



Implementing Evidence-Based Practices in Inclusive Center-Based Programs for Children Birth to Age 5

Nebraska Team Self Assessment

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Adapted from the original work of Dr. Robin McWilliam
Practices for Instruction, Play, and Engagement Rating Scale (PIPERS)



Name: _____

Date: _____

Directions:

This scale focuses on your program's typical and ideal practices in providing quality inclusive center-based programs. The scale consists of several items that address various program components. Each item is scored from 1 to 7. In rating each item, first read all of the descriptors and circle the number that best represents your program's most typical response. Then, on the scale below the descriptors, circle the number that represents where you would like your program to be (ideal) on this dimension. Use the even numbers if your program falls between the descriptors specified under the odd-numbered headings.

This tool has been adapted from the Practices for Instruction, Play, and Engagement Rating Scale (PIPERS) by R.A. McWilliam, with additional information from the Early Childhood Environmental Rating Scales (ECERS) and the Preschool Assessment of the Classroom Environment Scale-Revised (Raab & Dunst).

1. Program philosophy

<i>Typical Practice:</i>	1	2	3	4	5	6	7
<p>There is an absence of a clear philosophy. No system beliefs appear to guide the program practices.</p>			<p>The program may have a clearly specified philosophy but does not use it to guide program practices.</p>		<p>The program does not have a clearly specified written philosophy but does demonstrate inclusive and developmentally and culturally appropriate program practices.</p>		<p>The program has an explicitly stated and posted philosophy focusing on inclusion and developmentally and culturally appropriate beliefs and uses it to guide program practices.</p>
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

2. Professional development and training

<i>Typical Practice:</i>	1	2	3	4	5	6	7
<p>The program rarely provides on the job training and support opportunities. Training provided is determined by the agency or district without input from program staff and without follow up.</p>			<p>The program provides staff the opportunity to choose training. Training typically consists of workshops with little or no job-embedded feedback to develop new skills or practices.</p>		<p>The program provides some job-embedded professional development relative to evidence based practices with occasional feedback by a knowledgeable coach/supervisor.</p>		<p>The program consistently provides job-embedded professional development related to evidence-based practices identified by staff. Regular ongoing support/feedback by a knowledgeable coach/mentor is provided to help carry out new skills/practices.</p>
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

3. Family Partnerships

<i>Typical Practice:</i>	1	2	3	4	5	6	7
<p>In their interactions with families, program staff are usually positive and friendly. Concerns and supports are limited to the child’s progress in the classroom and staff is in charge of what happens there.</p>			<p>In their interactions with families, program staff are consistently positive, responsive, and friendly. They provide opportunities to involve families in their child’s program; however partnerships are mostly related to overall program activities (e.g. open house, newsletters, family nights etc).</p>		<p>In their interactions with families, program staff are consistently positive, responsive and friendly. In addition to overall program activities, they collaborate with families to make decisions about their child’s program and connect them with supports in the community as requested.</p>		<p>In their interactions with families, program staff are consistently positive, responsive, and friendly. They are engaged with the whole family; systematically identifying family needs and priorities and providing supports to address them.</p>
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

4. Attention to family needs

<i>Typical Practice:</i>	1	2	3	4	5	6	7
<p>Program staff assess child progress and restrict themselves to addressing child needs related to the “school” day.</p>			<p>Program staff assess child progress and make suggestions to families as they hear, by chance, about child needs in the home.</p>		<p>Program staff assess child needs and make suggestions to families as they hear, by chance, about child or family needs.</p>		<p>Program staff conduct an in-depth needs assessment of both child and family needs, and ensure families receive support to address any family needs, including making suggestions about parenting.</p>
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

5. Promoting use of appropriate terminology

<i>Typical Practice:</i>	1	2	3	4	5	6	7
	Children are usually called “mentors”, “peer models”, “neighborhood children” or they are identified by disability (e.g. “Down Syndrome” child or “Autistic” child).		Children are frequently called “disabled children”, “children without disabilities”, “typically developing children” or they are identified by funding stream , (e.g. “Head Start children”, “peer models”, “At-risk kids” etc.)		Children are mostly called “children”. Only when necessary is a label designated (e.g. “children with disabilities”, “children with typical development”).		Children are always called “children”. Only when necessary is a label designated. When this happens, people-first language is used (e.g. “a child who has autism”, “a child with an IFSP/IEP” etc.) The term “peers” refers to all children in the classroom, whether they have disabilities or not.
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

6. Child assessment practices to determine IFSP/IEP outcomes

<i>Typical Practice:</i>	1	2	3	4	5	6	7
	Only norm-referenced instruments that focus on traditional developmental domains are used for determining IFSP/IEP outcomes.		Curriculum-based instruments that focus on traditional developmental domains are used for determining IFSP/IEP outcomes.		Curriculum-based instruments are used along with routines or activity based assessment that focus on both traditional developmental domains, and child participation, social relationships, and independence are used for determining IFSP/IEP outcomes.		Routines or activity based assessments that focus on child participation, social relationships and independence are used for determining IFSP/IEP outcomes.
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

7. Purpose of IFSP/IEP child outcomes

<i>Typical Practice:</i>	1	2	3	4	5	6	7
Purpose of each child outcome is not clear (e.g. “Joey will use initial /m/ sounds”).							
			Purpose of each child outcome is overall improvement in a general developmental or skill area (e.g. “Gracie’s receptive and expressive language skills will improve during the next six months”).				
				Purpose of the child outcome is stated implicitly (i.e., we can guess why we’re working on it, e.g. “After a cup with handles is placed in her hands, Katie will grasp it for a drink when given physical support”).			
						Purpose of each child outcome is stated explicitly (i.e., we know exactly why we’re working on it) and usually involves participation in a routine (e.g. “Kari will participate in planning time by saying words. We will know she can do this when she says one identifiable word, not in imitation, three times in a week”).	
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

8. Interventions and supports within daily routines and activities

<i>Typical Practice:</i>	1	2	3	4	5	6	7
Itinerant staff pull the child out of the classroom for intervention.							
		Itinerant staff work with the child in the classroom , doing their own interventions , regardless of the ongoing classroom activity.					
				Itinerant staff join the child in whatever the child is engaged in and weave their intervention into the ongoing activities within classroom routines.			
						Itinerant staff coach the teaching staff , with modeling and feedback as appropriate, to support the child in the ongoing activities within classroom routines .	
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

9. Using specialized equipment, strategies, or assistive technology

<i>Typical Practice:</i>	1	2	3	4	5	6	7	
<p>Much specialized equipment, strategies, or assistive technology devices is used even when not directly aimed at successful functioning in everyday routines (e.g. “Child will be brushed every 2 hours” or “Standing frame is to be used twice daily for 1 hour each time”).</p>								
			<p>Some specialized equipment, strategies, or assistive technology devices is used even when not directly aimed at successful functioning in everyday routines (e.g. “Child will practice exchanging pictures for preferred items with teacher during 1:1 time”).</p>					
				<p>Some specialized equipment, strategies, or assistive technology devices designed to facilitate future development or prevent future problems is used outside of everyday routines (e.g. “Walker is used to practice walking from one side of the room to the other”).</p>				
						<p>Specialized equipment, strategies or assistive technology devices are used only when necessary for successful functioning in everyday routines (e.g. “Child uses pictures at work time and Big Mac with peers when playing a game”).</p>		
<i>Ideal Practice:</i>	1	2	3	4	5	6	7	

10. Roles of itinerant staff and classroom teacher

<i>Typical Practice:</i>	1	2	3	4	5	6	7
<p>When making classroom visits, itinerant staff primarily prescribe services or strategies which they will offer and demonstrate. Teachers listen.</p>							
			<p>When making classroom visits, itinerant staff prescribe services or strategies which they will offer and demonstrate, with opportunity for teachers to ask questions.</p>				
				<p>When making classroom visits, itinerant staff ask teachers about their concerns and then make suggestions about supports and strategies.</p>			
						<p>When making classroom visits, itinerant staff and teachers discuss their concerns and observations. The team decides together on supports and strategies.</p>	
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

11. Teaming time with itinerant staff

<i>Typical Practice:</i>	1	2	3	4	5	6	7
	Time for planning and exchanging information between program and itinerant staff is not available.	Time for planning and exchanging information between program and itinerant staff happens only “on the fly” or occasionally.	Time for planning and exchanging information between program and itinerant staff is scheduled if there is a problem situation to be addressed.	Time is for planning and exchanging information between program and itinerant staff is regularly and intentionally scheduled.			
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

12. How children spend their time

<i>Typical Practice:</i>	1	2	3	4	5	6	7
	Children spend almost all their time in adult directed activities such as circle, prepared small group lessons and one-on-one work.	Children spend about three quarters of their time in adult directed activities and about one quarter of their time in child directed activities.	Children engage in a balance of child and adult directed activities. Adults are responsive to children’s interests and actions within all activities.	Children engage in a balance of child and adult directed activities. Adults are responsive to children’s interests and actions within all activities and expand and/or extend children’s learning.			
<i>Ideal Practice:</i>	1	2	3	4	5	6	7

13. Active participation*

Typical Practice:	1	2	3	4	5	6	7
	Children with disabilities are not actively participating in most of the regular classroom curriculum because they are pulled out for individual instruction or their instruction occurs separately from their peers.	Children with disabilities are physically present for most of the regular classroom curriculum but do not have a means of actively participating.	Children with disabilities are physically present and have a means of actively participating in about half of the regular classroom curriculum.	Children with disabilities have a means of actively participating in most of the regular classroom curriculum.			

Ideal Practice:	1	2	3	4	5	6	7

* child has an active role within the context of activities that is the same as or similar to peers such that he/she has the opportunity to achieve the same curricular goals as all children in the classroom

14. Child engagement*

Typical Practice:	1	2	3	4	5	6	7
	Children are engaged with adults most of the day , watching or listening to adults in adult directed activities or in one-on-one interactions with adults.	Children are engaged with adults most of the day , but specific activities are planned for peer interactions or engagement with materials .	Children are engaged with peers and materials for about half the day and with adults for about half the day.	Children are engaged with peers and materials for most of the day , with adults supporting such engagement.			

Ideal Practice:	1	2	3	4	5	6	7

* amount of time children spend involved with the environment (teachers, peers materials) appropriate to age and abilities

15. Responsive and incidental teaching strategies* (involves elaborating on or expanding child engagement by following his/her lead in naturally occurring activities)

Typical Practice:	1	2	3	4	5	6	7
	Staff rarely uses responsive or incidental teaching strategies. Either no teaching is occurring or teaching is highly directive.		Staff uses responsive and incidental teaching strategies some of the time but Teaching is more directive than responsive. The focus is on the isolated strategy , rather than promoting meaningful learning.		Staff uses responsive and incidental teaching strategies some of the time. The focus is on the promotion of meaningful learning .		Staff uses responsive and incidental teaching strategies the majority of the time. The focus is on the promotion of meaningful learning .
Ideal Practice:	1	2	3	4	5	6	7

** involves elaborating on or expanding child engagement by following his/her lead in naturally occurring activities*

16. Positive Behavior Support *

Typical Practice:	1	2	3	4	5	6	7
	Staff react inconsistently to children’s inappropriate behavior with voice control (i.e., shouting”), physical handling (e.g., moving a child), and timed time out (e.g., one minute for every year of child’s age).		Staff follow a consistent “behavior management” plan maintaining enough control to prevent children from hurting one another.		Staff follow a positive behavior management plan i.e., attending to desired behaviors, redirecting as necessary, ignoring inappropriate behaviors when possible (e.g., no talk, no explanations at the time of the infraction).		Staff teach children how to manage their behavior through use of positive behavior supports i.e., attending to desired behaviors, redirecting as necessary and ignoring inappropriate behaviors, while also actively teaching children problem solving skills.
Ideal Practice:	1	2	3	4	5	6	7

** strategies which utilize positive reinforcement and expectations*

17. Use of child and program data

Typical Practice:	1	2	3	4	5	6	7
	Staff use little or no data to make decisions about any aspect of the program.		Staff use some data to make decisions about child progress, but only at specific points in time (e.g. entry and exit).		Staff use data to make decisions about child progress and to influence overall program practices .		Staff consistently use targeted ongoing data to influence decisions about desired effects for both individual children and program practices .
Ideal Practice:	1	2	3	4	5	6	7

18. Transition for Children with IFSPs/IEPs

Typical Practice:	1	2	3	4	5	6	7
	Transition practices occur only as required by NDE Rule 51 and focus on family and child needs and services as stated on the IFSP/IEP.		Transition practices focus on child participation in the current center-based activities to determine needs and services , with little consideration of activities in the new setting or program .		Transition practices focus on child participation in future environments with priorities for needs and services determined by the child's team , which may include: family, services coordinator, preschool, child care providers, kindergarten teacher, and SPED staff. The child may have visited the new setting or program prior to the transition.		Transition practices are individualized for each child and family . Transition steps are developed by the whole team and highlight the child's successful participation in the new setting . In order to plan effectively, the child should have an opportunity to actually experience the activities in future environments .
Ideal Practice:	1	2	3	4	5	6	7

Now look back over your responses. Look at the difference between your typical practice and your ideal practice. What factors contribute to the discrepancy? What are some solutions to help you move forward?

Practice	Barriers	Solutions
1. Program Philosophy		
2. Professional development and training		
3. Family Partnerships		
4. Attention to family needs		
5. Promoting use of appropriate terminology		
6. Child assessment practices to determine IFSP/IEP outcomes		
7. Purpose of IFSP/IEP child outcomes		
8. Interventions and supports within daily routines and activities		

Practice	Barriers	Solutions
9. Using specialized equipment, strategies, or assistive technology		
10. Roles of Itinerant staff and classroom teachers		
11. Teaming time with itinerant staff		
12. How children spend their time		
13. Active participation		
14. Child engagement		
15. Responsive and incidental teaching strategies		
16. Positive Behavior Supports		

Practice	Barriers	Solutions
17. Use of child and program behavior		
18. Transition practices focus on inclusion		