New Program Rule 24 Matrix

**Revised Program Table of Alignment of Standards and Assessments**

**Name of Institution:**

**Date Submitted:**

Endorsement: **SPED-EARLY INTERVENTION SPECIALIST** Grade Levels: **Birth-PK**

Total Hours Required by Rule 24: **21 Program Hours Required by Institution:** Endorsement Type: **SUPPLEMENTAL**

| **Place an X in the box corresponding to the course that meets the following requirements:** | | **List the courses the institution requires to meet Rule 24 requirements, associated Guidelines, and program hours required by the institution for this endorsement in the first row: (If more than 35 courses please fill out additional sheets)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D Certification Endorsement Requirements:** This endorsement requires a minimum of **21 semester hours**, which must include | **EXAMPLE: CHEM 101 or 102 3 CR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a minimum of **15 semester hours** in early childhood special education and | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a minimum of **6 semester hours** in typical early childhood development. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D1 A minimum of 160 clock hours of field experiences. Field experiences must be conducted in preschool settings, which include home-based and center-based programs serving children who have verified disabilities, with their families, and other personnel responsible for their care and education. Of the 160 clock hours, a minimum of 80 clock hours must focus on children ages birth through two years of age and a minimum of 80 clock hours must focus on pre-school aged children, ages 3 through prekindergarten. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D2 Additional Requirements: An applicant for this endorsement must have, or earn concurrently, the Special Education endorsement at the K-6 or K-12 level. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Promoting Child Development and Learning** Have a child development knowledge base and use their understanding of young children’s characteristics and needs, and of multiple interacting influences on children’s development and learning, to create environments that are healthy, respectful, supportive, and challenging for each child. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Know and understand young children’s characteristics and needs, from birth to kindergarten. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Know and understand the multiple influences on early development and learning. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use developmental knowledge to create healthy, respectful, supportive, and challenging learning environments for young children. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Learner Development and Individual Learning Differences** Understand how disabilities may interact with development and learning and use this knowledge to provide meaningful and challenging learning experiences for infants, toddlers, and preschool-age children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Understand how language, culture, and family background influence the learning of young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use understanding of development from birth to kindergarten and individual differences to respond to the needs of young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indicators include, but are not limited to:   * + 1. Theories of typical and atypical early childhood development.     2. Biological and environmental factors that affect pre-, peri-, and postnatal development and learning.     3. Specific disabilities, including the etiology, characteristics, and classification of common disabilities in infants and young children, and specific implications for development and learning in the first years of life.     4. Impact of medical conditions and related care on development and learning.     5. Impact of medical conditions on family concerns, resources, and priorities.     6. Factors that affect the mental health and social-emotional development of infants and young children.     7. Infants and young children develop and learn at varying rates.     8. Impact of child’s abilities, needs, and characteristics on development and learning.     9. Impact of social and physical environments on development and learning.     10. Impact of language delays on cognitive, social-emotional, adaptive, play, temperament and motor development.     11. Impact of language delays on behavior. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Learning Environments** Create safe, inclusive, culturally responsive learning environments so that infants, toddlers, and preschool-age children with disabilities become active and effective learners and develop emotional well-being, positive social interactions, and self-determination. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Through collaboration with family, care providers, early childhood educators, and other colleagues, create safe, inclusive, culturally responsive environments to engage young children with disabilities in meaningful learning activities and social interactions. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use developmentally-appropriate and instructional interventions to teach young children with disabilities how to adapt to different environments. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Know how to intervene safely and appropriately with young children with disabilities in crisis. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indicators include, but are not limited to:   * + 1. Select, develop, and evaluate developmentally and functionally appropriate materials, equipment, and environments.     2. Organize space, time, materials, peers, and adults to maximize progress in natural and structured environments.     3. Embed learning opportunities in everyday routines, relationships, activities, and places.     4. Structure social environments, using peer models and proximity, and responsive adults, to promote interactions among peers, parents, and caregivers.     5. Provide a stimulus-rich indoor and outdoor environment that employs materials, media, and adaptive and assistive technology, responsive to individual differences.     6. Implement basic health, nutrition and safety management procedures for infants and young children.     7. Use evaluation procedures and recommend referral with ongoing follow-up to community health and social services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Curricular Content Knowledge** Use knowledge of general and specialized curricula to individualize learning for infants, toddlers, and preschool-age children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Understand the key developmental milestones across all developmental domains, daily routines, and needs of young children, and tools of inquiry to plan for developmental and functional outcomes for young children. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Can organize their knowledge of child development and disabilities, integrate with cross-disciplinary input, and develop meaningful learning progressions for young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Understand and use general and specialized knowledge of typical and atypical development for teaching across settings and developmental domains, and to individualize learning for young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Modify curricula for infants, toddlers, and preschool-age children to make them accessible and appropriate to young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Assessment** Use multiple methods of assessment and data-sources in making educational decisions. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Select and use technically sound formal and informal assessments that minimize bias. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use knowledge of measurement principles and practices related to assessment of infants, toddlers, and preschool-age children to interpret assessment results and guide educational decisions for young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. In collaboration with colleagues and families, use multiple types of assessment information in making programming decisions about young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Engage young children with disabilities and family members and/or care providers in quality assessments and provide ongoing feedback to guide them in making decisions regarding their interactions with young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indicators include, but are not limited to:   * + 1. Role of the family in the assessment process.     2. Legal requirements that distinguish among at-risk, developmental delay and disability.     3. Alignment of assessment with curriculum, content standards, and local, state, and federal regulations.     4. Assist families in identifying their concerns, resources, and priorities.     5. Integrate family priorities and concerns in the assessment process.     6. Assess progress in the five developmental domains, play, and temperament.     7. Select and administer assessment instruments in compliance with established criteria.     8. Use informal and formal assessment to make decisions about infants and young children’s development and learning.     9. Gather information from multiple sources and environments.     10. Use a variety of materials and contexts to maintain the interest of infants and young children in the assessment process.     11. Participate as a team member to integrate assessment results in the development and implementation of individualized plans.     12. Emphasize child’s strengths and needs in assessment reports.     13. Produce reports that address development across domains and any functional concerns identified in routine natural learning environments.     14. Conduct ongoing formative child, family, and setting assessments to monitor instructional effectiveness. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Instructional Planning and Strategies** Select, adapt, and use a repertoire of evidence-based instructional strategies to advance learning of infants, toddlers, and preschool-age children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Consider a child’s and family’s abilities, interests, learning environments, and cultural and linguistic factors in the selection, development, and adaptation of learning experiences for young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use technologies to support instructional assessment, planning, and delivery for young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Are familiar with augmentative and alternative communication systems and a variety of assistive technologies to support the movement, access, socialization, communication, and learning of young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use evidence-based strategies to enhance feeding, movement, cognition, language, literacy, social and play development, and skills for optimizing independence of young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Develop and implement a variety of transition plans for young children with disabilities across a wide range of settings and different learning experiences in collaboration with families, service coordinators, care providers, teachers, and members of IFSP/IEP teams. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Teach to mastery and promote generalization of learning for functional participation in everyday routines and activities at home, community and preschool classrooms. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Promote acquisition of knowledge and skills for critical thinking and problem solving for young children with disabilities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indicators include, but are not limited to:   * + 1. Concept of universal design for learning.     2. Theories and research that form the basis of developmental and academic curricula and instructional strategies for infants and young children.     3. Developmental and academic content.     4. Connection of curriculum to assessment and progress monitoring activities.     5. Plan, implement, and evaluate developmentally appropriate curricula, instruction, and adaptations based on knowledge of individual children, the family, and the community.     6. Facilitate child-initiated development and learning.     7. Use teacher-scaffolded and initiated instruction to complement child-initiated learning.     8. Link development, learning experiences, and instruction to promote educational transitions.     9. Use individual and group guidance and problem-solving techniques to develop supportive relationships with and among children.     10. Use strategies to teach social skills and conflict resolution.     11. Use a continuum of intervention strategies to support access of young children in the general curriculum and daily routines.     12. Implement and evaluate preventative and reductive strategies to address challenging behaviors.     13. Develop, implement, and evaluate individualized plans with family members and other professionals, as a member of a team.     14. Plan and implement developmentally and individually appropriate curriculum.     15. Design intervention strategies incorporating information from multiple disciplines.     16. Implement developmentally and functionally appropriate activities, using a variety of formats, based on systematic instruction.     17. Align individualized goals with developmental and academic content.     18. Develop individualized plans that support development and learning as well as caregiver responsiveness.     19. Develop an individualized plan that supports the child’s independent functioning in the child’s natural environments.     20. Make adaptations for the unique developmental and learning needs of children, including those from diverse backgrounds.     21. Know appropriate ways to assist the family in planning for transition between providers and settings that assures continuity of intervention strategies and outcomes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Professional Learning and Ethical Practice** Use foundational knowledge of the field and their professional Code of Ethics and Recommended Practices to inform special education practice, to engage in lifelong learning, and to advance the profession. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Understand how foundational knowledge of developmental and learning theories, research, laws, and current issues influence professional practice. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Understand that diversity is a part of families, cultures, and schools, and that complex human issues can interact with the delivery of special education services. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Understand the significance of lifelong learning and participate in professional activities and learning communities. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Advance the profession by engaging in activities such as advocacy and mentoring of colleagues and trainees. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Provide guidance and direction to child care providers, paraeducators, and volunteers. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indicators include, but are not limited to:   * + 1. Legal, ethical, and policy issues related to educational, developmental, and medical services for infants and young children, and their families.     2. Advocacy for professional status and working conditions for those who serve infants and young children, and their families.     3. Recognize signs of emotional distress, neglect, and abuse, and follow reporting procedures.     4. Integrate family systems theories and principles into professional practice.     5. Respect family choices and goals.     6. Apply models of team process in early childhood.     7. Participate in activities of professional organizations relevant to early childhood special education and early intervention.     8. Apply evidence-based and recommended practices for infants and young children including those from diverse backgrounds.     9. Advocate on behalf of infants and young children and their families. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Collaboration** Collaborate with families, care providers, other educators, related service providers, and personnel from community agencies in culturally responsive ways to address the needs of individuals with disabilities across a range of natural learning experiences. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use the theory and principles of effective consultation and collaboration. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Serve as a collaborative resource to colleagues. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Use consultation and collaboration to promote the well-being of young children with disabilities across a wide range of settings and collaborators. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indicators include, but are not limited to:   * + 1. Structures supporting interagency collaboration, including interagency agreements, referral, and consultation.     2. Collaborate with caregivers, professionals, and agencies to support children’s development and learning.     3. Support families’ choices and priorities in the development of goals and intervention strategies.     4. Implement family-oriented services based on the family’s identified resources, priorities, and concerns.     5. Provide consultation in settings serving infants and young children.     6. Involve families in evaluation of services.     7. Participate as a team member to identify and enhance team roles, communication, and problem-solving.     8. Employ adult learning principles in consulting and training family members and service providers.     9. Implement processes and strategies that support transitions among settings for infants and young children. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |