EIPIC CONSULTANCY RECOMMENDED PRACTICES

FOR EARLY INTERVENTION IN SINGAPORE

DR SOONG CHI MEI | JOHNNY TAN CHUAN SHENG | DR MYTHRA MAHESH |
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Dr Soong's expertise is drawn from 16 years of experience in the early intervention field. She joined the Department of Child Development at KK Women's and Children's Hospital (KKH) in 2010. She is well regarded for her clinical work with children with developmental delays and disorders and with their families. Dr Soong also led a multi-disciplinary team in implementing a transdisciplinary initiative within the Department of Child Development from 2012-2016. As a consultant in the Early Intervention Programme for Infants and Children (EIPIC) Consultancy, she contributed actively to building the capability and capacity of the early intervention sector in Singapore. Over the past six years, Dr Soong has worked collaboratively with nine EIPIC centres from various organisations, and their teams in enhancing each centres' processes and practices. Dr Soong took on the role of Project Lead for EIPIC Consultancy in 2016-2018 and has provided leadership in advocating for continual progress and sustainability of best practices within the early intervention sector in Singapore.

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Mr Tan's expertise is drawn from 23 years of experience in rehabilitative services for children with congenital diseases, traumatic injuries and developmental conditions and syndromes, both in the Rehabilitation Department at KKH and in private practice. He joined the Department of Child Development, KKH in 2007, working with children with developmental challenges in early intervention services. His hopes for early intervention are for timely, compassionate, efficient and collaborative services leading to functional outcomes for children with special needs and strong support for family-centred practices. He participated in the baseline study (2010) for EIPIC centres, and has been actively supporting the EIPIC sector as a consultant in the EIPIC Consultancy. Over the past nine years, he has contributed to the capability building with 11 EIPIC centres from various organisations. Mr Tan was also involved in the development of the functional outcome measurement system for Singapore from 2014-2015 in one EIPIC organisation for the Early Childhood Holistic Outcomes (ECHO) pilot project (Project ECHO). He was instrumental in initiating the development of a localized age-appropriate referencing system for use with the functional outcomes measurement system.

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TEO HUI FANG DR TEOH WEI QIN

Building Capability and Sustainability

In Singapore's EIPIC Landscape

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Dr Mahesh's expertise is drawn from 26 years of experience working in India, the UK and Singapore, with a special focus in providing early intervention for children with developmental disabilities. She has been with the NUH Child Development Unit (CDU) since 2010 and has led the allied health services in CDU. Dr Mahesh has played a key role in enhancing and aligning clinic-based services to recommended early intervention practices. In addition, she was pivotal in developing the Foundational Skills Programme, an early intervention programme for children with autism, provided by allied health therapists in CDU. She has been with the EIPIC Consultancy since 2011 and has contributed to enhancing and installing EIPIC service processes and practices of 11 EIPIC centres from various organisations. Dr Mahesh was also involved in developing and piloting a functional outcome measurement system in Singapore from 2014-2015 in one EIPIC organisation under Project ECHO. She has been an invited speaker and trainer in transdisciplinary practices with intervention teams working with children and youth with special needs.

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Dr Teoh has been working at the Department of Child Development, KKH since 2010. She has over eight years of experience in conducting assessment and intervention with preschool children with developmental delays/disorders, while working closely with their families. Besides being a clinical practitioner, Dr Teoh has a strong interest in clinical research. She has completed her Ph.D. candidacy on dynamic assessment with Flinders University, Australia in 2018. She was conferred in 2019. She has published two articles in international peer-reviewed journals on the topic of assessment practices with Singaporean bilingual children. Dr Teoh joined the EIPIC Consultancy in 2016 and has since worked closely and collaboratively with EIPIC teams to align their practices with evidence-based practices.

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Ms Ong is a psychologist who specialises in working with young children with developmental delays/ disabilities, and behavioural and emotional disorders at the Department of Child Development, KKH. She was first trained as a counsellor and worked extensively with children from at-risk families before she pursued her postgraduate professional training to become an educational psychologist. Having worked directly with both typically developing children and children with special needs in the educational, clinical and community settings, Ms Ong believes strongly that early intervention makes a positive difference to children and their families. Therefore, she has supported and advocated for the delivery of quality early intervention services as a member of the EIPIC Consultancy from 2016-2017.

FOREWORD

The early years of a child's life are a period of considerable opportunity for growth and vulnerability to harm.

Decades of scientific research have concluded that experiences in the first few years establish a foundation for human development that is carried throughout life. Early experiences can elucidate, or diminish, inborn potential.

Early childhood intervention programmes can shift the odds toward more favourable outcomes in development, especially for children at risk. However, there is no quick fix in the world for early childhood intervention. Programmes that work are rarely simple, inexpensive, or easy to implement. Changing the developmental trajectory of a young child with developmental needs requires determination, persistence and patience. Poorly designed and half-hearted services delivered by staff who are inadequately trained and overburdened with heavy caseloads may generally cost less but are unlikely to produce significant benefits. Knowledge-based interventions that are funded sufficiently and delivered by trained and committed staff with appropriate skills can produce important outcomes that generate substantial returns on investment. Each country must decide its own model and strategies and develop its resources based on existing infrastructures.

Following the report of the Advisory Council on the Disabled in 1988 in Singapore, the Ministry of Health set up a child development programme in 1991. In the next 25 years, it evolved and expanded beyond the limits of health care to education, social and community supports, thriving towards building an inclusive ecosystem for early childhood intervention. Under the child development programme, both the Department of Child Development at KK Women's and Children's Hospital and the Child Development Unit of National University Hospital serve as the national referral centres for children with developmental issues discovered through our existing developmental screening system. Together, they have seen about 4,000 new referrals of preschool children with a wide range of developmental problems of various degrees of severity annually in the last five years. The availability of specialties and subspecialties in the two tertiary hospitals allows a comprehensive multi-disciplinary assessment of each child's developmental needs. An individualised management and educational intervention plan is then formulated for each child, followed by appropriate programmes of early intervention.

There have been major global shifts in the concept of early intervention for infants and children: shifting decision-making power on caring for the child from being professional-centred to family-centred; shifting of interventions from being diagnosis-based to that based on the developmental needs of the individual child; shifting the emphasis of intervention from disability to functional and developmental performance, participation and quality of life; and shifting of the settings in the delivery of services and care to a less restrictive, more natural and more inclusive environment.

In 2017, 21 government-funded Early Intervention Centres under the Early Intervention Programme for Infants and Children (EIPIC) have been established at the community level nation-wide to bring early intervention service nearer to the doorsteps of the families. EIPIC was one of the recommendations of the Enabling Masterplan (2007-2011). The EIPIC Centres are operated by the various social service organisations: AWWA Ltd., Cerebral Palsy Alliance Singapore (CPAS), Fei Yue Community Services (Fei Yue), Metta Welfare Association (Metta), Rainbow Centre, Singapore, SPD, Thye Hua Kwan (THK) Moral Charities, Autism Association (Singapore), Autism Resource Centre (Singapore) and Canossaville Preschool.

Under the KKH Research Fund and the National Council of Social Service Voluntary Welfare Organisation-Charities Capability Fund (VCF), the Department of Child Development at KKH conducted a baseline study on the status and needs of the EIPIC Centres in 2010. The study identified several gaps in services and professional standards. There were areas for improvement. Since then, the Ministry of Social and Family Development has funded and assembled a high-powered EIPIC Consultancy team of multi-disciplinary professionals to assist in elevating the professional standards of the early intervention centres. The team was well-received by the various EIPIC Centres during their visits, showing their openness and motivation

in further enhancing their services and roles through a collaborative approach with the EIPIC Consultancy team.

The EIPIC Consultancy team has amassed a tremendous amount of experience working on the ground with the professional staff at the EIPIC centres. This publication is therefore an important documentation of their efforts in the past few years. It lays a strong foundation for the EIPIC centres to build upon their strengths, bringing their level of services to greater heights in the coming years. The next challenges for early childhood intervention will be in elevating the services from multidisciplinary to transdisciplinary team approach, empowering families, forming strong partnerships with pre-school educators, facilitating the transition of children to the next stage of their growth and development, as well as establishing a cost-effective and efficient outcome evaluation system.

I would like to congratulate the authors for this monumental piece of work.

Professor Ho Lai Yun
Director, Child Development Programme
Ministry of Health, Singapore

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This book is a culmination of the proceedings under the Early Intervention Programme for Infants and Children (EIPIC) Consultancy project (2011-2017). Hence, we would like to acknowledge the National Council of Social Service (NCSS) and the Ministry of Social and Family Development (MSF), which funded the project.

Active collaboration with the various EIPIC centres and organisations including AWWA Ltd., Cerebral Palsy Alliance Singapore (CPAS), Fei Yue Community Services (Fei Yue), Metta Welfare Association (Metta), Rainbow Centre, Singapore, SPD, Thye Hua Kwan (THK) Moral Charities, with a mindset focused on progress, was key to the EIPIC Consultancy's mission to build capability and sustainability. Our sincere gratitude to the leadership of all the EIPIC centres involved in the EIPIC Consultancy project for providing direction to their team members, and for persistence in working out effective and sustainable solutions to manage challenges. We also thank the key competency drivers and core team members of the EIPIC teams from AWWA Ltd, CPAS and SPD who were open to enhancing the services and worked hard to jointly develop and implement new Standard Operating Procedures to further enhance the quality and effectiveness of the early intervention service delivery systems framework within each EIPIC centre. This provided the EIPIC Consultancy the context and partnership to develop effective, meaningful and sustainable initiatives for the EIPIC service delivery systems framework in Singapore.

We are most grateful to the parents and their children in EIPIC who were participants in a new service delivery systems framework that was initiated and implemented in the EIPIC centre. Their consent and feedback were instrumental in embedding, adopting or modifying service practices that will best serve and support children and their families in EIPIC.

From the Department of Child Development at KK Women's and Children's Hospital (KKH), we thank Associate Professor Lourdes Mary Daniel, Head of Department and Senior Consultant, and Associate Professor Lim Sok Bee, Senior Mentor, Community Services, for their support in the EIPIC Consultancy work. We also express our special thanks to Mr Tang Hui Nee, Head of Community Services, KKH, for his advisory role to the EIPIC Consultancy. From the Child Development Unit at National University Hospital, we express our gratitude to Dr Chong Shang Chee, Head and Senior Consultant for her support to the EIPIC consultancy.

We thank Associate Professor Winnie Goh, Senior Consultant from KKH, who was the Project Lead for the EIPIC Consultancy between 2011 and 2014 for her encouragement. Her unflinching belief in the standards of practice that were being installed and her advocacy for enhancing standards provided the thrust in getting the movement of early intervention growing across the sector. We thank Mr Timothy Lee for the layout of this publication and are grateful to Ms Nurhafizah Mohd Zambri, for painstakingly formatting and finalising the layout of this manual. We also thank Associate Professor Lourdes Mary Daniel (KKH), Dr Yang Phey Hong (KKH), Ms Seah Yoon Choon (KKH), Ms Thombre Maya Ravindra (AWWA), Ms Toh Ling Hui Joanna (Fei Yue) and Ms Chew Xiaoling (SPD) for their help with reading and commenting on the book.

The journey over the past seven years of EIPIC Consultancy has been enlightening and every interaction has expanded our learning and understanding. To enhance the standards of early intervention in Singapore, our shared beliefs are:

Progress is impossible without change, and those who cannot change their minds cannot change anything.
George Bernard Shaw

*Paradigm-shift and change begins with **me,** otherwise I cannot influence change in others.*
Dr Soong Chi Mei

INTRODUCTION

The EIPIC Consultancy consists of professionals from the Department of Child Development, KK Women's and Children's Hospital and the Child Development Unit, National University Hospital. From 2011 to 2017, the EIPIC Consultancy was commissioned by the Ministry of Social and Family Development - Service Development Management Division to build capability of EIPIC service providers in Singapore through consultation, training and coaching.

From 2011 to 2015, the EIPIC Consultancy engaged eight EIPIC centres:

1. THK EIPIC Centre @ Choa Chu Kang
2. METTA Preschool @ Punggol
3. Cerebral Palsy Alliance Singapore (CPAS) EIPIC
4. Fei Yue EIPIC Centre (Jurong East)
5. AWWA Ltd EIC (Hougang)
6. Building Bridges EIPIC Centre at SPD @ Jurong
7. METTA Preschool @ Simei (Review Phase)
8. Rainbow Centre Early Intervention Programme - Margaret Drive (Review Phase)

From 2016 to 2017, the EIPIC Consultancy engaged three newly opened EIPIC centres:

9. AWWA Ltd EIC (Kim Keat)
10. Fei Yue EIPIC Centre (Wellington Circle)
11. Building Bridges EIPIC Centre SPD @ Tampines

The EIPIC Consultancy has been using a collaborative and strengths-based approach with EIPIC, and has established strong working relationships with the organisation's leadership, administrators and competency drivers.

Through our collaboration and consultation with a total of eleven EIPIC service providers, run by seven Voluntary Welfare Organisations, EIPIC Consultancy has identified a need for clarity of best practices for EIPIC service delivery in Singapore. A baseline study of EIPIC in Singapore had also previously recommended that "more specific guidelines need to be developed in order to manage the quality in which key aspects of EIPIC are delivered" (National Council of Social Service and KK Women's and Children's Hospital Department of Child Development, 2010, p 62).

Hence, the EIPIC Consultancy Recommended Practices aim to provide guidance to EIPIC service providers and early interventionists on evidence-based principles and practices for providing effective early intervention to children with developmental delays or with special needs, i.e., to support the EIPIC service providers to translate early intervention principles and practices into their service delivery system framework. Additionally, this landmark publication is the first guideline for early intervention in Singapore that consolidates the efforts between EIPIC Consultancy and various EIPIC centres involved in the joint-collaboration in the development of Standard Operating Procedures to further enhance the EIPIC centre's service delivery. It aims to provide a foundation for the EIPIC or early intervention sector that can be built on to ensure evidence-based practices are implemented. Early interventionists are defined in this book as EIPIC teachers and allied health professionals who provide direct intervention to children and their families. These may include teachers, teacher assistants, occupational therapists, speech and language therapists, physiotherapists, psychologists and social workers.

Chapter 1 provides an overview of the five foundational early intervention pillars that early interventionists need to be well grounded in:

- Pillar 1 - Family-centred practice
- Pillar 2 -Natural and inclusive environments
- Pillar 3 - Developmentally appropriate intervention
- Pillar 4 - Functional and active child engagement
- Pillar 5 - Transdisciplinary team practice

This is followed by Chapters 2 to 4, which describe each of these principles in more detail with examples that are contextualised to the EIPIC setting in Singapore.

The EIPIC Consultancy's recommended practices highlight the importance of early interventionists having a strong foundation in the five early intervention pillars above to promote positive outcomes for children receiving services. The goal of early intervention is to enable every child to reach their fullest potential and to be an active participant in their daily life at home, in childcare or preschool, in school and in the community. When providing intervention for young children, it is essential to work collaboratively and in partnership with their parents and caregivers. One of the roles of early interventionists is to enable and empower families to provide care for their child and to participate in their desired family and community activities. Hence, as described in Chapter 2, it is important for early interventionists to demonstrate family-centred practice that build on the family's strengths and resources. Principles that ensure effective intervention will be covered in Chapter 3. Intervention needs to be developmentally appropriate to the child's zone of proximal development, and be conducted in a natural and inclusive environment. Doing so will increase active and functional child engagement, which in turn promotes the child's development, leading to functional child outcomes.

Within the current Singapore context, EIPIC is mainly centre-based and is conducted in a small-group class setting. As such, effective team and collaborative practices that are systematic and coordinated, namely transdisciplinary team practice, are also important as teachers are supported by a team of allied health professionals. These practices will be elaborated upon in Chapter 4.

As it is essential to translate sound theory and knowledge into practice, Chapters 5 to 8 will demonstrate how these key early intervention principles can be embedded within the common Standard Operating Procedures (SOPs) of EIPIC service providers. The SOPs described have been jointly developed in collaboration with various EIPIC service providers during the MSF-EIPIC Consultancy Projects (2011-2015, 2016-2017).

Chapter 9 will introduce the EIPIC Consultancy's recommendations on effective supervision and coaching to ensure early interventionists demonstrate the required competencies in implementing these practices and processes. In the longer term, having an effective supervision framework will ensure continual capability-building, sustainability of service quality and evidence-based practices within EIPIC centres and of the EIPIC centre's team.

Finally, Chapter 10 provides insights into the implementation framework used to support the changing and implementation of new service delivery systems framework for EIPIC centres. This implementation framework, based on Implementation Science principles, is an approach EIPIC centres could consider applying when extending evidence-based service delivery systems framework to other EIPIC centres within their organisation. The chapter also seeks to evoke thoughts on future directions of continued capability building and sustained implementation of best practices in early intervention in Singapore.

"The EIPIC Consultancy recommended practices highlight the importance that early interventionists have a strong foundation in the five early intervention pillars to promote positive outcomes for children receiving early intervention."

SECTION ONE

THE FUNDAMENTALS OF EARLY INTERVENTION FRAMEWORK

Chapter 1
THE FIVE EARLY INTERVENTION PILLARS

This chapter:

Briefly summarises the five fundamental evidence-based early intervention principles and practices that the EIPIC Consultancy has been providing training and coaching for to enhance the early intervention landscape in Singapore.

INTRODUCTION

The field of early intervention needs to be firmly grounded in and built on evidence-based practices. These practices, when understood and applied, will lead to optimal outcomes for both the child and the family. The five pillars of early intervention advocated by the EIPIC Consultancy are introduced in this chapter. The key themes and aspects of each core principle are also highlighted. These five core principles (Diagram 1.1) are aligned with recommended practice guidelines for early intervention (e.g., The Division for Early Childhood (DEC), 2014; Whipple, 2014) and research literature (e.g., Schertz, Baker, Hurwitz & Benner, 2011).

PILLAR 1 - FAMILY-CENTRED PRACTICE

One of the five pillars of early intervention is family-centred practice. As the name suggests, family-centred practice places the family at the centre of all intervention. It results in families feeling and displaying their competence and confidence in their lives. This, in turn, has a direct and positive influence on their ability to support their child's growth and development (Pletcher & Younggren, 2013). On the other hand, intervention that focuses only on the child without any family involvement often compromises outcomes (McConachie & Diggle, 2007).

The key aspects of family-centred practice are briefly highlighted below:

1. Family-centred practice supports and preserves families through a respectful, strengths-based approach that views the family as central to the child's well-being and development.
2. Families are active participants in all aspects of services and are recognised as the experts on their child. Families work with service providers to make informed decisions about services and support they will receive.

Family-centred practice will be elaborated upon in Chapter 2. This includes an explanation of the key indicators with examples that are contextualised to the EIPIC setting in Singapore to illustrate the essence and application of family-centred practice.

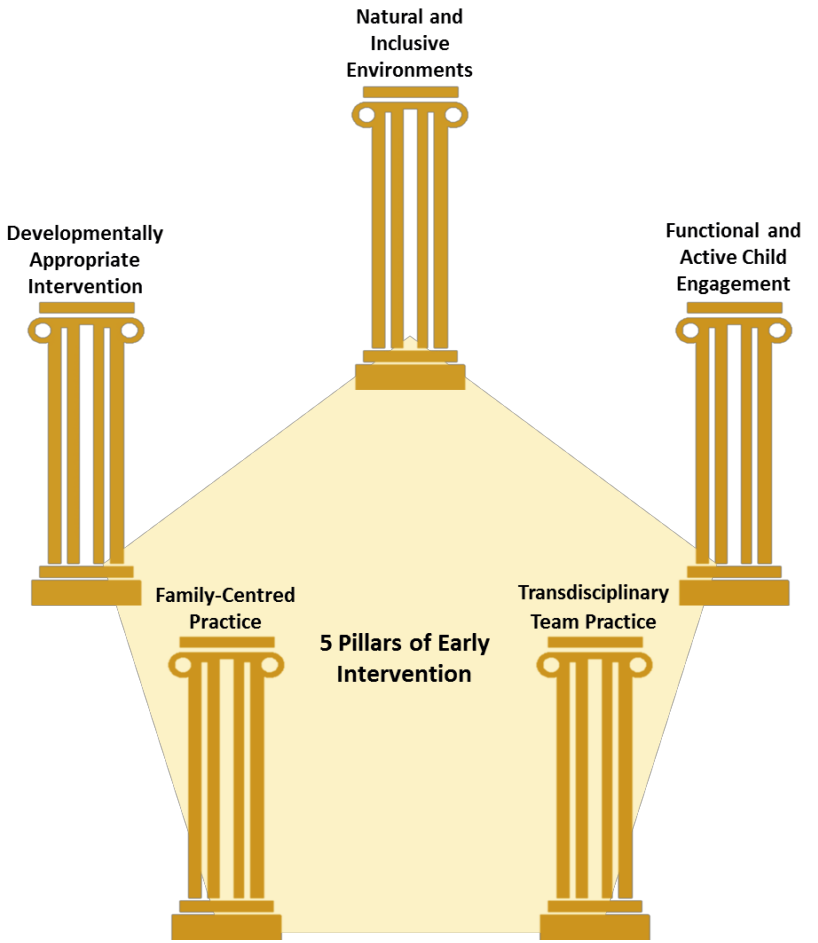

Diagram 1.1 The five early intervention pillars

PILLAR 2 - NATURAL AND INCLUSIVE ENVIRONMENTS

The next pillar of early intervention is that intervention should be provided within natural and inclusive environments. A natural environment is defined as a place where the child lives, learns and plays. Simply, it is where the child spends the most time, such as the child's home, childcare, preschool, and community settings, as well as EIPIC centre, where the child is receiving early intervention. Together with their families, children with developmental delays or special needs should be supported to participate actively in activities that occur naturally in their everyday routines. When these children are supported to participate actively in their natural environments, they are being supported in an inclusive environment.

The key aspects of natural and inclusive environments are highlighted below:

1. Children learn best through their everyday experiences and interactions with familiar people in familiar settings.
2. Involving children in their natural routines and activities provide them with more learning opportunities to learn functional skills, which will help them to participate in their daily routines.
3. Early interventionists and the family need to provide intervention and support to children in natural and inclusive environments during daily routines and activities to promote children's access to and participation in learning experiences.
4. Early interventionists need to obtain information about each child's functioning and skills in daily activities, routines, and environments such as in the child's home, childcare, preschool, EIPIC and in their community settings during assessment and when planning intervention.

PILLAR 3 - DEVELOPMENTALLY APPROPRIATE INTERVENTION

Children are usually more motivated and interested in activities that they can do and in activities that are appropriate for their current developmental levels. Choosing activities that are motivating to the child can provide a greater chance of success and richer learning opportunities. Hence, developmentally appropriate intervention is another important pillar of early intervention. Taken together, intervention needs to be pitched at the level of the child's current developmental level using developmentally appropriate materials and activities, as well as following the child's interest. It is also important to consider the child's learning from a developmental perspective, and to plan intervention based on the child's strengths so as to support the child in acquiring the next developmentally appropriate sequence skill (Shertz et al., 2011). In this way, intervention capitalises on the child's strengths and zone of proximal development (Vygotsky, 1978).

The key aspects of developmentally appropriate intervention are highlighted below:

1. Early interventionists conduct authentic assessments that include all areas of development and behaviour to learn about the child's strengths, needs, preferences, and interests.
2. Early interventionists use assessment materials and activities that are appropriate for the child's age and level of development.
3. The principle of developmentally appropriate intervention is related to the principle of a strengths-based framework. Early interventionists and the family build on the child's current strengths and competencies.

PILLAR 4 - FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

When a child is actively engaged in activities that are motivating and interesting, opportunities to support the child's learning and development in a functional context will naturally occur. This is the basis of the early intervention pillar of functional and active child engagement, which in essence, promotes participation and interest-based learning opportunities. When parents, caregivers and early interventionists choose activities that are developmentally appropriate and also match the child's interest, the activities can provide multiple learning opportunities for the child (Dunst & Bruder, 1999). Importantly, when the child experiences stimulating and engaging interactions with people and the environment at a high intensity, changes in the child's brain will occur. There will be enhanced structural and functional brain development that leads to sustained attainment of newly acquired skills and functioning (neuroplasticity) (McCain, Mustard & Shanker, 2007).

Promoting functional and active child engagement involves the following key aspects:

1. Child-initiated learning is driven by internal motivation.
2. Together with the family, early interventionists identify the child's strengths, preferences and interests to engage the child in active learning within natural routines.
3. The family and early interventionists engage the child using the activity the child is interested in, and follow the child's lead by observing what the child does and says and then imitating and/or extending the child's verbalisations and actions.
4. The child becomes an active learner in his or her natural settings with motivating, engaging and positive interactions, across different people, settings and time.

A closer look

FUNCTIONAL ASSESSMENT AND INTERVENTION

The 3 pillars – Natural and Inclusive Environments, Developmentally Appropriate Intervention, and Functional and Active Child Engagement – provide the foundation for Functional Assessment and Intervention. Functional assessment and intervention take place in the children's natural everyday settings, routines and activities. Early intervention focuses on helping children and their families to participate functionally and meaningfully in their home, school and community. The rationales and key indicators of functional assessment and intervention will be further elaborated upon in Chapter 3 and 4 respectively.

PILLAR 5 - TRANSDISCIPLINARY TEAM PRACTICE

Transdisciplinary team practice is an early intervention pillar that is specific to how the early interventionist teams function within their organisations. Transdisciplinary team practice can reduce fragmentation and duplication of services and minimise the likelihood of conflicting communications with families (King et al., 2009). Teachers, allied health professionals and the family work together collaboratively as a team to plan and implement support mechanisms and services to address the unique needs of the child and family in a holistic manner. Therefore, it promotes coordinated and systematic services.

The key aspects of transdisciplinary team practice are briefly highlighted below:

1. Early interventionists and the family work collaboratively as a team in joint assessment as well as in identifying and implementing joint intervention goals.
2. There is shared documentation, on-going communication and planned, dedicated time for team discussions.
3. The team (which includes parents) regularly shares and engages in cross-disciplinary exchange of expertise, knowledge, skills and information to build team capacity to provide holistic and effective intervention to the child.
4. One consistent professional from the team plays the role of a key worker and understands and keeps abreast of the changing circumstances, needs, interests, strengths and demands in the child's and family's life.

The rationale and key indicators of transdisciplinary team practice will be elaborated upon in Chapter 5.

KEY INDICATORS FOR THE SUBSEQUENT CHAPTERS

In Chapters 2 to 8, the early intervention pillars, which the examples aim to illustrate, are indicated using key indicator codes (e.g., FCP-P1, TA-2). Readers are to refer to the Key Indicators Checklist on pages for information about the codes and descriptions of the key indicators.

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Chapter 2
FAMILY-CENTRED PRACTICE

This chapter:

- Describes family-centred practice
- Explains the rationale for adopting family-centred practice in early intervention service
- Lists the key indicators of family-centred practice with examples that are contextualised to the EIPIC setting
- Provides two case scenarios of how relational, participatory and strengths-based practices are incorporated into our interactions with families within the EIPIC context

INTRODUCTION

Over the past 30 years, there has been a paradigm shift in early intervention services from a deficit-based, child-focused approach to a family-centred and strengths-based approach (Dunst and Trivette, 2009a). Family-centred practice recognises the pivotal role that families play in decision-making to support their child's learning and development.

Family-centred practice is "a particular set of beliefs, principles, values and practices for supporting and strengthening family capacity to enhance and promote child development and learning" (Dunst, 2002). It begins with the early interventionist's personal belief and attitude about the importance of supporting family capacity by building on family strengths, as well as viewing families as capable. This, in turn influences the practices and interaction with families when providing early intervention to children.

Family-centred practice is characterised by three areas of practice (Dunst, Trivette, & Hamby, 2007; Dunst & Trivette, 2009a):

Relational Practice

- Establishing rapport with the family by treating the family with respect, dignity and recognising the diversity and uniqueness of every family's structure, relationship, roles, rules and rituals.
- Seeking to understand the family's priorities, culture, beliefs, expectations and stressors/pressures.
- Demonstrating professional interpersonal skills, such as active listening, the use of open-ended questions, reflective listening and summarising, to effectively engage and communicate with families.

Participatory Practice

- Establishing mutual partnership and collaboration with families to involve them in their child's intervention.
- Being responsive to the family's concerns, priorities, strengths, interests and needs.
- Providing information to families to empower them to make informed decisions about their child's intervention.
- Promoting families' confidence and competence in supporting their child's learning.

Strengths-Based Practice

- Helping families to identify their strengths and capacities.
- Empowering families in identifying and utilising resources such as available social and community support by mapping the family's personal social network. This builds the family's capability to become more self-sustaining in meeting their own needs.

RATIONALE

Adopting family-centred practice is important because "all families, with the necessary supports and resources, can enhance their children's learning and development" (The Workgroup on Principles and Practices in Natural Environments, 2008). Family-centred practice enhances parents' self-efficacy beliefs of their parenting confidence and competence, which in turn leads to improved developmental outcomes of the child (Dunst, et al., 2007; Dunst and Trivette, 2009b). Parents who are confident about their parenting abilities provide more learning opportunities to enhance their children's development, compared to parents who were less confident (Coleman, et al., 2002). Additionally, building on family strengths is likely to achieve better outcomes compared to correcting weaknesses (Garbarino, 1982; in Dunst and Trivette, 2009a).

A local study by Chong and colleagues (2012) found that parents found it valuable when professionals who worked closely with their children were available to share information about their children with them. Parents would also like to have regular communication with professionals regarding their child's progress. Additionally, parents reported that they want to be actively involved in their child's intervention.

KEY INDICATORS

Family-Centred Practice

Relational Practice (FCP-R)

FCP-R1: Create a positive and warm relationship with the family, treating family members as active team members

Example: The EIPIC team (e.g., social worker, teacher and speech and language therapist) meets the caregiver and child before screening the child to determine class placement. The initial screening team introduces themselves to the caregiver and child and also explains the screening process. At the same time, the team listens to the caregivers' concerns using active listening skills. This provides an opportunity for the screening team to build rapport and partnership with the family.

FCP-R2: Respect every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)

Example: During the initial screening, the social worker interviews the caregiver to find out more information about the family background, resources (e.g., ecomap), expectations, concerns and areas of support needed. During this time, other team members facilitate play and interaction opportunities with the child to make observations about the child and his or her level of functioning. The social worker uses the initial screening summary form to document all the relevant information about the family and child for follow-up. The information gathered is shared with the team.

FCP-R3: Addressing parents' priorities and concerns in a timely manner

Example: During the family interview, the caregiver shares with the team that she is very concerned that she is not able to afford the programme fees as she is currently unemployed. The social worker informs her of the resources and subsidies that are available to assist with the programme fees. Upon receiving all the required income documents and other information, the social worker conducts means-testing (i.e., assessment for financial assistance eligibility) for the family within two days. On the same day, after the family is found to be suitable to receive subsidies, the social worker immediately informs the caregiver. The caregiver feels assured that her child can continue to access early intervention with financial support.

FCP-R4: Engaging parents effectively by using easy to understand and jargon-free language

Example: During the family interview at the initial screening, the social worker makes an effort to engage the caregiver in the caregiver's first language. The social worker also makes an effort to pitch the conversation at a level that the caregiver understands. The use of technical terms is also avoided. The social worker takes time to elaborate whenever the caregiver appears confused. The social worker also regularly pauses and asks the caregiver if she needs any clarifications or has any questions.

Participatory Practice (FCP-P)

FCP-P1: Facilitating parents in making informed choices and decision-making through discussions and exchange of information

Example: During the parent-teacher conference, the teacher explains to the parents the child's current level of functioning based on the behaviours observed in class and family reports. After which, the teacher suggests the broad goals the EIPIC team has previously discussed. The EIPIC team seeks further input from the child's parents to confirm the child's current functioning. With the parents' input, the EIPIC team together with the child's parents prioritises the Individualised Educational Plan (IEP) and routines. Through this process, the team empowers the parents to make a decision regarding the child's intervention goals.

FCP-P2: Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers

Example: The EIPIC team observes, through classroom observations and in different activities, that the child has met one of the intervention goals from the IEP before the EIPIC term ends. The teacher highlights the observation to the child's parents. The child's parents share their perspective on their child's participation and functioning in the home routines and agree that the child has also achieved the same goal in the home context. The teacher and parents discuss and come to a consensus on the next goal to work on for the child's IEP.

FCP-P3: Empowering families through coaching to utilise their strengths and learn new skills to support the child's learning and development

Example: The speech and language therapist observes that the child, who has yet to start using words verbally, throws temper tantrums whenever he does not get cookies immediately during snack time. Therefore, the speech and language therapist sits in during class to support and coach the child's father to teach his child to initiate communication by giving pictures to request for a cookie during snack time i.e., using Picture Exchange Communication System (PECS). The father shares the strategy with his wife and they decide to use PECS too during snack and play time routines at home.

FCP-P4: Facilitating and encouraging parents to identify and utilise their resources, access services and support systems independently

Example: The child's mother is aware of the importance of helping her child to generalise skills learnt in EIPIC and at home. She regularly shares with and updates the child's preschool teacher about the intervention strategies she has learnt through coaching by the EIPIC teacher and team. The child's mother works closely with the preschool teacher to implement the strategies in the preschool setting.

Case Scenario

During one of the classroom interventions at the EIPIC centre

Prior to the parent-teacher conference, the teacher observed that Jayden's mother, who brings Jayden to the EIPIC centre, had been increasingly quiet recently. Therefore, the teacher decided to approach Jayden's mother after class one day to check in with her. The following snapshot of their conversation illustrates how relational and participatory practices were applied.

Creating a positive and warm relationship with the mother by showing concern and care

Mrs Lee, how are things going for you lately?

Not too good. I really wish that Jayden will start talking soon and stop running around so much, especially when it's time to eat. So difficult for me to feed him! I have to keep chasing him just to make him finish his meals.

Validating mother's emotions and summarising her concerns

It must be quite tiring for you during meal times. You also seem worried that Jayden hasn't started talking.

Demonstrating reflective listening

(*Sighs*) What to do? My husband needs to work so I have to take care of Jayden myself. I know he has to work, but sometimes I feel very frustrated with my husband for not helping me.

(*Pauses. The teacher nods to show she's listening*) But, even if he can help, my husband also can't take care of Jayden. He won't know what to do.

It sounds like you wish that you can have more help from your husband, but you are concerned he doesn't know what to do when taking care of Jayden.

Case Scenario

Asking open-ended questions to understand and build on the mother's ideas, as well as facilitating her in making informed choices and decision making

(*Nodding*) Ya. My husband actually wants to help Jayden. He loves Jayden very much – but he doesn't know what to do with Jayden because Jayden cannot talk. So my husband doesn't know what he wants. I know what Jayden needs and wants better.

I see. What do you think would help your husband understand Jayden better so that he can help out with Jayden?

Clarifying to seek to understand the family's priorities, culture, beliefs, expectations, stressors/ pressures

I just hope that he can take leave and sit with Jayden in class to learn from you how to use pictures to communicate with Jayden. But the restaurant my husband is working in, is always very busy during lunch and dinner time. So I think he cannot come to the EIPIC centre in the afternoons.

It must be tough for your husband, juggling work and finding time to come to the EIPIC centre with Jayden. How do you think we can support you and your husband?

Empowering families through coaching to utilise their strengths and learn new skills to support their child's learning and development

Oh, yes! He just asked me about PECS last night. Can you do a home visit since my husband can't come to the EIPIC centre in the afternoons? If you can show him how to use PECS with Jayden, then Jayden can communicate more effectively with his daddy.

Sure. Perhaps the home visit could be in the morning when your husband is around? We can discuss and try out PECS strategies during a home routine. Mrs Lee, you can also help demonstrate how to use PECS with Jayden during the routine at home.

Case Scenario

Building the family's capability to support the needs of their child, by facilitating and encouraging parents to identify and utilise their resources, as well as access services and support systems independently

That will be good! Hopefully my husband can understand what Jayden wants better and he can help me out more at home. It will also be good for them to spend more time together.

The teacher also thanked Jayden's parents for taking time off their busy schedule to be here at the EIPIC centre today. **(FCP-R1: Creating a positive and warm relationship with the family, treating family members as active team members)**

The teacher then introduced the team and reiterated to Jayden's parents that they were also part of the team, and played a key role in making decisions for Jayden's intervention. **(FCP-P2: Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers)**

The teacher provided a summary of Jayden's strengths and interests, based on observations of Jayden's participation in the class routines and the parent's reports on his functioning in the various home routines.

The various allied health professionals also provided examples of their observations of Jayden's abilities, building on what the teacher shared. For example, the OT shared an example of how Jayden used the PECS to communicate with the OT when he wanted to get a car from the shelf.

Based on Jayden's current developmental level, his parents' priorities, and input gathered from the parent interview previously, the teacher suggested intervention goals for further discussion with his parents. **(FCP-P1: Facilitating parents in making informed choices and decision-making through discussions and exchange of information)**

The teacher clarified with his parents if the suggested goals shared were what they would like Jayden to achieve in the next 6 months. **(FCP-R3: Addressing parents' priorities and concerns in a timely manner)**

After Jayden's parents had agreed to the suggested goals, the team, together with Jayden's parents, jointly developed the IEP. The teacher also guided Jayden's parents in identifying

Case Scenario

opportunities within the routines at home to help Jayden achieve each goal. Jayden's parents were also asked to prioritise specific behaviours or communicative skills they would like him to learn to use during his day to day participation in routines and interaction with them. His parents' priorities were embedded in the IEP. **(FCP-P2: Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision makers)**

After agreeing on the final intervention goals, the team scheduled caregiver coaching sessions (i.e., home setting and EIPIC setting) with Jayden's parents. The team reiterated to Jayden's parents that the purpose of the sessions was to coach them in supporting Jayden's learning and development. **(FCP-P3: Empowering families through coaching to utilise their strengths and learn new skills to support their child's learning and development)**

Jayden's parents shared with the team that they felt that they were actively involved in his intervention. They also shared that their concerns and priorities for Jayden were discussed and met. Overall, they felt supported and had gained confidence and competence in embedding learning opportunities for Jayden to practise the new skills he needed to be independent at home and at EIPIC.

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Chapter 3
FUNCTIONAL ASSESSMENT

This chapter:

- Describes what functional assessment entails
- Explains the rationale for conducting functional assessments as part of the process for providing functional intervention
- Lists the key indicators of functional assessments with corresponding examples that are contextualised to the EIPIC setting

INTRODUCTION

Functional assessment is defined as the assessment of the child's level of functioning in a natural context such as home, childcare, preschool, EIPIC centre, school and community. Functional assessment (DEC, 2014; Bagnato, Neisworth, Pretti-Frontczak, 2010) involves collecting information about the child's participation, strengths and abilities in the context of the child's everyday routine and focuses on what the child does. It is sensitive to the family's culture and background (e.g., considers that at mealtimes, one family uses their hands to eat whilst another family uses utensils). Functional assessment facilitates the assessment of the child's skills across multiple domains concurrently within a routine activity. Importantly, information obtained through the functional assessment guides the identification and crafting of functional, individualised intervention plans.

RATIONALE

Being functional means being able to use our skills in everyday activities to accomplish things that are meaningful to us. Therefore, for children to be participating functionally and meaningfully in their daily lives, there needs to be a functional approach to their assessment and intervention (Dunst, et. al., 2001; Shelden & Rush, 2001; Mahoney, 2008; Raab, 2005).

The first step to planning an intervention is to conduct a functional assessment. It involves observing the child engaging in a meaningful activity rather than conducting discrete isolated tasks that may not be directly relevant to daily functioning (e.g., observing a child feeding himself raisins at snack time with his classmates at the table, as opposed to, directly testing his ability to use a pincer grasp). In this way, the assessment findings reflect the child's current level of functioning in his or her participation in daily routines, which supports the planning of appropriate functional intervention goals that build on the child's current functioning abilities.

KEY INDICATORS

Functional Assessment

FA-1: Gathering information about the child's functioning from multiple methods and sources (e.g., people and materials/tools - observations/ parent report/ normed reference assessment if required)

Example: During the assessment period, two teachers conduct an interview with the family during a home visit. They wish to gain an understanding of Alex's participation and independence, as well as his communication and social interactions during his daily routines at home. At the EIPIC centre, the teacher, occupational therapist (OT), and speech and language therapist (SLT) observe the child in the classroom, gym and playground. This gives the team an insight into his functional abilities within the various EIPIC centre's routines. As a team, they decide there is a need to further understand the child's language profile. The SLT, using the shared assessment form (i.e., Assessment, Evaluation and Programming System - Child Observation Data Recording Form, AEPS CODRF[1]) (Bricker, 1993), focuses intently on gaining a more in-depth understanding of the child's language use within the routines. The SLT also conducts an informal assessment of Alex's social communication abilities via observations in the classroom. On request, the preschool teacher also provides a summary report of Alex's participation in the routines in preschool. The EIPIC teacher then integrates all the information gathered from the team and from multiple sources to provide a holistic profile of the child.

FA-2: Observing the child's functioning across multiple settings over time

Example: The teacher assesses Alex having snack time with peers in the EIPIC centre in two different contexts: when Alex's caregiver is in class with him and when his caregiver is absent. She also gathers information from Alex's caregiver about how he participates during meal times at home and at his grandmother's house.

FA-3: Assessing all domains within the context of the same activity/routine

Example: During outdoor play time, at the playground, the teacher observes how Alex runs to the slide and climbs the ladder to get to the top of the slide (gross motor skills). The teacher also observes how he waits for his turn and what he says to his friends before sliding down (social interaction and social communication skills). While the teacher interacts with the other children, the OT follows Alex and observes that he joins his friend (social interaction skills) in picking up a stick and then drawing in the sand with the stick (fine motor skills). The teacher observes that Alex then looks at the circle he drew and says, "turtle". The teacher subsequently observes that Alex protests by saying, "Ahhh!", when his friend attempts to take his stick (social communication skills). When the children head back to the classroom, his teacher observes that Alex is able to remove his shoes independently. Alex is also able to put his shoes on the shoe rack after the teacher prompts him by asking, "Alex. Where do the shoes go?" (adaptive and social communication skills). All these behaviour observations are noted down in Alex's file, forming part of the functional assessment.

[1] At the point of publication, the AEPS is a commonly used assessment tool used by most EIPIC centers. Therefore, the AEPS is referenced in the example to illustrate the assessment process. Regardless of the assessment tool used, the child should be assessed in a functional manner.

FA-4: Using a child-directed approach

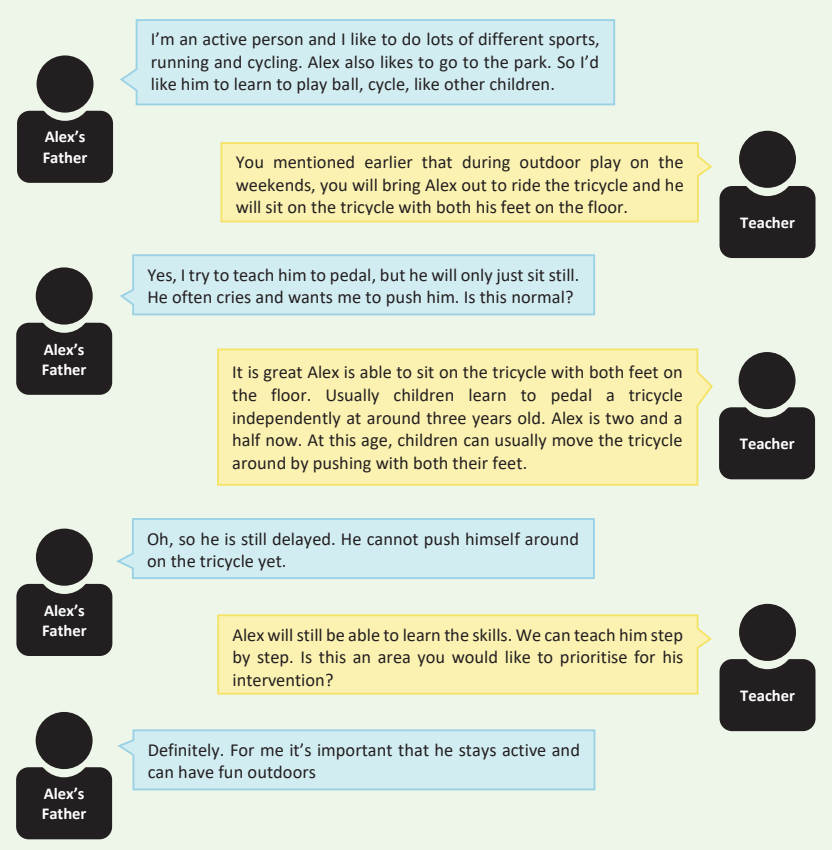
Example: The teacher presents developmentally appropriate activities and materials within the class routines. The teacher observes Alex as he spontaneously plays and interacts with others and toys. The teacher refrains from giving instructions and asking questions. Instead, when the opportunities arise, she comments on his play, "Uh-oh, the fire engine is hiding!", "Oh dear, the spoon dropped to the floor!", or "Colin is hungry", to observe his responses.

FA-5: Using contextually relevant interactions to observe the child's behaviour

Example: During snack time, while observing Alex eating and interacting with his teachers and peers, the SLT may say, "I am hungry", "that smells nice", "Faridah has a blue cup" or "Can I have a Milo?" to observe Alex's responses and actions.

FA-6: Identifying and explaining what the child can do based on knowledge of child development

Example: During a home visit, Alex's father shares that one of his priorities for Alex is for him to be able to do more outdoor activities.



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Chapter 4
FUNCTIONAL INTERVENTION

This chapter:

- Describes what functional intervention is
- Links the functional improvements of children receiving early intervention to the measurement of child outcomes
- Explains the rationale for conducting functional intervention
- Lists key indicators of functional intervention with corresponding examples that are contextualised to the EIPIC setting

INTRODUCTION

It is essential to provide effective intervention that promotes the child's learning and development in a natural and inclusive environment to enhance the functional outcomes of the child. Instructional practices, which are a subset of intervention activities, refer to the "intentional and systematic strategies to inform what to teach, when to teach, how to evaluate the effects of teaching and how to support and evaluate the quality of instructional practices and implementation by others" (DEC, 2014, pg. 19). Functional intervention, therefore, is the use of intentional and systematic strategies by parents and early interventionists to facilitate contextually relevant learning opportunities of the child within daily routines and activities (Hull, Capone, Giangreco, & Ross-Allen, 1996).

In order to demonstrate functional improvement in children who receive early intervention, the Early Childhood Technical Assistance Center (ECTA, 2011) recommended the following three global child outcomes to evaluate and measure the children's progress over time:

1. Global Child Outcome 1 (GCO 1): Having positive social-emotional skills (including social relationships).
2. Global Child Outcome 2 (GCO 2): Acquiring and using knowledge and skills (including early language, communication and early literacy).
3. Global Child Outcome 3 (GCO 3): Taking appropriate actions to meet needs (including adaptive skills).

RATIONALE

According to Dunst and colleagues (2001):

1. Children learn best by doing the things they need to do in their daily lives (e.g., crossing a drain vs. balancing on one foot for 5 seconds, learning to use sentences to order food vs. repeating sentences when asked).

2. The involvement of children in their natural routines and activities provides more learning opportunities, which, in turn, translates to more opportunities to gain functional skills.

3. Children with developmental concerns need a lot more learning opportunities in their natural learning contexts to acquire skills to become functional, compared to typically developing peers.

Taken together, when intervention is incorporated and embedded into the children's daily routines and activities, they gain skills that enable them to function optimally and meaningfully in their daily lives. Active involvement is essential to learning, rather than being passive and dependent on others to do things for them.

KEY INDICATORS

Functional Intervention (FI)

FI-1: Embedding intervention across multiple settings and caregivers

Example: Ahmad's main teacher coaches his parents, childcare teacher and other teachers in the EIPIC centre who worked with Ahmad on the recommended strategies for helping Ahmad to feed himself using his fingers, spoon and fork during snack time or meal times. In this way, Ahmad will have many natural opportunities to practise feeding himself across settings at home, at childcare and at the EIPIC centre.

(Note: This functional skill contributes to GCO 3)

FI-2: Embedding learning opportunities within the context of daily routines and activities

Example: To facilitate Shanti in communicating her needs and wants to others, requesting items of preference can be embedded into the following routines at the EIPIC centre and at home:

- Arrival routine - Shanti may ask for the door to be opened or for help to remove her socks.
- Circle time - Shanti may ask for a favourite song or ask her peers to pass the prop to her when they are taking turns to use it whilst singing.
- Snack time - Shanti may ask for more food or help to open the container.
- Outdoor play time - Shanti may ask to play on a particular piece of equipment.
- At home during meal time, toilet time and bed time - Shanti may ask for a drink, to go to the toilet, to have a blanket because she is feeling cold, respectively.

(Note: These functional skills contribute to GCO 3)

FI-3: Following the child's lead

Example: During play time, Alex is not interested in the toys set up in the play area. The teacher observes that Alex enjoys looking at a picture of a bear on the wall instead. The teacher then decides to follow his interest and lead by commenting "Happy bear, big bear". Alex then looks back at the teacher and points to the picture of the bear, saying "Big bear".

(Note: This functional skill contributes to GCO 2)

FI-4: Using developmentally appropriate activities

Example: A range of sensory toys is placed on the floor for Ben, a 12-month old boy with Down Syndrome, to explore during play time. The teacher imitates and labels Ben's actions as he picks up a rattle and shakes it while Ben continues to smile at the teacher and move his body.

(Note: This functional skill contributes to GCO 1)

FI-5: Facilitating active child engagement for the child to learn

Example: During a lunch routine at home, Siew Meng's mother provides him with a spoon to scoop the rice to feed himself even though he may spill most of his food. Throughout the day, his parents also encourage Siew Meng to walk around the house to get things from different places. They also encourage him to walk to different people in the house to ask for things. At the playground during outdoor play time, he walks on his own to a bench and asks his parents to help him sit on the bench. He then asks for some biscuits and eats his biscuits while watching the other children play. Active involvement is essential to his learning, rather than being a passive recipient of activities and situations.

(Note: These functional skills contribute to GCO 3)

FI-6: Using incidental teaching as an approach to intervention with the child

Example: During art and craft time, Teacher A intentionally places two pairs of scissors (with close supervision for safety) in the middle of the table to share amongst three children. Kelly reaches out for the scissors but the scissors is clearly beyond her reach. Teacher A waits for a few seconds to observe what Kelly will do next. After observing Kelly getting frustrated, Teacher A goes down to Kelly's eye level before asking her: "Do you need the scissors?" Kelly nods her head, looking at Teacher A. The other teacher, Teacher B, who is supporting the class, observes this interaction and immediately sat next to Kelly and models a verbal request for Kelly by saying, "I want scissors," with her hand extended to Teacher A. Kelly imitates this by reaching her hand out to Teacher A. Teacher A then passes the scissors to Kelly. The other two children who are observing, then request simultaneously, saying "I want scissors" to Teacher A. The children are given opportunities to learn to take appropriate actions to meet their needs (GCO 3). The teacher gives the second child the second pair of scissors, and says to the third child, "I only have two pairs of scissors, you will have to wait for your turn." The child is given the opportunity to learn to demonstrate positive social-emotional skills by waiting calmly for their turn (GCO 1).

FI-7: Integrating multiple domains and skills within the context of the same activity/ routine

Example: During play time, Arul sits on the chair (gross motor skills - balancing) and asks the teacher to open a box of cars (communicating needs), saying, "Buka" (i.e.,, open, in the Malay language), while holding out the box and looking at the teacher (social-communication skills).

(Note: This functional skill contributes to GCO 3)

The teacher then opens the lock on one side of the box and encourages Arul to try opening the other side of the box himself, saying, "Arul, you try." The teacher then brings his hand to the other

lock while loosening it a little to make it easier for Arul to open. Arul opens the other lock and removes the lid (integrating fine motor and gross motor skills to meet needs).

(Note: This functional skill contributes to GCO 3)

Next, Arul picks up a car and pushes it around on the table (fine motor and cognitive skills).

(Note: This functional skill contributes to GCO 2)

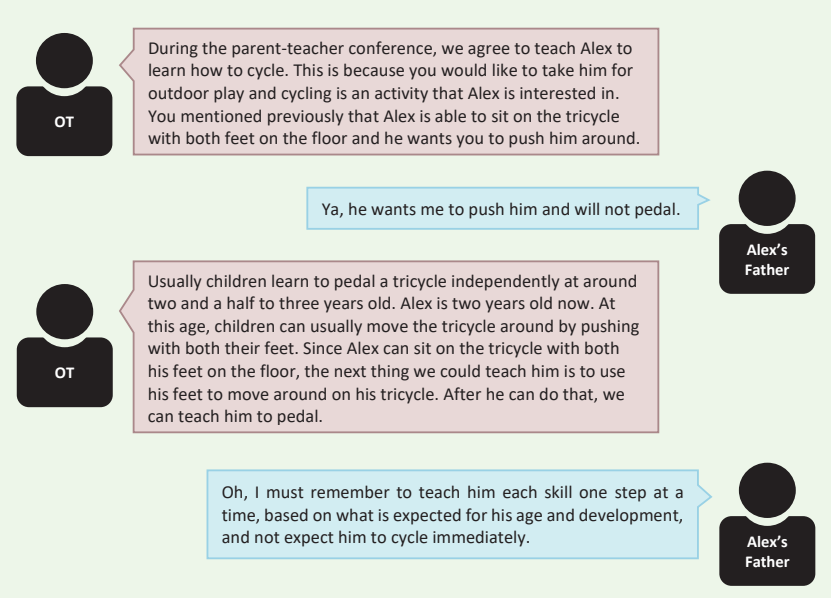
The teacher then commented to him, "I think Raymond wants a car too. Let's share!" Arul then takes a car and gives it to his friend next to him, saying, "Car," while looking at his friend (social communication and social interaction skills).

(Note: This functional skill contributes to GCO 1)

FI-8: Pitching the intervention at the child's zone of proximal development

Example: The occupational therapist (OT) attends a home visit with Alex's EIPIC teacher to provide caregiver coaching to Alex's father.

(Note: This functional skill contributes to GCO 3)



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Chapter 5
TRANSDISCIPLINARY TEAM PRACTICE

This chapter:

- Describes transdisciplinary team practice
- Explains the rationale for implementing a transdisciplinary team approach
- Lists key indicators of collaborative-transdisciplinary practice with corresponding examples that are contextualised to the EIPIC setting
- Provide one case scenarios of collaborative-transdisciplinary practice that are incorporated into the EIPIC context

INTRODUCTION

Professionals or early interventionists from different disciplines are often involved in facilitating early intervention for a child with developmental delays or with special needs, as well as in supporting their families. They have their own set of knowledge, skills and expertise. A transdisciplinary team may consist of teachers and allied health professionals (AHPs) including occupational therapists (OTs), speech and language therapists (SLTs), physiotherapists (PTs), psychologists and social workers (SWs).

Transdisciplinary team practice represents a systematic and coordinated service that involves collaboration between team members. Families are also seen as valued members of the team and are actively involved in all aspects of intervention (Briggs as cited in American Physical Therapy Association, 2010, Davies, 2007; Rainforth & Barr as cited in American Physical Therapy Association, 2010). Transdisciplinary team practice can enable efficient, effective and holistic intervention outcomes for both the child and his or her family.

A designated key worker has to be appointed as the primary contact person between the EIPIC team and the child's family for exchange of information pertaining to the child's intervention. This includes the implementation of intervention plans, as well as coordinating services and team meetings. Nevertheless, the whole team remains involved, and continues to share the responsibility of assessing, planning and implementing intervention to children and their families. Depending on the needs of the child and family, as well as support required by the key worker, team members provide "role support" and coaching to the key worker and other AHPs, when necessary.

Transdisciplinary team practice in Singapore is still evolving. Presently, because the EIPIC is predominantly centre-based in a classroom setting, EIPIC teachers spend the most time with the children. Therefore, EIPIC teachers are most suited to be the primary contact person with the family while being supported by a team of allied health professionals. If targeted discipline-specific skills and expertise are required for the child's intervention, the relevant team members should be involved more directly, whilst the key worker remains present (Luscombe & Dibley,

2014). In the event of specific needs, other relevant AHPs of the team may be designated to be key workers to best address and coordinate the needs of the child and family (e.g., if the child presents with severe cerebral palsy, the PT may be designated as the key worker, supported by a team of teachers and AHPs).

Depending on the knowledge and experience of individual early interventionists within the team on different intervention strategies, members collaborate and participate as part of the team in varying capacities and role such as role extension, role enrichment, role expansion, role exchange, role release and role support (Carpenter, King-Sears & Key as cited in Ledet, Stricklin & Hockless, 2009; Galentine & Seery as cited in Ledet, Stricklin & Hockless, 2009; Hanft & Anzalone as cited in Ledet, Stricklin & Hockless, 2009; King et al, 2009; McGonigel, Woodruff & Roszmann-Millican, 1994; Roberts-DeGennaro, 2002 as cited in Ledet, Stricklin & Hockless, 2009; Utley & Rapport as cited in Ledet, Stricklin & Hockless, 2009). This is known as the "process of role release", which is the transfer of knowledge and skills across disciplinary boundaries within the EIPIC team and with parents and caregivers.

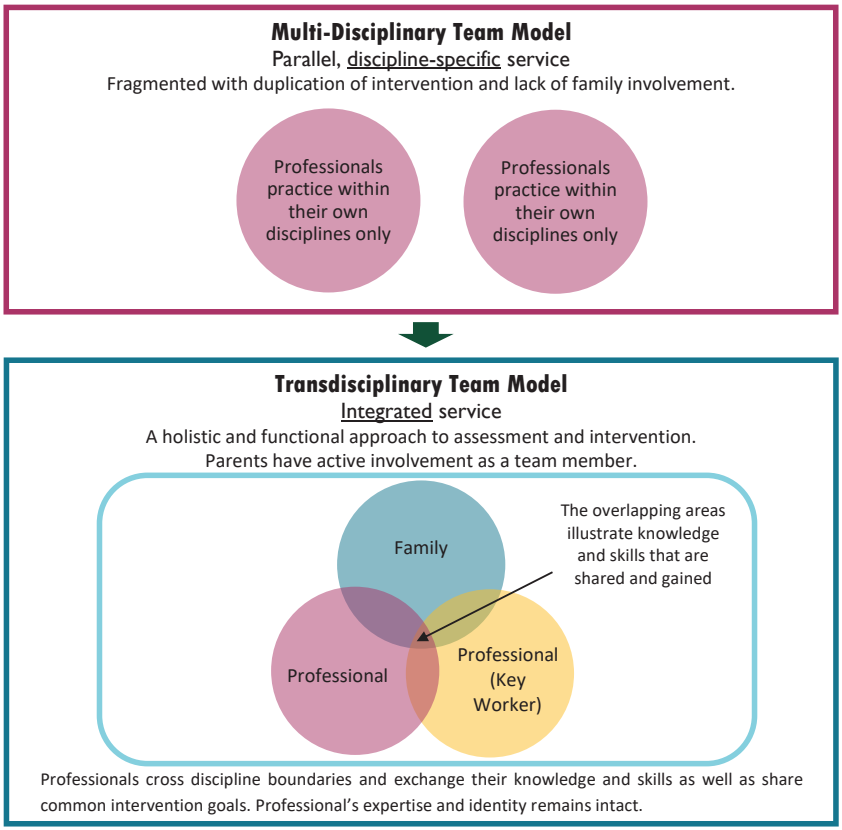

Diagram 5.1. Transition from multidisciplinary team model to transdisciplinary team model

A critical goal of a transdisciplinary team is to build the capacity of caregivers (e.g., parents, family members, teachers) who spend the most time with the children, through collaborative partnership and coaching (Luscombe & Dibley, 2014). Therefore, it is essential for AHPs in the EIPIC centres to provide coaching to the EIPIC teachers to empower them to work effectively with the children. Additionally and importantly, key workers and the relevant AHPs (if necessary for targeted intervention that requires discipline-specific expertise) need to provide coaching to parents and caregivers to build their confidence and competence to support their child's active and functional participation within their home, childcare, preschool and community settings.

In the EIPIC setting, role release and role support provide shared responsibility and multiple learning opportunities for an integrated, focused intervention with children. Such practice fosters a positive collaborative practice among team members including parents. The AHPs coach and provide consultation to teachers, other AHPs, parents and caregivers in specific techniques and skills related to their professional expertise. Additionally, the AHPs also actively participate in and are responsible for the successful implementation, progress monitoring and modifications during the process of role release as well as during subsequent provision of role support. Likewise, it is the responsibility of the other team members who are applying the newly acquired techniques and skills to be accountable in using these practices and to proactively seek support and consultation from the AHP for support. Therefore, professional role identities are still safeguarded and respected in transdisciplinary teaming practice.

RATIONALE

Children with developmental delays or special needs often require intervention support in multiple areas of development. Traditional models of intervention have predominantly been multidisciplinary with multiple professionals working in parallel with the child and family. While this has fostered autonomy in service delivery across professional domains, the service has been fragmented, domain-specific and lacks functionality, with duplication of services and parents are passive recipients of services (King, et al, 2009). This has frequently resulted in families being overwhelmed by liaising with multiple professionals and having to integrate the varied information and advice without adequate support.

A transdisciplinary team practice overcomes these pitfalls. The advantages of having a transdisciplinary team in early intervention include (Dunst et al 1998; Kilgo, 2006; King et al, 2009; Bell, Corfield, Davies & Richardson, 2010; Shelden & Rush 2013):

- Less intrusion on the family
- Less confusion and stress for parents or caregivers
- More active parent involvement and engagement
- More coherent intervention plans
- More holistic service delivery
- More service efficiency
- More cost effectiveness
- More efficient utilization of time and resources

- Reduction in waiting times
- Better compliance and attendance to intervention follow up
- Better facilitation of professional development & enhancement of knowledge and skills

KEY INDICATORS

Transdisciplinary Team Practice (TD)

TD-1: Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention

Example: During the assessment phase, team members record their observations of the child's abilities when participating in daily routines or activities at the EIPIC centre on the Assessment, Evaluation and Programming System - Child Observation Data Recording Form (AEPS CODRF[1]) (Bricker, 1993) across the various domains on the same assessment record form using a different colour pen. During a team meeting, the teacher, speech and language therapist (SLT) and psychologist discuss Ben's challenging behaviours in recent times during outdoor play time, providing their input and analysis of his behaviour. They also share the strategies they have tried that worked and those that did not work as well. The psychologist also provides deeper insights into the purpose of his temper tantrums using the Functional Behaviour Analysis, as well as additional strategies the teacher and SLT could try with Ben.

TD-2: Having members engage in cross-disciplinary coaching to facilitate team members' knowledge and skills across disciplinary boundaries

Example: One of the key intervention goals in developing Ben's participation in daily routines is in communicating his needs to others using words. The SLT demonstrates and coaches Ben's teachers, occupational therapist (OT) and his parents during class routines to become competent in using the communication strategies during their interactions with Ben across various routines at the EIPIC centre and at home.

TD-3: Discussing the child's functioning across domains

Example: At the team meeting, each member shares observations of Ben's current functioning within natural routines, not only in their own 'discipline-specific' domains, but also in other areas across discipline boundaries. The teacher shares examples of Ben's functioning in fine motor skills, while describing his communication and social interaction with peers and adults during an art and craft activity. Likewise, the OT gives examples of Ben's functioning in communication whilst describing his motor coordination during an outdoor play activity.

[1] At the point of publication, the AEPS is a commonly used assessment tool used by most EIPIC centres. Therefore, the AEPS is referenced in the example to illustrate the assessment process. Regardless of the assessment tool used, the child should be assessed in a functional manner (i.e., Functional Assessment, Chapter 3).

TD-4: Conducting joint assessment of child's development and family needs using a common assessment framework

Example: The SLT, OT and psychologist identify one or two routines in the classroom to observe Ben together with the teacher during the assessment period. The teacher conducts a parent interview on family and child routines to understand family priorities, concerns and dynamics.

TD-5: Ensuring documentation is shared and accessible

Example: Team members file their observations and documentation of relevant information from discussions in the children's case files that are placed in the classroom. The team has easy access to these folders.

TD-6: Jointly developing and owning common goals and intervention plan

Example: The teacher collates the observations recorded by the team members. Based on information shared by parents on a common/shared spreadsheet or similar document, the teacher drafts a narrative summary of Ben's strengths and current functioning. The team discusses the profile of Ben and potential Individualised Educational Plan (IEP) goals based on parental concerns and inputs. A joint discussion with parents is held later to finalise the IEP.

TD-7: Ensuring ongoing communication and dedicated time for formal team discussions

Example: All team members meet at least twice before the parent-teacher conference to discuss their observations of Ben's functioning and needs as well as present their observations with information obtained from parents. The teacher also initiates team meetings to discuss the child's progress or concerns, requiring inputs and support from the team. The team documents observations and any discussions they may have with a team member or parent to keep everyone in the team informed and updated.

TD-8: Having a key worker who is the primary liaison between the parents and the team for the child's intervention

Example: The teacher contacts Ben's mother to plan for a home visit. She leads the parent interview on home routines and the therapist accompanying her assists in taking notes. Four weeks later, when the team collates observations on the AEPS CODRF (Bricker, 1993), the teacher summarises the observations to Ben's mother on behalf of the team during a planned visit. The teacher, as a key worker, clarifies and seeks additional information on Ben in terms of his communication skills across home routines.

Case Scenario

Razak was enrolled into an EIPIC centre, and was placed in a classroom of six children of similar level of functioning after initial screening. He attends EIPIC thrice a week for two hours each session. Razak's mother helps to facilitate his adjustment into the centre. His mother works closely with the teacher to try different strategies to help Razak settle into the class routines. (TD-8: Having a key worker who is the primary liaison person between the parents and the team for the child's intervention; TD-1: Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention)

His teacher initiates the assessment of Razak's functioning within the class routines by observing Razak's participation in the class routines and activities. The teacher writes behaviour observations and scores the AEPS CODRF (Bricker, 1993). These observation notes and AEPS CODRF are filed in Razak's folder, and are accessible by other team members. The team made time to observe and interact with Razak within the EIPIC routines and document examples of behaviour observations of Razak's functioning abilities within routines and activities in Razak's case file. (TD-4: Conducting joint assessment of child's development and family needs using a common assessment framework; TD-5: Ensuring documentation is shared and accessible)

After his first three weeks in the centre, the teacher briefly discusses the child's profile at a team meeting based on previous reports, intake screening observations, Family Routines Report and observations by the team. The teacher also shares with the team about Razak's mother's concerns. Razak's mother had expressed anxiety during a planned discussion with the teacher on Razak's high levels of activity and his tendency to throw things around. The team identifies specific areas in which more observations and assessments are needed to have a better understanding of Razak's functioning and needs. (TD-7: Ensuring ongoing communication and dedicated time for formal team discussions; TD-8: Having a key worker who is the primary liaison person between the parents and the team for the child's intervention; TD-3: Discussing the child's functioning across domains)

Following the team meeting, the team identifies more specific routines for observation and assessment. Team members made plans to join the classroom routines and activities for two routines each so as to get an insight into the child's functioning across different contexts. The OT interacts with Razak and observes him during outdoor play time and art and craft time while the SLT interacts with him during snack time and sensory play time (water play activity). The psychologist makes further observations of Razak during arrival, art and craft time and music routines, to obtain a functional behaviour analysis of Razak's challenging behaviours which the teacher had previously reported occurring more frequently during these routines. All of them document their behaviour observations in observation notes as well as used different coloured pens to score in the same AEPS CODRF (Bricker, 1993) document placed in Razak's folder in the classroom. (TD-4: Conducting joint assessment of child's development and family needs using a common assessment framework; TD-5: Ensuring documentation is shared and accessible)

Case Scenario

Following preliminary observations, the team identifies that the concerns raised by Razak's mother were likely linked to his lack of engagement in the activities. It is therefore important that they select developmentally appropriate activities that are of Razak's interest while encompassing purposeful and varied play. The teacher, as the key worker, shared with Razak's mother and assured her that together with the team, they will find suitable activities to engage Razak with at home. (TD-1: Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention; TD-8: Having a key worker who is the primary liaison person between the parents and the team for the child's intervention)

A date and time was identified for the first home visit to conduct a parent interview on home routines. During the home visit, the teacher uses the routines-based interview to understand the child and family routines. The teacher also briefly obtains further information about the family dynamics, strengths, stressor and resources during the interview. The OT makes some behavioural observations of Razak at home and also helps to summarise key information and family priorities at the end of the meeting. (TD-4: Conducting joint assessment of child's development and family needs using a common assessment framework; TD-8: Having a key worker who is the primary liaison between the parents and the team for the child's intervention)

After six weeks of assessment, the teacher begins to summarise the behavioural observations in the shared document into a narrative summary to describe Razak's current functioning profile. (TD-8: Having a key worker who is the primary liaison between the parents and the team for the child's intervention)

The team has a meeting to discuss and review the narrative summary together and come to a consensus on Razak's current level of functioning and development, as well as his zone of proximal development based on child development knowledge. The teacher also highlights family concerns and priorities before proposing potential IEP goals based on parental inputs for further team discussion. The teacher drafts the potential IEP goals with input from all the team members. (TD-7: Ensuring ongoing communication and dedicated time for formal team discussions; TD-1: Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention; TD-6: Jointly developing and owning common goals and intervention plan; TD-8: Having a key worker who is the primary liaison between the parents and the team for the child's intervention)

A parent-teacher conference (PTC) was organised. The teacher leads the meeting in which the assessment proceedings are summarised and discussed with Razak's parents. The teacher further discusses potential IEP goals with Razak's parents based on their priorities. Parents were active team members and provided further insights into their child and family and were involved in the decision-making process on Razak's IEP goals.

Case Scenario

Razak's parents also made decisions on home routines in which strategies for meaningful learning opportunities in natural environments could be embedded. At the end of the PTC, the team, which includes the parents, come to a consensus on the IEP goals to be addressed over the next six months.

The teacher notes down the finalised IEP goals for the IEP document that would be provided to Razak's parents the following week for them to sign. (TD-8: Having a key worker who is the primary liaison between the parents and the team for the child's intervention; TD- 6: Jointly developing and owning common goals and intervention plan with active participation of parents as team members; TD-1: Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention)

During the PTC, the teacher also asks Razak's parents what support they would need from the team in relation to caregiver coaching to build their confidence and competence in embedding intervention and learning opportunities for Razak within their daily routines based on the IEP goals, as well as in using recommended intervention strategies. At the end of the discussion, the caregiver coaching and support plan was for the teacher to provide coaching to Razak's parents at EIPIC and at home in embedding Razak's communication goals and strategies in the context of classroom and home routines. The teacher would be supported by the SLT, if needed. The psychologist would also provide coaching to the teacher and Razak's parents on behaviour management strategies to increase Razak's engagement and participation in the routines and activities at EIPIC and at home. As the discussion is going on, the OT documents the key points and plans made and files the PTC notes in Razak's case file. (TD-8: Having a key worker who is the primary liaison between the parents and the team for the child's intervention; TD-2: Having members engage in cross-disciplinary coaching to facilitate team members' knowledge and skills across disciplinary boundaries; TD-5: Ensuring documentation is shared and accessible)

At the end of the PTC, the teacher informs Razak's parents that, as the key worker, the teacher would continue to be the primary liaison to discuss and update them on his progress. The teacher also reminds them to approach her any time they needed support regarding Razak's intervention or to discuss the family's needs. The teacher would review Razak's progress regularly with support from the team. The SLT and psychologist would also be observing Razak at the EIPIC centre and monitoring Razak's communication and behaviour to support the teacher and his parents. (TD-8: Having a key worker who is the primary liaison between the parents and the team for the child's intervention; TD-6: Jointly developing and owning common goals and intervention plan)

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SECTION TWO

STANDARD OPERATING PROCEDURES EXAMPLES

HOW TO USE THE STANDARD OPERATING PROCEDURES

In this section, the Standard Operating Procedures (SOPs) that embed the five early intervention pillars from Intake to Intervention are elaborated. Below is a description on how to use the SOPs.

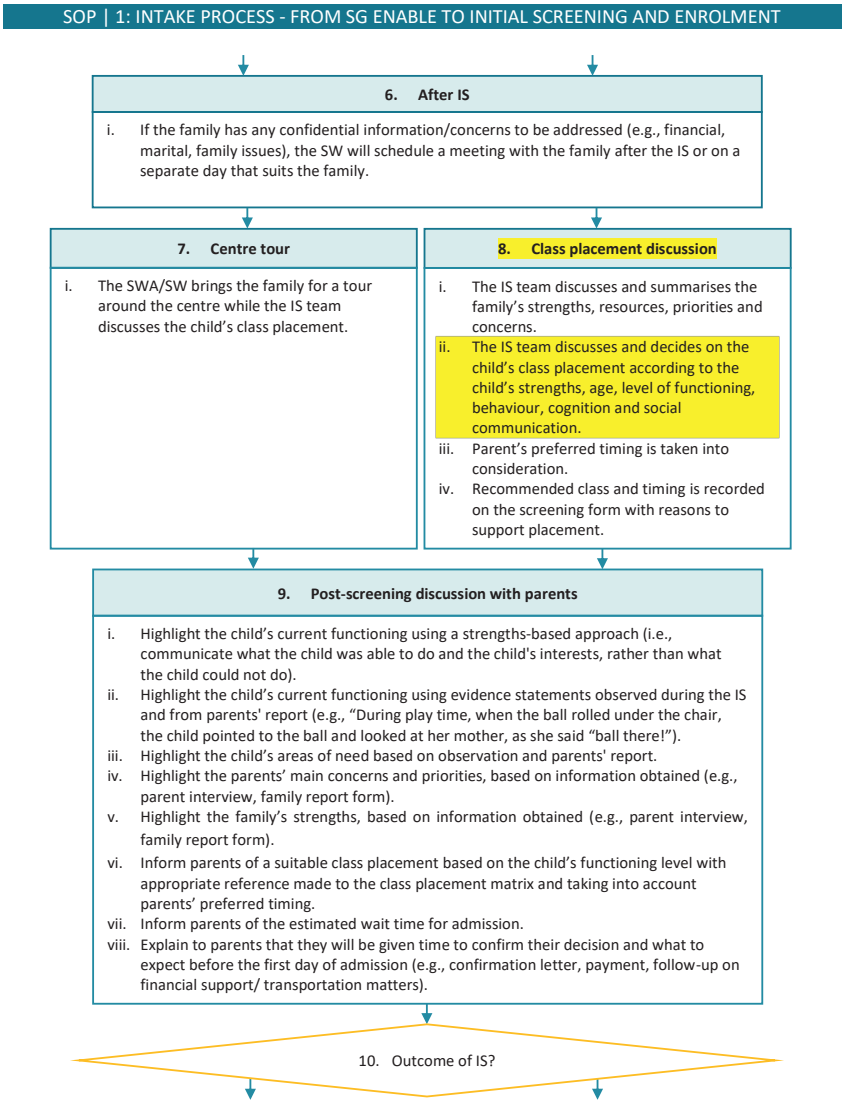
The Standard Operating Procedures (SOPs) illustrated from Chapter 6 to Chapter 8 were jointly developed by the EIPIC Consultancy and the EIPIC centres involved in the MSF-EIPIC Consultancy projects from 2011 to 2017.

These SOPs serve as examples to illustrate the recommended minimal service delivery standards while incorporating the five EI pillars. To suit each centre's operational requirements, the centre may adapt the SOPs to suit their service delivery model. Nonetheless, the recommended minimal service delivery standards in the SOPs should not be compromised.

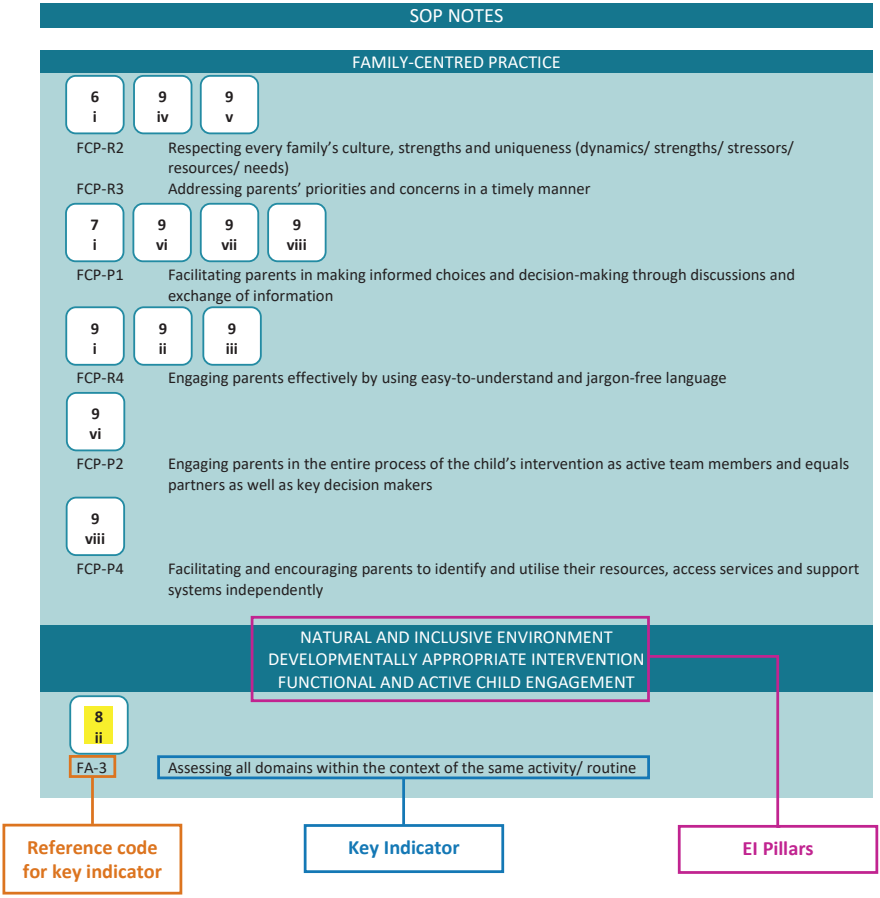
The SOPs are grouped into the Intake, Assessment and Intervention phases within the EIPIC process. The SOPs are first illustrated followed by a case study example. The same case study is used across all 3 phases to demonstrate the continuity of care and service each child and family should receive in EIPIC.

All SOPs are illustrated on the left-hand page (refer to Example A). The right-hand page contains explanations of the EI Pillars and the key indicators (i.e., SOP Notes) (refer to Example B). The key indicators for each EI pillar were previously elaborated in Chapter 2 to Chapter 5. The purpose of a side-by-side comparison is to allow readers to understand how the key indicators of each EI pillar and its practice are embedded within the SOP.

Example A


SOP | 1: INTAKE PROCESS - FROM SG ENABLE TO INITIAL SCREENING AND ENROLMENT
6. After IS
i. If the family has any confidential information/concerns to be addressed (e.g., financial, marital, family issues), the SW will schedule a meeting with the family after the IS or on a separate day that suits the family.
7. Centre tour
i. The SWA/SW brings the family for a tour around the centre while the IS team discusses the child's class placement.
8. Class placement discussion
i. The IS team discusses and summarises the family's strengths, resources, priorities and concerns.
ii. The IS team discusses and decides on the child's class placement according to the child's strengths, age, level of functioning, behaviour, cognition and social communication.
iii. Parent's preferred timing is taken into consideration.
iv. Recommended class and timing is recorded on the screening form with reasons to support placement.
9. Post-screening discussion with parents
i. Highlight the child's current functioning using a strengths-based approach (i.e., communicate what the child was able to do and the child's interests, rather than what the child could not do).
ii. Highlight the child's current functioning using evidence statements observed during the IS and from parents' report (e.g., "During play time, when the ball rolled under the chair, the child pointed to the ball and looked at her mother, as she said "ball there!").
iii. Highlight the child's areas of need based on observation and parents' report.
iv. Highlight the parents' main concerns and priorities, based on information obtained (e.g., parent interview, family report form).
v. Highlight the family's strengths, based on information obtained (e.g., parent interview, family report form).
vi. Inform parents of a suitable class placement based on the child's functioning level with appropriate reference made to the class placement matrix and taking into account parents' preferred timing.
vii. Inform parents of the estimated wait time for admission.
viii. Explain to parents that they will be given time to confirm their decision and what to expect before the first day of admission (e.g., confirmation letter, payment, follow-up on financial support/ transportation matters).
10. Outcome of IS?

Example B



The key indicators of the EI pillars are demonstrated in specific items within the workflow. These are linked with numbered squares in the SOP notes.

In this example, the principles and practices of the EI pillars that are embedded within workflow item **8ii** (highlighted in yellow) include:

- FA-3 (Functional Assessment): Assessing all domains within the context of the same activity/routine.

KEY INDICATORS CHECKLIST
FAMILY-CENTRED PRACTICE

Key Indicators Checklist

Family-Centred Practice		
	Relational (FCP-R)	
FCP-R1	Creating a positive and warm relationship with the family, treating family members as active team members	
FCP-R2	Respecting every family's culture, strengths and uniqueness (dynamics/strengths/stressors /resources/needs)	
FCP-R3	Addressing parents' priorities and concerns in a timely manner	
FCP-R4	Engaging parents effectively by using easy to understand and jargon-free language	
	Participatory (FCP-P)	
FCP-P1	Facilitating parents in making informed choices and decision-making through discussions and exchange of information	
FCP-P2	Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers	
FCP-P3	Empowering families through coaching to utilise their strengths and learn new skills to support their child's learning and development	
FCP-P4	Facilitating and encouraging parents to identify and utilise their resources, as well as access services and support systems independently	
Reflections		

KEY INDICATORS CHECKLIST

FUNCTIONAL ASSESSMENT AND INTERVENTION

Key Indicators Checklist

Functional Assessment and Intervention		
	Functional Assessment (FA)	
FA-1	Gathering information about the child's functioning from multiple methods and sources (e.g., people and materials/tools - observations/parent report/normed reference assessment if required)	
FA-2	Observing the child's functioning across multiple settings over time	
FA-3	Assessing all domains within the context of the same activity/ routine	
FA-4	Using a child-directed approach	
FA-5	Using contextually relevant interactions to observe the child's behaviour	
FA-6	Identifying and explaining what the child can do based on knowledge of child development	
	Functional Intervention (FI)	
FI-1	Embedding intervention across multiple settings and caregivers	
FI-2	Embedding learning opportunities within the context of daily routines and activities	
FI-3	Following the child's lead	
FI-4	Using developmentally appropriate activities	
FI-5	Facilitating active child engagement for the child to learn	
FI-6	Using incidental teaching as an approach to intervention with the child	
FI-7	Integrating multiple domains and skills within the context of the same activity/ routine	
FI-8	Pitching intervention at the child's zone of proximal development	
Reflections		

KEY INDICATORS CHECKLIST
TRANSDISCIPLINARY TEAM PRACTICE

Key Indicators Checklist

Transdisciplinary Team Practice		
TD-1	Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention	
TD-2	Having members engage in cross-disciplinary coaching to facilitate team members' knowledge and skills across disciplinary boundaries	
TD-3	Discussing the child's functioning across domains	
TD-4	Conducting joint assessment of the child's development and family needs using a common assessment framework	
TD-5	Ensuring documentation is shared and accessible	
TD-6	Jointly developing and owning common goals and intervention plan	
TD-7	Ensuring ongoing communication and dedicated time for formal team discussions	
TD-8	Having a key worker who is the primary liaison between the parents and the other team members for the child's intervention	
Reflections		

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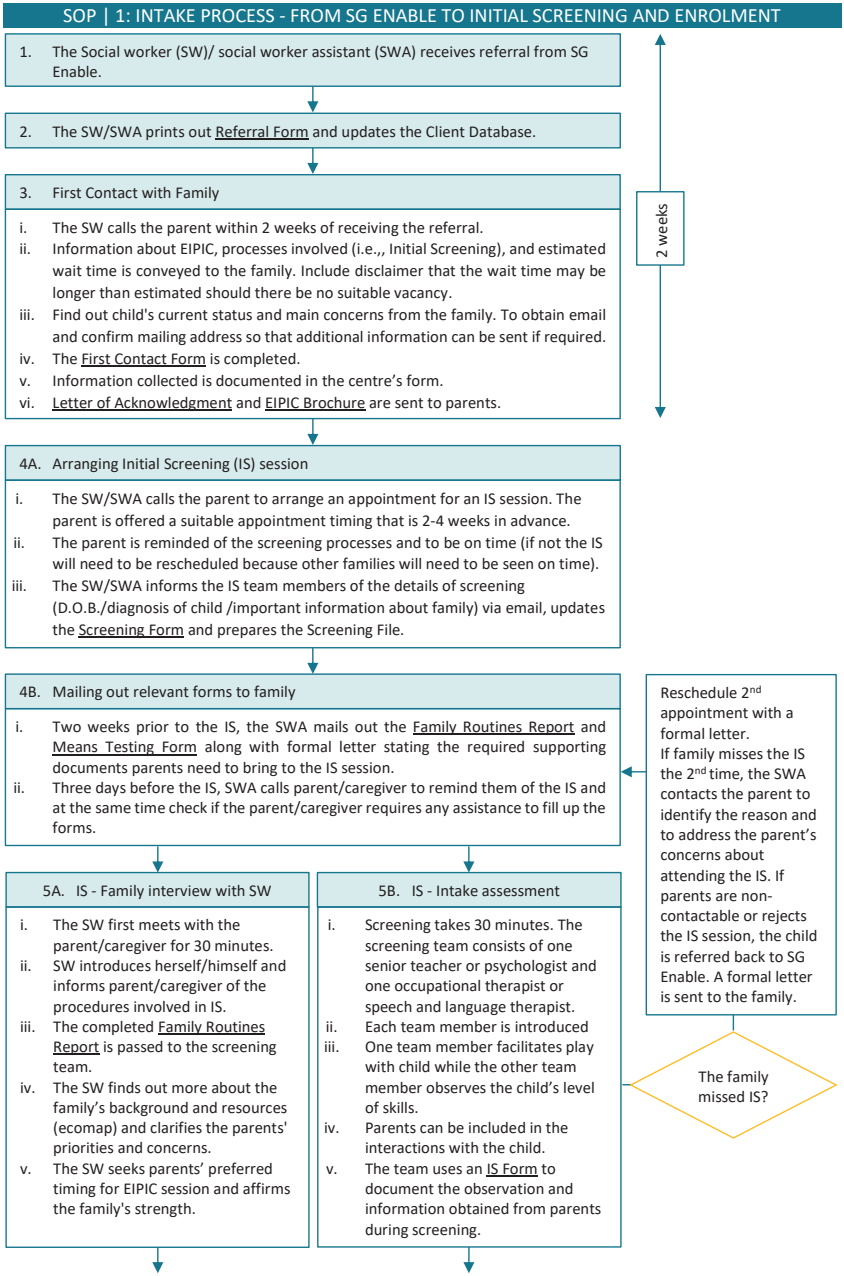
WORKFLOWS

Chapter 6

INTAKE WORKFLOWS AND CASE STUDY



SOP NOTES

FAMILY-CENTRED PRACTICE

3i | 3 ii | 4A i | 4B

FCP-R1	Creating a positive and warm relationship, treating family members as active team members
FCP-P1	Facilitating parents in making informed choices and decision-making through discussions and exchange of information

3 iii | 4B i | 5A iii | 5A iv | 5A v

FCP-R3	Addressing parents' priorities and concerns in a timely manner
FCP-P2	Engaging parents in the entire processes of the child's intervention as active team members and equal partners as well as key decision-makers

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

5B

FA-3	Assessing all domains within the context of the same activity/ routine
FA-4	Using child-directed approach
FA-5	Using contextually relevant interactions to observe child's behaviour
FI-4	Using developmentally appropriate activities

TRANSDISCIPLINARY TEAM PRACTICE

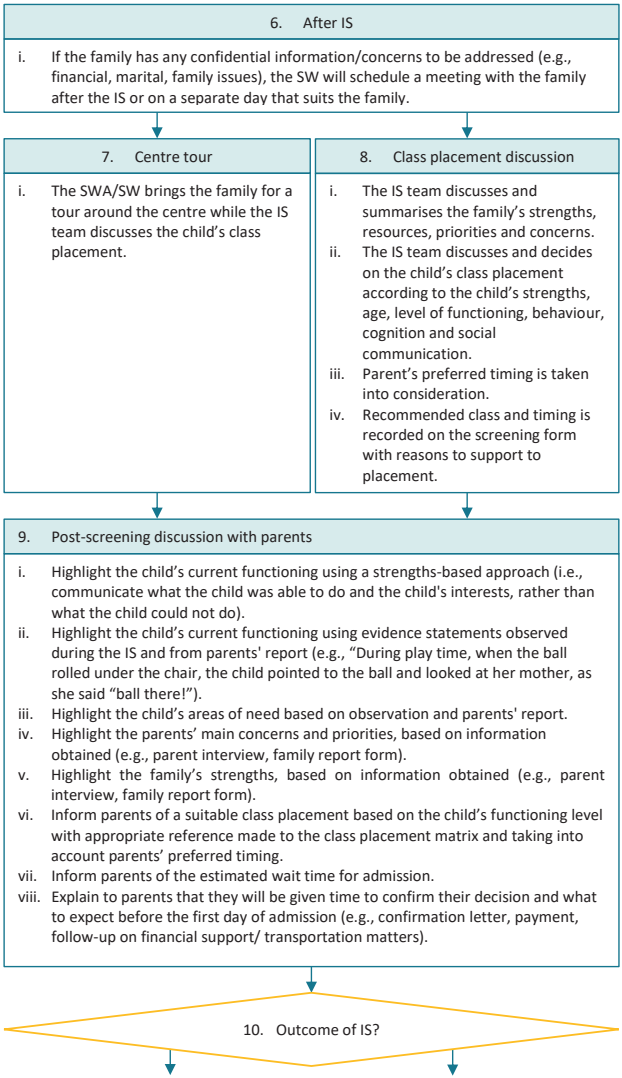
4A iii

TD-5	Ensuring documentation is shared and accessible

5B

TD-4	Conducting joint assessment of child's development and family needs using a common assessment framework

SOP | 1: INTAKE PROCESS - FROM SG ENABLE TO INITIAL SCREENING AND ENROLMENT (continued)



SOP NOTES

FAMILY-CENTRED PRACTICE

6 i 9 iv 9 v	FCP-R2	Respecting every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)
	FCP-R3	Addressing parents' priorities and concerns in a timely manner
7 i 9 vi 9 vii 9 viii	FCP-P1	Facilitating parents in making informed choices and decision-making through discussions and exchange of information
9 i 9 ii 9 iii	FCP-R4	Engaging parents effectively by using easy-to-understand and jargon-free language
9 vi	FCP-P2	Engaging parents in the entire process of the child's intervention as active team members and equals partners as well as key decision makers
9 viii	FCP-P4	Facilitating and encouraging parents to identify and utilise their resources, access services and support systems independently

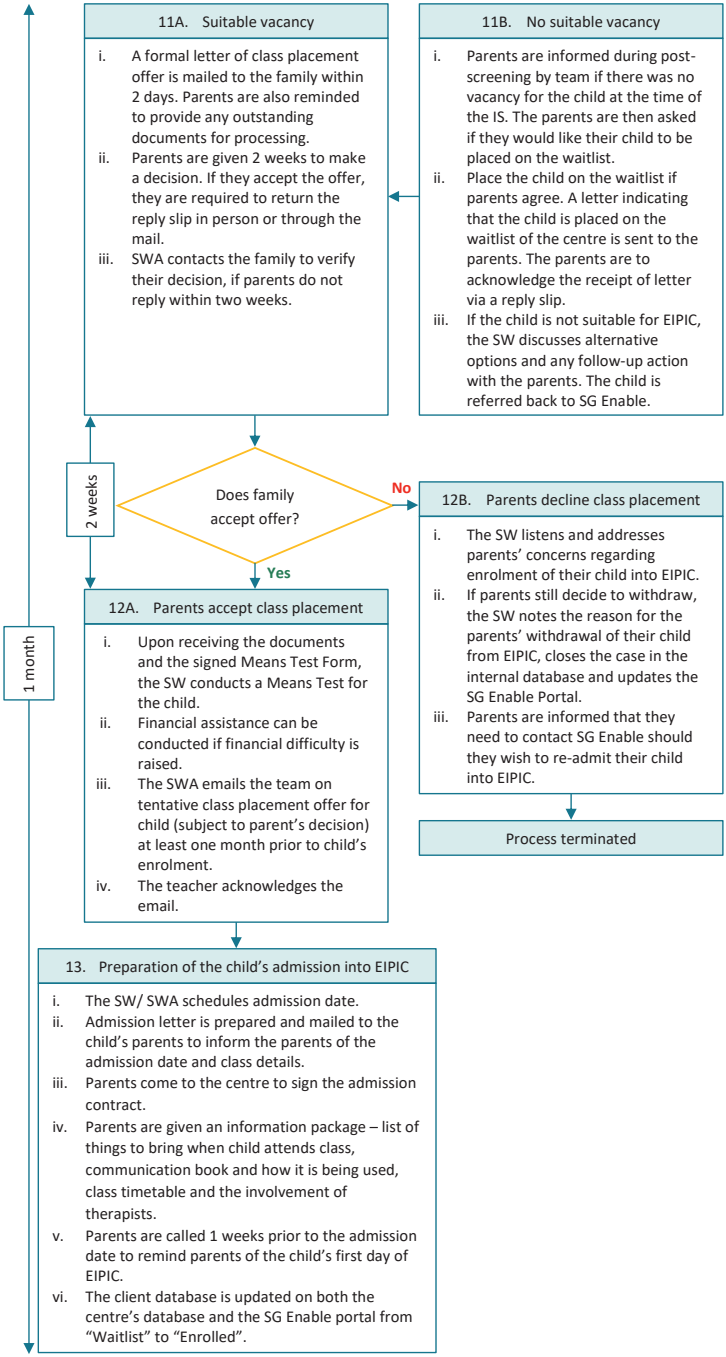
NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

8 ii	FA-3	Assessing all domains within the context of the same activity/routine

TRANSDISCIPLINARY TEAM PRACTICE

8 ii	TD-1	Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention
	TD-3	Discussing the child's functioning across domains
	TD-4	Conducting joint assessment of child's development and family needs using a common assessment framework

SOP | 1: INTAKE PROCESS - FROM SG ENABLE TO INITIAL SCREENING AND ENROLMENT (continued)



SOP NOTES

FAMILY-CENTRED PRACTICE

11A iii **11B i** **12A** **12B i**

FCP-R2 Respecting every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)

FCP-R3 Addressing parents' priorities and concerns in a timely manner

11A ii **11B i** **11B iii** **12B i**

FCP-P1 Facilitating parents in making informed choices and decision-making through discussions and exchange of information

13 iv **13 v**

FCP-P2 Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision makers

TRANSDISCIPLINARY TEAM PRACTICE

12A iii

TD-1 Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention

12A iv

TD-8 Having a key worker who is the primary liaison between the parents and the other team members for the child's intervention

SOP | 1: INTAKE PROCESS - FIRST CONTACT WITH FAMILY

This is a guideline to cover the necessary units of information and should be used at the discretion of the caller. Callers are not required to follow the sequence as presented, depending on the flow of the conversation with the parent.

Simply tick the items that have been completed during the call. You will need approximately **20 - 30 minutes** per phone contact to complete the workflow.

This call should be made within **2 weeks of receipt of the SG Enable referral**.

1. Introduction	
i. Introduce yourself and ask parent if he/she is available to talk about his/her child's referral to EIPIC. If the parent is not available, reschedule the phone call according to the parent's preferred timing.	
ii. Explain the connection between EIPIC and SG Enable/Hospital referral.	
iii. Inform the parent of purpose of the phone call and the estimated time that will be taken for this call.	
iv. Establish rapport with parent.	
v. Check the parent's understanding about EIPIC. Share information about EIPIC services, if needed. Emphasise that parents are part of the team and that intervention is routine- and activity-based within the EIPIC classroom and at home.	
2. Administrative procedures	
i. Convey estimated wait time and seek confirmation on the parent's willingness for his/her child to be on the waitlist.	
ii. Explain the screening processes and purpose of the Initial Screening Session (to understand the child and family better and to determine the class that is most suited for the child's developmental and learning needs).	
iii. Obtain the parent's email address and confirm the residential address.	
3. Information about the child's condition and family	
i. Check if the child is in any preschool and if there is any feedback from teachers.	
ii. Explore expectations/priorities/concerns raised by parents. Ask parent about the child's functioning at home or in community settings.	
4. Closure	
i. Ask the parent if they require further clarification. Check if the parent needs any support during the interim period whilst waiting for the initial screening. If necessary, refer them to SG Enable or provide the EIPIC's social worker's contact number for the parents to contact.	

SOP NOTES

FAMILY-CENTRED PRACTICE

1 i | 1 ii | 1 iii | 1 iv

FCP-R1 Creating a positive and warm relationship, treating family members as active team members

FCP-R4 Engaging parents effectively by using easy to understand and jargon-free language

1 iv | 2 i | 2 ii

FCP-P1 Facilitating parents in making informed choices and decision-making through discussions and exchange of information

2 i | 2 ii

FCP-P2 Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers

3 ii | 4 i

FCP-R3 Addressing parents' priorities and concerns in a timely manner

NATURAL AND INCLUSIVE ENVIRONMENT
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

2 ii | 3 i | 3 ii

FA-1 Gathering information from multiple methods and sources (e.g., people and materials/tools)

SOP | 1: INTAKE PROCESS - CENTRE TOUR FOR PARENTS OR CAREGIVERS

This is a guideline to cover the necessary units of information and should be used at the discretion of the staff. Staff are not required to follow the sequence as presented.

Simply tick the items that have been completed.

1. Explain to the parents how early intervention (EI) service will be delivered in the centre	
i. Explain the transdisciplinary team approach in working with the child using easy to understand and jargon-free language.	
ii. Explain the typical daily routine of child in the EI program (e.g., arrival, indoor play, outdoor play, creative play, snack time and dismissal).	
Start tour	
2. Show the parents the classrooms and EIPIC centre's facilities	
i. Indicate where the child's routines will take place.	
3. Introduce the parents to the administrative personnel (if applicable) and explain the common administrative processes (i.e., payment, transport, school fees).	
4. Conclude the tour and ask if the parents require clarification on any matters. Address any concerns parents have. Inform parents that the initial screening team will provide feedback after the centre tour. Bring the parents back to the screening room to meet the team.	

SOP NOTES

FAMILY-CENTRED PRACTICE

1 i | 1 ii | 2 i | 3

FCP-R1 Creating a positive and warm relationship, treating family members as active team members

FCP-P1 Facilitating parents in making informed choices and decision-making through discussions and exchange of information

FCP-P2 Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers

4

FCP-R3 Addressing parents' priorities and concerns in a timely manner

SOP | 1: INTAKE PROCESS - CLASS PLACEMENT DISCUSSION

This is a guideline to cover the necessary units of information and should be used at the discretion of the staff. Staff are not required to follow the sequence as presented.

Simply tick the items that have been completed.

1. In 10 minutes, summarise the following information after screening the child.	
i. Child's strengths. Provide behaviour observations to substantiate the findings.	
ii. Family's concerns.	
iii. Family's strengths.	
2. Screening team member will place child in a suitable class (refer to class matrix) according to the child's profile in the following areas. Child will need to fulfil most of the criteria on the class matrix in order to be deemed suitable to be placed in a particular class.	
i. Age.	
ii. Level of overall functioning. Provide behaviour observations to substantiate the findings.	
iii. Diagnosis (GDD or ASD) if relevant to the centre.	
iv. Preferred timing indicated by family.	
3. Record recommended class and timing into the screening form with reasons to support placement.	
i. Child will be deemed unsuitable for EIPIC if he/she displays age-appropriate level of functioning at the time of screening.	

SOP NOTES

FAMILY-CENTRED PRACTICE

1 iii	
FCP-R2	Respecting every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)
1 ii, 2 iv	
FCP-R3	Addressing parents' priorities and concerns in a timely manner

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

1 i, 2 ii	
FA-6	Identifying and explaining what the child can do based on knowledge of child development

TRANSDISCIPLINARY TEAM PRACTICE

1 i, 1 ii, 1 iii, 2 ii	
TD-1	Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention
TD-3	Discussing the child's functioning across domains
TD-4	Conducting joint assessment of the child's development and family needs using a common assessment framework
TD-7	Ensuring ongoing communication and dedicated time for formal team discussions

CASE STUDY

Case studies are used to simplify concepts and to illustrate real life situations, and can be used as references or as examples for teaching purposes. To cater to readers with different learning styles, the SOPs depicted in workflows and guidelines, as well as a continuous case study in a narrative format, have both been provided in this publication to demonstrate where and how the early intervention (EI) principles and practices can be applied within the EIPIC service delivery framework.

A case study of a child in EIPIC has been put together to illustrate how the recommended EI pillars are embedded in the delivery of early intervention service to the child and the family. The same case study is used throughout Chapters 6 to 8, for each of the EIPIC processes in the Intake, Assessment, and Intervention phases.

For early interventionists who are new to the EIPIC setting, this case study gives a helicopter view, allowing the new early interventionists to link where each process fits in and how they can participate in the EIPIC process more effectively without compromising on early intervention principles.

For early interventionists with some years of experience, this case study may serve as a guide for realignment of practice to early intervention principles, where needed.

For senior early interventionists or centre managers who run the EIPIC programme, this case study can be used for in-service staff training, instruction and/or a guide for streamlining the processes within the centre.

Within the case study, reference to the Key Indicators to the early intervention principles are made throughout. Readers may refer to the Key Indicators Checklists on pages 38 to 40 to reference the key indicators codes (e.g., FCP-R1; FA-1).

Disclaimer: The information contained in this case study is for illustration and teaching purposes only. The information in the case study example is both factual and fictional. The names of the child, family and early interventionists have been changed to protect their identities.

BACKGROUND

Yati's Profile

Yati was a pleasant girl, aged 2 years 9 months, with multiple disabilities. She had a traumatic birth history, and was born with cerebral palsy, secondary to Hypoxic-ischemic encephalopathy. Her medical condition led to chronic epilepsy which resulted in an overall developmental delay that impacted her cognitive, neurological and motor development significantly.

In view of her developmental needs, she was referred to the Early Intervention Programme for Infants and Children (EIPIC) by her Paediatrician from the Department of Child Development, KK Women's and Children's Hospital. Her application was submitted via SG Enable, an organisation which oversees the referral of children to the various EIPIC centres.

FROM SGENABLE TO INITIAL SECREENING AND ENROLMENT

First Contact with Family

Upon receiving Yati's referral from SG Enable at the EIPIC centre, the social worker (SW) read through the referral and updated Yati's referral information into the database of the centre. Next, a case file was created and the referral form was printed and filed in it. The case file was made accessible to all team members working with Yati (TD-5). Within 2 weeks of the referral, the SW made contact with Yati's family to inform them of the receipt of the referral (FCP-R3; FCP-P1).

During the phone conversation with Yati's parents, the SW shared relevant information about EIPIC using jargon-free language (FCP-R4). She explained about the various processes at the centre such as the screening process, and informed them of the estimated wait time for the next most suitable vacancy (FCP-P1). During the conversation, the SW also enquired about Yati's functioning at home (FA-1). The SW found out that Yati could babble and orientate her head towards some sounds. Additionally, Yati could roll over on the mat to reach for object of interest when facilitated. Yati was mostly carried by her caregivers or placed in the stroller to get to places.

The SW noted that the family hoped that Yati would become increasingly responsive and use simple vocalisations or words to address familiar family members (e.g., "mama", "baba", "yaya") (FCP-R1, FCP-R3; FCP-P2). Yati's mother also asked about the timings of Yati's class at EIPIC and things that she needed to do to prepare Yati for EIPIC class. The SW attended to her query on the timings regarding EIPIC classes and provided other information necessary for her to make informed decisions regarding her enrolment (FCP-R3; FCP-P1). The SW also clarified some information in Malay as she had earlier noted that although Yati's mother could understand simple English, she was more proficient in Malay (FCP-R4).

The SW informed Yati's mother that a follow-up call would be made to inform her of an initial screening date for Yati. She would also receive a letter to acknowledge their first contact and an EIPIC brochure. The letter would be in English and Malay to facilitate her understanding (FCP-R4; FCP-P1; FCP-P2). The SW also asked Yati's mother about her preferences for the initial screening date and timing, explaining to her that they would try their best to accommodate her

preference (FCP-R1; FCP-R3). At the end of the first phone call, Yati's mother felt relieved and assured that there were services available to support Yati in her development (FCP-R1). The SW provided a contact number to Yati's mother in case she needed more information (FCP-P1; FCP-P2; FCP-P4). Yati's mother was pleased and looked forward to meeting the team.

After this initial conversation with Yati's mother, the SW completed a First Contact Form. The SW documented Yati's mother's responses, priorities, concerns, and child's current functioning at home, as well as, all necessary follow-up contacts and actions in the case file (TD-5). The SW then sent a letter of acknowledgement of their first contact and the EIPIC brochure as communicated to Yati's mother (FCP-R1; FCP-P1).

Arrangement of the Initial Screening Session

One month before the initial screening period, the SW called Yati's mother to offer her an appointment for Yati's initial screening. She reiterated to Yati's mother that the purpose of the initial screening was to understand Yati's current functioning, to identify a suitable class placement, and to better understand their priorities (FCP-P1; FCP-P2). The SW checked if the appointment offered was suitable before confirming the appointment (FCP-R1). The SW also asked Yati's mother if she had any questions about the initial screening (FCP-R1; FCP-R3; FCP-P2). Yati's mother asked about what would happen during the initial screening appointment and the SW explained the process to her, including the team members who would be present (FCP-R3). She added that Yati would be presented with various activities of interest to observe how she would participate in the activities (FA-1; FA-4). The SW also enquired about Yati's mother's well-being, and provided some emotional support through reflective listening (FCP–R1). The SW also took the chance to get an update on Yati's progress since their last contact (FA-1). At the end of the conversation, the SW reminded Yati's mother of the things to bring for the initial screening and gently reminded her to be on time for the appointment.

The SW also informed the screening team Yati's scheduled screening date. Subsequently, the team members who would be screening Yati read Yati's case file to understand Yati's profile and her parents' priorities (FCP-R1; FCP-R3; TD-4). They updated the information gathered in a Screening Form, and prepared the Screening File (TD-5).

The SW Assistant (SWA) mailed the Family Routines Report and Means Testing Form along with a formal letter to Yati's parents. The letter stated that these required supporting documents need to be completed and mailed back to the EIPIC centre two weeks prior to the initial screening appointment (FCP-P2; FCP-P4). A reminder call to Yati's family was made three days before the initial screening appointment to remind them about the initial screening appointment and to confirm their attendance. The SWA also checked if they required assistance to fill up the forms that were mailed to them (FCP-P1).

One week prior to Yati's initial screening appointment, the initial screening team had a meeting (TD-7) to discuss and understand Yati's profile, including her strengths and needs (TD-3). During the team meeting, the SW proposed that the occupational therapist (OT) be present during the initial screening in view of Yati's neuromuscular needs and her medical condition. The initial

screening team eventually decided that the SW, a senior teacher and an OT would conduct the initial screening for Yati (TD-1; TD-4).

The Initial Screen Session

Yati's parents arrived 10 minutes prior to the appointment time. The SW was ready to meet Yati and her family. The SW greeted Yati's parents warmly, saying, "I'm so glad both of you could come. I know you have such a busy schedule!" She knew that Yati's father had taken leave from work to come for the initial screening (FCP-R1). The SW also engaged in conversations with Yati's parents, asking if the family had eaten and if they had any trouble finding the place.

The SW introduced the team to Yati's parents and shared the initial screening procedures (i.e., family interview with the SW first, then screening with the initial screening team, followed by a feedback discussion with the parents). She informed them of the approximate amount of time needed to complete the initial screening. The SW then brought the family to a quiet room. She asked for the Family Routines Report from Yati's parents to gain a better understanding of Yati's participation in home routines (FA-1). The SW engaged the parents to find out more about their family background and their current support systems (FCP-R1; FCP-R2). Yati's parents' priorities and concerns for Yati, which were obtained during the first phone contact were summarised and the SW asked if they had new concerns and priorities to share (FCP-R2; FCP-R3; FCP-P2). She also enquired about their preferred timing for Yati's class, and affirmed their parental involvement and commitment to the development of the child (FCP-R1; FCP-P2). During their conversation, Yati's parents grew comfortable with the SW and shared their concern regarding additional expenses. The SW provided information on relevant financial schemes for their consideration and informed the family that they could approach her whenever they needed additional assistance (FCP-R2; FCP-R3; FCP-P4). Yati's parents were glad that the SW demonstrated concern and respect for the family.

After the SW completed the parent interview, she brought Yati and her parents to the screening room. They were greeted warmly by the OT and the senior teacher (FCP-R1). They informed Yati's parents that they will be using different activities during the screening, which would take about 30 minutes. The team used a common initial screening observation form to note observations of Yati's development across domains in a screening room that had been set up in consideration of Yati's interests and needs (TD-4; TD-5, FA-3; FA-4; FA-5). A play mat on the ground and some toy cars with sounds and lights to sustain Yati's attention were prepared in advance (FI-1).

Yati's parents were encouraged to participate actively as the OT engaged Yati through different activities of interest (FCP-P2; FA-3). As the screening commenced, the OT started to engage Yati in positioning and play, while the teacher made some observations about Yati's responses and participation in the activities presented (TD-4; FA-1; FA-3; FA-4; FA-5). The OT introduced different objects of interest to engage Yati (FA-4), and Yati's parents were encouraged to interact with Yati as naturally as possible (FCP-P2). Meanwhile, the teacher spontaneously joined their play and started smiling and calling Yati's name. The team noted that Yati babbled when the adults engaged her and recorded their observations on the initial screening observation form. An example of a behaviour observation that was documented is, "During play time, Yati smiled and looked at the person (teacher, mother) calling her name and made some babbling noises (e.g., ah-

ah-ah, eh-eh)." (FA-5). Yati's communication skills, social interaction, motor abilities and developmental profile were also noted by the teacher based on Yati's participation in the activities (TD-2; FA-3). The initial screening team checked in with both Yati's mother and father to see if the behaviours observed were typical of Yati so as to gauge the consistency of observations made during the screening and behaviours at home (FCP-P2; FA-1). This information was documented by the team.

After the screening had been conducted and completed, a nominated person (SWA) brought Yati's family for a tour around the centre (FCP-P1; FCP-P2). Meanwhile, the initial screening team collated their inputs, discussed the findings and made a team decision regarding Yati's class placement (TD-1; TD-3; TD-6; FA-6).

Centre Tour

Yati's parents were brought on a tour around the EIPIC centre to familiarise them with the centre. As the SWA brought the parents around, she shared about the regular routines of the child in the centre, and showed them the classrooms and other facilities where learning would take place (FCP-P1). The SWA also explained to the parents how the EIPIC team works and that parents are part of the team. The SWA educated Yati's parents on the transdisciplinary team approach to intervention. The SWA answered all their questions with a smile (FCP-R1; FCP-R3).

During the tour, the SWA also introduced the administrative staff to the parents and provided information about the different operational procedures to ensure the child's successful intervention at the centre. The SWA introduced to the parents to the respective administration personnel who would be handling payment and financial matters, as well as those who would answer concerns and other further queries (FCP-P4).

The SWA concluded the tour by asking if Yati's parents had any outstanding questions or concerns. She also reassured them, telling them that they could contact her if they needed further clarification (FCP-R2; FCP-R3). Yati's parents felt more assured after the tour and were glad to have a contact person whom they could approach should they need further clarification (FCP-R1; FCP-P4).

Class Placement Discussion

While Yati's family toured the centre, the initial screening team gathered to collate the observations and information gathered (TD-1; TD-3; TD- 4; TD-6). The following sequence of discussions took place:

1. The initial screening team integrated information from the first contact form, Family Routines Report, and behavioural observations documented in the initial screening form (FA-1; TD-5; TD-7). They discussed and summarised Yati's strengths, current developmental functioning using knowledge of child development, as well as her parents' priorities and strengths, to create an initial developmental profile of Yati (TD-1; TD-3; FA-6). This enabled the team to make a recommendation on Yati's class placement. The team also discussed and summarised the family's strengths and concerns.

2. They obtained consensus on a class placement deemed most suitable for Yati after considering her chronological age, strengths, needs, present level of functioning when engaging in positive social emotional relationships, acquisition and use of knowledge and skills and how she took actions to meet needs (TD-6).
3. Subsequently the senior teacher recorded on the screening form the outcome of the discussion on Yati's class placement and reasons supporting her placement before the team met Yati's parents for a post-screening discussion.

Post-Screening Discussion with Parents

Yati's parents were invited to the screening room after the centre tour for a post-screening discussion. The OT presented the team's observations, and the senior teacher provided additional input when needed (FCP-R4; FCP-P2; TD-1; TD-3). They began by highlighting Yati's current strengths and level of functioning using child development knowledge (FCP-R4; FA-6) and supported their comments with observations (e.g., Yati responded to her name, smiled in response, and paused to turn towards moving objects brought into her view. She disliked being touched by rough objects, and loved to be tickled. She babbled when she saw cars but required some assistance to eat porridge).

After sharing Yati's strengths and current functioning, the team highlighted areas and skills they could support in to promote Yati's participation in home routines, building on her current strengths as observed and based on parents' priorities and reports (FI-4; FI-8). The team informed Yati's parents that Yati was suitable for class placement based on her current level of functioning, with appropriate reference made to the class placement matrix and parent's preferred timing (FCP-R2; FCP-P1; FCP-P2).

The team reiterated to Yati's parents that they were part of the team and encouraged open feedback and communication. The SW also informed them of the estimated wait time for admission (FCP-P1; FCP-P2) and the necessary procedures before the first day of admission (e.g., confirmation letter, payment, follow-up on financial support/transportation matters, first day of admission) (FCP-P1; FCP-P2).

Yati's parents agreed with the team's sharing and were glad that the team took note of their priorities (FCP-R3). Next, Yati's parents were verbally offered a class placement for Yati in the next term, together with information on class location, frequency timing, and fees (FCP-R4). Subsequently, before Yati's parents left the centre, they were informed that they would receive a formal letter stating the class placement offer and information regarding the necessary documents they would need to submit before Yati's enrolment in EIPIC could be confirmed. Yati's parents smiled at the team as they tried to get Yati to wave goodbye when walking out of the door of the centre. They felt positive as they embarked on their journey with EIPIC to facilitate Yati's development.

Follow-Up after the Initial Screening Session

Shortly after the initial screening, Yati's parents received a letter of offer from the EIPIC centre. Yati's parents were given two weeks to decide if they wanted to take up the offer of placement. The two weeks provided sufficient time for her parents to consider and confirm their decision to place Yati at the centre (FCP-P1; FCP-P2).

After a week of consideration, Yati's family agreed to take up the placement offer. Yati's parents were informed on her start date (admission) and the team prepared for Yati's commencement in EIPIC (TD-5). During this time, the SW worked closely with Yati's family to explore some financial schemes and extended some financial support as Yati's mother was stopping work soon to care for Yati and her parents indicated to the SW that they would like to seek financial support to pay for Yati's EIPIC fees (FCP-R1; FCP-R3; FCP-P4).

Subsequently, a formal letter for class placement, which indicated the day and date of admission and the time of the first class, was sent to Yati's parents after approval by the centre manager. A week before Yati's date of admission, the SWA called the parents to remind them of the admission date for Yati. The SWA also informed the team on the confirmation of enrolment of Yati and updated the status of Yati's application from "Waitlist" to "Enrolled" on the SG Enable Portal.

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Chapter 7

ASSESSMENT WORKFLOWS AND CASE STUDY

SOP | 2: ASSESSMENT - FIRST DAY ADMISSION

1. After the initial screening, the social worker assistant (SWA) sends an email to the respective teachers and therapists on the proposed class placement of the child (subject to parents' decision), at least 1 month prior to the child's pending enrolment.

↓

2. Enrolment is confirmed

i. The SWA sends an email to the team informing them of the confirmed date of admission of child (at least 1 week in advance).
ii. The teacher acknowledges receipt of email.
iii. The team reads about child from the following sources (child's case file) to get to know about the child and the family:
    - First contact form
    - Family routine report
    - Screening form
    - Diagnostic report & medical report (if available)
iv. The team gets ready for the child's first day:
    - Preparation of child's favourite toy (if not available, to ask family to bring along), visuals and other supports that child may need.
    - Preparation of a package comprising class timetable, list of things to bring, communication book.
v. Parents are informed that one of them or a caregiver has to accompany the child on first day of admission.

↓

3. On the 1st day/Within the first 3 weeks of admission

i. The Social Worker (SW) meets the parent/caregiver and the child to bring them to the child's classroom.
ii. The teachers introduce themselves to the parent/caregiver and the child.
iii. The co-teacher/teacher assistant manages the class while the teacher conducts a 1:1 orientation with the parent/caregiver on how intervention is embedded in the class routines.
iv. The parent/caregiver stays in class for the session and is encouraged to write down some of his/her observations about what the child did or said during one of the class routine or activity.
v. Teacher conducts a debrief with the parent/caregiver on his/her observations.

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4. End of the 1st day of admission

The following are to be completed by either the teacher or SW with the child's parents:
i. Briefly comment on the child's strengths in class.
ii. Give family report and explain how it is to be filled in.
iii. Provide information on the assessment process that will follow and the first case conference.
iv. Schedule a home visit (consent to be recorded in case of parents who do not want home visit).
v. Schedule parent-teacher conference date.
vi. Address any questions/clarifications.
vii. Document meeting.

↓

Completion

SOP NOTES

FAMILY-CENTRED PRACTICE

3 i, 3 ii	FCP-R1 Creating a positive and warm relationship, treating family members are active team members
2 v, 3 iii, 4 i, 4 ii, 4 iii, 4 iv, 4 v, 4 vi	FCP-P2 Engaging parents in the entire processes of the child's intervention as active team members and equal partners as well as key decision-makers
3 iv	FCP-P3 Empowering families through coaching to utilise their strengths and learn new skills to support their child's learning and development

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

2 iii	FA-1 Gathering information about the child's functioning from multiple methods and sources (e.g., people and materials/tools)
2 iv	FA-4 Using a child-directed approach

TRANSDISCIPLINARY TEAM PRACTICE

2 i	TD-5 Ensuring documentation is shared and accessible

SOP | 2: ASSESSMENT - ASSESSMENT TO PARENT-TEACHER CONFERENCE (PTC)

1. Week 1 - 2: Settling in

i. The child settles down in class.
ii. The team takes turns to observe child as per class routines (natural settings) and records behavioural observations of the child's functioning during the routine/activity.
iii. The team scores the Assessment, Evaluation, and Programming System - Child Observation Data Recording Form (AEPS CODRF[1]) and collates behavioural observations under the 3 global child outcomes (GCOs)[2] in a shared folder.
iv. The teacher follows up with parents on the family report and provides assistance if required. The Family Report must be completed and submitted by the end of week 2.

Key Points
- Behavioural observations should include the context, antecedents, and behaviour.
- Each team member is required to observe the child holistically and score across domains on AEPS CODRF[1] form using colour coding for differentiation (e.g., yellow for teacher, blue for occupational therapist (OT), green for social worker (SW).
- Keep the AEPS CODRF[1] form in a fixed place accessible to all team members.

2. Week 3 - 5

A. 1st Home visit

B. Team discussion (Assessment)
   i. The teacher coordinates the team discussion[3] and has a clear agenda.
   ii. Findings from the AEPS CODRF[1] scoring are summarised and behaviour observations are documented under the 3 GCOs. Any other relevant information[4] to establish the child's current level of functioning is also recorded.
   iii. The team discusses any discrepancies in behavioural observations and/or AEPS CODRF[1] scoring.
   iv. The team identifies any areas that require further observation and/or additional assessment.
   v. The team clearly documents the key discussion findings and required follow-up actions in the Team Meeting Form.

Reference
- Refer to the SOP on conducting first home visit.

Purpose of the team class discussion
- To establish current level of functioning of the child and family.
- To determine additional information or observations required by team.
- To ensure active, ongoing communication and consistency in collaboration across team members.

Key Points
- Equal participation of each member in the discussion is expected.

3. Week 6 - 7: Pre-PTC meeting

i. Prior to the pre-PTC meeting, the team ensures that the AEPS CODRF[1] and the child's narrative summary are completed.
ii. Information gathered from various sources[5] are collated and the teacher presents briefly the narrative summary of the child to the team.
iii. Considering the parents' priorities and the child's developmental profile (narrative summary), the team identifies the potential areas to address in Individualised Education Plan (IEP).
iv. The team discusses and drafts IEP goals in a functional manner.
v. The team clearly documents discussion findings and any required follow-up actions.
vi. The teacher arranges the meeting date for the PTC.

Purpose of the pre-PTC meeting
- To finalise the profile of child and family.
- To formulate IEP.

Key Points
- Input from families and their priorities must be taken into consideration.
- The goals must be written such that they are meaningful to child and family.

4. Week 8: PTC preparation

i. The teacher confirms the PTC date with the child's parents and informs the team members and parents via letter with at least one week's notice.
ii. A narrative summary of the child is sent to the child's parents at least 1 week before the PTC.

5. Week 9 - 10: PTC

i. The team involves the parents in identifying and confirming the IEP goals and caregiver support plan.
ii. The meeting is documented.
iii. Within one week of the PTC, the teacher finalises the IEP document.
iv. A copy of the finalised IEP document is given to parents for their signatures. The finalised IEP should incorporate a caregiver support plan.

Reference
- Refer to SOP on PTC.

Week 1 of the following term: IEP implementation

SOP NOTES

FAMILY-CENTRED PRACTICE

4 i, 4 ii, 5 i, 5 iii, 5 iv	FCP-P2 Engaging parents in the entire processes of the child's intervention as active team members and equal partners as well as key decision-makers

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

1 ii, 1 iv, 3 ii	FA-1 Gathering information about the child's functioning from multiple methods and sources (e.g., people and materials/tools)

TRANSDISCIPLINARY TEAM PRACTICE

2B i	TD-1 Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention
2B ii, 2B iii, 2B iv, 3 i, 3 iii, 3 iv, 3 v	TD-4 Conducting joint assessment of the child's development and family needs using a common assessment framework
2B v	TD-5 Ensuring documentation is shared and accessible

[1] At the point of publication, the AEPS is a commonly used assessment tool used by most EIPIC centres. Therefore, the AEPS is referenced in the example to illustrate the assessment process. Regardless of the assessment tool used, the child should be assessed in a functional manner.

[2] The child's profile is summarised in the narrative summary under the ECTA's three Global Child Outcomes (ECTA, 2015).

[3] The duration/ length of the discussion may differ depending on the complexity of the child's condition and team functioning; and team discussion may take the form of face to face meeting, phone call, and/ or emails.

[4] Relevant information may include the following: First contact form, family routine form, initial screening form, diagnostic report and medical report (if available), discussion with parents, family report, home visit/ videos from family.

[5] Relevant information may include the following: First contact form, family routine form, initial screening form, diagnostic report and medical report (if available), discussion with parents, family report, home visit report, AEPS CODRF, additional standardised assessments and behaviour descriptors.

SOP | 2: ASSESSMENT - SCHEDULING THE FIRST HOME VISIT

1. Arrange the 1st home visit with parents

i. A home visit is scheduled to take place during the 3rd week following enrolment of the child in the centre.
ii. The visit is about 1-1.5 hours long and usually attended by 2 team members (e.g.,, teacher or social Worker/occupational therapist (OT)/speech and language therapist (SLT)/ physiotherapist (PT)/psychologist).

Explain the main purpose of the home visit to parents:
- Understand the child's daily routines (weekday & weekends) as well as participation and functioning in these routines.
- Work in partnership with the family and support the child in the home environment.
- Understand the family background, and role of the family members who spend the most time with the child.

Do parents now agree to a home visit?

Yes

2A. Parents agree

i. Enquire who will be present at home to ensure at least one parent (who knows the child's routines) will be present during the visit.
ii. Ask if there will be other family members/ caregivers to look after the child as the meeting works best in a quiet environment. Assure parents that it is okay if no other help is available.
iii. Confirm the date and time for the home visit. Offer flexible arrangements if the parents request.
iv. Complete the consent form for the home visit and give a copy of the form to the parents.
v. The teacher to inform and coordinate with the team on the home visit.

No

2B. Parents decline

i. Find out the reasons for declining the home visit, or concerns parents may have about the home visit.
ii. Work out an agreement/alternative solution with the parents. However, be sensitive to parents' needs and do not insist too strongly.

Do parents now agree to a home visit?

Yes

No

3i. Ask parents to provide videos of the child at home when required/requested by the team during the assessment period.
ii. Provide parents the option of conducting the home visit in the centre instead.

Completion

SOP NOTES

FAMILY-CENTRED PRACTICE

2A ii, 2A iii	FCP-R1	Creating a positive and warm relationship, treating family members as active team members	
2A i, 2A ii, 2A iii, 2B ii	FCP-R2	Respect every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources /needs)	
2B i	FCP-R3	Address parents' priorities and concerns in a timely manner	
2B ii, 3 i, 3 ii	FCP-P1	Facilitating parents in making informed choices and decision-making through discussions and exchange of information	
2A i, 2B i, 3 i, 3 ii	FCP-P2	Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers	

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

2A i, 3 i, 3 ii	FA-1	Gathering information about the child's functioning from multiple methods and sources (e.g., people and materials/tools)	
3 i	FA-2	Observing the child's functioning across multiple settings over time	

TRANSDISCIPLINARY TEAM PRACTICE

1 ii	TD-1	Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention	
2A iv, 2A v	TD-4	Conducting joint assessment of the child's development and family needs using a common assessment framework	
1 ii	TD-6	Jointly developing and owning common goals and intervention plan	
2A iii	TD-7	Ensuring ongoing communication and dedicated time for formal team discussions	

SOP | 2: ASSESSMENT - CONDUCTING FIRST HOME VISIT

1. Before the 1st home visit

Team members conducting the visit to define their roles (i.e., who will lead the interview, who takes notes, who summarises, etc.).

2. Building rapport

i. Introduce the team members.
ii. Thank the parents for accommodating the visit.
iii. Have a brief informal chit-chat (e.g., start by asking how things have been going at home).
iv. Reiterate the purpose of the visit - to understand the child's routines and functioning at home to help in formulating appropriate learning goals.

Key Points

The key intents of the home visit:

- Build rapport and partnership with parents.
- Understand the child's routines.
- Understand the family's dynamics, roles, cultures, strengths and stressors.
- Identify parents' priorities and concerns for their child for IEP planning.

3. The interview

i. To begin, find out who lives in the same house as the child.
ii. What are the parents' main concerns for the child and family? Acknowledge parents' concerns and reflect their feelings while moving on to find out more about the child's routines.
iii. What is the usual routine for the child and family at home? Use "first thing in the morning when the child wakes up till child sleeps" as a guide.
iv. Which routine the parents are most satisfied with?
v. Which routine would the parents want to work on? (Refer to centre's home visit approach and process.)

Key Points

- Bring along and be familiar with the Family Routines Report. Use the Family Routines Report to maintain the flow of interview.
- **DO NOT OFFER ANY SPECIFIC STRATEGIES YET.**

Routines-Based Questions

- What is the routine that the child is participating in?
- What happens during the routine?
- Who is involved in the routine?
- What are the other members of the household doing during that time?
- What part of the routine is your child doing independently? What is the child's communication like during this routine?
- How do you and your child interact during the routine?
- Which routine would you want to work on?

4. Wrap-up

i. Are there any other concerns? E.g., anything else happening in the family that the parents are worried about?
ii. Summarise the information gathered so far:
    - Your main concern(s) are _____
    - Based on the information that you shared about the routine_____ (summarise the routine that is going well and the child's strengths and routine that is not going well and the child's functioning).
    - Some strengths of the child and the family (strengths-based).
iii. Check that the information summarised is accurate and ask if there is anything that the parents want to add or to clarify.
iv. Thank the parents for their time. Inform them that the information will be shared with the team and discussed with the parents at the case conference to create IEP goals and strategies to help with the concerns raised.

Completion

SOP NOTES

FAMILY-CENTRED PRACTICE

2 i, 2 ii, 2 iii, 2 iv, 4 iii	FCP-R1	Creating a positive and warm relationship, treating family members as active team members
3 i, 3 ii, 4 ii, 4 iii	FCP-R2	Respect every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)
3 ii	FCP-R3	Address parents' priorities and concerns in a timely manner
4 i, 4 ii, 4 iii	FCP-P1	Facilitating parents in making informed choices and decision-making through discussions and exchange of information
3 i, 3 ii, 3 iii, 3 iv, 4 i	FCP-P2	Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers
4 ii	FCP-P4	Facilitating and encouraging parents to identify and utilise their resources, access services and support systems independently

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

3 i	FA-1	Gathering information about the child's functioning from multiple methods and sources (e.g., people and materials/tools)
2 ii, 2 iii	FA-2	Observing the child's functioning across multiple settings over time
4 iv	FA-3	Assessing all domains within the context of the same activity/routine
	FI-1	Embedding intervention across multiple settings and caregivers
	FI-2	Embedding learning opportunities within the context of daily routines and activities

TRANSDISCIPLINARY TEAM PRACTICE

2 iv	TD-4	Conducting joint assessment of the child's development and family needs using a common assessment framework
1	TD-6	Jointly developing and owning common goals and intervention plan
4 iv	TD-5	Ensuring documentation is shared and accessible

SOP | 2: ASSESSMENT - PARENT-TEACHER CONFERENCE (PTC)

In the event that the family brings the child to the PTC, support the parents by:
- Providing activities/toys to occupy the child's time.
- Making arrangements for the child to join another class/ stay with another teacher.

1. The teacher welcomes the parents and introduces team and family.

2. The teacher shares objectives of PTC/IEP and duration of IEP

Suggested script:
- *"We will be discussing about your child's strengths and current development based on the parent interview and observations obtained at the EIPIC centre."*
- *"Parents are part of the team. We will need your input on your child's intervention goals so that the goals match your family priorities. The goals will be practices at home and at the EIPIC centre."*
- *"At the end of this meeting, we will have a set of goals for your child, as well as a plan for caregiver support in one area you would like to prioritise for the next 6 months."*
- *"Feel free to give your input or thoughts throughout this meeting. That would be very helpful."*

Key Points
Objectives of PTC
- To engage and involve parents as part of the transdisciplinary team to plan, implement and evaluate IEP goals for child.
- To discuss child's strengths and progress; and prioritize next steps for development (zone of proximal development).
- To build rapport with parents and caregivers, and discuss caregiver support needs.
- To share resources that families can use to support learning and development at home.
- IEP: a written plan which gives directions and prioritises what to teach, and helps to facilitate child's learning in a meaningful way.

3. The teacher briefly explains the parents' and professionals' role in IEP and ask parents if they need any clarification on their role in the meeting.

Key Points
- Parents and professionals having joint ownership of IEP.
- Parents to embed goals and strategies across home routines.

4. The teacher summarises the parents' priorities and checks if they are still the same.

5. The teacher shares the process of IEP formulation.

6i. The teacher presents the child's narrative summary (including interests, strengths and current level of development) and highlight family's strengths (i.e., effort and participation).

ii. The teacher and other team members illustrate using a routine (e.g., snack time) to demonstrate child's current level of performance across domains and relates it to the next level of functioning.

Based on observations of child across different routines/activities and family routines report/ home visit:
- Regular school day e.g., wear school uniform, take school bag and drop child in class/ with another teacher.
- Say goodbye and pretend to leave. Once child is settled, teacher will escort parents to PTC room.

Remember
Encourage all team members to describe their observations/ experiences with child.

7. Check if child's profile summary is consistent with the parents' observations at home.

Suggested Script:
"Have I described your child the way you see your child? Are my observations the same as yours?" Is there anything else that you want to tell us about your child, so that we can work with them better?"

REMEMBER
- Teacher will highlight the current level and indicate the next level of functioning and its relation to the goals prioritised by the family.

SOP NOTES

FAMILY-CENTRED PRACTICE

2 3	FCP-R1 Creating a positive and warm relationship, treating family members as active team members	3 4	FCP-P1 Facilitating parents in making informed choices and decision-making through discussions and exchange of information
3 4	FCP-R2 Respect every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/ needs)	2 3 5 6 i 6 ii 7	FCP-P2 Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers
3	FCP-R3 Address parents' priorities and concerns in a timely manner	4 7	FCP-R4 Engage parents effectively by using easy to understand and jargon free language

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

7	FA-2 Observing the child's functioning across multiple settings over time	6 ii	FA-6 Identifying and explaining what the child can do based on knowledge of child development

TRANSDISCIPLINARY TEAM PRACTICE

6 i	TD-1 Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention

SOP | 2: ASSESSMENT - PARENT-TEACHER CONFERENCE (PTC) (continued)

Remember
To be collaborative, team members may take the lead on the different parts of the PTC (e.g., introduction, IEP formulation)

Team members will also contribute to:
a. Addressing questions concerning expert knowledge.
b. Building on each other's statements.
c. Clarifying someone else's points.
d. Providing observational examples (from Narrative Summary).

8. The team (includes parents) discuss the child's IEP goals. Highlight the parents' involvement in embedding goals in home routines.

Suggested Script:
- *"For each goal, we will talk first about the behaviour or what we want the child to achieve and for what purpose."*
- *"Then we will identify the EIPIC routines in which they can practice this skill, and we will need your help to identify the home routines within which you can also practice this skill with them. It is very important that the skill is practised at home to provide more opportunities for learning."*
- *"After that we will discuss how we know they have achieved the goal." (Acquisition criteria)*
- *"We will also discuss if you would like your child to be able to engage in that behaviour in any other routines/settings." (Generalisation criteria)*

Note
For children who are five years of age and older in the current calendar year, ask parents about their school transition plan. If parents' plans are different from the team's, the team will discuss with the parents and provide information, when necessary, to support parents in making an informed decision.

Suggested Script:
- "What is your plan for XX in (state year of school transition)?"
- "What are your considerations when making this decision?"
- "What information do you need to make this decision?"

9. The team ensures that parents have opportunities to clarify and ask questions.

10. The team identifies support required by the parents for caregiver coaching. Explain the caregiver support plan (i.e., workshop, home visit, in-class coaching) to address concerns and redirect to discussion.

Suggested script:
"We have agreed on the goals for (child's name) for the next 6 months. Which goal would you like more support to practice the intervention with your child? What support do you think we can provide to you?"

11. The teacher summarises the finalised IEP goals and caregiver coaching plan. Check if the parents need further support on other matters.

12. The teacher obtains all stakeholders' (parents, therapists and teachers) agreement on the finalised IEP goals.

Note
If there are changes, send the modified IEP to the parents to sign within a week.

13. Closure. Thank parents for their time.

Completion

SOP NOTES

FAMILY-CENTRED PRACTICE

8		8	9
FCP-P1	Facilitating parents in making informed choices and decision-making through discussions and exchange of information	FCP-P2	Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers
FCP-P4	Facilitating and encouraging parents to identify and utilise their resources, access services and support systems independently	10	
FCP-R2	Respect every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)	FCP-P3	Empowering families through coaching to utilise their strengths and learn new skills to support child's learning and development
FCP-R4	Engage parents effectively by using easy to understand and jargon free language		

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

8	
FI-1	Embedding intervention across multiple settings and caregivers
FI-2	Embedding learning opportunities within the context of daily routines and activities
FI-7	Integrating multiple domains and skills within the context of the same activity/routine
FI-8	Pitching the Intervention at the child's zone of proximal development

TRANSDICIPLINARY TEAM PRACTICE

8		8	10
TD-1	Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention	TD-6	Jointly developing and owning common goals and intervention plans

POINTERS ON DEVELOPING IEP

- Each child should have at least 4 to 6 goals and corresponding objectives. The maximum number of goals is based on the team's decision (the team includes parents), family priorities and concerns, as well as the child's zone of proximal development.
- The IEP needs to have both goals and objectives that are written according to the Goal Functionality Scale III format (McWilliam, 2009).
- Refer to the child by his/her name within the IEP document.
- Goals need to be:
    - Functional, teachable, generative, measurable and observable based on the Revised IEP Goals and Objectives Rating Instrument (R-GORI) (Notari-Syverson & Shuster, 1995).
    - Meaningful to the child and family in context.
    - Parent-friendly (jargon-free).
    - Developed for a 6-month period, according to the child's level of functioning.
    - Include at least one home routine and one EIPIC routine for generalisation and better parent involvement.
- Objectives:
    - Provide a breakdown of the developmental skills needed to achieve the child's goals. There can be as many objectives as necessary and appropriate for the child.
    - Each objective needs to have a specific timeframe for it to be achieved, depending on the child's estimated learning pace.
    - If the IEP goals/objectives have not been achieved, they are to be continued in the subsequent IEP period.
- Evidence-based practices such as PECS/TEACCH/behaviour strategies are included in the "strategies" column in the IEP.

POINTERS ON IMPLEMENTING THE IEP

- All team members are responsible for implementing and monitoring the progress for all the IEP goals during intervention (Transdisciplinary Team Practice).
- Allied Health Professionals assess and provide discipline-specific inputs for intervention, where necessary.
- Every team member needs to record functional behaviour observations in the child's Progress Notes regularly and file the notes into the child's case file immediately so that all team members can access the notes and be updated on the child's progress.

PROCEDURES FOR GOAL PROGRESSION/ADDITION

- **When progressing to the next objective,** the teacher informs the parent/caregiver in person or via a telephone call. The agreed action plan is documented in the communication book and child's case file. This is to ensure consistency in implementing intervention at home and EIPIC.
- **If goal(s) has been achieved and maintained before the next Parent-Teacher Conference,** the teacher will call for a team meeting to discuss new goals for the child. The teacher will discuss the goals with parents and include their input through a phone call or a direct face-to-face communication. The finalised goal(s) is to be included in the updated IEP document for parent's approval and signature.

For easy reference, a checklist of the key indicators with reference codes for each of the EI Pillars is presented on pages 40, 42 and 44.

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SOP| 2: ASSESSMENT - SCHEDULING SUBSEQUENT HOME VISIT

Things to do
- Teacher coordinates with team on possible dates for the home visit.
- Subsequent home visits to be scheduled on the 10th week after PTC.

1. Inform parents

i. Purpose of the visit (see key points).
ii. Duration of the visit and who will be attending (usually 2 persons - teacher, teacher assistant, SW, therapist/psychologist)
iii. The child needs to be present.

Key Points
- To work with the family and support the child in the home environment.
- To provide caregiver coaching to embed intervention within the child's routines, if applicable:
- To obtain updates on family's dynamics if applicable - roles, culture, strengths and stressors.

Do parents now agree to a home visit?

Yes

2A. Parents agree

i. Find out which home to go to (e.g., parents/ grandparents).
ii. Find out who will be present at home to ensure at least 1 parent (who knows the child's routines) will be present during the visit.

3. Fix a date and time for the home visit. Offer flexible arrangements if parents request them.

4. Complete the consent form for the home visit and give a copy of the form to parents.

Things to do
- Teacher to then inform and coordinate with the team on the home visit.

No

2B. Parents decline

i. Find out the reasons for declining the home visit, or concerns parents may have about the home visit.
ii. Work out an agreement/alternative solution with the parents. However, be sensitive to parents' needs and do not insist too strongly.

Yes

Do parents now agree to a home visit?

No

5. Parents disagree

i. Ask parents if they would prefer to come to the centre for caregiving coaching instead.
ii. Ask parents if they are able to provide/share videos of themselves working with child (on agreed IEP goals) during home routines.

6. Teacher updates the team on the outcome and plans.

Completion

SOP NOTES

FAMILY-CENTRED PRACTICE

1 i | 1 ii | 2A i | 2A ii

FCP-P1 Facilitating parents in making informed choices and decision-making through discussions and exchange of information

FCP-P2 Engaging parents in the entire processes of the child's intervention as active team members and equal partners as well as key decision-makers

5 i | 5 ii

FCP-P4 Facilitating and encouraging parents to identify and utilise their resources, access services and support systems independently.

2B ii | 3 | 5 i | 5 ii

FCP-R2 Respect every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

5 ii

FI-1 Embedding intervention across multiple settings

FI-2 Embedding learning opportunities in context of daily routines and activities.

TRANSDISCIPLINARY TEAM PRACTICE

6

TD-7 Ensuring ongoing communication and dedicated time for formal team discussions

SOP| 2: ASSESSMENT - CONDUCTING A SUBSEQUENT HOME VISIT

1. Before the subsequent home visit

i. Refer to the guidelines on scheduling subsequent home visit.
ii. The team conducting the home visit defines each person's roles - who leads the interview, who takes notes, who summarises, etc.
iii. Establish jointly with the parent – the goals, priorities and target skills for coaching.
iv. Check on the parent's perception on the child's progress/caregiver's progress in carrying out intervention at home.

2. Building rapport

i. Introduce the team members.
ii. Have a brief informal chit-chat (e.g., start by asking how things have been going at home).
iii. Thank the parent(s) for accommodating the home visit.
iv. Reiterate that the purpose of the home visit is for caregiver coaching on the child's intervention within home routines.
v. Check if parents' priorities are the same/have changed.
vi. Gather more information if there are new concerns (coaching/ family/ personal matters).
vii. Confirm the targeted area for coaching.

Key Points

The key intent of the home visit:

- Caregiver coaching to embed intervention within child's routines.
- Get updates on the child's routines, if applicable.
- Get updates on the family's dynamics, if applicable - roles, cultures, strengths and stressors.
- Get an update on parents' priorities for their child.
- Bring along and be familiar with the Family Routines Report.

3. Caregiving coaching

i. Explain the strategy.
ii. Demonstrate using the strategy with the child using the activity/routine.
iii. Facilitate the parent(s) in reflecting on the strategy demonstrated.
iv. Ask the parent(s) to demonstrate using the strategy with the child using the activity/routine.
v. Facilitate the parent(s) in reflecting on the strategy they have tried.
vi. Provide feedback to the parent(s), building on strengths and what the parent(s) did well on.
vii. Facilitate the parent(s) in identifying which routine they can embed the strategies into.
viii. Ask the parent(s) to confirm their understanding of the coaching/ information shared.

Key Points

- Address parents' concerns and priorities.
- Active child engagement.
- Active caregiver engagement.
- Strength-based approach.

4. Wrap-up

i. Summarise the session:
    - Intervention strategy demonstrated and practiced
    - Routines the parents have suggested to embed the intervention.
ii. Inform parent(s) that the information will be shared with the team.
iii. Inform parent(s) to liaise with the teacher if they have any questions.

Key Points

- Transdisciplinary approach, with a key worker.
- Collaborative team practice.

5. Thank the parent(s) for their time.

Completion

SOP NOTES

FAMILY-CENTRED PRACTICE

2 i, 2 ii, 2 iii, 2 iv, 2 v, 2 vi, 2 vii	FCP-R1 Creating a positive and warm relationship, treating family members are active team members
2 v, 3 vi	FCP-R2 Respect every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs)
	FCP-R3 Address parents' priorities and concerns in a timely manner
2 iv, 2 vi, 2 vii	FCP-P2 Engaging parents in the entire process of the child's intervention as active team members and equal partners as well as key decision-makers
2 iv, 2 v, 2 vii, 3 i, 3 ii, 3 iii, 3 iv, 3 v, 3 vi, 3 vii, 3 viii	FCP-P3 Empowering families through coaching to utilise their strengths and learn new skills to support their child's learning and development

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

3 i, 3 ii, 3 iii, 3 iv, 3 v, 3 vi, 3 vii	FI-1 Embedding intervention across multiple settings and caregivers.
	FI-2 Embedding learning opportunities within the context of daily routines and activities.
	FI-3 Following the child's lead.
	FI-4 Using developmentally appropriate activities
	FI-6 Using incidental teaching as an approach to intervention with the child.
	FI-7 Integrating multiple domains and skills within the context of the same activity/routine.

TRANSDISCIPLINARY TEAM PRACTICE

2 v, 2 vii	TD-6 Jointly developing and owning common goals and intervention plan
3 viii	TD-7 Ensuring ongoing communication and dedicated time for formal team discussions

CASE STUDY – CONTINUED

ASSESSMENT TO PARENT-TEACHER CONFERENCE

Prior to Yati's arrival at the centre, the team prepared for her admission by reading through her case file, which was accessible to all team members, so they could understand her medical condition (TD-4, TD-5). Yati's first day marked the beginning of a 10-week assessment and intervention planning phases that would culminate in a Parent-Teacher Conference (PTC) to plan and finalise her Individualised Educational Plan (IEP) goals.

On the day of admission, the teacher and co-teacher prepared the room and planned the classroom session. This included the routines of arrival, meet and greet, free play time (i.e., a range of exploratory play to pretend play toys depending on the child's level of developmental functioning), structured play time, snack time and dismissal time (TD-4; FA-2; FA-5; FI-2; FI-4).

Assessment - Arrival

Yati arrived at the centre in a wheelchair pushed by her mother. The teacher was at the door to greet Yati. When the teacher called Yati, she turned her head to look in the direction of the teacher and smiled. The teacher reciprocated her smile by saying, "Hi, Yati. Good to see you. ,Come in.", to reinforce her response. Yati reacted by broadening the grin across her face and straightening her upper limbs. The teacher noted Yati's responses to her greetings in her mind, with the intention of accumulating evidences to record Yati's responses in the social-communication section of the Assessment, Evaluation, and Programming System - Child Observation Data Recording Form (AEPS CODRF) (Bricker, 1993) (FA-5).

The teacher walked with Yati and her mother into the classroom. The co-teacher, who was standing by, greeted Yati by name. Yati responded by turning her head towards the co-teacher while smiling. The teacher made another mental note of Yati's response to the co-teacher's greeting, to record it under the social-communication section of the AEPS CODRF (Bricker, 1993) (FA-1; FA-2). The teacher also kept a mental note to write a description of this behaviour observation, which included the routine and context of her behaviour, the behaviour Yati displayed and the trigger for her behaviour (e.g., "During arrival, Yati turned her head, looked and smiled at the co-teacher when she was greeted by her name by the co-teacher"). The purpose of writing behavioural descriptions was to gather sufficient evidence for the team to substantiate the scoring of the AEPS CODRF (Bricker, 1993) (FA-2), as well as to understand Yati's level of functioning across settings, people and time.

Next, Yati's mother carried Yati out of her wheelchair and placed her on the floor. Yati's mother told Yati that she was going to remove her shoes, but Yati remained quiet. When her mother took off her shoes, Yati babbled. The teacher learnt from Yati's mother that Yati usually babbled after someone helps her with completing an activity. However, Yati's mother was unsure if Yati was trying to say "thank you" in this instance. The teacher took note of her mother's explanation (FCP-P2).

Assessment - Meet and Greet Your Friends and Circle Time

During the Meet and Greet routine, the usual sequence of events involved the children sitting in a circle on the floor and participating in a greeting song. Each child was expected to greet a friend next to him or her while the friend was expected to respond accordingly. Yati was seated on the mat next to Tara, a child with Global Developmental Delay. Yati's mother had placed Yati on her crossed legs with her back leaning against her mother. Tara tapped Yati on the forearm while singing and said, "Hi!". Yati, surprised by the gesture, turned to face Tara. Yati smiled back at Tara. However, Tara was observed to look blankly at Yati. The teacher immediately mediated the interaction by saying, "Yati is smiling at you, Tara!" In return, Tara smiled at Yati (FI-4, FI-5, FI-6, FI-8).

The teacher began circle time by singing a new song. The teacher chose Yati's favourite song, based on Yati's parents' report from the Family Routines Report (FCP-P2). While the teacher was singing, Yati participated by making sounds and moving her head from side to side (FA-1). The teacher acknowledged her participation by saying "Nice singing, Yati!" (FA-1; FA-2; FA-3; FA-4).

After circle time was over, the co-teacher continued to engage the children, based on the children's interests (FI-3), while the teacher went to prepare the play area in the room for the next routine – play time. The teacher brought out toys that were developmentally appropriate based on the children's interest (FI-4). For Yati, she prepared cause-and-effect toys (i.e., toys with touch buttons and lights) (FA-5; FA-6). Once the play area was ready, the children were led into the play area by the co-teacher while Yati's mother carried Yati over and sat her on her wheelchair at the table.

Assessment - Free Play Time

At the play area, the teacher first observed how Yati played with the toys. The teacher observed that Yati was attracted to the flashing lights. The teacher then encouraged Yati to reach out to touch the light button. When Yati started to get frustrated, the teacher assisted her by moving the toy closer to her and angling the button just below Yati's palm. This was so that Yati could lower her hand and press the button. The teacher observed that Yati smiled as she touched the button. The teacher also made a mental note to ask the occupational therapist (OT) how she should facilitate Yati in moving her arms to reach and holding objects of interest (TD-2; TD-3; TD-7).

Yati was observed to still show interest in the toy. The co-teacher therefore encouraged Yati to reach out to touch the button again. Yati was observed to lift her upper limb to press the button and cried in frustration when she could not reach it. The co-teacher did the same thing to bring the button below her palm to help her succeed in this effort. Both teachers noted Yati's responses during this routine across multiple developmental domains under the AEPS CODRF – social-communication, fine motor, gross motor, and cognition (FA-1; FA-3). They also wrote behavioural observations notes into Yati's case file to assist in the scoring of the relevant sections of the AEPS CODRF (Bricker, 1993) (TD-4; TD-5; FA-3).

Assessment - Structured Play Time

The OT arrived during the structured play time as planned with the teacher. The OT briefly introduced herself to Yati's mother, and explained the activity that she and the teachers would be engaging Yati and the other children in (FCP-R1). This was based on the earlier discussion and plan that the OT had conducted with the teacher (TD-4; TD-6; TD-7). The activity was to put the same coloured objects into the same container. For Yati, the activity was to sort palm-sized, soft balls into two separate containers according to the colour of the balls. The game was played with Tara, who would hand the balls to Yati. Yati would then place the ball into the container (FA-3; FA-5; FI-6; FI-8). In this activity, Yati was seated in her wheelchair against the table.

The OT modelled the activity to the teacher and Yati's mother at the start of this activity. As Tara passed the ball to Yati, the OT commented, "Blue ball". Tara attempted to imitate the OT, saying "ball", as she held the ball at Yati's eye level and within Yati's reach, as guided by the OT. Yati made sounds of frustration while trying to move her arm to reach for the ball. The OT immediately supported Yati's arm while Yati stiffened her upper limbs to reach out for the ball. The OT noted Yati's responses. The OT also noted that the container was placed too high up for Yati to put the ball into. Hence, the OT lowered the blue container to Yati's waist level so that Yati only needed to relax her grasp to release the ball into the container (FI-2; FA-4; FI-8). Yati beamed in delight when she placed the blue ball into the blue container. The OT also made a mental note that Yati moved her head to look at Tara, then at the teacher, and smiled (FA-3). The OT shared with the teacher and Yati's mother what she had done to facilitate Yati's participation in this ball activity (TD-2). Tara and Yati continued the sorting game with the different coloured balls with support from the OT, teacher and Yati's mother. The teacher also shared that she had learnt how to support Yati in moving her arms to reach and hold objects of interest during activities from the OT through observation.

The OT observed that although Yati was sitting upright on her wheelchair, her legs were swept to the left and her feet were dangling without support. The OT made a mental note to address and discuss this with Yati's mother and the EIPIC team (FCP-P1; FCP-P2).

The OT and the teachers wrote some behavioural observations into Yati's case file to assist in the scoring of the relevant sections of the AEPS CODRF (Bricker, 1993) - social, social communication, cognitive, fine motor and gross motor (TD-4; TD-5; FA-3).

Assessment - Snack Time

After the structured play time, the class transitioned to prepare for snack time. Yati remained in her wheelchair as her mother helped wipe her hands. The teacher explained to Yati's mother that when Yati is given more opportunities to practice a skill, she will gain more independence in using that skill during the routine or activity. The teacher asked Yati's mother if she could demonstrate this to her using the routine of wiping hands before eating during snack time, which her mother welcomed. The teacher suggested to Yati's mother to put the cloth in Yati's right hand as she observed that Yati usually uses her right hand to manipulate objects (FCP-P3). Yati held the cloth using the tips of her fingers. The OT positioned Yati to sit upright with her hips at 90 degrees, knees at 90 degrees and the soles of her feet flat on the pedal of the wheelchair in order to make it easier for Yati to wipe her hands independently, explaining the steps to her mother and the

teacher. The OT asked Yati's mother to prompt Yati to move her left hand to the midline so that Yati could wipe her hand. The OT asked Yati's mother which routines at home she could apply the same strategy to encourage Yati to wipe her hands on her own. Her mother identified that she will apply this strategy during lunch and dinner time when she has more time and does not have appointments to go to (FCP-P2; FCP-P3; FA-1; FA-3; FA-5; FA-6; FI-1; FI-2; FI-5; FI-8).

The speech and language therapist (SLT) arrived just before Yati begun eating as planned with the teacher. This was so the SLT could observe and assess how Yati ate her food (TD-4; TD-7; FA-1; FA-4). The SLT observed that Yati's mother fed Yati bite-sized biscuits while Yati demonstrated adequate chewing and swallowing reflexes. However, the SLT noted that Yati was being fed water in a spoon by her mother. The SLT checked with Yati's mother if this was the case at home as well (FA-1). Yati's mother said that Yati has yet to learn how to drink from a straw. Therefore, she had been feeding Yati water with a spoon (FCP-R3; FCP-P1; FCP-P2). Throughout snack time, Yati appeared happy, smiling as her mother fed her. At the end of snack time, the SLT encouraged Yati's mother to let Yati wipe her own hands again (TD-6). The OT who was observing stepped in to model to Yati's mother again on how to physically prompt Yati's hands to move to her midline so that Yati would be able to wipe her hands herself (FCP-P3; TD-2).

The OT, SLT and the teacher wrote some behavioural observations into Yati's case file to assist in the scoring of the relevant sections of the AEPS CODRF (Bricker, 1993) – adaptive, social, social communication, cognitive, fine motor and gross motor (TD-4; TD-5; FA-3).

Assessment – Dismissal time (going home)

Before the class ended for the day, Yati's mother gathered Yati's belongings and kept them in Yati's bag. At the same time, for the children who were mobile and independent, the teacher instructed them to keep their belongings into their bags. The co-teacher observed and helped if the need arose (FI-5). As the children lined up at the door with their bags, they sang the good-bye song. The teacher observed Yati's her level of engagement (FA-2). Both teachers noted Yati had great interest in music, as she shook her head and vocalised "ah" when the children sang the good-bye song. They planned to use it as a motivator for Yati to participate in other activities and routines.

After the song ended, Yati's mother helped Yati to put on her shoe. After this, Yati's mother brought Yati out the doorway. Before leaving the centre, the teacher lowered herself to Yati's eye level to say "bye". Yati looked at the teacher, smiled and babbled (FA-5; FI-2). Once again, the teacher made a mental note to record this behavioural observation for scoring purposes on the AEPS CODRF (Bricker, 1993).

Right after all the children had left the centre, the teacher, OT and SLT met to share and discuss their observations of Yati and other children (TD-1; TD-3; TD-7). They noted Yati's responses across the different routines and documented the behaviour observations in Yati's case file.

Assessment – Next two weeks

Yati's behaviours and participation across the routines at the EIPIC centre were observed over the next two weeks by the teachers and therapists (FA-2). The teacher realised that she needed coaching from the team to help Yati achieve better balance in sitting whilst engaging in the activities. The teacher subsequently proposed to the team that they involve a Physiotherapist (PT), who was from an external agency (e.g., Therapy Hub), to provide additional inputs on facilitating Yati's posture, balance and movements to enhance her participation in the activities. The PT and the teacher discussed when the PT should come for a classroom observation and what specific areas the teacher would like support in (TD-1; TD-2; TD-7; TD-8).

During these two weeks, the context of Yati's behaviour and her specific responses were recorded as behavioural observations by the teachers and the therapists (TD-3). When sufficient behavioural observations were recorded across context, the relevant sections on the AEPS CODRF (Bricker, 1993) were scored.

At the end of the second week, the teacher also touched base with Yati's mum to ask how she was coping and if she needed help to complete the parent report (FCP-P2). The parent report was essential to help the team understand Yati's functioning and participation in home routines before the home visit.

Assessment – Scheduling the First Home Visit

On the day of the first admission, the teacher spoke to Yati's mother about arranging a home visit (FCP-R1; FCP-P2; FA-1; FA-2). The teacher explained to Yati's mother the rationale for the home visit, which was to gain more insight on Yati's functioning at home and the family's dynamics through an interview with the parents. The teacher also informed Yati's mother that the OT would join the teacher in the home visit. The home visit would take about an hour and a half. Yati's mother requested that the home visit be scheduled at 8:00PM as she wanted her husband to be present during the home visit. Additionally, Yati would be in bed by then and this allowed Yati's parents to participate in the home visit interview with minimal interruptions.

The teacher, having considered various factors while checking with the OT regarding her availability, felt that it was important to arrange the home visit at a time convenient for Yati's parents. Both the teacher and OT agreed to arrange for a home visit at 8:00PM despite it being after work hours (FCP-R2; FCP-R3). Yati's mother was very touched by the team's willingness to accommodate her schedule. Yati's mother also mentioned that in the event that Yati was still awake, Yati could be looked after by the helper and her two older brothers. The teacher thanked Yati's mother for making the necessary arrangements for the home visit. After Yati's mother agreed to the date of the first home visit, she was asked to sign a consent form indicating she agreed for the team to visit Yati and her family at home to conduct the home visit interview (FCP-R1; FCP-R2; FCP-P2).

Assessment –Preparing for the First Home Visit

Prior to the first home visit, the teacher and the OT had a brief meeting to discuss their plans for the home visit (FA-1; TD-7). It was agreed that the teacher would lead the interview while the OT would ask more probing questions on the situations or the context as required as well as take notes during the interview (TD-8). The teacher also shared information obtained from the Family Routines Report and the parents' concerns. Yati's mother was most concerned about Yati's limited language skills. She hoped that Yati would be able to understand simple instruction and questions. She also wished that Yati would be able to use some simple words to request her favourite toys and greet her family members (FCP-R3).

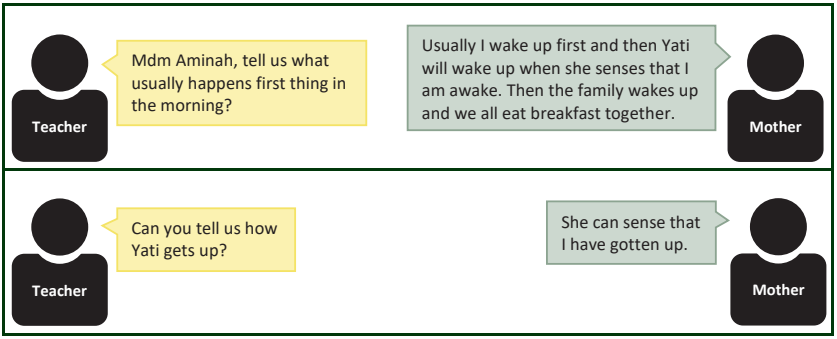
Assessment – Conducting the First Home Visit

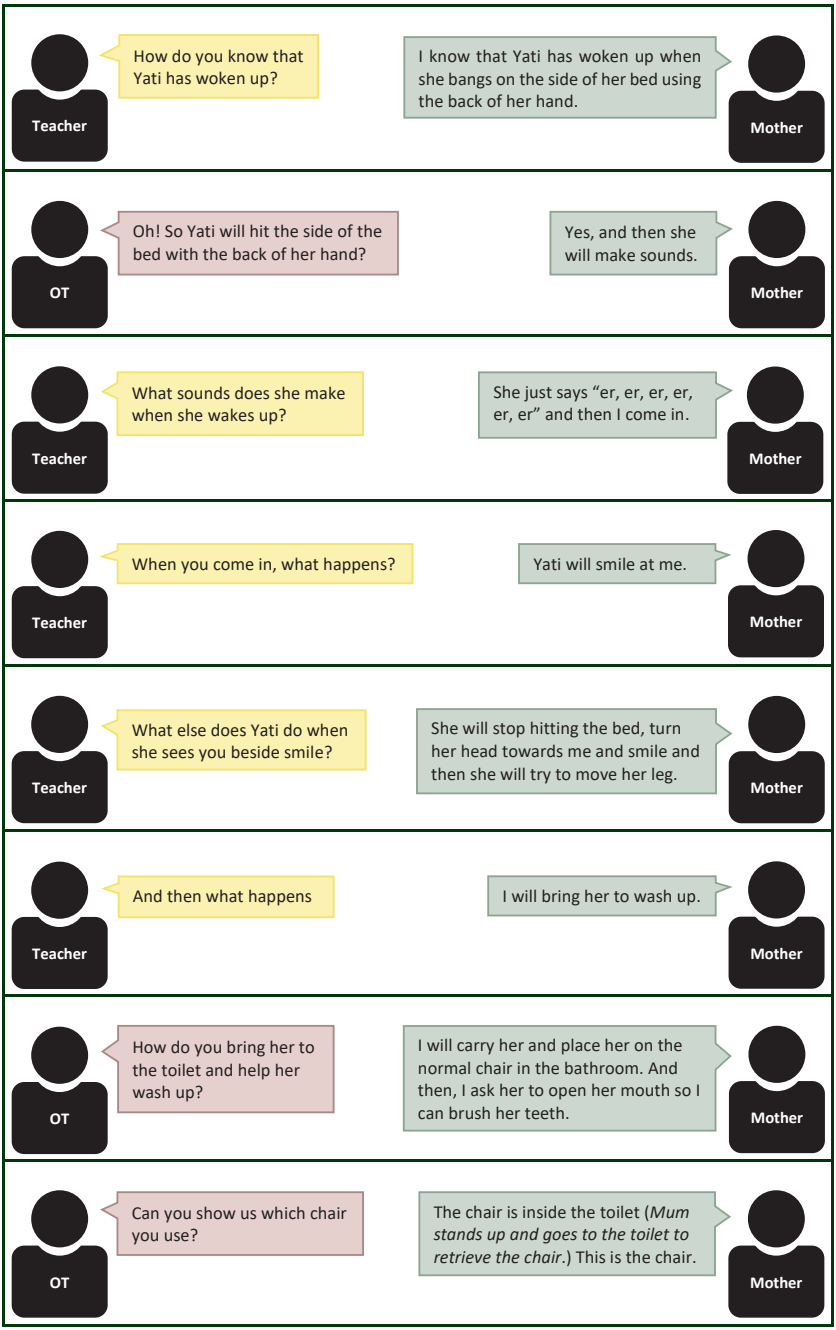
On the day of the first home visit, the teacher and OT arrived at Yati's home just before 8:00PM. Yati's mother greeted them at the door. Yati's mother then ushered them into the living room where she had prepared some cookies and drinks. Yati's father arrived as the team sat down on the sofa. The teacher, considering that Yati's father might be feeling hungry and tired after work, suggested that that he could join the interview after he had his dinner (FCP-R1; FCP-R3). Yati's father declined and insisted on joining immediately.

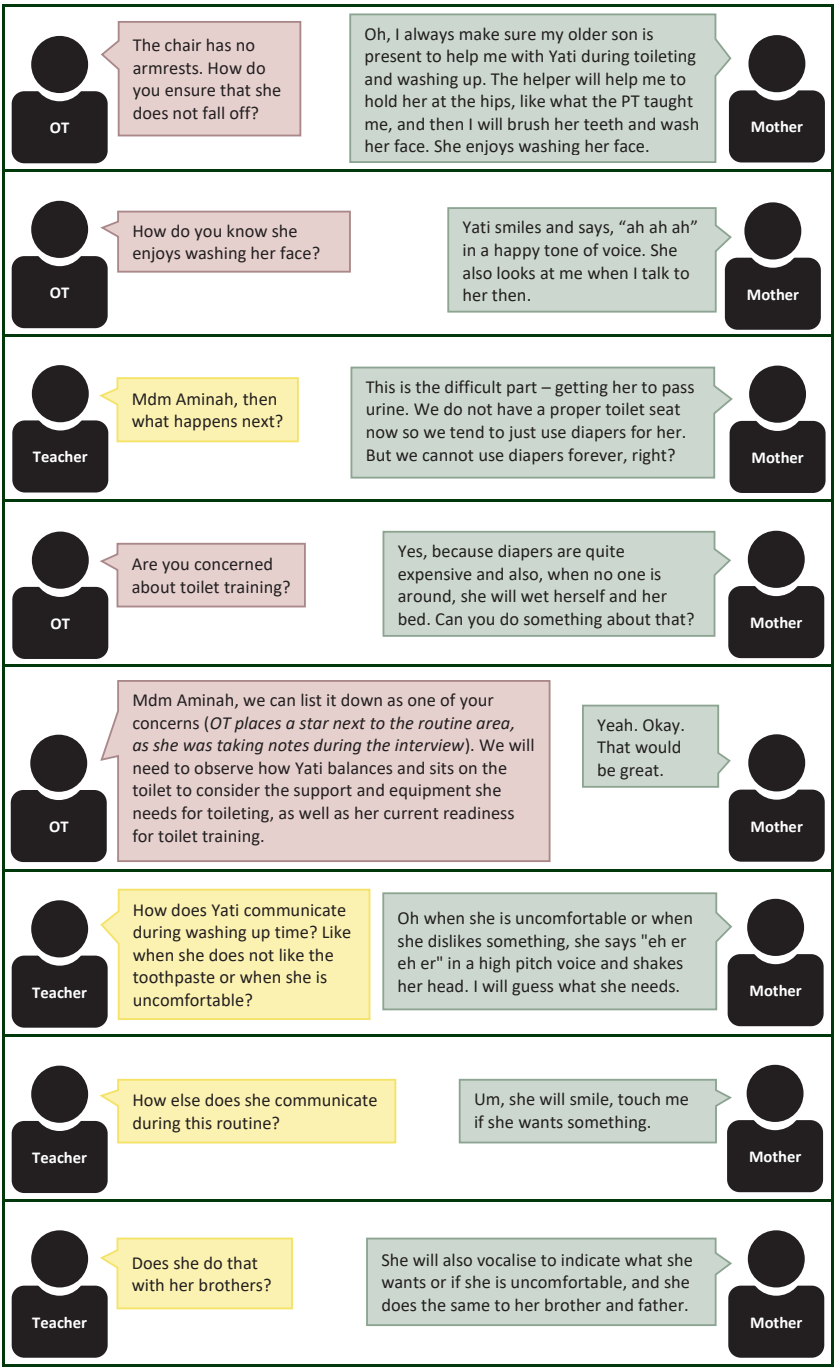
The team first introduced themselves, as Yati's father had not met them before (FCP-R1). The teacher led the interview, asking about how things had been since Yati started EIPIC. Yati's mother quickly shared that she felt that Yati had made some improvements. For instance, she had observed that Yati would smile and turn to her when she heard her favourite song at home. Yati's father also mentioned that he was very happy to see Yati smiling more but was worried that she was still unable to talk or indicate her needs. The team affirmed their continued support and how they could work together to help Yati's development. The team then reiterated the purpose of the home visit. Most importantly, they would be gathering information about how Yati participated, as well as interacted and communicated with others in her home routines (FCP-P2; FA-1; FA-3).

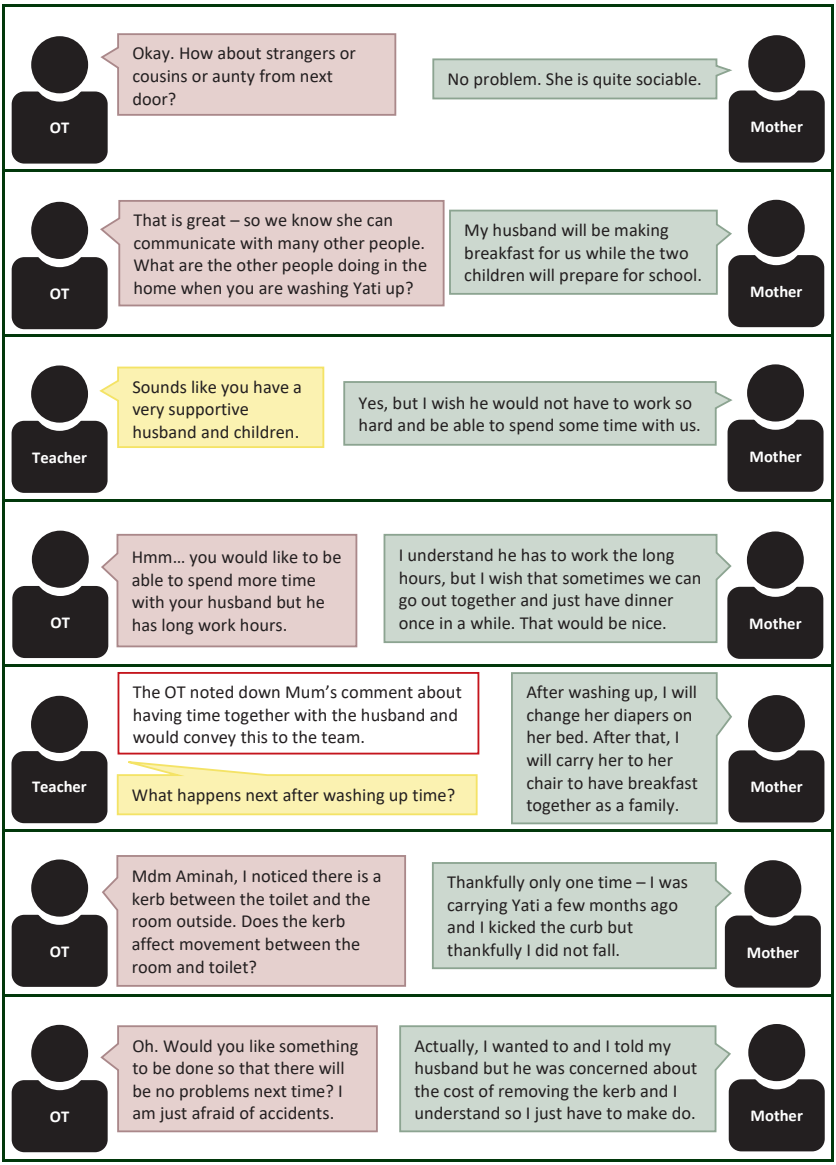
Assessment – First Home Visit - Interview on Home Routines

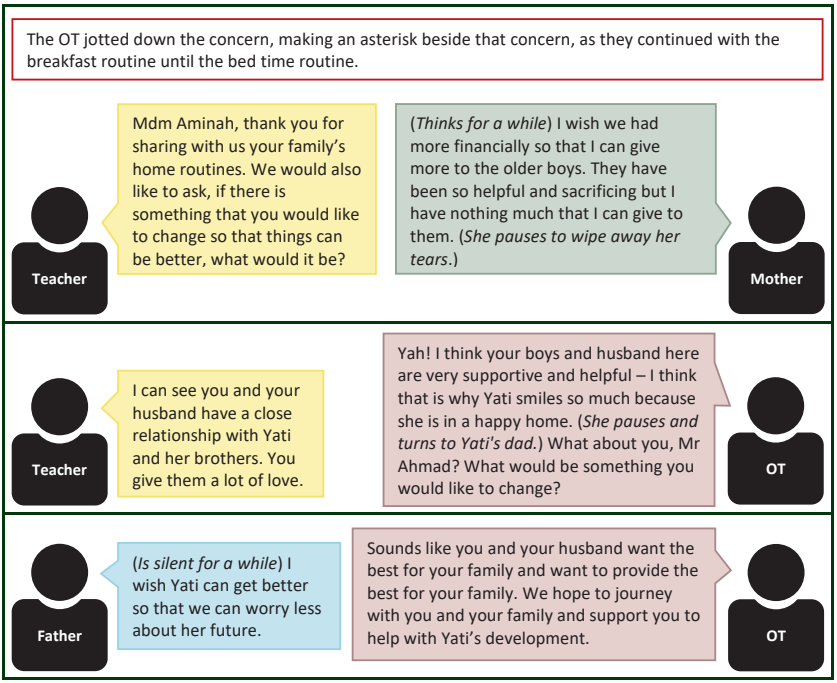
The teacher began by asking open-ended questions about the daily routines of the home starting with the waking up routine (FA-1). Below is the transcript of the interview.




Teacher
How do you know that Yati has woken up?
I know that Yati has woken up when she bangs on the side of her bed using the back of her hand.
Mother
OT
Oh! So Yati will hit the side of the bed with the back of her hand?
Yes, and then she will make sounds.
Mother
Teacher
What sounds does she make when she wakes up?
She just says “er, er, er, er, er, er” and then I come in.
Mother
Teacher
When you come in, what happens?
Yati will smile at me.
Mother
Teacher
What else does Yati do when she sees you beside smile?
She will stop hitting the bed, turn her head towards me and smile and then she will try to move her leg.
Mother
Teacher
And then what happens
I will bring her to wash up.
Mother
OT
How do you bring her to the toilet and help her wash up?
I will carry her and place her on the normal chair in the bathroom. And then, I ask her to open her mouth so I can brush her teeth.
Mother
OT
Can you show us which chair you use?
The chair is inside the toilet (*Mum stands up and goes to the toilet to retrieve the chair.*) This is the chair.
Mother

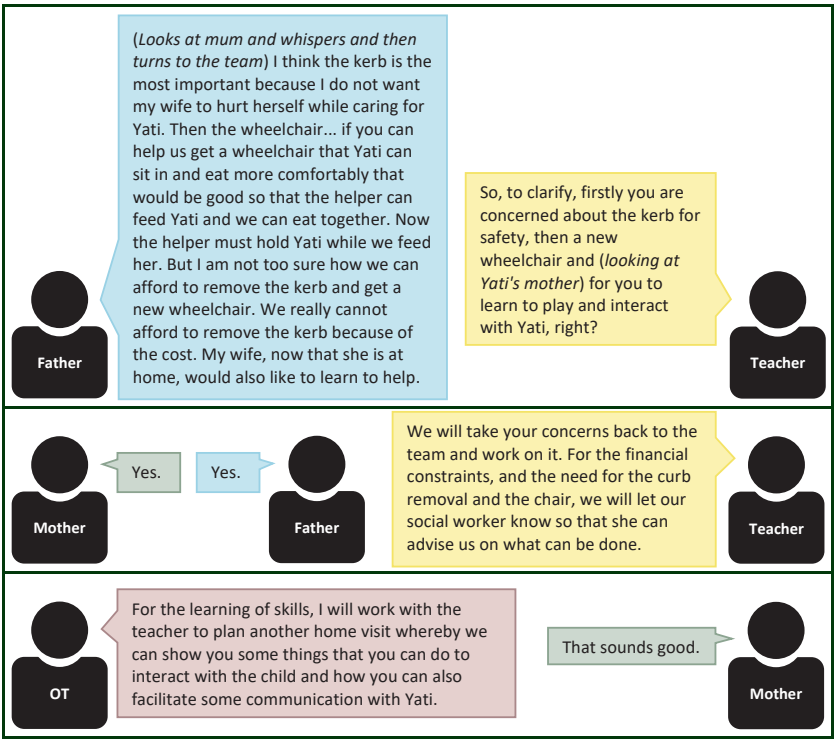

OT
The chair has no armrests. How do you ensure that she does not fall off?
Oh, I always make sure my older son is present to help me with Yati during toileting and washing up. The helper will help me to hold her at the hips, like what the PT taught me, and then I will brush her teeth and wash her face. She enjoys washing her face.
Mother
OT
How do you know she enjoys washing her face?
Yati smiles and says, “ah ah ah” in a happy tone of voice. She also looks at me when I talk to her then.
Mother
Teacher
Mdm Aminah, then what happens next?
This is the difficult part – getting her to pass urine. We do not have a proper toilet seat now so we tend to just use diapers for her. But we cannot use diapers forever, right?
Mother
OT
Are you concerned about toilet training?
Yes, because diapers are quite expensive and also, when no one is around, she will wet herself and her bed. Can you do something about that?
Mother
OT
Mdm Aminah, we can list it down as one of your concerns (*OT places a star next to the routine area, as she was taking notes during the interview*). We will need to observe how Yati balances and sits on the toilet to consider the support and equipment she needs for toileting, as well as her current readiness for toilet training.
Yeah. Okay. That would be great.
Mother
Teacher
How does Yati communicate during washing up time? Like when she does not like the toothpaste or when she is uncomfortable?
Oh when she is uncomfortable or when she dislikes something, she says "eh er eh er" in a high pitch voice and shakes her head. I will guess what she needs.
Mother
Teacher
How else does she communicate during this routine?
Um, she will smile, touch me if she wants something.
Mother
Teacher
Does she do that with her brothers?
She will also vocalise to indicate what she wants or if she is uncomfortable, and she does the same to her brother and father.
Mother


OT
Okay. How about strangers or cousins or aunty from next door?
No problem. She is quite sociable.
Mother
OT
That is great – so we know she can communicate with many other people. What are the other people doing in the home when you are washing Yati up?
My husband will be making breakfast for us while the two children will prepare for school.
Mother
Teacher
Sounds like you have a very supportive husband and children.
Yes, but I wish he would not have to work so hard and be able to spend some time with us.
Mother
OT
Hmm… you would like to be able to spend more time with your husband but he has long work hours.
I understand he has to work the long hours, but I wish that sometimes we can go out together and just have dinner once in a while. That would be nice.
Mother
Teacher
The OT noted down Mum's comment about having time together with the husband and would convey this to the team.
What happens next after washing up time?
After washing up, I will change her diapers on her bed. After that, I will carry her to her chair to have breakfast together as a family.
Mother
OT
Mdm Aminah, I noticed there is a kerb between the toilet and the room outside. Does the kerb affect movement between the room and toilet?
Thankfully only one time – I was carrying Yati a few months ago and I kicked the curb but thankfully I did not fall.
Mother
OT
Oh. Would you like something to be done so that there will be no problems next time? I am just afraid of accidents.
Actually, I wanted to and I told my husband but he was concerned about the cost of removing the kerb and I understand so I just have to make do.
Mother



The teacher moved on to various other routines including breakfast time, play time, lunch time, dinner time and sleep time. It was highlighted to the team that during play time, Yati often looked at the same toys repeatedly without touching them. Yati's mother mentioned that she would also like more ideas regarding how to teach Yati to play with toys and also to interact with Yati. It was also highlighted there Yati did not have a proper sitting chair for meal times and the wheelchair was used instead. However, as the wheelchair was too big, it had resulted in Yati having bed sores as she spent a substantial amount of time in it.

At the end of the interview, the teacher summarised the interview and highlighted the strengths of the child and the family. The teacher then highlighted the concerns mentioned (i.e., the curb, the toileting, time with the husband, the desire to learn how to play and interact with Yati, the chair) and asked the parents what they were most concerned about. Below is a transcript of the discussion:



At the end of the session, the team thanked Yati's parents for allowing them to come for the home visit to deepen their understanding of the family. Yati's parents were also glad that the team came to listen to their struggles and provide support (FCP-R1; FA-1; FA-2).

When the teacher and OT returned to the EIPIC centre the next day, they summarised the key points, agreed on the key concerns and the prioritised concerns of the parents (TD-4). They typed and prepared a report of their first home visit interview for filing in to Yati's case file (TD-5). This report would be a key document in the formulation of goals in Yati's Individualised Educational Plan (IEP).

Assessment - Week 4

Over the subsequent weeks, the team observed Yati's participation in different routines and activities across different settings. Some settings were the playground, in class, during play time with friends in both indoors and outdoors areas, during song time, snack time, etc. (FA–1; FA-2; FA-5). Below are some examples:

- "During music and movement time, when her favourite song 'Mat Yoyo' was played, Yati smiled broadly, moved her head to look at the teacher and moved her upper limbs excitedly up and down."

- "During playtime, when another teacher walked into the room, Yati paused, looked at the teacher and smiled."
- "At the playground, when her classmate came to her wheelchair and said hi, Yati turned her head, looked at him and attempted to move her arm."

Assessment - Team Meeting 1

In week 4, the teacher emailed the team to arrange a meeting to discuss Yati's current level of functioning and identify if there are any areas that require more assessment. The OT and SLT indicated their availability. As the Physiotherapist was from an external agency, she gave her input about Yati via email. The teacher had also asked the Social Worker (SW) to join the meeting so that the team could discuss the feasibility of obtaining funding for a new and more suitable wheelchair and removing the kerb in the toilet (TD-3, TD-4, TD-7). Each team member went through Yati's behavioural observation notes and her AEPS CODRF (Bricker, 1993) prior to the meeting.

The meeting lasted 20 minutes, whereby the team came prepared and they followed a clear agenda. During the meeting, the teacher summarised the findings from the AEPS CODRF (Bricker, 1993), behaviour observations and home visit report to establish Yati's current level of functioning. They identified a few areas where the team had insufficient information and they planned to do further observations.

The teacher reported that she observed Yati grasping a rattle during play time and bread during snack time. The OT observed that Yati used mainly raking movement to grasp things and requested that the team members pay more attention to Yati's use of her fingers in her daily routines and activities. Teacher commented that Yati held a piece of tissue using her finger tips once, when her mother put the tissue in her hand. The teacher felt that Yati did not appear interested in some play activities. The team also decided that the OT should observe Yati during play time and snack time in the next 2 weeks to further assess the extent of Yati's participation in play and feeding activities.

The PT shared (via email) that Yati's high muscular tone had been affecting her ability to sit independently and roll over. The OT shared that Yati may be able sit better with proper seating arrangements. This in turn can help Yati to be a more active participant in the different class routines. As such, the team decided that OT would look into a suitable wheelchair for Yati to use in class and at home (TD-6, TD-7, TD-8).

The teacher reported that Yati's parents' concerns had not changed since the first contact because Yati had not made much progress in her communicative speech. She also brought up new concerns that were highlighted during the interview about the kerb, parents wanting to help Yati to play and learn at home, and some financial concerns. The SLT reported that Yati was able to vocalise to protest but not when greeting others (TD-1, TD-2). The teacher reported a one-off incident that she had observed one week ago where Yati waved her hand towards her mother who was approaching her wheelchair. Both the SLT and teacher planned to further monitor and

assess Yati's communication ability. The SW also offered to source for financial support for the family to acquire the new wheelchair and removal of the kerb in the toilet.

The delegation of responsibilities was documented in the team meeting form (TD-7). The team agreed that intensive support was needed for both Yati and her family. The team also decided that they did not have sufficient understanding of Yati's current level of functioning. Therefore, the team was unable to start formulating Yati's draft IEP goals. The team scheduled a second meeting a week later, before the pre-Parent Teacher Conference (PTC) meeting, to consolidate their observations and assessments.

Assessment - Team Meeting 2

Each team member followed up on the necessary action plan before the second meeting (TD-1; TD-2; TD-3; TD-4). During the 15-minute team meeting, the team members updated one another on the following issues:

The OT shared that Yati's participation in play time was restricted by her physical disability. Yati engaged mainly in exploratory play and had only started to gain some motor ability to use cause and effect toys by pushing the buttons. However, Yati was still unable to activate toys that required more complex manipulation (e.g., turning, pulling). The SLT added that although she observed Yati was able to grasp things placed in her hand, Yati was unable to pick things up with her fingers. This information was helpful for the team members to consider when selecting developmentally appropriate toys for Yati. In addition, the OT also shared that during snack time in class, when presented with the food of her choice, Yati attempted to reach out but her hypertonic undifferentiated tonic response (i.e., reach causing her shoulder, and upper arm and shoulder to elbow to stiffen) caused a whole-body reaction (FA–3). As such, she still depended on others to feed her during mealtime.

The OT reported that a suitable wheelchair for Yati has been found. They were now exploring if any modifications or support would be needed for Yati to sit in the wheelchair more comfortably. This would ensure that the new wheelchair could maximise Yati's participation in class activities. They requested more time to explore available options before deciding if the new wheelchair was appropriate to be purchased.

The SW also shared that she had enquired about subsidies and sponsorship applications for removing the kerb and obtaining a new wheelchair for Yati. She was hopeful she would get the necessary resources for Yati's family.

After further observations, the SLT and teacher found that Yati was not consistently using any gestures to greet others. The previous reported observation of Yati waving her arms could have been her way of showing excitement. Therefore, they adjusted the relevant AEPS CODRF (Bricker, 1993) scores.

The team finalised Yati's current level of functioning as they felt they had gathered sufficient information to develop a narrative summary and formulate her IEP goals. They arranged for the pre- PTC) meeting a week later to draft IEP goals for Yati.

Assessment - Pre-Parent Teacher Conference Team Meeting

Prior to the pre-PTC meeting, the teacher ensured that AEPS CODRF (Bricker, 1993) was completed by all team members. The teacher then consolidated existing information on Yati to come up with the narrative summary (TD- 6). An extract of the narrative summary was drafted:

NARRATIVE SUMMARY[2]

Having Positive Social Emotional Skills and Relationship

Yati is a happy girl who enjoys social interactions with others. Yati is increasingly responsive to her environment and caregivers. Yati consistently responds positively to familiar adults' and peers' voices and social interactions by smiling, waving her arms or kicking her legs. For example, during circle time, she smiles or moves her arms and kicks her legs when the teacher or her mother sings the "Hello Song" along with the rest of the children in the class. During the Meet and Greet routine, when a peer tapped Yati on the forearm while singing and said, "Hi!", Yati turned her head to face Tara and smiled at her. She also responds by moving her head from left to right, and saying "ah ah" in a happy tone of voice, when given a hug by caregivers or when she is enjoying the activity, both at home and at the EIPIC centre.

Yati is starting to vocalise when she wants something from caregiver in play. For example, during circle time and play time, when the adults stop singing, Yati will make some sounds to request for the singing to continue. Yati can follow a person's gaze to establish joint attention for more than one second.

Acquiring and Using Knowledge and Skills

Yati is starting to use simple motor actions (e.g., grasping and releasing) to explore different toys of interest that are placed within her reach. During play time, when the teacher places Yati's favourite furry rattle in her hands, she can reflexively close her fingers around it. When given a cause and effect toy with a big push button, with some physical support, Yati is able to push the button to light the toy up.

Yati is starting to move her body during play. When the teacher shakes the rattle near Yati's ear, she will attempt to roll from her stomach to her back, in the direction of the rattle, to reach for it. She likes to be tickled and attempts to reach out for the warm blanket her mother uses to tickle her face by bringing her hands upward. When the teacher activates the musical pop-up toy with flashing lights during playtime, Yati expresses her delight by turning her head towards the toy while babbling or cooing as the music plays.

[2] This narrative summary uses ECTA's 3 Global Child Outcomes to summarise the child's profile (ECTA, 2015b) - Refer to item 1 of Writing a Narrative Summary Checklist.

Taking Appropriate Actions to Meet Their Needs

Yati loves her porridge and pureed fruits (e.g., banana, apple sauce). She is beginning to accept semi-solid food presented on a spoon. During snack time, when her mother scoops a spoonful of porridge and feeds Yati, she is able to adequately open her mouth and seal her lips around the spoon. Yati sometimes opens her mouth spontaneously to indicate that she wants more food. Yati is also starting to wipe her own hands using a wet tissue before meal times. For example, when a tissue is placed in her right hand, Yati holds the tissue with her fingers and wipes her left hand when a caregiver provides some support to assist Yati to move her left hand, at home and at the EIPIC centre.

Assessment - Goal setting

The team agreed that the narrative summary accurately captured Yati's current level of functioning. In consideration of her family's priorities and existing information on Yati, the team identified three priority areas for her IEP (TD-6):

1. Improve Yati's communication by finding a suitable way for her to indicate her needs.
2. Develop Yati's gross motor and fine motor skills so that she is more mobile to engage in play activities for enjoyment and learning.
3. Obtain a new wheelchair for Yati that supports her weight and size better. A new wheelchair can increase Yati's engagement and participation in daily activities.

With the priority areas confirmed, the team proceeded to draft the IEP goals using the Goal Functionality Scale III format (McWilliam, 2009) (TD-6). The team will discuss these potential goals with Yati's parents at the PTC. Some examples of possible IEP goals were:

- Yati will participate at home during ____, and at EIPIC during snack time and play time by raising her hand to reach towards and/or touch the desired object to indicate her intention to play with the object or be fed. We know that she can do this when she does the above 3 times for each routine 5 consecutive days in a week over 4 weeks.

- Yati will participate at home during ____, and at EIPIC during play and circle time by using one or both hands to reach, hold and perform simple manipulation (release, place, turn, insert) to explore and play with toys. We know that she can do this when she does the above 3 times per routine 5 consecutive days in a week over 2 weeks.

After the pre-PTC meeting, the teacher contacted Yati's parents to finalise the PTC date and explain to them the purpose of PTC and their involvement. Once the PTC date was confirmed, the teacher informed the team members and sent Yati's parents a letter with the PTC date and details. She also sent Yati's narrative summary to her parents for their preparation for the PTC (FCP-P1, FCP-P2).

Parent-Teacher Conference (PTC)

The teacher greeted Yati's parents outside the meeting room. She engaged in conversations with them and thanked them for coming for the PTC. The teacher guided Yati's parents into the meeting room and introduced the team to them. The OT noticed that Yati's mother had a scratchy voice, and offered her a cup of warm water. Yati's mother was appreciative of the gesture of concern (FCP-R1). After everyone settled down, the teacher explained the purpose of the meeting, the estimated duration of the meeting, and both parents' and professionals' role in developing the IEP. The teacher then paused and checked if Yati's parents had any questions about the PTC. They understood and did not have further questions (FCP-P1, FCP-P2).

The teacher summarised the parents' last reported priorities for Yati and sought clarification from them if their concerns remained the same. Yati's mother said that their priorities remained the same and they observed that Yati was more responsive towards others after attending the EIPIC class. Both Yati's parents were very appreciative for what the team had done for Yati and the family. The teacher acknowledged the parents' appreciation and also re-affirmed their contribution towards Yati's progress. She then continued to briefly explain the process of IEP formulation, beginning with how all the information was gathered and proceeded to the development of the narrative summary (FCP-P1, FCP-P2).

Yati's parents had read the narrative summary sent to them by the teacher a week before the PTC. Yati's dad commented, "The narrative summary you wrote is pretty accurate. Thank you. I can see you know my daughter and understands what she likes and what she can do". The teacher acknowledged Yati's father's comment and thanked both parents for taking the time to read the narrative summary. The teacher commented that Yati was a sociable girl who responded to her name and enjoyed interaction with others despite her physical limitations. The teacher related a play session when Yati pushed a button to activate a cause and effect toy, smiled broadly and moved her head towards the teacher. The SLT shared that Yati was starting to babble or make grunting noises during her interactions with her. Yati's mother added that recently Yati had tried to say, "Ma," but it was often unclear. The teacher noted Yati's mother's observation (FA-1).

After spending five minutes discussing the narrative summary, the teacher shared the three IEP priority areas for Yati and how they were linked to their priorities; her parents were pleased to know these were aligned with their priorities (FCP-R3). A recommendation of a new wheelchair that was more tailored to the height and weight of Yati was a pleasant addition and Yati's mother shared that it would be helpful. However, she was concerned if the family could afford the new wheelchair. The SW shared that she had explored some funding to help Yati acquire the new wheelchair and that her parents were likely only to pay a nominal fee. Yati's father thanked the SW twice to show his appreciation. He also agreed on the three priority goals for Yati.

The teacher then shared the first IEP goal:

> *"Yati will participate at home during ____, and at EIPIC during snack time and play time by raising her hand to reach towards and/or touch the desired object to indicate her intention to play with the object or be fed."*

The teacher briefly explained how Yati's current level of functioning and her next level of functioning (i.e., Zone of Proximal Development) led to the formulation of the goal. The teacher checked with Yati's parents on their observations of Yati at home. Her parents agreed with the goal and shared that Yati was starting to indicate her intention to play or be fed by moving her hand, although she was not consistent in doing so (FCP-P2). The teacher encouraged her parents to identify home routines during which they could practise the goal with Yati. However, Yati's mother was observed to have difficulty in identifying a suitable home routine. The OT then prompted Yati's parents to identify a home routine during which Yati had the most opportunity to indicate her intention to play or be fed. Yati's mother thought for a while and identified lunch and dinner time. She preferred not to include breakfast time. This was because morning was a hectic period for everyone in the family as they would be either getting ready for school or work. The teacher acknowledged the input from Yati's mother and sought consensus with Yati's father before writing down the home routine (FCP-R3, FCP-P2). She then moved on to the acquisition criteria:

> *"We know that she can do this when she does the above 3 times for each routine for 5 consecutive days in a week over 4 weeks."*

Yati's parents agreed with the criteria. They said that Yati might not indicate her intention as often because they might not have given her the opportunity to do so. The OT and SLT acknowledged parents' awareness and explained the purpose of routines-based intervention. Based on Yati's profile, the goals and skills to be practiced were purposely embedded in Yati's routines in EIPIC and at home (FI-1, FI-2). Both Yati's parents nodded in agreement and the teacher continued the discussion with the three IEP goals with Yati's parents. During the discussion of each IEP goal, the teacher ensured that Yati's parents were given opportunities to clarify or ask questions.

After writing all four IEP goals down, the teacher went through all the goals briefly again and asked Yati's parents if there was a specific goal that they needed more help with at home. Yati's parents discussed this with each other for a while. Subsequently, Yati's mother said that she found it more difficult to facilitate Yati's exploration and play with toys due to Yati's limitations in her fine motor skills. In addition, Yati's mother found that Yati seldom listened to her instructions. The OT acknowledged her concerns and shared that she and the teacher could support her through caregiver coaching when Yati's parents were in the classroom. Yati's mother agreed and her husband was also satisfied with the plan (FCP - P1).

The teacher also informed Yati's parents that they would schedule a second home visit to support parents in implementing the goals and intervention at home. Yati's mother voiced concerns about the home visit timing, and the team reassured the mother that they would schedule it at a time that was most convenient for Yati and her parents (FCP-P1, FCP-2, FCP-3).

"Thank you so much for coming in and for all your valuable input regarding Yati's IEP goals!" the team said to the parents as they finished the meeting. After the parents left, the team remained behind to finalise the IEP goals.

After the PTC, the teacher drafted the short-term objectives for the IEP goals and sent them to the team for their input. With the team's responses, the teacher later spoke with and explained

to Yati's parents the finalised IEP (with short term objectives) and Individual Caregiver Support Plan. This was done via teleconference with parents. She checked if Yati's parents had further edits or questions, which they did not. Once the IEP was finalised, Yati's parents signed on it and a copy was given to them (TD-6, FCP-P1, FCP-P2).

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Chapter 8

INTERVENTION WORKFLOWS AND CASE STUDY

SOP | 4: INTERVENTION IMPLEMENTATION - INTERVENTION WORKFLOW AND TIMEFRAME

1. Timeframe for implementation of Individualised Education Plan (IEP) (By all members)

i. For a new child: Immediately following first parent-teacher conference (PTC)
ii. For an existing child: After reviewing PTC
iii. The team will work closely together to implement the child's IEP

2A. The teacher develops the Routines-Based Schedule (RBS) with the team's inputs

i. Teachers develop and review the RBS on a monthly basis or when the IEP goals/ objectives are met, whichever happens earlier.
ii. The team uses the RBS as a tool to embed learning opportunities within the class routines and to monitor the child's progress.

2B. The teacher develops the activity plan with the team's inputs

i. The team implements the Activity Plan with variations that can be used over a period of two weeks.
ii. The team regularly reviews the Activity Plan and/or IEP goals and objectives to suit the child's zone of proximal development.

3. Conducting regular team meetings

i. Formal team meetings should be conducted at regular intervals (e.g., once a month for different children as needed) and can be initiated by any team member) during dedicated team meeting times.
ii. At least two days before each meeting, the team member (teacher or AHP) who initiated the meeting will email all team members the meeting agenda for the particular child/ children. Agenda sent should include:
    - Child's name, class name and areas for discussion.
    - Estimated duration for each agenda to facilitate meeting productivity.
iii. Other team members may add items to the agenda. The agenda is finalised one day before meeting.
iv. The person who initiated the meeting (initiator) facilitates the meeting and other members support the team discussions by sharing information and their observations across domains.
v. The initiator of the meeting designates one team member to document discussions in a designated form and all team members should take turn to scribe.
vi. A clear action plan is discussed and finalised at the end of each meeting.
vii. If an additional team meeting is required, the initiator will make the necessary arrangements.

Objectives of regular team meetings[1]

- To determine the progress of children in the class (i.e., what currently is or is not working, what has been tried) according to priority guidelines and to identify appropriate follow-up plans.
- To provide an opportunity for colleague-to-colleague coaching to support each other in working with families (support role support/ role release and cross sharing).
- To share necessary resources, support, and information.
- To organise and schedule joint intervention/ visits to support team members.

Guidelines for prioritising agenda for team meetings

- Review children who may require adjustment to their IEP goals
- Identify common behaviour intervention plan for challenging behaviours.
- Discuss caregivers' support plan for those who require more support.
- Discuss necessary educational placement, internal transfer and/or service referral.
- Other concerns or issues pertaining to child or family.

10. All documentations should be filed in the intervention file.

[1] Rush, D. D. & Shelden, M. L. (2008). Guidelines for team meetings when using a primary coach approach to teaming. CASEtools, 4(2), 1-10. http://www.fipp.org/static/media/uploads/casetools/casetool_vol4_no2.pdf

SOP NOTES

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

2A i **2B ii**

FA-2 Observing the child's functioning across multiple settings over time

FA-3 Assessing all domains within the context of the same activity/routine

FA-5 Using contextually relevant interactions to observe child's behaviour

1iii

FI-4 Using developmentally appropriate activities

FI-5 Facilitating active child engagement for the child to learn

2A ii **2B ii**

FI-2 Embedding learning opportunities within the context of daily routines and activities

2A i **2B ii**

FI-8 Pitching the Intervention at the child's zone of proximal development

TRANSDISCIPLINARY TEAM PRACTICE

2A ii **2B ii**

TD-1 Having members share discipline-specific expertise as well as respect and demonstrate cross-disciplinary sharing in all processes of the child's intervention

TD-2 Having members engage in cross-disciplinary coaching to facilitate team members' knowledge and skills across disciplinary boundaries

3 ii **3 iii**

TD-3 Discussing the child's functioning across domains

3 iv

TD-5 Ensuring documentation is shared and accessible

2A ii **2B i**

TD-6 Jointly developing and owning common goals and intervention plan

2B ii **3 i**

TD-7 Ensuring ongoing communication and dedicated time for formal team discussions

SOP | 4: INTERVENTION IMPLEMENTATION - INTERVENTION WORKFLOW AND TIMEFRAME (cont.)

4. Caregiver coaching

i. **In the Home:** The teacher (keyworker) and another relevant team member conduct a subsequent home visit to provide caregiver coaching for embedding intervention within home routines and to address parents' current concerns. Home visit is documented in the Home Visit Form.

ii. **In the Class:** Follow-up 1-to-1 caregiver coaching at the centre to consolidate caregiver's skill. Four to six consecutive and regular in-class coaching sessions include the following stages in building parents' competence and confidence:

- Parents begin to understand the application of the intervention strategies shared in an identified routine/activity (1 session).
- Parents receive multiple opportunities for practice with guided feedback in the identified routine/activity (1-2 sessions).
- Parents demonstrate increasing ability to use strategies in the context of the identified routine and home or other settings (e.g., 1-2 sessions).
- Parents demonstrate confidence and independence in using strategies in the context of the identified routine and home or other settings (e.g., 1 session).

5. Ongoing progress monitoring, evaluation and documentation

i. The team regularly updates the progress of the child by monitoring the child's progress in his/her IEP goals and/or objectives, on a weekly or bi-weekly basis.

ii. The team regularly updates the coaching progress for caregivers in the child's case file.

iii. The child's functioning is monitored using a variety of methods and from multiple sources (i.e., observation in naturalistic contexts, family report on child's participation in home routines).

iv. The teacher conducts a parent interview on home routines to obtain a comprehensive update on the child's functioning within home routines or obtain updates on the home routines. Updates are documented in the Parent Interview on Home Routines Form.

6. Pre-PTC Meeting

i. The team discusses and reviews the child's IEP, progress, and current functioning.

ii. The teacher (keyworker) drafts the Narrative Summary based on ECTA's 3 Global Child Outcomes headings.

7. The teacher (keyworker) sends a letter to parents to inform them of the agreed date for parent-teacher-conference.

8. PTC

9A. For non-graduating children, team including parents continues intervention and documentation.

9B. For graduating children, team including parents continues intervention and works on transition to school and discharge from the EIPIC.

10. All documentations should be filed in the intervention file

SOP NOTES

FAMILY-CENTRED PRACTICE

5 iv

FCP-P1 Facilitating parents in making informed choices and decision-making through discussions and exchange of information

4 i **4 ii** **5 iv** **7** **8** **9A** **9B**

FCP-P2 Engaging parents in the entire processes of the child's intervention as active team members and equal partners as well as key decision-makers

4i **4ii** **7**

FCP-R1 Creating a positive and warm relationship, treating family members are active team members

4 i **4 ii**

FCP-R2 Respecting every family's culture, strengths and uniqueness (dynamics/strengths/stressors/resources/needs).

FCP-R3 Addressing parents' priorities and concerns in a timely manner.

FCP-R4 Engaging parents effectively by using easy to understand and jargon-free language.

FCP-P3 Empowering families through coaching to utilise their strengths and learn new skills to support their child's learning and development.

NATURAL AND INCLUSIVE ENVIRONMENT
DEVELOPMENTALLY APPROPRIATE INTERVENTION
FUNCTIONAL AND ACTIVE CHILD ENGAGEMENT

5 iii **5 iv**

FA-1 Gathering information about the child's functioning from multiple methods and sources (e.g., people and materials/tools)

4 ii

FA-6 Identifying and explaining what the child can do based on knowledge of child development

4 ii **5 i** **5 iii** **5 iv**

FI-1 Embedding intervention across multiple settings and caregivers

4 i **4 ii** **5 iv**

FI-2 Embedding learning opportunities within the context of daily routines and activities

4 i **4 ii** **5 iii** **5 iv**

FI-7 Integrating multiple domains and skills within the context of the same activity/routine

CASE STUDY – CONTINUED

INTERVENTION IMPLEMENTATION

Classroom Intervention Planning and Preparation

After the IEP was finalised, the teacher integrated Yeti's IEP goals/objectives into a Routines-Based Schedule (RBS). The lead teacher printed and pinned the RBS onto the notice board for easy reference of all team members. The RBS provided a quick glance of the embedded learning opportunities in each class routine for each child. The RBS also allowed the team to monitor the children's progress and goals. An extract of the RBS is provided below (Diagram 8.1).

Intervention Planning - Routines-Based Schedule

Routine	Yati	John
Arrival	Wave to indicate "Hi" to familiar adults and friends.	Carry out 1-step instruction within context. Wave to indicate "Hi" to familiar adults and friends.
Meet and greet friends	Wave to indicate "Hi" to familiar adults and friends.	Use gestures to make a request.
Play	Use gestures (i.e., reach or touch) to indicate her preference. Reach and hold toys to play.	Use gestures to make requests. Drink from cup.
Learning Time	Maintain sitting position in the special chair to participate in activities. Reach and hold toys to play.	Carry out 1-step instruction within context.
Snack Time	Use gestures (i.e., reach or touch) to indicate her preference.	Use gestures to make requests. Drink from cup.
Closing	Wave to indicate "Bye" to familiar adults and friends.	Wave to indicate "Bye" to familiar adults and friends.

Diagram 8.1. An extract of the Routines-Based Schedules for Yati and her classmate John

Intervention Planning - Team Meeting

After working with Yati for a month in class, the teacher decided that she wanted to discuss about Yati's progress in class with the team. More specifically, she wanted to discuss the restructuring of the class environment to maximise Yati's learning and access, and Yati's seating arrangements. The teacher arranged for a team meeting and included her supervisor in the meeting for supervision and coaching purposes. The meeting agenda was sent to the team one day before so that everyone had time to prepare for the meeting (TD-7). On the day of the meeting, after team discussion, the following suggestions were made:

- The occupational therapist (OT) suggested that mats be placed on the classroom floors for safety reasons as most of the children in the class had some form of physical floppiness, developmental delay or physical disability.
- Yati should be wheeled into the classroom and positioned such that she could view the classroom, the door and her classmates entering the classroom. This would increase her awareness of her classroom surroundings and her peers. The purpose was to create opportunities for Yati to socialise and enjoy being near others (FI–4).

- Yati should always be wheeled or seated next to the shelf so that her mother may easily access items such as tissues and wet wipes in the event of accidents (e.g., drooling).

- The teacher would be coached by the OT in positioning Yati to face her classmates and teachers during circle time. The teacher would also be guided by the OT in setting up the tables and chairs for the learning areas in the class (TD-1; TD-2; TD-6).

- The teacher would place developmentally appropriate toys of children's interests on open shelves. For Yati, toys of interest should be placed on a higher shelf aligned to her eye level when she is seated on the wheelchair or seating support.

- The OT and Physiotherapist (PT) had selected an appropriate wheelchair. The PT had finalised the seating arrangements across all routines to maximise Yati's participation in class activities. The OT showed the team the set up and provided strategies on how to properly position Yati on her wheelchair.

Intervention - Ongoing Supervision and Coaching during the Preparation for Child's Intervention

The teacher requested more support during play and learning time as Yati was not using gestures to indicate her preferences and there were limited activities and toys that motivated her to reach out and hold objects. The OT and the speech and language therapist (SLT) agreed that Yati required more intensive support. They aimed to attend the play and learning time for four weeks to share, coach and provide coaching to the teachers regarding how Yati needed to be positioned and facilitated to interact and participate in the routines and activities better. The team agreed with the plan and would review the plan in three months' time. After the team meeting, the teacher approached the senior teacher to seek support in implementing the routines-based intervention in class. She was new to the concept of routines-based intervention and felt restricted in providing learning opportunities within each routine.

To help her, the senior teacher worked with the teacher to break each routine down into activities and then each activity into tasks, as an example, to help her understand where she could incorporate Yati's IEP goals. The teacher found the breakdown useful for her to understand routine but also found it difficult for Yati to do every task. As such, she formatted in bold the tasks to focus on for Yati and sought input from the OT and SLT to incorporate the necessary strategies into the plan (TD-2, TD-7).

The following pages are a sample of the routine breakdown that the senior teacher and teacher came up with. Some of these embedded learning opportunities were subsequently integrated into Yati's RBS that was used in the EIPIC centre.

Routines	Activities	Possible Tasks Involved	Strategies
Arrival	Greeting the teachers at the door upon arrival	▪ Waiting at the door ▪ Greeting the teacher who is standing to welcome the children ▪ Responding to teacher's greeting: "Hello! Good morning! How are you?"	Caregiver pushes Yati in her wheelchair to the wait at the door. Stoop to the eye level of Yati, smile at her and wait for Yati to respond. Wave your hands and say "Hi!", and wait for Yati to respond. Provide hand over hand support to move Yati's hands to wave "hi". Praise any effort shown.
	Opening the door to enter the classroom	▪ Reaching out for door handle ▪ Turning the knob ▪ Pushing the door open ▪ Moving into the room	When reaching the door, stop, and ask, "uh oh, what should we do?" and then look at Yati. Wait for her response. When Yati responds by turning her head, vocalising or by being excited, reinforce by opening the door and pushing Yati into the classroom.
	Taking off her shoes	▪ Sitting down on the wheelchair or on the floor ▪ Removing socks and shoes ▪ Placing the socks and shoes on the designated rack ▪ Placing bags on the designated shelf	Pause and wait for Yati to initiate a response (i.e., smile, vocalisation, eye gaze, moving her limbs) before carrying out each step of the routine. **Example:** Wait for Yati to initiate eye gaze before physically lifting her off the wheelchair to sit her on the floor with support.
	Joining the group	▪ Sitting in a circle and waiting for the group ▪ Waiting for the next routine	When placed in the circle waiting for the next routine, the teacher will describe the next step in the routine. Pause to wait for response to demonstrate acknowledgement (i.e., Yati to smile or establish eye contact).
Meet and Greet Friends and Circle Time	Seating in a circle		Choice of Hi-5 friend songs to encourage children to greet each other with a Hi-5. The teacher/caregiver demonstrates the action to Yati and practises it with her once. Next, the teacher/caregiver places her hand or a peer's hand next to Yati's hand – following any movement of Yati's hand to touch the other person's hand, acknowledge and praise her effort.
	Singing the greeting song	▪ Listening to the teacher's instruction ▪ Singing the song ▪ Doing the actions associated with the song	
	Calling friends' name in the song	▪ Looking at the friend whose name was called ▪ Greeting the friend ▪ Smiling at the friend	Pause the actions in the group at Yati's turn, everyone calls out Yati's name and waits for response from her (i.e., Yati to smile, establish eye contact, vocalize or make a movement).
	Recognising when her own name is called and responding to her peers	▪ Listening out for her own name to be called	When each name is called out, repeat the name and facilitate Yati to look towards the friend whose name was called. Teacher will facilitate proper positioning (at 90 degrees, flexion at hips, less than 90 degrees flexion at waist and less than 90 degrees flexion at neck to prevent extensor tone) and facilitate some initiation of neck rotation and control.
Free Play Time	Waiting for the next routine	▪ Waiting in the circle time area ▪ Moving to the play area	Before moving, inform Yati of the transition. Pause and wait for Yati to respond i.e., smile, establish eye contact, vocalize or make a movement before moving her to the play area.

Routines	Activities	Possible Tasks Involved	Strategies
Free Play Time (cont.)	Choosing toys to play	▪ Looking at the toys available on the rack/toy area	Yati is wheeled to the free play area and toys are placed strategically in her line of sight. The teacher/caregiver positions her for head stability, in slight flexion, and then allows Yeti the time to stabilise her head and facilitates visual scanning for the toys placed in front of her. The teacher may place a mirror behind the toys to look at the scanning attempt by Yati.
		▪ Choosing a toy by reaching out for it	Ask Yati which toy she likes. Place two choices of toys near her hands. The teacher/caregiver follows Yati's eye gaze to interpret her choices. Facilitate Yati in reaching out for the toy she desires by placing the 2 toys about 3cm above her right or left hand. Any movement towards the toy will indicate her choice.
		▪ Using the appropriate hand skills to manipulate and play with the toys	Wait for Yati to open her palms for the toy of her choice to be placed on her palm. The teacher/caregiver (coached by the OT) stabilises her elbow and wrist in a flexed posture to discourage extension tone and to facilitate flexion extension of finger for the opening and closing of the palm to hold the object of choice.
	Returning toys	▪ After playing with one toy for some time, bringing the toy to the rack to keep and choosing another toy to play with ▪ Giving the toy back to the teacher	Teacher models for the caregiver as she initiates and asks Yati if she would like to keep the current toy or choose another toy, and waits for Yati's response. If Yati wants a new toy, Yati is to push the toy in her hands towards the teacher/caregiver. Ask Yati to open her palm to hand the toy to the teacher/ caregiver. Time is given for Yati to respond.
	Interacting with peers and teachers as they play with the toys	▪ Being aware of peers and what they are doing	
		▪ Interacting with peers by touching, vocalising, playing together and sharing	The OT coaches the teacher/caregiver to position Yati facing her friends and the SLT cues Yati on where her friends are and what their names are. The SLT models to the teacher the approach to facilitate identification of faces by smiling or turning their head towards friends, vocalising or reaching out to them.
		▪ Sitting side by side with the peer chosen	The SLT models for the teacher/caregiver, prompting Yati by asking her which friend she would like to be with, and wait for Yati to respond by eye gaze, hand movement or vocalisation. The teacher then reinforces Yati's response by facilitating her movement towards the friend she chose.
	Waiting for the next routine	▪ Listening to the teachers' instruction	Give instructions to Yati by stooping to be at Yati's eye level.
		▪ Moving to the structured play time area	Before moving, inform Yati of the transition. Pause and wait for Yati to respond i.e., smile, establish eye contact, vocalize or make a movement before moving her.

Routines	Activities	Possible Tasks Involved	Strategies
Structured Play Time	Arriving at the structured play time area	▪ Looking at the range toys/ materials ▪ Choosing the toy of choice – cause and effect learning toy for colours, shapes, placing toys into containers etc.	Push Yati in her wheelchair to the structured play area where toys and materials are placed strategically in her line of sight. The teacher, with coaching from the OT, positions her head for stability, in slight flexion, and then allow Yati the time to stabilise her head and facilitate visual scanning for the toys placed in front of her. The teacher may place a mirror behind the toys to look at the scanning attempt by Yati.
		▪ Reaching out to take the desired item ▪ Requesting for help when needed	When Yati moves her hand to reach out for the desired learning item, the item will be placed near her palm to wait for her to attempt to open her hands in order for the toy to be placed into her palm. The teacher, with coaching from the OT, stabilises the elbow and wrist in a flexed posture to discourage extension tone and to facilitate flexion extension of finger for the opening and closing of the palm to grasp.
	Using toys/ materials functionally and appropriately	▪ Bringing the toy to the floor/table ▪ Giving the toy back to the teacher ▪ Using appropriate hand skills to manipulate and play with the toys/materials ▪ Requesting for help when needed	Ask Yati which toy she likes. Place two choices of toys near her hands. The teacher/caregiver follows Yati's eye gaze to interpret her choices. Facilitate Yati in reaching out for the toy she desires by placing the 2 toys about 3cm above her right or left hand. Any movement towards the toy will indicate her choice. To wait for Yati to open her palms for the toy of her choice to be placed on them. The teacher, with coaching from the OT, stabilises the elbow and wrist in a flexed posture to discourage extension tone and to facilitate flexion extension of finger for the opening and closing of the palm to grasp.
	Interacting with peers and teachers while playing with the toys	▪ Interacting with peers and adults as they play with the toys	Teacher positions Yati facing her friends and cues Yati on where her friends are and what their names are. Teacher will facilitate identification of faces by smiling or turning their head toward friends, vocalising or reaching out to them.
	Responding appropriately to given facilitation by teachers or peers	▪ Attending to the teacher's prompts ▪ Responding accurately to teacher's prompts ▪ Repeating actions and behaviour consistent with learning (e.g., learning what the colour blue is)	Using Yati's choice of learning toy, use voice or touch to help Yati attend to teacher's instructions. When Yati responds i.e., smile, establish eye gaze, vocalize or make a movement, reinforce with praise, stroking of her head, and saying "well done".
	Waiting for next routine	▪ Waits for next routine	
Snack Time	Going to the toilet to wash her hands before snack time	▪ Moving to the sink ▪ Waiting in line ▪ Observing to know what to do	Teacher narrates the sequence of steps to Yati as she goes through the routine of washing up before snack time. At each step the teacher will engage Yati by waiting before continuing or deliberately carrying out the wrong action and waiting for Yati's response. For the washing of hands, Yati will use the lower basin and she will be positioned to extend her hand to the tap.

Routines	Activities	Possible Tasks Involved	Strategies
Snack Time (cont.)	Washing hands	▪ Moving to the edge of the sink ▪ Reaching out to turn on the tap ▪ Placing hands under the water tap ▪ Reaching out for the soap dispenser ▪ Pressing the knob to dispense the soap ▪ Rubbing hands with the soap ▪ Rinsing the soap off the hands	Teacher narrates the sequence of steps to Yati as she goes through the routine of washing up before snack time. At each step the teacher will engage Yati by waiting before continuing or deliberately carrying out the wrong action and waiting for Yati's response. Let Yati use the lower basin to wash her hands. The teacher/ caregiver facilitates Yati to extend her hands to the tap to wash her hands.
	Drying her hands with a cloth	▪ Locating the cloth for wiping and drying hands ▪ Reaching out to the cloth to dry hands ▪ Drying hands using the cloth	Place the cloth in Yati's hand and wait for her to hold the cloth. Facilitate her other arm to bring it to her midline so Yati can dry her hands with the cloth.
	Waiting for others to complete hand washing	▪ Waiting for others ▪ Taking out food container in preparation for snack time	Asks Yati to identify her container, and teacher to facilitate her reaching for the food container by placing the container near her hand. Wait for Yati to make any move or change the direction of her gaze. Once the choice is made, the teacher will ask Yati if she wants some help to open the container. The OT coaches the teacher on how to open the lid and place the open lid near Yati's hand, so Yati may grasp the lid easily.
	Opening her food container	▪ Reaching for food container ▪ Taking off the lid of food container ▪ Taking the food out to eat	Asks Yati to identify her container, and facilitate her to reach for the food container by placing the container near her hand. Wait for Yati to make any move or change the direction of her gaze. Once the choice is made, ask Yati if she wants some help to open the container. The OT coaches the teacher on how to open the lid and place the open lid near Yati's hand, so Yati may grasp the lid easily. Teacher/caregiver waits for Yati to indicate that she wants the food – by smiling, establishing eye contact, vocalizing or making a movement.
	Feeding herself	▪ Removing the food wrapper (if applicable) ▪ Handling the food (with fingers/utensils) ▪ Bringing the food to the mouth ▪ Chewing the food ▪ Swallowing the food ▪ Eating the food until its finished or he/she is feeling full	Teacher/caregiver waits for Yati to indicate that she wants the food – by smiling, establishing eye contact, vocalizing or making a movement.

Routines	Activities	Possible Tasks Involved	Strategies
Snack Time (cont.)	Asking for more food	▪ Requesting for more food ▪ Taking the food provided ▪ Chewing the food Swallowing the food ▪ Eating the food until its finished or he/she is feeling full	Teacher/caregiver waits for Yati to indicate that she wants the food – by smiling, establishing eye contact, vocalizing or making a movement.
	After finishing her food	▪ Going to the sink to wash hands	Teacher narrates the sequence of steps to Yati as she goes through the routine of washing up before snack time. At each step the teacher will engage Yati by waiting before continuing or deliberately carrying out the wrong action and waiting for Yati's response. For the washing of hands, Yati will use the lower basin and she will be positioned to extend her hand to the tap.
		▪ Drying hands	Teacher narrates the sequence of steps to Yati as she goes through the routine of washing up before snack time. At each step the teacher will engage Yati by waiting before continuing or deliberately carrying out the wrong action and waiting for Yati's response. For the washing of hands, Yati will use the lower basin and she will be positioned to extend her hand to the tap.
	Closing her container	▪ Taking the lid ▪ Placing the lid on the container ▪ Keeping the container away	The teacher places the open lid near Yati's hand and waits for Yati to grasp the lid. Ask Yati if she would like to close the lid. Wait for Yati's response i.e., smile, establishing eye contact, vocalizing or making a movement.
Dismissal Time	Preparing for dismissal time	▪ Waiting for others to finish and preparing for dismissal time	Yati sits facing her friends and teacher.
	Seating in a circle	▪ Seating in circle facing one another ▪ Listening to the teacher singing the good-bye song ▪ Singing along with class	Yati to sway her body to move along with song – any response is reinforced
	Waving and saying good-bye to each other	▪ Waving hands to each other ▪ Saying "bye __ (friend's name)" ▪ Going to the shoe rack	Teacher models to Yati the "bye bye" action with hand. Yati's elbow is supported and any movement at the wrist is reinforced.
	Wearing her shoes	▪ Looking for his or her own shoes and socks ▪ Reaching and taking his or her own shoes and socks	Yati is wheeled to the shoe rack which is placed strategically in her line of sight so that she has the ability to look for her shoes. The teacher, with cues from the OT, would position her head in slight flexion, and then allow Yati the time to stabilise her head and facilitate visual scanning for the shoes which are placed in front of her. The OT teaches the teachers how Yati's head can be stabilised, to facilitate the visual scanning.

Routines	Activities	Possible Tasks Involved	Strategies
	Wearing her shoes (cont.)	▪ Wearing shoes and socks correctly	Before wearing her shoes, Yati is asked which foot each shoe goes on, and she is facilitated in moving her hands towards the chosen foot. Any movement response is reinforced.
Dismissal Time (cont.)	Going out of centre	▪ Walking to the door ▪ Turning the door knob ▪ Opening the door and walking out of the centre	When reaching the door, stop, and ask, "uh oh, what should we do?" and then look at Yati. Wait for her response. When Yati responds by turning her head, by vocalising or by being excited, reinforce by pushing the wheelchair towards the door.
		▪ Turning to say bye to the peers and teachers	Stoop to the eye level of Yati, pause and say goodbye. Wait for response. Praise any effort.

The following are examples of what may transpire at the EIPIC centre following the Parent-Teacher Conference during the intervention period to achieve Yati's IEP goals.

EXAMPLES OF EMBEDDING LEARNING OPPORTUNITIES WITHIN ROUTINES

Routine - Arrival

On the day of the class, the assistant teacher ensured that the environment was adequately prepared with padded mats and specific toys of interest. The teacher greeted Yati's mother when she saw her pushing Yati in the wheelchair (FCP-R1), and asked how she was. Yati's mother shared that her husband was posted overseas for a month and it had been challenging for her and helper to look after all three children. The teacher responded, "Oh dear! You must be extremely busy and tired, managing all the children and household chores". The teacher made a mental note of the family's situation and to be mindful of this when coaching Yati's mother on the strategies, providing emotional support and appropriately pacing the coaching (FCP-R1, FCP-R3).

The teacher bent to Yati's eye level and greeted her "Good morning!" She touched Yati's hand firmly and smiled while pausing, waiting for Yati to respond. Yati smiled back, looking at the teacher (FI–4). Following Yati's response, the teacher spoke slowly and clearly, asking Yati, "We will go to class, okay? Mummy will also come," and waited for her response. After Yati looked at her mother and smiled, the teacher began pushing Yati slowly along the corridor towards the classroom.

As they were walking into the classroom, the teacher engaged in conversation with Yati and asked Yati, "Do you miss ayah (daddy)?" (FI-2). Yati attempted to look at the teacher who was standing but when she extended her neck, her body went into an extended posture. Realising this, the teacher lowered herself so that Yati did not have to lift up her head. Yati, looking shyly at the teacher, appeared more relaxed and smiled at the teacher. The teacher repeated the question, and Yati nodded her head while vocalising, "Ah". Her mother heard what Yati was saying and informed the teacher that that Yati might be saying, "Yes!" The teacher acknowledged this, turned back to Yati, smiled and said, "Ayah (daddy) will be home soon". The teacher made a mental note of Yati's attempt to vocalise in response to her questions. She shared this with the Speech and Language Therapist (SLT) who was there preparing some materials for structured play time.

Routine - Meet and Greet Friends

Yati was seated with all her friends in the middle of the classroom. She was in her wheelchair and was observed to be looking at the other children who were moving around. She was observed to jerk into extension when her teacher greeted, “Good morning, children!” The children were quiet at the first greeting but everyone chorused, “Good morning, Teacher!” when the teacher greeted them again. The first scheduled activity was to sing a greeting ‘Hi-5 Friend’ song. The teacher played the music as she encouraged the children to join in. Yati was smiling while the song was playing. The Occupational Therapist (OT) who was there to observe Yati turned to her and commented, “Happy!” while Yati’s hand extended. The OT modelled to the teacher on how to support Yati to hi-5 with her friends. The OT demonstrated by showing the teacher how to position Yati hands to give a hi-5 (TD-2). If Yati attempted to move her hands, the OT encouraged teacher to provide exaggerated praising so as to encourage Yati (FI-5; FI-6; FI-8).

The teacher also provided opportunities for Yati to turn her head in response to her name by introducing the “Greeting-peer” activity (FI-2; FI-5; FI-6; FI-8). The teacher would first initiate by calling a child’s name, “We are going to call our friend’s name. Hello, Shania!” The rest of the children would imitate her calling, “Hello, Shania!”, and turn to look at Shania. When Yati’s name was called, the teacher would pause, wait three seconds, to allow Yati to turn her head towards Shania. The teacher acknowledged Yati’s effort and praised her, “Yati says hello to you, Shania,” and Yati smiled. Again, the teacher repeated the above activity by calling Yati’s name. Yati smiled when she heard her friends say, "Hello Yati!" (FI-6).

Routine - Free Play Time

After the meet and greet routine, the co-teacher went off to prepare the areas for play while the teacher and the other team members engaged and prepared the children for the transition to the free play area (FI – 2; FI-4, FI-5). Yati was cared for by the OT who wheeled her to the free play area. The toys were placed strategically in her line of sight so that she could scan and look for what she would like to play with (FI - 4). The OT modelled to the teacher how to support her head in slight flexion. Subsequently, the OT coached the teacher in stabilising Yati’s head while looking out for any scanning attempt from Yati (TD-1). Yati was observed to be waiting patiently and scanning the toys.

<u>Choosing toys to play</u>

The teacher presented at least two toys at Yati’s eye level and asked her to choose her preferred toy (FI-5). The teacher learnt to use Yati’s eye gaze to interpret her preferred choice of either the yellow chicken toy or the red car. These two choices were then brought near Yati’s hand. The teacher observed that Yati looked intently at the yellow chicken toy and placed the yellow chicken toy about 3 cm first above her right hand and then her left hand. The teacher waited to observe if Yati would attempt to reach out and grasp the toy. When Yati moved her arm towards the yellow chicken toy, the teacher immediately praised her, “Good reaching out! You like the yellow chicken? It's soft!” Yati responded by smiling and looking up to the teacher.

Using the appropriate hand skills to manipulate and play with the toys

The teacher, together with the OT, observed and assessed Yati's use of her arms by placing the yellow chicken toy at her palm (FA-1, FA-3, FA-5). The OT waited to observe Yati's attempt to open her hands for the toy before placing it into her palm. The OT supported Yati's elbow to stabilise it, and bent her wrist so that she could easily open her hand to hold the toy (this discouraged extensor tone so as to facilitate flexion-extension of finger for the opening and closing of the palm to grasp the yellow chicken toy). The teacher then watched as the OT waited for Yati's response who extended her fingers with great effort. The OT then placed the yellow chicken toy near her palm and praised her, "Good holding!" once Yati closed the fingers around the toy.

The SLT modelled to the teacher on how to create another communicative attempt by asking Yati if she would like to have another toy. The SLT first asked Yati if she would like a new toy. Time was given for her to respond, and after about six seconds, Yati opened her hands. The SLT interpreted Yati's action as requesting for a new toy and proceeded to exclaim "You want another toy!" before offering Yati two different toys to choose from (FI-3, FI-4, FI-5, FI-7).

Being aware of peers and what they are doing

The teacher positioned Yati to face her friends while Yati was playing with a toy in her hand. The SLT then cued Yati on where her friends were and what their names were. The SLT asked Shania to give the toy to Yati and then asked Yati to give it to "S... … …" The SLT waited to see if Yati would smile, turn her head towards her friends, vocalise or reach out to them. Yati was observed to smile and look at her friends and the SLT reinforced her response by asking her to choose the peer she would like to sit with. When Yati responded by looking at Shania, the teacher placed her beside Shania. The teacher had Yati placed on her legs so that Yati could sit in proper position. Yati was asked to touch Shania and say, "Hi!". Shania stopped to look at Yati who, after being positioned adequately, was able to reach out to Shania and reciprocate her touch (FI-4, FI-6).

The children continued their play and waited for the next routine: learning time. The teacher assistant went to prepare the learning area to ensure a smooth transition for the children.

Routine – Structured Play Time

Move to the Structured Play Area

Before transiting from the play area, Yati was told that she would be wheeled to the learning area. The teacher paused and waited for Yati to respond, as it was important to provide Yati the opportunity to practise responding consistently (FI-5).

Using toys appropriately and functionally

When Yati was wheeled to the learning area, the learning toys and games were placed again in her line of sight. Yati had a choice of cause-and-effect learning toy or colourful blocks in a container. The teacher asked, "Which toy would you like?" Yati scanned and looked at the container of colourful blocks. Observing what Yati was looking at, the teacher asked, "You want

blocks?", and then paused to wait for Yati to respond (FA-3). Yati continued to stare in the direction of the box with colourful blocks and began lifting up her hand from the shoulder. "That means yes! Yati often does this at home!" Yati's mother exclaimed to the teacher. The teacher acknowledged Yati's mother's input and responded to Yati's communicative attempt by saying, "Okay. This is for you." (FI-5).

The OT was beside Yati and facilitated her in reaching out for the blocks. The OT explained to Yati's mother what she was doing and the reason behind her action (TD-1). The OT positioned Yati's seated posture to 90 degrees between the hip and the thigh, ensuring her neck was slightly bent forward, before proceeding to support her elbow to help her fingers open to grasp the blocks. With help from the OT, Yati was observed to be very happy moving her arm from the side of her body to the front although she had stiff muscle tone. The teacher invited mother to do the same with Yati, affirming Yati's mother when she did it correctly (FCP-P3).

Yati remained in her seat while holding the block in her hand. At the end of that activity, the teacher encouraged Yati to reach out to put away the blocks into the container that was placed close to her. A piece of bubble wrap and a lump of play dough was placed within her arms' reach on the table. She was observed to attempt wrapping her fingers around the play dough on her own (FI-5).

Interacting with peers and teachers while playing with the toys

As Yati was seated on her chair with other children within the vicinity, she sometimes got distracted and stop playing with her toy to smile at the other children. When she did that, she would go into an extensor tonal pattern. The OT would use this as a caregiver coaching opportunity for the mother to ensure that Yati be seated in an optimal position to facilitate her participation of activity and interaction with her peers in the class (FCP-P3).

The teacher prompted one of Yati's friends to walk to her chair and table to pass Yati a puzzle box by asking, "You want?" The teacher encouraged the friend to wait for Yati to respond. Yati looked and smiled at her friend and the teacher acknowledged, "I think Yati wants the puzzle. Josie, you can put it on Yati's table." Yati attempted to reach for the opened box of puzzles and wrapped her fingers around one of the puzzle pieces. The teacher praised Yati, saying, "I like how you reached for the puzzles!" The OT cued Yati's mother by asking, "What can we do to help Yati open and close her hand to hold the puzzle pieces better?" (FI-6). Yati's mother then supported Yati's elbow to stabilise it before bending her wrist. The OT affirmed Yati's mother, saying, "That's right. You stabilised her elbow and bent the wrist. That will help Yati move her fingers to grab things better." (FCP-P3).

Responding appropriately to given facilitation by teachers or peers

As Yati watched her classmates, the teacher sat beside her and said, "Yati, hold the block." Yati was observed to be glancing to the side of the teacher with her eyes and smiling while her hand reached towards the block. The teacher held Yati's elbow firmly and gave her the stability to reach out for the toy, facilitating the task (FI-5). The SLT then commented, "Well done for reaching out!"

Whenever Yati touched the toy, the teacher and Yati's mother would give cheers of encouragement and exclaimed: "Yay! You reached for the toy you wanted!" This was repeated at for two more tries until Yati begun to show signs of fatigue. The teacher acknowledged Yati's efforts and commented, "OK! Yati did a good job. Let us rest!" Yati responded with a slight smile and, with much effort, turned her head towards the teacher. The teacher touched Yati's hand to acknowledge her need for rest while they waited for classmates to finish their activities before transiting to the next routine.

Routine - Snack Time

(Goes to wash up at the sink)

"It's time to wash up for snacks," announced the teacher as a cue for moving from learning time to snack time. Yati's mother wheeled her towards the sink and waited for her turn to wash up. Upon the teacher's instruction, Yati's mother took a wet towel and asked Yati to lift up her hand. Yati was observed to move her upper body upwards, followed by an attempt to lift up her arm; she managed to lift up the hand from the elbow. At this point, the teacher modelled for her mother on how to hold Yati's shoulder down firmly, pausing to let Yati to lift her arms from the shoulders (FCP-P3).

Mother shared, "I used to just grab her arm and wipe her but now I realise that she can actually lift up her hands for me to wipe. She just needed some help to lift her hands up." The teacher acknowledged Yati's mother's awareness and reinforced that she should practice the same strategy at home (FCP-P3). After washing her hands, Yati was wheeled back to the classroom to join her friends at the table for snack time.

Snack time provide many opportunities for Yati to reach out for her preferred food (FI-2). The teacher first observed how Yati's mother created a communicative attempt by presenting Yati a choice of two fruits (banana and papaya) in Ziplock bags. Next, Yati was observed to initiate arm movement to reach towards the papaya (her preferred fruit). However, Yati stopped trying after a while as she was unable to touch the bag. The teacher then intervened by showing Yati's mother how she could help Yati to reach out her hands to touch the bag by stabilising Yati's shoulders. Yati's mother was given opportunities to demonstrate the above with the teacher's coaching. Yati was able to reach out and touch the Ziplock bag with the papaya in it. The teacher praised Yati's mother for her efforts to make feeding a successful experience for Yati (FI-1, FI-2, FI-3, FI-4, FI-5, FI-6).

Feeding Self

The teacher reminded Yati's mother that Yati needed to be positioned optimally for her to participate in feeding. Yati's mother observed how Yati was sitting and then positioned her to sit more uprightly at 90 degrees, as coached by the OT. As Yati was being fed, she looked around at her friends while eating. When Yati was about to finish her first piece of papaya, the teacher asked her mother as part of parent coaching, "Yati is about to finish her papaya. What could you do next to encourage her to communicate her needs to you?". Her mother paused for a moment and then asked Yati, "Would you like more papaya?". Yati smiled and opened her mouth, indicating to her

mother that she would like more papaya. Her mother then continued to feed her more papaya, providing her regular opportunities to indicate if she wanted more papaya.

Yati was observed to be opening her mouth in a more controlled fashion with correct positioning while her mother was feeding her. Yati's mother was pleased to see Yati chewing food without spilling and commented, "Usually at home while eating, the food may slip out of her mouth – but not in class today!" The teacher asked her mother another reflective question, "Why do you think she is chewing her food without spilling?" Her mother expressed, "I'm not sure. At the start of the snack time, you reminded me that Yati needed to be positioned optimally, so I positioned her the way the OT had showed me previously. Do you think it's because she is sitting better, so she is also able to chew her food better?" The teacher nodded and affirmed Yati's mother, saying, "It's likely because Yati's seating posture is proper and this optimised her participation in eating". The feeding session had helped Yati's mother to better understand the importance of seating and posturing and its implication for participation in meal times at home. Yati's mother also told the teacher, "I will share this with her father because he will also feed Yati." (FCP-P3; FCP-P4)

Before snack time ended, Yati's mother took the Ziplock bag, turned to her and requested, "Yati, help to throw please!" (FI-6). Yati's mother wanted Yati to throw the Ziplock bag into a basket that was placed near her hand. Yati looked at her mother and then at the bag, while reaching out for the bag. Yati's mother immediately stabilised her shoulders to help Yati to reach out. Yati's mother had created more opportunities for Yati to assist in packing up after snack time. Specifically, she practiced reaching out for an item, and moving hand-held items towards a basket and opening her fingers to release it into a basket that was placed near to her. The OT was very pleased with Yati's mother's initiation, which demonstrated the use of intervention strategies across different items (FCP-P3).

Routine – Dismissal Time

Sits in a circle

The co-teacher took charge of the dismissal time and the children were asked to sit in a circle, facing each other. The children were encouraged to move their bodies as they sang along to the 'good-bye' song. Yati was observed to be moving herself although her movements were awkward and uncoordinated.

Most of the children were spontaneously raising and waving their hands to one another as they sang the 'good-bye' song. The teacher facilitated Yati in bidding good bye to her friends by supporting her elbow. The stabilising of Yati's elbows allowed her to have control over her wrist to wave. This strategy was shared by the OT three weeks ago and the teacher had been using the strategy to help Yati to wave good-bye (FI-2).

After singing the song, the children moved towards the shoe rack. Yati was encouraged to scan for her shoes. Once Yati had found her shoes, she looked at her mother and then the shoes again. This was an indication for Yati's mother to take the shoes (FI-6). Next, with the coaching from the teacher, her mother waited for Yati to indicate which foot she would like to put the shoe on. After both shoes were worn, Yati's mother wheeled Yati out of the classroom. On the way out of the

EIPIC centre, the SLT who happened to walk pass asked Yati, "Did you have a good day?" Yati responded by showing her a thumbs-up. The SLT noted that Yati looked at her and stretched out her right arm, with bended (flexed) wrist and a thumbs-up when she asked her how her day was after her class has ended, which she recorded as one of the behavioural observations in Yati's case file (FI-7). The SLT responded to Yati's gesture saying, "I'm glad you had a good day!" Yati smiled.

Before leaving the centre, the teacher lowered herself to the level of Yati and said, "Bye, Yati" and Yati smiled at the teacher. Yati's mother shared before leaving she would need some support at home on how to use the same strategies to support Yati's participation in home routines. The teacher noted Yati's mother's comment and made a mental note to bring it up for discussion in the next team meeting, prior to the second home visit.

Intervention – Debrief Team Meeting

The teacher highlighted that Yati had been responsive and participated better in the routines and activities when she was positioned to sit upright on her wheelchair (TD-1, TD-3). The teacher provided some examples of Yati's participation in different routines with different people facilitating her participation, based on the behavioural description notes the team had recorded in Yati's case file. The SLT highlighted examples of Yati's attempts to vocalise or use facial expressions to indicate "yes", and suggested that the team and her caregivers reinforce Yati's communication by acceding to her reply. The OT highlighted that there was some observed simple dissociation in the fingers, based on her assessment and the team's behavioural observations, although it was too early for Yati to work on finer table top activity. The team agreed with the observations shared and noted the given suggestions by the various team members. The teacher completed and filed the team meeting discussion notes in Yati's case file (TD-5, TD-8).

<u>Conducting Regular Team Meetings</u>

Over the past seven weeks of intervention, the teacher had been observing Yati's level of developmental skills in different settings while monitoring Yati's progress in achieving her IEP goals and objectives.

Prior to the scheduled subsequent home visit for caregiver coaching, the teacher sent an email to initiate a team meeting with an attached summary progress to update the team on Yati's progress. She also included the meeting agenda which comprised of updating Yati's progress, reviewing of Yati's IEP goals and objectives, caregiver's coaching and any other concerns that the team might have.

The teacher summarised the team's observations on Yati's progress, made by different team members (TD-3; TD-4; TD-7; TD-8):

- Yati's increased participation in classroom routines was likely attributed to proper posturing, positioning and facilitation.

- Yati had started to indicate her needs and greet others by vocalising and using facial expressions. For example, she sometimes grunts or vocalise sounds when asked if she wanted more food during snack time or to sing the song again during circle time.
- Yati had been indicating her choice by either using her gaze or by reaching out for objects when presented with two items, to communicate her needs.
- Yati's mother also demonstrated increasing confidence and competence in positioning Yati to facilitate her movements during activities in class through caregiver coaching from the OT and teacher.

The SLT agreed with the teacher that Yati demonstrated emerging verbal communication and creating more opportunities for Yati to direct her vocalisations to indicate her needs or to greet others would be helpful, instead of just smiling. The team agreed to focus on expanding Yati's communication by increasing Yati's opportunities to direct her vocalisation to peers and caregivers during classroom activities in the next two months. The teacher updated these embedded learning opportunities in the class' routines-based schedule for Yati with inputs from the team (TD-6).

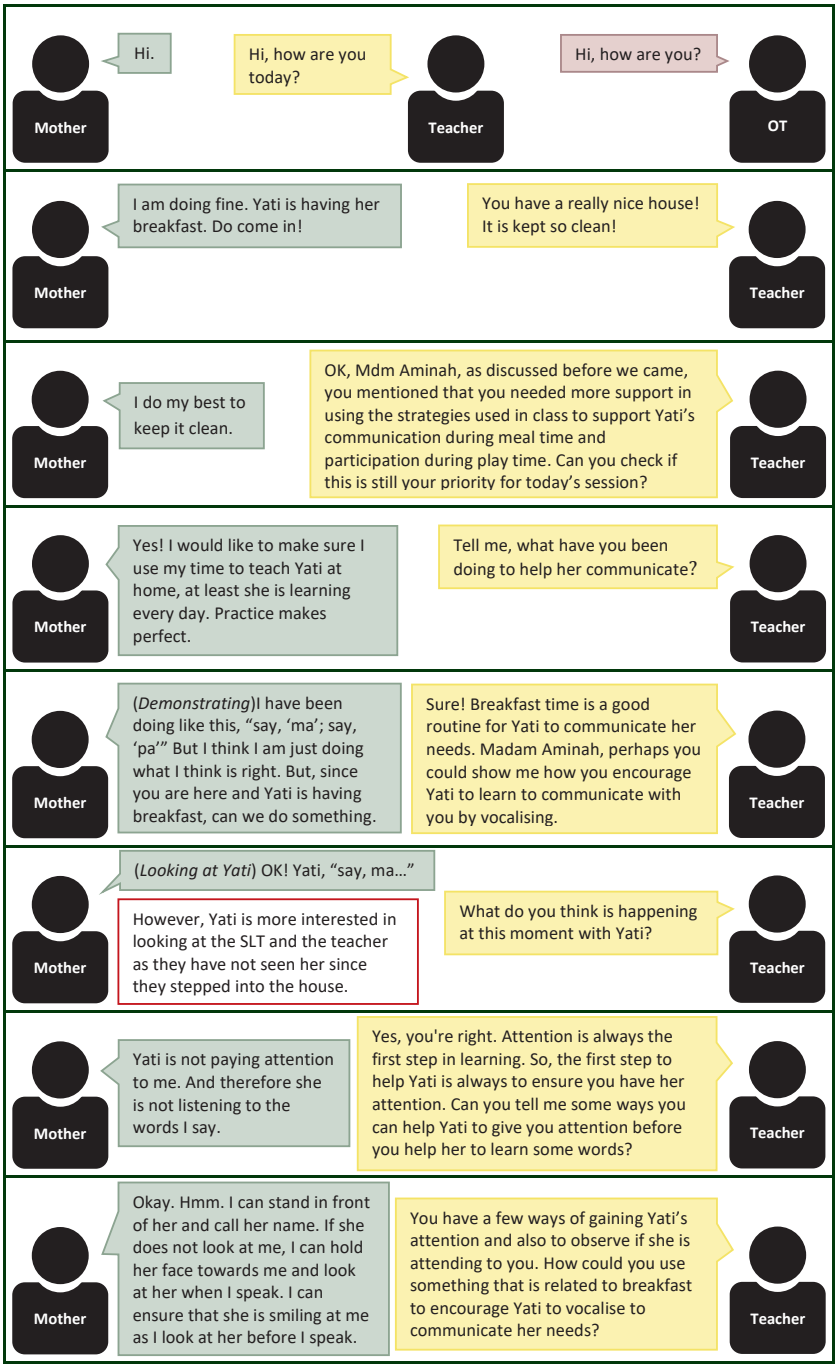
Following the meeting agenda, the teacher moved on to discuss about what else they could do to facilitate Yati's arm and hand movements to help her participate more in class and at home. The OT shared that Yati has limited upper limb movements due to her high muscle tone. The OT suggested that attaching a table top to Yati's wheelchair during work time and feeding time may help Yati keep her upper limb in position, while reducing tone and facilitate some active movement and action. The teacher noted that adding a table top would incur additional cost. The social worker shared with the team that the funding she has supported the family in sourcing will cover the purchasing a table top that would fit Yati's wheelchair (TD-1; TD-2; TD-4).

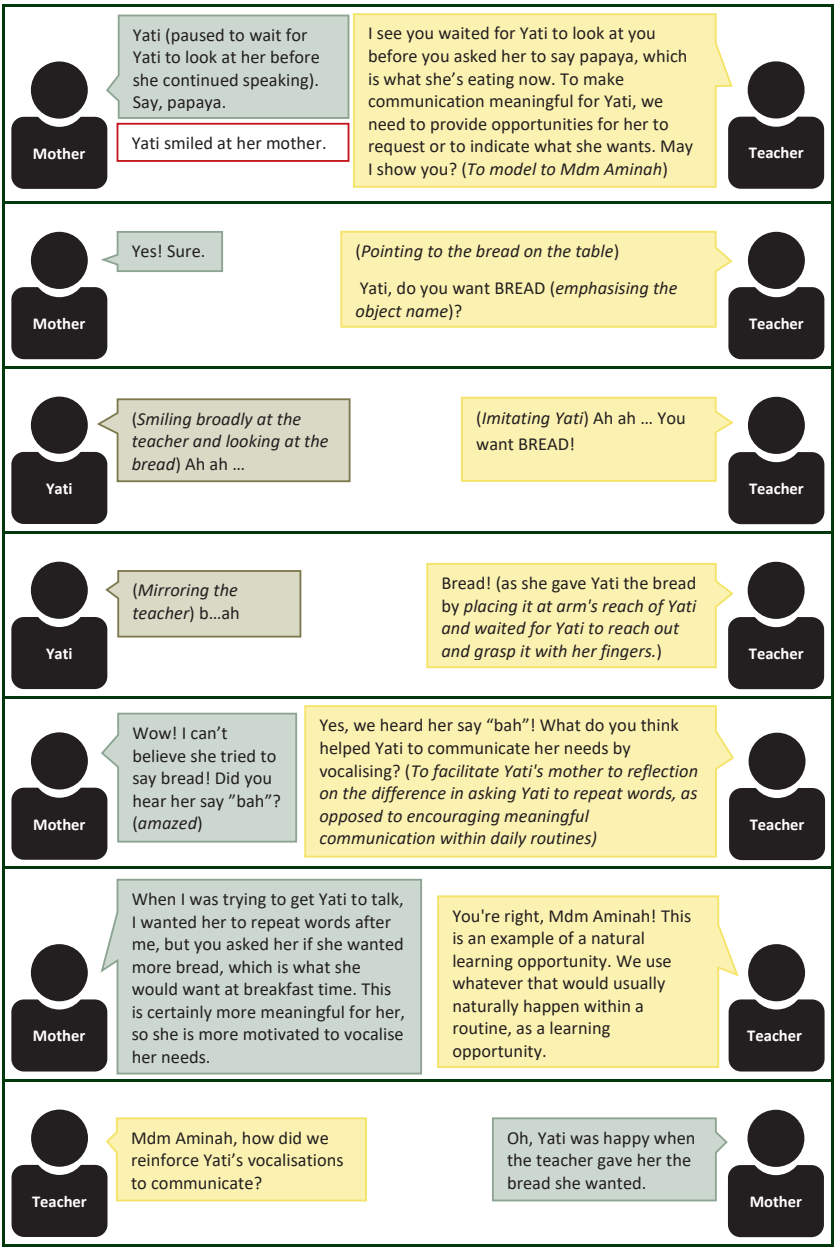
The teacher then led the team to further discuss on: 1) how they could support Yati's mother in creating opportunities at home for Yati to vocalize more consistently, and 2) how to increase Yati's engagement in activities that are of interest to her over the table top attached to her wheelchair (TD-8). It was decided that the teacher and the OT would conduct the subsequent home visit and coach Yati's mother, using the home routines and activities (TD–6). The teacher will follow-up with Yati's mother after the team meeting, to identify the areas her mother would like caregiver coaching for, and the home routines she would like them to observe.

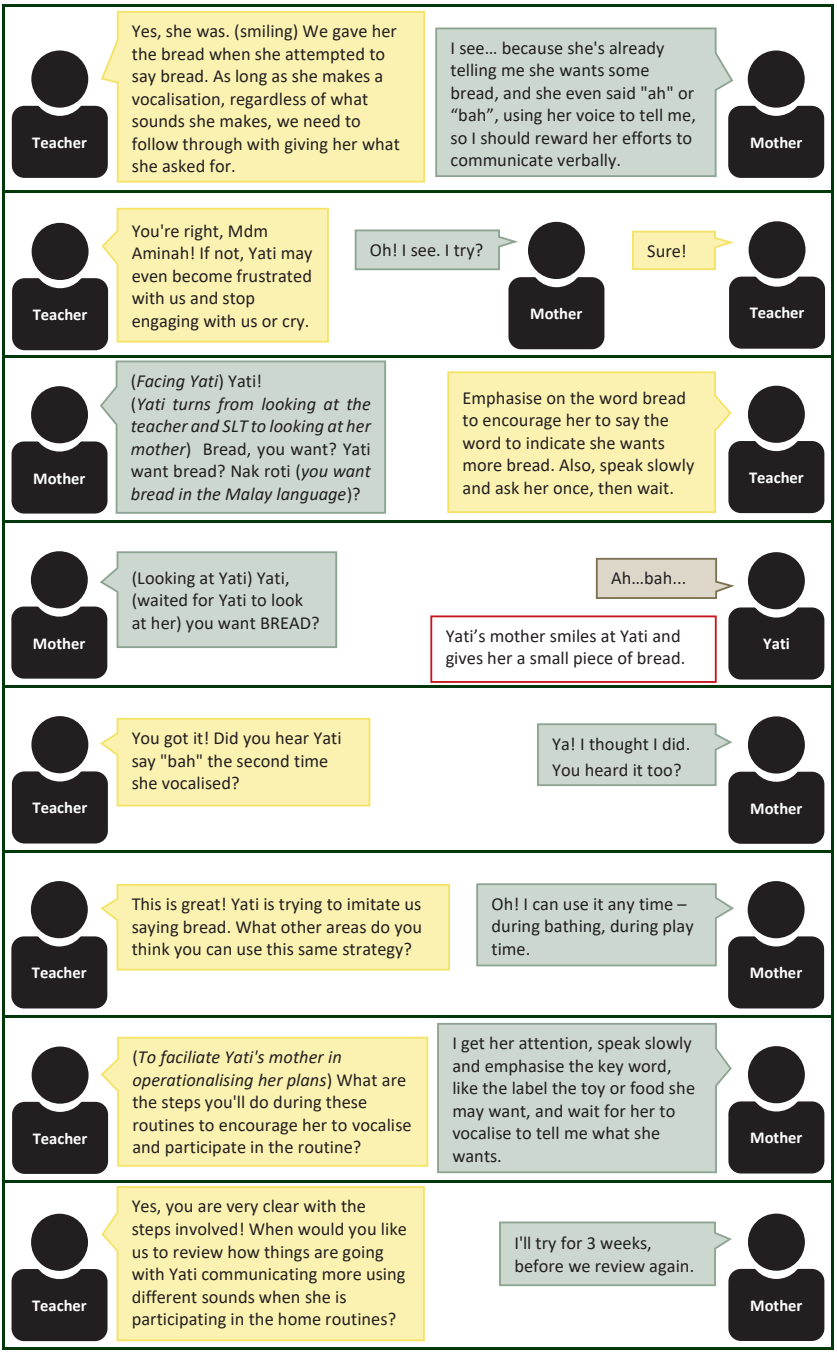
Before the meeting ended, the teacher informed the team that the next two weeks' activity plans are available on the shared drive for their further input on differentiated instructions and strategies (TD-5).

Intervention – Subsequent Home Visit

The following was an excerpt of the caregiver coaching provided by the teacher and the OT during the subsequent home visit:


Mother
Hi.
Hi, how are you today?
Teacher
Hi, how are you?
OT
Mother
I am doing fine. Yati is having her breakfast. Do come in!
You have a really nice house! It is kept so clean!
Teacher
Mother
I do my best to keep it clean.
OK, Mdm Aminah, as discussed before we came, you mentioned that you needed more support in using the strategies used in class to support Yati's communication during meal time and participation during play time. Can you check if this is still your priority for today's session?
Teacher
Mother
Yes! I would like to make sure I use my time to teach Yati at home, at least she is learning every day. Practice makes perfect.
Tell me, what have you been doing to help her communicate?
Teacher
Mother
(*Demonstrating*)I have been doing like this, "say, 'ma'; say, 'pa'" But I think I am just doing what I think is right. But, since you are here and Yati is having breakfast, can we do something.
Sure! Breakfast time is a good routine for Yati to communicate her needs. Madam Aminah, perhaps you could show me how you encourage Yati to learn to communicate with you by vocalising.
Teacher
Mother
(*Looking at Yati*) OK! Yati, "say, ma..."
However, Yati is more interested in looking at the SLT and the teacher as they have not seen her since they stepped into the house.
What do you think is happening at this moment with Yati?
Teacher
Mother
Yati is not paying attention to me. And therefore she is not listening to the words I say.
Yes, you're right. Attention is always the first step in learning. So, the first step to help Yati is always to ensure you have her attention. Can you tell me some ways you can help Yati to give you attention before you help her to learn some words?
Teacher
Mother
Okay. Hmm. I can stand in front of her and call her name. If she does not look at me, I can hold her face towards me and look at her when I speak. I can ensure that she is smiling at me as I look at her before I speak.
You have a few ways of gaining Yati's attention and also to observe if she is attending to you. How could you use something that is related to breakfast to encourage Yati to vocalise to communicate her needs?
Teacher


Mother
Yati (paused to wait for Yati to look at her before she continued speaking). Say, papaya.
Yati smiled at her mother.
I see you waited for Yati to look at you before you asked her to say papaya, which is what she's eating now. To make communication meaningful for Yati, we need to provide opportunities for her to request or to indicate what she wants. May I show you? (To model to Mdm Aminah)
Teacher
Mother
Yes! Sure.
(Pointing to the bread on the table)
Yati, do you want BREAD (emphasising the object name)?
Teacher
Yati
(Smiling broadly at the teacher and looking at the bread) Ah ah …
(Imitating Yati) Ah ah … You want BREAD!
Teacher
Yati
(Mirroring the teacher) b…ah
Bread! (as she gave Yati the bread by placing it at arm's reach of Yati and waited for Yati to reach out and grasp it with her fingers.)
Teacher
Mother
Wow! I can't believe she tried to say bread! Did you hear her say "bah"? (amazed)
Yes, we heard her say "bah"! What do you think helped Yati to communicate her needs by vocalising? (To facilitate Yati's mother to reflection on the difference in asking Yati to repeat words, as opposed to encouraging meaningful communication within daily routines)
Teacher
Mother
When I was trying to get Yati to talk, I wanted her to repeat words after me, but you asked her if she wanted more bread, which is what she would want at breakfast time. This is certainly more meaningful for her, so she is more motivated to vocalise her needs.
You're right, Mdm Aminah! This is an example of a natural learning opportunity. We use whatever that would usually naturally happen within a routine, as a learning opportunity.
Teacher
Teacher
Mdm Aminah, how did we reinforce Yati's vocalisations to communicate?
Oh, Yati was happy when the teacher gave her the bread she wanted.
Mother


Teacher
Yes, she was. (smiling) We gave her the bread when she attempted to say bread. As long as she makes a vocalisation, regardless of what sounds she makes, we need to follow through with giving her what she asked for.
I see… because she's already telling me she wants some bread, and she even said "ah" or "bah", using her voice to tell me, so I should reward her efforts to communicate verbally.
Mother
Teacher
You're right, Mdm Aminah! If not, Yati may even become frustrated with us and stop engaging with us or cry.
Oh! I see. I try?
Mother
Sure!
Teacher
Mother
(*Facing Yati*) Yati! (*Yati turns from looking at the teacher and SLT to looking at her mother*) Bread, you want? Yati want bread? Nak roti (*you want bread in the Malay language*)?
Emphasise on the word bread to encourage her to say the word to indicate she wants more bread. Also, speak slowly and ask her once, then wait.
Teacher
Mother
(Looking at Yati) Yati, (waited for Yati to look at her) you want BREAD?
Ah…bah...
Yati's mother smiles at Yati and gives her a small piece of bread.
Yati
Teacher
You got it! Did you hear Yati say "bah" the second time she vocalised?
Ya! I thought I did. You heard it too?
Mother
Teacher
This is great! Yati is trying to imitate us saying bread. What other areas do you think you can use this same strategy?
Oh! I can use it any time – during bathing, during play time.
Mother
Teacher
(*To faciliate Yati's mother in operationalising her plans*) What are the steps you'll do during these routines to encourage her to vocalise and participate in the routine?
I get her attention, speak slowly and emphasise the key word, like the label the toy or food she may want, and wait for her to vocalise to tell me what she wants.
Mother
Teacher
Yes, you are very clear with the steps involved! When would you like us to review how things are going with Yati communicating more using different sounds when she is participating in the home routines?
I'll try for 3 weeks, before we review again.
Mother

The OT took over to coach Yati's mother. They moved over to the play mat in the living area where there were some blocks and toys Yati already liked on the mat.

Mdm Aminah, tell me how Yati plays at home?

Her hands tend to stay at the side or middle and especially if she is excited. Then, the muscle gets stronger and stiff and I cannot move the arm.

Yati's mother picks her up from the wheelchair and places her on the ground.

What you are referring to is the tone. When the muscle cannot control itself, it stiffens and does not move where you want it to move. Can you show me where you place her when she does something? (*To observe how Yati's mother facilitates Yati's participation in play at home*)

I usually place her on the ground but because her balance is bad, she always lies down. I know you will help Yati to sit up on the floor, I've seen you do it in class, but I dare not do it at home. I am afraid I may hurt Yati.

It's okay. Yati can sometimes play lying on the floor and sometimes play sitting up. Would you like me to show you how you can help her sit on the floor?

Yes, please.

Okay, I will show you how to do so first. I'll explain to you as I go along. (*The teacher describes what she is doing in a step-by-step manner*)

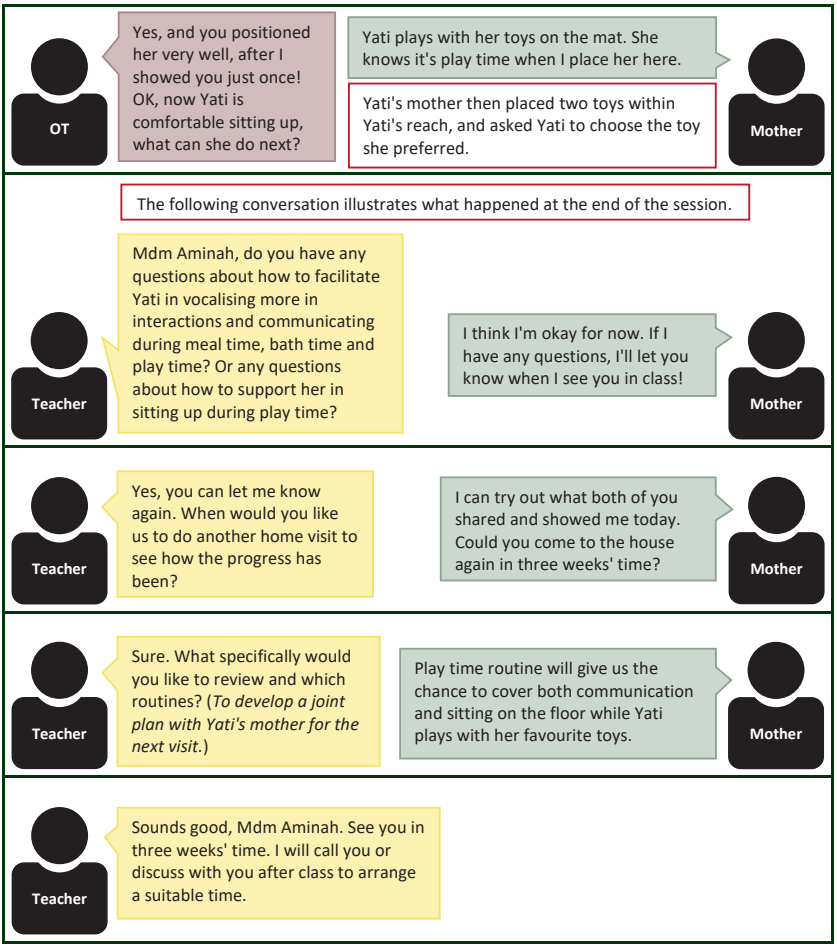
The teacher picks Yati up and places her, seated, between her two legs. Yati sits cross-legged with her back to the teacher. Yati's lower limbs are bent at the hips, knees and ankles. Yati sits in the middle with her body leaning against the body of the teacher. The teacher brings her upper limbs to the middle of her body. When the body is positioned against the teacher, the teacher facilitates Yati in moving her upper limbs to reach out to a toy that is presented to her.

So, Mdm Aminah, you see, Yati's legs are crossed, while her body is supported by my body like this. Would you like to try to support Yati in sitting up?

Yati's mother demonstrates to the teacher. She sits on the ground cross-legged and picks Yati up. The child is placed sitting (facing out) in front of her with crossed legs. Yati's lower limbs are bent at the hips, knees and ankles. Yati sits in the middle and her body is leaning against the body of her mother. Yati's mother brings the upper limbs to the middle of the body. Mother then facilitates Yati's upper limbs in reaching out to a toy presented to her.

How do you think Yati is now?

(*Looking at Yati*) She looks much better now. And it looks like she is more able to reach out a little.



REVIEW AND PROGRESS MONITORING

Once every two months, the teacher, the co-teacher, and the allied health professionals (AHPs) come together for a team meeting (TD-1). The objectives of the meetings were:

1. To ensure continuous communication.
2. To monitor Yati's progress.
3. To share one another's insights and feedback for the sessions.
4. To share and tackle any challenges with a clear plan.
5. To plan and coordinate for the upcoming sessions (TD–3).

Having the transdisciplinary meetings provided the team good understanding of Yati's progress, needs and intervention strategies (TD-1; TD-3; TD-6; TD-7). The OT suggested considering facilitation techniques to stimulate voluntary movement of her arms during play time so as to support Yati's mobility during play and other routines (TD-1). The teacher reported that she was quite encouraged by Yati's increased social smiling when interacting with adults and peers and her participation in the class routines. The SLT mentioned the possibility of stimulating more accurate vocalisations of word approximations in the near future (TD-1).

The routines-based schedule was well understood and utilised by the team (TD-6), which in turn optimised Yati's engagement (FI-5). The team affirmed that Yati was usually engaged because of the thoughtfully-designed activity plans for the class, which embedded the intervention within the routines. The assistant teacher learnt a lot from the teacher in preparing materials that were developmentally appropriate for Yati (FI-4).

The teacher was glad that the routines-based schedule helped her to focus on interventions necessary to facilitate Yati's development, as well as the other children in the class. She learnt, through the coaching provided by the OT and the SLT, to focus on specific interventions targeting Yati's mobility, postural control and social interaction within the class routines (TD-2; TD-7). The team worked together to support Yati to achieve her IEP goals and objectives.

The following are examples of Yati's functional goal and short-term objectives:

Example of a functional goal:

- Yati will participate in play time and bath time at home, as well as in free play time, structured play time and circle time at the EIPIC centre by using her right and left arms to reach out to touch and hold any toy or object presented at her eye level, to play with it. We know that she can do this when she does the above spontaneously three times during each routine daily over two weeks.

Example of short-term objectives:

- **Objective 1:** Yati will participate in play time and bath time at home, as well as in free play time, structured play time and circle time at the EIPIC centre by using her right and left arms to reach out to touch any toy or object that is placed 2 cm above Yati's hand, to play with it. We know that she can do this when she does the above spontaneously three times during each routine daily over one week.

- **Objective 2:** Yati will participate in play time and bath time at home, as well as in free play time, structured play time and circle time at the EIPIC centre by using her right and left arms to reach out to touch any toy or object that is placed 10 cm above her hand, to play with it. We know that she can do this when she does the above spontaneously three times during each routine daily over one week.

Ongoing Progress, Monitoring, Evaluation and Documentation

The teacher conscientiously monitored and charted Yati's progress fortnightly over the next six months of the intervention period. The teacher, OT and SLT recorded significant behavioural descriptions that were observed during various routines and activities into Yati's case file, which

were evidences of Yati's progress (FA-1; FA-2; FA-5; FI-1; FI-2; TD-4; TD-5; TD-6). Using the strategies implemented, the team noted small but steady progress in Yati's functioning and development.

Additionally, information on Yati's participation at home was also collected as part of the progress monitoring by the team (FCP-P2; FA-1). The teacher learned that Yati's family manoeuvred her wheelchair with ease and was very happy with the increase in Yati's mobility as a result of the wheelchair. Her parents also reported that the table that was fitted to Yati's wheelchair helped Yati significantly to participate in routines at home and eased her use of her arms to hold objects to play with or to pack up her snack box.

As a result of the collaboration within the team, which includes her parents who were highly involved in Yati's intervention at home, Yati made the following progress:

- Yati was able to move her arms towards the toy of interest when she was seated with full support, either in the wheelchair or supported by her mother/teacher on the mat/floor.
- The wheelchair that has been prescribed and funded increased her mobility and participation in routines at home and at the EIPIC centre.
- Yati used a variety of vocalisations to communicate her needs to others, such as "bah" to indicated she wanted bread during breakfast time, "mama" when she is hungry and "ah ah" to indicate yes.

Preparations for the Subsequent Parent-Teacher Conference and Progress Report

At the end of the six-month intervention period, Yati's teacher organised another Parent-Teacher Conference with Yati's parents and the team. Yati's teacher discussed her progress, current level of functioning and potential goals for further intervention with the team (TD-3) during the Pre-PTC team meeting. The teacher, having collected the evidence of Yati's participation and progress for the previous six months, updated her narrative summary under the ECTA's three global outcomes.

The following is an extract of her updated narrative summary:

Updated Narrative Summary

<u>Having Positive Social Emotional Skills (including Relationships)</u>

Yati is a sociable girl who enjoys the company of her family, teachers and friends. Whenever her name is called, Yati will turn her head and smile at the adult or peer calling her. For example, during the Meet and Greet at the EIPIC centre, Yati consistently smiles at her friend who called her name. She calls "mama" and "papa" to get her mother's and father's attention. Yati is able to engage in play with her parents by actively moving her arm upwards when toys are placed about 10cm above her hand.

Acquiring and Using Knowledge and Skills

Yati is beginning to make simple choices of colours in games during play time. She does so by using her gaze consistently, as well as reaching out for the desired object when two choices were held up about 10cm above her hand. She has been involved in play by moving her arms towards the toys of her choice during free play time or food during meal time at home and at the EIPIC centre.

Taking Appropriate Actions to Meet Needs

Yati also communicates her preferences by looking or reaching out to the preferred object. During her communication with others, she is starting to use more vocalisations. For example, Yati says "bah" to indicate she wants bread during breakfast time when asked if she wanted bread at home and at the EIPIC centre. She also vocalises, "ah" and nods her head to indicate yes when asked a question. When a toy is presented on her right side of her body as she is seated, she is sometimes able to spontaneously move her right hand towards the toy when the toy is placed about 10cm above her hand.

Family Outcomes

Her mother reported that she was very happy the wheelchair had been custom-made to assist Yati's mobility and participation in the routines at home. The wheelchair has given the family more confidence to go out for meals, visit the supermarket, take public transport and go to places of interest.

During the Pre-PTC team meeting, the team agreed with the updated narrative summary. The team also reviewed Yati's progress in achieving her IEP goals and objectives, providing behavioural observations as evidence for her current level of functioning and progress. The team drafted new potential IEP goals for Yati, taking into consideration her parents' priorities, Yati's current level of functioning and her zone of proximal development. The draft potential IEP goals will be further discussed with Yati's parents in the upcoming PTC to finalise her new IEP.

Subsequent Parent-Teacher Conference

On the day of the subsequent PTC, the teacher updated Yati's parents on her progress using the updated narrative summary. Her parents expressed that the narrative summary accurately portrayed Yati's current functioning and they were pleased with her progress. The teacher actively engaged her parents to finalise Yati's new IEP goals.

Yati's mother began by sharing that Yati was happier and more interactive, both verbally and physically, than before. In tears, she expressed her relief and increased motivation to support Yati's development (FCP-P2). Yati's mother also mentioned that Yati's elder brothers were now able to help bring her out after they also learned to use the wheelchair under the team's coaching (FCP-P3). Yati's mother felt that the wheelchair had provided them with more outing opportunities as a family, and the trips had brought the family closer together (FCP-4).

The team thanked the parents for their feedback and shared the goals Yati had achieved before going on to discuss and finalise the IEP goals for the next six months with Yati's parents. Her parents were pleased with the IEP goals set as the goals reflected their priorities and looked forward to a closer working relationship as a team.

EPILOGUE

12 years later

The teachers and allied health professionals have gone on to become experts in their areas of early intervention, providing clinical supervision and training to the aspiring teachers and Allied Health Professionals entering the Early Intervention sector. They are also compassionate mentors and advocates of early intervention for children with special needs.

Yati has been enrolled in a special education school and is currently undergoing life skills training to prepare her for future opportunities within the community. She has more intentional vocalisation and is able to communicate her needs clearly to her loved ones and her caregivers with the help of carefully prescribed augmentative communication made available to her by the team. Meanwhile, her parents have also been able to secure some funding to upgrade her wheelchair due to her growth.

For children like Yati, careful planning, goal setting and intervention will reduce the effects of their disability and build on the strengths they have. As a result of the evidence-based intervention provided by the EIPIC transdisciplinary team, with her parents playing a key role in her intervention, Yati has a better prognosis. With support, Yati has grown to meet the challenges in life despite her disabilities, and her family is empowered to advocate for their needs and have become more confident of the future.

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SECTION THREE

SUSTAINABILITY

Chapter 9
SUPERVISION AND COACHING

This chapter:

- Describes a developmental supervision model, a coaching as well as an in-service training framework
- Explains the rationale for implementing an effective supervision framework
- Lists key indicators of an effective supervision framework with examples that are contextualised to the EIPIC setting

INTRODUCTION

It is essential for organisations to install an effective supervision framework for both new and existing staff to ensure high quality and fidelity in implementing evidence-based practices and recommended standard operating procedures. In addition, there must be a component in the supervision framework to support staff's personnel development. Therefore, it is critical for the organization to use effective methods to coach or train all staff.

Supervision is a joint endeavour between a supervisor and supervisee with the intention to monitor or improve the quality of service delivery to achieve its intended outcomes, as well as support continuing professional development (Gallacher, 1997). An approach to supervision is using the developmental model, where the supervisor selects the appropriate supervisory behaviours to match the developmental stage of a supervisee. According to Glickman and colleagues (2013), there are four supervisory approaches:

1. Directive controlling supervision - Supervisor provides directive and intensive guidance to supervisee.
2. Directive informational supervision - Supervisor provides information but always asks for and considers the supervisee's perceptions.
3. Collaborative supervision - Supervisor engages supervisee collaboratively.
4. Self-directed supervision - Supervisors support supervisee when necessary.

Supervisees with increased competency, confidence and capacity for decision-making will benefit from collaborative or self-directed supervision approaches, while novice supervisees will benefit from directive controlling or directive informational supervision, as illustrated in Diagram 9.1.

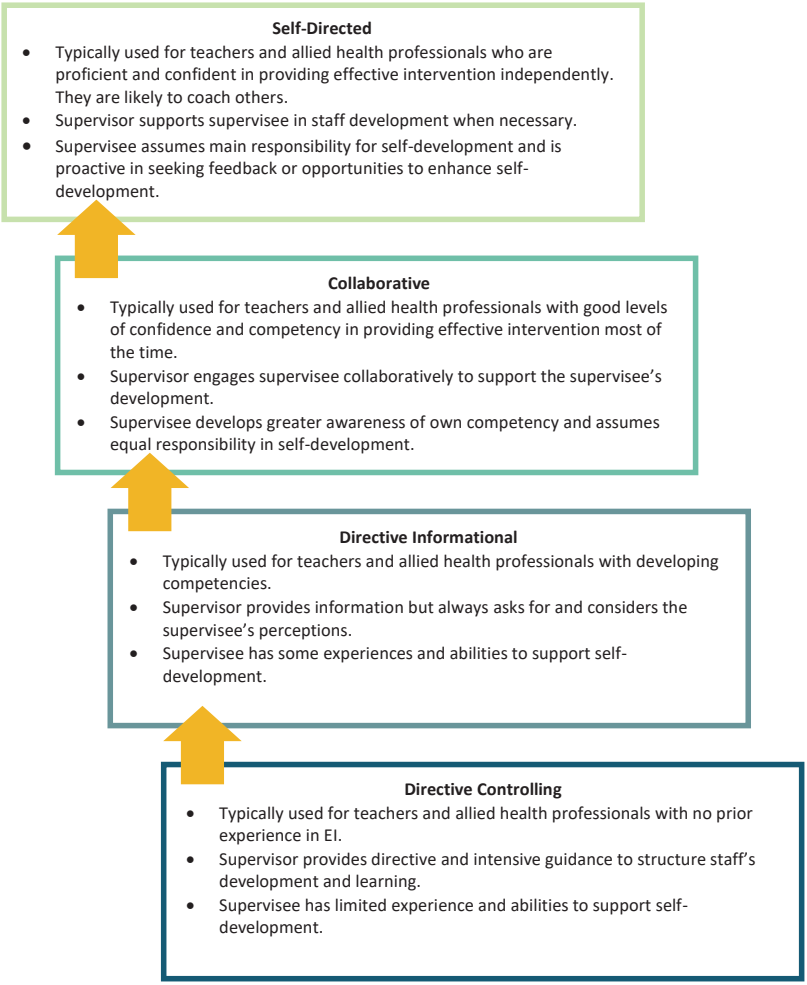

Diagram 9.1. Supervisory approaches for different developmental levels

It is important that supervision includes coaching, as it is a method that actively engages the supervisee in developing and using skills within the actual work settings, thus supporting personnel development. Coaching is usually used intensively with directive and collaborative supervision approaches to enable the staff to acquire a specific set of skills. Other than coaching, organising regular in-service team trainings or workshops also promotes continuing professional development. EIPIC organisations may wish to consider the following frameworks as a reference when developing their own supervision framework.

COACHING

Coaching "is an adult learning strategy… used to support the coachee in identifying, obtaining and mobilising the knowledge and skills necessary to achieve an intended outcome." (Rush & Sheldon, 2011, pp. 15). Based on Rush and Shelden (2011), the following are five key components of the coaching process:

1. Joint planning between the supervisee and coach to determine the actions to be taken and the practice opportunities.
2. Observation of either the supervisee or coach to build knowledge and skills.
3. Action or practice in real-life situations.
4. Reflection after an observation or action through the use of reflective questioning to facilitate the reflection process.
5. Feedback to improve the supervisee's skills and knowledge.

IN-SERVICE TRAINING

In-service training, which is usually conducted in a workshop format with a group, imparts knowledge and skills to enhance the competency of the participants. The Participatory Adult Learning Strategy (PALS) model provides an evidence-based framework for developing instruction or training to promote the acquisition of new knowledge and skills using adult learning principles (Dunst & Trivette, 2012; Trivette, Dunst, Hamby & O'herin, 2009). The four key phases in the PALS model (Dunst & Trivette, 2009) are explained below:

1. Trainer introduces (e.g., pre-training quizzes or reflections, reading materials) and illustrates targeted knowledge or practice (e.g., role-plays, real-life demonstrations).
2. Trainee applies knowledge or practice and evaluates his/her experience (e.g., real-life application, role-plays, problem-solving tasks using case studies).
3. Trainee reflects and assesses mastery of his/her knowledge or practice (e.g., joint reflection debrief sessions, trainee engages in journaling about positive learner feedback on the newly acquired skills, self-assessment).
4. Trainee determines next steps in learning process.

The cycle of the phases is repeated for the next learning goal(s).

RATIONALE

Implementation research found that full implementation of evidence-based programs cannot occur unless staff is well supported and prepared to deliver the program to achieve the intended outcomes (Fixsen et al., 2005). An effective supervisory framework ensures that staff can implement the program with good fidelity and outcomes. In addition, it is crucial to maintain quality control and promote commitment and motivation which allows work to be performed in an efficient and effective manner (Gallacher, 1997).

Implementation research also found that although training was useful to develop knowledge and skills, it was insufficient to effect behaviour change essential for implementation (Fixsen, Naoom,

Blasé, Friedman & Wallace, 2005). The provision of coaching helps practitioners apply the acquired knowledge and skills to the specific clinical context, and should be considered an essential component of an effective supervisory framework.

KEY INDICATORS

Effective Supervisory Framework

1. **Having differentiated and ongoing supervisory pathways**

   Example: An occupational therapist (OT) in her first year of work has regular weekly contact time with her supervisor for supervision and coaching. Feedback is often given in a directive manner for problem-solving and decision-making, whereas another experienced OT has bi-monthly supervision with her supervisor.

2. **Having dedicated manpower and resources (e.g., time, workload, funding) for supervision, coaching and training**

   Example: The management identifies and trains interested and experienced speech and language therapists to assume supervisory and/or coaching roles. The supervisors and coaches are given priority in attending supervision and/or coaching related training. They are also given allocated supervision and/or coaching time within their workload, and they make the necessary arrangements (e.g., conversations, case discussions, observations) to support the staff's professional development and practices to ensure consistency in delivering high quality early intervention services.

3. **Emphasis is placed on active learner involvement and incorporating adult learning characteristics in the in-service training and coaching**

   Example: A junior teacher attends an in-service training on functional assessment. During the training, the senior teacher introduces the key principles of functional assessment and provides practical examples of how functional assessment is conducted in daily work. The junior teacher participates in group discussion and contributes examples of how she is currently (or in near future can be) conducting functional assessment at work. At the end of the training, she reflects on her learning and assesses her current knowledge and skills in conducting functional assessment. She identifies some areas that she would like to apply to her work and discusses her action plan with her supervisor. She sets a timeline to monitor her progress with her supervisor.

4. **Allocating sufficient professional development hours (minimum of 20 hours a year) in the form of in-service training, professional training courses and training workshops, across multiple occasions, to support staff's development**

   Example: A social worker attends monthly discipline-specific and/or regular cross-disciplinary in-service training (at least 2 hours per training) to enhance knowledge and skills needed to deliver the early intervention program with effectiveness and efficacy.

5. **Supervisors should adopt effective coaching practices and that should minimally include opportunities to:**
   - Understand the supervisee's strengths and areas of needs through direct observation and discussion with the supervisee.

- Identify learning goals and action plans through joint collaboration between the supervisor and the supervisee.
- Explain and provide regular opportunities for the supervisee to practise new skills within real-life context.
- Facilitate self-reflection and provide feedback to build skills and knowledge.

Example: The senior physiotherapist (PT), in the capacity of a coach, introduces and explains the use of transdisciplinary teaming practice within the early intervention setting to the new PT. Together, they plan and identify the available opportunities to practice transdisciplinary teaming practice. During the pre-parent-teacher conference meeting, the senior PT contributes knowledge within and across his discipline to help the team gather a holistic perspective of the child's strengths and areas of need. The new PT observes how the senior PT participates in team discussion. After the meeting, the senior PT guides the new PT in reflecting and sharing her observations on transdisciplinary teaming practice. He then provides feedback to affirm or add information to deepen the new PT's understanding of transdisciplinary teaming practice. They then work together to plan the next step of actions for the new PT to practice applying the teaming practices in the next team meeting.

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Chapter 10
FUTURE DIRECTIONS

This chapter:

- Summarises the Implementation Drivers Framework and Implementation Stages Framework used by the EIPIC Consultancy during the collaboration with EIPIC centres (2011 to 2017) to enhance service delivery and quality of early intervention
- Recommends future directions for capability and capacity building of the early intervention sector in Singapore

IMPLEMENTATION FRAMEWORK USED BY THE EIPIC CONSULTANCY

The translation of evidence-based programs and evidence-informed innovations into practice requires Active Implementation (AI Hub, 2013-2017). The EIPIC Consultancy adopted the Implementation Drivers Framework and Implementation Stages Framework when working in partnership with the EIPIC centres. This ensured that the EIPIC centres were ready to develop and implement enhanced processes that embedded early intervention principles and practices.

First, in accordance to the Implementation Drivers framework (National Implementation Science Network (NIRN), 2015, p. 2), as shown in Diagram 10.1, Ministry of Social and Family Development and the EIPIC Consultancy engaged:

- Leadership Drivers of each EIPIC organization, to drive the direction and desired outcome from the collaboration with EIPIC consultancy, as well as to identify Competency Drivers.
- Competency Drivers in intensive training and coaching by the EIPIC Consultancy team, to develop and implement processes and intervention practices within the EIPIC centre.
- Organisation Drivers to provide systems and administrative support to enable smoother implementation of the processes in place.

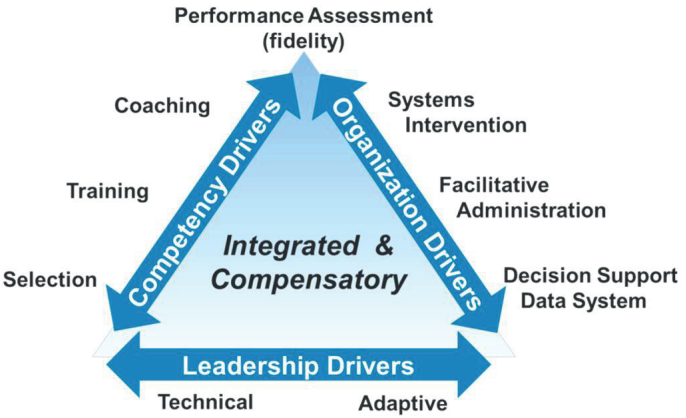

Diagram 10.1. Implementation Drivers. Reprinted from National Implementation Science Network (NIRN) website by National Implementation Science Network (NIRN), 2015, retrieved from https://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf Copyright 2013-2015 Dean L. Fixsen, Karen A. Blasé, Sandra F. Naoom and Michelle A. Duda. Reprinted with permission.

Next, to ensure successful and sustained outcomes of the implementation of new processes and practices over time in stages, principles of the Implementation Stages Framework (Fixsen et al., 2005) were applied. Diagram 10.2 summarises the key objectives EIPIC Consultancy achieved during the Exploration, Installation, Initial Implementation and Full Implementation stages. Supporting the EIPIC centres in sustainability plans was an essential part throughout the different implementation stages and was further emphasised during the Full Implementation stage.

IMPLEMENTATION STAGES

1 Exploration Stage

- Established shared vision with Leadership Drivers from each EIPIC organisation
- Identified Key Competency Drivers to lead a core team
- Identified potential barriers to implementation and worked closely with Leadership Drivers and the Key Competency Drivers to manage these challenges effectively throughout the entire implementation process

2 Installation Stage

- Conducted workshops to enhance knowledge and skills of Key Competency Drivers and the core team
- Developed new Standard Operating Procedures (SOPs), guidelines, and data system to build on the EIPIC Centre's existing resources and infrastructure

3 Initial Implementation Stage

- Supported Key Competency Drivers and the core team in implementing new processes and practices in their delivery of early intervention services
- Provided on the job coaching to support Key Competency Drivers in building their confidence and competence
- Worked closely with the Key Competency Drivers to provide further support to the core team and to problem-solve challenges
- Reviewed the new processes and practices as well as identified individual learning support plans to further enhance the core team members' competencies.

4 Full Implementation Stage

- Supported the Key Competency Drivers in their role in developing supervision and coaching plans to address the individual learning support plans of the core team
- Shared tools, such as Competency checklists and Observation Forms, developed by the EIPIC Consultancy for on-going and regular assessment of fidelity to the newly implemented processes and quality of practices
- Discussed with Leadership Drivers on sustainability plans such as:
    - Continuing to ensure fidelity in the full implementation within the EIPIC centre by providing timely and effective training, coaching and fidelity measurement processes.
    - Making data-driven decisions for continuous improvement and problem-solving.
    - Ensuring that the centre's and/or organisation's policies and procedures continue to support staff and facilitate full implementation within the EIPIC Centre.
    - Up-scaling of the implementation across the organisation's other EIPIC centres that were not directly involved in the EIPIC Consultancy. The training and coaching need to be done systematically and consistently across centres, with effective training, coaching and fidelity measurement processes in placed.
    - Reviewing of processes should not compromise the essential early intervention principles and practices. Adaptation needs to have sufficient fidelity to the service delivery framework being implemented. Therefore, Leadership Drivers and Key Competency Drivers need to closely monitor these adaptations.
    - Maintenance of the roles of Key Competency drivers to support staff development and train new staff. This ensures fidelity of the full implementation. Staff turnover needs to be carefully managed to minimise any negative impact on implementation.

Diagram 10.2. Key objectives of EIPIC Consultancy for the different implementation stages

RECOMMENDATIONS FOR FUTURE DIRECTIONS

Having journeyed with the many EIPIC centres over the past seven years, the EIPIC Consultancy has gained deeper insights on the strengths, challenges and needs of the early intervention landscape and early childhood sector in Singapore. The EIPIC Consultancy therefore proposes the following future directions that aim to continue to support and strengthen the growth and development of the early intervention and early childhood sector (illustrated in Diagram 10.3):

1. **Ensuring sustainability, stabilisation and fidelity of the full implementation of the enhanced processes and practices.**

   There remains a strong need to continually provide training and on-the-job coaching for teachers as well as allied health professionals concerning the key early intervention principles and practices. EIPIC centres and organisations need to put in place a supervision framework and a measurement system to ensure the sustainability, stabilisation and fidelity of the full implementation of the enhanced processes and practices within the centre that collaborated in the MSF-EIPIC Consultancy training, and across other EIPIC centres in their organisation.

2. **Establishing a technical assistance consultancy team.**

   One way to support and establish an evidence-based system and deliver quality early intervention services is to establish a local technical assistance consultancy team to support the continual development of the local early intervention sector. That is, to have a central pool of resource teams to provide technical and clinical expertise and consultation to:

   - support effective service delivery and its successful implementation
   - establish an effective and functional outcome measurement system
   - support data-driven decision making at both the organisation and national levels
   - periodically review the quality of early intervention services
   - work collaboratively with relevant stakeholders to continually enhance the early intervention and early childhood sectors

3. **Enhancing systems that support capability and capacity building in order to promote sustainability.**

   It is important to continually enhance broader systems that support capability and capacity building of the early intervention sector through the education and training platforms. This serves as a more sustainable way to better ensure capability building of the competencies of early interventionists. It also promotes a more standardised practice and quality of early intervention within the early childhood sector.

   It is strongly recommended that training courses provide sufficient theoretical and practical guidance to teachers and allied health professionals on fundamental early intervention principles and practices, including:

   - Family-centred practice

- Transdisciplinary practice
- Functional assessment and intervention practices
- Coaching practice
- Inclusion practice

4. **Establishing national frameworks, guidelines and an outcome measurement system.**

   There is increasing awareness and drive from the leadership about the importance and need to consistently implement best practices across EIPIC centres within each organisation. Hence, it is strongly recommended that recommended practice guidelines for early intervention in Singapore is developed and established. This will be a stepping stone to better quality and governance of quality of early intervention in Singapore. It will also provide clearer guidance to EIPIC centres in Singapore to take proactive steps to work towards demonstrating and establishing best practices, leading to more consistent service standards and improved functional outcomes for children and their families.

   During the course of EIPIC Consultancy from 2011 to 2017, it was found that the Singapore early intervention landscape lacked an outcome measurement system to monitor the delivery of services in improving functional outcomes in children and their families. Project ECHO was therefore piloted from 2014 to 2017 to address this gap in the landscape. The Early Childhood Holistic Outcomes (ECHO) Framework was developed as a result. The ECHO Framework is now used in all four Thye Hua Kwan EIPIC centres to measure the functional outcomes of children under the three Global Child Outcomes (ECTA, 2011).

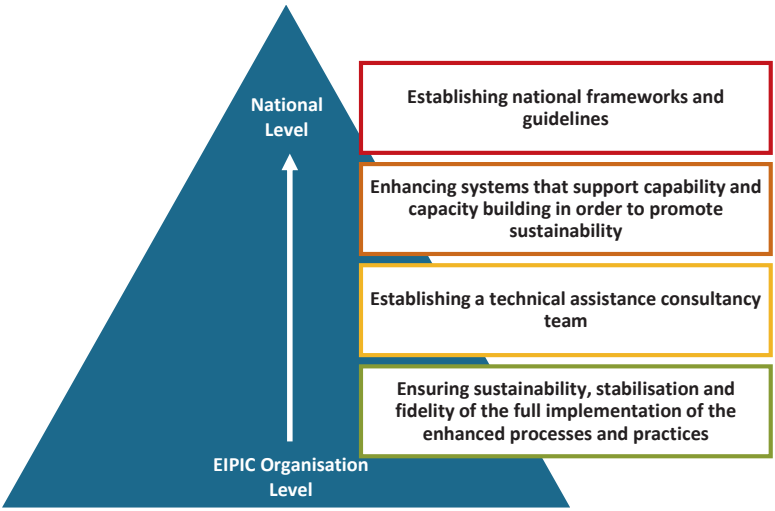

Diagram 10.3. Recommended future directions to continue to build capability and sustainability of the Early Intervention and Early Childhood sector.

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APPENDICES

First Contact with Family Checklist

General Information				
a. Name of Coach		c. Observation Date	/ /	
b. Name of Staff		d. Centre		
e. Staff's Role	Occupational Therapist	Physiotherapist	Speech and Language Therapist	Psychologist
	Social Worker	Teacher	Others (Please Specify)	

Checklist							
Description	**Competency Rating**						**Feedback**
Introductions							
1. Introduce yourself and explain the connection between EIPIC and SG Enable/Hospital referral.	**0**	**1**	**2**	**3**	**4**	**5**	
2. Explain the purpose of the contact and the estimated time that will be taken.	**0**	**1**	**2**	**3**	**4**	**5**	
3. Establish rapport with family (e.g., through chit-chat).	**0**	**1**	**2**	**3**	**4**	**5**	
4. Share information about EIPIC services.	**0**	**1**	**2**	**3**	**4**	**5**	
Administrative Procedures							
5. Convey the estimated wait time and seek confirmation on the parent's willingness to be on the waitlist.	**0**	**1**	**2**	**3**	**4**	**5**	
6. Explain the purpose and process of the Initial Screening session.	**0**	**1**	**2**	**3**	**4**	**5**	
7. Obtain the parent's email address and confirm their residential address.	**0**	**1**	**2**	**3**	**4**	**5**	
Information about the Child's Condition/ Family							
8. Check if the child is in any preschool and if there is any feedback from the teachers.	**0**	**1**	**2**	**3**	**4**	**5**	
9. Explore the parent's priorities and concerns.	**0**	**1**	**2**	**3**	**4**	**5**	
10. Wrap up the conversation in a respectful manner and ensure that parents' concerns are addressed.	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Transdisciplinary Team Discussion Checklist

General Information							
a. Name of Coach				c. Observation Date	/ /		
b. Name of Staff				d. Centre			
e. Staff's Role	Occupational Therapist		Physiotherapist		Speech and Language Therapist		Psychologist
	Social Worker		Teacher		Others (Please Specify)		

Checklist

Description	**Competency Rating**						**Feedback**
1. Members demonstrate a broad knowledge base/understanding of typical child development and childhood disorders (i.e., mentioned and compared child's current development with typical child development).	**0**	**1**	**2**	**3**	**4**	**5**	
2. Members are competent and secure in their professional practice (i.e., receptive to others' observations and able to contribute discipline-specific expertise).	**0**	**1**	**2**	**3**	**4**	**5**	
3. Members cross disciplinary boundaries (e.g., each professional discuss each child across domains).	**0**	**1**	**2**	**3**	**4**	**5**	
4. Members blend their disciplinary perspectives and skills to focus on integrated, meaningful outcomes (i.e., focus on the function of the child in their natural settings).	**0**	**1**	**2**	**3**	**4**	**5**	
5. A team coordinator/key worker is identified.	**0**	**1**	**2**	**3**	**4**	**5**	
6. The team collectively utilises all sources of information (such as social worker interview and team interview with parents) obtained to formulate the family's and child's profiles.	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
7. The team accurately identifies the **family's profile** (including education, employment, social economic status, strengths, priorities (concerns), challenges (stressors) and resources.	**0**	**1**	**2**	**3**	**4**	**5**	
8. The team accurately identifies the **child's profile** using observed behavioural descriptors (i.e., what child can do, where and when) including strengths and interests.	**0**	**1**	**2**	**3**	**4**	**5**	
9. The team integrates the child's and family's profiles as the basis for program planning within the context of child's natural learning and environment.	**0**	**1**	**2**	**3**	**4**	**5**	
10. The team makes a suitable class placement based on the child's functioning level with appropriate reference made to the class placement matrix.	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Initial Screening Parent Debrief Checklist

General Information							
a. Name of Coach				c. Observation Date	/ /		
b. Name of Staff				d. Centre			
e. Staff's Role	Occupational Therapist		Physiotherapist		Speech and Language Therapist		Psychologist
	Social Worker		Teacher		Others (Please Specify)		

Checklist							
Description	**Competency Rating**						**Feedback**
1. A key worker was identified to provide the parent debrief, supported by other Initial Screening team members when necessary.	**0**	**1**	**2**	**3**	**4**	**5**	
2. Highlighted the child's current functioning using a strength-based approach (i.e., communicated what the child was able to do rather than what the child could not do).	**0**	**1**	**2**	**3**	**4**	**5**	
3. Highlighted the child's current functioning using behaviour descriptions that were observed during the initial screening and from the parent report.	**0**	**1**	**2**	**3**	**4**	**5**	
4. Highlighted the child's areas of needs based on observation and parents' report.	**0**	**1**	**2**	**3**	**4**	**5**	
5. Highlighted the parents' main concerns and priorities based on observation and parents' report.	**0**	**1**	**2**	**3**	**4**	**5**	
6. Highlighted the family's strengths based on information obtained (e.g., parent interview, family report form).	**0**	**1**	**2**	**3**	**4**	**5**	
7. Informed parents of a suitable class placement based on the child's functioning level with appropriate reference made to the class placement matrix and taking into account parents' preferred timing	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
8. Informed parents of the estimated wait time for admission. .	0	1	2	3	4	5	
9. Explained to parents the next steps prior to the first day of admission (e.g., confirmation letter, parent decides on the offer, payment, follow-up on financial support/transportation matters, first day of admission).	0	1	2	3	4	5	
10. Asked parents if they have any questions.	0	1	2	3	4	5	
11. Addressed parents' enquiries and concerns appropriately.	0	1	2	3	4	5	
12. Used jargon-free explanations.	0	1	2	3	4	5	
13. Demonstrated active listening (e.g., eye contact, body language, facial expressions and gestures showed parents that they were interested in listening to the parents).	0	1	2	3	4	5	
14. Demonstrated reflective listening ("You feel…because", "You think that…", "You would like…").	0	1	2	3	4	5	
15. Summarised what the parents shared and checked with the parents that the staff 's understanding was accurate.	0	1	2	3	4	5	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

General Information				
a. Name of Coach		c. Observation Date	/ /	
b. Name of Staff		d. Centre		
e. Staff's Role	Occupational Therapist	Physiotherapist	Speech and Language Therapist	Psychologist
	Social Worker	Teacher	Others (Please Specify)	

Checklist

Description	Competency Rating						Feedback
1. The assessment was conducted in an environment that was natural to the child and family (e.g., at EIPIC, home, preschool).	**0**	**1**	**2**	**3**	**4**	**5**	
2. The child was observed while engaging in a routine activity.	**0**	**1**	**2**	**3**	**4**	**5**	
3. Followed the child's lead while the child was engaged in the routine activity.	**0**	**1**	**2**	**3**	**4**	**5**	
4. Natural consequences were provided in response to child-initiated behaviour.	**0**	**1**	**2**	**3**	**4**	**5**	
5. The child was observed over a period of time.	**0**	**1**	**2**	**3**	**4**	**5**	
6. Information on the child was gathered from multiple sources.	**0**	**1**	**2**	**3**	**4**	**5**	
7. Identified the child's current functioning using behaviour descriptors that were objectively described (i.e., observable, measurable behaviour, includes context and action; and not based on assumptions).	**0**	**1**	**2**	**3**	**4**	**5**	
8. The family was involved in the information gathering process (e.g., Home Routines Interview).	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
9. The child's individualised strengths and needs were taken into account during the formulation of the child's profile.	**0**	**1**	**2**	**3**	**4**	**5**	
10. A team discussion was conducted to gain consensus during the formulation of the child's profile.	**0**	**1**	**2**	**3**	**4**	**5**	
11. The team (including the parents) agreed on the accuracy of the child's profile.	**0**	**1**	**2**	**3**	**4**	**5**	
12. There was shared documentation.	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Parent Interview on Home Routines

General Information				
b. Name of Coach		f. Observation Date	/ /	
c. Name of Staff		g. Centre		
h. Staff's Role	Occupational Therapist	Physiotherapist	Speech and Language Therapist	Psychologist
	Social Worker	Teacher	Others (Please Specify)	

Checklist

Description	Competency Rating						Feedback
1. The interview started with informal chit-chat.	**0**	**1**	**2**	**3**	**4**	**5**	
2. The purpose of the home visit was reiterated and understood by parents (families were informed of the purpose of the interview and they understood that they were going to describe the home routines, prior to the interview session).	**0**	**1**	**2**	**3**	**4**	**5**	
3. The parents were asked about what was going well for the family/child.	**0**	**1**	**2**	**3**	**4**	**5**	
4. The parents were asked about what their current concerns and stressors were.	**0**	**1**	**2**	**3**	**4**	**5**	
5. The interview covered each routine of the child within the day (wake-up to bedtime).	**0**	**1**	**2**	**3**	**4**	**5**	
6. Obtain sufficient information related to child's ***independence*** for each routine.	**0**	**1**	**2**	**3**	**4**	**5**	
7. Obtain sufficient information related to child's ***social relationship*** for each routine.	**0**	**1**	**2**	**3**	**4**	**5**	
8. Obtain sufficient information related to child's ***use of knowledge*** for each routine.							
9. The interview had a good flow (i.e., conversational, not a lot of time spent on documenting).	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
10. Appropriate follow-up questions were asked to understand child/routine/situation.	0	1	2	3	4	5	
Quality of Interview							
11. Demonstrated active listening (e.g., eye contact, body language, facial expressions and gestures showed parents that they were interested in listening to the parents).	0	1	2	3	4	5	
12. Demonstrated appropriate reflective listening.	0	1	2	3	4	5	
13. Demonstrated appropriate affect (facial expressions, tone of voice, responsiveness).	0	1	2	3	4	5	
14. Appropriately summarised what the parents shared during the interview.	0	1	2	3	4	5	
15. Maintained focus appropriately without being distracted by other additional information.	0	1	2	3	4	5	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Transdisciplinary Team Discussion Checklist

General Information							
b. Name of Coach				e. Observation Date	/ /		
c. Name of Staff				f. Centre			
f. Staff's Role	Occupational Therapist		Physiotherapist		Speech and Language Therapist		Psychologist
	Social Worker		Teacher		Others (Please Specify)		

Checklist

Description	Competency Rating						Feedback
1. Members demonstrate a broad knowledge base/understanding of typical child development and childhood disorders (i.e., mentioned and compared child's current development with typical child development).	**0**	**1**	**2**	**3**	**4**	**5**	
2. Members are competent and secure in professional practice (i.e., receptive to others' observations and able to contribute discipline-specific expertise).	**0**	**1**	**2**	**3**	**4**	**5**	
3. Members cross disciplinary boundaries (e.g., each professional discuss each child across domains).	**0**	**1**	**2**	**3**	**4**	**5**	
4. Members blend their disciplinary perspectives and skills to focus on integrated, meaningful outcomes (i.e., focus on the function of the child in his natural settings).	**0**	**1**	**2**	**3**	**4**	**5**	
5. A team coordinator/key worker who facilitates team focus, collaboration and unity is identified.	**0**	**1**	**2**	**3**	**4**	**5**	
6. Team collectively utilises all sources of information (such as social worker interview and team interview with parents) obtained to formulate family's and child's profiles.	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
7. Team accurately identifies the **family's profile** (including education, employment, social economic status, strengths, priorities (concerns), challenges (stressors) and resources	**0**	**1**	**2**	**3**	**4**	**5**	
8. Team accurately identifies **child's profile** using observed behavioural descriptors (i.e., what child can do, where and when) including strengths and interests.	**0**	**1**	**2**	**3**	**4**	**5**	
9. Team integrates the child's and family's profiles as the basis for program planning within the context of child's natural learning and environment.	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Writing a Narrative Summary Checklist

General Information				
a. Name of Coach			c. Observation Date	/ /
b. Name of Staff			d. Centre	
e. Staff's Role	Occupational Therapist	Physiotherapist	Speech and Language Therapist	Psychologist
	Social Worker	Teacher	Others (Please Specify)	

Checklist							
Description	**Competency Rating**						**Feedback**
1. The child's profile is summarised under the ECTA's three Global Child Outcomes (GCOs).	**0**	**1**	**2**	**3**	**4**	**5**	
2. Descriptions under GCO 1 - **Positive Social Emotional Development and Relationships** include some of the following elements: • Social communication/ interaction with adults and peers • Communication • Following social conventions/rules (includes transition, cooperation/compliance, participation in group activities) • Cooperative play/joint pretend play • Attachments/emotion regulations	**0**	**1**	**2**	**3**	**4**	**5**	
3. Descriptions under GCO 2 - **Acquisition and use of knowledge and skills** include some of the following elements: • Cognitive (includes concepts) • Precursor skills for building on new skills (e.g., literacy, mathematics) • Problem solving and reasoning • Communication (understands language and follows through with instructions, uses words) • Functional play and pretend play skills • Exploring the environment	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
4. Descriptions under GCO 3 - **Takes Appropriate Actions to Meet Needs** include some of the following elements: • Taking care of basic needs/Activity of Daily Living Skills • Contributing to own health and safety (follows rules) • Getting from place to place • Using tools (fork, switches, taps, phone) • Communication (through gestures, words, sounds, pictures to get what they want/need, seeks help) • Fine motor and gross motor skills	**0**	**1**	**2**	**3**	**4**	**5**	
5. *Sta*tes behaviours positively in a measurable and observable manner - **what the child is able to do** (strengths-based).	**0**	**1**	**2**	**3**	**4**	**5**	
6. States specifically the **trigger** that led to the child's behaviour as described in (5).	**0**	**1**	**2**	**3**	**4**	**5**	
7. States specifically the **context** within which the child demonstrated the behaviour (e.g., routine, sitting arrangement, location).	**0**	**1**	**2**	**3**	**4**	**5**	
8. Reference to the observation notes, AEPS CODRF and family report are consistently made.	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Writing Functional Goals and Objectives Checklist

General Information				
a. Name of Coach			c. Observation Date	/ /
b. Name of Staff			d. Centre	
e. Staff's Role	Occupational Therapist	Physiotherapist	Speech and Language Therapist	Psychologist
	Social Worker	Teacher	Others (Please Specify)	

Checklist

Functional Goals
Items 1 - 7: Goal Functionality Scale III[1]

Description	Competency Rating						Feedback
1. All the goals describe the child's participation in a routine or activity (e.g., "Child will participate in outdoor play time", as opposed to "child will participate in running").	**0**	**1**	**2**	**3**	**4**	**5**	
2. All the goals state specifically (i.e., in an observable and measurable manner) what the child will do.	**0**	**1**	**2**	**3**	**4**	**5**	
3. All the goals address a skill that is either necessary or useful for participation in home, EIPIC centre, preschool and/or community routines.	**0**	**1**	**2**	**3**	**4**	**5**	
4. All the goals state an acquisition criterion (an indicator of when the child can do the skill).	**0**	**1**	**2**	**3**	**4**	**5**	
5. All the goals have a meaningful acquisition criterion (i.e., one that shows improvement in functional behaviour) (e.g., We will know he can do this **when he holds a spoon to eat half a bowl of food**).	**0**	**1**	**2**	**3**	**4**	**5**	
6. All the goals have a generalization criterion (i.e., using the skills across routines, people, places, materials etc.). (e.g., When he holds a spoon to eat half a bowl of food **at lunch and dinner at home/ preschool and at snack time at the EIPIC centre**.)	**0**	**1**	**2**	**3**	**4**	**5**	

[1] McWilliam, R. A. (2009). *Goal functionality scale III.* Chattanooga, TN: TEIDS-Plus Study, Siskin Children's Institute.

Description	Competency Rating						Feedback
7. All the goals have a criterion for the timeframe for determining if the goal is achieved (e.g., When he holds a spoon to eat half a bowl of food at lunch and dinner at home/ preschool and at snack time at the EIPIC centre **on 3 consecutive days in a week**).	**0**	**1**	**2**	**3**	**4**	**5**	
8. Task analysis of all the goals are made to derive the objectives (Task analysis reflects: skills that are broken down into smaller sub-skills, the order of the objectives is based on the backward chaining or forward chaining approach, increasing generalisation across context, people, materials and/or instruction).	**0**	**1**	**2**	**3**	**4**	**5**	
Functional Objectives Items 9 -15: Goal Functionality Scale III[1] All objectives should be assumed to achieve independence							
9. All the objectives describe the child's participation in a routine or activity (e.g., "Child will participate in outdoor play time", as opposed to "child will participate in running").	**0**	**1**	**2**	**3**	**4**	**5**	
10. All the objectives state an acquisition criterion (an indicator of when the child can do the skill).	**0**	**1**	**2**	**3**	**4**	**5**	
11. All the objectives have a meaningful acquisition criterion (i.e., one that shows improvement in functional behaviour) (e.g., We will know he can do this **when he holds a spoon to eat a quarter of a bowl of food**).	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
12. All the objectives have a generalization criterion (i.e., using the skills across routines, people, places, materials, etc.). (E.g., When he holds a spoon to eat a quarter a bowl of food **at lunch at home/preschool and at snack time at the EIPIC centre**.)	**0**	**1**	**2**	**3**	**4**	**5**	
13. All the objectives have a criterion for the timeframe for determining if the objective is achieved (e.g., When he holds a spoon to eat a quarter of a bowl of food at lunch at home/ preschool and at snack time at the EIPIC centre **on 3 consecutive days in a week**).	**0**	**1**	**2**	**3**	**4**	**5**	
Process for Identifying Suitable Goals							
14. Parents' concerns and priorities are considered (i.e., the individual and team are able to clearly articulate and justify the link between the goal with parents' concerns and priorities).	**0**	**1**	**2**	**3**	**4**	**5**	
15. The goals are developmentally appropriate for the child (i.e., consider the child's current ability and the next zone of proximal development).	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Parent Teacher Conference Checklist

General Information				
a. Name of Coach			c. Observation Date	/ /
b. Name of Staff			d. Centre	
e. Staff's Role	Occupational Therapist	Physiotherapist	Speech and Language Therapist	Psychologist
	Social Worker	Teacher	Others (Please Specify)	

Checklist

Description	**Competency Rating**						**Feedback**
A. Physical Set-up							
1. Comfortable table and chairs.	**0**	**1**	**2**	**3**	**4**	**5**	
2. Room is free from distractions.	**0**	**1**	**2**	**3**	**4**	**5**	
B. Communication (Introduction)							
1. Welcomes and thanks family for coming and introduces self.	**0**	**1**	**2**	**3**	**4**	**5**	
2. Introduces family to team, if relevant (e.g., First PTC).	**0**	**1**	**2**	**3**	**4**	**5**	
3. Explains duration of this PTC meeting.	**0**	**1**	**2**	**3**	**4**	**5**	
4. Seeks any update to relevant information of family if relevant (e.g., phone, address, changes in family).	**0**	**1**	**2**	**3**	**4**	**5**	
C. Contingency Plans							
1. If parents have been informed not to bring child to PTC yet child attends, child is managed positively.	**0**	**1**	**2**	**3**	**4**	**5**	
2. All the objectives describe the child's participation in a routine or activity (e.g., "Child will participate in outdoor play time", as opposed to "child will participate in running").	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
D. PTC Introduction							
1. Explains the objectives of PTC. PTC: is a platform New case aim: to understand, discuss & agree on specific learning goals/objectives (IEP) for the child Review case aim: to review current IEP and understand, discuss & agree on new ones	**0**	**1**	**2**	**3**	**4**	**5**	
2. Reiterates the importance of caregiver involvement in the child's intervention	**0**	**1**	**2**	**3**	**4**	**5**	
E. IEP Introduction							
1. Explains purpose and function of IEP. • It is a learning plan that is specific to the child, it sets out, gives direction and priorities regarding what to teach. • It is jointly written and agreed upon by team (Key Worker, therapists, family) • The plan will last for 6 or 12 months • This plan will be reviewed at next PTC • Goals set are achievable goals but there may be instances in which goals are not achieved, e.g., child's absenteeism or lack of opportunity to practice at home, etc.	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
2. Shares how the goals in IEP were formulated, i.e., using relevant tools and observations of child's functioning across different activities, settings and with different professionals and family 's report.	0	1	2	3	4	5	
3. Explains family and professionals' role in IEP, i.e., family and professionals having joint ownership of IEP, family have the right to make suggestions to modify the IEP, family have a role - to carry out suggested home activities.	0	1	2	3	4	5	
F. IEP Main							
1. Begins the session on a positive note by presenting child's and family's strengths.	0	1	2	3	4	5	
2. Seeks parent's input with regards to child's recent progress/development since last screened.	0	1	2	3	4	5	
3. Understand parents' priorities, hopes and challenges. Facilitate their participation and ownership of goals.	0	1	2	3	4	5	
4. Explains child's present level of functioning, current IEP goals and learning priorities (relating to the parents' priorities and goals) and the people involved in implementing the IEP Provides sample of what child did if appropriate.	0	1	2	3	4	5	
5. Identifies Overall Family Outcome Statement.	0	1	2	3	4	5	

Description	Competency Rating						Feedback
6. Establishes the link between agreed IEP goals to Family Outcomes Statements invites therapist(s) (if present) to present their respective domain(s).	**0**	**1**	**2**	**3**	**4**	**5**	
7. Facilitates parents to identify how goals could be implemented at home. Demonstrates with equipment and gives examples (where necessary).	**0**	**1**	**2**	**3**	**4**	**5**	
8. Listens actively, encourages parents to ask questions, e.g., ask about home routines, ask about other child's participation in other context, e.g., mainstream pre-school, opportunities for child to interact and communicate.	**0**	**1**	**2**	**3**	**4**	**5**	
9. Ensures parents have opportunities to clarify and ask questions, allows time for family to talk.	**0**	**1**	**2**	**3**	**4**	**5**	
10. Uses open ended questions. E.g., which key words do you feel it would be useful to teach Child X to say? E.g., which activities do you think you would be able to help with at home?	**0**	**1**	**2**	**3**	**4**	**5**	
11. Reiterates and facilitates the collaborative nature of the PTC process.	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
For Existing Case							
1. Goes through the above steps for PTC Introduction and IEP Main but presents them briefly with the aim to recap or review (however if it is a different parent who attends, go through PTC introduction, IEP introduction and IEP Main like a new case).	**0**	**1**	**2**	**3**	**4**	**5**	
2. Presents new IEP for the next duration (as in PTC Main).	**0**	**1**	**2**	**3**	**4**	**5**	
3. Initiate transition plan discussion. For children who are 5yrs+ for whom this may be the last Review/IEP meeting prior to transition.	**0**	**1**	**2**	**3**	**4**	**5**	
G. PTC Closure							
1. Obtains all stakeholders (parents, therapists and Key Workers) agreement on IEP and all sign off. If minor amendments are to be made, Key Worker amends and prints. If not possible to make immediate change, Key Worker assures parents that modified version would be sent to them within a week for them to sign.	**0**	**1**	**2**	**3**	**4**	**5**	
2. If parents refuse to sign off, team to work with parents to understand their perspective (if no time then organize another meeting to discuss) and if possible, re-work and amend IEP to satisfaction of both team and parents.	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
3. If not possible to reach agreement e.g., parents' expectations re learning goals are not realistic within time frame, parents have the option of surfacing their concerns to supervisor/EIPIC manager.	**0**	**1**	**2**	**3**	**4**	**5**	
4. Explain how parents can contact the team if they have any questions or concerns (i.e., contact number, communication book).	**0**	**1**	**2**	**3**	**4**	**5**	
5. Thanks family for coming and participating.	**0**	**1**	**2**	**3**	**4**	**5**	
H. Documentation							
1. Standard format available: Brief notes of the session, participants, key points made and filed in child's file. File is accessible to all team members.	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
Competent	**3**	Achieved all requirements; usually performed at a satisfactory level. Able to perform requirements independently most of the time. Requires occasional and minimal support and/or coaching.
	4	Always performed at a satisfactory level; occasionally exceeded this level of performance. Able to perform the task independently.
Advanced	**5**	Always performed at a satisfactory level; frequently exceeded this level of performance. Able to provide support and/or coaching to others.

Routines-based Schedule Planning and Functional Intervention Checklist

General Information				
a. Name of Coach			c. Observation Date	/ /
b. Name of Staff			d. Centre	
e. Staff's Role	Occupational Therapist	Physiotherapist	Speech and Language Therapist	Psychologist
	Social Worker	Teacher	Others (Please Specify)	

Checklist

Description	**Competency Rating**						**Feedback**
1. The schedule is based on the class routine.	**0**	**1**	**2**	**3**	**4**	**5**	
2. Interventions are based on Individualised Educational Plans (IEP) goals and objectives.	**0**	**1**	**2**	**3**	**4**	**5**	
3. Interventions are clearly described (e.g., routines and intervention schedule, activity plan, lesson plan, etc.) and embedded within each routine for each child.	**0**	**1**	**2**	**3**	**4**	**5**	
4. Developmentally appropriate activities are planned. ***Qualifier**: Select and design activities to suit each child's development and interest (e.g., kinaesthetic-based activities for children "on the move", cause and effect play for children who are developmentally aged 18 months and younger).*	**0**	**1**	**2**	**3**	**4**	**5**	
Delivery of Intervention - Embedded Learning Opportunity							
5. Follow the child's lead when the child is engaged in the activity. ***Qualifier**: E.g., have a range of items in the area and let the child choose, join in the child and initiate the actions; play; verbalisation; make comments on the child's actions/verbalisation/ comments*	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
6. Responding to the child's behaviour.							
6a. Respond positively to the child's desirable behaviour (e.g., to learn new skills/follow rules), attempts to repeat the desirable behaviour, and/or attempts to try something new/different. ***Qualifier:*** *Acknowledge immediately every desirable behaviour that the child initiates with a positive consequence (e.g., continued engagement/elaboration in the activity).*	**0**	**1**	**2**	**3**	**4**	**5**	
6b. Respond to the child's behaviour (e.g., obsessions, rigidity, difficulty with transition, etc.) by modifying the activity/shaping/ acknowledging the child's behaviour verbally. ***Qualifier:*** *Some strategies include redirection, distraction, setting clear expectations, use of visual supports to enhance understanding and flexibility, and labelling the child's emotions and behaviour.*	**0**	**1**	**2**	**3**	**4**	**5**	
7. Provide appropriate incidental teaching strategies and support or accommodation to maintain and/or enhance child engagement (e.g., with the environment, people, and objects) in the activities. ***Qualifier:*** *E.g., giving choices, use of communicative temptations, playful obstruction, jeopardizing expectations, and predictable routines.*	**0**	**1**	**2**	**3**	**4**	**5**	

Description	Competency Rating						Feedback
8. Encourage independence: give the child no more help than is needed. ***Qualifier:*** *wait to see what the child will do spontaneously when presented with task/activity. If needed, model or guide the child towards specific actions.*	**0**	**1**	**2**	**3**	**4**	**5**	
9. Facilitate spontaneous interactions between peers.	**0**	**1**	**2**	**3**	**4**	**5**	

Ratings Description (Based on expectation for the stage of training)		
Not Applicable	**0**	Not applicable
Developing	**1**	Achieve few requirements; seldom performed at a satisfactory level. Requires substantial support and/or coaching.
	2	Achieved some, but not all requirements; occasionally performed at a satisfactory level. Requires substantial support and/or coaching.
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This publication aims to provide guidance to the EIPIC service providers on evidence-based principles and practices for providing effective early intervention to children with special needs. Topics covered include an overview and a detailed description of the five foundational early intervention pillars and how it is contextualised to the EIPIC setting in Singapore. A case study is included to facilitate the integration of the principles of early intervention and how it looks like in practice. How these principles and practices can be installed, maintained and sustained is shared in the last two chapters of this book. It is hoped that the recommended practices in this book will contribute to the continuous development and progress of early intervention services in Singapore.

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