A Team Approach for Implementing Developmentally Appropriate Practices in an Inclusive Preschool Classroom

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Developmentally appropriate practices have been a hallmark of early childhood education for over a century. However, an established definition and guidelines were not published until 1986 (Bredekamp, 1986) and 1987 (Bredekamp, 1987) by the National Association for the Education of Young Children (NAEYC), which were referred to as the Developmentally Appropriate Practices (DAP). Since then, these guidelines have been modified numerous times and divided into specific age groups (Bredekamp & Copple, 1997; Copple & Bredekamp, 2006; Copple & Bredekamp, 2009; Copple, Gonzalez-Mena, & Bredekamp, 2011; Copple, Koralek, Charner, & Bredekamp, 2013a; Copple, Koralek, Charner, & Bredekamp, 2013c). Further, a new edition of the DAP guidelines is process and will be available in the near future.

The guidelines and principles of DAP guide teachers and other professionals on how young children develop, how they learn best, and how to appropriately teach them. By definition, developmentally appropriate classrooms are age appropriate, individually appropriate, and culturally appropriate (Aldridge & Goldman, 2007). These components of DAP require knowledge and understanding of child development, what is individually appropriate for each child, and what is culturally appropriate for each child and family (Copple & Bredekamp, 2009). Having knowledge of child development helps teachers be aware of what children should be learning in their particular stage of development and how to help them move toward new skills and goals. Teachers must be aware of what is individually appropriate when teaching, such as the children's strengths and needs, likes and dislikes, and what motivates the children to better meet them where they are. Teachers must be aware of what is culturally appropriate such as understanding each family's beliefs, background, and priorities, as well as how these factors should be respected and included in the educational experience (Bredekamp, 2017; Copple & Bredekamp, 2009). Developmentally appropriate practices influence the processes and strategies teachers use to teach young children. For example, preschool teachers in developmentally appropriate classrooms use individualized instruction, accept and build on children's prior knowledge, promote active learning, study topics of interest to the children, realize the importance of play, incorporate reflective decision making in planning instruction, and involve the parents and community in this planning (Beneke, Ostrosky, & Katz, 2019; Bredekamp, 2017; Charlesworth, 1998; Copple & Bredekamp, 2009; Getswicki, 1999; Katz & Chard, 1989).

Children with Delays or Disabilities in Preschool Classrooms

How do children with delays or disabilities fare in developmentally appropriate classrooms? Most early childhood special education professionals believe that developmentally appropriate practices are necessary but not sufficient to appropriately address the needs of young children with delays or disabilities (Division of Early Childhood, 2014; Garguilo & Kilgo, 2020; Kilgo, 2006). More specifically, children with delays or disabilities often need additional support to successfully participate in classroom routines and activities with help from related service personnel such as speech-language pathologists, occupational therapists, physical therapists, and early childhood special education teachers. What follows is a description of the roles of related service personnel in implementing developmentally appropriate practices in a preschool classroom using a case study describing a child with Down syndrome named Benjamin.

The Case of Benjamin

Benjamin is a four-year-old boy with Down syndrome attending a public preschool program. Benjamin has extreme hypotonic muscle tone and has difficulty maintaining his position in traditional preschool chairs, often sliding out. His teacher expects him to use a writing implement (e.g., crayon, marker, large pencil) but Benjamin has trouble holding the implement and making marks on a page. Benjamin also has difficulty moving from one learning center to another, especially because the teacher has positioned learning stations/tables throughout the room, including in the center of the room, with little space for mobility between the tables.

The preschool that Benjamin is attending represents a typical developmentally appropriate preschool program. Benjamin can participate and thrive in such a program, provided he has the support that he needs from teachers and therapists. From the brief description of Benjamin, it is evident that he requires support when he sits and when he moves from learning center to learning center in his classroom. He also needs help using writing implements (e.g., markers, crayons) to make meaningful marks on a page. Support for these activities within daily routines can be provided by a physical therapist and an occupational therapist.

Adaptations for Benjamin in the Preschool Classroom

Benjamin needs an adaptive chair to maintain his position so that he can focus on classroom tasks without fear of or effort to keep from slipping out of his seat. A physical therapist can provide an activity chair with a cushioned incline and a buckle/pelvic belt for seating. This seat should be low enough so that Benjamin's feet are on the floor with his knees and hips at a 90-degree angle. The physical therapist also can make recommendations about mobility for Benjamin as he transitions from place to place in the classroom. A peer buddy may be needed to assist Benjamin by creating a pathway within the classroom that is consistent and offers minimal obstructions as Benjamin navigates the classroom. After rapport has been established between the physical therapist and preschool teacher, the physical therapist could then make recommendations for room modifications so that the furniture presents fewer obstacles for Benjamin. This would provide Benjamin with more independence so that he could work toward navigating the room without assistance.

Benjamin also needs an inclined surface for writing, as well as alternative writing implements that require him to apply less pressure when using them. An occupational therapist can recommend an appropriate writing surface and assist the preschool teacher in choosing appropriate writing implements and adaptations for Benjamin. For example, the occupational therapist could recommend adaptations such as foam to surround the writing implement or a universal cuff that straps the utensil to Benjamin's hand. Because the roles of the occupational therapist and physical therapist are interrelated and occasionally overlap, both professionals can work in concert with the teacher to support seating, positioning, and support materials and strategies for writing. The team will seek input from the family, the most important members of the team, on an ongoing basis and share information on the success of the strategies used at school.

The preschool teacher also may need support from an early childhood special education professional to help adapt group activities and specific learning center materials so that Benjamin can fully participate in all classroom activities. Two classroom routines where Benjamin needs support include his participation in circle time and learning centers. The role of the early childhood special educator is to observe Benjamin as he participates in circle time and learning centers and make suggestions for accommodations or modifications and collaborate with the other professionals in establishing ways that Benjamin can fully participate in all classroom activities and routines with the appropriate support he needs. Similarly, a speech-language pathologist on the team can provide suggestions to facilitate communication on these and other routines and activities throughout the day in the preschool setting.

Transdisciplinary Teaming Among Professionals and Families

Benjamin has a strong chance of not only surviving but thriving in a developmentally appropriate preschool if he is served by a transdisciplinary team like the team described above (Gargiulo & Kilgo, 2020; Kilgo, Vogtle, Aldridge, & Ronilo, 2019). "The expertise of professionals with a range of backgrounds is

required in order to meet the diverse specific, and often complex, needs of young children with known or suspected disabilities. Obviously, one or two professionals will be unable to provide everything that a child and family may need" (Kilgo, 2006, p. 9). Current early childhood recommended practices for service provision supports a transdisciplinary model. Service provision using this model transcends disciplinary boundaries, requiring team members to share information and skills across disciplines and with the family. Child outcomes are not discipline specific; all team members share outcomes, which is a key component of the transdisciplinary model. Successful implementation of a transdisciplinary model demands the highest degree of coordination, collaboration, communication, and consultation and includes families as integral team members (Kilgo et al., 2019).

In the case of Benjamin, the preschool teacher, early childhood special education teacher, physical therapist, occupational therapist, and speech-language pathologist must share roles and responsibilities and cross disciplinary boundaries. They all learn from one another and develop the ability to role release when appropriate. "Transdisciplinary teamwork and integrated therapy [are] provided within the natural environment and are central to successful inclusion" (Kilgo, 2006, p. 13). Goals for Benjamin are decided jointly among all professionals and the family and these goals are imbedded in the natural environment and typical classroom routines, making it impossible to separate educational, occupational therapy, and physical therapy goals into separate disciplinary goals. All goals must be functional and support Benjamin as he navigates with his typically developing peers in the developmentally appropriate classroom and other environments, such as his home and community settings.

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