Early Intervention

From Referral to Discharge
and all things in-between

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Leaving here you will confidently

Learning **Outcome 1:**
Summarize the EI process from referral to discharge

Learning **Outcome 2:**
Explain the relationship between motor and speech development

Learning **Outcome 3:**
Plan effective EI-aligned sessions to facilitate language

Learning **Outcome 4:**
List considerations for empathetic parent education

Hospital - Developmental Clinic

Mother of 2

Preschool Special education

Adjunct Professor

Toy Company / Product Development

@talkwithtoys

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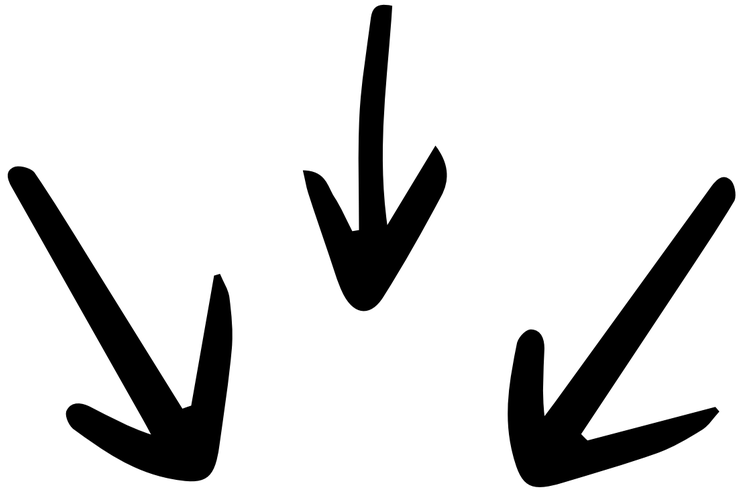

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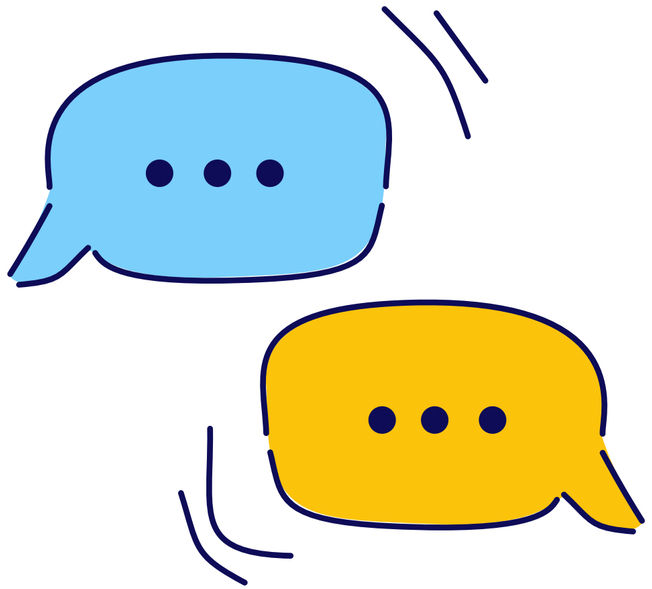


Words that come to mind when you think of Early Intervention?

The term “early intervention services” means developmental services that—

- provided under **public supervision**
- provided at **no cost** except where Federal or State law provides for a system of payments by families, including a **schedule of sliding fees**
- designed to **meet the developmental needs** of an infant or toddler with a disability, as identified by the individualized family service plan team, **in any 1 or more** of the following areas:
    - **physical development;**
    - **cognitive development;**
    - **communication development;**
    - **social or emotional development; or**
    - **adaptive development;**
- meet the standards of the State in which the services are provided:
    - family training, counseling, and home visits
    - special instruction or developmental intervention (DI)
    - speech-language pathology; audiology services, and sign language
    - occupational therapy
    - physical therapy
    - psychological services
    - service coordination services
    - medical services only for diagnostic or evaluation purposes
    - early identification, screening, & assessment services
    - social work services
    - vision services; *Commission of the blind
    - assistive technology devices and assistive technology services

Who

- Children Birth-3 years of age who meet the eligibility criterion or qualify under “Condition with High Probability”

What

- Developmental Intervention
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Behavioral Intervention

Where

- Home environment
- Daycare
- Playground

https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii/1432/

Early intervention services are **designed to address a problem or delay in development as early as possible**. The services are **available** for infants and toddlers **up to age three. Contracted agencies serve as** the Early Intervention Program **providers** (EIPs) and arrange for early intervention practitioners to **address the needs of eligible children and their families. Following** the **evaluation** and assessment, an **Individualized Family Service Plan (IFSP)** is developed to **describe the services that are needed by the child and family and how they will be implemented. Services** are **provided** by qualified practitioners i**n natural environments,** settings in which children without special needs ordinarily participate and that are **most comfortable and convenient for the family, such as the home, community or daycare.**

What is the purpose and philosophy of IDEA Part C?

"Congress finds that there is an urgent and substantial need to —

- enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life;
- reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;
- maximize the potential for individuals with disabilities to live independently in society;
- enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and
- enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care.

The Individuals with Disabilities Education Act (IDEA) began as a civil rights law in 1975 to provide access for students with disabilities with a Free Appropriate Public Education (FAPE), and it was later recognized that students with disabilities and their families needed additional support and education in the education process.

By 1986, Congress recognized benefits in the education process can be gained by supporting the child's learning, and also the family at the birth of the child. Congress then amended IDEA to include Part C (originally Part H): the option for states to support infants and toddlers and their families.

https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii/

— The Individuals with Disabilities Education Act (IDEA, 2004. 20 U.S.C. §1431(a)

The Referral Process

The Referral Process

01

Referral is made by calling the Early Intervention System

02

Family receives a service coordinator to guide them through Early Intervention process

The service coordinator schedules screening, initial evaluations, and assessments for BOTH the child and the family in order to:

03

1. Determine child's eligibility
2. Understand the familial environment
3. Identify services needed to support both the child and family

04

The Individualized Family Service Plan (IFSP) is developed within 45 days of the referral. The IFSP will include: (1) The services the child will receivE (2) Strategies the family members can implement in daily routines

05

The EI System will assign providers to the child/case

Determining Eligibility

CONDITIONS OF HIGH PROBABILITY

Includes children who have identified conditions but who may not be exhibiting delays in development at the time of eligibility.

Children are eligible who have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. The high probability diagnosis must be confirmed in a signed statement or report from a physician; advanced practice nurse; or licensed clinical psychologist in the child's record including a statement that the diagnosed condition for the child has a high probability of developmental delay.

Examples of high probability conditions in accordance with Part C of IDEA include:

- Chromosomal abnormalities (Trisomy 21)
- Genetic or congenital disorders (Clefts)
- Sensory impairments (blindness, deafness)
- Disorders reflecting disturbance of the development of the nervous system; (hydrocephalus, epilepsy)
- Congenital infections (toxoplasmosis, rubella, cytomegalovirus, herpes simplex virus, and syphilis; Zika virus is also recognized as a significant congenital infection)
- Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
- Autism Spectrum Disorder

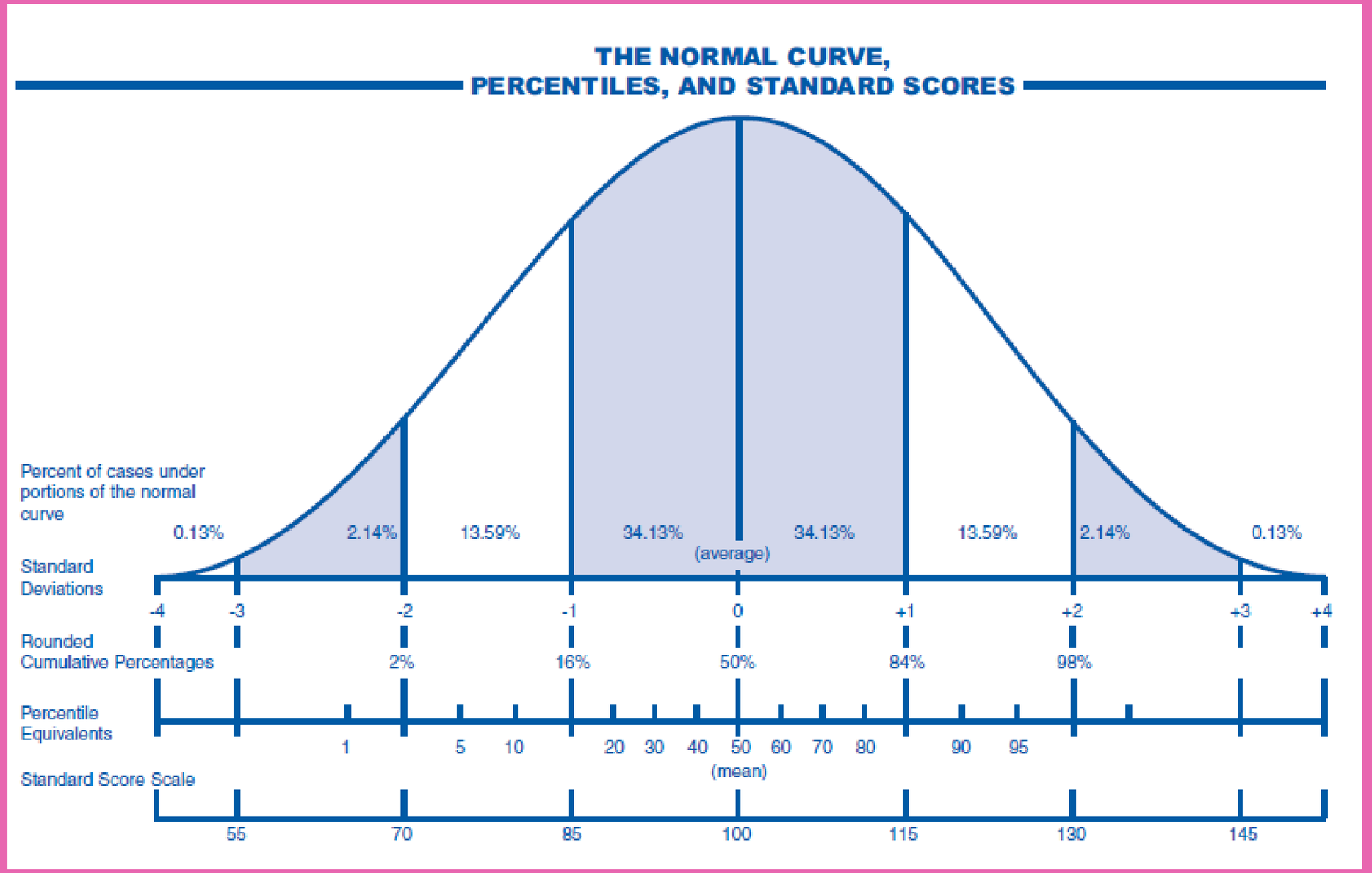
Must be measured with a designated standard evaluation tool, appropriate diagnostic instruments and procedures, including clinical opinion in all of the following
areas of development:

1. Physical (gross motor, fine motor, vision and hearing)
2. Cognition
3. Communication
4. Social or emotional
5. Adaptive

To be eligible, a child must demonstrate measured delays in development of at least:

(a) 2.0 standard deviations below the mean in one developmental area; or

(b) 1.5 standard deviations below the mean in two or more of the developmental areas.


THE NORMAL CURVE,
PERCENTILES, AND STANDARD SCORES
Percent of cases under portions of the normal curve
0.13%
2.14%
13.59%
34.13%
34.13%
13.59%
2.14%
0.13%
(average)
Standard Deviations
-4
-3
-2
-1
0
+1
+2
+3
+4
Rounded Cumulative Percentages
2%
16%
50%
84%
98%
Percentile Equivalents
1
5
10
20
30
40
50
60
70
80
90
95
(mean)
Standard Score Scale
55
70
85
100
115
130
145

Assessments

- **Bayley Scales of Infant & Toddler Development (BSID-IV)):** Used to identify developmental delay and compare a child's performance to same-age peers. It is often used in eligibility determinations for Early Intervention (Part C) or research settings.
- **BRIGANCE® Inventory of Early Development (IED III):** A standardized, criterion-referenced assessment that evaluates a broad range of skills from birth to 7 years. It helps determine a child's developmental age and skill level across different domains.

	Bayley Scales of Infant and Toddler Development (BSID-IV)	BRIGANCE
	Comprehensive Norm-Referenced Structured	Standardized Criterion-Referenced
	Ages 16 days-42 months	Ages birth-7 years
	Cognition Language Motor Social/Emotional Adaptive	Cognition Language Motor Social/Emotiona; Self-Help/Daily Living
	Compare to peers; Identify delays	Identify mastered skills, plan instruction

Bayley Scales of Infant and Toddler Development (Bayley-4) (Norm-referenced; compares child to peers)

Bayley uses structured tasks, often with standardized toys, to assess skills.

- Cognitive:
  - Present a block: Does the infant bang two blocks together?
  - Hide a toy under a cup: Does the toddler find it (object permanence)?
- Language:
  - Receptive: Ask the child to point to “the ball” among pictures.
  - Expressive: Encourage naming familiar objects (e.g., “What is this?”).
- Motor:
  - Gross: Observe whether a baby can roll from back to tummy, crawl, or take steps.
  - Fine: Does the child pick up a Cheerio with a pincer grasp? Stack 2–3 blocks?
- Social-Emotional/Adaptive (questionnaire):
  - Parent reports on behaviors like responding to name, imitating gestures, or feeding self.

Brigance Inventory of Early Development (Brigance IED-III) (Criterion-referenced; skill mastery checklist)

Brigance includes a wide range of observable and reportable skills, often embedded in natural routines.

- Adaptive:
  - Can the child drink from an open cup without spilling?
  - Can the child use a spoon independently?
- Motor:
  - Gross: Can the child jump forward with two feet? Balance on one foot for 5 seconds?
  - Fine: Can the child draw a vertical line? Copy a circle? Use scissors to cut paper?
- Language:
  - Receptive: Can the child follow a 2-step direction? Identify body parts on self?
  - Expressive: Can the child use two-word phrases? Name colors? Retell a simple story?
- Daily Living/Early Academics:
  - Pre-literacy: Can the child identify letters in their name?
  - Pre-math: Can the child count 1–10 objects? Sort by shape or color?

Bayley Scales of Infant and Toddler Development
(Norm-Referenced)
The Bayley uses structured tasks with standardized materials. Scores are compared to a normative sample of children the same age.

DOMAIN: COGNITIVE
Sample Item: Present two cups. Hide a toy under one. Ask the child to find it.
Scoring: Pass = child finds toy; Fail = child does not search or chooses incorrectly.

DOMAIN: LANGUAGE (RECEPTIVE)
Sample Item: Show 4 pictures (ball, dog, car, shoe). Say: 'Point to the dog.'
Scoring: Pass = correct identification; Fail = incorrect or no response.

DOMAIN: LANGUAGE (EXPRESSIVE)
Sample Item: Hold up a cup. Ask: 'What is this?'
Scoring: Pass = says 'cup' or equivalent; Fail = no response or unrelated response.

DOMAIN: MOTOR (FINE)
Sample Item: Give a Cheerio. Observe grasp.
Scoring: Pass = pincer grasp; Fail = raking or unsuccessful grasp.

DOMAIN: MOTOR (GROSS)
Sample Item: Place child in standing position. See if they take 3 steps independently.
Scoring: Pass = walks 3 steps; Fail = does not walk or requires support.

Brigance Inventory of Early Development (Criterion Referenced)

The Brigance uses functional skills in natural routines. Skills are checked as 'mastered' or 'emerging'
based on observation or report.

DOMAIN: ADAPTIVE

Sample Item: Ask caregiver: 'Does your child drink from an open cup without spilling?' Observe if possible.

Scoring: Mastered = drinks with no/few spills; Emerging = needs support; Not Yet = cannot do.

DOMAIN: LANGUAGE (RECEPTIVE)

Sample Item: Say: 'Touch your nose.' Observe response.

Scoring: Mastered = touches nose; Not Yet = no or incorrect response.

DOMAIN: LANGUAGE (EXPRESSIVE)

Sample Item: Ask: 'What color is this crayon?' (show red).

Scoring: Mastered = says 'red' or equivalent; Emerging = gives wrong color or needs prompt.

DOMAIN: MOTOR (GROSS)

Sample Item: Ask child to jump forward with both feet.

Scoring: Mastered = clears ground with both feet; Not Yet = steps or hops unevenly.

DOMAIN: EARLY ACADEMICS

Sample Item: Present 5 blocks. Ask: 'Can you count these?'

Scoring: Mastered = counts 1–5 correctly; Emerging

DECIDE WHICH TOOL (BAYLEY OR BRIGANCE) WOULD BE MOST APPROPRIATE AND EXPLAIN WHY.

A 20-month-old is being evaluated to determine eligibility for Early Intervention. The team wants a standard score to compare to state eligibility criteria.

A 32-month-old is already receiving services. The SLP wants to identify functional daily living goals or the IFSP.

A researcher is studying developmental delays in a sample of toddlers across the U.S. and needs standardized data.

A preschool teacher wants to know if a child can recognize colors, count objects, and cut with scissors for curriculum planning.


Referral
(Birth–36m)
Evaluation + IFSP
(≤45 days)
Services Begin
Immediately
Review
(Every 6m)
Transition Planning
(2½ years)
Transition Conf.
(≥90 days pre-3)
Exit/Transition
(3rd birthday)

IFSP

Individualized Family Service Plan

IFSP COMPONENTS

- Present Levels of Development
- Family Priorities/Concerns
- Measureable Functional Outcomes
- Services Received
- Transition Planning when Appropriate

Present Levels of Development

1. **Developmental Domains** (all must be addressed)
   - **Communication**
     - Receptive language (understanding)
     - Expressive language (vocalizations, words, gestures, AAC use)
   - **Cognition**
     - Play skills, problem-solving, attention, cause–effect understanding
   - **Physical (Gross & Fine Motor)**
     - Gross: rolling, crawling, walking, balance, coordination
     - Fine: grasp, release, stacking, drawing, bilateral coordination
   - **Social/Emotional**
     - Attachment, peer interactions, regulation, imitation of social routines
   - **Adaptive/Self-Help**
     - Feeding, dressing, toileting, sleep routines, daily participation

- Clearly describes child's current abilities in each domain (communication, cognition, motor, social/emotional, adaptive).
- Information reflects testing results, observation, and parent input.

Present Levels of Development

1. Communication

Poorly Written:

"Child has a 33% expressive delay. Uses limited words. Needs to improve speech."

Well-Written:

"During structured play, Emma uses about 10 single words (e.g., mama, ball, go, more) and gestures (pointing, reaching) to communicate wants. She follows simple one-step directions such as 'get the ball' and 'come here.' Parents report frustration when Emma is not understood, especially during meals and playtime with siblings."

2. Cognition

Poorly Written: "Cognitive skills are delayed."

Well-Written:

"Emma engages in cause–effect play with pop-up toys and imitates her older brother during pretend play (feeding dolls, cooking). She enjoys puzzles and can match simple shapes with minimal support. During evaluation, she explored toys appropriately and showed persistence when stacking blocks."

Does it include?

Specific, measurable baseline skills;
family-friendly;
strengths + needs;
linked to everyday routines.

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Present Levels of Development

3. Physical (Gross & Fine Motor)

Poorly Written:

"Gross motor within functional limits. Fine motor delayed."

Well-Written:

"Emma walks independently, climbs onto furniture, and throws a ball forward. She uses a pincer grasp to pick up small items and scribbles with crayons, but has difficulty stacking more than 3 blocks. Parents note she is learning to use utensils but still prefers finger feeding."

4. Social/Emotional

Poorly Written:

"Has some difficulty with peers."

Well-Written:

"Emma enjoys back-and-forth games such as peek-a-boo and rolling a ball. She makes eye contact with familiar adults and laughs during playful interactions. During playgroup, she engages in parallel play but has not yet begun initiating play with peers."

Present Levels of Development

5. Adaptive/Self-Help

Poorly Written:

"Needs to work on self-help skills."

Well-Written:

"Emma feeds herself finger foods and drinks from a straw cup. She attempts to use a spoon but spills frequently. She helps with dressing by extending arms for her shirt and lifting her feet for shoes. Parents report she is beginning to indicate when her diaper is wet."

FUNCTIONAL OUTCOMES

What is a Functional outcome?

- **Describes what a child will do in the context of everyday life and routines.**
- **It reflects real-world participation and supports family priorities.**
- **Focus is on skills that matter to the child and family, not isolated test scores.**

Routine-based: Happens during naturally occurring activities (mealtime, bath time, play, transitions).
Participation-focused: Emphasizes what the child will do, not what the therapist will teach.
Family-centered: Aligned with parent priorities, values, and needs.
Observable and Measurable: Allows team to track progress.
Plain Language: Understandable to families, avoids jargon.

Non-Functional vs. Functional Examples

Non-Functional (Skill-based)

“Child will increase MLU to 2.0.”

Functional (Routine-based)

“During snack time, child will use 2–3 word phrases (e.g., ‘more juice,’ ‘want cookie’) to request items.”

Non-Functional:

“Child will label 10 animals.”

Functional:

“While looking at books with his mom, child will name favorite animals so they can talk about the pictures together.”

Non-Functional:

“Child will improve jaw stability.”

Functional:

“At mealtime, child will chew soft foods using a rotary chew pattern so he can eat the same foods as his family.”

Non-Functional:

“Child will use pronouns accurately.”

Functional:

“During play with peers, child will use words like ‘I’ and ‘mine’ to share toys and take turns.”

Family Priorities

Parent concern:

“**Parents** want Liam to use words to request, follow directions, and play with his sister.

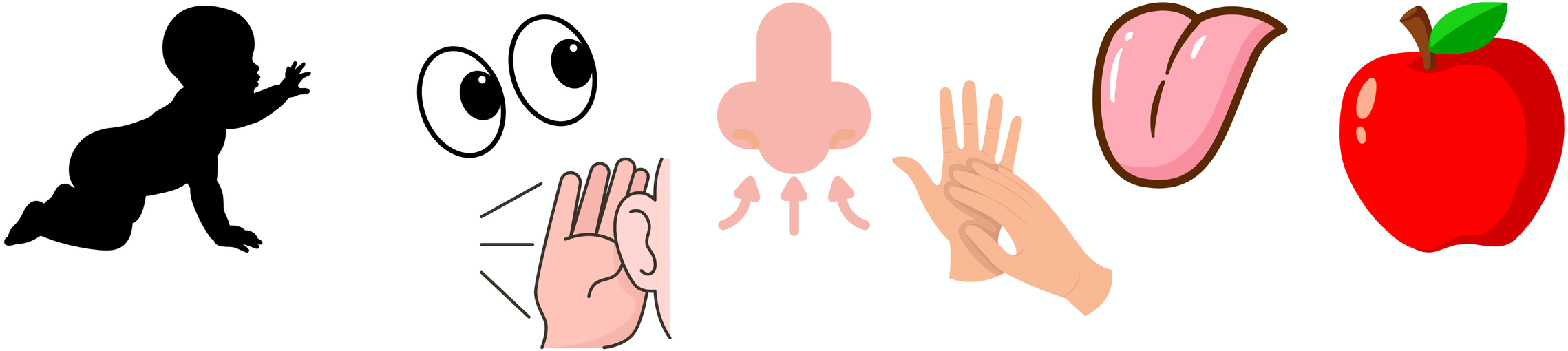
“**Parents** want Sophia to use words to request, label familiar people and objects, and begin combining words

FAMILY PRIORITIES

- Family Assessment / Interview
- Early in the evaluation/assessment phase, which includes identifying the family's resources, priorities, and concerns.
- EI team (service coordinator + providers) interview the family (often with open-ended questions) to elicit routines, stress points, and hopes.

THE BODY IS THE BRAIN'S FIRST TEACHER

“A” IS FOR “APPLE”



“APPLE IS FOR “A”

Connell and McCarthy (2014)

Cortex		Formal learning
Limbic System		Emotional engagement
Cerebellum		Muscle control & memory
Senses		Vestibular, Intuition
Brain stem		Survival; primitive

Learning builds from the bottom up — survival, senses, motor, emotions, then language.

The more a child moves, the more a child knows.

The move a child knows, the more a child wants to know

The more a child wants to know, the more a child needs to move

By understanding motor development, how children are looking to move, their postural and positioning capabilities, we can use this as our bridge to language

0-3 MONTH
MILESTONES

"the snugglers"

Speech-Language
ASHA

-cooes when happy and comfortabl
-responds to caregiveer smile and voice
-cries to gain attention with different cries varied in pitch,volume and length to communicate vs different needs e.g., pain, diaper, hungry.
-smiles reflexively
-moves in response to voice
-attends to objects momentaarily

Gross Motor
Nicole M. Sergent MPT

-prefers flexed postures
-rests with head fully turned to one side
-can lift head slightly off of resting surface or off of parent shoulder

Fine Motor
Nicole M. Sergent MPT

-loose fisted resting position
-reflexive grasp

Importance of Midline

Brain Function:

- When a child crosses their midline, both sides of their brain work together, strengthening the neural pathways between the left and right hemispheres. This bilateral integration is essential for coordinating complex movements and cognitive tasks.

Motor Skill Development:

- This milestone allows a child to develop a dominant hand, where one hand becomes better at manipulating objects while the other serves as a stable helper hand.

Visual-Motor Skills:

- Efficiently crossing the midline helps children develop eye-hand coordination, enabling them to visually track objects and perform tasks that require the eyes and hands to work together, such as writing or catching a ball.

Importance for daily activities:

Fine Motor Skills:

- Activities like using scissors, buttoning clothes, and drawing require a child to cross the midline to manipulate objects effectively.
-

Gross Motor Skills:

- Tasks such as eating with a fork and knife, catching a ball, crawling, or climbing stairs all involve the coordination of both sides of the body and crossing the midline.

Bilateral Coordination:

- Many everyday tasks and play activities require one hand to do a different movement from the other simultaneously, like holding a container with one hand while filling it with the other, which is a skill supported by midline crossing.

Midline Timelines

- **0–2 months:** Random, asymmetrical movements; may accidentally touch hands together.
- **3–4 months:** Begins bringing hands together at midline (important for self-soothing and play).
- **4–6 months:** Consistently brings hands to midline; explores toys with both hands; midline orientation emerges.
- **6–9 months:** Begins crossing midline during play and reaching (e.g., reaching across body for a toy).
- **9–12 months:** Crossing midline becomes more purposeful and integrated (important for crawling, bilateral play).

3-6 MONTH MILESTONES

"the snugglers"

Speech-Language
ASHA

- Giggles and laughs
- Responds to facial expressions
- Looks at objects of interest and follows objects with their eyes
- Vocalizes during play or with objects in mouth
- Vocalizes different vowel sounds —sometimes combined with a consonant—like uuuuuummm, aaaaaaagoo, or daaaaaaaaaa
- Blows "raspberries."

Gross Motor
Nicole M. Sergent MPT

- Reaches toward dangling objects and people's faces
- Holds and shakes rattle
- Plays with and watches their own fingers
- Reaches for a toy with two hands; uses whole hand to grasp a toy
- Passes a toy from one hand to another
- Bangs toy on table
- Start rolling back to tummy or tummy to back
- May bear weight on legs

Fine Motor
Nicole M. Sergent MPT

- Reaching for and grasping objects
- Following objects with their eyes in all directions
- Using a raking grasp to pick up small objects
- Transferring objects from one hand to the other

Proximal

Stability

Distal

Mobility

6-9 MONTH
MILESTONES

"the squigglers"

Speech-Language
ASHA

- Looks towards/at you when you call their name
- Pauses for a moment when you say, "No."
- Babbles long strings of sounds, like mamamama, or babababa.
- Looks for loved ones when upset
- Raises arms to be picked up
- Recognizes the names of some people and objects
- Pushes away unwanted objects

Gross Motor
Nicole M. Sergent MPT

- Babies can roll over in both directions, even while sleeping.
- Sitting: Babies can sit on their own, or may need some support.
- Crawling: Babies can crawl forward on their belly, and may also start to scoot, rock back and forth, or pivot.
- Pulling up: Babies may be able to pull themselves up to a standing position.
- Start to get from a sitting to crawling position without help.

Fine Motor
Nicole M. Sergent MPT

- Reaches for objects with either hand, shakes a rattle, and uses a raking grasp to pick up small objects
- Transfers objects between hands
- Rakes foods
- Uses a pincer grasp (thumb and index finger pads) to pick up small objects like Cheerios
- Some are clapping

9-12 MONTH MILESTONES

“the scampers“

Speech-Language
ASHA

- Points, waves, and shows or gives objects
- Imitates & initiates gestures for engaging in social interactions and playing games, like blowing kisses or playing peek-a-boo
- Tries to copy sounds you make
- Enjoys dancing (bop)
- Responds to simple words and phrases like “Go bye-bye” and “Look at Mommy.”
- Says one or two words—like mama, dada, hi, and bye.

Gross Motor
Nicole M. Sergent MPT

- Begins to bear weight on legs when held upright
- Rocks on all fours - crawling
- Makes controlled transitions from sitting to lying on belly
- Takes steps when body is supported
- Pulls up to stand while holding onto furniture (cruises) and can safely lower back

Fine Motor
Nicole M. Sergent MPT

- Becomes more successful at picking up small objects using raking motion
- Reaches to obtain objects with one hand
- Begins to munch on soft foods which easily dissolves in mouth
- Places 3 or more objects in larger container
- Stacks one block on top of other or nests cups
- Secures tiny objects by using a pinching motion

12-18 MONTH MILESTONES

“the stompers”

Speech-Language
ASHA

- Looks around when asked “where” questions—like “Where’s your blanket?”
- Follows directions—like “Give me the ball,” “Hug the teddy bear,” “Come here,” or “Show me your nose.”
- Points to make requests, to comment, or to get information
- Shakes head for no and nods head for yes
- Understands and uses words for common objects, some actions, and people
- Identifies one or more body parts
- Uses gestures when excited, like clapping or giving a high-five, or when being silly, like sticking out their tongue or making funny faces
- Uses a combination of long strings of sounds, syllables, and real words with speech-like inflection

Gross Motor
Nicole M. Sergent MPT

- Can imitate standing on one foot with hands held
- Can move backwards to sit on child-sized chair
- Throws a ball forward
- Enjoys pulling a string toy behind
- Walks up and down steps holding parents hands or rails
- Squats and pick up toys

Fine Motor
Nicole M. Sergent
MPT

- Isolates one finger to point at objects
- Uses both hand cooperatively with one holding and one manipulating
- Writes on paper with marks or scribbles
- Plays appropriately with share sorter
- Can place circular and square pieces in a wooden knob puzzle
- Turns pages of a book
- Feeds self with spoon

GESTURES

16 X 16

- Shaking head yes/no
- Reaching up
- Blowing kisses
- Waving
- Pointing
- Clapping
- Shhhh!
- High Five
- Stomping
- Peek-A-Boo
- Motions to songs

19-24 MONTH MILESTONES

Speech-Language
ASHA

- Uses and understands at least 50 different words for food, toys, animals, and body parts.
- Speech may not always be clear—like du for “shoe” or dah for “dog.” Puts two or more words together—like more water or go outside.
- Follows two-step directions—like “Get the spoon, and put it on the table.”
- Uses words like “me, mine, and you” Uses words to ask for help
- Uses possessives, like Daddy’s sock.

Gross Motor
Nicole M. Sergent MPT

- Kicks ball with force
- Climbs on/off furniture well
- Walks up and down stairs with one hand on rail
- Hold caregiver hand
- Throws ball into large box or bucket
- Enjoys play on a scoot bike - no pedals
- Can go up and down small ladder and slide

Fine Motor
Nicole M. Sergent MPT

- Can place tiny objects into small container
- Imitate vertical strokes and circular scribble on paper
- Purposefully turn pages of book one at a time
- Turns knobs and opens doors
- Can place triangular piece in knobbed puzzle

25-36 MONTH MILESTONES

Speech-Language
ASHA

- Uses word combinations often but may occasionally repeat some words or phrases, like baby – baby – baby sit down or I want – I want juice.
- Says their name when asked
- Uses some plural words like birds or toys
- Uses –ing verbs like eating or running. Adds –ed to the end of words to talk about past actions, like looked or played
- Gives reasons for things and events, like saying that they need a coat when it's cold outside
- Asks why and how
- Answers questions like "What do you do when you are sleepy?" or "Which one can you wear?"
- Correctly produces p, b, m, h, w, d, and n in words.

Gross Motor
Nicole M. Sergent MPT

- Can stand on one foot alone for a few seconds
- Enjoys and can follow simon says that include motor movements
- Walks backwards
- Hops on one foot
- Catches a ball
- Uses jungle gyms and small play sets with ease and safety awareness

Fine Motor
Nicole M. Sergent MPT

- Stacks six blocks into a tower by 24 months old and multiple towers or structures by 36 months
- Can hold a crayon using her thumb, index, and middle fingers
- Copies horizontal lines and a cross (by 36 months)
- Copies a circle and draws first purposeful drawing (by 36 months)
- Can cut along a line on paper (by 36 months)
- Can place paste on paper
- Begins to dress herself
- Eats with a fork

Session Planning Formula

Motivator — What matters to this child?

Vessel — What can we use to deliver the motivator? Where is the child?

Placement — What is the child's postural, positional and movement preferences

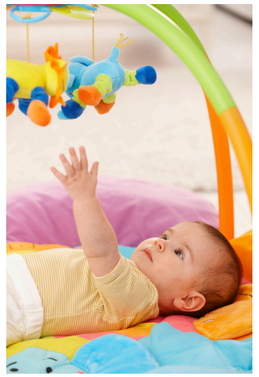
These are the three things I think about when planning all of my therapy session

Routine — What routine are we using to target and track this outcome?

3-6 MONTHS
SESSION CONSIDERATIONS

M

- Caregivers
- Mouthing toys
- Bottle/Breast/ Food
- Mirrors
- Textured toys
- Rattles, Crinkle toys (simple sounds)
- Music
- Lights

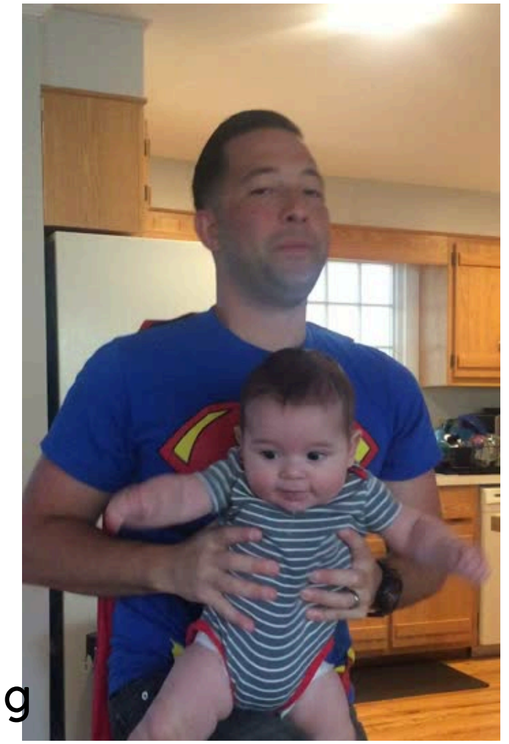


V

- Stroller
- Car seat
- Caregiver
- Changing table
- Crib/Bassinet
- Playmat
- Bath

P

- Textured toy held up for reaching and grasping objects
- Caregiver/ Toy in motion for child to watch/look for/ anticipate
- On tray or table to utilize raking/grasping
- Caregiver's arm for infant to be on tummy



“I want to touch you”

Routines & Anticipation

Cause/Effect Banging

“Exploratory Mouthing is real - beware of small toys/pieces in play”

6-9 MONTH
SESSION CONSIDERATIONS

M

- Balls
- Banging
- Bubbles
- Cause/Effect
- Dance
- Food/Snacks
- Lights/Sound/Textures
- Mirror
- Mouthing
- Movement
- Parents/Caregivers
- Large Fidget Spinners

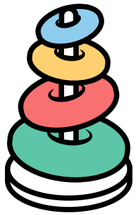
V

- Bath
- Box/Bin
- Bucket
- Car seat
- Changing table
- Couch
- Distance (space)
- Mirror
- Rug/Floor/Grass
- Table/Tray

P

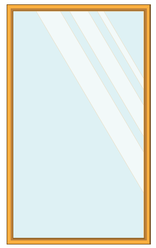
- Reaching in/Dumping out
- Pulling Up/Falling Down
- Knocing things Off
- Above to pull up
- Below to promote floortime and crawling

9-12 MONTH
SESSION CONSIDERATIONS



M

- Balls
- Bubbles
- Cars
- Cause/Effect
- Dance
- Food/Snacks
- Lights/Sound/Textures
- Mirror
- Mouthing
- Movement
- Parents/Caregivers



V

- Bath
- Box/Bin
- Bucket
- Car seat
- Changing table
- Couch
- Distance (space)
- Mirror
- Push toys/Shopping carts
- Rug/Floor/Grass
- Table/Tray

P

- Reaching in/Dumping out
- Pulling Up/Falling Down
- Knocking things Off
- Above to pull up
- Below to promote floortime and crawling

12-18 MONTHS
SESSION CONSIDERATIONS

Walking, Squatting, and Climbing

- Caregivers
- Snack/Food
- Walking / Running/ Climbing
- Push & Go / Cause-Effect
- Balls
- Cars/Trucks
- Colors
- “Pop”
- Repetition

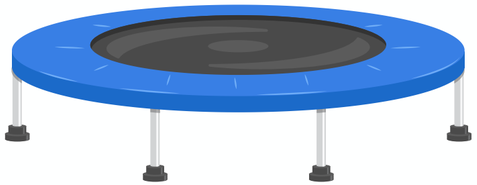
- Box
- Bucket
- Door
- Distance (space)
- Hoop (Net)
- Magnetic Board/Cabinet
- Mirror
- Push toy/Ride-on
- Ramp
- Scooter
- Slide
- Steps
- Tunnel
- Rug

- In/Out
- Up/Down
- On/Off
- Above/Below

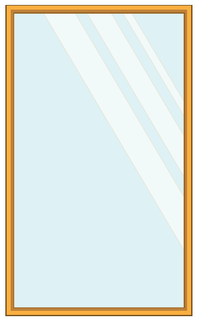
19-24 MONTHS
SESSION CONSIDERATIONS

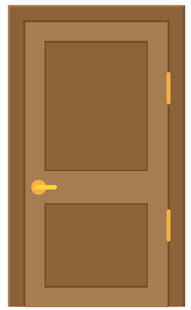
- Animals/Toy figures
- Balls
- Bubbles
- Cars
- Coloring
- Dinosaurs
- Dance
- Dolls
- Food/Snack
- Ipad
- Movement
- Parents
- Puzzles

- Box
- Bucket
- Door
- Distance (space)
- Hoop (Hula)
- Hoop (Net)
- Magnetic Board/Cabinet
- Mirror
- Ramp
- Scooter
- Sidewalk
- Slide
- Steps
- Trampoline
- Tunnel
- Rug

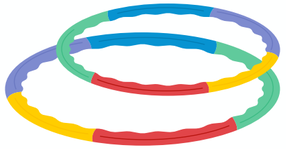


- In/Out
- Up/Down
- On/Off
- Above/Below

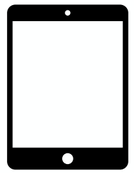


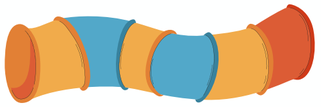


25-36 MONTHS
SESSION CONSIDERATIONS



- Action Figures
- Balls
- Board Games
- Bubbles
- Cars
- Coloring/Crafts
- Competition
- Dinosaurs
- Dance
- Dolls
- Ipad
- Movement



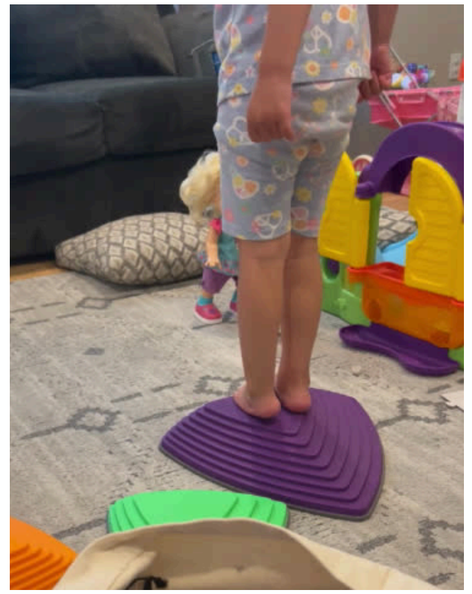


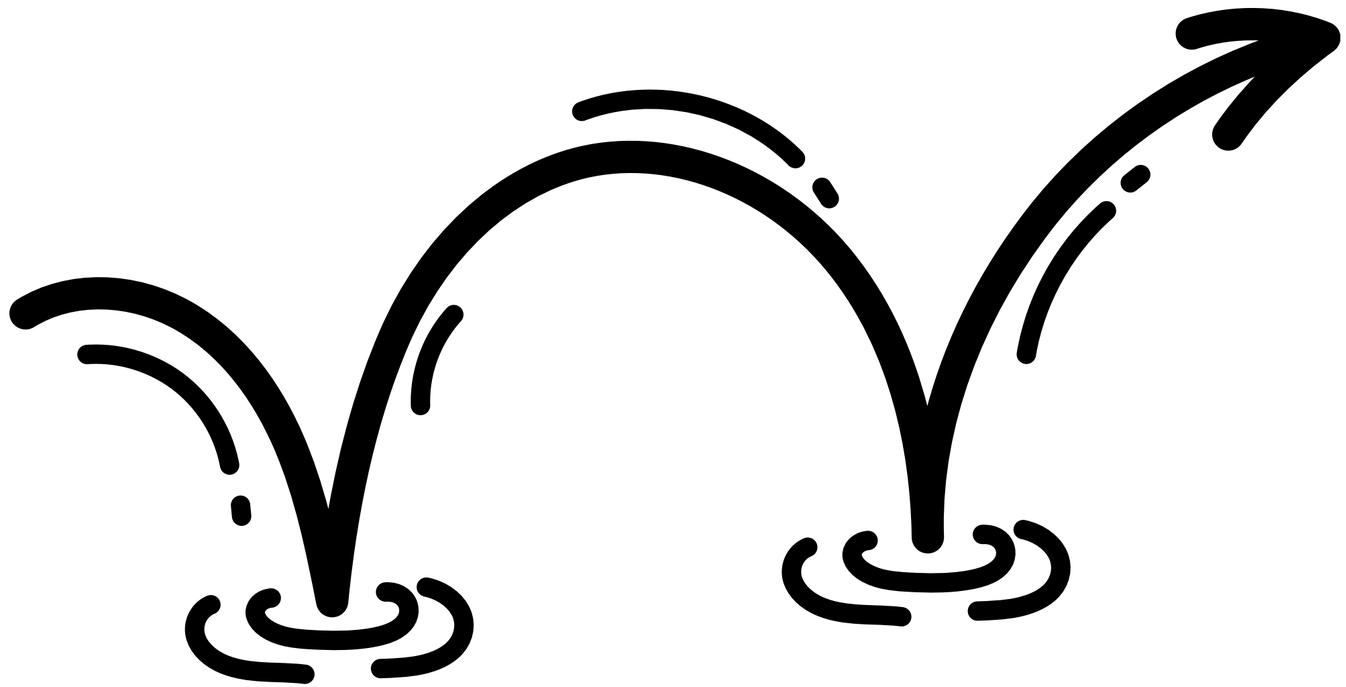
Jumping, Kicking, and Balance

- Box
- Bucket
- Door
- Distance (space)
- Hoop (Hula)
- Hoop (Net)
- Magnetic Board/Cabinet
- Mirror
- Playsets/Playgrounds
- Ramp
- Scooter

- Sidewalk
- Slide
- Steps
- Trampoline
- Tunnel
- Rug

- In/Out
- Up/Down
- On/Off
- Above/Below





Naturalistic language strategies

All objectives are embedded into routine

using

Functional Outcome	Session Target	Activity/Routine	Strategies to Model	Parent Education

Case 1: Mateo (18 months)

Functional Outcome:
During playtime, Mateo will use gestures, sounds, or words to request continuation of a favorite routine (ball rolling) at least 3 times daily with caregiver support.

Data Collection Notes:

- of spontaneous attempts per session.
- of times parent paused and waited.
- Notes: Responded with “ba” once, gesture twice.

Session Target(s):

- Increase expressive attempts (sounds, approximations, or words like “ball,” “go,” “more”).
- Increase wait time and intentional communication.

Activity/Routine:

- Ball rolling game (“ready, set, go”) during floor play.

Strategies to Model:

- Expansion: “Ball” → “Big ball.”
- Repetition: Multiple turns with “ready, set, go.”
- Pause & wait 5 seconds for Mateo’s attempt.

Case 2: Ava (28 months)

Functional Outcome:

During mealtime, Ava will use 2–3 words to request food or drinks at least twice per meal with caregiver prompts.

Data collection:

- of choice-based responses.
- of imitations of 2-word combinations.
- Notes: Said "banana" independently, imitated "more juice.

Session Target(s):

- Encourage combining words (e.g., "more juice," "want apple").
- Increase imitation of caregiver models.

Activity/Routine:

- Snack time using preferred foods and choices.

Strategies to Model:

- Choices: "Do you want apple or banana?"
- Parallel talk: "You are eating banana. Yum, banana!"
- Expansion: If Ava says "juice," model "more juice."

Parent Coaching Script:

"When you give Ava a snack, don't hand it over right away. Hold up two options and ask her, 'Do you want apple or banana?' Wait a few seconds. If she says one word like 'apple,' repeat it back as 'want apple' so she hears a longer phrase."

Case 3: Liam (34 months, ASD)

Functional Outcome:

During play routines, Liam will use a sign, word, or picture to request a preferred activity (e.g., bubbles) at least 3 times daily with caregiver support.

Parent Coaching Script:
"When Liam reaches for bubbles, wait a second and show him the sign or say the word 'open.' If he copies you, open the bubbles right away. That way he learns that using the sign or word makes the fun thing happen."

Session Target(s):

- **Support joint attention.**
- **Encourage functional communication with signs/words ("more," "go," "open").**

Activity/Routine:

- **Bubbles and car play (alternating turns).**
- **Use of First/Then visual.**

Strategies to Model:

- **Visual support: First/Then board ("First cars, then bubbles").**
- **Core vocabulary modeling: "Go," "open," "more."**
- **Prompt + immediate reinforcement when Liam uses sign/word.**

Data Collection Notes:

- **of functional requests (signs/words).**
- **of times parent used First/Then support.**
- **Notes: Signed "more" twice; vocalized "go" once.**

PARENT EDUCATION
SCRIPT

- Today we practiced…
- This helps because…
- Here's how you can try it at home…
- Your role is…

PARENT EDUCATION FROM A SPEECH LANGUAGE *Em* PATHOLOGIST

Julie Barry MA CCC-SLP | MSHLA 2025

EMPOWERING PARENTS LEADS TO BETTER LONG-TERM OUTCOMES

Julie Barry MA CCC-SLP | MSHLA 2025

WHAT DOES THIS LOOK LIKE?

- Active listening without judgment
- Validating parent feelings (stress, worry, hope)
- Respecting family values, culture, and routines
- Shifting from “expert telling” to “partnering”

COMMON PARENT CONCERNS

CONCERNS

THE ROLE OF THE SLP

PARENT COACHING

PRINCIPLES OF EMPATHETIC PARENT EDUCATION

PRINCIPLES OF EMPATHETIC PARENT EDUCATION

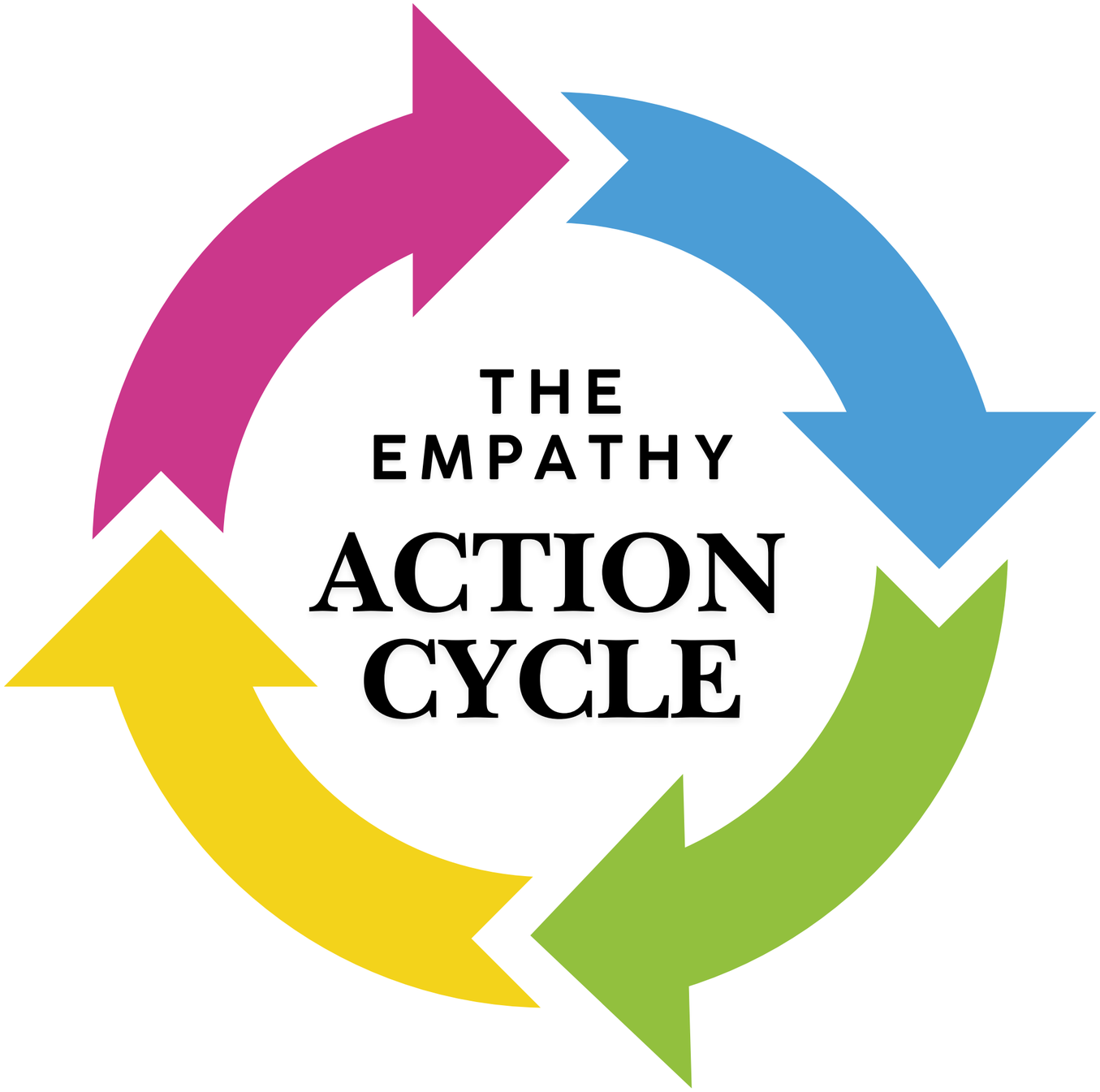
PRACTICAL COMMUNICATION STRATEGIES

EXAMPLE SCENARIO

"SHE THROWS FOOD EVERY TIME."

TOOLS FOR

PARENT EDUCATION


THE
EMPATHY
ACTION
CYCLE

CLINICIAN REFLECTION

DID I LISTEN MORE THAN I SPOKE?

DID I EXPLAIN STRATEGIES IN PLAIN LANGUAGE?

WAS THE PARENT MADE TO FEEL CAPABLE OR OVERWHELMED?

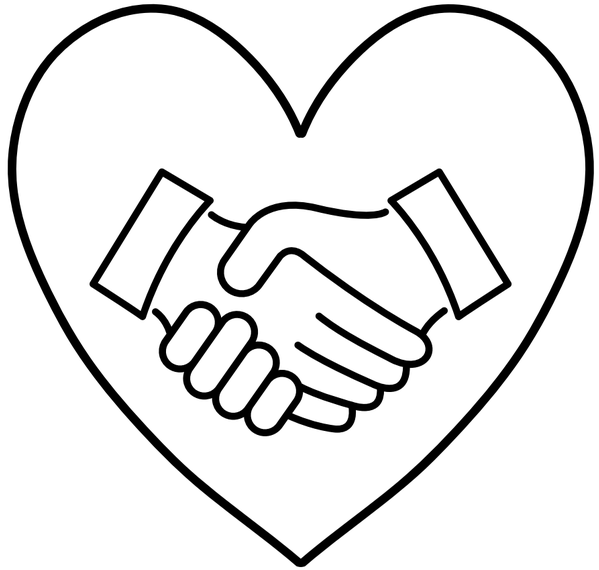
FINAL THOUGHTS

Empathy = foundation for successful coaching

Parent education is as important as direct child therapy

When parents feel heard, they're more likely to try and stick with strategies

"PARENTS DON'T NEED PERFECTION. THEY NEED PARTNERSHIP."



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