FOUNDATION COURSE
ON EDUCATION OF
CHILDREN WITH DISABILITIES
(FC - SEDE)

Understanding of Early Childhood Development and Intervention of Children with Disabilities

BLOCK

3

MADHYA PRADESH BHOJ (OPEN) UNIVERSITY
AND
REHABILITATION COUNCIL OF INDIA

MPBOU (FC-SEDE) PROGRAMME

FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES

BLOCK : 3

UNDERSTANDING OF EARLY CHILDHOOD DEVELOPMENT AND INTERVENTION OF CHILDREN WITH DISABILITIES

EVALUATE

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FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES

BLOCK

3

UNDERSTANDING OF EARLY CHILDHOOD DEVELOPMENT AND INTERVENTION OF CHILDREN WITH DISABILITIES

BLOCK – 3 : UNDERSTANDING OF EARLY CHILDHOOD DEVELOPMENT AND INTERVENTION OF CHILDREN WITH DISABILITIES.

INTRODUCTION

Early childhood is the period of a child's life from conception to age eight. This time frame is consistent with developmental psychology's view of the continuum of children's development. There is a general pattern or sequence for development that is true of all children. However, the rate, character, and quality of development vary from child to child. Culture influences development in different ways, and the goals for children differ from culture to culture.

A child should develop in all areas of development. There can be deficits in the development of the child. The reasons for delays or deficits in the development is not necessarily because of disabilities alone but could also be due to social, cultural and health factors of the child. It is intrinsically important to identify any delays in early childhood development, since early identification would lead to optimum use of residual potential in every child.

The universal intervention model is known as the portage. Portage guide is basically a system for teaching skills to pre-school children with developmental delays. The portage project is a home based training system which directly involves parents in the education of their children in the early childhood ie., 0-6 years of age.

Behavioural Modification skills are widely used in changing a behaviour. We can change only operant behaviors. Operant behaviors are those behaviors that are seen. Behaviors can be added or changed. Behavioural Modification skills is a double edged sword. Skinner's Behavioural Modification skills are used worldwide in many sectors- in education, in HRD, management of animal behaviour, so on so forth.

OBJECTIVES

After going through this Block you will be able to develop an understanding of :

- early childhood development;
- early identification and assessment;
- early intervention at home of children with disabilities;
- behaviour modification techniques.

UNIT – 1 : EARLY CHILDHOOD CARE AND DEVELOPMENT

STRUCTURE

1.1 INTRODUCTION

Early Childhood Care and Development: A Definition

Children do not just grow in size. They develop, evolve, and mature, mastering ever more complex understandings of the people, objects and challenges in their environment. There is a general pattern or sequence for development that is true of all children. However, the rate, character, and quality of development vary from child to child. Culture influences development in different ways, and the goals for children differ from culture to culture.

Early Childhood Care and Development (ECCD) refers not only to what is happening within the child, but also to the care that child requires in order to thrive. For a child to develop and learn in a healthy and normal way, it is important not only to meet the basic needs for protection, food and health care, but also to meet the basic needs for interaction and stimulation, affection, security, and learning through exploration and discovery.

ECCD activities are those that support young children appropriately and seek to strengthen the environments in which they live. ECCD includes working with parents to strengthen parenting skills, working with siblings and other family members to recognize the specific developmental needs of younger children, working to provide or strengthen day care options, developing preschools and other early childhood education programs that address the child's needs in holistic ways, as well as striving to bolster the community in its economic, physical, and moral support of families and young children.

When discussing Early Childhood Care and Development (ECCD), it is important to have a common understanding of what is meant by the term. There are three parts to the phrase: *early childhood* — *care* — and *development*.

Early Childhood

Early childhood is defined as the period of a child's life from conception to age eight.

There are two reasons for including this age range within a definition of ECCD. First, this time frame is consistent with developmental psychology's view of the continuum of children's development. Children below the age of eight learn best when they have objects they can manipulate, when they have chances to explore the world around them, when they can experiment and learn from trial-and-error within a safe and stimulating environment. At about the age of nine they begin to view the world differently. They can manipulate ideas and learn concepts mentally and are less dependent on objects. Thus in terms of learning theory, the birth through age eight time period presents a developmental continuum.

Second, the international definition of early childhood includes the early primary years (ages six-eight) because of the importance of the transition for children either from home or from a pre-school programme into the primary school. If pre-school programmes for children are to be effective, there needs to be some interface between what happens in the pre-school and lower primary school. This does not mean that early childhood programmes should become formal experiences for young children. Rather, there is a need for early primary teachers to become more aware of the experiences, skills and knowledge that children bring with them into the primary school if they have had an early childhood programme experience.

Care...

In the 1980s, the term *care* was added to the phrase early childhood development. This was in recognition of the fact that young children need care and nurturing. They need attention to their health and nutrition, their evolving emotional and social abilities, as well as their minds. The term *care* was chosen, rather than *education*, to move policy makers and program providers away from thinking exclusively in terms of pre-schooling.

Development...

In the definition of ECCD being used throughout this article *development* is defined as the process of change in which the child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves both a gradual unfolding of biologically determined characteristics and the learning process. *Learning* is the process of acquiring knowledge, skills, habits and values through experience and experimentation, observation, reflection, and/or study and instruction. Both the child's physical growth (the child's health and nutrition history and current health and nutritional status) are crucial in the child's overall development. The child's current developmental status either facilitates or inhibits future learning. Thus learning is part of the development process. (Myers, The Twelve Who Survive 1992; 1995)

In many cases, the terms *care* and *development* also refer to the arrangements people make for their children. Day care, community or programme development, and child care are issues to look at in addressing the needs and supporting the healthy growth of young children.

1.2 OBJECTIVES

After going through this Unit you will be able to learn about

- the definition of early childhood development,
- the process and stages of cognitive development,
- the milestones of gross and fine motor development,
- the development of language and communication,
- the stages of social development.

1.3 COGNITIVE DEVELOPMENT

The Importance of Early Childhood Cognitive Development

Early childhood generally refers to the period from birth through age 5. A child's cognitive development during early childhood, which includes building skills such as pre-reading, language, vocabulary, and numeracy, begins from the moment a child is born. Developmental scientists have found that the brain acquires a tremendous amount of information about language in the first year of life even before infants can speak. By the time babies utter or understand their first words, they know which particular sounds their language uses, what sounds can be combined to create words, and the tempo and rhythm of words and phrases.

There is a strong connection between the development a child undergoes early in life and the level of success that the child will experience later in life. For example, infants who are better at distinguishing the building blocks of speech at 6 months are better at other more complex language skills at 2 and 3 years of age and better at acquiring the skills for learning to read at 4 and 5 years of age. Not surprisingly, a child's knowledge of the alphabet in kindergarten is one of the most significant predictors of what that child's tenth grade reading ability will be.

When young children are provided an environment rich in language and literacy interactions and full of opportunities to listen to and use language constantly, they can begin to acquire the essential building blocks for learning how to read. A child who enters school without these skills runs a significant risk of starting behind and staying behind.

Early Childhood Care and Education

Young children are cared for in a wide variety of settings. According to data from the National Center for Education Statistics, 38 percent of children of age 5 or younger receive care on a regular basis from parents only. The remaining 62 percent of children are in one or more arrangements, including care by other relatives (24 percent), non-relatives (17 percent), or center-based programs (34 percent), including Head Start (6 percent). Children between the ages of 3 and 5 are more likely than children younger than 3 to be cared for in a center-based program, such as child care and Head Start. Children under the age of 3 are more likely to be in the care of a parent than are children older than 3.

Parents are a child's first and most important teachers. It is significant that nearly 40 percent of young children are cared for primarily by a parent.

Jean Piaget (1896-1980) was one of the most influential researchers in the area of developmental psychology during the 20th century. Piaget originally trained in the areas of biology and philosophy and considered himself a "genetic epistemologist." He was mainly interested in the biological influences on "how we come to know." He believed that what distinguishes human beings from other animals is our ability to do "abstract symbolic reasoning. The writings of Piaget (e.g., 1972, 1990; see Piaget, Gruber, & Vonèche) and Vygotsky (e.g. Vygotsky, 1986; Vygotsky & Vygotsky, 1980), along with the work of John Dewey (e.g., Dewey, 1997a, 1997b), Jerome Bruner (e.g., 1966, 1974), and Ulrick Neisser (1967) form the basis of the constructivist theory of learning and instruction.

While working in Binet's IQ test lab in Paris, Piaget became interested in how children think. He noticed that young children's answers were qualitatively different than older children which suggested to him that the younger ones were not dumber (a quantitative position since as they got older and had more experiences they would get smarter) but, instead, answered the questions differently than their older peers because they thought differently.

There are two major aspects to his theory: the process of coming to know and the stages we move through as we gradually acquire this ability.

Process of Cognitive Development. As a biologist, Piaget was interested in how an organism adapts to its environment (Piaget described as intelligence.) Behavior (adaptation to the environment) is controlled through mental organizations called schemes that the individual uses to represent the world and designate action. This adaptation is driven by a biological drive to obtain balance between schemes and the environment (equilibration).

Piaget hypothesized that infants are born with schemes operating at birth that he called "reflexes." In other animals, these reflexes control behavior throughout life. However, in human beings as the infant uses these reflexes to adapt to the environment, these reflexes are quickly replaced with constructed schemes.

Piaget described two processes used by the individual in its attempt to adapt: assimilation and accomodation. Both of these processes are used thoughout life as the person increasingly adapts to the environment in a more complex manner.

Assimilation is the process of using or transforming the environment so that it can be placed in preexisting cognitive structures. Accomodation is the process of changing cognitive structures in order to accept something from the environment. Both processes are used simultaneously and alternately throughout life. An example of assimilation would be when an infant uses a sucking schema that was developed by sucking on a small bottle when attempting to suck on a larger bottle. An example of accomodation would be when the child needs to modify a sucking schema developed by sucking on a pacifier to one that would be successful for sucking on a bottle.

As schemes become increasingly more complex (i.e., responsible for more complex behaviors) they are termed structures. As one's structures become more complex, they are organized in a hierarchical manner (i.e., from general to specific).

Stages of Cognitive Development.

Piaget identified four stages in cognitive development:

1. **Sensorimotor stage** (Infancy). In this period (which has 6 stages), intelligence is demonstrated through motor activity without the use of symbols. Knowledge of the world is limited (but developing) because its based on physical interactions / experiences. Children acquire object

permanence at about 7 months of age (memory). Physical development (mobility) allows the child to begin developing new intellectual abilities. Some symbolic (language) abilities are developed at the end of this stage

2. **Pre-operational stage** (Toddler and Early Childhood). In this period (which has two sub-stages), intelligence is demonstrated through the use of symbols, language use matures, and memory and imagination are developed, but thinking is done in a nonlogical, nonreversable manner. Egocentric thinking predominates

3. **Concrete operational stage** (Elementary and early adolescence). In this stage (characterized by 7 types of conservation: number, length, liquid, mass, weight, area, volume), intelligence is demonstrated through logical and systematic manipulation of symbols related to concrete objects. Operational thinking develops (mental actions that are reversible). Egocentric thought diminishes.

4. **Formal operational stage** (Adolescence and adulthood). In this stage, intelligence is demonstrated through the logical use of symbols related to abstract concepts. Early in the period there is a return to egocentric thought. Only 35% of high school graduates in industrialized countries obtain formal operations; many people do not think formally during adulthood.

Many pre-school and primary programs are modeled on Piaget's theory, which, as stated previously, provides part of the foundation for constructivist learning. Discovery learning and supporting the developing interests of the child are two primary instructional techniques. It is recommended that parents and teachers challenge the child's abilities, but NOT present material or information that is too far beyond the child's level. It is also recommended that teachers use a wide variety of concrete experiences to help the child learn (e.g., use of manipulatives, working in groups to get experience seeing from another's perspective, field trips, etc).

Piaget's research methods were based primarily on case studies [they were descriptive]. While some of his ideas have been supported through more co-relational and experimental methodologies, others have not. For example, Piaget believed that biological development drives the movement from one cognitive stage to the next.

The Cognitive milestones in the first 3 years of the child are as follows:

0-8 months	• Looks from one object to another • Looks after fallen objects • Pulls stings to get object • Uncovers toy he has seen hidden
8-14 months	• Imitates use of toy • Finds hidden toy (emergence of memory) • Begins demonstrating cause and effect

18-24 months	• Uses objects as tools • Fits related objects together • Uses trial and error • Can arrange objects by size
24-36 months	• Ability to use abstractions • Draws recognizable face • Understands 1, 2 etc • Names common color • Makes associations

1.4 MOTOR DEVELOPMENT

Development is a continuous process from conception to maturity and should not be measured in mere milestones. The motor development starts very early in life. All important parts of the body are already developed in the womb. There is a great deal of mobility that takes place in the first year of a child's life. The pattern of motor development in the first year are by and large common irrespective of socio-cultural-economic conditions even though slight variations may occur. In the early years of life various primitive reflexes are seen in the child such as grasp reflex, neck reflex, walking reflex, etc. Before any milestone is reached every child has to undergo various preceding stages of development. The sequence of development remains the same but the rate may vary from child to child. For e.g. A child has to learn to sit before he learns to walk, but the age at which he learns to sit may vary from child to child. Certain primitive reflexes anticipate corresponding voluntary movement and have to be lost before voluntary movement takes place for e.g. grasp reflex and walking reflex of the newborn. Another is the reciprocal kicking of the legs which disappears when walking begins. In children with developmental delay, these primitive reflexes are likely to persist for a longer time.

Motor movements can be classified into gross and fine motor.

Milestones in Gross and fine motor

0-6 months	• Head control • Turns over • Sits • Crawls	• looks at hands • follows with eyes 180 degrees • brings hands together • reaches • explores objects with hands • transfers objects hand to hand

8-14 months	• Pulls to stand • Cruises • Lowers self from standing position • Walks alone • Climbs upstairs	• Pincer grasp • Scribbles • Pushes toys • Pokes at objects • One hand helps other
14-24 months	• Stops and recovers • Climbs into chairs • Stands on one foot • Walks up down stairs holding on • Kicks throws ball • Rides mobility toy	• Builds tower of cubes • Completes simple puzzles • Turn pages of book • Turns knobs
24-36 months	• Runs climbs • Jumps in place • Pulls wagon • Rides tricycle	• String beads • Works latches and hook • Turns pages of book singularly • Snips with scissors

It should be noted that no area of development can take place in isolation. All areas are mutually complementary and any delay in one area may affect another area of development. Therefore as teachers, you must pay attention to the holistic development of the child. For e.g. if there is a child who has polio or cerebral palsy without difficulties in learning you still need to observe the child in all areas of development because difficulties or delays in motor development can affect cognitive development, socialization etc.

1.5 DEVELOPMENT OF LANGUAGE AND COMMUNICATION

Language involves receptive and expressive forms. When receptive language ability is limited expressive development is affected. Speech is only one form of expressive language. It is the most useful and most widely used form in expressing our thoughts and feelings. If speech is to be an useful form of communication, the speaker must use words used by others. There are three major tasks in learning to speak

1. Building vocabulary
2. Learning to pronounce work
3. Combining words into grammatically correct sentences

Speech contributes to children's personal and social adjustment by satisfying their needs and wants. There are four forms of communication before children learn to speak, namely

1. Crying

2. Gesutues,

3. Babbling and

4. Emotional expressions.

Speech can be learned by (a) trial and error, (b) limitation and (3) training or teaching. There are 6 essential factors in learning to speak :

1. Mental readiness,

2. Physical rediness,

3. Good model to imitate,

4. Opportunities to practice,

5. Motivation and

6. Guidance

Gestural communication can be encouraged in children who have difficulty in speaking.

Factors associated with language development

Health : The child who suffers from a major physical illness especially that affects the brain may get speech defect.

Intellectual level : Bright children tend to learn and master speech earlier than others. Mental Retardation shows delayed development of speech, as langugae development is directly linked to cognitive development.

Family : A healthy, stimulating and rewarding environment facilitates languages development.

1.6 SOCIAL DEVELOPMENT

Social development refers to development of the ability to behave in accordance with social expectations, which involves social perception, thinking and reasoning about people, one self and social relationship. These are called "Social Cognition". The process of Learning the standards of behaviours, roles and values in a given culture is called "Socialisation". Socialisation is largely determined by child's cognitive development as well as social stimulation available to the child.

During infancy (0-2 years) a new born is almost unresponsive to social stimuli. Responses are largely reflexive, and confined to the physical dimensions of stimuli (example, light, sound, texture, taste or smell). Social stimuli like other's smile, gesture, vocalisation or approach does not seem to be meaningful. These behaviours acquire meaning due to prolonged association with pain and pleasure. Mother's approach of example, becomes meaningful because it is associated with gratification of child's. A three month old infant therefore expressive pleasure in mother's approach and cries in her absence. He is capabale of distinguishing mother's voice from that of the others. 'Social Smile'appears around 2-3 months age in the form of smiling in response to mother's smile or vocalisation. Around 4 months, infant shows anticipatory adjustments in day-to-day life and in decision making.

As the child grows, he develops social competencies to interact effectively with his environment which includes, home, family, neighbourhood, school and finally community. The experiences he has since birth through the stages are responsible for his values, beliefs and attitudes as an adult.

Erik Erikson, a psychoanalysis, has formulated a theory of human development with stress on social aspects by covering the entire span of the life cycle. The 'Eight stages of life Cycle' are as follows:

Stage 1. Basic trust versus mistrust (birth to about 1 year)

Stage 2. Autonomy versus shame and doubt (about 1 to 3 years)

Stage 3 Initiative versus guilt (3 to 5 years)

Stage 4 Industry versus inferiority (6 to 11 years)

Stage 5 Identify versus role of diffusion (11 years through end of adolescence)

Stage 6 Intimacy versus isolation (21 to 40 years)

Stage 7 Generativity versus stagnation (40 to 65 years).

Stage 8 Integrity versus despair (over 60 years)

These stages are marked by one or more internal crises, which are defined as turning points. If one crisis is mastered successfully, the person gains strength by which he/she can move onto the next stage.

The ages of 6 to 8 are years when the child's social environment expands rapidly. The life of the child beings to centre around the school and the children and activities that are found there. The child now has authority figures other than the mother and father who seek to guide him. Peers take on greater importance, and the group phenomena being to influence the child's behaviour and growth. Family influences lessen as the external socialization process makes its impact. Since his whole being revolves around his friends and peers, the child must learn social skills and communication skills that will enable him to maintain successful relationships. Learning to get along well with others is often difficult, and lack of social experiences or of good teaching modes (mothers, fthers, and other acceptable adults) can be handicapping.

As early as the age of 6 years, when he enters school, the child becomes more independent than previously by virtue of being on his own and by making more independent decisions. By the age of 8 years he makes an important discovery – he suddenly realises that adults can make mistakes, that they do not know everything, and that they can be criticised. This knowledge provides a giant step toward self-autonomy. Because of increasing intellectual development, the 9 to 12 year old reaches a point where he can see more clearly the shorcomings of adults. They challenge the thinking and decisions of persons in positions of authority. Soon they reject or question many of the standards of their parents and of adults in general. This characterstic does not imply that the children become discipline and behaviour problems, but it does mean that they are not as ready to accept rules and standards unquestioningly as they did an earlier age. Clashes may result, overtly or covertly.

1.7 UNIT SUMMARY

- Early childhood generally refers to the period from birth through age 5.
- A child's **cognitive development** during early childhood, which includes building skills such as pre-reading, language, vocabulary, and numeracy, begins from the moment a child is born.Piaget identified four stages in cognitive development: **Sensorimotor stage** (Infancy),

Pre-operational stage (Toddler and Early Childhood) **Concrete operational stage** (Elementary and early adolescence), **Formal operational stage** (Adolescence and adulthood)

- The **motor development** starts very early in life. All important parts of the body are already developed in the womb. There is a great deal of mobility that takes place in the first year of a child's life. The pattern of motor development in the first year are by and large common irrespective of socio-cultural-economic conditions even though slight variations may occur. In the early years of life, various primitive reflexes are seen in the child such as grasp reflex, neck reflex, walking reflex, etc. Before any milestone is reached every child has to undergo various preceding stages of development. The sequence of development remains the same but the rate may vary from child to child.

- **Development of Language and Communication**. There are four forms of communication before children learn to speak namely Crying, Gestures, Babbling and Emotional expressionsThere are three major tasks in learning to speak building vocabulary, learning to pronounce work, combining words into grammatically correct sentences.

- **Social Development**. As the child grows, he develops social competencies to interact effectively with his environment which includes, home, family, neighbourhood, school and finally community. The experiences he has since birth through the stages are responsible for his values, beliefs and attitudes as an adult.

1.8 CHECK YOUR PROGRESS

What are the different stages of cognitive development?

What are the major milestones in cognitive development for children under 3 years?

What are the Milestones in Gross and fine motor ?

What are four forms of communication before children learn to speak?

How the values, beliefs and attitudes are developed in life?

1.9 ASSIGNMENT

Values, beliefs and attitudes of a person are parts of social development. How positive values, and attitudes can be developed in children Give your own opinion and suggestions in a comprehensive manner from your own experience.

1.10 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the Unit you may like to have further discussion on some points and clarification on other. Note down those points below:

1.10.1 Points for Discussion

1.10.2 **Points for Clarification**

1.11 REFERENCES/FURTHER READINGS

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UNIT – 2 : EARLY IDENTIFICATION AND ASSESSMENT

STRUCTURE

2.1 INTRODUCTION

A child should develop in all areas of development as stated above. There can be deficits in the development of the child. The reasons for delays or deficits in the development is not necessarily because of disabilities alone but could also be due to social, cultural and health factors of the child. It is intrinsically important to identify any delays in early childhood development, since early identification would lead to optimum use of residual potential in every child. Neglect during early years of life leads to secondary disabling conditions such as the child may be hard of hearing, but lack of early identification and intervention would lead to deficits in language development which in turn would affect the cognitive, social development etc.

2.2 OBJECTIVES

After going through this Unit you will be able to :

- realize the importance and need of early identification and assessment ;
- know about the approaches to assessment of the child
- become familiar with the assessment tools.

2.3. APPROACHES TO ASSESSMENT OF THE CHILD

There are two types of approaches to assessment of the child.

a. Norm referenced Data (NRD)

b. Criterion referenced Data. (CRD)

NRD refers to use of testing tools such as IQ tests, etc. which is based on the norm. This approach unless developed for specific socio-cultural context could give wrong assessment of the child. Besides NRD talks about what is lacking in the child in comparison with the norm and does not give step by step guide to the teachers on how to help the child to progress in different areas of development. Internationally for educational purpose Criterion Referenced Data is used. The use of CRD has gained tremendous popularity in the education sector. A CRD is a checklist of behaviors in different areas of development is also age appropriate. The age appropriateness is reflected both in terms of chronological and developmental age. It is therefore very easy to understand the expected development and any delays in the specific areas of development. There are two types of functional assessment forms for use of teachers to identify children and assess children with special needs.

2.4. ASSESSMENT TOOLS

There are two types of functional assessment forms for use of teachers to identify children and assess children with special needs. FORM A is designed for Brief record of identification of disability of children under 6 years. Form B is designed for the identification of Impairment in children in the age group of 0- 6.

Form A.: based on the Questionnaire of WHO with 10 question. This is basically a screening tool. There are two types of forms means for children of age group 0-6 and 6-14. This form contains simple questions **which a teacher should fill only after testing the child. The form should never be filled either by guessing or by simply eliciting information from the parents.** After filling this form you will come to know if there is a possibility of a child having a disability. These **screening forms are also coded with boxes for responses.** If there is a tick mark in any one box then you have to conduct the functional assessment of the child (Form B). **Functional assessment is a method of finding out the impact of disability on the functions of various parts of the body, daily living activities, and other age appropriate activities of the child.**

FORM A

Brief Record of Identification of Disability of Children Under 6 Years

Village_____ House No_____ Number of the child _____

a) Name of the child _____

b) Age (date of birth) _____

c) Father's Name _____

d) Mother's Name _____

Mark [√] against the correct answer for the following questions

Did delivery take place before full term? YES [ ] NO [ ] DON'T KNOW [ ]

Compared to other children was there delay in the following -

a) Neck control? YES [ ] NO [ ] DON'T KNOW [ ]

b) Sitting?

c) Walking?

Does the child turn it's head or eye towards the direction of sound?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any difficulty for the child to understand when someone talks to him/her?	YES [ ] NO [ ] DON'T KNOW [ ]
When compared to other children, does your child have difficulty in - a) reading? b) understanding? c) remembering? d) carrying out daily activities?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any difficulty in hearing?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any physical disability?	YES [ ] NO [ ] DON'T KNOW [ ]
Does the child mix well with others?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any deformity in the eye/eyes?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any difficulty in seeing?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any difficulty for others to understand your child's talk?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any Spasm in any of your child's organs?	YES [ ] NO [ ] DON'T KNOW [ ]
Is there any problem in understanding your child's talk by people outside the child's family?	YES [ ] NO [ ] DON'T KNOW [ ]

FOR THOSE WHO FILL THE FORMS

Do they refuse to give information?	YES [ ] NO [ ] DON'T KNOW [ ]
Do the family members feel that there is no use in providing information to you?	YES [ ] NO [ ] DON'T KNOW [ ]

REMEMBER:

Even if there is a single [✓] mark in any one box in this brief record, a FORM B has to be filled.

FORM B

Detailed form for the Identification of Impairment in Children in the Age Group of 0- 6

Village Name: House Number Number of child

a) Name of the child: Age of child:

b) Sex of the child:

c) Father's Name:

d) Mother's Name:

Mark { □ } against the correct answer for the following questions.

1	Did the child cry immediately after delivery?	Yes	No	Don't know
2	Is the size of the head of this child unusually larger than the size of the head of another child of the same age?	Yes	No	Don't know
3	Is the size of the head of this child unusually smaller than the size of the head of another child of the same age?	Yes	No	Don't know
4	Is there any lump or injury in the back of the child?	Yes	No	Don't know
5	Does the child stiffen his/her body when the mother carries the child?	Yes	No	Don't know
6	Does the child roll over to the side?	Can count	Can't count	Don't know
7	Does the child attempt to reach for the toys placed near him/her?	Can count	Can't count	Don't know
8	Does the child recognize familiar people?*	Can identify	Can't count	Don't know
9	Does the child look at the light when a torch is moved to and fro, drawing the child's attention towards it?	Yes	No	Don't know
10	Does the child respond when called his name from behind at a distance of 10 feet?	Can respond	Can't respond	Don't know
11	Does the child respond when called his name from behind at a distance of 5 feet?	Can respond	Can't respond	Don't know
12	Does the child talk clearly?	Yes	No	Don't know
13	Is there any difficulty for others to understand child's talk?	Yes	No	Don't know
14	Does the child have the fits?	Yes	No	Don't know
	If yes, Does the child have an attack			
	a) Daily?	Yes	No	Don't know
	b) Once a week?	Yes	No	Don't know
	c) Once in a month?	Yes	No	Don't know
	d) Once in six months?	Yes		
	e) does the child take medicine			
	f)Does the child examined by the doctor?			

15	While working petty jobs Does the child spill/ drop not having the articles?	Yes	No	Don't know
16	Does the child keeps quiet while there is a discharge from the nose?	Yes	No	Don't know
17	When compared to other children of his age does the child seems to be less intelligent?	Yes	No	Don't know
18	Does the child appears to be dull always in his/ her activities?	Yes	No	Don't know
19	Is there any difficulty for the child to concentrate on work when compared to other children of his age?	Yes	No	Don't know
20	Compared to other children of his age , does the child play mischief?	Yes	No	Don't know
21	Does the child, instead of his own age children likes to mix with younger children?	Yes	No	Don't know
22	Does the child knows the dangers of fire, water etc ?	Yes	No	Don't know
23	Can the child tells his/her name?	Tells	Does not tell	Don't know
24	Does the child suffers from utter discharge from the eyes?	Yes	No	Don't know
25	Does the child always rubbing his/ her eyes?	Rubs	Does not rub	Don't know
26	Is there any serious of eye sight problem in reading, writing and seeing?	Yes	No	Don't know
27	Doe the child walks on his own without anybody's help?	Walks	Does not walk	Don't know
28	Is there any difficulty in running and doing exercises at school?	Yes	No	Don't know
29	Compared to others , is there less progress in studies/ play?	Yes	No	Don't know
30	Even though there is interest in doing all works, can't do any work?	Yes	No	Don't know
31	Can he/she keeps the books and articles carefully and clearly just like other children of his/ her age	Yes	No	Don't know
32	Compared to other children of his age, do he/ she works slowly	Yes	No	Don't know
33	Does the child suffer from ear-ache?	Yes	No	Don't know
34	Is there any discharge from the ears?	Yes	No	Don't know
35	Is there any difficulty in telling stories and arithmetic?	Yes	No	Don't know
36	Does the child turns away completely to the sides while listening to talks?	Yes	No	Don't know
37	Does the child hurts himself/ herself often?	Yes	No	Don't know
38	Does the child produces sound, while talking to himself/ herself continuously	Yes	No	Don't know
39	Does the child use spectacles?	Yes	No	Don't know

40	Does the child use hearing aids?	Yes	No	Don't know
41	Is there slight difficulty in hearing?	Yes	No	Don't know
42	Can the child has total hearing problem?	Yes	No	Don't know
43	Is there any problem in one leg?	Yes	No	Don't know
44	Is there any problem in both legs?	Yes	No	Don't know
45	Does he/ she does not walk properly?	Yes	No	Don't know
46	Is there any problem in both hands?	Yes	No	Don't know
47	When compared to others of his age is there any difficulty in writing?	Yes	No	Don't know
48	Is there any difficulty in carrying out daily activities?	Yes	No	Don't know
49	Does he/she have polio in the child hood?	Yes	No	Don't know
50	Does he/she have Tuberculosis in the child hood?	Yes	No	Don't know
51	Does he/she have Brain fever (meningitis) in child hood?	Yes	No	Don't know
52	Does he/she have any hump in the back of the child?	Yes	No	Don't know
53	Does he/she understands, remembers and learn well?	Yes	No	Don't know
54	Has polio drops been administered?	Yes	No	Don't know
55	Has triple antigen being given?	Yes	No	Don't know

1. Name of the person who filled this form:
2. Teacher's name
3. School Address
4. Is she an Anganwadi worker?

   Experience

   Address

   Qualification
5. Name of the person who gave information about the child:

   Teacher

   Mother

   Father

   Others

6. Date of survey

In the opinion of surveyor what kind of disability does the child have?

7. Mental Retardation	Yes	No	Don't know Don't know
8. Physical Handicap	Yes	No	Don't know
9. Hearing impairment	Yes	No	Don't know
10. Visual impairment	Yes	No	Don't know

11. Other (specify)

2.5 UNIT SUMMARY

- Early identification and intervention help in language development which in turn affect the cognitive and social development.
- The Norm Reference Data (NRD) refers to use of testing tools such as IQ tests. Internationally for educational purpose Criterion Referenced Data is used. A CRD is a checklist of behaviors in different areas of development; it is also age appropriate. The age appropriateness is reflected both in terms of chronological and developmental age.
- There are two types of functional assessment forms for use of teachers to identify children and assess children with special needs.
- FORM A is designed for Brief record of identification of disability of children under 6 years.
- Form B is designed for the identification of Impairment in children in the age group of 0- 6.

2.6 CHECK YOUR PROGRESS

1. Define : (a) NRD, (b) CRD.
2. Why early identification and assessment of the child with special needs is essential ?

2.7 ASSIGNMENT

- Prepare an Assessment Report using FORM A

2.8 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the Unit you may like to have further discussion on some points and clarification on other. Note down those points below:

2.8.1 Points for Discussion

2.8.2 Points for Clarification

2.9 REFERENCES /FURTHER READINGS

UNIT – 3 : EARLY INTERVENTION

STRUCTURE

3.1 INTRODUCTION

Portage is the most recognized and used early intervention model in the world. '**Portage Basic Training Course for Early Stimulation of Pre-School Children in India**' is an Indian adaptation as well as translation in Hindi of "Portage Guide to Early Education" by S.M.Bluma, M.Shearer, A.H Frohman and Jean M Hilliard (USA). It has also been translated in 9 Indian languages by CBR Network, Bangalore and is available in the form of CD.

Portage guide is basically a system for teaching skills to pre-school children with developmental delays. The portage project is a home based training system which directly involves parents in the education of their children in the early childhood ie., 0-6 years of age. The training is provided by a specially trained teacher or a public health worker with a special training and experience in the field of child development. However, the key person in the home based programme is parents family members.

It can be used by para-professionals like the staff of angamwadis, balwadis, non-professionals like parents, siblings, professionals such as pre-school educators, psychologists, and doctors.

3.2 OBJECTIVES

After going through this Unit you will be able to :

- realise the importance of early intervention;
- learn about the Portage which is the early intervention model in the world and its Indian adaptation;
- use portage kit with the help of portage guide.

3.3 PORTAGE, THE EARLY INTERVENTION MODEL

Portage is the most recognized and used early intervention model in the world. There isn't any place or person providing special education or early intervention services who hasn't heard of Portage. One unique aspect of Portage is that it is complex in design but simple to implement. People use it because it is inexpensive, because it focuses where it should, with the families in the child's natural environment and it works.

The basic premise of the Indian Portage model is:

- Parents care about their children and want them to attain their maximum potential,
- Parents can, with instruction, modeling and reinforcement, learn to be more effective teachers of their own children,
- The economic, educational or intellectual level of the parent does not determine their willingness to teach their child nor the extent of gains the child will attain as a result of parental instruction.

In its beginning, most of the components of the Portage Model were thought to be revolutionary. Such components as ongoing assessment, individualized curriculum planning, parents as the child's primary teacher, and embedding developmental activities into the child's and family's daily routine are widely accepted and used by today's early intervention programs as "standard practice". The components are so enmeshed in current intervention practice that professionals no longer associate them with the original Portage Model. Indeed many early interventionists today may view Portage as "outdated" or "unfashionable" when, in fact, what they consider to be today's accepted standards of current practice originated in the Portage Model.

The key components of the Portage model include:

Parents as Primary Teachers: Portage emphasizes the parent's role as the child's primary teacher. Parents as teachers can motivate children, can reinforce newly acquired skills in the home and can provide valuable information for others working with the child. In the Portage Model, the potential for larger and longer lasting effects in the child increases because of the amount of time spent with the parent and the amount of opportunities to practice what was learned. The role of parents as the child's primary teacher is not dichotomous, differentiated by presence or absence of participation. Involvement is a continuum along which parents can progress based on their individual needs and circumstance and with the expectation that they do not wish to remain static at any given point.

Precision Teaching Method – Precision teaching is an established approach that is based on bbehavioural principles and has been particularly successful with children with disabilities. This method utilizes a set of simple but effective procedures that teachers or home visitors and parents follow to identify, monitor, and make decisions about critical skills or behaviors a child needs. All of us who work in early childhood intervention need to be reminded that development proceeds rapidly during the first years of a child's life. Intervention approaches that facilitate development are heavily based on theory and methodology and support a tendency toward "trial and error". Infants and young children cannot afford to wait 3 to 6 months to see if a particular intervention is successful.

Precision teaching reduces the use of trial and error. It emphasizes watching and recording behavior to identify the unique strengths or problems of the child and recording their responses to determine results of the intervention.

Home Teaching Process – the centrality of the home teaching process to the other components is not by accidental design. The home teaching process is the "heart and soul" of Portage, the point which all of the

components converge and where successful intervention occurs. This process focuses on teaching the parents the teaching skills of particular activities so that they can serve as the child's main teacher in the home throughout the week.

Reporting: Recording, reporting and evaluation are on going activities that provide documentation of the services to all children in a program and their families.

Portage builds a partnership in the provision of the child's program and in the decision making of what will be included in the child's program. Partnership has become a commonly used word in this field, but in the Portage Model, families must be partners or the program will simply not succeed.

The focus is on the parents and their teaching and nurturing skills. Most early intervention programs focus primarily on the child and child outcomes. In the Portage approach, the focus is on the entire family.

Portage conducts the child's intervention in his natural environment that focuses primarily in the child's home but also assist in helping the child learn across environmental settings.

Through training and the use of a systematic approach, the professional's ability to provide a comprehensive early intervention service to the children and families they serve is improved.

The Indian Portage model addresses the need to involve the community in the child and family's lives. It means that we assist in planning for the child to be included in many community activities.

The Indian Portage model helps the child to become a valued member of the community and to develop into a contributing member of the community. This leads to dignity, independence and a positive self-image of every child. Dignity follows learning and accomplishments and competency. Independence only comes within a framework of meaningful relationships within the community and in the home and the child's self image comes with the person being successful in who he is and what he attempts to do. This must begin in early intervention services.

Using Portage in CBR and Early Childhood Care and Education Programme

The normal development of a child is measured by the developmental milestones achieved by the child. When the same milestones are not achieved in the given time (as compared to other children in the community), the child may have some form of delay in the development.

This handbook is a guide on how to stimulate 'Every child 'to develop to its 'fullest potential'. Some of the major areas of child development are as follows.

1. Self help skills
2. Socialization development
3. Motor development
4. Cognitive development
5. Language and communication

A majority of the development of the brain takes place within the womb of the mother. The balance neural development takes place within the first 2 years after birth. Most of the fundamental conceptual learning takes place in the first six years of the child's life. This forms the foundation for further development and growth of the child.

It is important to create an environment and human assistance to ensure holistic development of the child. This holistic development is important because if there is any lacunae or deficits in any area of development thus will lead to difficulty in learning. Sometimes child may not perform activities in between. For example child performs 5-10 activities but cannot five and eight. This is known as idiosyncratic development.

Points to note:

The behaviors (activities) listed here may be modified to suit the local socio-cultural practices as these may differ from region to region. However each activity should be equivalent to the activity listed

Step by Step Guide

1. Fill the screening forms for every child. There are two types of forms. See earlier unit for the sample form.

2. Fill the functional assessment form only to those children who may have developmental delay. This functional assessment gives information on the functional difficulties in seeing, moving, hearing, communication, learning.

3. Informal assessment: List 25 activities child can do and 25 activities child cannot do while listing activities child can do compare the child with new born child. List all the activities (do not forget to include even very simple tasks child performs). A list is made of the child's strengths and weaknesses. For e.g. 14 year old Raghu is mentally retarded. Before starting the stimulation/intervention program the parents are asked to list 25 strengths and 25 weaknesses of the child. (If the parents are illiterate, the teacher should prepare the list in consultation with the parents.) This would help the parents to focus on the strengths and abilities of the child rather than his/her disabilities. The teacher can also focus on the abilities and plan the education appropriately. Where possible the teacher should plan the education activities in consultation/partnership with the parents. This would help to reinforce the confidence of the parents in the intervention strategies being adopted.

4. Establish current levels of learning. This is known as baseline. This baseline gives list of activities child can do in all the 5 areas of development. E.g. A child of chronological age (actual age based on date of birth) 5 may have a developmental age of 3 years. Remember to establish baseline in all areas of development.

5. Prepare annual /half yearly /quarterly/monthly development plans for each child. Development in all the 5 areas is interdependent. For instance, cognition is connected to both socialization and language development. Language itself is a prerequisite for socialization. Physical growth and self-help are also interdependent. Therefore to assess the learning of the child it is necessary to assess in all areas and not only in the area of perceived disability. The stages of a child's development should be informed to the parents through the means of self-help groups, parents' workshops etc. This would help the parents to appreciate the learning achievements of the child and would also learn to reward the child for the same.

Practice for Parents and Teachers

Parents and teachers review the child's strengths and weaknesses. Using the Indian Portage Guide the teacher identifies the baseline of learning levels of the child in all the areas. It is much simpler to plan the intervention when the assessment is detailed and perfect.

After the baseline is taken, the teacher starts teaching the activities one by one in all the areas simultaneously as explained in the behavior modification techniques. After each activity, an evaluation is made to examine if the child has learnt the activity thoroughly. When the child performs the activity successfully in a minimum of 5 different circumstances, the learning may be said to be complete. These may be called as definite activities. Every activity must therefore be properly planned. For e.g. if a child is capable of identifying colors within the SHG, but is not able to relate it to the general environment, the learning is not useful/relevant. All activities must be reviewed to understand their significance and usefulness in the daily life of the child to make it relevant.

Some difficulties that may arise when using the Guide

Development of the child may not be as per the stages described in the guide. This is especially true for children with disabilities who may have idiosyncratic development. The following difficulties may arise when using the guide:

E.g. 1: The child may know activity 96 in Cognition but may not know activities 86 to 96. It is therefore necessary to teach the child all the activities from 86 to 96 and not proceed from 96 onwards.

E.g. 2: Some of the activities may not be suitable. Although the activities have been Indianised it may still not be totally suitable to the local practices. Therefore it is necessary to modify the activity to suit the local customs and practices. While modifying or finding similar activities it is necessary to choose the activity carefully. For e.g. if an activity states that the child ties his/her shoelace, and it is not socially relevant then the matching activity cannot be that the child wraps a muffler by himself, as the cognitive levels as well as the motor coordination required for both these activities are different.

Finally it is important to build on the strengths inherent in the child and the family. Every child has the capacity to perform, and it is the duty of the teacher to bring out the latent talent.

Checklist of Age-Appropriate Activities

The checklist given in the next page provides a list of activities along with the age appropriateness of each activity. Please list the activities that the child can do and stimulate the child to do the activities that it cannot do. For stimulation the Indian Portage Guide developed by CBR Network is available on the CD.

Cognitive Development

Name of the Child:

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
1	0-1	Removes cloth from face, that obscures vision			
2	0-1	Looks for object that has been removed from direct line of vision			
3	0-1	Removes object from open container by reaching into container			
4	0-1	Places object container in imitation			
5	0-1	Places object in container on verbal command			
6	0-1	Shaker a sound making toy on a string			
7	0-1	Puts 3 objects into a container empties container			
8	0-1	Transfers object from one hand to the Other to pick up another object			
9	0-1	Drops and picks up toy			
10	0-1	Finds object hidden under container			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
12	0-1	Removes circle from board			
13	0-1	Places round peg in pegboard on request			
14	0-1	Performs simple gestures on requst			
15	1-2	Individually takes out 6 objects from container			
16	1-2	Points to one body part			
17	1-2	Stacks 3 blocks on request			
18	1 to 2	Matches like objects			
19	1 to 2	Scribbles			
20	1 to 2	Points to self when asked "where's (name)?"			
21	1 to 2	Places 5 round pegs in pegboard on request			
22	1 to 2	Matches objects with picture of some object			
23	1 to 2	Points to named picture			
24	1 to 2	Turns pages of book 2-3 at a time to find named picture			
25	2 to 3	Finds specific book on request			
26	2 to 3	Completes 3 piece form-board			
27	2 to 3	Names 4 common pictures			
28	2 to 3	Draws a vertical line in imitation			
29	2 to 3	Draws a horizontal line in imitation			
30	2 to 3	Copies a circle			
31	2 to 3	Matches textures			
32	2 to 3	Points to big and little upon request			
33	3 to 4	Draws (+) in imitation			
34	2 to 3	Matches three colors			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
35	3 to 4	Places objects in, on and under upon request			
36	2 to 3	Names objects that make sounds			
37	2 to 3	Puts together 4 part nesting toy			
38	2 to 3	Names action pictures			
39	2 to 3	Matches geometric form with picture of shape			
40	2 to 3	Stacks 5 or more rings on a peg in order			
41	3 to 4	Names big and little objects			
42	3 to 4	Points to 10 body parts on verbal command			
43	3 to 4	Points to boy and girl on verbal command			
44	3 to 4	Tells if objects is heavy or light			
45	3 to 4	Puts together 2 parts of shape to make whole			
46	3 to 4	Describes two events or characters from familiar story or T.V. program			
47	3 to 4	Repeats finger plays with words and actions			
48	3 to 4	Matches 1 to 1 (3 or more objects)			
49	3 to 4	Points to long and short objects			
50	3 to 4	Tells which objects go together			
51	3 to 4	Counts to 3 in imitation			
52	3 to 4	Arranges objects into categories			
53	3 to 4	Draws a V stroke in imitation			
54	3 to 4	Draws a diagonal line from corner to corner of 4 inch square of paper			
55	3 to 4	Counts to 10 objects in imitation			
56	3 to 4	Builds a bridge with 3 blocks in imitation			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
57	3 to 4	Matches sequence or pattern of blocks or beads			
58	3 to 4	Copies series of connected V strokes WWWWW			
59	3 to 4	Adds leg and/or arm to incomplete man			
60	3 to 4	Completes 6 piece puzzle without trial and error			
61	3 to 4	Names objects as same and different			
62	3 to 4	Draws a square in imitation			
63	3 to 4	Names three colors on request			
64	3 to 4	Names three shapes,			
65	4 to 5	Picks up specified number of objects on request (1-5)			
66	4 to 5	Names five textures			
67	4 to 5	Copies triangle on request			
68	4 to 5	Recalls 4 objects seen in a picture			
69	4 to 5	Names time of day associated with activities			
70	4 to 5	Repeats familiar rhymes			
71	4 to 5	Tells whether objects is heavier or lighter (less than one pound)			
72	4 to 5	Tells what's missing when one objects is removed from a groud of three			
73	4 to 5	Names eight colors			
74	4 to 5	Names penny, nickel and dime			
75	4 to 5	Matches symbols (letters and numernls)			
76	4 to 5	Tells color of named objects			
77	4 to 5	Retells five main facts from story hreard 3 times			
78	4 to 5	Draws a man (head, trunks, 4 limbs)			
79	4 to 5	Sings five lines of song			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
80	4 to 5	Builds pyramid of 10 blocks in imitation			
81	4 to 5	Names long and short			
82	4 to 5	Places objects behind, besides, next to			
83	4 to 5	Matches equal sets to sample of 1 to 10 objects			
84	4 to 5	Names or points to missing part of pictured object			
85	4 to 5	Counts by rote 1 to 20			
86	4 to 5	Names first, middle, and last position			
87	5 to 6	Counts up to 20 items and tells how many			
88	5 to 6	Names 10 numerals			
89	5 to 6	Names left and right on self			
90	5 to 6	Says letters of alphabet in order			
91	5 to 6	Prints own first name			
92	5 to 6	Names five letters of alphabet			
93	5 to 6	Arranges objects in sequence of width and length			
94	5 to 6	Names capital letters of alphabet			
95	5 to 6	Puts numerals 1 to 10 in proper sequence			
96	5 to 6	Names position of objects first, second, third			
97	5 to 6	Names lower case letters of alphabet			
98	5 to 6	Matches capital to lower case letters			
99	5 to 6	Points to named numerals 1 to 25			
100	5 to 6	Copies diamond shape			
101	5 to 6	Completes simple maze			
102	5 to 6	Names days of a week in order			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
103	5 to 6	Can add and subtract combination to three			
104	5 to 6	Tells month and day of birthday			
105	5 to 6	Sight reads 10 printed words			
106	5 to 6	Predicts what happens next			
107	5 to 6	Points to half and whole objects			
108	5 to 6	Counts by rote 1 to 100			

Language and Communication

Name of the Child:

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
1	0-1	Repeats sound made by others			
2	0-1	Repeats same syllable 2-3 times (ma, ma,ma)			
3	0-1	Responds to gestures with gestures			
4	0-1	Carries out simple direction when accompanied by gestures			
5	0-1	Stops activity at least momentarily when told "no" 75% of the time			
6	0-1	Answers simple questions with nonverbal response			
7	0-1	Combines two different syllables in vocal play			
8	0-1	Imitates voice intonation patterns of others			
9	0-1	Uses single word meaningfully to label object or person			
10	0-1	Vocalizes in response to speech of other person			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
11	1 to 2	Says five different words (may use same word to refer to different objects)			
12	1 to 2	Asks for "more"			
13	1 to 2	Says "all gone"			
14	1 to 2	Follows 3 different one step directions without gestures			
15	1 to 2	Can "give me" or "show me" upon request			
16	1 to 2	Points to 12 familiar objects when named			
17	1 to 2	Points to 3-5 pictures in a book when named			
18	1 to 2	Points to 3 body parts on self			
19	1 to 2	Says his own name or nickname upon request			
20	1 to 2	Answers question "what's this?" with object name			
21	1 to 2	Combines use of words and gestures to make wants known			
22	1 to 2	Names 5 other family members including pets			
23	1 to 2	Names 4 toys			
24	1 to 2	produces animal sound or uses sound for animal's name (cow is "moo-moo")			
25	1 to 2	Asks for some common food items by name when shown (milk, biscuit etc.)			
26	1 to 2	Asks questions by a rising intonation at end of word or phrase			
27	1 to 2	Names 3 body parts on a doll or other person			
28	1 to 2	Answers yes/no question with affirmative or negative reply			
29	2 to 3	Combines noun or adjective and noun in two word phrase (ball chair)(my chair)			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGET	TARGET ACHIEVED ON
30	2 to 3	Combines noun and verb in two word phrase(daddy go)			
31	2 to 3	Uses word for bathroom need			
32	2 to 3	Combines verb or noun with "there" "here" in 2 word utterance (chair here)			
33	2 to 3	Combines 2 words to express possession (daddy car)			
34	2 to 3	Uses "no" or "not" in speech			
35	2 to 3	Answers question "what's _____ doing?" for common activities			
36	2 to 3	Answers "where" questions			
37	2 to 3	Names familiar environmental sounds			
38	2 to 3	Gives more than one object when asked using plural form (blocks)			
39	2 to 3	Refers to self by own name in speech			
40	2 to 3	Points to picture of common object described by its use			
41	2 to 3	Holds up fingers to tell age			
42	2 to 3	Tells sex when asked			
43	2 to 3	Carries out a series of two related commands			
44	2 to 3	Uses "ing" verb form (running)			
45	2 to 3	Uses regular plural forms (book/books)			
46	2 to 3	Uses some irregular past tense forms consistently (went, did, was)			
47	2 to 3	Asks question, "what's this (that)?"			
48	2 to 3	Controls voice volume 90% of the time			
49	2 to 3	Uses "this" and "that" in speech			
50	2 to 3	Uses "is" in statements (this is ball)			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
51	2 to 3	Says "I, me, mine" rather than own name			
52	2 to 3	Points to object that "is not _____" (is not a ball)			
53	2 to 3	Answers "who" question with name			
54	2 to 3	Uses possessive form of nouns (daddy's)			
55	2 to 3	Uses articles: the, a in speech			
56	2 to 3	Uses some class names (toy, animal, food)			
57	2 to 3	Says "can" and "will" occasionally			
58	2 to 3	Describes items as open or closed			
59	3 to 4	Says "is" at beginning of questions when appropriate			
60	3 to 4	Will attend for five minutes while story is read			
61	3 to 4	Carries out series of two unrelated commands			
62	3 to 4	Tells full name when requested			
63	3 to 4	Answers simple "how" questions			
64	3 to 4	Uses regular past tense forms (jumped)			
65	3 to 4	Tells about immediate experiences			
66	3 to 4	Tells how common objects are used			
67	3 to 4	Expresses future occurrences with "going to," "have to," "want to"			
68	3 to 4	Changes word order appropriately to ask questions (can I, does he)			
69	3 to 4	Uses some common irregular plurals (men, feet)			
70	3 to 4	Tells two events in order of occurrence			
71	4 to 5	Carries out a series of 3 directions			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
72	4 to 5	Demonstrates understanding of passive sentences (boy hit girl, girl was hit by boy			
73	4 to 5	Can find a pair of objects/pictures on request			
74	4 to 5	Uses "could" and "would" in speech			
75	4 to 5	Uses compound sentences (I hit the ball and it went in the road)			
76	4 to 5	Can find top and bottom of items on request			
77	4 to 5	Uses contractions can't , don't, won't			
78	4 to 5	Can point out absurdities in picture			
79	4 to 5	Uses words sister, brother, grandmother, grandfather,			
80	4 to 5	Tells final word in opposite analogies			
81	4 to 5	Tells familiar story without pictures for cues			
82	4 to 5	Names picture that does not belong in particular class (one that's not an animal)			
83	4 to 5	Tells whether or not 2 words rhyme			
84	4 to 5	Uses complex sentences (she wants me to come in because_____)			
85	4 to 5	Can tell whether sound is loud or soft			
86	5 to 6	Can point to some, many, several			
87	5 to 6	Tells address			
88	5 to 6	Tells telephone number			
89	5 to 6	Can point to most, least, few			
90	5 to 6	Tells simple jokes			
91	5 to 6	Tells daily experiences			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
92	5 to 6	Describes location or movement through, away, from, toward, over,			
93	5 to 6	Answers why question with an explanation			
94	5 to 6	Puts together and tells 3-5 part sequence story			
95	5 to 6	Defines words			
96	5 to 6	Can "tell me the opposite of _____"			
97	5 to 6	Answers question "what happens if... (you drop an egg)?"			
98	5 to 6	Uses Yesterday and tomorrow meaningfully			
99	5 to 6	Asks meaning of new or unfamiliar words			

Motor Development

Name of the Child:

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
1	0-1	Reaches for objects 6 - 9 inches in front of him/her			
2	0-1	Grasps object held 3 inches in front			
3	0-1	Reaches and grabs objects in front			
4	0-1	Reaches fro preferred objects			
5	0-1	Puts object in mouth			
6	0-1	Head and chest supported on arms while on stomach			
7	0-1	Holds head and chest erect supported on one arm			
8	0-1	Feels and explores object with mouth			
11	0-1	Moves forward one body length on stomach			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
12	0-1	Rolls from back to side			
13	0-1	Turns from back to stomach			
14	0-1	Pulls to sitting position when grasping adult fingers			
15	0-1	Turns head freely when body is supported			
16	0-1	Maintains sitting position for 2 mins.			
17	0-1	Puts down one object deliberately to reach for another			
18	0-1	Picks up and drops object on purpose			
19	0-1	Stands with maximum support			
20	0-1	Bounces up and down in standing position while being supported			
21	0-1	Crawls one body length to obtain object			
22	0-1	Sits self supported			
23	0-1	From sitting position, turns to hands and knees position			
24	0-1	Moves from stomach to sitting position			
25	0-1	Sits without hand support			
26	0-1	Flings objects hapharadly			
27	0-1	Rocks back and forth on hands & knees			
28	0-1	Transfers object form 1 hand to the other in sitting position			
29	0-1	Retains two one-inch cubes in one hand			
30	0-1	Pulls self to on-knees position			
31	0-1	Pulls self to standing position			
32	0-1	Uses pincer grasp to pick up object			
33	0-1	Creeps			
34	0-1	Reaches with one hand from creep position			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
35	0-1	Stands with minimum support			
36	0-1	Licks food from around mouth			
37	0-1	Stands alone for 1 minute			
38	0-1	Dumps object from receptacle			
39	0-1	Turns pages of book, several at a time			
40	0-1	Scoops with spoon or shovel			
41	0-1	Puts small objects in container			
42	0-1	Lower self from standing to sitting position			
43	0-1	Claps hands			
44	0-1	Walks with minimum aid			
45	0-1	Takes a few steps without support			
46	1 to 2	Creeps upstairs			
47	1 to 2	Moves from sitting to standing position			
48	1 to 2	Rolls a ball in imitation			
49	1 to 2	Climbs into adult chair, turns and sits			
50	1 to 2	Puts 4 rings on peg			
51	1 to 2	Removes 1" pegs from pegboard			
52	1 to 2	Puts 1" peg in pegboard			
53	1 to 2	Builds tower of 3 blocks			
54	1 to 2	Marks with crayon or pencil			
55	1 to 2	Walks independently			
56	1 to 2	Creeps down stairs feet first			
57	1 to 2	Seats self in small chair			
58	1 to 2	Squats and returns to standing			
59	1 to 2	Pushes and pulls while walking			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
60	1 to 2	Uses rocking horse or rocking chair			
61	1 to 2	Walks upstairs with aid			
62	1 to 2	Bends at waist to pick up objects without falling			
63	1 to 2	Imitates circular motion			
64	2 to 3	Strings 4 large beads in 2 minutes			
65	2 to 3	Turns door knobs, handles, etc.			
66	2 to 3	Jumps in place with both feet			
67	2 to 3	Walks backwards			
68	2 to 3	Walks downstairs with aid			
69	2 to 3	Throws ball to adult 5 feet away without moving feet			
70	2 to 3	Builds tower of 5 - 6 blocks			
71	2 to 3	Turns pages 1 at a time			
72	2 to 3	Unwraps small object			
73	2 to 3	Folds paper in half in imitation			
74	2 to 3	Takes apart and puts together snap-together toy			
75	2 to 3	Unscrews nesting toys			
76	2 to 3	Kicks large stationary ball			
77	2 to 3	Rolls clay ball			
78	2 to 3	Grasps pencil between thumb and forefinger, resting on third finger			
79	2 to 3	Forward somersault with aid			
80	3 to 4	Pounds 5 out of 5 pegs			
81	3 to 4	Puts together 3 piece puzzle or Form-board			
82	3 to 4	Snips with scissors			
83	3 to 4	Jumps from height of 8 inches			
84	3 to 4	Kicks large ball when rolled to him			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
85	3 to 4	Walks on tiptoe			
86	3 to 4	Runs 10 steps with coordinated, alternating arm movement			
87	3 to 4	Pedals tricycle 5 feet			
88	3 to 4	Swings on swing when started in motion			
89	3 to 4	climbs up and slides down 4-6 feet slide			
90	3 to 4	Somersaults forward			
91	3 to 4	Walks up stairs, alternating feet			
92	3 to 4	Marches			
93	3 to 4	Catches ball with 2 hands			
94	3 to 4	Uses templates			
95	3 to 4	Cuts along 8" straight line within 1/4" of line			
96	4 to 5	Stands on 1 foot without aid 4-8 secs.			
97	4 to 5	Runs changing direction			
98	4 to 5	Walks balance beam			
99	4 to 5	Jumps forward 10 times without falling			
100	4 to 5	Jumps over string 2 inches off the floor			
101	4 to 5	Jumps backward 6 times			
102	4 to 5	Bounces and catches large ball			
103	4 to 5	Makes clay shapes put together 2-3 parts			
104	4 to 5	Cuts curve			
105	4 to 5	Screws together threaded object			
106	4 to 5	Walks downstairs alternating feet			
107	4 to 5	Pedals tricycle turning corner			
108	4 to 5	Hops on 1 foot 5 successive times			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
109	4 to 5	Cuts out 2 inches circle			
110	4 to 5	Draws simple recognizable pictures such as house, man, tree			
111	4 to 5	Cuts out and pastes simple shapes			
112	5 to 6	Prints capital letters, large, single, anywhere on paper			
113	5 to 6	Walks balance board forward, backward and sideways			
114	5 to 6	Skips			
115	5 to 6	Swings on swing initiating & Sustaining motion			
116	5 to 6	Spreads fingers, touching thumb to each finger			
117	5 to 6	can copy small letters			
118	5 to 6	Climbs up step ladders or steps ten feet high to slide.			
119	5 to 6	Hits nail with hammer			
120	5 to 6	Dribbles ball with direction			
121	5 to 6	Colors, remaining within lines 95%			
122	5 to 6	Can cut picture from magazine or catalog without being more than 1/4" from edge			
123	5 to 6	Uses pencil sharpener			
124	5 to 6	Copies complex drawings			
125	5 to 6	Tears simple shapes from paper			
126	5 to 6	Folds paper square two times on diagonal in imitation			
127	5 to 6	Catches soft ball or bean bag with one hand			
128	5 to 6	Can jump rope by self			
129	5 to 6	Hits ball with bat or stick			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
130	5 to 6	picks up object from ground while running			
131	5 to 6	Skates forward 10 feet			
132	5 to 6	Rides bicycle			
133	5 to 6	Slides on sled			
134	5 to 6	Walks or plays in water waist-high in swimming pool			
135	5 to 6	Steers wagon, propelling with one foot			
136	5 to 6	Jumps up and pivots on one foot			
137	5 to 6	Prints name on primary paper using lines			
138	5 to 6	Jumps from height of 12 inches and lands on balls of feet			
139	5 to 6	Stands on one foot, no support, eyes closed, 10 seconds			
140	5 to 6	Hangs 10 seconds from horizontal bar bearing own weight on arms			

Self Help Skills

Name of the Child:

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
1	0-1	Sucks and swallows liquids			
2	0-1	Eats liquid food, baby cereal			
3	0-1	Reaches for bottle			
4	0-1	Eats strained food fed by parent			
5	0-1	Holds bottle without help while drinking			
6	0-1	Directs bottle by guiding it towards mouth or pushing it away			
7	0-1	Eats mashed food fed by parent			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
8	0-1	Drinks from cup held by parent			
9	0-1	Eats semi solid food fed by parent			
10	0-1	Feeds self with fingers			
11	0-1	Holds and drinks from cup using 2 hands			
12	0-1	Takes spoon filled with food to mouth with help			
13	0-1	Holds out arms and legs while being dressed			
14	1 to 2	Eats food with spoon independently			
15	1 to 2	Holds and drinks from cup with one hand			
16	1 to 2	Puts hands in water and pats wet hands on face in imitation			
17	1 to 2	Sits on potty or infant toilet seat for 5 minutes			
18	1 to 2	Puts hat on head and takes it off			
19	1 to 2	Pulls off socks			
20	1 to 2	Pushes arms through sleeves, legs through pants			
21	1 to 2	Takes off shoes when laces are untied and loosened			
22	1 to 2	Takes off coat when unfastened			
23	1 to 2	Takes off pants when unfastened			
24	1 to 2	Zips and unzips large zipper without working catch			
25	1 to 2	Uses words or gestures indicating need to go to bathroom			
26	2 to 3	Feeds self using spoon and cup with some spilling			
27	2 to 3	Takes towel from parent and wipes hands and face			
28	2 to 3	Sucks liquid from cup using straw			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
29	2 to 3	Scoops with fork			
30	2 to 3	Chews and swallows only edible things			
31	2 to 3	Dries hands without help when given towel			
32	2 to 3	Asks to go to bathroom, even if too late to avoid accidents			
33	2 to 3	Controls drooling			
34	2 to 3	Urinates or defecates 3 times a week when placed on potty			
35	2 to 3	Puts on shoes			
36	2 to 3	Brushes teeth in imitation			
37	2 to 3	Takes off simple clothing that has been unfastened			
38	2 to 3	Uses bathroom for bowel movement, 1 daytime accident per week			
39	2 to 3	Gets water from faucet without help when stool or steps are placed			
40	2 to 3	Washes face and hands using soap when adult regulates water			
41	2 to 3	Asks to go to bathroom during day in time to avoid accidents			
42	2 to 3	Places coat on hook placed at child's height			
43	2 to 3	Stays dry during naps			
44	2 to 3	Avoids hazards such as sharp furniture corners, open stairs			
45	2 to 3	Uses napkins when reminded			
46	2 to 3	Stabs food with fork and brings to mouth			
47	2 to 3	Pours from small pitcher into glass without help			
48	2 to 3	Unfastens snap on clothing			
49	2 to 3	Washes own arms and legs while being bathed			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
50	2 to 3	Puts on socks			
51	2 to 3	Puts on coat, sweater, shirt			
52	2 to 3	Finds front of clothing			
53	3 to 4	Feeds self entire meal			
54	3 to 4	Dresses self with help on pullover shirts and fastener			
55	3 to 4	Wipes nose when reminded			
56	3 to 4	Wakes up dry 2 morning out of 7			
57	3 to 4	Males urinate in toilet standing up			
58	3 to 4	Initiates and completes dressing & un-dressing except 75% of time			
59	3 to 4	Snaps or hooks clothing			
60	3 to 4	Blows nose when reminded			
61	3 to 4	Avoids common dangers (broken glass)			
62	3 to 4	Puts coat on hanger and replaces hanger on low bar with instructions			
63	3 to 4	Brushes teeth when given verbal instructions			
64	3 to 4	Puts on mittens			
65	3 to 4	Unbuttons large buttons on button board or jacket placed on table			
66	3 to 4	Buttons large buttons on button board or jacket placed on table			
67	3 to 4	Puts on boots			
68	4 to 5	Cleans up spills using own cloth			
69	4 to 5	Avoids poisons & all harmful substance			
70	4 to 5	Unbuttons own clothing			
71	4 to 5	Buttons own clothing			
72	4 to 5	Clears place at table			
73	4 to 5	Puts Zipper foot in catch			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
74	4 to 5	Washes hands and face			
75	4 to 5	Uses correct utensils for food			
76	4 to 5	Wakes from sleep during night to use toilet or stays dry all night			
77	4 to 5	Wipes and blows nose 75% of the time when needed without reminders			
78	4 to 5	Bathes self except for back, neck & ears			
79	4 to 5	Uses knife for spreading soft topping on toast			
80	4 to 5	Buckles & unbuckles belt on dress, pants or shoes			
81	4 to 5	Dresses self completely including all front fastenings except tie			
82	4 to 5	Serves self at table, parent holds serving dish			
83	4 to 5	Helps set table by correctly placing plates, napkins, & utensils with verbal cues			
84	4 to 5	Brushes teeth			
85	4 to 5	Goes to bathroom in time, undresses wipes self, flushes toilet and dresses unaided			
86	4 to 5	Combs or brushes long hair			
87	4 to 5	Hangs up clothes on hanger			
88	4 to 5	Goes about neighbourhood without constant supervision			
89	4 to 5	Laces shoes			
90	4 to 5	Ties shoes			
91	5 to 6	Is responsible for 1 weekly household task and does it upon request			
92	5 to 6	Selects appropriate clothing for temperature and occasion			
93	5 to 6	Stops at kerb, looks both ways, and crosses street without verbal reminders			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
94	5 to 6	Serves self at table and passes serving dish			
95	5 to 6	Prepares own cold cereal			
96	5 to 6	Is responsible for 1 daily household task (setting table, taking out trash)			
97	5 to 6	Adjusts water temperature for shower or bath			
98	5 to 6	Prepares own sandwich			
99	5 to 6	Walks to school, playground or store within 2 blocks of home independently			
100	5 to 6	Cuts soft food with knife (bananas etc)			
101	5 to 6	Finds correct bathroom in public places			
102	5 to 6	Opens 1/2 pint milk carton			
103	5 to 6	Picks up, carries, sets down cafeteria tray			
104	5 to 6	Ties hood string			
105	5 to 6	Buckles own seat belt in car			

Social Development

Name of the Child:

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
1	0-1	Watches person directly in line of vision			
2	0-1	Smiles in response to attention by adult			
3	0-1	Vocalizes in response to attention			
4	0-1	Looks at own hands, often smiles or vocalizes			
5	0-1	Responds to being in family circle by smiling, vocalizing, or ceasing to cry			
6	0-1	Smiles in response to facial expression of others			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
7	0-1	Smiles and vocalizes to mirror image			
8	0-1	Pats and pulls at adults facial features (hair, nose, glasses, etc.)			
9	0-1	Reaches for offered object			
10	0-1	Reaches for familiar persons			
11	0-1	Reaches for, and pats at mirror image or another infant			
12	0-1	Holds and examines offered object for at least a minute			
13	0-1	Shakes or squeezes object placed in hand, making sounds unintentionally			
14	0-1	Plays unattended for 10 minutes			
15	0-1	Seeks eye contact often when attended for 2-3 minutes			
16	0-1	Plays alone contentedly near adult activity 15-20 minutes			
17	0-1	Vocalizes to gain attention			
18	0-1	Imitates peek-a-boo			
19	0-1	Claps hand, (pat-a-cake) in imitation of adult			
20	0-1	Waves bye-bye in imitation of adult			
21	0-1	Raises arms-"so-big" in imitation of Adult			
22	0-1	Offers toy, object, bit of foot to adult, but does not always release it			
23	0-1	Hugs, pats, kisses "familiar" persons			
24	0-1	Shows response to own name by looking or reaching to be picked up			
25	0-1	Squeezes or shakes toy to produce sound in imitation			
26	0-1	Manipulates toy or object			
27	0-1	Extends toy or object to adult and releases			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
28	0-1	Imitates movements of another child at play			
29	1 to 2	Imitates adult in simple task (shakes clothes, pulls at bedding, holds silverware			
30	1 to 2	plays with one other child, each doing separate activity			
31	1 to 2	Takes part in game, pushing car or rolling ball with another child 2-5 minutes			
32	1 to 2	Accepts parent's absence by continuing activities, may momentarily fuss			
33	1 to 2	Actively explores his environment			
34	1 to 2	Takes part in manipulative game (pulls strings, turns handle) with another person			
35	1 to 2	Hugs and carries doll or soft toy			
36	1 to 2	Repeats actions that produce laughter and attention			
37	1 to 2	Hands book to adult to read or share with him			
38	1 to 2	Pulls at another person to show them some action or object			
39	1 to 2	Withdraws hand, says "no-no" when near forbidden object with reminders			
40	1 to 2	Waits for needs to be met when placed in high chair or on changing table			
41	1 to 2	Plays with 2 to 3 peers			
42	1 to 2	Shares object or food when requested with one other child			
43	1 to 2	Greets peers and familiar adults when reminded			
44	2 to 3	Cooperates with parental request 50% of the time			
45	2 to 3	Can bring or take object or get person from another room on direction			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
46	2 to 3	Attends to music or stories 5-10 minutes			
47	2 to 3	Says "please" and "thank you" when reminded			
48	2 to 3	Attempts to help parent with tasks by doing a part of the chore (holding dust pan)			
49	2 to 3	Plays "dress-up" in adult clothes			
50	2 to 3	Makes a choice when asked			
51	2 to 3	Shows understanding of feelings by verbalizing love, bad, sad, laugh, etc.			
52	3 to 4	Sings and dances to music			
53	3 to 4	Follows rules by imitating actions of other children			
54	3 to 4	Greets familiar adults without reminder			
55	3 to 4	Follows rules in group games led by adults			
56	3 to 4	Asks permission to use toy that peer is playing with			
57	3 to 4	Says please and thank you without reminder 50% of the time			
58	3 to 4	Answers telephone, calls for adult or talks to familiar person			
59	3 to 4	Will take turns			
60	3 to 4	Follows rules in group games led by an older child			
61	3 to 4	Cooperates with adults requests 75% of the time			
62	3 to 4	Stays in own yard area			
63	3 to 4	Plays near and talks with other children when working on own project (30 minutes)			
64	4 to 5	Asks for assistance when having difficulty (with bathroom or getting a drink)			

CARD	AGE	BEHAVIOR	TARGET STARTED ON	NO. OF TARGETS	TARGET ACHIEVED ON
65	4 to 5	Contributes to adult conversation			
66	4 to 5	Repeats rhymes, song, or dances for others			
67	4 to 5	Works alone at chore for 20-30 minutes			
68	4 to 5	Apologizes without reminder 75% of the time			
69	4 to 5	Will take turns with 8-9 other children			
70	4 to 5	Plays with 2-3 children for 20 minutes in co-operative activity, (project or game)			
71	4 to 5	Engages in socially acceptable behavior in public			
72	4 to 5	Asks permission to use objects belonging to others 75% of the time			
73	5 to 6	States feelings about self: mad, happy. love			
74	5 to 6	Plays with 4-5 children activity without constant supervision			
75	5 to 6	Explains rules of game or activity to others			
76	5 to 6	Imitates adults roles			
77	5 to 6	Joins in conversation at mealtime			
78	5 to 6	follows rules of verbal reasoning game			
79	5 to 6	Comforts playmates in distress			
80	5 to 6	Chooses own friends			
81	5 to 6	Plans and builds using simple tools (inclined planes, fulcrum, lever, pulley)			
82	5 to 6	States goals for himself and carries out activity			
83	5 to 6	Acts out parts of story, playing part or using puppets			

3.4 UNIT SUMMARY

- Portage is the most recognized and used early intervention model in the world.

- **'Portage Basic Training Course for Early Stimulation of Pre-School Children in India'** is an Indian adaptation as well as translation in Hindi of "Portage Guide to Early Education" by S.M Bluma, M Shearer, A H.Frohman and Jean M Hilliard (USA). It has also been translated in 9 Indian languages by CBR Network, Bangalore and is available in the form of CD.
- Portage guide is basically a system for teaching skills to pre-school children with developmental delays. The portage project is a home based training system which directly involves parents in the education of their children in the early childhood ie., 0-6 years of age.
- The Checklist of Age Appropriate Activities can be utilised for the purpose of intervention.

3.5 CHECK YOUR PROGRESS

1. Define portage.
2. What is portage guide?
3. What is the usefulness of the Checklist of Age Appropriate Activities?

3.6 ASSIGNMENT

- Apply Portage Guide and Kit on a child with any disability and prepare an Intervention Plan.

3.7 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the Unit you may like to have further discussion on some points and clarification on other. Note down those points below:

3.7.1 Points for Discussion

3.7.2 Points for Clarification

3.8 REFERENCES/FURTHER READINGS

1. Portage Basic Training Course for Early Stimulation of Pre-School Children in India'

UNIT – 4 : BEHAVIOURAL MODIFICATION SKILLS

STRUCTURE

4.1 INTRODUCTION

Behavioural Modification skills are widely used in changing a behavior. We can change only operand behaviors. Operand behaviors are those behaviors that are seen. For example sits in a chair is an operand behavior whereas the boy is sad is not an operand behavior. Unless the behavior manifests itself in the form of operand/observable behavior such as boy is crying.

Behaviors can be added or changed. Behavioural Modification skills is a double edged sword. Skinner's Behavioural Modification skills are used worldwide in many sectors- in education, in HRD, management of animal behaviour, so on so forth.

Now let us understand, how a behavior is formed. Generally behaviors are formed by repetition and repetition takes place only there are positive reinforcements. These conditionings get consolidated when the behavior occurs repeatedly. Behavioural Modification skills is also used to modify undesirable behavior. There are 10 important skills one need to know which are extremely useful in teaching and learning environments.

4.2 OBJECTIVES

After going through this Unit you will be able to learn about

- Behaviour modification skills.
- Task Analysis.
- Reinforcement

4.3 TASK ANALYSIS

It is observed that children with mental retardation are not able to learn the task as a whole. But when presented the task in a simpler steps, they are able to make better progress. For example, mixing rice and dall and eating. This task has to be analyzed into simpler sub-tasks and to be taught step by step the sub-tasks.

4.3.1 What is task analysis?

To tell you in simple words, it is the analysis of a task into simple steps and arranging them in a sequential order. Macarthy (1987) states that task analysis is a teaching strategy in which the task is broken down into teachable components and arranged in a sequential order. It serves as a blue print through which a student should proceed to achieve the objective. It describes an end point of what must be learned but not the methods that will be employed for learning. Therefore, it is not a teaching methodology. A teaching methodology describes the procedure for teaching a task along with teaching material.

For example, if the task is sorting of vegetables (onion, chillies, brinjal), the task analysis for this task could be:

a) Sort onions from a group of vegetables containing onions and chillies.

b) Sort onions from a group of vegetables containing onions, chillies and brinjal.

c) Sort onions and chillies form a group of vegetables containing onions and chillies.

d) Sort onions and chillies from a group of vegetables containing onions, chillies and brinjals.

e) Sort onions, chillies and brinjals from a group of vegetables containing onions, chillies and brinjals.

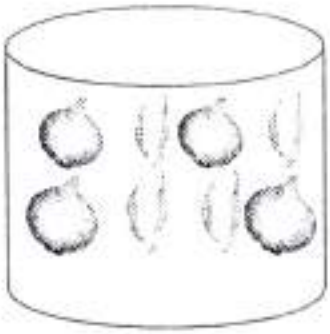
The steps stated above will tell you what is to be taught (content) and how it is to be taught (procedure). 'How' is the procedure for teaching. It includes method of teaching, and the material to be used for teaching.

For example take the sub-task (a)

Sort onions from a group of vegetables containing onions and chillies.

The procedure for teaching the above as follows.

Take onions and chillies in a basket (A). Take one empty basket (B) and keep in front of the child. Pick up one onion and place in the empty basket (B) and say onion. Do two to three times. Later tell the child to pick up the onion from the basket (A) which has both onions and chillies. If the child picks up chilly say it is chilly and keep back in the basket (A). Take onion in your hand and bring closer to the onion in the basket (A), now tell the child to pick up the onion.



Basket-A

Basket-B

By reading the above did you notice the difference between the content ie., what is to be taught and methodology ie., how the content is to be taught. Therefore, we say that task analysis tells us what is to be taught and it does not describe how it is to be taught.

4.3.2 Procedure for analyzing the task

Do you need to follow any procedure to analyze the task. Yes, you need to follow the steps given below.

- Identify and describe the task, which you want the student to learn.
- Then, analyze the task into its essential components and arrange them in a sequential order.
- Find out the current level functioning of the child in the task.
- Consider the need for task slicing of sub-task.

If a task has numerous sub-tasks, take few sub-tasks sequentially at a time, to teach. When the student learns them take a few more sub-tasks and finally link all of them from the total task.

Example-4:

Task: Brushing teeth with tooth paste and brush.

First you may teach I set of sub-tasks, later II set and III set can be linked together.

III	1. Go to the sink. 2. Take the tooth paste tube from the self. 3. Hold the tooth paste with left hand. 4. Open the cap with right hand. 5. Hold the tooth paste in the right hand. 6. Take the brush in the left hand. 7. Squeeze the paste on the brush. 8. Place the cap and keep the tooth paste back in the shelf.

I	9. Hold the brush and brush the front teeth. 10. Move the brush to the right side and brush the teeth. 11. Move the brush to the left side and brush the teeth. 12. Remove the brush from the mouth. 13. Open the tap and wash with water in the sink. 14. Split the foam in the sink.
II	15. Cup the hand and take water. 16. Gargle mouth with water. 17. Wash face with water. 18. Take towel and wipe face.

4.3.3 Methods for analyzing the tasks

For analyzing task, a few methods have been suggested, and, any of which you may use. After identifying and specifying the task to be taught, you have to do a systematic analysis of the task and organize the sub-tasks in a hierarchical order. The following are some of the methods.

a. **Watch a master**: In this method, you observe another person performing the task and write down the steps. Ask your friend to do the task, which you have selected for the student for teaching. Observe him/her keenly and write the steps.

b. **Self-monitoring**: perform the selected task by yourself and list the steps. Sometimes, doing the task and writing the steps may be difficult as the writing will interrupt the performance of task.

c. **Backward chaining**: In this method, focus at the terminal objective and write down the components in the preceding level of difficulty – i.e., recording from last step to first step.

d. **Brainstorming**: First, write down all the component steps irrespective of the sequence. Later, arrange the steps in a logical order.

To check whether your statements of sub-tasks are clear, or whether you have noted down all the components of the task, do the exercise as suggested below. We need two persons, one to read the statements and another to follow the instructions and perform. A few audience to observe the person performing the task will be helpful. Ask the person who has to read the statements to face the wall and the other to face audience. Instruct the person who has to perform the task to follow strictly the way the steps are read. The person will complete the task if the statements are clear, if not she will end up not completing the task. It is a very useful exercise to check the clarity of the statements and you will enjoy doing this activity, as well as correct errors in the listing.

4.4 REINFORCEMENT

If we observe events in our daily lives, certain behaviours we continue to perform as the consequences are reinforcing. For example, you maintain a good standards of work behaviour in your office for which you receive an appreciation from your boss. So you continue to maintain the same standards of behaviour. We hear from our friends the comments such as my boss never appreciates when I do a

good job but he always points out when I make mistakes. This brings down the motivation of a person to work. Another example, say you have tried out a new recipe. If the dish prepared is tasty you will try again to prepare the same, otherwise you do not prepare the dish again. You use a blanket in winter because it gives you warmth and you do not use it in summer because you sweat. If you look at all these examples, we continue the behaviours when the consequences are pleasant (appreciation, tasty, warmth) and discontinue the behaviours when consequences are not pleasant (no appreciation, not tasty, sweating).

Sometimes this natural process of receiving pleasant consequences may be insufficient to maintain all desirable behaviours. Therefore, we need to look for more powerful ones that motivates learning.

What is reinforcement?

Reinforcement describes a relationship between two environmental events, a behaviour (response) and an event or stimulus (consequence) that follows the response. The relationship is termed reinforcement only if the response increases or maintains its rate as a result of the consequence. For example, a child completes a given assignment with in a given time (response) the teacher allows him to play his most favoured game (consequence). As he was allowed to play his most favoured game, he continues to complete a given assignment within a given time.

Definition

Reinforcement is frequently the critical component of programmatic attempts

- to teach new behaviours,
- to increase existing behaviours that are occurring infrequently, and
- to maintain behaviour at acceptable levels.

4.4.1 Types of reinforcers

Different types of reinforcers are used in teaching children with mental retardation. The reinforcers are as follows:

Edible reinforcers

Edible reinforcers include food and drink. They are usually used with young children and children with low ability. These are used when teaching new skills to children as they have higher motivational value. However, you need to remember the following if edible reinforcers are to be effective.

- See that the child is hungry/before using the reinforcer (food item). If you give the reinforcer after child had lunch, the child will not look forwarded to receive the reinforcer. Then the reinforcer is not effective in increasing the probability of occurring the target behaviour (it does not mean that the child should be starved).
- Another point is that the child gets satiated as he receives the food as a reinforcer. The enthusiasm, motivation will decrease in child as his hunger is slowly satisfied by receiving the food. Follow the given points to prevent or delay satiation.
    - Use different types of rienforcers (food/drink items) all along the day with a given child. Use the list of reinforcers you have prepared for each child.
    - Plan short teaching sessions in which edible rienforcer is used. Shorter sessions with fewer trials decreases the chances of satiation.

- If satiation occurs switch to an alternative reinforcer. Alternating salty food and sips of liquid may be a very effective way of delaying satiation
- Give small pieces of food/drink for correct response

Tangible reinforcers

Tangible reinforcers are those which are immeidatley useful to the child (pen, pencil, crayons, games, toys) or are objects which have achieved reinforcing properties, such as stars marked for the correct response

Exchangeable reinforcers

Exchangeable reinforcers are those which may be traded, or exchanged for other more valued secondary or back up reinforcers. For example, tokries, check marks are used as reinforcers which are exchanged for other things.

Activity reinforcers

Activity reinforcers are those which are activities (eg. Painting, colouring, playing a specific game or toy, listening to a specific song) that are of interest to children.

Social reinforcers

Social reinforcers are natural type of reinforcers and are most readily available with the trainer. Example, words of praise, smile, nodding, clapping, pat on the back, etc.

4.4.2 Shaping

Shaping refers to sequential, systematic reinforcement of successive approximations of target behaviour until the behaviour is achieved. For example, you have planned to teach Kiran to sit at one place for 20 minutes while working with him. But he is now sitting only for five minutes. Under these circumstances, a programme in which Kiran earns a reinforcer for sitting 20 minutes will never happen and kiran will never earn a reinforcer. Instead, you can set up a graduated sequence of criteria

Kiran remains in his seat for 5 minutes.

Kiran remains in his seat for 7 minutes.

Kiran remains in his seat for 10 minutes.

Kiran remains in his seat for 15 minutes.

Kiran remains in his seat for 20 minutes.

Reinforce each step in the sequence until established. Then shift the criterion for reinforcement.

Shaping procedures may be used to establish new behaviours of many kinds, ranging from verbal behaviours in severely disabled students to study behaviours in college students.

4.4.3 Chaining

Chaining refers to the actual process by which each of the responses is linked to one another to form the behaivoural chain. The identification of response sequence is done through task analysis.

Backward chaining

In backward chaining the last step is taught first, that is you start teaching the last step first and the next. For example

Forward chaining

When you use forward chaining start teaching from the first step in the chain. Once the child learns to do the first step to the criterion mentioned teach the next step

Total task presentation

You can also use total task presentation. Here, the student is taught all the steps in a sequence until the entire chain is mastered. It is particularly useful to teach children with mental retardation who have higher ability. We don't have to teach step after step as explained earlier as students may have an ability to learn more than one step at a time.

4.4.4 Prompting and Fading

A prompt is a form of temporary assistance used to help a student perform in a desired manner. When a student is unable to perform a task, a prompt (temporary assistance) is used to help the student perform the task. As the student learns to perform the task, the prompt is faded (slowly removed) from use.

If a student does not perform a task/activity when we make a verbal request, prompts are introduced in the following manner until the student has made the desired response.

Level-1	Verbal Request (VR)
Level-2	VR + Verbal Prompt (VP)
Level-3	VR + VP + Gestural Prompt (GP)
Level-4	VR + VP + Modelling Prompt (MP)
Level-5	VR + VP + Physical Prompt (PP)

For example, a child is requested to wear a shirt. If he does not wear his shirt, give verbal prompt and wait for few seconds. When no response occurs, give the next level prompt (GP). Similarly depending on the response the prompt levels will be increased. The prompts are introduced in the "least-to-most prompts sequence" as indicated above. This helps in finding out precisely at what prompt level the student is able to perform a task and also in gradual fading of prompts.

Verbal request

The teacher requests the student to perform the task.

Verbal prompts

Giving additional instructions, emphasizing important words by saying them louder or longer, giving single word reminders, bringing attention to each important part of the instruction by pausing, are some of the verbal prompts used in teaching tasks.

Gestural prompts

Gestural prompts are pointing the place where the response is to be made, making noise by tapping finger where the response is to be made, and using finger to relate the part of the task along with a verbal prompt.

Modelling

Modelling is a method of teaching by demonstration. In this, the teacher models the performance of a task and the student imitates the model. The modelling prompt is used when student fails to perform the activity following a verbal prompt and gestural prompt.

Physical prompt

Here, a trainer uses her hands to support a student to go through the steps of a task. She may give complete physical support/partial physical support depending on the type of support required by the student.

See the example given below:

Task: Threading the beads.

- Verbal request:

  Thread the beads.

- Verbal prompt: Instructing verbally

  Hold the bead, pass the wire through the hole and pull the bead down the thread.

- Gestural prompt: pointing, signals and so on.

  Pointing bead, wire, signaling with the fingers how to pass the wire through the hole and pulling the bead down the thread.

- Modelling prompt: Teaching by demonstration.

  Taking the bead and wire and showing threading of a bead step by step and asking the student to do the same.

- Physical prompt: Helping the student or guiding student holding hand to learn the task.

  Helping student to hold the bead and the wire, and to pass the wire through the hole and pull the bead down the thread by holding students hand.

Among the above prompts in the order of least to most assistance, verbal prompt is the least assistance and physical prompt is the most assistance. That is if student requires verbal prompt during learning that means she needs less assistance/help from you and if she requires physical prompt during learning that means she needs more assistance/help from you.

While providing prompts check the level of assistance required by student in the beginning so that appropriate assistance is provided and the student moves forward. As the child learn each step fade away the temporary assistance so that the child can perform the task by himself.

4.5 UNIT SUMMARY

- Different strategies are used in teaching children with mental retardation. They are task analysis, reinforcement, shaping, chaining, and prompting and fading.
- Task analysis is breaking up of a complex task into simpler sub-tasks and arranging them in a sequential order.
- Using task analysis helps us in pinpointing students functioning level on a specific task and also provides basis for sequential instruction.
- Task analysis checklist is useful for recording both assessment and evaluation data.
- Different methods are used in analyzing the data. They are watch a master, self-monitoring, backward chaining and brainstorming.
- Reinforcement is frequently the critical component of programmatic attempts to teach new behaviours, to increase existing behaivours that are occurring infrequently and to maintain behaviours at acceptable level.
- Careful selection of reinforcers are necessary to make learning effective.
- Present the reinforcer only when the child exhibits the correct response and the reinforcer should follow immediately after the correct response.
- The types of reinforcers include edible reinforcers, exchangeable reinforcers, activity reinforcers and social reinforcers.
- Shaping refers to sequential, systematic reinforcement of successive approximations of a target behaviour until the behaviour is achieved.
- Chaining refers to the actual process by which each of the responses is linked to one another to form a behavioural chain.
- A prompt is a temporary assistance given to a student to learn a task and is faded away as he learns the task.
- Physical prompt, modeling prompt gestural prompt and verbal prompt are some of the prompts used in teaching skills to children with mental retardation.

4.6 CHECK YOUR PROGRESS

Exercise-I

I. Answer the following questions.

1. Name some of the strategies used in teaching children with mental retardation.

_____

_____

_____

_____

2. Define task analysis and explain why task analysis is required.

3. Explain any two methods of analyzing the task.

II. Fill in the blanks.

1. Task analysis checklist is used both for _____ and _____.
2. The performance recorded in the entry level of checklist indicates the _____ performance of a student against a _____.
3. Task analysis tells you _____ to teach but not _____ to teach.

Exercise-II

1. Define the following.

a) Reinforcement

b) Shaping

c) Chaining

2. What points you should remember while delivering the reinforcers.

3. List the types of reinforcers and give two examples to each one.

4. Explain schedules of reinforcement.

5. What is backward chaining and forward chaining?

6. Explain with an example different prompts used in teaching children with mental retardation

4.7 ASSIGNMENT

- What reinforcement will you suggest for developing desirable behaviour in a MR Child in your locality ?

4.8 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the Unit you may like to have further discussion on some points and clarification on other. Note down those points below:

4.8.1 Points for Discussion

4.8.2 Points for Clarification

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FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES

BLOCK – 1 : DEVELOPING BROAD POSITIVE PERCEPTION OF CHILDREN WITH DISABILITIES AND INTERVENTION MEASURES

Unit – 1 Defining People With Disabilities

Unit – 2 Understanding The Needs Of Children With Disabilities

Unit – 3 Intervention Measures and Legislative Frame Work

Unit – 4 Concessions Available for the Disabled, Schemes and Benefits

Unit – 5 Role of Families and Community

BLOCK –2 : UNDERSTANDING EDUCATION FOR CHILDREN WITH DISABILITIES

Unit – 1 Factors Affecting Learning

Unit – 2 Understanding Educational Needs Of Children With Disabilities

Unit – 3 Types Of School And Models Of Education For Children With Disabilities

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Unit – 5 Equipment And TLM Needed In Resource Room For Children With Different Disabilities

BLOCK – 3 : UNDERSTANDING OF EARLY CHILDHOOD DEVELOPMENT AND INTERVENTION OF CHILDREN WITH DISABILITIES

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Unit – 3 Development Of Adaptive Skills, Assistive Devices And Special Therapies For Children With Mental Retardation

Unit – 4 Development of Adaptive Skills, Assistive Devices and Special Therapies for Children with Locomotor Impairment, Cerebral Palsy and Spinal Injury

BLOCK – 5 : BASIC TRAINING FOR TEACHING CHILDREN WITH SPECIAL NEEDS

Unit – 1 Early Identification And Intervention

Unit – 2 Observation of Teaching In School

Unit – 3 Teaching Practice Of 15 Lessons

Unit – 4 Community Contact Programme

ध्वनिर्वर्णाः पदं वाक्यमित्यास्पद चतुष्टयम ।
यस्या : सूक्ष्मादि भेदेन वाग्देवीं तामुपास्महे ।।

MPBOU

The above Idol of *Vagdevi* (The Goddess of Learing), of international fame, which was initially placed in ***Bhojshala*** (the school of Learning created by the great King Bhoj of Central India in the Year 1035 AD) is now in British Museum. With a very generous support, of King Bhoj, scholars from all the parts of India converged to ***Bhojshala***, which produced [illegible] works in *Sanskrit*. The last two words in the [illegible] on the top mean ***Dedication for the cause of learning.*** These words appear in the emblem of the Madhya Pradesh Bhoj (Open) University.

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EXTRAORDINARY

PART II—Section 1

PUBLISHED BY AUTHORITY

THE REHABILITATION COUNCIL OF INDIA ACT, 1992

An Act to provide for the constitution of the Rehabilitation Council of India for regulating the training of rehabilitation professionals and the maintenance of a Central Rehabilitation Register and for matters connected therewith or incidental thereto.

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