

A large, light orange number '3' is positioned in the background on the right side of the cover. The entire cover has a pattern of small orange dots.

aeps[®]3

VOLUME

Curriculum

Beginning

EDITED BY

Jennifer Grisham

Kristine Slentz

VOLUME 3

Curriculum

Beginning

edited by

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Her professional interests have addressed three major areas: early intervention service delivery approaches, curriculum-based assessment and evaluation, and developmental-behavioral screening. Dr. Bricker's work in early intervention approaches has been summarized in two volumes: *An Activity-Based Approach to Early Intervention, Fourth Edition* (with J. Johnson & N. Rahn; Brookes Publishing Co., 2015), and *An Activity-Based Approach to Developing Young Children's Social Emotional Competence* (with J. Squires; Brookes Publishing Co., 2007). Her work in curriculum-based assessment and evaluation has focused on the development of the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS®)*; Brookes Publishing Co., 1993, 1996, 2002, 2022). This measure and associated curricula provide intervention personnel with a system for the comprehensive assessment of young children with results that link directly to curricular content and subsequent evaluation of child progress.

Dr. Bricker has been a primary author of the *Ages & Stages Questionnaires® (ASQ®)*; with J. Squires; Brookes Publishing Co., 1995, 1999, 2009) and has directed research activities on the ASQ system starting in 1980. *Developmental Screening in Your Community: An Integrated Approach for Connecting Children with Services* (with M. Macy, J. Squires, & K. Marks; Brookes Publishing Co., 2013) offers a comprehensive system for creating and operating communitywide developmental-behavioral screening programs for young children.

Dr. Bricker's distinctions include the Division of Early Childhood, Council for Exceptional Children Service to the Field Award, December 1992, and the Peabody College Distinguished Alumna Award, May 1995.

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Dr. Grisham has directed research projects on topics including linking assessment and instruction, early care and education program quality, and individualizing instruction for young children with disabilities. In addition, she has conducted research on the effectiveness of instructional procedures that are embedded into developmentally appropriate activities, the application of multi-tiered systems of support in early childhood settings, and coaching teachers and caregivers to implement evidence-based instructional strategies with fidelity. Dr. Grisham is Project Director for the Kentucky Deaf-Blind Project, which provides technical assistance to families and service providers of infants, toddlers, children, and youth with deaf-blindness. She coauthored a book titled *Reach for the Stars: Planning for the Future* (with D. Haynes; American Printing House for the Blind, 2013), which is used to support families of young children in planning for their children's future and articulating their priorities to educational team members, as well as *Blended Practices for Teaching Young Children in Inclusive Settings, Second Edition* (with M. L. Hemmeter; Brookes Publishing Co., 2017), and *Assessing Young Children in Inclusive Settings: The Blended Practices Approach* (with K. Pretti-Frontczak; Brookes Publishing Co., 2011). Finally, Dr. Grisham directed the nationwide field test for AEPS-3. Dr. Grisham is frequently asked to provide professional development to state departments of education, universities, and local education agencies on topics for which she conducts research throughout the country. Dr. Grisham is co-founder of a children's home and preschool program in Guatemala City, Hope for Tomorrow, where she accompanies students for the education abroad program. Dr. Grisham also works internationally in other locations to promote inclusion of young children with disabilities.

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Dr. Johnson is Professor in Child and Family Studies at St. Cloud State University in Minnesota, where she provides professional development education in early childhood education, early intervention, and early childhood special education. She completed her undergraduate degree in special education and elementary education at the University of Idaho and her master's and doctoral degrees in early intervention at the University of Oregon under the advisement of Dr. Diane Bricker.

Dr. Johnson has worked at University Centers for Excellence in Developmental Disabilities in Louisiana, Oregon, and Nevada as Program Coordinator, Teacher, Service Coordinator, Grant and Contract Administrator, Director, Principal Investigator, and Instructor. She served as Director of the Research and Educational Planning Center and the Nevada University Center for Excellence in Developmental Disabilities from 2001 to 2008, where she developed and administered lifespan programs, services, and supports for individuals with disabilities and their families. Her professional experiences encompass all service settings for young children, including neonatal intensive care units, pediatric intensive care units, well-baby clinics, home- and center-based programs for infants and young children (including Head Start and Early Head Start), nursing homes, supported employment, transition programs, special education schools, and university lab school programs. Much of her professional career has focused on developing and refining assessment and curriculum systems to support interventions for young children with disabilities, birth to age 6, and their families. Dr. Johnson is author, developer, and trainer of *An Activity-Based Approach to Early Intervention, Fourth Edition* (with N. Rahn & D. Bricker; Brookes Publishing Co., 2015), and the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS)* (Brookes Publishing Co., 2002, 2022) and has been involved with the system since her days as a graduate student at the University of Oregon. In her spare time, Dr. Johnson likes to read, work on home projects, observe and interact with young children, and support human and animal rights.

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Dr. Slentz's involvement with AEPS began with the earliest versions of the system and continues today, including development, consultation, research, and training. Her particular areas of interest and expertise are assessment and evaluation, infant development, early intervention, and working within family contexts across cultures. She has been fortunate to combine her love of travel with international training and consultation opportunities in Canada, United Arab Emirates, Singapore, and Kenya.

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Misti Waddell is Senior Research Assistant/Project Coordinator at the Early Intervention Program at the University of Oregon. She used the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS)* in classroom settings early in her career and, since the early 1990s, contributed to the development and research of the second edition of AEPS (2002), including project coordination for several field-initiated research and outreach training projects. Most recently, Ms. Waddell served as coordinator for the field testing of AEPS-3. Her professional activities in curriculum-based assessment also focus on the social-emotional development of young children. She coordinated the research study Project SEAM: Preventing Behavior Disorders and Improving Social Emotional Competence in Infants and Toddlers with Disabilities to examine the psychometric properties of the *Social-Emotional Assessment/Evaluation Measure, Research Edition (SEAM™)* (with J. Squires, D. Bricker, K. Funk, J. Clifford, & R. Hoselton; Brookes Publishing Co., 2014). She is currently part of the development team and serves as project coordinator for Project SELECT: Social-Emotional Learning in Early Childhood for Infants and Toddlers, a federally funded project to develop the curricular component of SEAM. Ms. Waddell provides training for early childhood teachers, interventionists, and parents in developmental and social-emotional screening, assessment, and intervention, including *AEPS*, *SEAM*, *Ages & Stages Questionnaires®, Third Edition (ASQ®-3)*, and *Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)*.

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AEPS®-3 Curriculum Foundations and Framework

The AEPS-3 Curriculum is grounded in established contemporary early childhood developmental theory as well as recommended practices in early intervention and early childhood special education (EI/ECSE). The AEPS-3 Curriculum is a core component of AEPS-3 and a key part of the AEPS-3 linked system. It is specifically designed to be used as part of a multi-tiered system of support in all early childhood settings. Figure 1.1 illustrates the linked system approach that underlies AEPS-3.

As a complete system, AEPS-3 directly links the components of assessment, goal/outcome development, teaching/intervention, and progress monitoring. A linked system is one that allows practitioners to collect assessment data and use those data to develop specific developmental and academic goals, plan teaching/intervention efforts, and guide monitoring of children's progress.

AEPS-3 is such a system. Within it, the AEPS-3 Curriculum provides content for and guidance on what and how to teach individuals and groups of children (infants, toddlers, and preschoolers) who are learning at different levels and who acquire new skills and information in different ways. Throughout the AEPS-3 Curriculum, the term *children* is used to refer to the age range that includes infants, toddlers, and preschoolers. The curriculum content and procedures offer teachers, interventionists, and specialists detailed guidance about how to do the following:

- Collect initial assessment information to establish children's developmental skills and informational levels in all important areas.
- Use assessment data to make instructional/programming decisions about outcomes to teach within hierarchical sequences of developmental and content skills. Program development at this level provides a clear, appropriate scope and sequence of what to teach.
- Teach skills embedded within regularly occurring routines and activities at home and in classrooms or other environments, using a range of evidence-based practices. Specifically, intervention and instructional strategies show how to effectively teach
 - All children individually and in groups
 - Some children who need extra help
 - Few children who have specialized needs that require individual supports
- Monitor progress using the AEPS-3 Test to determine whether teaching/intervention efforts have resulted in positive outcomes for individuals and groups of children.

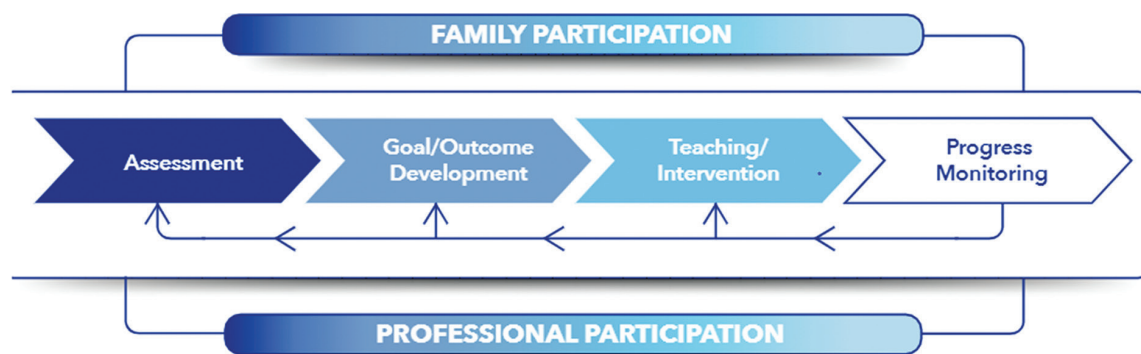


Figure 1.1. AEPS-3 Linked System Approach. This figure illustrates the conceptual framework of the AEPS-3 linked system. The arrow shapes represent the four main components of the AEPS-3 Linked System Framework: assessment, goal/outcome development, teaching/intervention, and progress monitoring. As the direction of the arrows illustrates, assessment informs goal/outcome development, goal/outcome development influences teaching/intervention, teaching/intervention informs progress monitoring, and progress monitoring then influences all three of the other parts. Participation of the family and professionals is essential throughout.

FOUNDATIONS

Designed for practitioners, the AEPS-3 Curriculum is based on three interrelated themes consistently found in recommended practices for infants and young children:

1. **MTSS**—The curriculum is organized as a *multi-tiered system of support (MTSS)* that provides specific strategies to meet the developmental needs of every child, regardless of the level of support necessary to promote effective learning.
2. **Blended practices**—The curriculum blends theory, strategies, and practices from early childhood education and early childhood special education (ECE/ECSE) to meet the needs of diverse groups of young children.
3. **ABI**—The curriculum uses *activity-based intervention (ABI)* as a strategy for providing teaching/intervention in the context of naturally occurring, developmentally appropriate routines and activities.

Each of these practices can support practitioners who serve infants and young children in home and classroom settings. The next section explains them in more detail.

1. Multi-tiered System of Support

The AEPS-3 Curriculum is designed to address the need for a continuum of differentiated strategies to effectively serve diverse groups of young children. Although MTSS has been around for some time as a means of offering different levels or intensities of teaching/intervention support, the notion of MTSS in early childhood emerged from discussions about how to apply response to intervention (RTI) in early childhood programs.

In 2019, the Division of Early Childhood (DEC) developed a position paper to address issues associated with MTSS in early childhood. As defined in the paper, MTSS “is a system-wide framework for delivering effective and efficient educational services and supports, matched to the needs of all learners for acquisition of essential skills, knowledge and dispositions, resulting in improved learner performance across one or more settings” (DEC, in press, p. XX).

According to Carta and Miller Young (2019), the following principles characterize early childhood MTSS:

1. All children can learn and achieve when they are provided with high-quality services and supports to match their needs.
2. Instruction should focus on academic, social-emotional, and behavioral goals.
3. Children showing signs of delay should be identified as early as possible and provided with a level of instructional intensity to match their needs.

4. Interventions to address children's needs should be designed by collaborative teams that include parents, administrators, teachers, and other instructional staff. These interventions should be guided by student data and informed by evidence-based practices.
5. Children's responses to intervention should be monitored continuously, and explicit data-based decision rules should be in place for making adjustments in intervention.
6. All intervention should be based on evidence-based practice implemented with fidelity.

The AEPS-3 Curriculum is designed to meet the definition of an MTSS that helps teams differentiate approaches or levels of support for young children with diverse needs. Other widely known MTSS approaches include the Pyramid Model (Hemmeter et al., 2016), Recognition and Response (Coleman et al., 2006), and Building Blocks (Sandall et al., 2019).

2. Blended Practices

The term *blended practices* refers to “the integration of practices that can be used to address the needs of all children in inclusive settings” (Grisham-Brown & Hemmeter, 2017, p. 7). Practices that blend theories, strategies, and supports from general and special education are essential to effectively addressing the increasing diversity in contemporary early childhood settings. The AEPS-3 Curriculum draws from traditional child development theories such as Piaget's (1955) cognitive developmental theory and Bronfenbrenner's (1994) ecological systems theory, as well as behavioral principles such as Skinner's (1953) theory of behavior, that serve as the foundation for effective teaching/intervention practices in special education.

The AEPS-3 Curriculum draws on the work of Grisham-Brown and Hemmeter (2017), who proposed a curriculum framework based on identifying appropriate outcomes for all, some, and individual children. Goals/outcomes at each curriculum level are matched with detailed teaching/intervention strategies that provide increasing support:

- Universal strategies appropriate for teaching all children
- Focused strategies for targeted instructional outcomes
- Specialized strategies for children who require individualized support

The curriculum framework suggests a set of practices that serves as the foundation in any early childhood setting for helping children acquire common outcomes such as early learning standards—practices that rely on positive interactions between children and adults, a well-organized learning environment, and young children's hands-on learning.

3. Activity-Based Intervention

The AEPS-3 Curriculum includes an emphasis on delivering intervention/instruction that is derived largely from the four basic elements of ABI (Johnson et al., 2015):

1. ABI makes use of three types of activities:
 - Child-initiated activities, such as learning centers and free play
 - Regularly occurring routines, such as meals and transitions
 - Small-group activities that adults plan and guide, such as storytime
2. ABI encourages multiple and varied learning opportunities so that teaching occurs with sufficient frequency and across a variety of people and materials to support generalization of skills.
3. Functional and generative goals increase children's independence and allow them to use a variety of responses across settings.
4. ABI uses consequences that are natural or logical to the task to provide immediate and relevant feedback as children learn new skills.

Table 1.1. Evidence-based practices and skill areas

Evidence-based practice	Skill area(s) aligned with practice
Differential reinforcement	Play, engagement, and appropriate behavior
Correspondence training	Engagement, play, academic skills, and health/safety skills
High-probability requests	Request-following, social skills, and communication skills
Modeling, mand-modeling, incidental teaching, and naturalistic time delay (milieu teaching)	Requesting, choice making, saying/signing single/multiple words, play expansions, and responding to questions
Graduated guidance	Safety skills, feeding self, and dressing
System of least prompts	Play skills and dressing
Constant time delay	Play skills, academic skills (counting, reading), prewriting, engagement, peer imitation, and communication skills
Progressive time delay	
Simultaneous prompting	Play skills and home skills
Peer-mediated instruction	Social skills

Other Evidence-Based Practices (EBP)

The AEPS-3 Curriculum incorporates a variety of evidence-based teaching/intervention practices in ECE/ECSE, defined as “practices and programs shown by high-quality research to have meaningful effects on student outcomes” (Cook & Odom, 2013, p. 135). The AEPS-3 Curriculum uses principles and research-based strategies associated with such evidence-based practices as embedded instruction, *data-driven decision making*, and specific systematic instruction, each of which is addressed in the paragraphs that follow. Table 1.1 lists the strategies identified throughout the AEPS-3 Curriculum along with the skills that are best aligned with each strategy.

Embedded Instruction. Embedded instruction occurs when a child is engaged in preferred activities and an adult intentionally uses that activity as an opportunity to practice or demonstrate a target skill by expanding, modifying, or taking a logical next step with the skill. The activity itself provides feedback based on the child’s response. Embedded instruction, which is an underlying process of ABI, has been shown repeatedly to be an effective method for helping infants and young children with and without disabilities acquire or expand skills. Embedded instruction has been used successfully to teach preacademic, social, communication, motor, adaptive, and cognitive skills to young children. The AEPS-3 Curriculum embeds all AEPS-3 Test items in commonly occurring routines and activities that take place at home or in center-based environments such as child care and pre-K classrooms.

Data-Driven Decision Making. Data on individual children’s performance levels are the best source of information for selecting appropriate teaching/intervention goals and effective teaching strategies matched to support needs. AEPS-3 is structured to provide evidence to guide decision making at each step in the linked system. Observing young children as they engage in daily activities yields a vast amount of information about what a child knows and is able to do over time. The AEPS-3 Test provides precise performance data to inform decisions about the most appropriate goals and objectives for each child. Likewise, data collected during teaching/intervention reveal information that is critical for adjusting outcomes and modifying teaching strategies. Progress monitoring data also provide updates to the assessment data from the test, forming a comprehensive profile of skills acquired across all areas of development.

Specific Systematic Instruction. The teaching strategies in the AEPS-3 Curriculum were selected because evidence demonstrates that they result in positive outcomes for young children who have disabilities or are at risk. Emerging evidence also indicates that some strategies (such as peer-mediated instruction and system of least prompts) are effective in teaching high-priority skills to children without disabilities.

CURRICULUM FRAMEWORK

The AEPS-3 Curriculum is designed intentionally to coordinate and integrate recommended practices and evidence-based research into a coherent, easy-to-use framework by suggesting differentiated instruction similar to an MTSS model, using evidence-based practices from both ECE and ECSE, and embedding those practices into home and classroom routines and activities. The sections that follow provide details about the curriculum’s central elements and characteristics.

Inclusive of All Children From Birth to 6 Years, With and Without Disabilities

The AEPS-3 Curriculum makes it possible to teach critical early skills to all children. It should be useful for individual children in Early Head Start, children in Part C Early Intervention home settings, and groups of young children in preschool classrooms (blended, inclusive, or self-contained), including those with developmental and early academic problems who have not yet been formally identified for special services.

Based in Routines and Activities

The AEPS-3 Curriculum focuses on teaching during regularly occurring routines and activities at home and in the classroom. The curriculum is organized into 18 routines and activities (see Box 1.1 for a complete list) and emphasizes play and young children's successful participation in homes and classrooms. Practitioners use evidence-based strategies to teach specific developmental skills without removing young children from their daily routines and ongoing interactions with peers and family members.

Active & Outdoor Play	Field Trips
Arrival & Departure	Math
Art	Meals & Snacks
Bath Time	Music & Movement
Blocks	Nap & Sleep
Circle Time	Science (in Growing and Ready levels)
Diapering, Toileting, & Handwashing	Sensory
Dramatic Play	Technology (in Growing and Ready levels)
Dressing	Writing

Box 1.1 AEPS-3 Curriculum Routines and Activities

Organized Around Three Skill Ranges—Beginning, Growing, and Ready

In the curriculum, AEPS-3 items are grouped into three levels, making it possible to teach infants and young children developmental skills that are embedded in a consistent set of daily routines and activities. In early development, the times at which specific skills emerge differ from child to child, and some skill areas may develop more quickly than others for any given child.

The AEPS-3 Curriculum includes one complete volume for each skill level. Taken together, the three curriculum volumes provide comprehensive strategies for teaching developmental skills in each of the eight AEPS-3 areas to children who function developmentally between the ages of birth and 6 years.

- The Beginning level (Volume 3) includes foundational skills that typically developing children acquire in the first year to 18 months of life.
- The Growing level (Volume 4) generally covers those skills that require children to combine and apply earlier skills. These skills typically appear during the toddler years, from 18 months to 3 years of age.
- The Ready level (Volume 5) has more complex developmental and early academic skills that are typical of preschool-age children and considered important for success in school.

Tiered for Differentiated Teaching

The AEPS-3 Curriculum is arranged in differing tiers of support to help match teaching strategies to children's support needs. A central feature of the curriculum, this tiered model accommodates the varying rates at which young children learn skills in different developmental areas. This

three-tiered model provides increasingly intensive intervention/instruction to help ensure the level of support needed for each child to participate successfully at home, in classrooms, and in community settings.

Each of the curriculum's three tiers of support—universal, focused, and specialized—contains a variety of suggestions for specific teaching strategies that are appropriate for children with and without disabilities. Figure 1.2 shows the tiered model of the AEPS-3 Curriculum framework in more detail, indicating for whom that tier's strategies are intended, the types of strategies the tier includes, and the frequency of data collection. As the figure shows, data collection occurs least frequently in Tier 1, more frequently in Tier 2, and most frequently in Tier 3. Refer to Figure 1.2 in the discussion that follows. The teaching strategies in Tier 1 are for all young children in high-quality early childhood learning environments. The teaching strategies in Tier 2 are for some children who need extra help, and those in Tier 3 are for the few children who need individual help.

Tier 1: Universal Support The support strategies in Tier 1 reflect best practices in caregiving and teaching. They are designed to provide safe, healthy learning environments and high-quality, developmentally appropriate curriculum for ALL young children. Within the universal support tier, developmental skills constitute core curriculum content for infants and young children. Daily routines and activities provide meaningful teaching and learning contexts for every young child with or without disabilities. Each of the curriculum's routines and activities lists suggestions for the following:

- Arranging daily routines and activities
- Facilitating appropriate, positive social interactions
- Selecting materials

Universal strategies may not work well for every child, and some children may need alternatives that require more input and structure to learn specific skills.

Tier 2: Focused Support The strategies within Tier 2 build on the routines and activities of the universal tier and involve relatively minor modifications and adaptations for SOME children who need extra help to ensure more frequent and focused learning opportunities. The AEPS-3 Curriculum offers a range of specific strategies for the following:

- Identifying targeted outcomes
- Adapting and modifying routines, activities, and environments

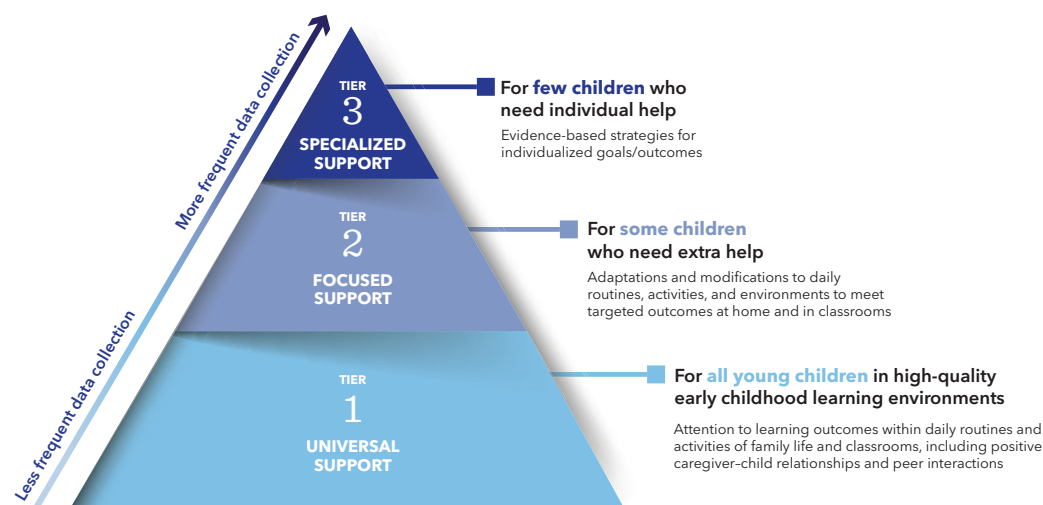


Figure 1.2. Tiered Model of the AEPS-3 Curriculum Framework. This illustration depicts the three tiers of the AEPS-3 Curriculum (universal, focused, and specialized teaching strategies), indicates for whom the strategies are intended, and briefly describes the types of strategies included at that tier. Data are collected with increasing frequency the higher the tier.

- Incorporating child preferences, family priorities, and peer supports
- Selecting specialized materials
- Modifying teacher prompts

Tier 3: Specialized Support Tier 3's specialized support strategies are for the FEW individual children who need intensive supports to address their unique learning goals, such as those found on IFSPs and IEPs. Specialized strategies build upon, rather than replace, universal and focused levels of teaching. Strategies at the specialized tier are individualized to help children acquire prerequisite and foundational skills more quickly and thus increase their participation in high-priority routines and activities. Specialized strategies emphasize the following:

- Suggestions for selecting high-priority skills to teach that emphasize positive caregiver-child relationships and promote peer interactions
- Specific individualized prompts and cues
- Materials and interactions that are specific to children with a variety of identified disabilities

Designed for Continuous Monitoring and Evidence-Based Decision Making

Monitoring children's progress is a central element of the AEPS-3 Curriculum, especially as they learn new skills. Monitoring children's progress is important for both teachers and parents and provides the necessary basis for making teaching decisions. Chapter 5 in this volume provides specific directions for matching how often to collect progress monitoring data with the level of teaching/intervention support provided (with data collected more often as the support level increases). The AEPS-3 Test's scoring system and organization are designed to allow you to monitor and track progress with precision as new skills emerge and children master them.

Data that show children's progress (or lack thereof) are essential for determining the level of support children need to learn new skills. For efficiency's sake, it is important to move to new outcomes as soon as children master skills. Likewise, when progress monitoring data indicate progress is not occurring or is slower than desired, it is necessary to modify outcomes and/or teaching strategies. In the AEPS-3 linked system, assessment data are used to make decisions about selecting learning outcomes and goals for individual children, and progress monitoring data are used to move to new outcomes and goals and different teaching/intervention strategies.

Meals & Snacks

Meals & Snacks can incorporate a variety of skills and provides valuable opportunities to build adult-child and peer relationships. This routine occurs frequently throughout the day, depending on the individual child and the adult. Meals & Snacks evolves over time, with infants depending completely on adults, toddlers being able to feed themselves independently, and preschoolers helping prepare meals or snacks. Through frequent repetition and growth, children acquire complex adaptive, social-communication, and fine motor skills in this routine. The AEPS-3 Beginning level of this routine uses skills from seven developmental areas.

Concurrent Skills

The following concurrent skills are AEPS-3 skills that can be easily embedded and taught during regular occurrences of Meals & Snacks.

FINE MOTOR Beginning Skills

- A 1.1** Brings hands together near midline
- A 2** Grasps pea-size object
- A 2.1** Grasps hand-size object
- A 2.2** Grasps small cylindrical object
- A 2.3** Grasps pea-size object using fingers in raking or scratching movement
- A 2.4** Grasps hand-size object using whole hand
- A 3** Stacks objects
- B 1** Activates object with finger
- B 1.1** Uses finger to point or touch
- B 1.3** Uses fingers to explore object
- B 2.1** Turns object using either hand
- B 3.4** Holds object with one hand and manipulates object or produces action with other hand

Embedded Learning Opportunities

- *Brings hands to midline to sign MORE for more drink*
- *Takes hold of cereal pieces, crackers, or bread sticks using variety of grasps*
- *Stacks cookies on top of each other*
- *Turns empty cup in hand to indicate need for more*
- *Holds banana with one hand and animal cracker with other hand*

GROSS MOTOR Beginning Skills

- A 2** Puts weight on one hand or arm while reaching with opposite hand
- A 2.1** Remains propped on extended arms with head lifted
- A 2.2** Remains propped on nonextended forearms with head lifted
- A 4** Assumes balanced sitting position
- A 4.2** Regains balanced, upright sitting position after reaching across body
- A 4.3** Regains balanced, upright sitting position after leaning left, right, and forward
- A 4.4** Sits balanced without support
- A 4.6** Holds head in midline when sitting supported
- A 5** Gets out of chair
- A 5.1** Sits down in chair
- A 5.2** Maintains sitting position in chair
- B 1** Creeps forward using alternating arm and leg movements
- B 1.3** Crawls forward on stomach
- B 2** Stoops and regains balanced standing position
- B 2.1** Rises from sitting to standing position
- B 2.3** Pulls to standing position
- B 3.1** Walks without support
- B 3.2** Walks with one-hand support
- B 3.3** Walks with two-hand support
- B 3.4** Cruises

Embedded Learning Opportunities

- *Puts weight on one hand while sitting on floor and reaching for cracker*
- *Sits at table in child-size chair*
- *Sits in and gets up from child-size chair*
- *Crawls or creeps on picnic blanket*
- *Crawls out of booster seat after meal*
- *Walks with or without support to kitchen when food is ready*
- *Walks with or without support from outdoors to kitchen for snack*

ADAPTIVE Beginning Skills

- A 1** Uses lips to take semisolid foods off eating utensil
- A 1.1** Swallows semisolid foods
- A 1.2** Swallows liquids
- A 2.2** Eats crisp foods
- A 2.3** Eats soft and dissolvable foods
- A 3.2** Eats with fingers
- A 3.3** Accepts food presented on eating utensils
- A 4.1** Drinks from cup with spouted lid
- A 4.2** Drinks from container held by adult

Embedded Learning Opportunities

- *Eats applesauce or rice cereal from eating utensil*
- *Eats crisp crackers, pretzels*
- *Drinks from spouted cup*
- *Opens mouth when adult brings spoon toward child*

SOCIAL-EMOTIONAL Beginning Skills

- A 1** Initiates positive social behavior toward familiar adult
- A 1.1** Responds appropriately to familiar adult's affective tone
- A 1.2** Responds to familiar adult's positive social behavior
- A 2** Maintains social interaction with familiar adult
- A 2.1** Initiates simple social interaction with familiar adult
- B 2.2** Seeks comfort, closeness, or physical contact from familiar adult
- B 2.3** Responds appropriately to soothing by adult
- D 4.2** Claims and defends possessions

Embedded Learning Opportunities

- *Sits in adult's lap and says "bite" when hungry*
- *Calms when adult picks up and carries child to refrigerator to get milk*
- *Responds by signing EAT when adult asks, "Are you hungry?"*
- *Says "Mama" while looking at mother and pointing to juice cup on counter*
- *Says "Mine!" when another child takes cracker*

SOCIAL-COMMUNICATION Beginning Skills

- A 1** Turns and looks toward person speaking
- A 1.1** Quiets to familiar voice
- A 2** Produces speech sounds
- A 2.1** Coos and gurgles
- A 3** Engages in vocal exchanges
- A 3.1** Vocalizes to another person expressing positive affective state
- A 3.2** Vocalizes to another person expressing negative affective state
- A 4** Uses intentional gestures, vocalizations, and objects to communicate
- A 4.1** Makes requests of others
- A 4.2** Makes choices to express preferences
- A 4.3** Expresses desire to continue activity
- A 4.4** Expresses negation or protests
- B 1** Follows gaze to establish joint attention
- B 1.1** Follows pointing gestures with eyes
- B 1.2** Looks toward object
- B 2.1** Recognizes own and familiar names
- B 2.2** Responds to single-word directive
- C 1.3** Uses consistent approximations for words or signs
- C 1.4** Uses consistent consonant-vowel combinations

Embedded Learning Opportunities

- *Looks at adult when adult says "Here comes a bite!"*
- *Says "Mo!" when wanting more food*
- *Signs MORE or ALL DONE to communicate wants or needs*
- *Points to graham crackers when adult holds box of them and box of saltines and asks, "Which one would you like to eat?"*
- *Turns head away to protest new food*
- *Looks at object when adult asks, "What is this?" while looking toward object*
- *Sits down beside sink when adult says "Wait for me"*

COGNITIVE Beginning Skills

- A 1** Orients to events or stimulation
- A 1.1** Reacts to events or stimulation
- A 2** Combines simple actions to examine people, animals, and objects
- A 2.1** Uses sensory means to explore people, animals, and objects
- B 1.1** Imitates novel simple motor action not already in repertoire
- B 1.2** Imitates familiar simple motor action
- B 2.1** Imitates novel vocalizations
- B 2.2** Imitates familiar vocalizations
- C 1.2** Locates hidden object
- D 1** Uses object to obtain another object
- D 1.1** Uses part of an object or support to obtain another object
- D 1.2** Retains one object when second object is obtained
- D 2** Coordinates actions with objects to achieve new outcomes
- D 2.1** Tries different simple actions to achieve goal
- D 2.2** Uses simple actions on objects
- E 1.2** Uses senses to explore
- E 2.3** Makes observations

Embedded Learning Opportunities

- *Watches adult walk back and forth in kitchen while preparing food*
- *Laughs when drops cup on floor*
- *Mouths new foods and utensils to explore them*
- *Tries to dry own hands after watching adult*
- *Scoops yogurt after watching adult scoop with spoon*
- *Locates spoon hidden under napkin*
- *Uses spoon to get out-of-reach vegetable*
- *Holds cracker in one hand when adult hands child second cracker for other hand*
- *Points at flying bird during picnic and says "Look!"*

MATH Beginning Skills

- A 1.2** Recites numbers 1–3

Embedded Learning Opportunities

- *Holds up arms when adult says "1, 2, 3!" before picking up child from highchair*

TIER
1

UNIVERSAL STRATEGIES

These are best practices for ALL young children, with attention to meeting learning outcomes within daily routines and activities of family life and early childhood classrooms while promoting positive adult-child relationships and peer interactions.

At the Beginning level of this routine, infants and young children depend on adults to supply nutritious meals and help them with the actions associated with eating. Infants begin learning skills that promote independence, such as feeding themselves and learning to drink without help. Adults should allow children to eat at their own pace, paying close attention to children's cues about satiety and hunger. It is beneficial for children to eat using their fingers in addition to being spoon fed, because it helps them develop the fine motor skills and coordination needed to eat independently. Adults can support adaptive skills by providing a wide range of age-appropriate foods with a variety of textures, flavors, smells, shapes, and colors. Consult the family doctor or pediatrician if there are questions or concerns about nutrition and eating schedules.

Interactions

Meals & Snacks at the Beginning level is a time for adult-child bonding and relationship building. Following are some suggested interactions:

- ▲ Include infants and children in family mealtimes whenever it is age-appropriate and in keeping with the family's customs:
 - △ Let young children who are not yet able to eat independently sit in a highchair and eat finger foods until an adult can feed them.
 - △ Let young children play with toys after eating while the rest of the family eats.
- ▲ Let infants and young children take food off a spoon with their lips when they start eating solid foods (adults should not push an eating utensil too far into a child's mouth, because young children have a shallow gag reflex that prevents choking). Even though it may be messy, this gives children an opportunity to learn to coordinate the muscles of their mouth and face.
- ▲ Allow young children adequate time to experiment with and explore new foods.
- ▲ Encourage young children to watch other children eat (seat them near older children or adults, if possible, so they can observe and imitate new skills).

Environment and Materials

Following are some suggestions for environment and materials at the Beginning level:

- ▲ Breast-feed or bottle-feed in a calm environment so the infant can focus on interacting with the adult.
- ▲ For children who are starting to eat solid foods,
 - △ Offer a variety of safe finger foods and pureed baby foods. Remember to let the child decide how much to eat.
 - △ Let infants and young children practice using eating utensils:
 - ▷ Model how to hold and use the utensils to eat solid foods.
 - ▷ Let the child try to use the utensils on their own, even if adults still end up feeding them most of the meal.
 - ▷ Gently scaffold learning until the child can feed self independently.
- ▲ Provide child-size chairs or highchairs with foot rests so children's feet are supported during meals.

TIER
2

FOCUSED STRATEGIES

These strategies are for teaching SOME children who are struggling with a component of a skill or whose development is stalled and who need extra help to catch up or keep up. The strategies include a variety of minor adaptations or modifications to daily routines, activities, and environments to meet targeted outcomes at home and in classrooms.

- ▲ For infants who have difficulty with bottle or nipple feeding,
 - △ Ease swallowing by adjusting the nursing position to a more elevated but supported position.
- ▲ For those who have colic or who easily become overtired or hungry,
 - △ Keep track of the usual eating schedule and feed the child a few minutes earlier than usual, to keep them from getting distressed.

- ▲ For those who resist beginning solid foods,
 - △ Start by thinning the new food to a consistency the child will tolerate.
 - △ Gradually decrease the amount of liquid while increasing the amount of solid food in the mix.
- ▲ Keep watch for possible allergies to formula, and if allergies are present, consider changing to a soy or other alternative formula under a pediatrician's direction.
- ▲ Pay attention to children's cues for when they are getting hungry, and make sure mealtime occurs before they get too sleepy to participate.
- ▲ Remove children who become distressed at the table for a minute or two to let them calm down, and reseat them afterward if they want to come back to the table.
- ▲ Introduce chunky textures slowly over time using favorite foods, moving from fully pureed to a mixture containing a few small chunks.
- ▲ Try alleviating hypersensitive gag reflexes by using a very small spoon with a soft plastic covering.
- ▲ Consult parents about which eating utensils work best at home, and provide them in the classroom.
- ▲ Teach children who cannot speak to use simple signs (MORE, ALL DONE) so they can communicate their preferences.
- ▲ Learn to recognize children's cues and preferences.
- ▲ Pair sign language with spoken words for children who are nonverbal or who have hearing impairments.



■ SPECIALIZED STRATEGIES

These strategies for teaching the FEW children who need intensive supports include a variety of specialized, individualized, precise evidence-based strategies to meet children's unique goals/outcomes:

- ▲ Promote object labeling by using snacks and meals to teach one-word labels for favorite foods.
- ▲ Use the same words or signs for foods and utensils that children are used to hearing at home.
- ▲ For children who have vision impairments,
 - △ Let the child explore foods using their other senses before they try to eat.
 - △ Use hand-under-hand guidance to help teach utensil use.
- ▲ For children who have special motor or oral-motor needs,
 - △ Plan for extra time at meals and snacks.
 - △ Use hand-over-hand guidance to help older infants use utensils.
- ▲ For children who struggle to coordinate the suck-swallow-breathe cycle,
 - △ Pace feedings to prevent distress (at regular intervals, pull the nipple or bottle all or part of the way out of the child's mouth, to allow time for breathing).
 - △ Use a semi-reclined (partly upright) position.
 - △ Try a side-lying position to support coordination.

- ▲ For children who have support or positioning needs,
 - △ Use a pillow to elevate and provide extra support to keep the child's head and neck positioned properly.
 - △ Try seating the child on an adult's lap (or in a highchair as children get bigger), and use cushions or pillows to fill in space and keep the child comfortable.
 - △ Provide supportive positioning that allows children who have gross motor delays to sit completely upright to eat if they are ready for finger foods or are transitioning to solid foods.
- ▲ For children who have problems sucking, swallowing, chewing, or maintaining proper posture for eating,
 - △ Consult an occupational or physical therapist.
 - △ Explore the variety of specialized utensils to find ones that work best for children who have motor difficulties.
- ▲ For children who have extraneous tongue movements,
 - △ Try placing a finger underneath the bony point of the jaw.
- ▲ For children who experience reflux,
 - △ Pay particular attention to positioning after eating (typically, side-lying or partially upright and supported positions help reduce reflux).
 - △ Try adjusting the timing of meals (schedule smaller meals closer together throughout the day).
- ▲ For children who struggle to eat, have been tube fed, or have other eating-related issues that have made eating a negative experience, provide positive experiences:
 - △ Gently stroke the child's cheeks and mouth to provide oral stimulation.
 - △ Use a teething toy, pacifier, or parent's finger in the mouth.
 - △ Play kissing games near the child's face and mouth.

A

AEPS-3 Curriculum Resources (Appendix A)

Appendix A in this volume contains numerous additional resources to supplement the AEPS-3 Curriculum. The first part of the appendix presents a list of general curriculum resources, and the second part provides lists of supplementary resources for each individual routine and activity.

B

AEPS-3 Skills Matrix (Appendix B)

The AEPS-3 Skills Matrix in Appendix B of this volume spotlights individual skills by showing functional application across all routines and activities. Each skills matrix (there are eight total, one for each of the test's eight developmental areas) allows you to select individual AEPS-3 items for children who require an intensive focus on a few skills across routines and activities. For children who have difficulty learning new skills at the level of individual AEPS-3 items, the Foundation Steps (FS) provide an even more granular breakdown of component subskills that are either a sequence of developmental precursors or steps in task analyses.

VOLUME 3 Curriculum Beginning

For use after the **AEPS®-3 Test**, this activity-based, multitiered curriculum helps professionals support every child's development with differentiated instruction in eight developmental areas: Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. The **AEPS®-3 Curriculum** is divided into three levels—**Beginning**, **Growing**, and **Ready**—so that children with different developmental needs can participate in the same activity or routine. This Beginning curriculum volume includes foundational skills that typically developing children acquire in the first year to 18 months of life.

In this volume, professionals will find

- a complete introduction to the curriculum's foundations, content, and organization
- helpful guidelines for selecting goals and outcomes
- strategies for matching tiered teaching/intervention strategies—universal, focused, and specialized supports—with young children's individual needs
- instructions on collecting progress monitoring data at each teaching/intervention tier
- evidence-based strategies for teaching specific developmental skills within 18 typical routines and activities, such as Meals & Snacks, Nap & Sleep, Dressing, Bath Time, Sensory, and Active & Outdoor Play

Ideal for both classroom and home settings and easily adaptable for each child's schedule and family cultural context, this expertly organized curriculum is an essential part of the comprehensive, linked AEPS-3 system. Visit www.aepsinteractive.com to learn more.



Assessment, Evaluation, and Programming System for Infants and Children, Third Edition (AEPS®-3)

By Diane Bricker, Ph.D., Carmen Dionne, Ph.D., Jennifer Grisham, Ed.D., JoAnn (JJ) Johnson, Ph.D., Marisa Macy, Ph.D., Kristine Slentz, Ph.D., & Misti Waddell, M.S., with Ching-I Chen, Ph.D., & Naomi Rahn, Ph.D.

Streamlined and enhanced with user-requested updates, AEPS®-3 gives your early childhood program the **most accurate, useful child data** and a **proven way to turn data into action** across everything you do, from goal setting to teaching to progress monitoring. Use this highly effective and efficient linked system to assess, develop goals, implement instruction/intervention, and monitor progress for every child you work with, from the first months of life through kindergarten.

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- **Link assessment data to a tiered curriculum** organized around 18 routines and activities
- **Track and support emerging skills**, where real growth and development happen
- **Strengthen preacademic skills**, including the critical areas of early literacy and math
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