

# Introduction to Children with Special Needs Participant Guide

8 Hours total in 2, 2 hour sessions or 4, 2 hour sessions

January 2026

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## Training Evaluation

A few days after completing this course you will receive an email from Develop asking you to complete an online training evaluation from this event called a Training and Trainer Evaluation Tool (TTET). We would really appreciate your input about trainer performance, the content and training environment so that we can make improvements along the way. We use your feedback when we revise courses and schedule training events.

## Session 1 Overview

### **Minnesota's Knowledge and Competency Framework (KCF) for Early Childhood Professionals Content Areas and Child Development Associate (CDA) Subject Areas**

The Minnesota's Knowledge and Competency Framework for Early Childhood Professionals Content Areas and the Child Development Associate (CDA) Subject Areas are listed here to help participants understand what competencies, content, and subject areas are addressed in the training.

- KCF Content Area: I. Child Development and Learning
- KCF Content Area: IV a. Assessment, Evaluation and Individualization

## Course Description

The incidence of varying disabilities and special needs continue to increase and most child care providers will have the opportunity to care for children with special needs. This course will review some of the red flags for developmental concern including challenging behavior and some of the diagnoses most commonly seen. The course will also review the referral for screening process and the resources in early intervention.

## Learning Objectives

Throughout this training, participants will:

1. Describe strategies for children with disabilities for increasing social and emotional competence.
2. Identify areas to monitor and emerging needs in children's development.
3. Explain the importance of observation in early care environments.

## Session 1 Outline

Section	Section Time	Key Concepts	Teaching Techniques	Learning Objective Met
A	30 minutes	Welcome and Introduction Overview of Final Assignment		
B	30 minutes	Explain the importance of observation in early care environments	Large Group Discussion Video	1
C	30 minutes	Recognize children's behavior and what it means	Large Group Discussion Small Group Activity	1
D	30 minutes	Identify traits of concern in child's development	Large Group Discussion Pair and Share	2
	Total Time: 2 hours			

## Session 2 Outline

Section	Section Time	Key Concepts	Teaching Techniques	Learning Objective Met
A	30 minutes	Explain the importance of developmental milestones	Large Group Discussion Video	2
B	30 minutes	Describe strategies for children with disabilities for increasing social emotional competence	Large Group Discussion Pair and Share	3
C	45 minutes	List ways to create an inclusive program	Large Group Brainstorm Small Group Activity	3
D	15 minutes	Objectives Review/Closing	Individual Reflection	1-3
	Total Time: 2 hours			

## Topics to highlight

Vocabulary, Final Assignment, Observation, Behavior and Communication, Developmental Milestones, Traits of Concern, Inclusion

## Practical Application

### Vocabulary List

**Attention-Deficit/Hyperactivity Disorder or ADHD** - is a chronic disorder and therefore children may experience persistent challenges including inattention, impulsivity, and hyperactivity.

**Early Childhood Inclusion** - Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports. (DEDC/NAEYC).

**Center for Disease Control and Prevention Developmental Milestones** – record of skills children reach through playing, learning, speaking acting and moving.

**Early Intervention (EI)** –is a system of support so that children who have developmental disabilities can reach their full potential.

**Individual Child Care Program Plan (ICPP)** – is a plan to describe children’s development from and how early childhood professionals will carry out strategies and supports to meet the needs of children’s healthy development.

**Minnesota Early Childhood Indicators of Progress (ECIPS)** – a tool for early childhood professionals to plan curriculum, instruction and assessment based upon developmental milestones.

**Sensory-Friendly Program** – a program that honors and accommodates the sensory needs of every child, such as, minimizing noise and low lights.

**Social Story Telling** – is to teach social cues, expected behaviors, and how to navigate new situations or transitions in a clear, concrete way.

**Social Reciprocity** - is the ability to engage in social interactions, including back-and-forth, interactions with two or more people.

**Strength-based Approach** – each individual has differences that make them unique. Some individuals have certain skills that others' may not be able to contribute.

## Practical Application

### Case Study: Emerging Scenario

Each group will be assigned one scenario to identify areas to monitor and emerging needs in children's development. Read the scenario and answer the questions on Grid.

### Observation and Emerging Needs Scenarios

Scenario 1. A 3-year-old girl is enrolled in a preschool classroom. She is struggling during circle time where she most often lies on the floor on her back, spreading out, or sitting on other children. When walking down the hall during transitions she tends to go out of the line and bump in to walls. She avoids activities where she is asked to sit at the table and draw with markers or crayons but loves to sit at the table with finger paints, playdough and any messy activities. She has a few girls that she prefers to play with, however, one of the girls tends to frequently bite or scratch her during their play or as they pass each other.

Scenario 2. A three-year-old boy who is an only child seems to have challenges initiating play with peers. He tends to try to enter into play by knocking down peers' block towers, taking away toys or just "crashing" into the play situation. He spontaneously hits, kicks, and bites the children at child care which has caused the other children to avoid him or choose not to play with them. He seems to ignore the verbal directions given to him by the teachers and instead goes with what he prefers to do in the group rather than what he is asked to do.

Scenario 3. A four-year-old girl just started to go to preschool but doesn't have any friend at school and doesn't even try to make friends or talk with other children. She plays well with her younger brother and sister at home, but when it comes to other kids, she doesn't try to be friends with them.

Scenario 4. A 9-month-old boy has been in child care for 3 months but continues to prefer to be held at all times. He will cry when he sits down on the floor. He can sit independently but is not yet crawling. He will often refuse food at feeding times, pursing his lips tight so a spoon cannot get it. When food is on his tray of the high chair, he usually just plays with it.

Resource:

- What is the Behavior?

What is the behavior?	
What might the child be trying to communicate with their behavior?	
What can I do to prevent this behavior?	
What new skills can I teach?	

**Practical Application**

**Case Study:** Hlee, age 1 year old, is receiving care in a family child care home with 2 other children. You have observed that she makes little or no eye contact and that she does not seem to like affection, such as being touched or cuddled. You decide to talk to the parents to see what they are experiencing at home to gather more information. Successive observations and conversations with family will inform parents when to seek help.

Refer to ECIPS and find *Domain: Social and Emotional Development* in Link below. Answer the following questions:

- Specifically, look at “Component SE1-3: Self and Emotional Awareness”. What behavior can you expect from Hlee at this age?
- What questions might you ask of parents?

Link: ECIPS Domains. Find “Component SE1-3: Self and Emotional Awareness” here [MN Early Childhood Indicators of Progress \(ECIPS\)](#)

Direct Link: <https://dcyf.mn.gov/partners-and-providers/child-care-and-early-learning/professional-development/ecips>

## Assignment

### Final Assignment: Resource List

Activity: The final assignment represents the knowledge gained in this course. Participants will create a Resource List for children with special needs and their families. This Resource List is one way we help children and families get the support they need to thrive. You will be identifying and collecting resources and placing them on a list for your awareness and learning. You will want to begin working on the assignment as soon as possible so you may complete the course on time.

The Resource List will include:

- A minimum of 10 resources, with five of them being local resources.
- List the name of the resource.
- Describe what the agency or service does, their location and contact information.
- Focus only on resources for families with children ages Birth to 5 years of age.

### Course Completion Information

- The Resource List is due to the trainer by email or on paper on the last day of the last class to receive credit for completing the course on your Develop learning record.
- The trainer will note whether you completed it. No grade will be given.
- Late work submitted will not be considered.
- Length: 300 word minimum for the assignment.

### Resource List Examples:

#### 1. Polk County Social Services

Polk County Social Services provides a range of services for children and adults who need assistance to remain living in their homes and community with the maximum level of independence possible. These services are provided under a variety of waiver and other programs that vary as to the population served and eligibility criteria. Polk County Social Services can be reached at their website [Polk County Social Services](#) or by calling 218-281-3127.

#### 2. PACER Center

PACER Center improves educational opportunities and enhances the quality of life for children and young adults with disabilities and their families. They provide parent training & advocacy, assistive technology solutions and social inclusion programs. PACER Center can be reached by calling 1-800-537-2237 or by emailing [pacer@pacer.org](mailto:pacer@pacer.org)

## Session 1-2 Final Thoughts

- Why is inclusion important for children with disabilities and families?
- What things are you already doing in your early childhood programs that supports children with disabilities and families?
- How do you feel this information will help you as an early childhood professional?

## Resources

### Strategies for Supporting Social and Emotional Skills in Children with Disabilities

There are several strategies early childhood professionals can use to support the healthy development of children with disabilities. Here are some examples:

**Explicit Skill Development** – Consistently practice simple steps with a child. Break down a task into manageable steps and then reinforce regularly. This process sets the child up to succeed.

**Visual Cues** – Use images, like social cue cards, to assist the child in understanding and communicating. Try using mirrors or picture cards to help children name emotions by facial cues.

**Breath or Relaxation Exercises**- Guide the child in learning how to calm their body. Practice deep breathing or yoga, reading a book or using finger paint. You can also teach the child to self-hug and show appreciation for themselves.

**Social Story Telling** – Find stories which help the child learn about big feelings like how to make a friend, dealing with feelings of anger, frustration, sadness and joy. These stories can be affirming for children as they model steps to manage feelings.

**Teach Empathy and Social Reciprocity**– help the child increase their self-awareness of how others’ feel by providing vocabulary and talking through situations. Be gentle and allow the child to come along at their own pace.

**Extra Activity Time**- provide extra time for motor activities – both fine and gross motor - to accommodate fatigue and in some cases, body awareness challenges.

By applying these and many other strategies, you will help every child in your care reach their full potential.

**Protective Strategies to Guide Behavior** – Inclusive Play for Infants and Toddlers

Early childhood professionals can make simple changes to make their program more inclusive for all children. Here are some examples:

Inclusion Goal:	Inclusion Strategies:
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Create an inclusive Environment	<ul style="list-style-type: none"> <li>• Limit music in background so children who are hard of hearing can more easily follow cues</li> <li>• Change your room design so all children can more easily reach for materials and equipment</li> </ul>
Apply Strength-Based Mindset with Families	<ul style="list-style-type: none"> <li>• Talk about how parents may invite children to take small risks to build feelings of competence</li> <li>• Collaborate with parents and their play-based observations so you get to know the child even better</li> </ul>
Adopt a Child-Centered Approach	<ul style="list-style-type: none"> <li>• View the child as a child first, and the disability second</li> <li>• Match positive developmental growth to what you observe during the day</li> </ul>
Use Adaptions to Facilitate Play	<ul style="list-style-type: none"> <li>• Guide children by narrating what they are doing that is pro-social, like recognizing the smile of a friend</li> <li>• Build trust by engaging the child one on one</li> </ul>
Individualization for Every Child including Children with Medical Needs	<ul style="list-style-type: none"> <li>• Use your knowledge of child development to create experiences that support the child's growth</li> <li>• Spend quality time observing children so your selected activities will benefit the child's development</li> </ul>

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	<ul style="list-style-type: none"> <li>• Collaborate with parents and their play-based observations so you get to know the child even better</li> </ul>
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**Understanding Typical Behavior and When to Seek Help/Autism**

Beginning at birth, children grow in physical development, social and emotional development, cognitive development, and linguistic development. Our role as early childhood professionals is to provide opportunities to support every child's optimal development in each of these areas.

While the majority of children develop on a similar path and meet developmental milestones, we must also be aware of those children who do not. When a child is not meeting these milestones, they may require increased monitoring, screening referral or further evaluation.

It is important to keep [CDC's Developmental Milestones](#) close at hand so you can continually monitor and assess emerging needs of individual children. When we know typical development, we are better equipped to notice signs that a child needs more support. Some additional tips include observing a child at a variety of times and situations, looking for patterns in behavior, notice progress over a period of time. Remember there are other things that may contribute to a child's behavior such as health and nutrition and sleep.

For example, you may see this signs for a toddler who may need more support:

- Continued guidance is provided and aggressive behaviors persist
- Trouble making friends
- Self-helps skills decline in toileting, speech and sleep

Other signs may include sensory aversions, little or no eye contact, child not responding to name, unusual motor behaviors or motor planning and displaying rigidity or getting stuck on certain activities.

Another resource for you to become familiar with is the [Minnesota Early Childhood Indicators of Progress](#) or [ECIPS](#). This document will support you further in understanding how young children learn. Let's take a look at an individual child and practice using ECIPS.

- Hlee, age 1 year old, is receiving care in a family child care home with 2 other children.
- Refer to ECIPS and find *Domain: Social and Emotional Development*. You will find the expected development listed in each column. You will also notice that there is a continuum of development from Birth to Kindergarten.
- Specifically, look at *Component SE1-3: Self and Emotional Awareness*. What can you expect from Hlee at this age? ECIPS states that Hlee should know how to get her needs met by crying, eye contact and or looking away, for instance. She also should be seeking support from trusted adults and trying new things that challenge her.
- You have observed that she makes little or no eye contact and that she does not seem to like affection, such as being touched or cuddled. You decide to talk to the parents to see what they are experiencing at home to gather more information. Successive observations and conversations with family will inform parents when to seek help.

We know there are many factors that influence how a child develops. Our role is to use the Developmental Milestone Checklists and Minnesota Early Childhood Indicators of Progress to better understand if the child is progressing typically.

## **Understanding Behavior and its Impact on Development/ADHD**

Children use behavior as a way to communicate their needs. This is no different for children with disabilities who also express themselves to get needs met. However, sometimes this behavior is met with a negative response. Children with ADHD may struggle in school, have trouble with relationships, and experience low self-esteem and anxiety.

We need to uplift children with disabilities by understanding behavior and helping to guide them through specific strategies. Our role is to be early childhood investigators who carry out the three steps of: Learn about various disabilities, carry out ongoing observations and plan early childhood supports. These three steps help a child feel they belong and are fully included in the early childhood program.

### **Step 1: Definitions of ADHD Subtypes**

For example, a child with attention-deficit/hyperactivity disorder or ADHD has a chronic disorder and therefore will experience persistent challenges. There are three subgroups of ADHD:

- The first is Inattentive ADHD where the child displays only inattention.
- The second type is Hyperactive/Impulsive ADHD. A child who experiences this type will be impulsive and hyperactive, but not inattentive.
- Lastly, the third type of ADHD is Combined and the most common. These children have all three traits of inattention, hyperactivity and impulsiveness.

### **Step 2: Ongoing Observation of ADHD Behaviors You May Expect**

Children with Inattentive ADHD may have trouble following directions, need multiple reminders and seem not to listen. The second type, children with Hyperactive/Impulsive ADHD may make a lot of mistakes or fidget or be unable to sit still. Thirdly, the child with Combined ADHD may exhibit impulsive behaviors such as interrupting, blurting out and doing things without thinking.

Step 3: Early Childhood Supports for children with ADHD:

Children with ADHD respond to many typical early childhood practices. For example, developing and posting a Daily Schedule provides the structure many children with ADHD need. Be sure to include visuals to help children with understanding what comes next in your day. Another strategy is to focus on teaching the child one thing at a time. This will help the child with ADHD who has trouble remembering or organizing things. Lastly, use checklists or a reward chart to help children who may lose motivation to gain new skills. These experiences of success will contribute to the child's healthy self-esteem.

## Session 3-4 Overview

### **Minnesota's Knowledge and Competency Framework (KCF) for Early Childhood Professionals Content Areas and Child Development Associate (CDA) Subject Areas**

Minnesota's Knowledge and Competency Framework for Early Childhood Professionals Content Areas and the Child Development Associate (CDA) Subject Areas are listed here to help participants understand what competencies, content, and subject areas are addressed in the training.

- KCF Content Area: IV. Assessment, Evaluation and Individualization
- CDA Subject Area: VIII. Principles of child development and learning

### **Course Description**

The incidence of varying disabilities and special needs continue to increase, and most child care providers will have the opportunity to care for children with special needs. This course will review some of the red flags for developmental concern including challenging behavior and some of the diagnoses most commonly seen. The course will also review the referral for screening process and the resources in early intervention.

### **Learning Objectives**

Throughout this training, participants will:

4. Recognize the most common special needs and special health needs and the impact on development.
5. Identify when and where to refer for screening and/or assessment.
6. List the resources and services for children with special needs including eligibility criteria and how to support families in accessing these services.

### Session 3 Outline

Section	Section Time	Key Concepts	Teaching Techniques	Learning Objective Met
<b>A</b>	45 minutes	Welcome and Review	Small Group Discussion/Review	1-3
<b>B</b>	45 minutes	Recognize the most common special needs and special health needs and the impact on development	Large Group Discussion	4
<b>C</b>	30 minutes	Describe how to make an inclusive and sensory-friendly environment	Pair and Share Large Group Discussion	4
	Total Time: 2 hours			

### Session 3 Outline

Section	Section Time	Key Concepts	Teaching Techniques	Learning Objectives Met
<b>A</b>	30 minutes	Identify when and where to refer for screening and/or assessment	Small Group Activity Large Group Discussion Video	2
<b>B</b>	30 minutes	Describe how to partner with parents and help children feel like they belong	Pair and Share Large Group Discussion Video Individual Reflection	2

Section	Section Time	Key Concepts	Teaching Techniques	Learning Objectives Met
<b>C</b>	30 minutes	List the resources and services for children with special needs including eligibility criteria and how to support families in accessing these resources	Large Group Discussion Final Project	3
<b>D</b>	15 minutes	Explain how to prevent the maltreatment of children with special needs 5 Protective Factors	Pair and Share Large Group Discussion Individual Reflection	3
<b>E</b>	15 minutes	Objectives Review/Closing		
	Total Time: 2 hours			

## Topics to highlight

Vocabulary, Special Needs, Inclusive and Sensory-Friendly Environment, Screening, Parents as Partners, Preventing Maltreatment, Resources.

## Practical Application

### Vocabulary List

Introduction to Children with Special Needs

**Americans with Disabilities Act (ADA)** - The ADA led to children with disabilities to receive education and service-related access to education.

**Asthma** - Asthma is a condition in which the airways of the lungs become narrowed or completely blocked. Once the airways become obstructed, it takes more effort to force air through them so breathing becomes hard.

**Attention-Deficit/Hyperactivity Disorder or ADHD** – Children with ADHD have a chronic disorder and therefore children may experience persistent challenges including, inattention, impulsivity, and hyperactivity.

**Autism Spectrum Disorder (ASD)** – Children with ASD may struggle with appropriate social skills, communication and maintaining friendships.

**Cerebral Palsy (CP)** – Children with CP have challenges with muscle control.

**Child Maltreatment** - Children with disabilities are no more aggressive than other children, they may have an increased chance of being victims of bullying, abuse, and neglect.

**Child Observation** – allows us to gain understanding of the young children in our care and support their unique growth and development.

**Down Syndrome** – Children with Down syndrome have an intellectual disability as the result of an extra copy of chromosome 21 which impacts their development.

**Early Childhood Screening** – is a process that is used to identify potential health or developmental problems in young children.

**Fetal Alcohol Spectrum Disorder (FASD)** - Children with FASD were affected by alcohol before birth. They may develop behavioral issues, learning challenges and physical problems.

**Food Allergies** - Food allergies or sensitivities continue to be on the rise. Reactions can include hives, digestive upset, swelling, breathing difficulty and for some children these symptoms can be life threatening.

**Individuals with Disabilities Education Act (IDEA)** - IDEA is a federal law that ensures children with disabilities have a right to receive public education, and special education and related services to meet their individual needs.

## Reflection

Activity: Gather in small groups to reflect back on Session A and share your thoughts on the following questions. After 5-7 minutes, gather together in large group and have one representative from your group share three examples from your discussion:

- Describe your comfort level with including children with special needs in your setting.
- How has your perspective regarding inclusion changed since you began this course?
- Describe the type of support you would need to successfully include children with special needs in your program.
- What environmental changes would you have to make to provide care for a child with a special needs?

## Practical Application

Activity: In a large group, review the two Fact Sheets and respond to the questions:

- How will you use these in your program?
- What information was new to you? What will you do to stay current?
- How do you see yourself, including a child with a diagnosis from the fact sheet in your care?
- What might be some additional questions you may have?

## Fact Sheet: Developmental Disabilities: Understanding the Diagnoses

Developmental disabilities may look very different depending upon the diagnoses. The first step is to understand developmental milestones for the children in your care. For example, a toddler who attempts to walk in the street is demonstrating developmentally appropriate behavior for a two-year-old. However, a school-age child who does so may be exhibiting an ADHD-related behavior of unnecessary risk taking. Therefore, we need to understand what behavior to expect developmentally at each age as we observe children.

Here is a list of some of the developmental disabilities:

### Fetal Alcohol Spectrum Disorders (FASD)

Children with FASD were affected by alcohol before birth. They may develop behavioral issues, learning challenges and physical problems. Some examples include poor reasoning or judgement, speech and language delays, low birth rate and poor coordination. FASD occurs when alcohol is passed through the bloodstream and into the umbilical cord. FASD is an intellectual disability. More Signs and Symptoms: <https://www.cdc.gov/fasd/about/index.html>

### Down Syndrome

Down syndrome is considered an intellectual disability. A child with Down Syndrome was born with an extra copy of chromosome 21 which impacts their development. Children with Down Syndrome may have a tongue that sticks out of the mouth, a flattened face, small ears, hands and face and medical problems, such as hearing loss. The reason for Down Syndrome is unknown. More Signs and Symptoms: <https://www.cdc.gov/birth-defects/about/down-syndrome.html>

### Attention-deficit/hyperactivity disorder (ADHD)

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common disorders of childhood. Children with ADHD may fidget, talk too much or struggle with friendships, for example. Children with ADHD need to learn to manage these behaviors throughout adulthood. There are multiple factors that may be responsible for ADHD, such as genetics and environmental risks. More Signs and Symptoms: <https://www.cdc.gov/adhd/signs-symptoms/index.html>

### Cerebral Palsy (CP)

Child with cerebral palsy have challenges with muscle control. They will have challenges with movement and with posture. Therefore, a child with cerebral palsy may in some cases use special equipment to walk. Cerebral palsy is the result of abnormal brain development or damage to the developing brain that impacts muscle control. More Signs and Symptoms: <https://www.cdc.gov/cerebral-palsy/about/index.html>

#### Autism Spectrum Disorder (ASD)

Children with autism spectrum disorder may vary to the degree in which they are affected. For example, some children with ASD cannot speak while others speak with ease. Children with ASD may struggle with appropriate social skills, communication and maintaining friendships. They may not show facial expressions or keep eye contact. ASD is the result of differences in the child's brain. More Signs and Symptoms: <https://www.cdc.gov/autism/signs-symptoms/index.html>

## Fact Sheet: Special Health Needs

There are many special health needs that are often seen in early care and education settings. There are many factors that can impact a child's development including prematurity, birth defects, chronic illnesses etc. Ask parents at intake about children's history. Look for possible impacts on child's development and monitor it more closely.

Here are examples of chronic health conditions that are often seen in young children:

**Asthma** - Asthma is a condition in which the airways of the lungs become narrowed or completely blocked. Once the airways become obstructed, it takes more effort to force air through them so breathing becomes hard. This obstruction of the lungs is reversible, either spontaneously or with medication. Care providers need to be prepared to support children in their care who have asthma.

**Food Allergies** - Food allergies or sensitivities continue to be on the rise. Reactions can include hives, digestive upset, swelling, breathing difficulty and for some children these symptoms can be life threatening.

If a child with food allergies, diabetes, asthma or any significant health condition is in the program, the following should be in place:

- Health Plan
- Emergency Plan
- Training providers

[Child Care Aware of Minnesota](#) has resources to support you. For examples, click here [Plan for Emergencies](#) and [Resources for Child Care Programs](#)

## Practical Application

Scenario: Think about the ways you can plan your early childhood environment so children with special needs can be successful. Identify which aspects of your program support each area of a sensory friendly environment and describe how it meets that need. If you do not have examples for an area, list what you will do in the future. The areas include Consistent routines, Movement, Choices, Lots of different experiences and Sensory information. Add to the Grid.

**Scenario: Create an inclusive learning environment**

Inclusive Learning Environment includes:	Examples:
Consistent Routines	
Movement	
Choices	
Variety of experiences	
Sensory Input	

## Practical Application

Finish these statements:

- Children with special needs may. . .
- Families who include children with special needs may need. . .
- As an early childhood professional, the message I want to send to parents and children with special needs is. . .

## Practical Application

Review the resource below and answer the following questions in pairs:

- What types of things do you think parents of children with special needs require or are concerned about in an early childhood setting?
- How are parents' needs or concerns different from parents of children who are typically developing? Is it always different? Why or why not?

Resources:

- Preventing Maltreatment of Children with Disabilities through Protective Factors
- Help Me Grow: Information about Early Childhood Screening

Children with disabilities experience maltreatment at a higher rate than the general population. Specifically, children with disabilities have a greater chance of being bullied, abused and neglected. As early childhood professionals, we have a role in keeping all children safe in our environment.

1. Parental Resilience - how parents meet times of stress and challenge.
2. Social Connections - family, neighbors and others who surround and support them.
3. Concrete Support in times of Need - resources that help families navigate stressful circumstances.
4. Knowledge of Parenting and Child Development - understanding of development and how to support their child in reaching their full potential.
5. Social and emotional competence of children - helping child to identify emotions of themselves and others and to develop coping skills.

There are many ways early childhood professionals can help support and strengthen families' protective factors in our early childhood program by building community:

- Our early childhood program can be a hub for family get-togethers, such as, "Quiet Reading Night" with low noise and dimmed lights environment matched with a calming read aloud story.
- Make a phone call to parents and let them hear in your voice how much you delight in their child. Provide specific examples of the things that their child did well that day that brought their child – and you – joy!

- Share strategies that you use to help their child during the day. Ask for ideas of what works for them at home. For example, tell them how you use visual cues to help their child know what comes next during the day.

Similar to young children, we are always growing and learning. By paying attention to protective factors and what children and families need, we can make choices that support and honor them.

### Reflections

- Activity: Describe 3 important things you have learned, 2 ideas you will implement in your program and 1 action you will take immediately. Write your responses in the grid below:

3	2	1

- Activity: Describe 3 important things you have learned, 2 ideas you will implement in your program and 1 action you will take immediately. Write your responses in the grid below:

3	2	1

### Final Assignment

- See Final Assignment Session A for more information.

### Sessions 3-4 Final Thoughts

- How might you apply some of what you learned to your program right now? In a month?
- How many different ways can you communicate to families the vast resources available to children with disabilities?
- What was the best thing you learned from this course so you may provide high quality early learning to children with disabilities and families?

### Resources

#### Observation of Children’s Development

**Purpose:** The purpose of observation is to gain understanding of the young children in your care and support their unique growth and development. By noticing children’s behavior, we can better support their individual development. For example, when we have a child who is biting other children, we can closely observe what happens before the bite. We may notice that biting occurs before naptime or during free play. This observation will inform how we support the child during those times, such as providing a brief story time before nap so the child can begin to rest their body while listening or shadowing the child during free play and guiding them.

**Continuous:** Observation is ongoing while children are playing and learning throughout the day. Rather than a twice a year parent-teacher conference approach, early childhood professionals continuously make observation notes and measure what they see with developmental milestones. Some days it may be challenging to observe and make notes. However, establishing the when and how of your observations will assist you in continuous noticing. You may have a digital device or a clipboard for notetaking which you carry several mornings and afternoons each week. You may also establish a small group of children for one week and alternate with another small group the following week. This observation structure will help you to succeed.

**Partner with Parents:** The parents or guardians of the child are an essential part of the observation. Parents know their children best and can provide a lot of valuable insight. You may ask them about family routines, sleep patterns, what their child enjoys most and least, and questions they have about development. Remember to use the developmental milestones so you and the parent can learn together about typical development, share child’s strengths and discuss areas for growth.

**Concerned Parent:** There are times when a parent will approach us and ask if something their child is doing is “normal” for their age. This is where the understanding of developmental milestones combined with continuous child observation will make the difference in supporting the child and family. For example, the parent may notice their child does not have any friends, is aggressive even with regular guidance or has little interest in discovering and exploring. As early childhood professionals, we know that those behaviors require more investigation. Check out this video on how to partner with a concerned parent, [Active Listening: Concerns](#)

**Early intervention (EI):** Parents observations combined with our early childhood observations can help inform support for the child. Early intervention is a system of support so that children who have developmental disabilities can reach their full potential. As we know, a young child’s brain grows quickly in the first years of life. By supporting young children’s development early, we can set them up for healthy development.

**Other considerations:** There are many differences among children and families that may impact the child’s development so keep in mind cultural differences, poverty, abuse and neglect, nutrition, sleep, allergies and dual language learners.

## **Help Me Grow Website**

Information about Early Childhood Screening

## What is Early Childhood Screening?

Early Childhood Screening is a free program in Minnesota that checks how a child is developing and growing. Early Childhood Screening is a brief, simple process used to identify potential health or developmental problems in young children. Screening in early childhood promotes positive child health and developmental outcomes through referrals to early learning opportunities and needed health, mental health, or medical evaluations.

## When should I schedule an Early Childhood Screening?

The Early Childhood Screening program is available to children when they turn three years old. It is required before a child starts kindergarten or must take place within 30 days of when a child starts kindergarten or first grade. Although your child may be screened any time before kindergarten, it is best to do it at age three or four so that any health or developmental concerns can be addressed sooner.

## How do I schedule Early Childhood Screening?

Local school districts provide Early Childhood Screening. You can contact your school district for more information when your child turns three. To find your school district and nearest screening location, visit [Help Me Connect](#). Choose the Healthy Development and Screening icon for the Early Childhood Screening program. Enter your address and the nearest screening district address, website and phone number will show.

## Does my child need Early Childhood Screening?

Yes. All Minnesota children need Early Childhood Screening. It is recommended at age three and is required for kindergarten, and it also helps identify potential problems in your child's health and development. It is also a perfect time to find out about what early learning opportunities are available for your child, and to make sure the right supports are available to help your child learn and grow. Parents may also opt out, decline, refuse or conscientiously object to the screening by submitting a statement in writing to the district where the child will attend kindergarten per [Minnesota Statutes 121A.17](#).

## What happens during an Early Childhood Screening?

An Early Childhood Screening checks your child's health and development. It includes a review of height, weight, vision, hearing, speech, social and emotional progress and overall development. Screening is tailored to the age of the child so that a three-year-old is only asked for what is developmentally appropriate for their age.

## How do I prepare for an Early Childhood Screening?

You should bring names and phone numbers of your child's pediatrician, any other health care providers and clinic/hospital, and immunization records. You can also bring notes about:

- Things that your child does well.
- Questions about your child's health.
- Questions about your child's development, such as learning, walking, talking, etc.

- Questions about your child's seeing or hearing.

What happens if the school finds a problem during the Early Childhood Screening?

There are a few options if the professional providing the screening finds an area of concern in your child's development. They may refer your child for medical, early childhood mental health and/or an educational evaluation by your local school district. Or they may work with you to refer your child to other early childhood opportunities such as Head Start, School Readiness, Early Childhood Family Education, Early Learning Scholarships, Family Home Visiting, and other community resources.

Help Me Grow Contact Information:

Phone: 1-866-693-4769

Email: [helpmegrow@state.mn.us](mailto:helpmegrow@state.mn.us)

Website: <https://helpmegrowmn.org/HMG/index.html>

## **Inclusion of Children with Disabilities and Special Health Care Needs**

### **Inclusive Early Childhood Programs**

Children with special needs are served in many early childhood programs. The inclusion of children with disabilities in early childhood programs creates many positive outcomes. Inclusive early childhood programs help children feel a sense of belonging, practice positive social relationships and reach their full potential. Programs that create an inclusive early childhood program include three essential components: Access, Participation and Supports.

Access – Children are able to participate in a variety of activities and environments.

Participation – Individualized supports are provided so children can participate.

Supports – A system of support is developed for families, children, early childhood intervention services and early childhood professionals.

Children with disabilities benefit by being together with their peers in the same space. Our responsibility is to create inclusive early childhood programs that serve all children and help them to thrive. For more information on what makes an inclusive program, see here: [Foundations for Inclusion Birth to Five](#)

### **IDEA and ADA**

There were two significant changes that led to education becoming inclusive for children with disabilities. They are the Individuals with Disabilities Education Act and The Americans with Disabilities Act.

The Individuals with Disabilities Education Act (IDEA): IDEA is a federal law that ensures children with disabilities have a right to receive public education, and special education and related services to meet their individual needs. IDEA has protected children with disabilities' rights for more than fifty years.

The Americans with Disabilities Act (ADA): The ADA led to children with disabilities to receive education and service-related access to education. In other words, everything offered to students in schools including programs, benefit, activities and services must also be offered to children with disabilities.

In an inclusive early childhood program, IDEA and ADA might look like it would allow a child to stand and turn pages of a book, providing larger sized writing instruments, adding auditory cues, like a bell, when transitioning, using picture cards to help children express themselves, and adding braille signage.

### ADA and Impact on Child Care Programs

According to ADA.gov, "the ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center's programs and services. Specifically:

- Centers cannot exclude children with disabilities from their programs unless their presence poses a *direct threat* to the health or safety of others or require a *fundamental alteration* of the program.
- Centers have to make *reasonable modifications* to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a *fundamental alteration*.
- Centers must provide appropriate auxiliary aids and services needed for *effective communication* with children or adults with disabilities, when doing so would not constitute an *undue burden*.
- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the *readily achievable* standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be *fully accessible*." (n.d.).

### NAEYC and DEC

The National Association for the Education of Young Children (NAEYC) and the Division for Early Childhood (DEC) wrote a joint position statement on [Early Childhood Inclusion Joint Position Statement](#). The purpose was to define and set standards for early childhood inclusion. Their definition includes the three essential components of Access, Participation and Supports discussed earlier. Additionally, they recommend practices to create high quality early childhood services. Recommendations include six goals:

Best Practice 1: Creating high expectations for every child to reach his or her potential.

Best Practice 2: Develop a program philosophy on inclusion.

Best Practice 3: Establish a system of services and supports.

Best Practice 4: Revise program and professional standards.

Best Practice 5: Achieve an integrated professional development system.

Best Practice 6: Influence federal and state accountability systems.

A good place to start is to refer to [Developmentally Appropriate Practices \(DAP\)](#). DAP is using teaching methods that recognize the individuality of all children and promote their full potential through a strengths-based and play based approach. Early childhood professionals who embrace the philosophy that all children deserve to reach their full potential will seek to create an inclusive classroom.