROTECTED AND IN NONCOMPLIANCE*** Has **not** provided proof of Hib vaccine as indicated by the Hib vaccination schedule, and has not presented a schedule from a physician or clinic indicating a date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	Hib vaccine **not** required for children 5 years of age or older.		

*Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

VARICELLA/CHICKENPOX

CHILDREN (AGE 2 OR OLDER) ENTERING, FOR THE FIRST TIME ON OR AFTER JULY 1, 2002, CHILD CARE PROGRAMS BELOW THE KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*
	Has received one dose of varicella vaccine on or after the 1st birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.	Has **not** received or provided proof of, varicella vaccine as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	Has **not** received or provided proof of, varicella vaccine as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, and has not presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING KINDERGARTEN, FOR THE FIRST TIME, ON OR AFTER JULY 1, 2002. Applies to PreK to Grade 6 for school year 2008-2009. STUDENTS ATTENDING SCHOOL PROGRAMS WHERE KINDERGARTEN GRADE LEVEL IS NOT ASSIGNED (PRIOR TO THE SCHOOL YEAR IN WHICH THE CHILD REACHES THE AGE OF 5).	Has received one dose of varicella vaccine on or after the 1st birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.		
ALL OTHER GRADE LEVELS (for school year 2008-2009)	Varicella vaccine is **not** required.		

*Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

Vaccination Schedule for *Haemophilus influenzae* type b Conjugate Vaccines (Hib)
Note: Vaccines are interchangeable. Any combination of 3 doses of conjugate vaccine constitutes a primary series. Similarly, a DTP/Hib combination vaccine can be used in place of HbOC or PRT-T.

Vaccine	Age of 1st Dose (months)	Primary Series	Booster	Total Number Of Doses
HbOC HibTITER ® Wyeth /Lederle or	2-6	3 doses, 2 months apart[1]	12-15 months[2,3]	4
DTP/HbOC TETRAMUNE ® Wyeth /Lederle or	7-11	2 doses, 2 months apart[1]	12-18 months[2,3]	3
PRP-T·· ActHIB ® Aventis Pasteur	12-14	1 dose	2 months later[3]	2
OmniHib ® GlaxoSmithKline	15-59	1 dose[4]	None	1
PRP-OMP PedvaxHIB ® Merck	2-6	2 doses, 2 months apart[1]	12-15 months[2,3]	3
COMVAX ® Merck	7-11	2 doses, 2 months apart[1]	12-18 months[2,3]	3
	12-14	1 dose	2 months later[3]	2
	15-59	1 dose[4]	None	1
PRP-D ProHIBIT® Aventis Pasteur	15-59	1 dose[4]	None	1

1. Minimally acceptable interval between doses is 4 weeks.
2. At least 2 months after previous dose.
3. After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.
4. Children 15-59 months of age should receive only a single dose of Hib vaccine.

October/2006

Progression of Varicella Vaccine Requirement

2002-2003 K
2003-2004 K 1
2004-2005 K 1 2
2005-2006 K 1 2 3
2006-2007 K 1 2 3 4
2007-2008 K 1 2 3 4 5
2008-2009 K 1 2 3 4 5 6
2009-2010 K 1 2 3 4 5 6 7
2010-2011 K 1 2 3 4 5 6 7 8
2011-2012 K 1 2 3 4 5 6 7 8 9
2012-2013 K 1 2 3 4 5 6 7 8 9 10
2013-2014 K 1 2 3 4 5 6 7 8 9 10 11
2014-2015 K 1 2 3 4 5 6 7 8 9 10 11 12

APPENDIX G

Policy of Illinois State Board of Education on Homeless Children

Policy of the Illinois State Board of Education on the Education of Homeless Children and Youth Overview

The Illinois State Board of Education (ISBE) considers the school enrollment, attendance and success of homeless children and youth throughout Illinois as a high priority. It is the policy of the ISBE that every homeless child and youth be sensitively identified as required by the federal McKinney-Vento Homeless Assistance Act ("McKinney-Vento"), 42 U.S.C. § 11431 *et seq.*, that every such child or youth be enrolled in and attend the appropriate school on every school day, and that school admission for such children and youth be immediate and be handled sensitively and in a child and family-centered manner in accordance with McKinney-Vento and the Illinois Education for Homeless Children Act (IEHCA), 105 ILCS 45/1-1 *et seq*. This policy is promulgated with the intention of minimizing educational disruption for homeless children and youth and promoting stability and continuity in education as well as providing social supports during a period of housing in stability.

Definition of "Homeless"

Both Illinois and federal law define "homeless." Homeless students include, but are not limited to, children or youth who are: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (commonly referred to as being "doubled up"); are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; are awaiting foster care placement; are staying in public or private places not ordinarily used as sleeping accommodations; are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; or are otherwise not residing in a fixed, regular and adequate nighttime residence. There is no specific time limit on how long a child or youth can be considered homeless. Whether a child or youth meets the definition of homeless depends on the living situation and the individual circumstances.

Choice of Schools

A homeless child or youth is entitled to attend any of the following:

(1) the school in which he or she was enrolled when permanently housed;
(2) the school in which he or she was last enrolled; or
(3) any public school that non homeless students who live in the attendance area in which the homeless child or youth is actually living are eligible to attend. The first two choices are referred to as the "school of origin." Children and youth who have experienced homelessness are permitted to attend their school of origin for as long as they remain homeless, or if the child becomes permanently housed, for the remainder of the academic year in which housing is acquired. Where a homeless child or youth may be staying day-to-day in different attendance areas, each such area shall be considered an available choice for school enrollment. If a homeless child or youth presents for enrollment and the school to which they present is neither a school of origin nor a school in which other children or youth in the same living area as the homeless child are entitled to attend, it is appropriate to attempt to explain this to the parent, guardian or youth. However, no school district should deny enrollment of a child for that reason without also taking reasonable steps to help ensure that the child or family is promptly enrolled in an appropriate school district (and advising the parent, guardian or youth of the dispute resolution process and referring them to low-cost or free legal assistance).

Transportation

Where a homeless child or youth chooses to continue enrollment in his or her school of origin, school districts must ensure that transportation is provided. If the homeless child or youth continues to live in the area served by the local educational agency (LEA) where the school of origin is located, the child's or youth's transportation to and from the school of origin shall be provided or arranged by the LEA where the school of origin is located. If the homeless child's or youth's living arrangements in the area served by the LEA of origin terminate, and the child or youth, though continuing his or her education in the school of origin, begins living in an area served by another LEA, the LEA of origin and the LEA in which the homeless child or youth is living shall agree upon a method to apportion the responsibility and costs for providing the child with transportation to and from the school of origin. If the LEA's are unable to agree upon such method, the responsibility and costs for transportation shall be shared equally. Parents/guardians, in either scenario, shall make a good-faith effort to provide or arrange for transportation to the school of origin, including authorizing relatives, friends or a program for homeless persons to provide the child with transportation; however, it is ultimately the school districts' responsibility to ensure that appropriate transportation is provided and in no event shall appropriate transportation not be provided to a homeless student on any given school day.

Primary Duties of School Districts

All Illinois school districts are LEA's within the meaning of McKinney-Vento and must comply with its provisions. Among the most important responsibilities for LEA's are the following:

• to allow and promote access of homeless children, youth and families in all programs and activities offered by the school (including preschool, kindergarten, after school programs, etc.) and to refrain from any segregation, discrimination or stigmatization of such students;

• wherever possible, and consistent with the wishes of the parent or guardian, to keep a homeless child or youth at his or her "school of origin" as defined in state and federal law;

• to adopt a policy and practice for providing appropriate transportation services to enable homeless children and youth to attend the school of origin;

• to provide notice throughout the community and at all school locations of the rights of, and services for, homeless children and youth, including school choices and transportation availability as well as the name and phone number of the liaison (Posters and brochures have been developed by Opening Doors (www.homelessed. net), a technical assistance grantee of the Illinois State Board of Education and are available for use by school districts);

• to review and revise any policies, websites, forms and other similar items that may act as barriers to the enrollment, attendance and success of homeless children and youth(and in reviewing and revising any such items, consideration shall be given to issues concerning transportation, immunization, residency, birth certificates, school records and other documentation, and guardianship);

• to provide outreach to homeless families and youth to ensure that all school-age and pre-school age children not enrolled in school are promptly enrolled in the proper school or pre-school;

• to provide a fair process for resolving disputes between the LEA and any homeless child, parent or youth in accordance with applicable law and as set forth in the Homeless Student Dispute Procedures herein;

• to immediately enroll all homeless students in free breakfast and lunch programs and to waive any of the fees or charges that are subject to waiver under the Illinois fee-waiver rules; and

• to capture data regarding homeless children and youth as required by the Illinois State Board of Education and federal law.

Coordination with other Agencies and Resources

School districts should develop relationships, and coordinate, with agencies providing supportive services to the families of homeless children and youth. Such agencies include domestic violence agencies, shelter operators, transitional housing facilities, runaway and homeless youth centers, transitional living programs for homeless youth, and other public and private social services (e.g., the Illinois Department of Healthcare and Family Services and the Illinois Department of Human Services). All local school districts should undertake this coordination activity which can help facilitate access of homeless families to food stamps, Medicaid, employment services and emergency assistance. To provide comprehensive services to homeless children and youth and their families, school districts should endeavor to integrate child development programs, preschool programs, and programs for runaways.

Ensuring Privacy

It is prohibited, under the Illinois School Students Records Act, for any school staff to provide school student records or information therein to any landlord, zoning office, contractor, municipal official or housing authority.

Duties of the Liaison for Homeless Students

Pursuant to McKinney-Vento, all school districts must have in place a liaison for homeless children and youth who is properly trained on the liaison's duties as set forth below and who is reasonably available to families throughout the school day to implement the requirements of the Act. The school liaison for homeless children and youth must ensure that:

• Homeless children and youth are sensitively identified by school personnel, whether currently enrolled or not yet attending school and, if appropriate, aid such children or youth in accessing the appropriate school;

• Homeless children and youth have a full opportunity to succeed in the district's schools and that homeless families' children and youth receive all educational services for which they are eligible, including Head Start, Even Start, preschool and referrals for healthcare, dental care, mental health and other appropriate services;

• Parents and guardians of homeless children and youth are informed about the district's educational services and opportunities and are given meaningful chances to participate in their child's education;

• Public notice of the educational rights of homeless children and youth is disseminated at locations where homeless families and children are served such as schools, shelters ,soup kitchens, public aid offices, city hall, food pantries, public libraries, court houses ,and police stations;

• Disputes between the school district and homeless parents are handled in accordance with applicable law and the procedures set forth herein;

• Parents or guardians of a homeless child or youth (and any unaccompanied youth) are fully informed of all transportation services, including transportation to the school of origin and are assisted in accessing transportation to the school that is appropriately selected;

• Staff coordinate and collaborate with, among others, school personnel responsible for the provision of related services to homeless children and youth (such coordination and collaboration may include, for example, the development of training programs on rights of homeless children and youth and their families under applicable law); and,

• Ensure that special attention is given to locating and enrolling homeless children and youth not currently in school.

Homeless Student Dispute Procedures

Disagreements may occur between a school district and a homeless student or homeless parent regarding, among other things, enrollment or transportation. As soon as such a disagreement arises, the school district liaison should become involved. If the district has legitimate reason to disagree with a parent, guardian or homeless youth regarding an issue related to the rights of homeless students, the district must follow a dispute procedure that includes these steps:

• Immediately enroll the student(s) and arrange for transportation and other services as appropriate.

• With the involvement of the district's liaison, attempt to discuss the issues with the parent/youth to determine if more information can clear up the issues. Failing to accomplish that:

• Issue a letter to the parent/guardian or youth explaining, with a degree of specificity, the district's position as to the homelessness-related dispute. In this letter, the district must also include referrals to free/reduced cost legal help and an outline of the dispute resolution procedure. The district must copy on such letter the applicable regional superintendent of schools and Illinois' Coordinator for the Education of Homeless Children and Youth ("State Coordinator").

• Refer the child or his or her parent or guardian to the fair and impartial ombudsperson appointed by the district's regional superintendent of schools (the "Ombudsperson").The district's liaison should exercise responsibility for facilitating access to legal help and advocacy and other information and, upon knowledge that legal representation is obtained by a family or youth, the district (through its liaison or otherwise) shall appropriately work with such legal representative throughout the dispute resolution process.

• The Ombudsperson shall: be familiar with the educational rights and needs of homeless children; work with all parties to schedule a meeting, notifying such parties of the meeting's date, time and location; and, to the extent available, provide the parties with any requested resource information in advance of the meeting so as to enable a full and fair presentation of their respective positions in the dispute resolution process. If at all possible, such meeting should occur within 5 school days of the district's letter.

• The Ombudsperson shall, as part of the meeting, allow for a complete presentation of relevant facts by all parties. The child and/or his or her parent or guardian should be allowed to have assistance from a legal representative knowledgeable of federal and state laws pertaining to homeless students' educational rights.

• At the conclusion of the meeting or promptly thereafter, the Ombudsperson shall, in writing, communicate his or her decision to the parties and inform the parties of the ability to have the State Coordinator review compliance with applicable law.

• Either party may, within 5 school days of the Ombudsperson's decision, send a written request to the State Coordinator asking the State Coordinator to review such decision for compliance with applicable law. Such request must include any documentation related to the dispute resolution proceeding.

• Upon receiving a request for review, the State Coordinator may request from either party any additional information that he or she deems relevant to determining compliance with applicable law. No later than 10 school days after receiving the request for review, the State Coordinator shall make a recommendation to the State Superintendent of Education regarding the Ombudsperson's decision and the appropriate placement of the student (deferring, in this review, to any and all findings of fact by the Ombudsperson).

• Within 10 days of receiving the State Coordinator's recommendation, the State Superintendent of Education or designee will inform all parties of the final determination.

• If the State Superintendent of Education or designee determines that the district's action giving rise to the dispute is inconsistent with applicable law, he/she may order the district to take any action necessary for such district to be in compliance with applicable law. Should the district not comply with such order, the State Superintendent shall place the district's recognition status on probation in accordance with 23 Ill. Admin. Code 1.20(b).

• Regardless of the decision of the State Superintendent of Education or designee, the State Coordinator will follow-up with the school district within 5 school days after such determination to review the status of the dispute.

APPENDIX H

Kindergarten Age (105 ILCS 5/10-20.12 and 105 ILCS 5/10-22.18)

(105 ILCS 5/10-20.12) (from Ch. 122, par. 10-20.12)
Sec. 10-20.12. School year - School age. To establish and keep in operation in each year during a school term of at least the minimum length required by Section 10-19, a sufficient number of free schools for the accommodation of all persons in the district who are 5 years of age or older but under 21 years of age, and to secure for all such persons the right and opportunity to an equal education in such schools; provided that children who will attain the age of 5 years on or before September 1 of the year of the 1990-1991 school term and each school term thereafter may attend school upon the commencement of such term. Based upon an assessment of a child's readiness to attend school, a school district may permit a child to attend school prior to the dates contained in this Section. In any school district operating on a full year school basis children who will attain age 5 within 30 days after the commencement of a term may attend school upon the commencement of such term. The school district may, by resolution of its board, allow for a full year school plan.
(Source: P.A. 87-359.)

(105 ILCS 5/10-22.18) (from Ch. 122, par. 10-22.18)
Sec. 10-22.18. Kindergartens. To establish kindergartens for the instruction of children between the ages of 4 and 6 years, if in their judgment the public interest requires it, and to pay the necessary expenses thereof out of the school funds of the district. Upon petition of at least 50 parents or guardians of children between the ages of 4 and 6, residing within any school district and within one mile of the public school where such kindergarten is proposed to be established, the board of directors shall, if funds are available, establish a kindergarten in connection with the public school designated in the petition and maintain it as long as the annual average daily attendance therein is not less than 15. The board may establish a kindergarten with half-day attendance or with full-day attendance. If the board establishes full-day kindergarten, it shall also establish half-day kindergarten. No one shall be employed to teach in a kindergarten who does not hold a certificate as provided by law.
(Source: P.A. 84-1308.)

APPENDIX I

Special Education (23 Ill. Admin. Code 226)

For the complete document, refer to:

http://www.isbe.net/rules/archive/coreyhpdfs/226finaltransrules.pdf

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER f: INSTRUCTION FOR SPECIFIC STUDENT POPULATIONS

PART 226
SPECIAL EDUCATION

SUBPART A: GENERAL

SUBPART B: IDENTIFICATION OF ELIGIBLE CHILDREN

SUBPART C: THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

AUTHORITY: Implementing Article 14 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/Art.14 and 2-3.6].

SOURCE: Adopted August 12, 1976; rules repealed and new emergency rules adopted at 2 Ill. Reg. 37, p. 29, effective September 1, 1978, for a maximum of 150 days; rules repealed and new rules adopted at 3 Ill. Reg. 5, p. 932, effective February 1, 1979; emergency amendment at 4 Ill. Reg. 38, p. 328, effective September 15, 1980, for a maximum of 150 days; amended at 5 Ill. Reg. 8021, effective July 22, 1981; amended at 6 Ill. Reg. 558, effective December 23, 1981; emergency amendment at 7 Ill. Reg. 6511, effective May 6, 1983, for a maximum of 150 days; emergency amendment at 7 Ill. Reg. 8949, effective July 15, 1983, for a maximum of 150 days; codified at 8 Ill. Reg. 6669; amended at 8 Ill. Reg. 7617, effective May 17, 1984; emergency amendment at 10 Ill. Reg. 3292, effective January 27, 1986, for a maximum of 150 days; emergency expired June 24, 1986; amended at 10 Ill. Reg. 18743, effective October 22, 1986; amended at 10 Ill. Reg. 19411, effective October 31, 1986; amended at 13 Ill. Reg. 15388, effective September 14, 1989; emergency amendment at 14 Ill. Reg. 11364, effective June 26, 1990, for a maximum of 150 days; emergency expired November 23, 1990; amended at 15 Ill. Reg. 40, effective December 24, 1990; amended at 16 Ill. Reg. 12868, effective August 10, 1992; emergency amendment at 17 Ill. Reg. 13622, effective August 3, 1993, for a maximum of 150 days; emergency expired December 31, 1993; amended at 18 Ill. Reg. 1930, effective January 24, 1994; amended at 18 Ill. Reg. 4685, effective March 11, 1994; amended at 18 Ill. Reg. 16318, effective October 25, 1994; amended at 19 Ill. Reg. 7207, effective May 10, 1995; amended at 20 Ill. Reg. 10908, effective August 5, 1996; amended at 21 Ill. Reg. 7655, effective July 1, 1997; Part repealed, new Part adopted at 24 Ill. Reg. 13884, effective August 25, 2000; amended at 27 Ill. Reg. 8126, effective April 28, 2003.

NOTE: Capitalization denotes statutory language.

APPENDIX J

Illinois Early Learning Standards

ILLINOIS EARLY LEARNING STANDARDS

For a complete version of the Illinois Early Learning Standards, visit:
http://www.isbe.net/earlychi/pdf/early_learning_standards.pdf

ILLINOIS EARLY LEARNING STANDARDS
BENCHMARKS FOR CHILDREN AGES 3-5

Language Arts
Understand that pictures and symbols have meaning and that print carries a message.
Understand that reading progresses from left to right and top to bottom.
Identify labels and signs in the environment.
Identify some letters, including those in own name.
Make some letter-sound matches.
Predict what will happen next using pictures and content for guides.
Begin to develop phonological awareness by participating in rhyming activities.
Recognize separable and repeating sounds in spoken language.
Retell information from a story.
Respond to simple questions about reading material.
Demonstrate understanding of literal meaning of stories by making comments.
Understand that different text forms, such as magazines, notes, lists, letters, and story books, are used for different purposes.
Show independent interest in reading-related activities.
Use scribbles, approximations of letters, or known letters to represent written language.
Dictate stories and experiences.
Use drawing and writing skills to convey meaning and information.
Listen with understanding and respond to directions and conversations.
Communicate needs, ideas and thoughts.
Seek answers to questions through active exploration.
Relate prior knowledge to new information.
Communicate information with others.

Mathematics
Use concepts that include number recognition, counting and one-to-one correspondence.
Count with understanding and recognize "how many" in sets of objects.
Solve simple mathematical problems.
Explore quantity and number.
Connect numbers to quantities they represent using physical models and representations.
Make comparisons of quantities.
Demonstrate a beginning understanding of measurement using non-standard units and measurement words.
Construct a sense of time through participation in daily activities.
Show understanding of and use comparative words.
Incorporate estimating and measuring activities into play.
Sort and classify objects by a variety of properties.
Recognize, duplicate and extend simple patterns, such as sequences of sounds, shapes and colors.
Begin to order objects in series or rows.
Participate in situations that involve addition and subtraction using manipulatives.

Describe qualitative change, such as measuring to see who is growing taller.
Recognize geometric shapes and structures in the environment.
Find and name locations with simple words, such as "near".
Represent data using concrete objects, pictures, and graphs.
Make predictions about what will happen next.
Gather data about themselves and their surroundings.

Science
Uses senses to explore and observe materials and natural phenomena.
Collect, describe and record information.
Use scientific tools such as thermometers, balance scales and magnifying glasses for investigation.
Become familiar with the use of devices incorporating technology.
Investigate and categorize living things in the environment.
Show an awareness of changes that occur in themselves and their environment.
Describe and compare basic needs of living things.
Make comparisons among objects that have been observed.
Describe the effects of forces in nature (e.g. wind, gravity and magnetism).
Use common weather-related vocabulary (e.g. rainy, snowy, sunny, windy).
Participate in recycling in their environment.
Identify basic concepts associated with night/day and seasons.
Begin to understand basic safety practices.
Express wonder and ask questions about their world.
Begin to be aware of technology and how it affects their lives.

Social Science
Recognize the reasons for rules.
Participate in voting as a way of making choices.
Develop an awareness of roles of leaders in their environment.
Identify community workers and the services they provide.
Begin to understand the use of trade to obtain goods and services.
Recall information about the immediate past.
Locate objects and places in familiar environments.
Express beginning geographic thinking.
Recognize similarities and differences in people.
Understand that each of us belongs to a family and recognize that families vary.

Physical Development and Health
Engage in active play using gross motor skills.
Engage in active play using fine motor skills.
Coordinate movements to perform complex tasks.
Follow simple safety rules while participating in activities.
Participate in developmental activities related to physical fitness.
Exhibit increased endurance.
Follow rules and procedures when participating in group physical activities.
Demonstrate ability to cooperate with others during group physical activities.
Participate in simple practices that promote healthy living and prevent illness.
Identify body parts and their functions.
Act independently in caring for personal hygiene needs.
Use appropriate communication skills when expressing needs, wants and feelings.
Use socially acceptable ways to resolve conflict.
Participate in activities to learn to avoid dangerous situations.

Fine Arts
Dance: Investigate the elements of dance.
Drama: Investigate the elements of drama.
Music: Investigate the elements of music.
Visual Arts: Investigate the elements of visual arts.
Describe or respond to their own creative work or the creative work of others.
Dance: Participate in dance activities.
Drama: Participate in drama activities.
Music: Participate in music activities.
Visual Arts: Participate in the visual arts.
Use creative arts as an avenue for self-expression.

Foreign Language
Maintain the native language for use in a variety of purposes.
Use and maintain the native language in order to build upon and develop transferable language and literacy skills.

Social/Emotional Development
Describe self by using several basic characteristics.
Exhibit eagerness and curiosity as a learner.
Exhibit persistence and creativity in seeking solutions to problems.
Show some initiative and independence in actions.
Use appropriate communication skills when expressing needs, wants and feelings.
Begin to understand and follow rules.
Manage transitions and begin to adapt to change in routines.
Show empathy and caring for others.
Use the classroom environment purposefully and respectfully.
Engage in cooperative group play.
Begin to share materials and experiences and take turns.
Respect the rights of self and others.
Develop relationships with children and adults.

APPENDIX K

List of Website Resources

The **American Academy of Pediatrics** is dedicated to the health of all children and committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. **http://www.aap.org/**

The **Center for Early Childhood Leadership** is dedicated to enhancing the management skills, professional orientation, and leadership capacity of early childhood administrators. **http://cecl.nl.edu/**

The **Child & Family WebGuide** describes and evaluates Websites that contain research-based information about child development. **http://www.cfw.tufts.edu/**

An organization of regional **Child Care Resource and Referral** (CCR&R) agencies serves communities throughout the state of Illinois. **http://www.inccrra.org**

The **Children's Book Council** is dedicated to encouraging literacy and the use and enjoyment of children's books. **http://www.cbcbooks.org/**

Children's Literature offers information on authors and illustrators, recommended books by theme, book award winners, etc. **http://www.childrenslit.com/**

The **Child Welfare Information Gateway** is a resource for professionals and others seeking information on abuse and neglect and child welfare. **http://www.childwelfare.gov**

The **Circle of Inclusion** Website is for early childhood service providers and families of young children. This Website offers demonstrations of and information about the effective practices of inclusive educational programs for children from birth through age 8. **http://circleofinclusion.org/**

Civitas is a national not-for-profit communication group that works to provide educational tools to all adults who live and work with young children. **http://www.civitas.org/**

The **Division of Early Childhood** (DEC) **http://www.dec-sped.org/** of the Council for Exceptional Children (CEC) is a nonprofit organization advocating for individuals who work with or on behalf of children with special needs, birth through age 8, and their families. There is also an **Illinois Subdivision for the Division of Early Childhood** (IDEC). **http://idec.crc.uiuc.edu/**

The **Early Childhood Educators' and Family Web Corner** contains articles, teacher pages, family pages, etc. **http://users.stargate.net/~cokids/**

EdWorld.Resources covers a variety of areas of early childhood. **http://www.educationworld.com/a_earlychildhood/**

ERIC provides access to research-based information and articles in the field of early childhood. **http://www.eric.ed.gov**

The **Illinois Department of Children and Family Services** Website contains information on day care licensing, etc. **http://www.state.il.us/dcfs/daycare/index.shtml**

The **Illinois Department of Human Services Early Intervention** site contains information for parents and service providers, including Child and Family Connections contacts. **http://www.state.il.us/agency/dhs/earlyint/earlyint.html**

The **Illinois Early Learning Website** provides evidence-based, reliable information for parents, caregivers, and teachers of young children in Illinois. **http://www.illinoisearlylearning.org/**

This Website contains information related to the **Illinois Head Start Association** information. **http://www.ilheadstart.org/**

The **Illinois Secretary of State's literacy program** site includes grant applications and literacy resources. **http://www.cyberdriveillinois.com/departments/library/who_we_are/literacy/home.html**

Meld offers education and support for parents, trains family service providers to apply best practices in their work with families, and publishes a broad range of resource materials for parents and the people who work with them. **http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091**

The **National Association for the Education of Young Children** has for its purpose "leading and consolidating the efforts of individuals and groups working to achieve healthy development and constructive education for all young children." **http://www.naeyc.org/**

The **National Early Childhood Technical Assistance Center** supports the implementation of the early childhood provisions of the Individuals with Disabilities Education Act (IDEA). Their mission is to strengthen service systems to ensure that children with disabilities (birth through 5) and their families receive and benefit from high-quality, culturally appropriate, and family-centered supports and services. **http://www.nectac.org/**

The **National Head Start Association** is a private not-for-profit membership organization that provides a national forum for the continued enhancement of Head Start services for children ages 0 to 5 and their families. **http://www.nhsa.org/**

The **National Institute for Early Education Research** supports early childhood education initiatives by providing objective, nonpartisan information based on research. **http://nieer.org/**

This site provides ongoing updates about the **National Institute of Child Health and Human Development** (NICHID) study of Early Child Care and Youth Development. **http://nichd.nih.gov**

The **Ounce of Prevention** was established to promote the well-being of children and adolescents by working with families, communities, and policy makers. **http://www.ounceofprevention.org/**

Parents Action for Children is a national public awareness and engagement campaign to make early childhood development a top priority of our nation. **http://www.parentsactionstore.org**

The **Parents as Teachers National Center** is committed to seeing that "all children will learn, grow, and develop to realize their full potential." The information is geared to parents but helpful to all programs in early childhood. **http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091**

The **Partnership for Reading** continually creates resources and shares information about how scientifically based research can inform the acquisition of reading skills across the lifespan, from birth to adulthood. Visit the **Early Childhood** section. **http://www.nifl.gov/partnershipforreading/**

Prevent Child Abuse America provides leadership to promote the prevention of child abuse and neglect at both the national and local levels. Information is also available in Spanish. **http://www.preventchildabuse.org/index.shtml**

Reading Rockets, "launching young readers," contains resources, book lists, and tips on early reading. **http://www.readingrockets.org/**

The **Society for Research in Child Development at the University of Michigan** is a multidisciplinary, not-for-profit, professional association of approximately 5,000 researchers, practitioners, and human development professionals. **http://www.srcd.org/**

The **U.S. Department of Education's Early Reading First** site contains information on the status of Early Reading First grants. **http://www.ed.gov/programs/earlyreading/index.html**

The **U.S. Department of Education** main site includes information on No Child Left Behind. **http://www.ed.gov/index.jhtml**

Voices for Illinois Children works with families, communities, and policy makers to ensure that all children grow up healthy, nurtured, safe, and well educated. **http://www.voices4kids.org/**

Zero to Three is a leading resource on the first three years of life. Its goal is to strengthen and support families, practitioners, and communities to promote the healthy development of babies and toddlers. **http://www.zerotothree.org**

APPENDIX L

Early Childhood Block Grant (23 Ill. Admin. Code 235) (Updated 2011)

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER f: INSTRUCTION FOR SPECIFIC STUDENT POPULATIONS

PART 235
EARLY CHILDHOOD BLOCK GRANT

SUBPART A: PRESCHOOL EDUCATION AND PREVENTION INITIATIVE PROGRAMS

SUBPART B: PRESCHOOL FOR ALL CHILDREN PROGRAM

SUBPART C: SOCIAL AND EMOTIONAL CONSULTATION SERVICES

AUTHORITY: Authorized by Section 1C-2 of the School Code [105 ILCS 5/1C-2] and implementing Sections 2-3.71 and 2-3.89 of the School Code [105 ILCS 5/2-3.71 and 2-3.89].

SOURCE: Adopted at 16 Ill. Reg. 10181, effective June 10, 1992; expedited correction at 16 Ill. Reg. 15186, effective June 10, 1992; amended at 26 Ill. Reg. 903, effective January 15, 2002; old Part repealed at 30 Ill. Reg. 4618 and new Part adopted at 30 Ill. Reg. 4620, effective February 28, 2006; emergency amendment adopted at 30 Ill. Reg. 11793, effective June 26, 2006, for a maximum of 150 days; emergency expired November 22, 2006; amended at 30 Ill. Reg. 19383, effective November 28, 2006; amended at 32 Ill. Reg. 13357, effective July 25, 2008; amended at 33 Ill. Reg. 4027, effective February 23, 2009; amended at 34 Ill. Reg. 11615, effective July 26, 2010; amended at 35 Ill. Reg. 3742, effective February 17, 2011.

SUBPART A: PRESCHOOL EDUCATION AND PREVENTION INITIATIVE PROGRAMS

Section 235.10 Purpose; Eligible Applicants

a)   This Subpart A establishes the procedures and criteria for the approval of proposals submitted to the State Board of Education by eligible applicants for grants to assist in establishing early childhood education programs funded through the Early Childhood Block Grant authorized by Section 1C-2 of the School Code [105 ILCS 5/1C-2]. The Early Childhood Block Grant program shall include:

         1)   preschool education primarily for at-risk and low-income children ages 3 years old to kindergarten enrollment age as defined in Section 10-20.12 of the School Code [105 ILCS 5/10-20.12], to include those programs and activities that meet the requirements of Section 2-3.71 of the School Code [105 ILCS 5/2-3.71]; and

         2)   prevention initiative for at-risk children from birth to age 3 and their families, to include those programs and activities that meet the requirements of Section 2-3.89 of the School Code [105 ILCS 5/2-3.89].

         3)   For the purposes of this Part, "at risk" is defined as those children *who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures* (to be carried out in conformance with Section 235.20(c)(5) of this Part) *to be at risk of academic failure.* (Section 2-3.71(a)(4.5) of the School Code)

b)   Eligible applicants for Early Childhood Block Grant programs include any public or private not-for-profit or for-profit entity with experience in providing educational, health, social and/or child development services to young children and their families. If the Early Childhood Block Grant program is operated in or by a child care center subject to the licensure requirements of the Illinois Department of Children and Family Services (DCFS), then that child care center must hold the appropriate licensure in accordance with rules promulgated by DCFS (see 89 Ill. Adm. Code 403 (Licensing Standards for Group Homes), 405 (Licensing Standards for Day Care Agencies), 406 (Licensing Standards for Day Care Homes), 407 (Licensing Standards for Day Care Centers) and 408 (Licensing Standards for Group Day Care Homes)).

c)   Joint applications for funds may be submitted by any combination of eligible applicants, as described in subsection (b) of this Section.

1)   If a joint application is submitted, then an administrative agent shall be
        designated.

2)   A school district or other eligible applicant shall only participate in one
        proposal for a specific program.

d)   Eligible applicants may subcontract with a private school, not-for-profit or for-
        profit corporation, or other governmental agency that would otherwise be eligible
        under subsection (b) of this Section to conduct an Early Childhood Block Grant
        program.

(Source: Amended at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.20 Application Procedure and Content for New or Expanding Programs

Each applicant that is proposing a program that has not received funding in the year previous to the current application or is seeking additional funds to expand its currently funded program shall submit to the State Board of Education a proposal that includes the components specified in this Section. For purposes of this Section, an "expanded" program includes one in which the applicant is proposing to serve additional children and their families or to offer initiatives not provided under its currently funded program.

a)   Grants for new or expanded programs shall be offered in years in which the level of available funding is such that one or more new or expanded programs can be supported, along with those currently funded programs that seek continuation funding in accordance with Section 235.60 of this Part.

b)   When sufficient funding is available, the State Superintendent of Education shall issue one or more Requests for Proposals (RFP) specifying the information that applicants shall include in their proposals, informing applicants of any bidders' conferences, and requiring that proposals be submitted no later than the date specified in the RFP. The RFP shall provide at least 45 calendar days in which to submit proposals.

c)   All proposals submitted in response to an RFP shall include the following components:

   1)   A cover page completed on a form supplied by the State Board of Education and signed by the school district superintendent or official authorized to submit the proposal or, in the case of a joint application, by the superintendent from each of the school districts and each authorized official of other eligible entities participating in the joint proposal.

   2)   For applicants other than public school districts, a description that includes the following:

      A)   the applicant's mission statement, organizational structure, and goals or policies regarding early childhood programs;

      B)   the applicant's existing competencies to provide early childhood education programs, to include a list of any early childhood accreditations that have been achieved; and

      C)   in the case of a joint application, the goals and objectives of the collaboration and a brief description of each partner's experience

               in providing services similar to those to be provided under the Early Childhood Block Grant program.

3)   A description of the need for the program, which shall include:

        A)   current demographic or descriptive information regarding the community in which the families and children reside (including information on the prevalence of homelessness); and

        B)   the process that was used to determine the need for the program in the community in relation to other similar services that may be operating in the same geographic area.

4)   A description of the population to be served, as defined in Section 235.10(a) of this Part, for each program to be funded under the Early Childhood Block Grant. This description shall include:

        A)   how the eligible population will be recruited;

        B)   the geographic area to be served; and

        C)   the estimated number of children and/or families to be enrolled.

5)   A description of the procedures to be used to screen children and their families to determine their need for services. Results of the screening shall be made available to the program staff and parents of the children screened. All screening procedures shall include:

        A)   criteria to determine at what point performance on the screening instrument indicates that children are at risk of academic failure as well as to assess other environmental, economic and demographic information that indicates a likelihood that the children would be at risk;

        B)   screening instruments/activities related to and able to measure the child's development in at least the following areas (as appropriate for the age of the child): vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills and cognitive development;

        C)   written parental permission for the screening;

D)   parent interview (to be conducted in the parents' home language, if necessary), including at least the following:

   i)   for preschool education programs, a summary of the child's health history and social development; or

   ii)   for prevention initiative programs, information about the parents, such as age, educational achievement and employment history;

E)   vision and hearing screening, in accordance with 77 Ill. Adm. Code 685 (Vision Screening) and 675 (Hearing Screening); and

F)   where practicable, provision for the inclusion of program teaching staff in the screening process.

6)   A description of the parent education and involvement component that will be provided, which shall include activities in each of the following areas:

   A)   communication between the home and the preschool education program that is regular, two-way and meaningful;

   B)   parenting skills are promoted and supported;

   C)   recognition that parents play an integral role in assisting student learning;

   D)   parents are welcome in the program, and their support and involvement are sought; and

   E)   parents are full partners in the decisions that affect children and families.

7)   A description of how the program will coordinate with other programs, as specified in the RFP, that are in operation in the same area and that are concerned with the education, welfare, health and safety needs of young children. A copy of the written agreement between the program and any Head Start program operating in the same area shall be executed by the date and contain the information specified in Section 2-3.71(a)(4.5) of the School Code. If the Head Start program is either unable or unwilling to

enter into a written agreement, the program shall notify the State Board of Education of this fact no later than December 31 of each fiscal year.

8)   A description of the full-time and part-time professional and nonprofessional staff to be paid by the program, indicating that program administrators, early childhood teachers, counselors, psychologists, psychiatrists and social workers are appropriately qualified.

   A)   Teachers of children ages 3 to 5 years must hold an initial, initial alternative, standard, master, provisional, provisional alternative, resident teacher, or visiting international teacher early childhood certificate. (See Section 2-3.71(a)(3) of the School Code and 23 Ill. Adm. Code 1.Appendix A.)

   B)   By July 1, 2014, noncertificated staff employed to assist in instruction provided to children ages 3 to 5 years shall meet the requirements set forth in 23 Ill. Adm. Code 25.510(c).

   C)   Teachers of children ages 3 to 5 years who are assigned to a transitional bilingual program or a transitional program of instruction that is administered by a school district, either in an attendance center or a non-school-based facility, shall meet the requirements set forth in 23 Ill. Adm. Code 228.35 (Transitional Bilingual Education), as applicable.

9)   A description of staff development assessment procedures and ongoing professional development activities to be conducted.

10)   A description of the required program components, as set forth in either Section 235.30 or 235.40 of this Part.

11)   Other information, as specified in the RFP, such as daily schedules (including the number of hours per day and days per week the program will operate), classroom locations, facility information (e.g., owner's name, terms of lease arrangement, size of classrooms and other areas to be used by the program), if applicable.

12)   The plan for ensuring that the program provides either a snack, in the case of a half-day program, or a meal, in the case of a full-day program, for participating children.

13)   A budget summary and payment schedule, as well as a budget breakdown,
        i.e., a detailed explanation of each line item of expenditure. The budget
        shall specify that no more than 5 percent of the total grant award shall be
        used for administrative and general expenses not directly attributed to
        program activities, except that a higher limit not to exceed 10 percent may
        be negotiated with an applicant that has provided evidence that the excess
        administrative expenses are beyond its control and that it has exhausted all
        available and reasonable remedies to comply with the limitation.

14)   A description of how the applicant will ensure that no fees will be charged
        of parents or guardians and their children who are enrolled and participate
        in Early Childhood Block Grant programs.

15)   A plan for evaluating the proposed programs and activities to be included
        in the Early Childhood Block Grant, which shall correspond to the
        applicable specifications set forth in the RFP.

16)   Such certifications, assurances and program-specific terms of the grant as
        the State Superintendent of Education may require, to be signed by each
        applicant that is a party to the application and submitted with the proposal.
        (Also see Section 235.70 of this Part.)

d)   Applicants may be requested to clarify various aspects of their proposals. The
       contents of the approved proposal shall be incorporated into a grant agreement to
       be signed by the State Superintendent of Education or designee and the school
       district superintendent or, in the case of an entity that is not the school district, the
       person legally authorized to submit the proposal and bind the applicant to its
       contents.

(Source: Amended at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.30 Additional Program Components for Preschool Education Proposals

 a) In addition to the requirements set forth in Section 235.20, applications for funding for preschool education programs and activities, as defined in Section 235.10(a)(1) of this Part, must provide:

  1) a description of how the comprehensive services to be provided are aligned with the Illinois Early Learning Standards as set forth in Appendix A of this Part;

  2) a description of how the proposed educational program is developmentally appropriate for each child, which shall:

   A) be accepted based upon evidence in the proposal that the results of the individualized assessment profile for each child will be the basis for determining that child's educational program;

   B) address the domains of development specified in Section 235.20(c)(5)(B) and how a language and literacy development program shall be implemented for each child based on that child's individual assessment; and

   C) address how student progress will be assessed and documented to ensure that the educational program meets the needs of the student and provides a system whereby that student's parents are routinely advised of their child's progress;

  3) the maximum number of children to be screened for program eligibility and, for those children that are screened, the maximum to be served by the educational program. The maximum number must be served in each classroom if, following completion of screening, the program has a waiting list of eligible children;

  4) the child/staff ratio for each classroom, which shall not exceed a ratio of 10 children to one adult, with no more than 20 children being served in each classroom;

  5) a description of how the program will ensure that those children who are age-eligible for kindergarten are enrolled in school upon leaving the preschool education program;

6)   for school district applicants, a description of the steps to be taken to ensure that the provisions of Article 14C of the School Code [105 ILCS 5/Art. 14C] and 23 Ill. Adm. Code 228 (Transitional Bilingual Education) are met; and

7)   a description of the provisions to be made to allow for the participation of children with disabilities in the program.

b)   Each applicant also shall describe whether the program qualifies as a program serving primarily at-risk children or a program serving primarily children whose families meet the income guidelines set forth in Section 2-3.71(a)(4.5) of the School Code.

1)   A program serving "primarily at-risk children" is one that:

A)   has 80 percent or more of the enrolled children identified as being at risk of academic failure (see Sections 235.10(a)(3) and 235.20(c)(5) of this Part);

B)   gives priority for enrollment to academically at-risk students over those students who have not been identified as academically at risk; and

C)   has taken specific proactive measures to ensure that parents of children who may be at risk of academic failure are aware of the opportunity to enroll in the preschool education program.

2)   A program serving "primarily children whose families meet income guidelines" is one that has 80 percent or more of the enrolled children from families meeting the income guidelines and does not qualify under subsection (b)(1) of this Section as serving primarily academically at-risk children.

3)   Each applicant shall estimate the percentage of children to be enrolled who are considered to be at risk of academic failure or whose families meet income guidelines, as applicable.

c)   Programs serving primarily at-risk children shall describe:

1)   the process to ensure that, if the program has a waiting list of children to be enrolled, all children identified as being at risk of academic failure are enrolled before other children not identified as being at risk; and

2) the specific proactive measures the program has taken or will take to ensure that parents of children who may be at risk of academic failure are made aware of the opportunity to participate in the preschool education program.

(Source: Amended at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.40 Additional Program Components for Prevention Initiative Proposals

In addition to the requirements set forth in Section 235.20, applications for funding for prevention initiative programs and activities, as defined in Section 235.10(a)(2) of this Part, must provide:

a)   evidence that the program is derived from research on successful prevention services for at-risk families, including specific references to research that discusses the types of services and strategies to be offered by the program as effective in addressing the needs of the families to be served;

b)   a description of how the comprehensive services to be provided are aligned with the Illinois Birth to Three Program Standards set forth in Appendix B of this Part;

c)   the steps to be taken to ensure that the program will serve those children and families most in need of prevention initiative activities and services;

d)   the steps to be taken to coordinate services in the area, including a description of how the community will be involved and how case management services will be used;

e)   a description of how services will be targeted to family needs, to include how a family needs assessment will be conducted and used to implement an individual family service plan for each family served in the program;

f)   a description of the intensity of services that will be offered (e.g., the number of hours that are available for families to participate in activities and services);

g)   the steps to be taken to encourage families to attend regularly and remain in the program a sufficient time to make sustainable changes; and

h)   a referral system to place 3-year-old children in other early childhood education programs and the services to be provided to ensure a successful transition into those other programs.

Section 235.50 Proposal Review and Approval for New or Expanding Programs

a)   Proposals submitted for funding to establish a new program or expand an existing
      program shall be evaluated in accordance with the following criteria.

      1)   Population to be Served (30 points)

            A)   The proposal clearly indicates that the area to be served has a high
                  number of children and families determined to be the most in need
                  of the services provided by the Early Childhood Block Grant
                  program, as indicated by high levels of poverty, illiteracy,
                  unemployment, limited-English proficiency, or other need-related
                  indicators, such as the school district's rate of dropouts, retention,
                  truancy, teenage pregnancies and homeless students, high rates of
                  infant mortality, birth trauma, low birth weight or prematurity, and
                  high rates of child abuse and neglect.

            B)   Criteria and indicators for identifying children and families who
                  are eligible for the program are clearly established and likely to
                  target those children and families most in need of services.

            C)   Effective recruitment strategies are proposed that are likely to
                  ensure that the maximum number of eligible children and families
                  are enrolled in the program.

      2)   Quality of Proposed Program (40 points)

            A)   The proposed program and activities will sufficiently meet the
                  identified needs of the population to be served and include child
                  and parent activities designed to enhance child development and
                  parent effectiveness and, ultimately, school readiness.

            B)   The program proposal provides for effective linkages among
                  parents, education, health and social service agencies, and child
                  care providers and includes a plan for coordination of services with
                  other educational programs serving young children and their
                  families.

            C)   The proposed program is built upon effective research about early
                  childhood education and aligned to the applicable Illinois early
                  learning standards (see Appendices A and B of this Part).

D)   The evaluation strategies include measurable outcomes for
        children and families that are designed to effectively gauge the
        success of the program and yield sufficient data that can be used to
        improve the program.

3)   Experience and Qualifications (20 points)

A)   Proposed staff hold the appropriate certifications and/or licenses
        for their positions and have the qualifications and experience
        necessary to successfully implement a high-quality early childhood
        program.

B)   The staff development plan adequately addresses the needs of the
        project staff, offers a varied and full range of staff development
        experiences and provides sufficient opportunities for learning so as
        to allow staff to incorporate the training into program delivery
        activities.

C)   In addition, an eligible applicant other than a school district has
        presented evidence that it:

i)   holds the appropriate licensure to operate as a day care
        facility;

ii)   holds early childhood accreditations or has other relevant
        experience that demonstrates success in implementing and
        administering programs similar to the ones funded under
        the Early Childhood Block Grant Program; and

iii)   has a successful track record with similar grants or
        contracts.

4)   The program is cost-effective as evidenced by the cost of proposed
        services in relation to the numbers to be served and the services to be
        provided. (10 points)

b)   The selection of proposals for funding may be based in part on geographic
        distribution and/or the need to provide resources to school districts and
        communities with varying demographic characteristics.

c)   Priority consideration may be given to proposals with specific areas of emphasis,
        as identified by the State Superintendent of Education in a particular RFP.

d)   The State Superintendent of Education shall determine the amount of individual
        grant awards. The final award amounts shall be based upon:

        1)   the total amount of funds available for the Early Childhood Block Grant;
                and

        2)   the resources requested in the top-ranked proposals, as identified pursuant
                to subsections (a), (b) and (c) of this Section.

Section 235.55 Proposal Review Process and Additional Funding Priorities for Preschool Education Programs

In order to meet the funding priorities set forth in Section 2-3.71(a)(4.5) of the School Code, each proposal for a preschool education program shall be reviewed using both quantitative and qualitative criteria.

a)   Proposals shall first be screened to identify those proposals that meet the criteria for each funding priority (see Section 235.30(b) of this Part). Proposals shall be separated into the following three categories:

   1)   proposals serving primarily at-risk children;

   2)   proposals serving primarily children whose families meet income guidelines; and

   3)   all other proposals.

b)   Within each of the three categories set forth in subsection (a) of this Section, the proposals shall be reviewed and scored using the qualitative criteria set forth in Section 235.50(a) of this Part to determine which proposals provide evidence of a "qualified program". "Qualified programs" shall be those scoring at least 60 out of 100 total points.

   1)   All qualified programs within the category set forth in subsection (a)(1) of this Section shall be funded before funding any qualified programs in the categories set forth in subsection (a)(2) or (a)(3) of this Section.

   2)   All qualified programs within the category set forth in subsection (a)(2) of this Section shall be funded before funding any qualified programs in the category set forth in subsection (a)(3) of this Section.

   3)   Within each category, priority for funding will be given to substantially similar proposals that either:

      A)   serve children from a community with limited preschool education programs or an insufficient number of programs to meet the community's need; or

      B)   have few resources promoting preschool education.

(Source: Added at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.60 Application Content and Approval for Continuation Programs

The requirements of this Section shall apply to those applicants seeking funding to continue preschool education and prevention initiative programs beyond the initial grant period.

    a)   In order to continue to operate an Early Childhood Block Grant Program, a grantee each year shall electronically submit an application for continuation. The application shall include at least the following:

        1)   an overview of the program, addressing the program components outlined in Section 235.20 of this Part and either Section 235.30 or Section 235.40 of this Part, as applicable for preschool education or prevention initiative programs;

        2)   budget summary and payment schedule as well as a budget breakdown, i.e., a detailed explanation of each line item of expenditure; and

        3)   the certifications and assurances referred to in Section 235.20(c)(16) of this Part applicable to the renewal period.

    b)   An Early Childhood Education Block Grant Program shall be approved for continuation provided that:

        1)   a need continues to exist for the program, as evidenced by the number or proportion of children and families to be served;

        2)   the program components proposed will be effective in assisting at-risk children and families;

        3)   the proposed budget is cost-effective, as evidenced by the cost of proposed services in relation to the numbers to be served and the services to be provided; and

        4)   in the year previous to the continuation application, the applicant complied with the terms and conditions of any grant it received pursuant to this Subpart A.

    (Source: Amended at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.70 Terms of the Grant

a)   Expenditure reports must be filed electronically with the Division of Funding and Disbursements four times a year.

b)   Each grantee shall submit evaluation information on forms provided by the State Board of Education, specifying:

   1)   descriptive statistics on the population served, eligibility, screening procedures and staff qualifications and training, including any social and emotional consultation services provided pursuant to Subpart C of this Part;

   2)   descriptive information, including type and quality of the educational program, amount and extent of interagency collaboration, and parent education and involvement;

   3)   the extent to which program objectives have been accomplished; and

   4)   any similar program-related information that the State Superintendent of Education may request upon 30 days' written notice.

c)   An annual program review shall be conducted for each new project to ensure program quality, to assist in program improvement and to provide technical assistance.

d)   All equipment purchased by the grantee for the program with Early Childhood Block Grant funds must be documented on a form supplied by the State Board of Education and be maintained in the grantee's files.

e)   A time distribution worksheet shall be kept for any staff member in a part-time position.

f)   Grantees shall use funds provided under the Early Childhood Block Grant *to supplement, not supplant, funds received from any other source.* (Sections 2-3.71 and 2-3.89 of the School Code)

g)   Grant funds may not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.

h)   Prior to final funding approval, each grantee shall:

1)   present evidence that all teachers providing instruction meet the
        requirements of Section 235.20(c)(8)(A) and (c)(8)(C) of this Part, as
        applicable, and

2)   if subject to licensure requirements of the Illinois Department of Children
        and Family Services (DCFS), present evidence that it holds the
        appropriate licensure (also see Section 235.10(b) of this Part).

i)   Reporting: All grantees must report the following to the Illinois State Board of
        Education no later than October 15 of each year. Other reports shall be submitted
        in a format specified by and according to the timeline set forth by the State
        Superintendent of Education.

        1)   The percentage of children enrolled in the program who have been
                identified as being at risk of academic failure.

        2)   The percentage of children enrolled in the program who are from families
                whose incomes are less than four times the federal poverty level (FPL),
                established by U.S. Department of Health and Human Services.

        3)   The percentage of children enrolled in the program who do not qualify
                under either category.

j)   Each grantee shall enter information and other data relative to the students
        participating in the preschool education program into the Student Information
        System in accordance with the provisions of 23 Ill. Adm. Code 1.75 (Student
        Information System).

k)   Failure of a grantee to enroll the required percentage of children (80 percent) in
        the particular prioritization category for which the proposal was funded (i.e., at-
        risk status or income levels) shall result in the amount of grant award being
        reduced proportionate to the decrease in percentage of children enrolled.

l)   School district grantees with programs serving homeless children must comply
        with all applicable provisions of the federal McKinney-Vento Homeless
        Assistance Act (42 USC 11431 et seq.). Non-school district grantees should, to
        the extent possible, ensure that homeless children enrolled in their programs
        receive the support necessary for successful and continued participation,
        including, without limitation, arranging for appropriate transportation when
        necessary.

m)   No funds may be used to help support or sustain any institution controlled by any church or sectarian denomination (see Article X, Section 3 of the Illinois Constitution).

n)   Each grantee that operates a program in a facility licensed by DCFS shall require all employees and volunteers who are persons subject to background checks, as defined by 89 Ill. Adm. Code 385.20 (Definitions), to authorize DCFS to perform a Child Abuse and Neglect Tracking System (CANTS) background check. The grantee shall maintain evidence of completion of required CANTS checks for all persons subject to background checks and copies of the evidence of completion shall be provided to the administrator of the DCFS-license facility. The requirement applies to any paid or unpaid individual, including any certified teacher employed by a school district or other entity but working in the facility, who is used to perform essential staff duties as evidenced by being counted in the staff-child ratio or being allowed to be alone with children in a licensed child care facility outside the visual or auditory supervision of facility staff.

(Source: Amended at 35 Ill. Reg. 3742, effective February 17, 2011)

SUBPART B: PRESCHOOL FOR ALL CHILDREN PROGRAM

Section 235.100 Purpose; Eligible Applicants (Repealed)

(Source: Repealed at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.110 Application Procedure and Content for New or Expanding Programs (Repealed)

(Source: Repealed at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.120 Proposal Review and Approval for New or Expanding Programs (Repealed)

(Source: Repealed at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.130 Application Content and Approval for Continuation Programs (Repealed)

(Source: Repealed at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.140 Terms of the Grant (Repealed)

(Source: Repealed at 35 Ill. Reg. 3742, effective February 17, 2011)

SUBPART C: SOCIAL AND EMOTIONAL CONSULTATION SERVICES

Section 235.200 Implementation and Purpose; Eligible Applicants

a)   The State Superintendent of Education may annually allocate a portion of the
        Early Childhood Block Grant to assist preschool education programs funded
        under Section 2-3.71 of the School Code in providing to teachers in their
        programs ongoing social and emotional consultation services from mental health
        professionals.

b)   For the purposes of this Subpart C, social and emotional consultation services
        shall mean services that help prepare teachers to promote the social and emotional
        development of their students and to manage inappropriate classroom behaviors
        that may result from a student's exposure to such challenges as domestic violence,
        substance abuse, depression or other mental illness, homelessness and other
        potential concerns.

c)   Eligible applicants are those programs operating a preschool education program
        funded under Subpart A of this Part during the fiscal year in which funds are
        made available for social and emotional consultation services.

        1)   Joint applications may be submitted, in which case one of the programs
                shall be designated as the administrative agent.

        2)   A program shall only participate in one proposal for social and emotional
                consultation services.

(Source: Amended at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.210 Application Procedure and Content

a)   When an allocation for social and emotional consultation services is made available pursuant to Section 235.200(a) of this Part, the State Superintendent of Education shall issue a Request for Proposals (RFP) specifying the information that applicants shall include in their proposals, informing applicants of any bidders' conferences, and requiring that proposals be submitted no later than the date specified in the RFP. The RFP shall provide at least 30 calendar days in which to submit proposals.

b)   Each proposal submitted in response to an RFP shall include the following components.

        1)   A description of the need for the services, to include, but not limited to:

               A)   the number or proportion of students who are being served in each State-funded preschool education program included in the proposal who come from families experiencing the type of problems outlined in Section 235.200(b) of this Part;

               B)   the impact that these types of problems have in the classroom (e.g., classroom disruptions, difficulties in learning, lack of positive social interaction);

               C)   the number of teachers likely to use the consultation services on an ongoing basis; and

               D)   other resources that may be available to the program to provide similar services.

        2)   A description of the types of services to be provided, to include the frequency of each, the person responsible, and how the effectiveness of the service will be measured.

        3)   A description of the process, measures and data elements to be used to determine the effectiveness of the consultation services on teacher quality and classroom management.

        4)   The name of each individual to provide the social and emotional consultation services, to include a description of his or her qualifications and experience that at least addresses the person's educational attainment and specialties, experience working with a population similar to that being

served in the State-funded preschool education program, and evidence that he or she possesses any licenses or other credentials required to practice his or her profession.

5) A budget summary and payment schedule, as well as a budget breakdown, i.e., a detailed explanation of each line item of expenditure.

6) Such certifications, assurances and program-specific terms of the grant as the State Superintendent of Education may require, to be signed by each applicant that is a party to the application and submitted with the proposal.

c) Applicants may be requested to clarify various aspects of their proposals. The contents of the approved proposal shall be incorporated into a grant agreement to be signed by the State Superintendent of Education or designee and the school district superintendent or, in the case of an entity that is not the school district, the person legally authorized to submit the proposal and bind the applicant to its contents.

(Source: Amended at 35 Ill. Reg. 3742, effective February 17, 2011)

Section 235.220 Proposal Review and Approval of Proposals

a) Proposals shall first be screened to identify those proposals that demonstrate the greatest need for social and emotional consultation services as evidenced by the proportion of students in the program who come from families experiencing the type of problems outlined in Section 235.200(b) of this Part. Proposals shall be separated into the following three categories:

1) proposals that are among the top one-third of all proposals received demonstrating the largest proportion of students who meet the criteria;

2) proposals that are among the middle one-third of all proposals received demonstrating the largest proportion of students who meet the criteria; and

3) all other proposals.

b) Within each of the three categories set forth in subsection (a) of this Section, the proposals shall be reviewed and scored using the qualitative criteria set forth in subsection (c) of this Section to determine which proposals provide evidence of a "qualified program". "Qualified programs" shall be those scoring at least 60 out of 100 total points.

1) All qualified programs within the category set forth in subsection (a)(1) of this Section shall be funded before funding any qualified programs in the categories set forth in subsection (a)(2) or (a)(3) of this Section.

2) All qualified programs within the category set forth in subsection (a)(2) of this Section shall be funded before funding any qualified programs in the category set forth in subsection (a)(3) of this Section.

c) Proposals submitted for funding to offer social and emotional consultation services shall be evaluated in accordance with the following criteria.

1) The proposal presents adequate procedures for assessing the specific needs of teachers for assistance in supporting the social and emotional development of their students and in managing difficult classrooms. (20 points)

2) The proposed activities are comprehensive and sound, offer a varied and full range of staff development experiences, and provide sufficient opportunities for learning so as to allow staff to effectively incorporate the training into their classroom management plans. (30 points)

3) The proposed provider of the social and emotional consultation services has the qualifications and experience in early childhood mental health to successfully implement a high-quality training program. The proposed staffing level is sufficient to assure that the proposal's activities and services will be provided in an effective and efficient manner. (30 points)

4) The proposed budget is consistent with the proposal's activities and appears to be cost-effective, as evidenced by the cost in relation to the numbers to be served and the services to be provided. (20 points)

d) The State Superintendent of Education shall determine the amount of individual grant awards. The final award amounts shall be based upon:

1) the total amount of funds available for the social and emotional consultation services; and

2) the resources requested in the top-ranked proposals, as identified pursuant to subsections (b) and (c) of this Section.

(Source: Added at 30 Ill. Reg. 19383, effective November 28, 2006)

APPENDIX M

Transitional Bilingual Education (23 Ill. Admin. Code 228) (Excerpts related to Preschool)

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER f: INSTRUCTION FOR SPECIFIC STUDENT POPULATIONS
PART 228
TRANSITIONAL BILINGUAL EDUCATION

Excerpts related to Preschool
(Full text is available at http://www.isbe.net/rules/archive/pdfs/228ARK.pdf)

Section 228.5 Purpose and Applicability

a) This Part establishes requirements for school districts' provision of services to students in preschool through grade 12 who have been identified as limited English proficient in accordance with Article 14C of the School Code [105 ILCS 5/14C] and this Part.

Section 228.10 Definitions

"Language Background other than English" means that the home language of a student in preschool, kindergarten or any of grades 1 through 12, whether born in the United States or born elsewhere, is other than English or that the student comes from a home where a language other than English is spoken, by the student, or by his or her parents or legal guardians, or by anyone who resides in the student's household.

"Preschool Program" means instruction provided to children who are ages 3 up to but not including those of kindergarten enrollment age as defined in Section 10-20.12 of the School Code [105 ILCS 5/10-20.12] in any program administered by a school district, regardless of whether the program is provided in an attendance center or a non-school-based facility.

"Prescribed Screening Procedures" means the procedures that a school district determines to be appropriate to assess a preschool student's level of English language proficiency (minimally in the domains of speaking and listening), in order to determine whether the student is eligible to receive bilingual education services. The procedures may include, without limitation, established screening instruments or other procedures, provided that they are research-based. Further, screening procedures shall at least:

Be age and developmentally appropriate;

Be culturally and linguistically appropriate for the children being screened;

Include one or more observations using culturally and linguistically appropriate tools;

Use multiple measures and methods (e.g., home language assessments; verbal and nonverbal procedures; various activities, settings, and personal interactions);

Involve family by seeking information and insight to help guide the screening process without involving them in the formal assessment or interpretation of results; and

Involve staff who are knowledgeable about preschool education, child development, and first and second language acquisition.

"Students of Limited English Proficiency" means students in preschool, kindergarten or any of grades 1 through 12, whether born in the United States or born elsewhere, whose home

language background is a language other than English and whose difficulties in speaking, reading, writing, or understanding English may be sufficient to deny them:

the ability to meet the State's proficient level of achievement on State assessments;

the ability to successfully achieve in classrooms where the language of instruction is English; or

the opportunity to participate fully in the school setting.

Section 228.15 Identification of Eligible Students
a) Each school district shall administer a home language survey with respect to each student in preschool, kindergarten or any of grades 1 through 12 who is entering the district's schools or any of the district's preschool programs for the first time, for the purpose of identifying students who have a language background other than English. The survey should be administered as part of the enrollment process or for preschool programs, by the first day the student commences participation in the program. The survey shall include at least the following questions, and the student shall be identified as having a language background other than English if the answer to either question is yes:
    1) Whether a language other than English is spoken in the student's home and, if so, which language; and
    2) Whether the student speaks a language other than English and, if so, which language.
b) The home language survey shall be administered in English and, if feasible, in the student's home language.
c) The home language survey form shall provide spaces for the date and the signature of the student's parent or legal guardian.
d) The completed home language survey form shall be placed into the student's temporary record as defined in 23 Ill. Adm. Code 375 (Student Records).
e) The district shall screen the English language proficiency of each student identified through the home language survey as having a language background other than English by using the prescribed screening instrument applicable to the student's grade level (i.e., kindergarten or any of grades 1 through 12) or the prescribed screening procedures identified by the preschool program. This screening shall take place within 30 days either after the student's enrollment in the district or, for preschool programs, after the student commences participation in the program, for the purpose of determining the student's eligibility for bilingual education services and, if eligible, the appropriate placement for the student. For kindergarten, all students identified through the home language survey, including students previously screened when enrolled in preschool, must be screened using the prescribed screening instrument for kindergarten.

    4) Each student whose score on the prescribed screening instrument or procedures, as applicable, is identified as not "proficient" as defined by the State Superintendent of Education shall be considered to have limited English proficiency and therefore to be eligible for, and shall be placed into a program of, bilingual education services.
        A) For preschool programs using a screening procedure other than an established assessment tool where "proficiency" is defined as part of the instrument, "proficiency" is the point at which performance identifies a

child as proficient in English, as set forth in the program's proposed screening process.

    B)   For any preschool student who scores at the "proficient" level, the school district may consider additional indicators such as teachers' evaluations of performance, samples of a student's work, or information received from family members and school personnel in order to determine whether the student's proficiency in English is limited and the student is eligible for services.

Section 228.25 Program Options, Placement, and Assessment

a) Program Options and Placement

    3)   When a preschool program of the school district has an enrollment of 20 or more students of limited English proficiency of any single language classification other than English in an attendance center or a non-school-based facility, the school district shall establish a TBE program for each language classification represented by the students. If the preschool program of an attendance center or non-school-based facility has 19 or fewer students of limited English proficiency of any single language classification other than English, then the school district shall meet the requirements of subsection (a)(2) of this Section when determining placement and the program to be provided.

Section 228.30 Establishment of Programs

a) Administrative Provisions

    6)   Preschool and Summer School – *A school district may establish preschool and summer school programs for students of limited English proficiency, or join with other school districts in establishing such programs. Summer school programs shall not replace programs required during the regular school year.* (Section 14C-11 of the School Code [105 ILCS 5/14C-11]) A school district that offers a summer school program or preschool program shall provide transitional bilingual education programs or transitional programs of instruction for students having limited English proficiency in accordance with Article 14C and this Part.

b) Instructional Specifications

    1)   Student-Teacher Ratio – . . . Preschool programs established pursuant to Section 2-3.71 of the School Code [105 ILCS 5/2-3.71] that provide bilingual education services shall meet the requirements of 23 Ill. Adm. Code 235.30(d) (Early Childhood Block Grant) rather than the requirements of this subsection (b)(1).

c) Specific Requirements for Transitional Bilingual Education (TBE) Programs

    1)   Each full-time TBE program shall consist of at least the following components (Section 14C-2 of the School Code):

        A)   *Instruction in subjects which are either required by law* (see 23 Ill. Adm. Code 1) *or by the student's school district, to be given in the student's home language and in English; core subjects such as math, science and social studies must be offered in the student's home language;*

        B)   *Instruction in the language arts in the student's home language;*

        C)   *Instruction in English as a second language,* which must align to the "English Language Proficiency Standards for English Language Learners in PreKindergarten through Grade 12" (2007), published by the Board of Regents of the University of Wisconsin System on behalf of the WIDA Consortium and posted at http://www.wida.us/standards/elp.aspx. No

later amendments to or editions of these standards are incorporated by this Section; *and*

    D) *Instruction in the history and culture of the country, territory, or geographic area which is the native land of the students or of their parents and in the history and culture of the United States.*

2) Programs may also include other services, modifications, or activities such as counseling, tutorial assistance, learning settings, or special instructional resources that will assist students of limited English proficiency in meeting the Illinois Learning Standards (see 23 Ill. Adm. Code 1, Appendix D) and for preschool programs established pursuant to Section 2-3.71 of the School Code and for kindergarten levels, the Illinois Early Learning Standards (see 23 Ill. Adm. Code 235, Appendix A).

3) Students may be placed into a part-time program, or students previously placed in a full-time program may be placed in a part-time program, if an assessment of the student's English language skills has been performed in accordance with the provisions of either Section 228.15(e) or Section 228.25(b) of this Part and the assessment results indicate that the student has sufficient proficiency in English *to benefit from a part-time program.*

    B) *Preschool programs shall use as evidence of sufficient proficiency either a minimum score* for an established screening instrument or a minimum level of performance documented through established screening procedures.

Section 228.35 Personnel Qualifications; Professional Development

a)   Each individual assigned to provide instruction in a student's home language shall meet the requirements for bilingual education teachers set forth in 23 Ill. Adm. Code 25 (Certification) and 23 Ill. Adm. Code 1 (Public Schools Evaluation, Recognition and Supervision), as applicable.

b)   Each individual assigned to provide instruction in ESL shall meet the requirements for ESL or English as a New Language teachers set forth in 23 Ill. Adm. Code 25 and 23 Ill. Adm. Code 1, as applicable.

c)   Preschool Programs

1) Each individual assigned to provide instruction to students in a preschool program shall meet the requirements of 23 Ill. Adm. 235.20(c)(8)(A) (Early Childhood Block Grant).

2) By July 1, 2014, each individual assigned to provide instruction to students in a preschool program also shall meet the applicable requirements of subsection (a) or (b) of this Section, depending on the assignment.

3) Noncertificated staff employed to assist in instruction in a preschool program shall meet the requirements of 23 Ill. Adm. 235.20(c)(8)(B).

Section 228.40 Students' Participation; Records

b)

1) If a student participates in a TBE or TPI in preschool or kindergarten, then that participation does not count towards the three-year total specified in Section 14C-3 of the School Code.

c) Maintenance of Records and Reporting Procedures

3) Records - School districts shall maintain records of each student enrolled in programs in the manner prescribed in 23 Ill. Adm. Code 375 (Student Records). These records shall include program entry/exit information, annual English language proficiency assessment scores and results from the prescribed

screening instrument for students in kindergarten and any of grades 1 through 12 or the results from the prescribed screening procedures for students in preschool programs; other student information (e.g., language, grade level, and attendance); the rationale for a student's placement into a part-time program, where applicable, including documentation of the factors indicating that a part-time program would be appropriate; and documentation of conferences and written communication with parents or legal guardians. Parents and legal guardians of students enrolled in programs shall have access to their students' records, as specified in 23 Ill. Adm. Code 375.

(Source: Amended at 34 Ill. Reg. 11581, effective July 26, 2010)

References

Anderson, Robert H., & Pavan, Barbara Nelson. (1993). *Nongradedness: Helping it to happen.* Lancaster, PA: Technomic Publishing.

Barnett, W. Steven. (1995). Long-term effects of early childhood programs on cognitive and school outcomes. *Future of Children, 5*(3), 25-50.

Black, Sandra M. (1999). HIV/AIDS in early childhood centers: The ethical dilemma of confidentiality versus disclosure. *Young Children, 54*(2), 39-45.

Bredekamp, Sue. (1997). NAEYC issues revised position statement on developmentally appropriate practice in early childhood programs. *Young Children, 52*(2), 34-40.

Bredekamp, Sue, & Copple, Carol (Eds.). (1997). *Developmentally appropriate practice in early childhood programs* (Rev. ed.). Washington, DC: National Association for the Education of Young Children.

Bredekamp, Sue, & Rosegrant, Teresa (Eds.). (1992). *Reaching potentials: Appropriate curriculum and assessment for young children* (Vol. 1). Washington, DC: National Association for the Education of Young Children.

Brigance, Albert H. (1978). *Brigance diagnostic inventory of early development.* Woburn, MA: Curriculum Associates.

Bruner, Jerome S. (1966). *Toward a theory of instruction.* Cambridge, MA: Belknap Press of Harvard University Press.

Bruner, Jerome S., & Haste, Helen (Ed.). (1987). *Making sense: The child's construction of the world.* New York: Methuen.

Center for Response to Intervention in Early Childhood (2009). *Myths about Response to Intervention (RtI) in Early Childhood.* Retrieved September 2011, from http://www.crtiec.org/RTI/commonmyths.shtml

Dichtelmiller, Margo L.; Jablon, Judy R.; Dorfman, Aviva B.; Marsden, Dorothea B.; & Meisels, Samuel J. (2001). *Work sampling in the classroom: A teacher's manual.* Ann Arbor, MI: Rebus.

Dodge, Diane Trister; Colker, Laura J.; & Heroman, Cate. (2002). *Creative curriculum for preschool* (4th ed.). Washington, DC: Teaching Strategies.

Dunst, Carl J.; Bruder, Mary Beth; Trivette, Carol M.; Raab, Melinda; & McLean, Mary. (2001). Natural learning opportunities for infants, toddlers, and preschoolers. *Young Exceptional Children, 4*(3), 18-25.

Epstein, Joyce L. (1986). Parents' reactions to teacher practices of parent involvement. *Elementary School Journal, 86*(3), 277-294.

Espinosa, Linda M. (2008). *Challenging Common Myths about Young English Language Learners* (Foundation for Child Development Policy Brief). Retrieved September 2011, from http://fcd-us.org/resources/challenging-common-myths-about-young-english-language-learners

Feeney, Stephanie, & Chun, Robyn. (1985). Effective teachers of young children. *Young Children, 41*(1), 47–52.

Frede, Ellen & Ackerman, Debra J. (2007). *Preschool Curriculum Decision Making: Dimensions to Consider* (NIEER Preschool Policy Brief). Retrieved June 25, 2007, from http://nieer.org/resources/policybriefs/12.pdf

Glicksman, Kathryn, & Hills, Tynette. (1981). *Easing the child's transition between home, child care center and school: A guide for early childhood educators.* Trenton: New Jersey Department of Education.

Gottlieb, Margo, & Rasher, Sue Pinzur. (1995). *Documenting developmentally appropriate practice in early childhood classrooms.* Paper presented at the annual meeting of the American Educational Research Association, San Francisco.

Guskey, Thomas R. (2000). *Evaluating professional development.* Thousand Oaks, CA: Corwin Press.

Halliday, M. (1969). Relevant models of language. *Educational Review,* 22, 26-37.

Harms, Thelma; Clifford, Richard M.; & Cryer, Debby. (1998). *Early childhood environment rating scale* (Rev. ed.). New York: Teachers College Press.

Harms, Thelma; Cryer, Debby; & Clifford, Richard M. (2003). *Infant/toddler environment rating scale* (Rev. ed.). New York: Teachers College Press.

Helm, Judy Harris, & Beneke, Sallee (Eds.). (2003). *The power of projects: Meeting contemporary challenges in early childhood classrooms—Strategies and solutions.* New York: Teachers College Press.

Helm, Judy Harris; Beneke, Sallee; & Steinheimer, Kathy. (1998). *Windows on learning: Documenting young children's work.* New York: Teachers College Press.

Henderson, Anne T., & Berla, Nancy (Eds.). (1994). *A new generation of evidence: The family is critical to student achievement.* Washington, DC: National Committee for Citizens in Education.

Hills, Tynette W. (1993). Assessment in context—Teachers and children at work. *Young Children, 48*(5), 20-28.

Illinois School Code, 105 ILCS 5 (2006). Reprinted from the Illinois Compiled Statutes Annotated and 2006 Cumulative Supplements as Amended through Public Act 94-722.

Illinois State Board of Education. (2006). *Request for proposals (RFP): Preschool for All Children ages 3 to 5 years 07.* Springfield, IL: Author.

Jang, Younghee, & Mangione, Peter L. (1994). *Transition program practices: Improving linkages between early childhood education and early elementary school.* Los Alamitos, CA: Southwest Regional Laboratory.

Kagan, Sharon L. (1991). *United we stand: Collaboration for child care and early education services.* New York: Teachers College Press.

Katz, Lilian G. (1994). *Assessing the development of preschoolers.* ERIC Digest. Urbana, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.

Kraft-Sayre, Marcia E., & Pianta, Robert C. (2000). *Enhancing the transition to kindergarten: Linking children, families, and schools.* Charlottesville: University of Virginia, National Center for Early Development and Learning.

Kunesh, Linda, & Farley, Joanne. (1993). *Integrating community services for young children and their families* (NCREL Policy Brief #3). Retrieved March 29, 2007, from http://www.ncrel.org/sdrs/areas/issues/envrnmnt/ go/93-3need.htm

Logue, Mary Ellin, & Love, John M. (1992). Making the transition to kindergarten. *Principal, 71*(5), 10-12.

Mardell-Czudnowski, Carol, & Goldenberg, Dorothea S. (1983). *DIAL-R (Developmental Indicators for the Assessment of Learning-Revised) manual*. Edison, NJ: Childcraft.

Maryland State Department of Education. (n.d.). *Instruction/Pre-K.* Retrieved May 1, 2007, from http://www. mdk12.org/instruction/ensure/readiness/index.html

McClellan, Diane E. (Ed.). (1993, Fall/Winter). Thinking about Piaget in relationship to the mixed-age classroom. *MAGnet Newsletter on Mixed-Age Grouping in Preschool and Elementary Settings, 2*(1), 1-2.

McClellan, Diane E. (1994). Multiage grouping: Implications for education. In Penelle Chase & Jane Doan (Eds.), *Full circle: A new look at multiage education* (pp. 147-166). Portsmouth, NH: Heinemann.

McCollum, Jeanette. (2005). *One of us: Access and equity for* all *young children* (Rev. ed.). Springfield: Illinois State Board of Education.

McWilliam, R. A. (2000). It's only natural...to have early intervention in the environments where it's needed (pp. 17-26). In Susan Sandall & Michaelene Ostrosky, *Young exceptional children monograph series no. 2: Natural environments and inclusion*. Denver, CO: Division for Early Childhood of the Council for Exceptional Children.

Meisels, Samuel J. (1997). Using work sampling in authentic assessments. *Educational Leadership, 54*(4), 60-65.

Michigan Department of Education. (n.d.). *Michigan school readiness program implementation manual.* Retrieved May 1, 2007, from http://www.michigan.gov/documents/mde/DRAFT_IMP_MAN_07_193246_7.pdf

National Association for the Education of Young Children. (2006). *Standard 4: NAEYC accreditation criteria for assessment of child progress.* Retrieved March 29, 2007, from http://www.naeyc.org/academy/standards/ standard4/

National Association for the Education of Young Children & National Association of Early Childhood Specialists in State Departments of Education. (1991). *Guidelines for appropriate curriculum content and assessment in programs serving children ages 3 through 8: A position statement of the National Association for the Education of Young Children and the National Association of Early Childhood Specialists in State Departments of Education.* Washington, DC: National Association for the Education of Young Children.

National Association of State Boards of Education. (1991). *Caring communities: Supporting young children and families* (Report of the National Task Force on School Readiness). Alexandria, VA: Author.

National Center for Learning Disabilities, Inc. (2009). *Roadmap to Pre-K RTI: Applying Response to Intervention in Preschool Settings.* Retrieved September 2011, from http://www.rtinetwork.org/images/roadmaptoprekrti.pdf

National Education Association. (2006). *What the research says.* Retrieved March 29, 2007, from http://www.nea.org/parents/research-parents.html

Nebraska Department of Education. (1996). *Indicators of quality: Guiding the development and improvement of early childhood care and education programs* (2nd ed.). Lincoln: Author.

Newborg, Jean; Stock, John R.; Wnek, Linda; Guidubaldi, John; Svinicki, John. (1984). Battelle developmental inventory screening test. Allen, TX: DLM Teaching Resources.

North Central Regional Educational Laboratory. (n.d.). *Community collaboration.* Naperville, IL: Author. Retrieved January 8, 2007, from http://www.ncrel.org/sdrs/areas/issues/students/earlycld/ea11k25.htm

North Central Regional Educational Laboratory. (2004). *Vygotsky, Piaget, and Bruner.* Retrieved February 8, 2007, from http://www.ncrel.org/sdrs/areas/issues/methods/instrctn/in5lk2-4.htm

Pike, Lynn Blinn. (n.d.). *Toilet training*. Columbia: University of Missouri Extension. Retrieved April 3, 2007, from http://extension.missouri.edu/explorepdf/hesguide/humanrel/gh6128.pdf

Repetto, Jeanne B., & Correa, Vivian I. (1996). Expanding views on transition. *Exceptional Children, 62*(6), 551-563.

Rous, Beth; Hemmeter, Mary Louise; & Schuster, John W. (1994). Sequenced transition to education in the public schools: A systems approach to transition planning. *Topics in Early Childhood Special Education, 14*(3), 374-393.

Sanford, Anne R., & Zelman, Janet G. (1981). *Learning accomplishment profile* (Chapel Hill Training-Outreach Project). Winston-Salem, NC: Kaplan.

Smilansky, Sara. (1990). Socio-dramatic play: Its relevance to behavior and achievement in school. In Klugman, Edgar, & Smilansky, Sara (Eds.). (1990). *Children's play and learning: Perspectives and policy implications.* New York: Teachers College Press.

Snow, Catherine E.; Burns, M. Susan; & Griffin, Peg (Eds.). (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press.

Stone, S. (1995). *The primary multiage classroom: Changing schools for children.* Unpublished manuscript.

TLL Education Services. *Maslow's Hierarchy of Needs.* Retrieved from http://thelibrarylady.net/Childhood%20-%20From%20the%20Inside%20Out/maslows_hierarchy_of_needs.htm

Wolery, Ruth Ashworth, & Odom, Samuel L. (2000). *An administrator's guide to preschool inclusion.* Chapel Hill: University of North Carolina, FPG Child Development Center, Early Childhood Research Institute on Inclusion.

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EVALUATION OF MANUAL

The Illinois State Board of Education values your opinion. Please take a moment to complete the following evaluation regarding the content of this manual. When completed, please fax to (217) 785-7849.

My role is
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- ❏ parent educator
- ❏ support staff
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- ❏ community based

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1. I found the manual to be useful because:

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