



# Check for Understanding

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MISSION & KEY PRINCIPLES – FACILITATOR COPY

Developed by the Universal Online Part C EI Curriculum Workgroup -  
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## Check for Understanding – Mission and Key Principles

Completing an online module is just one part of an effective professional development opportunity. This ***Check for Understanding*** document includes follow-up questions in a variety of formats, including multiple choice, reflective and case study examples, to help you measure the learner’s understanding of the module’s content and his/her ability to apply this knowledge to daily practice.

These questions can be used to not only assist in determining the learner’s understanding of the material, but to also enhance retention and transfer of learning. Depending on your organization’s resources, learners could complete these activities on paper, electronically through a survey tool or LMS, or through face-to-face discussions as part of a learning community, supervision or mentoring.

### Mission and Key Principles – Answer Key

#### Multiple Choice Questions

1) Which of the following is an example of the first Key Principle?

***Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.***

a) The occupational therapist always brings bubbles to Taneika’s visit because she enjoys them.

**b) Nasir’s mother teaches him the concept of in and out when he “helps” her put the clothes in the dryer.**

c) Megan practices walking up and down stairs on the training staircase at the therapy clinic.

d) The special instruction provider works on Alex’s expressive language by having him name flashcards.

2) Which of the following is an example of the second Key Principle?

***All families, with the necessary supports and resources, can enhance their children’s learning and development.***

a) The team recommends a lot of therapy for Josie because both of her parents are really busy and aren’t able to spend much time with her.

b) The speech language pathologist doesn't ask how the recommended strategies are being implemented because the family's life is very chaotic. She doesn't want to cause the family more stress.

**c) The occupational therapist coaches Grayson's father on how to use pictures of Grayson's toys to make choices.**

d) The service coordinator knows her new family will use the recommended strategies because both of the parents have college degrees.

3) Which of the following is an example of the third Key Principle?

***The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.***

**a) The physical therapist provides feedback to Lily's grandmother about how to support Lily's arm when she is attempting to use a spoon.**

b) Michael's mother does the dishes while Michael and the special instruction provider work on play skills in the living room.

c) The speech language pathologist provides his services to Clara in the classroom while the other children in the childcare center go outside.

d) The social worker tells Thanh's mother to work on different activities he has planned for the family.

4) Which of the following is an example of the fourth Key Principle?

***The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.***

a) The service coordinator only reviews the child's IFSP outcomes with the family at the periodic (6 month) reviews.

b) The speech language pathologist always plans her services for 4x a month for 1 hour each visit.

c) The occupational therapist always provides services in the living room.

**d) The special instruction provider asks the family how they would like to receive information and then makes adjustments in how he provides it.**

5) Which of the following is an example of the fifth Key Principle?

***IFSP outcomes must be functional and based on children's and families' needs and priorities.***

**a) Mason's parents really want the family to eat dinner together, but Mason's behavior is preventing this from happening. The team develops the following outcome: "Every night at dinner for a week, Mason will sit in his highchair and use his fingers to feed himself at least half of his meal."**

b) The team develops Katie's outcomes based on the test items she missed on her initial evaluation.

c) The occupational therapist, physical therapist, and speech language pathologist each make their own IFSP outcomes based on their area of expertise.

d) The physical therapist develops an outcome for Arianna based on her diagnosis.

6) Which of the following is an example of the sixth Key Principle?

***The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.***

a) Alissa receives PT, OT and speech therapy weekly.

b) Omar receives special instruction. He does not have another EI provider on his team.

c) Lin receives special instruction three times a month and OT one time a month. The providers do not meet regularly to discuss the child's ongoing progress.

**d) Haley receives speech therapy on a weekly basis. There is also a physical therapist and special instruction provider on her team who provide consultation to the speech language pathologist when needed.**

7) Which of the following is an example of the seventh Key Principle

***Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.***

a) The occupational therapist reads about an intervention that was used with a celebrity's child. She recommends it to her families.

b) The special instruction provider uses the same intervention strategies that he has always used.

**c) The physical therapist follows the requirements of IDEA and her state rules and regulations.**

d) The service coordinator recommends a gluten-free diet for all of her families because she heard from one of her friends that it cured her cousin's son's autism.

### Select the Best Option

Identify which statements reflect one or more of the Key Principles and which ones do not.

Statements	Looks Like a Key Principle	Does NOT Look Like a Key Principle
Sending the message that the more service providers involved the more gains the child will make		X
Developing a team based on the child and family outcomes and priorities	X	
Making time for team members to communicate formally and informally	X	
Defining team from only the professional disciplines that match the child's deficits		X
Having separate providers seeing the family at separate times and addressing separate outcomes		X
Understanding when to ask for additional support and collaboration from team members	X	

Adapted from the **Service Coordination Online Training Workbook**, developed by the Early Intervention Training Program. Retrieved from: <https://blogs.illinois.edu/files/6150/394126/161921.pdf>

### Reflective Questions for a Deeper Dive:

1. Review the ***Agreed Upon Practices*** developed by the **Workgroup on Principles and Practices in Natural Environments**:

[http://www.ectacenter.org/~pdfs/topics/families/AgreedUponPractices\\_FinalDraft2\\_01\\_08.pdf](http://www.ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf). Pick one section to focus on:

- First Contacts with Families from Referral to the IFSP Meeting
- The IFSP Meeting
- Ongoing Intervention Practices

How many of these practices are you currently implementing?

**Supervisor tip – Have the service provider describe or give examples of how they are implementing the practices.**

Which two practices would you like to begin using? Develop a plan for how these practices will become part of your ongoing work. Share your plan with your supervisor, coach, or mentor.

**Supervisor tip – Is the plan reasonable? Are there other implementation strategies you can share with the staff person?**

2. Review the ***Key Principles of Early Intervention and Effective Practices: A Crosswalk with Statements from Discipline Specific Literature***.

[http://ectacenter.org/~pdfs/topics/eiservices/KeyPrinciplesMatrix\\_01\\_30\\_15.pdf](http://ectacenter.org/~pdfs/topics/eiservices/KeyPrinciplesMatrix_01_30_15.pdf)

How does the position statement from your discipline support or align with the key principles?

Which key principle has the biggest impact on how your discipline delivers early intervention services?

## Case Stories

1) Javier is a 26-month-old child who is enrolled in Part C services due to communication and social-emotional delays. At his initial IFSP, the team planned outcomes related to Javier using words or gestures to communicate with his friends and mother instead of biting; Javier asking for toys instead of just grabbing them or having a tantrum; and for Javier to play with his trains on the train track instead of just spinning the train wheels.

His IFSP team includes his parents, a Licensed Professional Counselor (LPC- behavior intervention - primary provider) and a speech language pathologist (consult/support). At the initial IFSP, the team planned weekly visits with the LPC and a social-emotional evaluation by the LPC two months after the IFSP was implemented. The team met after this evaluation to discuss Javier's progress and to determine if the original services were still appropriate. At this time, the team determined the outcomes, services, and primary providers were still appropriate for Javier's needs. At the periodic (6 month) review, the team determined that Javier has met his outcome related to increasing his functional play. Javier's parents report Javier has started removing his clothes in public and refusing to get dressed many mornings. The team added an outcome to support the family with their concerns and agreed that an occupational therapist will be added to the team. The OT provided a consultation visit with the LPC. The team met after the consultation visit and determined that the OT is the most appropriate primary provider for Javier's needs. The team removed the weekly visits with the LPC and added weekly visits with the OT.

Which key principles were demonstrated in the case story?

### **Answer-**

**Principle 4 - The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.**

**Principle 5 - IFSP outcomes must be functional and based on children's and families' needs and priorities.**

**Principle 6 - The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.**



2) You arrive for your first visit with a family after the IFSP has been developed. Tricia, the child's mom, is very happy to see you and ushers you into the living room. The child is sitting on the living room floor surrounded by toys. Tricia says, "I am glad you are here. I have to finish cleaning the kitchen and then get started on the laundry. Let me know if you need any other toys."

What can you do to let Tricia know that you believe infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts, and families can enhance their children's learning and development? (Principles 1 and 2)

**Answer – Key Concepts to look for**

- **Let Tricia know that she is the most important person in her child's life. Explain that we know from brain research that learning and development occur through relationships. The ECI team will support her relationship with her child.**
- **Explain that early intervention services will teach strategies Tricia can use throughout her whole day with her child. The early intervention visit is a time to help identify times and activities that are challenging and the type of help she may need. The ECI team works together with the parent or caregiver to come up with solutions.**
- **Explain that the ECI team does not want intervention to be something "extra" on top everything else the family is doing. The team can teach the parent or caregiver things to help support the child's development while they are cleaning the kitchen and doing laundry.**

3) You are the primary service provider for Kelsey, a 28-month-old child who is enrolled in Part C services due to a qualifying medical diagnosis, Down syndrome, and global delays. At her IFSP meeting, the team planned that you would provide services four times a month. Because Kelsey recently had heart surgery to correct an atrioventricular septal defect, Kelsey's mom, Susan, asks if you can provide teleintervention services for a few months because she doesn't want to risk Kelsey getting sick.

At the first teleintervention visit, you and Susan discuss how Kelsey has been feeling since her surgery and discuss what Susan wanted to work on during today's session. While you were asking what she and Kelsey typically do during this time of day, Kelsey's older brother, Max, started jumping up and down in front of the screen to get your attention. Susan started to take him out of the room, but you encouraged her to let him stay in the room with Kelsey so he could be involved in the visit. You asked Max about Kelsey's favorite toys and showed him how to wait for her to choose what toy she wanted to play with. A few minutes later, Kelsey started fussing and Susan reported that this is when Kelsey typically has a snack. You encouraged her to reposition the tablet so you could observe Kelsey's snack time. Susan indicated that they wanted Kelsey to start using a spoon, but she didn't really seem interested in feeding herself. You asked Susan to show you the spoons that she usually uses and recommended which one would work best for Kelsey. You also suggested providing some additional support around her hips with a rolled-up towel while she was sitting in the high chair.

Which key principles were demonstrated in the case story?

**Answer-**

**Principle 1: Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.**

**Principle 2: All families, with the necessary supports and resources, can enhance their child's learning and development.**

**Principle 3: The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.**

**Principle 4: The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.**

**Principle 6: The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.**