

AEPS

**Assessment, Evaluation,
and Programming System
for Infants and Children**

SECOND EDITION

**VOLUME
3**

Curriculum for
Birth to Three Years

DIANE BRICKER



Assessment, Evaluation,
and Programming System
for Infants and Children

SECOND EDITION



Curriculum for Birth to Three Years

by

Diane Bricker, Ph.D.
University of Oregon, Eugene

and

Misti Waddell, M.S.
University of Oregon, Eugene

with

Betty Capt, Ph.D., OTR, JoAnn (JJ) Johnson, Ph.D.,
Kristie Prett-Frontczak, Ph.D., Kristine Slentz, Ph.D.,
and Elizabeth Straka, Ph.D., CCC-SLP



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by Diane Bricker, Ph.D., Betty Capt, Ph.D., OTR,
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In large part, the changes included in the *AEPS Curriculum for Birth to Three Years, Second Edition*, reflect the input from the many caregivers and interventionists who have been using the curriculum ideas and activities since 1994. In addition to providing valuable feedback for the second edition, their support and commitment has provided inspiration to continue working on the AEPS.

The feedback from AEPS users provided the impetus for two changes reflected in this edition: 1) to streamline the teaching suggestions for the goals and associated objectives so the material presented is more user friendly and 2) to include some specific intervention activities and activity formats that address children's targeted AEPS goals and objectives. The individuals who contributed to this first change by combining the information provided for each of the goals and the associated objectives and eliminating redundancy included Erika Hinds, Meghan Johnson, and Kimberly Murphy. Matty Maxwell is responsible for the formatting change that presents the Activity-Based Teaching Suggestions into typical daily routine categories. Alise Carter, Jantina Clifford, and Natalya McComas were involved in brainstorming ideas for activity formats that are most useful in home and other child care environments. Jantina contributed many of the routine activities targeting multiple goals/objectives garnered from her classroom experiences, and Alise contributed to the Routine Activity Format II contained in Appendix B and the purpose and introductory information for each of the activity formats included in the Appendixes.

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Introduction to the AEPS and Volume 3

The importance of early experience for young children has long been recognized and has been the foundation for early intervention programs designed for young children who have or who are at risk for disabilities. Early intervention programs have evolved into comprehensive approaches that produce positive change in the lives of participating children and their families. In large measure, the increasingly positive outcomes engendered by early intervention programs have occurred because of the growing sophistication of personnel, curricular materials, and assessment/evaluation tools. Previous approaches that treat program components as isolated and unrelated units are being replaced by approaches that systematically link the major components of assessment, goal development, intervention, and evaluation. The *Assessment, Evaluation, and Programming System for Infants and Children (AEPS®)* is one such linked approach.

This is the third volume of the AEPS series. Figure 1 shows the four volumes and presents an overview of each volume's content. The focus of Volume 3 is the curricular materials designed to accompany the *AEPS Test for Birth to Three Years* contained in Volume 2.

WHAT IS THE AEPS?

The AEPS offers a variety of related materials that enhance the link between assessment outcomes, targeted goals, intervention activities, and evaluation strategies. The AEPS is referred to as a system because its components work together to assist interventionists and caregivers in developing functional and coordinated assessment, goal, intervention, and evaluation activities for young children who have or who are at risk for disabilities. The AEPS is a comprehensive and linked system that includes assessment/evaluation, curricular, and family participation components for the developmental range from birth to 6 years. The AEPS is divided into two developmental levels—Birth to Three Years and Three to Six Years. Also, as shown in Figure 1, each level is composed

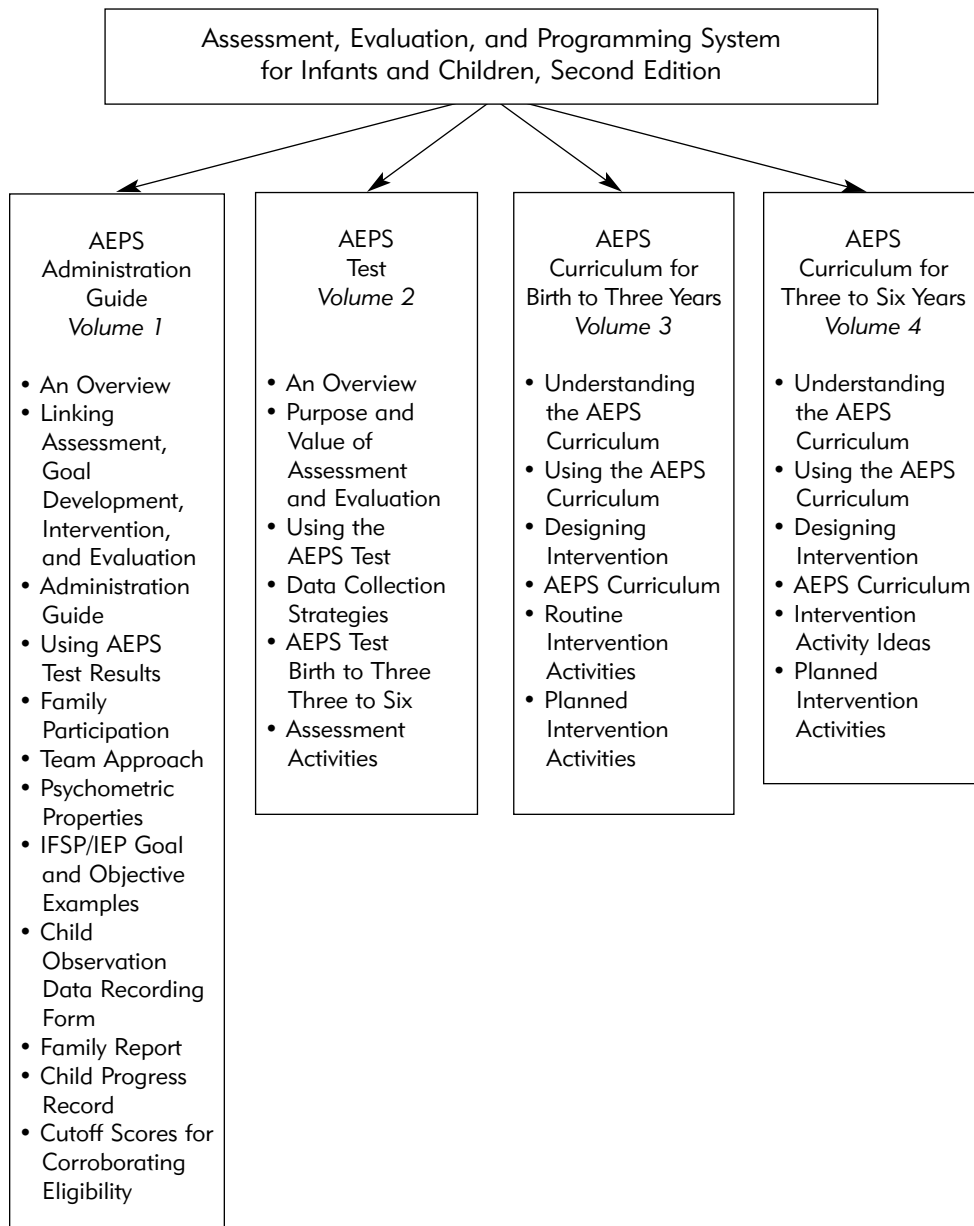


Figure 1. Four volumes of the *Assessment, Evaluation, and Programming System for Infants and Children, Second Edition*.

of a test contained in Volume 2 and an associated curriculum contained in Volume 3 (Birth to Three Years) or Volume 4 (Three to Six Years).

Volume 1 presents information on the conceptual and organizational structure of the AEPS, how to get started using the system, components of a linked system, interpretation of test outcomes, family involvement strategies in the assessment/evaluation process, and team collaboration suggestions when using

the system. Also in Volume 1, a new strategy for using AEPS test results to corroborate standardized, norm-referenced test findings for eligibility determination is described.

Volume 2 contains the test items for the birth to three year level and the three to six year level divided into six developmental areas: Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social. Volume 2 also contains Assessment Activities that are simple scripts to guide the assessment of a range of AEPS test items during specific activities (see Volume 2, Appendix A).

Volumes 3 and 4 contain the curricular material for the developmental range birth to three and three to six years, respectively. In addition, these volumes contain a variety of intervention activities appropriate for a range of children.

OVERVIEW OF VOLUME 3

Volume 3, AEPS Curriculum for Birth to Three Years, is the curricular component of the *AEPS Test for Birth to Three Years* and was developed for two purposes. First, the AEPS Curriculum provides interventionists (e.g., teachers, child development specialists, occupational therapists, physical therapists, psychologists, communication specialists) and caregivers with a range of activities that can be used to facilitate children's acquisition of functional and generalizable skills. Second, the AEPS Curriculum provides a direct link between assessment, goal development, intervention, and evaluation. The AEPS Test and AEPS Curriculum were developed to provide a direct and ongoing correspondence among initial assessment, individualized family service plan (IFSP)/individualized education program (IEP) development, intervention planning, intervention activities, and subsequent evaluation.

Target Population

The AEPS Test and Curriculum for Birth to Three Years is appropriate for children who present a broad range of intervention needs. Some will be infants and young children with identified developmental disabilities such as Down syndrome, spina bifida, or cerebral palsy. Others will exhibit delays attributed to chronic health conditions or unknown causes. The AEPS is appropriate for children who live with high-risk conditions such as poverty and parents with addiction problems. Whatever the cause, the resultant impairments in early skill development require systematic intervention. The content of the *AEPS Test for Birth to Three Years* includes functional skills for children whose development is in the 3 months to 3 year range. This test is appropriate for children who have or are at risk for a wide range of disabilities. Use of the AEPS Test and Curriculum with children whose chronological age exceeds 6 years may require modification of content.

Children with severe disabilities will likely have a team (e.g., occupational therapist, physical therapist, communication specialist, physician, spe-

cial educator, service coordinator) who will be involved in developing strategies for intervention. The *AEPS Curriculum for Birth to Three Years* lends itself well to a team approach because it permits input from a variety of specialists for embedding individualized objectives, cues, prompts, and correction procedures within activities that are fun and interesting to children.

AEPS Curriculum Content

Volume 3, AEPS Curriculum for Birth to Three Years, is divided into two sections. Section I provides an introductory overview of the AEPS and contains three chapters. Chapter 1 describes activity-based intervention and the linked system approach to assessment, goal development, intervention, and evaluation using the AEPS system. Chapter 2 explains how to use the AEPS Curriculum in conjunction with the AEPS Test. The direct link between the AEPS Curriculum and Test permits efficient movement between the two. Chapter 2 also includes information about working with children with severe disabilities. Chapter 3 describes how to use child initiations, daily routines, environmental arrangements, and planned intervention activities to work on children's goals/objectives. Section II presents specific curricular content and strategies for goals/objectives in the Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social areas of the AEPS Test. Appendixes A, B, and C contain a variety of sample intervention activities using different formats.

The content of the *AEPS Test for Birth to Three Years* is developmentally sequenced beginning with simple skills and moving successively to more advanced skills. This curriculum includes a general and flexible set of considerations, strategies, and activities to address each of the skills. The *AEPS Curriculum for Birth to Three Years* relies on the interventionist to individualize each child's program.

The *AEPS Curriculum for Birth to Three Years* emphasizes an activity-based approach to enhance the behavioral repertoires of young children. Child-initiated activities, daily routines, environmental arrangements, and planned intervention activities are adopted as the contexts for intervention. Focusing on functional skills and on motivating activities is ideal for inclusive program settings that integrate children with developmental delays and disabilities. Because the AEPS Curriculum capitalizes on child-initiated activities, daily routines, environmental arrangements, and planned intervention activities rather than direct instruction of specific skills, it is well suited for use in the home, community-based preschools, or child care settings. The *AEPS Curriculum for Birth to Three Years* has been designed to accommodate a wide range of service delivery locations and models.

2

Using the AEPS Curriculum

The AEPS Curriculum contains intervention activities and strategies for addressing AEPS Test goals/objectives. The numbering system used in the AEPS Test and Curriculum permits the user to move directly from assessment or evaluation outcomes to appropriate and relevant intervention activities. For AEPS Test goals/objectives, the AEPS Curriculum describes relevant intervention content and a variety of intervention strategies from child centered to adult guided. Prior to using the AEPS Curriculum, it is essential to read the administrative procedures in this chapter that describe the curriculum's format and procedures for its use.

The AEPS Curriculum has important features that make it compatible with the AEPS Test. First, the AEPS Curriculum provides intervention content that is directly tied to the IFSP/IEP goals developed from the AEPS Test results. Program information tied directly to assessment outcomes enhances efficiency of program staff. Second, the curricular content is focused on assisting program staff and caregivers to target functional and useful skills. Finally, information provided in the AEPS Curriculum assists interventionists in implementing an activity-based intervention (ABI) approach, which encourages generalization of learned skills through the integration of targeted goals into daily activities.

AEPS CURRICULUM FORMAT

The AEPS Curriculum is designed to be used in conjunction with the AEPS Test. The content of this test covers the areas of behavior and specific skills considered essential to independent functioning and coping with environmental demands for young children who function in the developmental range of birth to 3 years. Six broad areas of development are used in the AEPS Test and Curriculum: Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social. Each area encompasses a set of skills or behaviors traditionally seen as related developmental phenomena called *strands*.

Strands, which organize related groups of behaviors under a common category, contain a series of items referred to as *goals*. Associated with each goal is an accompanying set of objectives that represent more discrete skills. These objectives enable the examiner to accurately pinpoint a child's developmental level within a specific skill sequence.

The AEPS Curriculum follows the same identification system for strands, goals, and objectives as the AEPS Test, providing a direct correspondence between the assessment and the curriculum. The consistent numbering system ensures that users can move efficiently between the AEPS Test and Curriculum. The identification system associated with the strands (e.g., A, B), goals (e.g., 1, 2), and objectives (e.g., 1.1, 1.2) reflects the sequential arrangement of the test items on the AEPS Test. In addition, the AEPS Curriculum may include programming steps for some goals/objectives. Programming steps offer general guidelines for developing simpler, more basic skills as possible prerequisites to AEPS Test goals/objectives. The programming steps (e.g., PS1.1a, PS1.1b, PS1.2a, PS1.2b) directly correspond with a goal/objective of the AEPS Test.

The cross-referencing system in the AEPS Curriculum utilizes an abbreviated term for the name of the area (e.g., SC for Social-Communication) and then the strand, goal, and objective are listed; for example, Soc A:1.3 refers to the Social Area, Strand A, Objective 1.3; GM B:2 refers to the Gross Motor Area, Strand B, Goal 2. Goals are identified by a single digit, and objectives are identified by the number of the goal, a period, and then the number of the objective. The names of each area are abbreviated as follows:

Fine Motor Area: FM

Gross Motor Area: GM

Adaptive Area: Adap

Cognitive Area: Cog

Social-Communication Area: SC

Social Area: Soc

Section II of this volume contains the curricular activities associated with each AEPS Test item and is divided into the six areas: Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social. The content for each area is organized as follows:

- An outline of the area's strands, goals, and objectives
- Narrative description of the developmental content contained in the area
- Strands listed sequentially (e.g., Strand A, B), the goals associated with each strand also in sequential order (e.g., 1, 2), all associated objectives (e.g., 1.1, 1.2), and programming steps (e.g., PS1.1a, PS1.1b)
- Specific information for each goal and its associated objectives and programming steps:
 - Importance of Skills
includes Concurrent Goals/Objectives page for each goal

- Teaching Suggestions
 - Activity-Based*
 - Environmental Arrangements*
 - Instructional Sequences*
- Teaching Considerations

Importance of Skills

The Importance of Skills section provides a brief explanation of the importance of the targeted skills to the independent functioning of a child. The hierarchy for the skills and their relationship to other important goals/objectives is also explained. This section also offers information that may help family and team members understand the importance of the goal and its associated objectives.

As shown in Figure 3, each Importance of Skills section contains a page that lists other AEPS Test goals/objectives that can potentially be addressed at the same time as the targeted goal. Identifying other goals/objectives that can be addressed simultaneously with the targeted goal makes it unnecessary to develop separate activities for each priority skill.

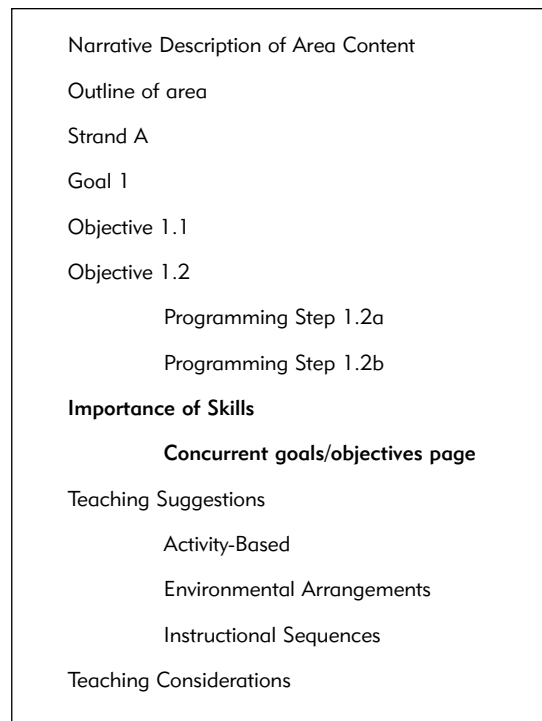


Figure 3. Organizational outline for curricular content contained in Section II.

Teaching Suggestions

The Teaching Suggestions section contains appropriate activities for addressing the goal, associated objectives, and, in some cases, programming steps. As shown in Figure 3, this section is divided into three parts: 1) activity-based, 2) environmental arrangements, and 3) instructional sequences. The activity-based part describes how to use routine and planned intervention activities that occur throughout the day (e.g., playtime, travel, bathing, eating, storytime) to work on children's goals/objectives. Addressing target skills during daily activities is likely to be the least intrusive form of intervention and to maximize the use of child-centered teaching techniques. The environmental arrangements part offers ideas for increasing the number of teaching opportunities within settings and activities by taking advantage of the child's physical surroundings. The instructional sequences part offers intervention suggestions that are most intrusive and likely to be adult-directed forms of intervention; however, some children may require carefully structured and directed procedures in order to learn targeted skills.

Teaching Considerations

The Teaching Considerations section lists precautions to be considered while working with children who may need sensory or motor adaptations. The curriculum user should always read this section prior to beginning intervention.

LINKING THE AEPS TEST WITH THE AEPS CURRICULUM

The strength of the AEPS and similar systems that foster a direct link between assessment, intervention, and evaluation activities is the assistance that they provide to caregivers and professionals in moving from assessment results to IFSP/IEP goal development, to intervention planning and implementation, and finally to evaluation. The steps to link child/family outcomes from the AEPS Test to the selection of intervention activities in the AEPS Curriculum are described next.

- Step 1: The professional team completes the AEPS Test for the child by using the Child Observation Data Recording Form while the parent or other caregiver completes the Family Report. Completion of the Family Report is dependent on the family's interest in doing so.
- Step 2: Team members and family members review results from the AEPS Test and Family Report. IFSP/IEP goals are selected and prioritized.
- Step 3: Using the AEPS Curriculum, team members locate the appropriate section for each priority goal/objective. They read the introduction and review the table of concurrent goals/objectives, teaching suggestions, and teaching considerations.

- Step 4: Using the information provided by the AEPS Curriculum, team members develop an intervention plan to address each priority goal/objective.
- Step 5: Team members develop an individual or group activity schedule to guide the embedding of selected goals into routine and planned activities.
- Step 6: Team members develop intervention activities for embedding selected child goals/objectives into specific activities that can be routine, planned, or child initiated.
- Step 7: Team members evaluate the child's progress toward priority goals/objectives using the Child Progress Record and make curricular adjustments as necessary.

An example is provided to illustrate this stepwise progression. Juan is a 2-year-old child with Down syndrome who is eligible for early intervention services in his community. Step 1 requires that, upon entry into the program, the intervention team members observe Juan over a 2-week period using the AEPS Test to guide their observations. During the same period, Juan's parents agree to complete the Family Report.

At the scheduled IFSP meeting, the professional team and Juan's parents share and compare their findings (Step 2). Figure 4 shows a portion of the Adaptive Area from the Child Observation Data Recording Form completed by professionals, and Figure 5 shows a portion of the parent-completed Family Report. An examination of Juan's performance on Strand A: Feeding indicates that his parents and the professionals agree that he met criteria for Goal 1 (Uses tongue and lips to take in and swallow solid foods and liquids) but has not met criteria for Goals 2, 3, 4, and 5.

For Goal 2 (Bites and chews hard and chewy foods), Juan met the criteria for Objective 2.2 (Munches soft and crisp foods), but not for Objective 2.1 (Bites and chews soft and crisp foods). For Goal 3 (Drinks from cup and/or glass), the child met the criteria for Objective 3.2 (Drinks from cup and/or glass held by adult) but did not meet criteria for Objective 3.1 (Drinks from cup and/or glass with some spilling). Juan met the criteria for Objective 4.3 (Accepts food presented on spoon) for Goal 4 but did not meet the criteria for Objective 4.2 and Objective 4.1. He did not meet criteria for any of the objectives associated with Goal 5 (Transfers food and liquid between containers).

As seen in Figure 5, results from the parents' completion of the Family Report are similar to the interventionist's assessment using the AEPS Test. After discussing the results, the early intervention staff and Juan's family select Objectives 2.1, 3.1, and 4.2 as priority targets. The next step is to move directly to the Adaptive Area of the AEPS Curriculum.

Step 3 requires reviewing the AEPS Curriculum section that relates directly to the selected goals/objectives. This section can be viewed on pages 184–197 of this volume. The information provided by the AEPS Curriculum will assist the team in developing an appropriate intervention plan for the selected goals/objectives, an activity schedule (Step 5), and intervention activities (Step 6). Finally, the team will monitor Juan's progress toward the targeted objectives (Step 7).

ADAPTIVE AREA

| S = Scoring key | N = Notes |
|------------------------------------|-----------------------------|
| 2 = Consistently meets criterion | A = Assistance provided |
| 1 = Inconsistently meets criterion | B = Behavior interfered |
| 0 = Does not meet criterion | D = Direct test |
| | M = Modification/adaptation |
| | Q = Quality of performance |
| | R = Report |

Name: Juan

Test period: 1

Test date: 5-02

Examiner: MS

| | IFSP/IEP | S | N | S | N | S | N | S | N |
|--|----------|---|---|---|---|---|---|---|---|
| A. Feeding | | | | | | | | | |
| 1. Uses tongue and lips to take in and swallow solid foods and liquids (p. 71) | | 2 | | | | | | | |
| 1.1 Uses lips to take in liquids from a cup and/or glass | | 2 | | | | | | | |
| 1.2 Uses lips to take food off spoon and/or fork | | 2 | | | | | | | |
| 1.3 Swallows solid and semi-solid foods | | 2 | | | | | | | |
| 1.4 Swallows liquids | | 2 | | | | | | | |
| 2. Bites and chews hard and chewy foods (p. 72) | | 1 | | | | | | | |
| 2.1 Bites and chews soft and crisp foods | | 1 | | | | | | | |
| 2.2 Munches soft and crisp foods | | 2 | | | | | | | |
| 3. Drinks from cup and/or glass (p. 72) | | 1 | | | | | | | |
| 3.1 Drinks from cup and/or glass with some spilling | | 1 | | | | | | | |
| 3.2 Drinks from cup and/or glass held by adult | | 2 | | | | | | | |
| 4. Eats with fork and/or spoon (p. 73) | | 0 | | | | | | | |
| 4.1 Brings food to mouth using utensil | | 0 | | | | | | | |
| 4.2 Eats with fingers | | 1 | | | | | | | |
| 4.3 Accepts food presented on spoon | | 2 | | | | | | | |
| 5. Transfers food and liquid between containers (p. 73) | | 0 | | | | | | | |
| 5.1 Pours liquid between containers | | 0 | | | | | | | |
| 5.2 Transfers food between containers | | 0 | | | | | | | |

Figure 4. Portion of a professionally completed AEPS Child Observation Data Recording Form for the Adaptive Area, Strand A for Juan.

Adaptive Area

Adaptive skills are those that involve being able to care for oneself. These skills include eating, drinking, and undressing.

| | date | 5/02 | | |
|--|------|------|--|--|
| 1. Does your child swallow food and liquids without choking or gagging? (A1) | Y | | | |
| 2. Does your child bite off and chew pieces of hard foods such as apples, meat, or hard cookies? (A2) | S | | | |
| 3. Does your child drink from a cup by bringing the cup to his or her mouth and putting it down without spilling? (A3) | S | | | |
| 4. Does your child eat with a spoon or fork (i.e., spearing, scooping) without much spilling? (A4) | N | | | |
| 5. Does your child pour liquid and serve food from one container to another without spilling? For example, he or she pours juice into a cup from a pitcher or spoons applesauce from a jar into a bowl. (A5) | N | | | |

Figure 5. Portion of the Family Report, Adaptive Area, completed by Juan's parents.

AEPS CURRICULUM AND CHILDREN WITH SEVERE DISABILITIES

Learning and development can be enhanced in young children with severe disabilities if teams individualize assessment and intervention, accurately target areas of need, and use developmentally and age-appropriate activities. Intervention activities should be tailored to accommodate the individual child's physical or cognitive limitations or both, as well as the environmental demands. Teams should not have a set of intervention activities to be used with all children regardless of their needs or goals but should have a range of intervention activities available. An activity-based approach offers a structure to accommodate a wide variety of intervention activities that can be tailored to meet the needs of individual children.

Teams may find that, for some children with severe disabilities, the objectives in the *AEPS Test for Birth to Three Years* are too complex or advanced, requiring that objectives in this assessment be further refined through task

analysis. In general, conducting a task analysis requires three steps: 1) identifying the objective, 2) dividing the objective skill into smaller steps, and 3) sequencing the steps for teaching. The programming steps included in the AEPS Curriculum have divided some goals/objectives into smaller steps. Program staff may find these programming steps useful for developing intervention content for children with severe disabilities. An important consideration when working with children with severe disabilities, regardless of the severity of disability, is to embed targeted goals/objectives in activities appropriate to a child's chronological age. Use of the *AEPS Curriculum for Birth to Three Years* will help in choosing activities appropriate for children functioning in the birth to 3 year developmental range.

Considerations When Working with Children with Severe Disabilities

1. If a special assistant is assigned to a child in a center-based setting, then he or she should only provide assistance as needed and should fade involvement in a child's play whenever possible. One-to-one assistants should consider themselves part of the whole child care or classroom environment and teachers to all children but of special assistance to one particular child when necessary.
2. Children learn how to interact with others in part from adult models, so it is vital to be conscious of the subtle messages that are communicated to children. Interventionists should try to include all children in all activities, at whatever level they are able to participate.
3. Attention should be drawn to children's strengths, and all children should be allowed to take on responsibilities that affect the group (e.g., choosing a book for storytime). Activities should be designed to capitalize on a child's strengths and abilities; for example, during a painting activity, a child with profound hearing and visual impairments may enjoy using the sense of smell or touch to explore materials. Materials can be added or adapted to an activity to provide opportunities for all children to participate to the greatest extent possible.
4. The interventionist should translate a child's behavior whenever necessary. Children with more pronounced disabilities or severe communicative impairments often have difficulties joining play activities with other children. Their peers, who are just beginning to learn to interact, may have difficulty "reading" behaviors and communicative attempts different from those that they know. Adults play a crucial role in translating the child's behavior for peers; for example, during a song at circle time, Denzel, who has cerebral palsy, starts to "sing," but his voice sounds almost like a cry. The children appear alarmed, and the interventionist reassures the children by saying, "I can hear Denzel singing to the music."

5. Adults may need to provide assistance to help children gain access to and participate in different play activities. The child care worker can suggest play ideas (e.g., "How about everyone play in the sand together?") and provide suggestions for how a child with more severe impairments might participate in an activity (e.g., "I bet Tom could dig in the sand, too"). With assistance from teachers, peers can be encouraged to include children with disabilities in activities. Sometimes simple solutions such as altering the location of activities may provide opportunities for children with disabilities to be included.
6. Children may need additional structure and guidance to practice and enhance their social skills. Activities such as rocking a boat, playing seesaw, and playing catch encourage children to play in pairs. Modeling questions such as "Can I play, too?" or "Do you want to play house with me?" or using sign language with nonverbal children are effective strategies.
7. The child should be allowed to be as independent as possible with peers; for example, the interventionist can let peers know that they can approach a child with a visual impairment and say, "Hi, Eric, it's Joey." A child with cerebral palsy who uses a wheelchair might participate in an art project by sitting in a modified chair at a table with other children rather than in the wheelchair.
8. Straightforward, honest answers to questions posed by children will help facilitate understanding of disabling conditions. Specialized equipment may isolate a child if the equipment remains a mystery. The interventionist should be open and honest when answering questions from the child's peers, and allow him or her to explore the adaptive equipment (with the permission of the child) with the understanding that the equipment is a tool and not a toy.
9. The interventionist should assist children without disabilities in learning how to interact and play with peers with disabilities; for example, one can tell the peer that, when he or she colors with a child with a visual impairment, it is helpful to put markers back in the original place; when a peer talks to a child with a hearing impairment, it helps to face the child and speak clearly. Peers should be encouraged to address children with disabilities directly (e.g., "Can I push your wheelchair outside?").
10. It is helpful to enhance the social image of children with disabilities by selecting clothing and toys that are age appropriate and currently popular.

SUMMARY

This introductory material is included to set the stage for efficient and effective use of the AEPS Curriculum in conjunction with the AEPS Test. The user is urged to carefully read this material prior to employing the curriculum. In

addition, the authors recommend that the AEPS Curriculum be used in association with the AEPS Test. Without accurate, in-depth knowledge of children's behavioral repertoires, selecting appropriate intervention activities is guesswork, as is monitoring progress. The field of early intervention has become, through legal, professional, and parental interest, a legitimate enterprise that should not tolerate less-than-quality outcomes. Producing outcomes for children and families is dependent on careful and comprehensive assessments that lead to appropriate intervention accompanied by ongoing evaluation. Use of the AEPS Test and AEPS Curriculum may help interventionists attain this quality.

STRAND
A

Reach, Grasp, and Release

GOAL 1 Simultaneously brings hands to midline

Objective 1.1 Makes directed batting and/or swiping movements with each hand

Objective 1.2 Makes nondirected movements with each arm

Fine Motor

IMPORTANCE OF SKILLS

Fine motor skills provide the child with opportunities to explore his or her own body and the external environment. The child begins to actively explore and to visually regard fingers and hands. The child is able, with one hand, to explore objects placed in the other hand. Simultaneously bringing hands to midline aids the development of self-awareness, eye-hand coordination, and the use of the hands to attain desired ends. This is a skill that will be used by the child to hold an object (e.g., bottle) with both hands.

The ability to make directed and nondirected movements indicates the beginning of coordination between motor and visual responses. The child who coordinates looking with hand movements begins to learn the relationship between the position of objects in space and his or her own body movements. The child discovers the relationship between objects as well. The child also develops initial cause and effect relationships and increases his or her attention span as objects are moved and transformed by the child's own activity. The child's random movements with his or her arms will lead to directed movements as the repeated, nondirected movements contact objects. Eventually, the child will learn to purposefully reach and grasp for objects, thus allowing greater independence in exploration and play. Other goals/objectives that can be targeted at the same time as Goal 1 are listed on the following page.

TEACHING SUGGESTIONS

Activity-Based

Playtime

- For the child who holds head erect and bears weight on forearms in prone position (on stomach), present small toys on the floor at midline to encourage manipulation with two hands. (1)
- Encourage the child to play with hands and objects in the sidelying position. Encourage the child to mouth hands and objects if this response is age appropriate. (1, 1.1)

Concurrent Goals/Objectives for Fine Motor Strand A

Goal 1: Simultaneously brings hands to midline

Cognitive

A:1 Orients to auditory, visual, and tactile events

B:1.1 Visually follows object moving in horizontal, vertical and circular directions

C:1.3 Indicates interest in simple and/or mechanical toy

F:1.4 Uses sensory examination with objects

Social-Communication

A:1.2 Turns and looks toward noise-producing object

A:2.2 Looks toward an object

Social

A:1.2 Responds appropriately to familiar adult's affective tone

Notes:

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- During face-to-face play or during feeding or bathing, place an object in the child's hand. Activate toys or objects within the child's visual field (e.g., rattle, squeak-toy, bells). (1, 1.1, 1.2)
- Have siblings or older children play face-to-face with the child and see if the child will bat or swipe at their faces. (1, 1.1, 1.2)

Travel

- Encourage nondirected movements with each arm by using your voice and easily accessible toys. When the child is on his or her back or sitting in an infant carrier or car seat, talk to and engage the child in "conversation," pause and wait for a response; activate crib gym or toy, wait for the child's response by quieting, looking, or moving, and then activate the toy again. (1.2)
- When the child is moving his or her arms and legs, synchronize your voice to the movement. Stop talking when the child stops moving; begin again when the child moves again. (1.2)

Bathing

- Place the child on his or her back on a large sponge in the bathtub. Fill the tub with water so that the child's arm movements will cause splashing, but do not use so much water that the child's ears, mouth, or nose will be submerged. During bathing, hold the child in a secure sitting position. (1.1, 1.2)
- Float an object near the child and encourage batting or swiping. (1.1, 1.2)

Throughout daily routines

- When offering an object to the child, be sure to present the object from the front, to encourage reaching with both hands toward midline. (1)
- Encourage the child to hold the breast or the mother's hand as the child feeds. The child's shoulders should be encircled with the mother's arms while she holds the child close and secure. This will help the hands come to the midline. (1, 1.1)
- Present your face within the child's visual field and talk to the child while changing diapers, bathing, or picking the child up. Activate a variety of simple or mechanical toys such as rattles or squeeze-toys when the child is lying on his or her back or in a supported sitting position (in crib, in infant carrier). (1.2)

Environmental Arrangements

- Position the child to provide increased opportunities for hands to reach toward midline; for example, holding the child with neck and shoulders supported or sitting the child in the corner of the couch both provide easier opportunities for the child than lying flat on the back. (1)

- Arrange soft support for the child's shoulders or elbows when lying or sitting to encourage hands to move toward midline; for example, position a rolled-up towel behind the elbows when the child sits. Gradually remove support as the child begins to bring his or her hands together at midline. (1)
- In order to stimulate the child's interest, present familiar objects in novel ways (use a hand puppet to present a toy, make funny noises and exaggerated facial expressions). Alternate speed and movement pattern to maintain the child's interest. (1.1)
- Present toys or objects within the child's reach. Slowly move the toy or object in a horizontal, vertical, or circular direction, keeping it within the child's visual field. Use objects that are likely to attract the child's attention. Hang or dangle objects or toys (e.g., bells, rattle, crib gym, mobile) within the child's visual field and at the child's midline. Pay special attention to safety with hanging objects. (1.1, 1.2)
- Dangle or wave a pocket mirror near the child's hands so that movement of the arms produces an immediate visual event. Make sure that the child can see the reflective part. Touch the mirror to the child's hand, then remove it slightly. Wait for the child to bat or swipe. (1.1, 1.2)
- Use talking toys or bright-colored objects. Help the child associate movement of the arm with activation. Tie a soft yarn "bracelet" to the child's wrist and to an easily activated toy or mobile. Add noise-producing objects such as jingle bells to produce immediate auditory as well as visual events. Once the child begins to associate movement of the arm with activation, remove the yarn and encourage the child to activate the toy directly. (1.2)
- When the child grasps an adult's finger while feeding, have the adult hold the child's fingers for a moment then release. Repeat as often as the child initiates the behavior. (1.2)

Instructional Sequences

- Place an adult's index fingers in the child's palms and allow the child to grasp the fingers. Slowly move the child's hands to midline while securing the child's grasp on the adult's fingers. (1)
- Pair presentation of a toy or object with auditory or verbal cues by tapping or shaking the object, making exaggerated sounds, or altering the pitch and volume of your voice. (1.1)
- Provide tactile cues by gently touching or tickling the child's arms with the toy, kissing, or making "raspberries" (i.e., putting mouth against skin and blowing) on the child's hands. (1.1, 1.2)
- Physically assist the child in different ways to bring his or her hands to midline and encourage swiping movements by touching the child's arms or shoulders and by stroking and touching the child's arms or hands. (1, 1.1, 1.2)

Combining or pairing different levels of instructions may be helpful when beginning to teach a new and difficult skill. Fade to less intrusive instructions as soon as possible to encourage a more independent performance.

TEACHING CONSIDERATIONS

1. The child should be in a quiet and alert state.
2. Position the child so that his or her head, trunk, and shoulders are stable and symmetrical.
3. Approach the child straight on and to the middle of the body.
4. Free the environment of objects or events that compete with the toy or object presented to the child.
5. Objects should be used that provide cues to which the child with a sensory impairment can respond; for example, use noise-producing toys for a child with a visual impairment.
6. Allow adequate time for the child to respond.
7. Activation of objects should be continued or facilitated to reinforce the child's interest (e.g., help child shake rattle).
8. Consider safety with all objects that the child handles.

GOAL 2 Brings two objects together at or near midline

Objective 2.1 Transfers object from one hand to the other

- PS2.1a The child brings hands together and touches an object with one hand while holding an object in the other hand.

Objective 2.2 Holds an object in each hand

- PS2.2a The child holds an object in one hand.

Objective 2.3 Reaches toward and touches object with each hand

Note: PS = Programming Step

IMPORTANCE OF SKILLS

The ability to bring objects together at the midline, to transfer objects from one hand to the other, and to hold an object in each hand provides new opportunities to combine movements using actions and objects. The transfer of objects from one hand to the other indicates that the child has increased wrist