

Use with Web-Based Tool AEPSi™!



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

**Curriculum** for  
**Three to Six Years**

VOLUME  
4

**DIANE BRICKER**



Assessment, Evaluation,  
and Programming System  
for Infants and Children

SECOND EDITION



# Curriculum for Three to Six 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 Pretti-Frontczak, Ph.D., Kristine Slentz, Ph.D.,  
and Elizabeth Straka, Ph.D., CCC-SLP



Baltimore • London • Sydney

Other volumes in the ~~AEPS~~<sup>AEPS</sup> series  
edited by Diane Bricker, Ph.D.

**VOLUME  
1**

## **AEPS Administration Guide**

by Diane Bricker, Ph.D., Kristi Pretti-Frontczak, Ph.D.,  
JoAnn (JJ) Johnson, Ph.D., and Elizabeth Straka, Ph.D., CCC-SLP,  
with Betty Capt, Ph.D., OTR, Kristine Slentz, Ph.D.,  
and Misti Waddell, M.S.

**VOLUME  
2**

## **AEPS Test Birth to Three Years and Three to Six Years**

by Diane Bricker, Ph.D., Betty Capt, Ph.D., OTR,  
and Kristie Pretti-Frontczak, Ph.D.,  
with JoAnn (JJ) Johnson, Ph.D., Kristine Slentz, Ph.D.,  
Elizabeth Straka, Ph.D., CCC-SLP, and Misti Waddell, M.S.

**VOLUME  
3**

## **AEPS Curriculum for Birth to Three Years**

by Diane Bricker, Ph.D. and Misti Waddell, M.S.,  
with Betty Capt, Ph.D., OTR, JoAnn (JJ) Johnson, Ph.D.,  
Kristie Pretti-Frontczak, Ph.D., Kristine Slentz, Ph.D.,  
and Elizabeth Straka, Ph.D., CCC-SLP



**Paul H. Brookes Publishing Co.**

Post Office Box 10624

Baltimore, Maryland 21285-0624

[www.brookespublishing.com](http://www.brookespublishing.com)

Copyright © 2002 by Paul H. Brookes Publishing Co., Inc.

All rights reserved.

"Paul H. Brookes Publishing Co." is a registered trademark of

Paul H. Brookes Publishing Co., Inc.

"AEPS<sup>®</sup>" is a registered trademark and ~~AEPS~~<sup>TM</sup> is a trademark of Paul H. Brookes Publishing Co., Inc.

Typeset by Barton Matheson Willse & Worthington, Baltimore, Maryland.

Manufactured in the United States of America by

Versa Press, East Peoria, Illinois.

The following AEPS forms can be purchased separately in packs:

Child Observation Data Recording Form I: Birth to Three Years, and II: Three to Six Years

Family Report I: Birth to Three Years, and II: Three to Six Years

Child Progress Record I: Birth to Three Years, and II: Three to Six Years

A CD-ROM of printable masters of the AEPS forms is also available, and also includes a Child Observation Data Recording Form with Criteria for Birth to Three Years and Three to Six Years not found in any of the volumes. To order, contact Paul H. Brookes Publishing Co.

Please see page ii for a listing of the other volumes in the AEPS series. All AEPS materials are available from Paul H. Brookes Publishing Co., Post Office Box 10624, Baltimore, Maryland 21285-0624 (800-638-3775 or 410-337-9580). Find out more about AEPS on [www.brookespublishing.com/aeps](http://www.brookespublishing.com/aeps).

Purchasers of the AEPS volumes and CD-ROM are granted permission to photocopy the data collection forms in the course of their agency's service provision to families. None of the forms may be reproduced to generate revenue for any program or individual. Photocopies may only be made from an original book or CD-ROM and are permitted for single site use only. *Unauthorized use beyond this privilege is prosecutable under federal law.*

Fourth printing, March 2007.

#### **Library of Congress Cataloging-in-Publication Data**

Assessment, evaluation, and programming system for infants and children

edited by Diane Bricker . . . (et al.)—2nd ed.

p. cm.

Includes bibliographical references and index.

ISBN 1-55766-562-1 (v. 1) — ISBN 1-55766-563-X (v. 2) — ISBN 1-55766-564-8 (v. 3) —

ISBN-13: 978-1-55766-565-2

ISBN-10: 1-55766-565-6 (v. 4)

1. Assessment, Evaluation, and Programming System. 2. Child development—Testing.

3. Child development deviations—Diagnosis.

RJ51.D48 A87 2002

618.92'0075—dc21

2002071124

British Library Cataloguing in Publication data are available from the British Library.

# CONTENTS

About the Authors . . . . .	vii
Acknowledgments . . . . .	ix
Introduction to the AEPS and Volume 4 . . . . .	1

## **Section I Overview of the AEPS Curriculum: Three to Six Years**

1 Understanding the AEPS Curriculum . . . . .	7
2 Using the AEPS Curriculum . . . . .	13
3 Designing and Implementing Intervention . . . . .	23

## **Section II AEPS Curriculum: Three to Six Years**

Fine Motor Area . . . . .	53
Gross Motor Area . . . . .	75
Adaptive Area . . . . .	93
Cognitive Area . . . . .	117
Social-Communication Area . . . . .	171
Social Area . . . . .	203
Bibliography . . . . .	239

Appendix A Intervention Activity Ideas . . . . .	241
Appendix B Planned Intervention Activities . . . . .	273
Index . . . . .	315

## ABOUT THE AUTHORS

**Diane Bricker, Ph.D.**, Professor, College of Education, and Director, Early Intervention Program, University of Oregon, 5253 University of Oregon, Eugene, Oregon 97403

Diane Bricker is Professor and Associate Dean for Academic Programs, College of Education, at the University of Oregon and a highly respected, well-known authority in the field of early intervention. She has directed a number of national demonstration projects and research efforts focused on examining the efficacy of early intervention; the development of a linked assessment, intervention, and evaluation system; and the study of a comprehensive, parent-focused screening tool. Dr. Bricker directs the Early Intervention Program, Center on Human Development, at the University of Oregon.

**Misti Waddell, M.S.**, Senior Research Assistant/Project Coordinator, Early Intervention Program, University of Oregon, 5253 University of Oregon, Eugene, Oregon 97403

Misti Waddell is a Senior Research Assistant/Project Coordinator at the Early Intervention Program at the University of Oregon. She also has contributed to the development, research, and training of the *Assessment, Evaluation, and Programming System for Infants and Children* (AEPS) since the early 1980s. She has used the AEPS in classroom settings and has coordinated several federally funded, field-initiated research projects and outreach training projects. Ms. Waddell is Project Coordinator for the outreach training project titled "Creating and Sustaining Change Across Diverse Early Intervention Systems (CASCADES)."

**Betty Capt, Ph.D., OTR**, Research Associate, Early Intervention Program, University of Oregon, 5253 University of Oregon, Eugene, Oregon 97403

**JoAnn (JJ) Johnson, Ph.D.**, Director, Research and Educational Planning Center and Nevada University Center for Excellence in Developmental Disabilities, University of Nevada–Reno, Reno, Nevada 89557

**Kristie Pretti-Frontczak, Ph.D.**, Assistant Professor, Department of Educational Foundations and Special Services, Kent State University, 405 White Hall, Kent, Ohio 44242

**Kristine Slentz, Ph.D.**, Professor and Chair, Special Education Department, Western Washington University, Miller Hall 318b, Mail Stop 9090, Bellingham, Washington 98226

**Elizabeth Straka, Ph.D., CCC-SLP**, Consultant, New England Early Intervention Consulting, 58 Turtle Cove Lane, Wells, Maine 04090

## ACKNOWLEDGMENTS

We are most grateful to the many caregivers, children, and interventionists who have used the curriculum items and provided feedback on their usefulness and effectiveness. It is our hope that this second edition reflects the input from users and enhances the intervention efforts of those working with young children who are at risk for or have disabilities and their families.

Many individuals collaborated to make the first edition of the *AEPS Curriculum for Three to Six Years* possible and their contributions are reflected in this second edition. The content contained in this second edition was initially developed by Liz Twombly, Val Oldham, and Younghee Kim. Other early contributors included Juliann Cripe, who provided the initiative and motivation to begin work on the development of the curriculum. Sheryl Norstad edited early versions of curriculum items, and the format reflects some of her ideas. Kimberly Megrath contributed substantially to the initial development of the Fine Motor and Gross Motor Areas. Kimberly's extensive knowledge of motor development and her practical experience working with young children provided useful ideas and suggestions for integrating children with a wide range of motor abilities into a variety of group activities. Elizabeth LaCroix contributed to reorganizing the content and added to the sections on working with children with motor disabilities. Debra Hamilton provided valuable suggestions for working with children with visual impairments. Lorraine Duke provided the concurrent goals listed for each curriculum item as well as many examples included in the goals section. Sue Taylor and Susan Petterson contributed to the development of group and individual activity plans and schedules based on their classroom experience.

The planned intervention activities contained in Appendix B of this second edition were provided by Naomi Rahn, who is currently a course instructor, field experience coordinator, and student supervisor, and Barbara Schneider, Barbara Sommerville, and Amy Johnson, who are all teachers currently working in the field.

A project of this magnitude requires multiple reviews, proof readings, and edits. Contributors to this process include Dave Allen, Karen Lawrence, Kate Ray, and Renata Smith. Kate and Renata completed the many hours spent word processing. A special thanks to Karen for overseeing all the many pieces of this project and ensuring continuity between volumes and to Dave for his willingness to step in and take responsibility for completing a variety of important tasks.



## Introduction to the AEPS and Volume 4

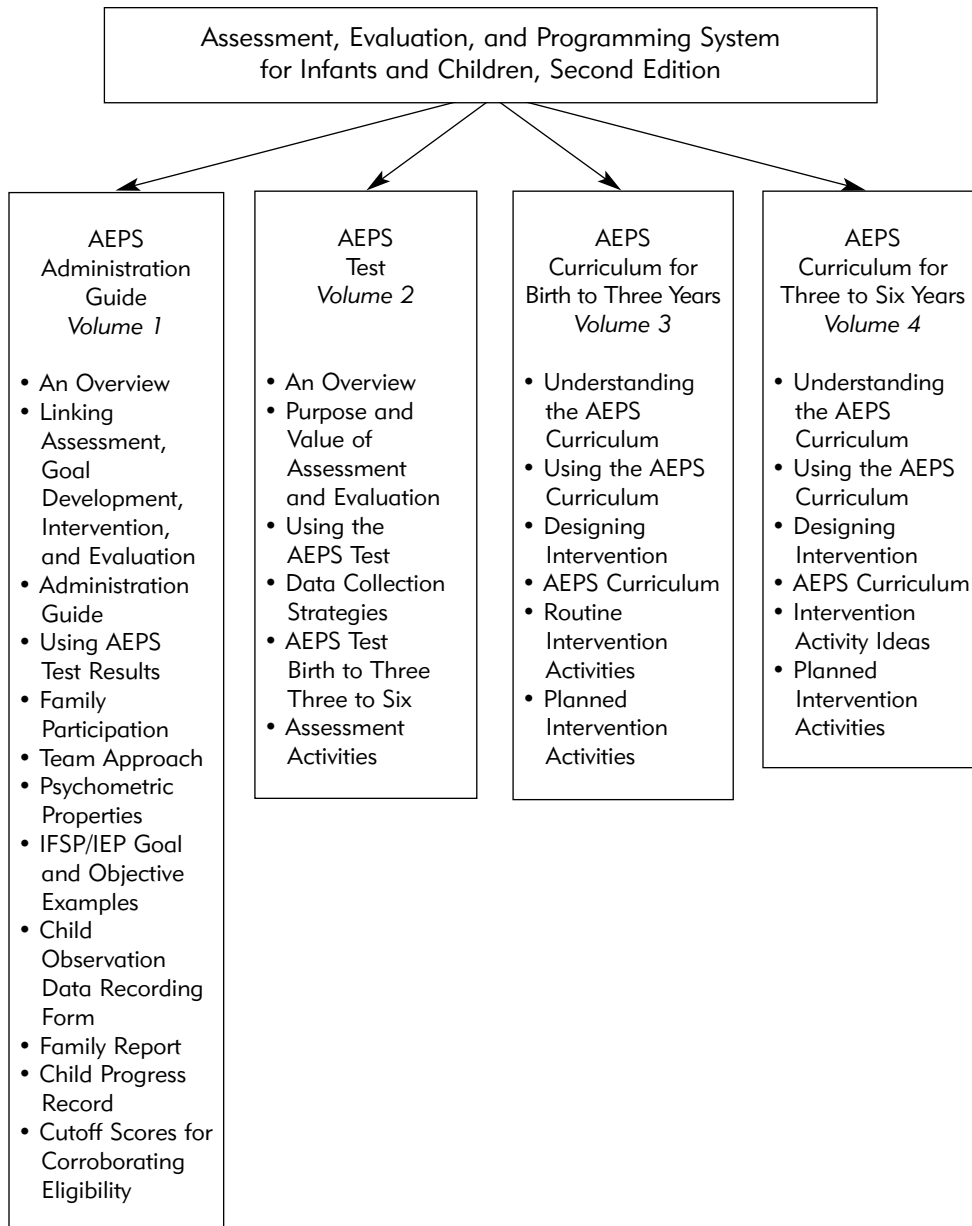
The importance of early experience for young children has long been recognized and has been the foundation for early intervention programs designed for young children who have or who are at risk for disabilities. Early intervention programs have evolved into comprehensive approaches that produce positive 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 fourth volume of the AEPS series. Figure 1 shows the four volumes and presents an overview of each volume's content. The focus of Volume 4 is the curricular materials designed to accompany the *AEPS Test for Three to Six 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 com-





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

posed 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 3 and 3 to 6 years, respectively. In addition, these volumes contain a variety of intervention activities appropriate for a range of children.

## OVERVIEW OF VOLUME 4

*Volume 4, AEPS Curriculum for Three to Six Years*, is the curricular component of the *AEPS Test for Three to Six 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 among assessment, goal development, intervention, and evaluation. The AEPS Test and AEPS Curriculum were developed to provide a direct and ongoing correspondence between 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 Three to Six Years are appropriate for children who present a broad range of intervention needs. Some will be 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 Three to Six Years* includes functional skills for children whose development is in the 3- to 6-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, special educator, service coordinator) who will be involved in developing strategies for intervention. The *AEPS Curriculum for Three to Six 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 4, AEPS Curriculum for Three to Six 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 systems. 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. Appendix A provides a variety of ideas for intervention activities, and Appendix B contains a series of planned intervention activities.

The content of the *AEPS Test for Three to Six 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 Three to Six Years* relies on the interventionist to individualize each child's program.

The *AEPS Curriculum for Three to Six 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 Three to Six 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 initiated 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 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 3 to 6 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 represents more discrete skills. These objectives enable the examiner to accurately pinpoint a child's 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.

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 in this volume contains the curricular activities associated with each goal and the accompanying objectives. Each of the six areas begins with an introduction that provides a list of the AEPS test items and a brief developmental overview of the area. Following the introduction are four main sections: Intervention Considerations, Suggested Activities, Using Activity-Based Intervention, and Area Goals. The Intervention Considerations section provides a description of strategies to be adopted to help children reach their IFSP/IEP goals/objectives. The Suggested Activities section provides general information on resources and activities that will be helpful in addressing area goals/objectives. The section titled Using Activity-Based Intervention provides suggestions of how interventionists and caregivers can incorporate activity-based strategies to enhance the development of a child's targeted goals/objectives within daily occurring activities. The final section, Area Goals, contains information appropriate to teaching each goal contained on the AEPS Test. The Area Goals section begins with a brief overview and is followed by individual descriptions of the curriculum for each goal in the strand. The curriculum content is outlined with the letter and title of the strand, the goal, and its associated objectives, as well as the following information:

- *Concurrent Goals* lists other AEPS Test items that can be targeted while the child works on the current goal or associated objectives. This section identifies targets that can be combined into activities, rather than developing a specific activity for each targeted goal. This section is particularly helpful when developing planned intervention activities for groups.
- *Daily Routines* provides a list of routine home and classroom events that may be useful teaching times. These routines are likely to provide opportunities for the child to practice targeted goals. Because home and classroom routines vary between settings and families, it is important that this section is adapted to meet individual child and family needs.
- *Environmental Arrangements* lists examples of environmental arrangements that may offer opportunities to embed targeted goals and associated objectives during child-initiated, routine, and planned intervention activities. Some strategies are specific to a targeted goal (e.g., providing button-up shirts in the dramatic play area to increase opportunities for children to practice buttoning), whereas other strategies are more general (e.g., providing fewer materials than children need to increase opportunities for children to request additional items).
- *Intervention Activities* offers strategies and suggestions for embedding targeted goals and associated objectives in intervention activities that are fun and interesting for young children. A comprehensive list of intervention activities, with brief descriptions for each, typically found to be motivating for children whose development ranges from 3 to 6 years can be found in Appendix A. Intervention activities should have an accompanying explicit plan of instruction for individual children. Interventionists should assemble materials and plan prompts, cues, and consequences necessary to provide frequent opportunities for targeted goals to be practiced within each activity. A planned intervention activity form containing nine components is recommended to assist interventionists in planning for materials, prompts, cues, and consequences to address intervention for individual or whole groups of children. Appendix B contains completed examples of planned intervention activities.

## LINKING THE AEPS TEST WITH THE AEPS CURRICULUM

The strength of the AEPS and similar systems that foster a direct link between assessment, goal development, 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 on 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/objectives 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 suggestions given for concurrent goals, daily routines, environmental arrangements, and planned intervention activities.
  - 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 using the Child Progress Record and make curricular adjustments as necessary.

An example is provided to illustrate this stepwise progression. Tanya is a 4-year-old child with a developmental delay of unknown origin, making her eligible for early intervention services in her community. Step 1 suggests that, upon entry into the program, the intervention team members observe Tanya over a 2-week period using the AEPS Test to guide their observations. During the same period, Tanya's foster parents agree to complete the Family Report.

At the scheduled IFSP/IEP meeting, the professional team and Tanya's foster parents share and compare their findings (Step 2). Figure 3 shows a portion of the Adaptive Area from the Child Observation Data Recording Form completed by professionals, and Figure 4 shows a portion of the parent-completed Family Report. An examination of Tanya's performance on Strand A: Mealtime indicates that both foster parents and professionals agree that she reached criteria for Goal 1 (Eats and drinks a variety of foods using appropriate utensils with little or no spilling) but has not reached criteria for Goal 2 (Prepares and serves food). After discussing these outcomes, the foster parents and other intervention team members select Goal 2 as the IEP goal for the Adaptive Area. In addition, they choose Objectives 2.1, 2.2, and 2.3 as short-term objectives.

Step 3 requires reviewing the AEPS Curriculum section that relates directly to the Adaptive Area, Strand A, Goal 2. The information provided by the AEPS Curriculum will assist the team in developing an appropriate intervention plan for Tanya's Goal 2 (Step 4), an activity schedule (Step 5), and intervention activities (Step 6). Finally, the team will monitor Tanya's progress toward the targeted goals (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: Tanya

Test period: 1

Test date: 6-02

Examiner: NB

IFSP/IEP	S	N	S	N	S	N	S	N
<b>A. Mealtime</b>								
1 Eats and drinks a variety of foods using appropriate utensils with little or no spilling (p. 142)	2							
1.1 Puts proper amount of food in mouth, chews with mouth closed, and swallows before taking another bite	2							
1.2 Takes in proper amount of liquid and returns cup to surface	2							
1.3 Eats a variety of food textures	2							
1.4 Selects and eats a variety of food types	2							
1.5 Eats with utensils	2							
2 Prepares and serves food (p. 143)	1							
2.1 Prepares food for eating	0							
2.2 Uses knife to spread food	1							
2.3 Pours liquid into a variety of containers	1							
2.4 Serves food with utensil	2							

**Figure 3.** Portion of a professionally completed AEPS Child Observation Data Recording Form II for the Adaptive Area, Strand A for Tanya.

## 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 de-



## Adaptive Area

*Adaptive skills are those that involve being able to care for oneself. These skills include eating, drinking, preparing and serving food, using the toilet independently, taking care of personal care needs, dressing, and undressing.*

### 1. Does your child eat and drink appropriately? (A1)

NOTE: Place a "Y," "S," or "N" by items a through e:

date	6/02		
Y			

Y a. Does your child put a proper amount of food in his or her mouth, chew with mouth closed, and swallow the food before taking another bite? (A1.1)

Y b. Does your child drink from a cup and return the cup to the table without spilling? (A1.2)

Y c. Does your child eat and drink foods of different textures? For example, does your child eat soft foods such as bananas, drink liquids such as milk, and eat hard foods such as raw vegetables? (A1.3)

Y d. Does your child choose to eat different kinds of food, such as dairy, meats, and fruit? (A1.4)

Y e. Does your child eat and drink many kinds of foods using forks, spoons, and other utensils with little or no spilling? (A1.5)

### 2. Does your child help prepare and serve food? (A2)

NOTE: Place a "Y," "S," or "N" by items a through d:

S			
---	--	--	--

N a. Does your child remove peels and wrappers before eating food? For example, your child peels a banana and removes a candy wrapper. (A2.1)

S b. Does your child use a knife to spread soft foods such as cream cheese or peanut butter onto bread or crackers? (A2.2)

S c. Does your child pour liquid from one container into another, such as juice into a cup? (A2.3)

Y d. Does your child serve food from one container to another with a fork or spoon? For example, your child spoons applesauce from a jar into a bowl. (A2.4)

**Figure 4.** Portion of a parent-completed Adaptive Area section of the Family Report II for Tanya.

mands. 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 that can be individualized to meet specific needs of children. 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.

Although children with severe disabilities may be 3–6 years old, it might be necessary to use the *AEPS Test for Birth to Three Years* to obtain an accurate assessment and the corresponding Birth to Three Curriculum for intervention activities. It is important to note that these activities may need to be modified to make them appropriate for older children. Some children with severe disabilities may fall between the two assessments, requiring the use of the *AEPS Test for Birth to Three Years* for some areas and the *AEPS Test for Three to Six Years* for other areas.

Teams may find that for some children with severe disabilities, even the *AEPS Test for Birth to Three Years* is 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.

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; for example, a 5-year-old child may have the goal of orienting to (i.e., turn, look, reach, move toward) auditory, visual, and tactile events (a goal taken from the *AEPS Test for Birth to Three Years*). It may be appropriate to shake a rattle for a child younger than age 2 to provide an opportunity to turn toward the sound, but for a 5-year-old child a rattle is not appropriate. Shaking a tambourine near the child during a music activity may be more appropriate.

### **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 classroom, 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 (e.g., do not use "baby talk" with 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., preparing snack, being line leader). 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 may have difficulty "reading" behaviors and communicative attempts different from those 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, "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., "I wonder if you all could build a house together?") and provide suggestions for how a child with more severe impairments might participate in an activity (e.g., "I bet Eric could hold onto the sheet while you get some chairs to make a tent"). Peers often have ideas for how to include other children in activities. 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 them to explore 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

## Bilateral Motor Coordination

**GOAL 1** Uses two hands to manipulate objects, each hand performing different movements

**Objective 1.1** Holds object with one hand while the other hand manipulates

Fine Motor

### CONCURRENT GOALS

FM A:2	Cuts out shapes with curved lines
Adap A:1	Eats and drinks a variety of foods using appropriate utensils with little or no spilling
Adap A:2	Prepares and serves food
Adap C:1	Unfastens fasteners on garments
Adap C:3	Fastens fasteners on garments
Soc B:2	Watches, listens, and participates during small group activities
Soc B:3	Watches, listens, and participates during large group activities
Soc C:1	Meets physical needs in socially appropriate ways

### DAILY ROUTINES

Routine events that provide opportunities for children to practice manipulating objects include the following:

- Cleanup
- Dressing
- Mealtime or snack time
- Unstructured playtimes

*Example:* When preparing to go to the playground, Timmy fastens fasteners on his coat. (FM A:1.1)

*Example:* When cleaning up the art center after free play, Alicia replaces the lids on the markers. (FM A:1.1)

### ENVIRONMENTAL ARRANGEMENTS

- Present materials that provide opportunities for children to manipulate objects (e.g., blocks, Tinkertoys, Legos, stringing and weaving activities) and arrange the classroom into activity areas that include a dramatic play cen-

ter. The home and classroom environment should be arranged to allow safe, purposeful exploration of hand-size objects.

*Example:* The interventionist assists Eric, who has a visual impairment, in choosing building materials from the shelf in the classroom. She asks Eric, “Do you want to build something with the blocks or the Legos?” as she guides his hands first to the open container of blocks and then to the Legos. After Eric selects the blocks, the interventionist sits down to play with him at the table. Eric puts the blocks together to “build a bridge” with verbal cues and physical assistance from the interventionist; for example, the interventionist tells Eric to hold a block with one hand while putting the other one on top. (FM A:1.1)

- A discussion of adaptations necessary to successfully practice this goal and its associated objective should include the specific activity; the environmental arrangement of the activity, including the arrangement of materials and positioning of children; special equipment needs of the children (assistive devices); and the specific size, shape, texture, and weight of the objects to be manipulated.
- Practice manipulating objects is essential to the development of fine motor control with handheld implements (e.g., scissors, crayons, pencils).

## INTERVENTION ACTIVITIES

Two examples of how to embed this goal and the associated objective within activities are presented next. For a list of intervention activities that address goals/objectives across areas, see Appendix A.

### Fruit Salad

Children cut soft fruits such as bananas, watermelon, pears, and strawberries into chunks with dull table knives. They put the fruit in a bowl and stir in yogurt or sprinkle granola over the mixture and eat their creations for snack. Children have opportunities to manipulate objects as they do the following:

- Get ready for the activity by buttoning or tying their smocks
- Participate in the activity by stabilizing the fruit with one hand while cutting with the other
- Clean up by putting lids back on yogurt or granola containers

### Cereal Necklaces

Children make necklaces out of “O” shaped cereal. The interventionist ties a large knot in one end of a piece of heavy yarn or string and wraps a short piece

of tape around the other end to make a firm tip. Additional opportunities can be provided to manipulate two objects by placing the cereal in a plastic jar and encouraging children to take off the lid to retrieve cereal for stringing. Children can string cereal, tie the string ends, and paint the cereal to make the necklace.

*Example:* When the class prepares to make a cereal necklace, Maria independently walks to the table using her walker. Maria sits in her chair, which is adapted with additional trunk support to maximize fine motor control. The interventionist congratulates Maria on successfully stabilizing the string with her right hand and manipulating the cereal with her left. A few minutes later the interventionist provides physical assistance and verbal cues so that Maria can practice stringing the cereal with her right hand while holding the string with her left. (FM A:1)

## GOAL 2 Cuts out shapes with curved lines

**Objective 2.1 Cuts out shapes with straight lines**

**Objective 2.2 Cuts paper in two**

### CONCURRENT GOALS

Cog A:1 Demonstrates understanding of color, shape, and size concepts  
Soc B Participation (all goals)

### DAILY ROUTINES

Routine activities that provide opportunities for children to practice cutting skills include indoor playtimes and family projects (e.g., cutting ribbon for wrapping presents). The use of children's scissors in the home or classroom requires close supervision to ensure a safe, enjoyable play experience.

*Example:* During indoor play activities at home, Joey's mother draws different sizes of circles on colored pieces of paper. Joey, his mother, brother, and sister follow the lines to cut out the circles. Together they create a funny "circle" animal by pasting the shapes on a large piece of paper. (FM A:2)

### ENVIRONMENTAL ARRANGEMENTS

- Materials that provide opportunities for children to use scissors (e.g., paper, card strips, string) should be available for the children to play with during indoor play. Arrange the classroom into activity areas, including an art and dramatic play center. Many children enjoy cutting playdough, which provides a stable material to practice cutting skills.