

# The Decision Tree

## Child Indicator Seeds for Success



### Inclusion Matters: Access and Empowerment for People of all Abilities

Since we have spent the last year recognizing monthly celebrations that are relevant to our practice, it seems only fitting we end 2015 honoring **International Day of Persons with Disabilities**. This annual celebration held each December 3 has been commemorated since 1992 to promote awareness and mobilize support for critical issues relating to the inclusion of persons with disabilities in society. The day works to promote action to raise awareness about disability issues and draw attention to the benefits of an inclusive and accessible society for all. **The theme for 2015 is Inclusion Matters: Access and Empowerment for People of all Abilities.**

When we think about the importance of inclusion for our families, one of the first activities families often mention as a priority is taking their child to the playground. In Virginia, we have seen in recent years the opening of many ADA compliant playgrounds across the state. When discussing playground options with families, it is important to understand what would make it a meaningful experience for that child and family.

#### There is a difference between ADA, Accessible and Inclusive

There is a difference between a playground that *is ADA compliant*, truly accessible and truly inclusive. ADA, when it comes to playgrounds, is primarily concerned with people using mobility devices. When a playground is built to ADA standards it lets a person who is using a wheelchair get in and around the playground. It enables that person to get on a module structure. It doesn't necessarily enable that child to actually use any of the playground equipment.

*An accessible playground* goes beyond ADA compliance. A truly accessible playground will enable a person using a wheelchair to use the equipment. An accessible playground will have better surfacing enabling a person using a wheelchair to maneuver through the playground more easily. It may have playground pieces that children with autism enjoy—things that move and/or make music. There may be quiet places for children to go and calm down. There may be pieces like an accessible swing seat and see-saws with supportive backs to enable a child with limited body support to enjoy this type of movement.

*An inclusive playground* goes beyond an accessible one in that it is designed to encourage children of all abilities to play with one another. This playground is one where every child who goes to the playground is challenged at their level. It is a playground that may have pieces like an accessible glider which enables a person using a wheelchair to experience movement, along with all of their typically developing peers.

With the goal of socialization and full participation in mind, Special Education Degree: Your Guide to a Career in Special Education set out to identify 30 of the most impressive accessible and inclusive playgrounds from around the world. I'm thrilled to share with you that Virginia had 3 in the top 30!

Here they are with their worldwide rating:

#### 30. A Dream Come True – Harrisonburg, Virginia

Located in Harrisonburg, Virginia, the project was the brainchild of a group of Girl Scouts whose dream it was for there to be a space where all kids could play alongside one another, regardless of their abilities. The Girl Scouts embarked on a mission to acquire the necessary funding, approaching local religious groups and companies for donations while also applying for grants and selling cakes and cookies. It took almost a decade, but eventually enough money was raised for the \$1.4 million facility to be built. The brightly colored equipment caters to different age groups, and there are special Made-for-Me swings designed for kids who need extra body support.



## 15. Clemyjontri Park – Fairfax County, Virginia



The playground at Clemyjontri Park in Virginia's Fairfax County is tough to miss. It stretches across two acres and is decked out with an eye-catching rainbow color scheme. The playground opened in 2006 and is split into four areas, with each section featuring different apparatus, helping kids to learn about colors, read, find out about the world, and exercise their imaginations. There are also plenty of opportunities to get active on accessible equipment, which includes ramps, various special swings, and more. The play park's centerpiece is a carousel, which children can even use while still seated in wheelchairs. This unique park was the dream of Adele Lebowitz, who donated land to the local authorities on the condition that it be used to create a playground for disabled children. Landscape architect Grace Fielder, who helped develop the park, said, "Its imaginative design really gets all kids into the outdoors expending energy. There is even a wheelchair drag strip."

## 13. JT's Grommet Island Beach Park and Playground for Every"BODY" – Virginia Beach, Virginia

JT's Grommet Island Beach Park and Playground for Every"BODY" opened in May 2010 and was the brainchild of Josh Thompson and his family. Thompson loved the beach and surfing from childhood, but in 2006, while still young, he was diagnosed with Lou Gehrig's Disease – which causes weakness and wasting away of the muscle. After Thompson hung back from a family trip to the beach because of the challenge of negotiating the sand in a wheelchair, his father approached the City of Virginia Beach with the idea of an accessible beach park. City authorities agreed that it was a great idea, and the nation's first such beachfront



park was built for about \$1 million – with funding for its upkeep and maintenance coming from sponsors' donations and events. Unsurprisingly, the park is decked out with a beach theme; it also features elevated tables for making sandcastles, a "sway board," and a sensory panel that provides entertainment for visually challenged children.

Looking for an inclusive playground in your community?

<http://www.accessibleplayground.net/united-states/virginia/>

Looking for supports for when parents ask the tough questions about accessibility and full participation?

Check out Mason's Story featured on Virginia's Early Intervention Strategies for Success Blog:

<http://veipd.org/earlyintervention/will-mason-ever-walk/>

*Here's an excerpt: About 30 min into your first visit with Mason's family, his father asks "Will he ever walk?" Mason had a stroke shortly after he was born which affected the left side of his body. He is just under two years old and is beginning to sit with very little support. His father is an athlete and dreamed of having a son who would love to play sports as much as he does. How do you answer this hard question?*

*Explore what "walking" really means for the father – This is important. Walking might mean walking on two feet. Or, it might really mean Mason being able to move about independently, however that happens. Mason's father might be wondering how long he will have to carry Mason around, if Mason will be able to play on a playground, or if he'll ever play baseball. Exploring his question a little more will help you understand what underlies this tough question. It'll also help make sure he knows you are addressing what is so important to him, even though it might not look like walking yet.*

The IFSP narrative that follows represents an annual review capturing one family's hopes and experiences for their child. This family has many of the same desires as Mason's family. How would you capture Logan's functional participation in the activities that are important to his family in the context of the three outcomes and address the parent's desire for him to walk and participate in activities with other children his age including going to the playground with his cousins?

## Test Your Inter-rater Reliability

Our state's focus on child indicator ratings has led many to wonder,  
"Are we all rating children similarly?"



As part of our efforts to improve results for children, we are focusing each month on increasing our statewide inter-rater reliability. We are using examples of narratives from around the state that ideally will include observations of functional behaviors, parent/caregiver input, results from assessment tools and informed clinical opinion. Below is an example of a narrative from a recent Assessment for Service Planning. Using the limited information provided in the narrative and the process outlined in the child Indicator Booklet talk thru the scenario with your colleagues to determine a rating. The ratings given by the assessment team can be found at the end.

**Disclaimer: This activity is for learning purposes only and is not intended to be an endorsement of any particular narrative. It is intended to help you reflect on the questions that follow.**

### Questions to Consider:

1. Was there enough information provided to determine a rating? What additional information did you need?
2. Was there input into the narrative from all members of the assessment team including the family?
3. Was the child's functioning across settings in each indicator clear?
4. Were functional skills listed under the correct indicator?
5. How close were your ratings compared to the ratings given by the assessment team? One or two off, in the same color family or way off? Did you agree with the ratings given by the team? Why or Why not?

Logan's Age: 27 months

Adjusted Age: NA

**Referral Information, Medical History, Health Status:** Logan was referred to Early Intervention by the NICU. He has been receiving services for two years. Logan was born at 28 weeks gestation and weighed 2lbs 12oz at birth and spent 84 days in the NICU. Logan continues to have seizures and has had intractable epilepsy that has included infantile spasms. His seizures are currently being managed with Tegritol. Logan has a diagnosis of cortical visual impairment. He does well with oral feedings and does not have a feeding tube. There are no concerns with his hearing.



**Daily Activities and Routines:** Logan lives at home with his parents and older sister. He spends his days at home with mom or his nurse. He loves attention including when someone talks to him, sings or plays. He also enjoys being held and cuddled. He likes to spend time in his room and enjoys being rough housed by dad. Logan also loves to play in the bath tub where he can kick and splash in the water. He uses a bath seat that was specially fitted for him. Logan prefers consistency and gets frustrated when he becomes tired making family outings difficult. He cries nonstop when in the car so the family chooses their outings carefully and don't get to participate in visiting relatives or going to the playground as often as they'd like.

**Family Concerns:** Mother is most concerned with Logan's neck and his ability to keep his head up. She states that she would like for his neck muscles to get stronger so that he can hold his head up without any assistance. She reports that his legs seem to be much stronger and she would like to see the same with his neck muscles. Mother states that she has seen some improvements in the strength of his neck because he is able to lift it up by himself at times. She reports if Logan's head falls forward and he is unable to lift it up he will yell until someone lifts it up for him. Logan spends time in his Rifton Activity Chair, car seat and specialized stroller.

**Family Priorities:** Logan's family would like to see him become more mobile and verbal. Mother explains that Logan has shown progress in both areas but she would like to see these increase. She explains that Logan is

getting harder to carry around as he gets bigger and that it would be helpful if he could stand independently and walk. She would like him to say “hey I want this” now that he is making purposeful sounds. She is open to exploring a communication device.

**Developmental Levels:** Cognitive- 5 months    Gross Motor- 2 months    Fine Motor- 2 months  
Receptive Language- 9 months    Expressive Language- 9 months    Social/Emotional- 6 months  
Adaptive/Self Help- 3-5 months

**Social/Emotional Skills including Positive Social Relationships:** Logan has a wonderful personality and is a pleasure to be around. He loves to be held and cuddled particularly by his mother. He has a very strong attachment to his father and loves interacting with his sister. He tends to “light up” when his sister comes in the room and gets very excited when his dad comes home. He will vocalize to let others know if he is happy or mad and is quick to give a smile when he is picked up. Logan enjoys being talked to and having books read to him. He enjoys being tickled and will laugh in hopes that the tickling will continue. He will cry to get someone’s attention.

#### **Child’s Development in Relation to Other Children the Same Age:**

**Acquiring and Using Knowledge and Skills, including early language/communication:** Logan is beginning to be much more vocal with many sounds, although there are no recognizable words at this time. He is able to vocalize his emotions using vowel sounds. He is beginning to vocalize in response to other communication he hears. He will vocalize when he hears his mother’s voice to get her attention and will smile when people are interacting with him. Logan is very vocal and particularly loves to “talk” during church when people are singing or preaching. According to Logan’s mother, he will kick his legs when they say “kick your legs”. He is beginning to demonstrate the ability to track light as well as faces significantly better than before.

#### **Child’s Development in Relation to Other Children the Same Age:**

**Use of Appropriate Behaviors to Meet Needs:** Logan is able to assist with rolling though he does not roll on his own. He seems to enjoy being rolled repeatedly and playing rough with his dad. Logan smiles while being rolled from tummy to back. He is able to sit while being supported by a caregiver. He is able to lift his head at times when in a sitting position and Mother calls his name. He will also kick his legs at times. When on his tummy, while assisted with a ball or a cushion, Logan will hold himself up with his forearms. When family members hold him up, he will support his own weight and will often take some steps. Father reported he is looking forward to when Logan can go to the playground with his cousins. Logan enjoys eating and this is a definite area of strength for him. He mother reports he not only enjoys eating but he particularly enjoys good tasting food. He was observed to eat some ham lunch meat and chocolate pudding during the assessment and definitely preferred the pudding. Mother reports Logan will verbalize to let you know if he is ready to eat and will continue to get louder if the food isn’t given quickly enough.

#### **Child’s Development in Relation to Other Children the Same Age:**

##### **Assessment Team Ratings:**

**Social/Emotional Skills including Positive Social Relationships:** Rating 1: Logan has the very early skills in this area. This means Logan has the skills we would expect of a much younger child.

**Acquiring and Using Knowledge and Skills, including early language/communication:** Rating 1: Logan has the very early skills in this area. This means Logan has the skills we would expect of a much younger child.

**Use of Appropriate Behaviors to Meet Needs:** Rating 1: Logan has the very early skills in this area. This means Logan has the skills we would expect of a much younger child.



Determining the outcome ratings requires teams to synthesize an enormous amount of information about a child's functioning from multiple sources and across different settings to identify an overall sense of the child's functioning at a given point in time in three outcome areas.

- When a child has a more severe disability it is more difficult to share functional assessment results with a family. How did the team do with incorporating the family's input into the ASP?
- Logan has several pieces of equipment. Were you able to tell how he used the equipment to participate functionally in activities with his family?
- What does going to the playground with his cousins mean to Logan's family?
- How should you consider the use of assistive technology when determining a child's ratings compared to same age peers?

A tip to consider when rating children with severe disabilities:

### Child Related to Disability

- Ratings should be related to child's disability
- Groups of children with more severe disabilities should (may) have lower entry, annual or exit numbers than groups of children with less severe disabilities.
- Some children will widen the gap when compared to same age peers as they get older.

One more question to consider about Logan. If this was his exit assessment, how would you answer the progress question?

The answer would definitely be yes! Remember the progress question compares the child to himself and asks if he has gained any new skills since he entered early intervention. While Logan's progress has been slow, he has definitely gained new skills in each outcome area.

### A word from Anne:

I have enjoyed this year long journey with you exploring and paying tribute to each month's commemorations. Next year looks to be equally exciting as we embark on improving functional assessment in the context of a child's culture including what's considered typical child development for that specific culture. My plans for next year's Decision Tree: Child Indicators Seeds for Success is to explore a new culture each month and share an assessment reflective of that culture.

I need your help! What cultures would you like to explore? Do you have IFSP's that represent different cultures that can be used for the inter-rater reliability section? If so, please fax them to my attention at the Part C office. The fax number is 804-371-7959. You can also mail them to me at 217 Plank Shore Drive, Boydton, Virginia 23917. Remember, the narratives don't need to be perfect! This is all about peer learning! Also, there is no need to worry about confidentiality. I modify the narratives enough to protect the identity of all involved.

I wish you all a happy holiday season filled with love, family and time to enjoy those customs and traditions that are important to you!

*tradition*

**TRADITION:** 1. a time honored practice  
2. the passing down of elements of a culture from generation to generation  
3. an inherited, established, or customary pattern of thought, action, or behavior