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**MEMORANDUM**

TO: Intermediate School District Superintendents  
Special Education Directors  
*Early On*® Coordinators

FROM: Jacquelyn J. Thompson, Ph.D., Director  
Office of Special Education and Early Intervention Services

DATE: December 18, 2003

SUBJECT: Individuals with Disabilities Education Act (IDEA) Part C, Natural Environments Provisions

The Federal Regulations for Part C of the Individuals with Disabilities Education Act (IDEA) have required, since 1989, that children birth to three with disabilities must, to the maximum extent appropriate, receive early intervention services in settings where their peers without disabilities participate. The actual language “natural environments” was added in the 1991 amendments to the IDEA Part C. The 1997 amendments of the IDEA further strengthened the requirement related to natural environments. States were required to develop policies and procedures for the provision of early intervention services in natural environments and to include in Individualized Family Service Plans a justification for each early intervention service that could not be provided in a natural environment.

As you are aware, Michigan is currently participating in ongoing Federal continuous improvement and focused monitoring of Parts B and C of the IDEA. Michigan must address compliance findings regarding the provision of services in natural environments. The attached document is an important step in the improvement process. It has been developed for *Early On* service coordinators and service providers and is intended to provide them with information, expectations, tools, and resources that will support the needed changes in current practice.

I am requesting that you review the document and share it with your *Early On* service coordinators and service providers. I would encourage you to take advantage of the *Early On* Training and Technical Assistance system to schedule needed training and consultation in this area.

If you have any questions, please do not hesitate to contact Vanessa Winborne at 517-335-4865.

Thank you for your ongoing dedication to young children and their families.

OSE/EIS 03-26

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# **Implementation Guide to Natural Environments**

**November 2003**

**DRAFT**

**Developed by the  
State Interagency Coordinating Council**

## TABLE OF CONTENTS

Purpose.....	1
<i>Early On</i> ® Michigan Description.....	1
IDEA and the Natural Environments Provisions.....	1-2
Definitions Related to Natural Learning Environments.....	3
Elements of Successful Early Intervention in Natural Environments.....	4-5
Implications for Early Intervention Practice.....	6
Benefits of Early Intervention Services in Natural Learning Environments.....	7
The IFSP process and Natural Environments.....	8-11
IFSP Elements.....	12-18
IFSP Review.....	19
Transition.....	20
Self-Assessment for <i>Early On</i> Team Members.....	21
Contact Information Technical Assistance, Training, and Additional Resource Materials on Natural Learning Environments.....	22
Development Process for Document.....	22

*“No infant or toddler needs physical, occupational, or speech therapy twice a week in order to grow and develop. What young children need is exposure to communication, mobility, play, gradual independence in activities of daily living, and nurturing interaction with family members, **everyday** (emphasis added), in the places they live, learn and play.”* (Hanft, B. & Pilkington, K., 2000)

## **Purpose**

This guide is for *Early On*® service coordinators and service providers and is intended to:

1. Provide information on the natural environments requirements of IDEA Part C, so that *Early On* service coordinators and service providers understand why and how their practice with families will be changing.
2. Provide clear expectations, tools, and resources, on how the natural environments requirements of IDEA, Part C, are addressed at each step of the Individualized Family Service Planning (IFSP) process.
3. Link service coordinators and early intervention service providers to technical assistance, training and/or informational resources regarding natural learning environments.

## ***Early On* Michigan**

*Early On* Michigan was created with federal funding under the Individuals with Disabilities Education Act (IDEA) in the late 1980s. *Early On* is an interagency system of early intervention services for infants, toddlers and their families. The framework for the system is regulated in the IDEA, Part C. States agree to implement the regulations as outlined in the IDEA, Part C to receive federal funding.

An important measure of how well *Early On* is serving the needs of young children and their families is how well it complies with the regulations under the IDEA, Part C. Continuous Improvement Monitoring under the guidance of the U.S. Department of Education found that Michigan needed to improve its provision of early intervention services to infants, toddlers and their families in their natural learning environments. To maintain eligibility for federal funds for *Early On*, Michigan must provide early intervention services in natural environments.

## **IDEA and the Natural Environments Provisions**

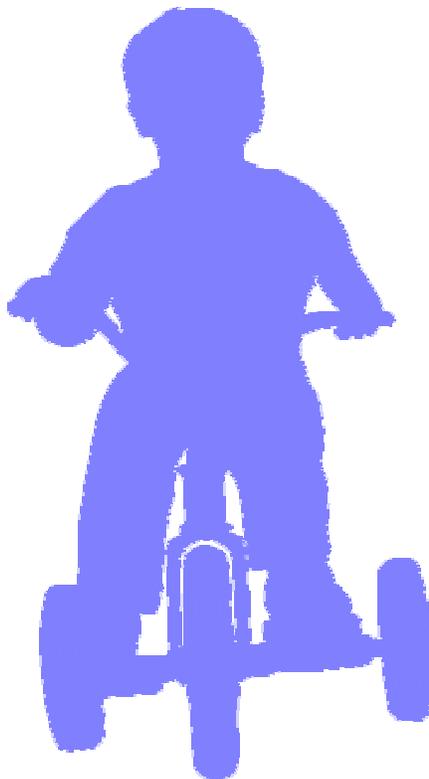
There has been some confusion in Michigan as to whether the Federal requirement to provide early intervention services in natural environments is new. In fact, the Federal Regulations for Part C have required, since 1989, that to the maximum extent appropriate, early intervention take place in settings in which children without disabilities participate. Then in the 1991 amendments to the IDEA, Part C, Congress added the language of “natural environments” as a part of the definition of early intervention

services as well as making it a required element of the Individualized Family Service Plan (IFSP).

The IDEA, Part C now requires that, "...to the maximum extent appropriate to the needs of the child, early intervention services are provided in natural environments, including the home and community setting in which children without disabilities participate. (US Code of Federal Regulations (CFR) 34 Part 303.12(b)) By Federal definition, natural environments are "...settings that are natural or normal for the child's age peers who have no disabilities." (34 CFR Part 303.18)

The 1997 amendments of the IDEA further strengthened the requirements related to natural environments. The amendments required States to "...develop and articulate specific policy and procedures for the provision of early intervention services in natural environments" (34 CFR Part 303.167 (c)) and to include on Individualized Family Service Plans "...a justification of the extent, if any, to which the services will not be provided in a natural environment." (34 CFR Part 303.344(d)(1)(ii))

It is important for service coordinators and service providers to recognize that the methods they have used to provide early intervention services to children and families in the past were not wrong; rather, they represent points in a continuing process of evolution in the field of early intervention. Through research and demonstration projects, the information on natural learning environments and effective early intervention practices for working with infants, toddlers and their families has expanded tremendously. The changes in the IDEA, Part C, over the years are a reflection of this expanded knowledge and understanding. It is our challenge now in Michigan to make the necessary changes in our policies, programs and practice that the regulations and research demand. This will ensure that children and their families across Michigan receive early intervention services in natural learning environments.



## Definitions Related to Natural Learning Environments

**Early Intervention** - developmental services that to the maximum extent appropriate are provided in natural environments, including the home and community settings in which children without disabilities participate.” (34 CFR Part 303.12(a-b))

**Natural Environment** - settings that are natural or normal for the child’s age peers who have no disabilities.” (34 CFR 303.12(4)(b)(2))

**Everyday Places** - the places and times where the child learns, plays, and interacts with others on a routine basis e.g. the kitchen, the back yard, the front steps, the living room floor, etc.

**Learning Opportunity** – a time during an activity (or routine) when the child can acquire new learning or practice what is being learned through the activity. For example, playing with pots in the kitchen, playing with water in the bath or backyard, watching sister make the bed, etc.

**Family Routines** – the everyday activities that are usually a part of the family’s daily, weekly, monthly or schedule e.g. the morning routine, the laundry routine, etc. Family routines reflect a mix of personal and cultural values, as well as the constraints, pressures, and resources in the environment of the family as well as special celebrations such as weddings, birthdays, and holidays.

**Service Providers** – early intervention personnel who are responsible for: consulting with parents, other service providers, and representatives of other appropriate community agencies to ensure the effective provision of services; training parents and others regarding the provision of services; participating in the multidisciplinary teams’ assessment and development of the IFSP. (34 CFR 303.12(c))



# Elements of Successful Early Intervention in Natural Environments

## 1. Family-Centered

A primary purpose of the early intervention system is the improvement of families' abilities and capacities to support and promote their child's healthy development. Family-centered practices acknowledge that families are the center of their children's lives and that infants and toddlers are uniquely dependent on their family members for nurturing, care, and social connection. The birth or diagnosis of a child with a disability or developmental delay changes and challenges a family. Parents and other family members often need additional information, resources and support during this time. However, families have a tremendous capacity and desire to support their children's learning and development within the context of their daily interactions and activities. Families who have children with disabilities want to have fun and do the typical things that families do but are not necessarily sure how, given the developmental challenges of their child. It is the role of early intervention providers to assure that early intervention services are useful and relevant to families' lives and not just "one more thing to do." Families are more likely to fully participate in early intervention when early intervention services and supports are relevant to their lives (McBride, Brotherson, Joanning, Whiddon, and Demmitt, 1993). Early intervention becomes relevant in the lives of families when it fits into the context of their culture, life-style, and schedules, uses family resources and strengths, and focuses on addressing family concerns and priorities. The quality and effectiveness of early intervention can be measured in large part by how effectively it assists parents in supporting and enhancing the development of their infants and toddlers (Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hullenza, 1997).

## 2. Culturally Competent

The children and families in *Early On* are from diverse racial, ethnic, and socio-economic backgrounds. Cultural differences in goals and beliefs, in the accepted roles of family members and in expectations for behavior clearly impact how families function. *Early On* can only be effective when it demonstrates its respect for, and responsiveness to, these differences. The individualization of services and supports through the IFSP process is key. There is also a need to acknowledge and address any disparities in access, evaluation and services that may have historically been the experience of diverse families seeking early intervention. Achieving cultural competence is an ongoing, developmental process that needs to be addressed at the family, program and system level.

## 3. Functional Approach

Providing early intervention services to infants and toddlers in their natural learning environments had been found to promote optimal child development (Bronfenbrenner, 1992; Hunt 1979). Early intervention supports and services are more effective when they are provided during the child and family's daily routines, activities, and tasks. When infants and toddlers are able to enjoy successful interactions with the meaningful people and places in their lives it has a positive impact on their development (Dunst, Mahoney & Buchan, 1996). These interactions also help to promote and enhance children's behavioral and developmental competencies and maximize each child's opportunity to generalize learning (Bredekamp, 1987; Hart & Risely, 1995).

A functional approach to early intervention helps young children to learn the skills they need to get along as independently as possible in their everyday lives. IFSP outcomes and activities need to help children build the skills they will use in daily activities, such as mealtimes, bathing, dressing, playing and socializing. Early intervention providers need to support the child's direct participation in everyday activities, rather than working on skill development out of the context of the child's daily routines and activities. A functional approach to early intervention teaches families and caregivers to use the many learning opportunities that naturally occur in a child's daily activities to enhance the child's skill development. Using a functional approach to early intervention allows children and families to follow their typical routines, to maintain their relationships and stay connected with their community.

When implementing a functional approach to early intervention services, the primary role of service providers is to improve the skills and capacity of the parents and primary-care givers. Service providers identify key individuals (i.e. parents, care providers, teachers) in the child's daily life, and using their knowledge and expertise, help them to facilitate learning opportunities. These learning opportunities are the activities that the child participates in that will support the achievement of the IFSP outcomes.

#### **4. Collaborative Services**

Many children require assistance from multiple public and private agencies and organizations. Families are best served when community agencies and organizations have a shared commitment to supporting young children, which is built upon the five elements that are addressed in this section. Many aspects of the IFSP process work better when providers collaborate across agencies. These include: child find, child evaluation, family assessment, outcome and strategy development, service coordination and service delivery. An important component of every IFSP meeting is the discussion of how the child's *Early On* team, which includes their parents as equal members, will work together to support the outcomes of the IFSP. For example, it may be most supportive of the family for one primary provider to make home visits, but use videotaping to track the child's developmental progress and then share the tapes with others on the *Early On* team for their input. Intrusion into the family's home is minimized and the family and the lead provider still gain the benefit of the expertise of the other team members.

#### **5. Individualized Service Settings**

When considering where early intervention services and supports should be provided the primary consideration is the child's everyday interests, interactions, relationships, and routines. The job of early intervention providers is to support children to participate and learn in the typical everyday places of their lives. In the unlikely event that the needed early intervention service or support could not be successfully achieved in the child's natural environment initially, then the focus would become identifying what it would take to enable the early intervention service to be able to be delivered in the child's natural environment.

## Implications for Early Intervention Practice

<b>Early Intervention Practice</b>	
<b>More Focus On</b>	<b>Less Focus On</b>
Providers listening and learning about the family's daily activities, routines, culture, and important rituals	Telling families about the package of early intervention services the program provides
Identifying the strengths of the child in his or her daily relationships, interactions, routines and activities	Identifying the child's developmental deficits
Developing IFSP outcomes from needs that occur in the context of the family's daily life	What the program offers being the same as what the IFSP includes
Determining outcomes first, early intervention services later	Deciding early intervention services first, outcomes later
<i>Early On</i> team making decisions about what early intervention services are needed at what intensity	Evaluators and referral sources determining services and their intensity without the child's parents
Early intervention staff working in a consultation role with caregivers (parents & other adults in the child's life)	Early intervention staff working with the child in consultation with the child's parents
Daily routines as the vehicle for child learning and development	One on One therapy sessions with the child
Coordination of early intervention services by providers using consultation with each other and joint visits with the family	Each early intervention staff member working from their own plan and not working with child care providers or others who are involved in the child's life
Providing emotional, informational, and material support, and consultation to families in accordance with their resources, priorities and routines	Instructional support to the child, limited or absent support to the parents and other family members
Unique, customized IFSPs for each child and family	In a program, every IFSP looks more similar than different
Outcomes written in the family's words describing the changes they want to see happening for their child or themselves	Early intervention staff write Outcomes for the child
Children being included in ongoing community groups	Playgroups or other activities created solely for children who have disabilities

## **Benefits of Early Intervention Services in Natural Learning Environments**

### **...for children and other family members**

- The effectiveness of early intervention services and supports is increased when family members are involved and interventions are incorporated into the family's daily routines.
- The vital role of fathers and siblings, in supporting the development of their child, is reinforced.
- Families have the expertise they need to promote the development of their children during everyday activities (rather than having to add developmental activities on top of everything else) .
- Interventions can be used throughout the child's daily routines, at times when the young child is physiologically and psychologically ready for interaction. (Kleinhammer-Tramill & Rosenkoetter, 1994)
- The comfort of the child is increased with familiar materials and settings
- Children learn skills in the environment where they need to be used.
- Families and children have more opportunities to participate, and feel a sense of belonging, with other families and children in their community.
- Children gain increased skills in communication, social skills, and adaptive behavior when they are able to interact with children who are typically developing .

### **...for parents**

- The parent's concerns, resources and priorities guide service delivery and make services more relevant to the family's life.
- Services and supports can be provided at times and in locations that are convenient and useful for parents.
- Parents are fully involved in all decisions that effect their child.
- Parents are full and equal members of the *Early On* team and actively involved in creating the IFSP.
- Parents evaluate what is and is not working with their IFSP.
- All interventions are built to enhance and support child and parent strengths.

### **...for service coordinators and early intervention providers**

- Early intervention providers and service coordinators are able to teach parents and caregivers how to facilitate developmental skills in the context of everyday activities.
- Early intervention providers and service coordinators have a larger milieu in which to assess a child's strengths and assist with the selection of meaningful outcomes.
- Early intervention providers and service coordinators are able to assist children to interact with typically developing peers and other people within their community.
- Assisting parents to feel confident and competent in their parenting role by helping them to recognize their strengths and skills as parents.
- Exchanging skills and knowledge with other team and community members reduces the likelihood of burnout and isolation.

## **The IFSP process and Natural Environments**

The consideration of natural environments for the child and family is an ongoing activity that begins with the first family contact and continues throughout the child's eligibility for *Early On*. The consideration of natural environments is never solely about the location or setting in which an early intervention service will be delivered. Moving an early intervention session from a developmental clinic or center-based school program into a family's home is not sufficient to meet the legal requirement of Part C of the IDEA. The early intervention service must also fit into the context of the family's life and support them to achieve their desired outcomes for their child.

Which natural environments early intervention services and supports are ultimately provided in is the outcome of an IFSP process, that identifies *when* and *where* in a family's daily routines, interventions will be most effective. Building on existing routines, using familiar, culturally appropriate, and accessible materials, and involving people who are familiar with the family, are practices that make a natural environment a more effective learning environment for the child and their family.

Each component of the IFSP process is addressed in the following sections. Each section is designed to provide helpful information for service coordinators and early intervention service providers.

### **First Contacts with Families**

At an appropriate time, during the first contacts with families, the service coordinator:

- A. Explains the *Early On* commitment to the provision of early intervention services in natural environments to the family using the *Early On* Family Guidebook.
- B. Explains that the focus of the developmental evaluation will be on understanding the child's current functional participation in daily routines and activities.
- C. Asks the parents about the everyday environments in which the child currently participates, and where the parent would recommend the evaluation to take place.
- D. Asks the parents who from those everyday environments might participate in the evaluation to increase the child's comfort with the process.
- E. Discusses with the parents the advantages and disadvantages of using different locations for the evaluation and assessment.
- F. Selects, with the family, the settings that will provide the most useful information about the child's functional participation, in the daily routines and activities in which the family is concerned about the child being able to participate.
- G. Asks for the family's permission to interview them about their resources, priorities and concerns related to enhancing their child's development.

## **Family Assessment**

If families provide permission for the family assessment, a personal interview takes place with the family. The service coordinator:

- A. Asks the family where the best place would be for the interview to take place.
- B. Discusses in detail, with the family, *the family's resources* related to enhancing their child's development in their daily activities and routines.

### **Helpful questions include:**

- “What do you feel you are doing well related to helping (child's name) to learn and grow?”
- “What kinds of things do you and (child's name) enjoy doing together?”
- “What helps you to support (child's name) to grow and develop? Who helps you?”

Write the family resources, in their words, on the IFSP in the appropriate place.

- C. Discusses in detail, with the family, *the family's concerns* related to enhancing their child's development.

### **Helpful questions include:**

- “Describe a bad day, and why it is bad for you and (child's name)?”
- “How often do these bad days occur?”
- “What have you tried to make the bad days better?” “What has helped?”

Write the family's concerns, in their words, on the IFSP in the appropriate place.

- D. Discusses in detail, with the family, *the family's priorities* for enhancing their child's development. (It will be helpful to discuss family routines and activities that the child is now able to participate in as well as those in which the family wishes the child could participate in more easily.)

### **Helpful questions include:**

- “What do you wish your family could be doing together with (child's name) that you aren't able to now?”
- “What parts of daily life with (child's name) do you see as the most important to focus on now?”

Write the family's priorities, in their words, on the IFSP in the appropriate place.

## **The Developmental Evaluation**

The evaluation and assessment process should include opportunities to observe and evaluate the child in his or her everyday routines in order to combine developmental scale information with functional application information. The developmental evaluation must be completed by persons who represent two early intervention disciplines. This allows for a multidisciplinary perspective on the child's development that helps to develop a more holistic picture of the child's developmental strengths and needs.

During the developmental evaluation, the two disciplines that are involved in conducting the evaluation:

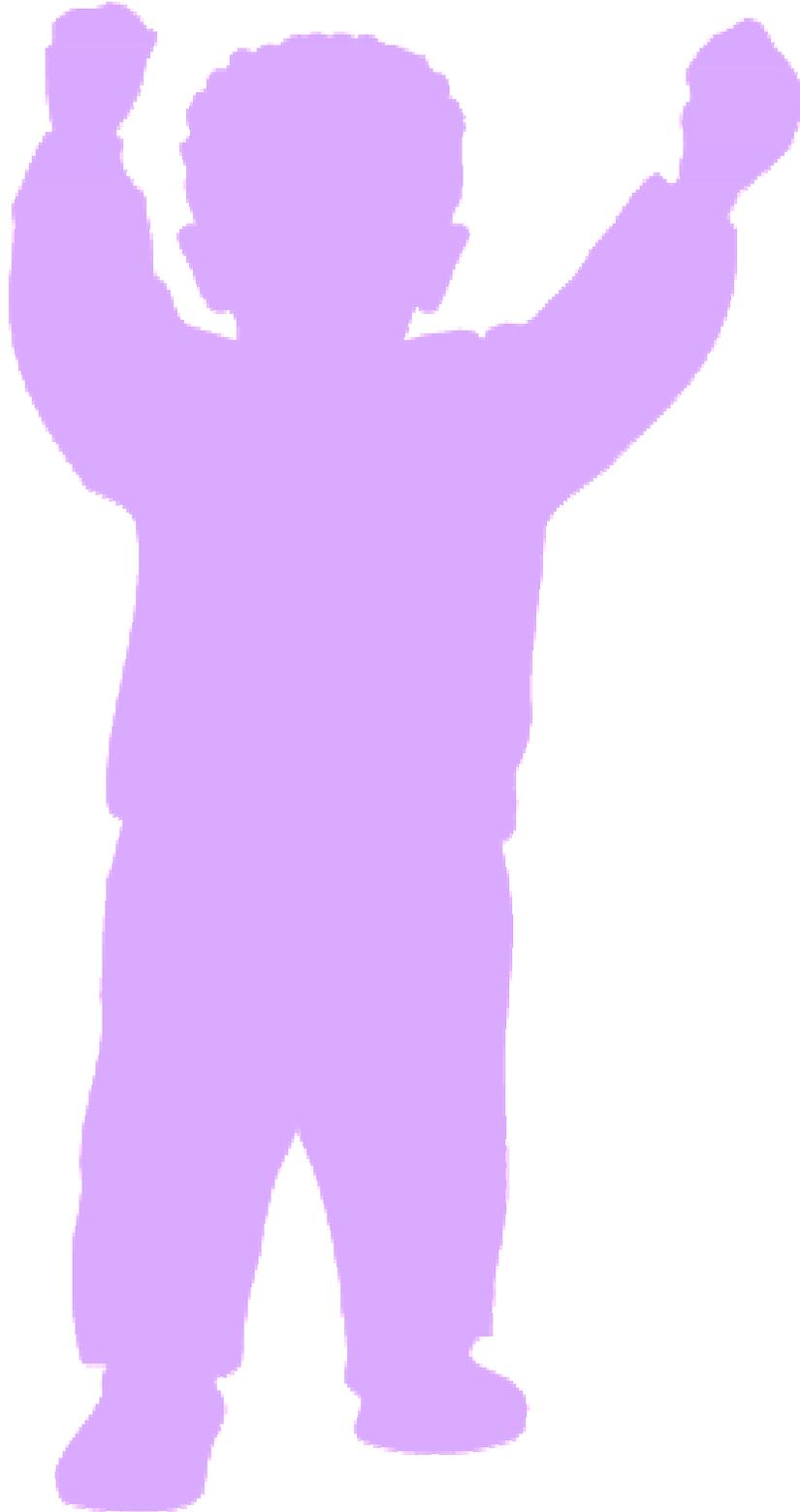
- A. Record the everyday places that the child is participating in and the everyday activities that are present, in those places, for supporting the child's development. For example, a child's home setting may include the kitchen where he plays with pots in the cabinet while the family prepares the meals. The developmental evaluation uses this everyday place to assess how the child uses his motor planning skills during his part of the family's daily routine and what the family is currently doing during this time to encourage motor development. These everyday learning opportunities are used to build the child's capabilities.
- B. Record the everyday places that the child clearly enjoys spending time, and what kinds of everyday activities the child is enjoying in those places.
- C. Record the everyday places the child or family would like to attend, but are unable due to the child's development. As an example, the family may want the child to be able to attend church with them, but they do not currently have the supports they need for their child to be safely cared for during church school. (The everyday places the child spends his or her time will be effected by the family's parenting philosophy and practices, as well as their culture, ethnicity, socio-economic status, geographic location, opportunities within their community, etc.)
- D. Record the functional abilities and needs of the child in each developmental area. The required developmental areas are: health status and medical history, cognitive development, physical development, including hearing and vision, communication development, social or emotional development and adaptive development.
- E. Record how the evaluation findings in each developmental area affect the child's abilities and needs in other developmental areas.

The IFSP is based upon the evaluation findings. For the IFSP to be helpful, an accurate and comprehensive evaluation must have taken place. Each of the developmental areas is interrelated to the other developmental areas and strength in one area can often be used to help to address a developmental need in another area.

**Helpful questions include:**

- "Where does (child's name) spend most of his/her time during the day?"
- "Who are the important people in (child's name) life?"
- "What kinds of toys does (child's name) prefer to play with?"
- "Are there any of your child's behaviors that are frustrating to you that we might be able to assist with?"
- "How does (child's name) let you know what he or she needs?"
- What is a typical day in your family life? (Follow up to get the information needed to understand the tasks, routines, and activities that they engage in on a daily, weekly or periodic basis.)

- “Are there any tasks, routines, and activities that you are struggling with due to (child’s name) developmental needs?”
- Are there activities that your family would like to be doing that they are unable to due to (child’s name) developmental needs?



## **IFSP Elements**

The IFSP elements that follow are listed in the order in which they are to be addressed by the *Early On* team. All the elements are completed for each IFSP Outcome. In Italics are examples of how the IFSP process can work with families.

*The current bath situation for Henry's family was terrible. Henry cried and fought his parents the whole time. Bathing Henry with his older brother was one of the family activities that his parents had dreamed about enjoying when Henry was born. It was a key family routine that Henry's parents wanted assistance with.*

*Henry's Early On team, including his parents, reviewed the developmental evaluation findings, to gain an understanding of the developmental factors that might be influencing Henry's behavior. The multidisciplinary evaluation team had observed Henry during his bath time and observed that there were a number of developmental concerns that might be impacting on Henry's bath behavior. These included: poor sitting balance, low muscle tone, difficulty with transitioning, sensory sensitivity to water on his skin, and dislike of his head being wet.*

*Upon further conversation with Henry's parents it became clear that Henry's key developmental needs were for improved muscle tone and improved postural control to help him feel more confident sitting in the slippery bath.*

*The IFSP outcome that the Early On team developed, read: Henry will enjoy his bath within the next 4 weeks because he will be laughing and playing and not trying to get out of the tub for at least 10 full minutes.*

### **1. Outcome (including Criteria, Procedures and Timelines)**

Outcomes are the critical link between the evaluation and assessment and the intervention. Outcomes are written based on the family's priorities and concerns for enhancing their child's development, in the context of the family's daily routines and activities. Outcomes should be designed to promote participation and learning using everyday activities of the child and family. As was stated previously, learning that is embedded in everyday natural learning environments facilitates the acquisition of functional competence on the part of the child.

Outcomes describe what the family wants the child to be doing in the future. Outcomes describe quality of life changes that enable young children to socialize with siblings and peers, move in their environment, play with toys, communicate their needs and ideas, etc.

The *Early On* team also discusses how it will know that that child's outcomes will have been achieved. The *Early On* team decides on the criteria that will be used to determine the degree to which progress is being made to achieve the outcomes.

Outcomes need to be discussed and written on the IFSP before the early intervention services needed to support the Outcome are selected.

Outcomes answer four questions:

- A. "Who is the target of the outcome?"
- B. "What does the child or parent need to learn or do next?"
- C. "How will we know the outcome has been achieved?"
- D. "How long will it take?"

*Developmental steps for Henry were:*

*Henry will be able to sit with support for 1-2 minutes.*

*Henry will gain increased trunk control.*

*Henry will use his hand to balance while seated.*

*Henry will be able to sit without support for 1-2 minutes.*

## **2. Developmental Steps**

The next step is for the *Early On* team to determine the sequential, developmental steps that will be needed to help the child progress from where they are currently (developmentally) to where the outcome states they will be in the future. The developmental steps use and build on the child's existing developmental skills.

*"The Early On team then decided that it would use as a strategy the introduction of a new resource, a small piece of foam for Henry to sit on within a rubber ring. This would allow Henry to sit with more confidence in the tub. Being able to sit with support would also Henry to continue to work on building his trunk control. The Early On team also decided that the bath routine could be adapted, as an additional strategy, to include special toys that Henry could play with just before, during and after the bath to make bath time more fun and to encourage Henry to remain seated in the tub. Both of these strategies made it possible for Henry to bathe with his brother and this made bath time less stressful for mom and dad."* (Office of Special Education Programs letter, 5/26/1999)

## **3. Strategies**

The next step is to determine the strategy or strategies that are needed for each outcome. Strategies are methods for working on the outcome during the child and family's daily activities and routines. The *Early On* team, working in collaboration, develops strategies that will support the family's ability to achieve the outcome and therefore their ability to better function where they live, learn, and play.

- Strategies may document activities that the parents are already doing with the child.
- Strategies may be written to provide consultation or training for family members or other caregivers to implement a strategy.
- Strategies may require that qualified early intervention providers directly provide an early intervention service in order for the strategies to be implemented.

Commonly used strategies to help children reach their outcomes in natural environments include:

- Introducing a new resource;
- Modifying the child's environment;
- Modifying routines or schedules;
- Reframing an adult caregivers' perspective on or interaction with the child;
- Changing a child's skill level

## Questions an *Early On* Team Can Use to Assist with Strategy Development

- What are the natural supports and resources present in the child's environment that can be used to support this strategy? What are the activities in the child and family's daily routines that offer opportunities for learning and practicing the desired developmental skills?

*A toddler just learning to walk enjoys blowing bubbles in the park to improve respiration and oral-motor skills.*

*A big sister or brother works with mom and dad to create a book for baby that uses family photos to show the family dog, the kitchen, the bath, the yard, etc. Baby is able to point the photos to indicate desired activities.*

- Whose expertise is needed to help a child achieve with the chosen outcome (parents, peers, siblings, other caregivers, community members, and early intervention providers)?

*Watching big sister brush her teeth is so amusing, that baby picks up her head to look, working on the outcome of head and trunk control*

- What kinds of supports will those who will teach the skills need?

*An occupational therapist reviews with a parent which household items and toys will promote the desired developmental skills.*

*The service coordinator and the family visit the library together to find books with pictures that the toddler enjoys.*

*Henry's parents discussed with their Early On team what type of early intervention consultation they needed to assist them with Henry's bath. Henry's parents wanted someone to visit their home about 2 times a month to help them continue to support Henry's progress. They felt that amount of consultation would be supportive to them and allow sufficient time for Henry to make progress. The Early On team decided that the physical therapist would visit, one night, every other week during Henry's bath time to observe and provide consultation to the family.*

### **4. Determining Early Intervention Services**

Next comes the decision about early intervention services. The purpose of early intervention services is to address the strategies and support them to work. The *Early On* team works together to determine which early intervention services are needed. The *Early On* team must also consider *how* services should be provided as well as *where* services should be provided.

Early intervention services are intended to address the circumstances in which the family would like the assistance of *Early On* in the form of facilitating, enhancing, or ensuring the quality of participation for their child in his or her natural learning environments.

**To the maximum extent appropriate** early intervention services must support the child and their family in their natural environment. Early intervention services and supports must be delivered where the child lives, learns and plays. As we have learned, this approach greatly increases the likelihood that the skills learned will be functionally relevant to the child's natural environment and that the child will be able to then practice the skills on an ongoing basis.

The *Early On* team's decision to provide an early intervention service, including the frequency, intensity, location, and method, **may not be** based solely on any of the following factors: the nature or severity of the child's disability; the age of child; the current availability of early intervention services; the availability of space; administrative convenience; family preference; payment methodology; or service provider preference.

Early intervention services provided to parents do not replace early intervention services and supports for a child. The early intervention services of parent training and counseling are designed to help parents achieve family oriented outcomes by enhancing their capacity to support the child's development.

Service Coordinators can assist parents with decisions about early intervention services by encouraging them to ask themselves the following questions:

- “What early intervention service do I really need to help me or other people looking after my child to accomplish the outcomes on the IFSP?”
- “If I need an early intervention service for this, right now, how often do I need this consultation?”

*Henry's parents welcomed the bi-monthly visits of the physical therapist. She came after the dinner dishes were cleaned up and stayed until Henry was in his PJ's after his bath. The physical therapist observed the strategies that Henry's mom and dad were using and provided helpful consultation to refine and change the strategies as Henry's development changed. She was also able to provide answers to questions about how to make other daily routines easier.*

## **5. Frequency**

*Early On* team determines and records on the IFSP how often an early intervention service must be provided in order for the child and family to reach the outcomes listed in the IFSP. The number of days or sessions must be specified.

## **6. Intensity**

*Early On* team determines and records on the IFSP how long each individual session of the early intervention service must be provided, in order for the child and family to reach the outcomes listed in the IFSP.

## **7. Location**

The overriding consideration in the selection of the location in which an early intervention service will take place is that the selection for each child must be determined on an **individual** basis, according to the child's needs. Where a service is provided

depends on what needs to be done as defined by the child's outcome and the strategies selected to support that outcome.

No *Early On* local service area may use any of the Federal or State funds that it uses to support *Early On* to provide an early intervention service in a location different from that identified on the IFSP.

No individual member of the *Early On* team may unilaterally determine the location for service delivery. The preferences of one *Early On* team member cannot be considered acceptable justification for not providing services in the child's natural environment. Every effort is made to select a setting that the entire *Early On* team, including the parents, supports.

Family involvement is the cornerstone of the IDEA, Part C. The issue of parent choice in determining the location in which services will occur is a critical issue. The *Early On* team, like the IEP team, bears the responsibility for determining the appropriate locations in which services should occur. According to the Federal government,

*“Although Part C recognizes the importance of, and requires, parent involvement throughout the IFSP process, Part C does not relieve the State lead agency [Michigan Department of Education] of its responsibility to ensure that other regulatory and statutory requirements, including the natural environment provisions, are met. While the family provides significant input regarding the provision of appropriate early intervention services, ultimate responsibility for determining what services are appropriate for a particular infant or toddlers, including the location of such services rests with the IFSP team [known as the Early On team in Michigan] as a whole. Decisions of the IFSP team cannot be based solely on the preferences of the family. The State is not responsible for services selected exclusively by the parent; however, the State must still provide all other services on the IFSP for which the parent did consent.”*

Services directed solely at the parent, such as parent support, are not required to take place in a natural environment. No justification is needed for them on the IFSP. Such services solely for the parent cannot be used as a justification for providing services to the child in other than natural environments however.

In order to receive early intervention services, the child and family cannot be isolated from settings or activities in which children without disabilities participate. The delivery of early intervention services must not require the child to be removed from his or her typical, daily environment, i.e., home, child care, community activity, in order for early intervention services to be provided.

The provision of early intervention services and supports in community settings should be approached from the same perspective. The intervention strategies should be blended into the existing routines in the setting as much as possible. If the child attends a community group, the early intervention provider would want to embed his or her strategies into the schedule and routine of the group, so that the child received the full benefit of participating with the group.

There may be exceptional circumstances when an *Early On* team determines that it is appropriate for a child to receive a particular early intervention service in a location that is not the child's natural environment. The determination of setting for each early intervention service on the IFSP must be completed separately. If one early intervention service cannot be provided in a natural environment it does not mean that others cannot be.

Federal regulations provide for "a justification of the extent, if any, to which the services will not be provided in a natural environment" (34 CFR 303.344(d)(1)(ii)) to be written for each early intervention service on the IFSP that is not provided in the child's natural environment.

### **Content of the Written Justification**

a. Explain how and why the *Early On* team determined that the child's outcome(s) could not be met if the early intervention service were provided in the child's natural environment.

b. Explain how early intervention services provided in this segregated setting will be generalized to support the child's ability to function in his/her natural environment e.g. the child's daily routines and activities.

c. Write on the IFSP, what actions will be taken, with timelines and supports necessary, to allow the child's outcomes to be satisfactorily achieved in his/her natural environment as soon as possible.

Parents are free to reject any service(s) on the IFSP by not providing written consent for that service(s) or by withdrawing consent after first providing it.

### **8. Method**

The child's *Early On* team determines the method of service delivery for each early intervention service. Care needs to be taken to ensure that the most appropriate method is used for the delivery of any early intervention service. Tradition of service delivery or ease of the delivery for professional staff is not a sufficient rationale for the choice of method.

When a group is being considered as the method of early intervention service delivery for the child, the *Early On* team discussion should include how the child will benefit from the group setting. The discussion should include how the child's progress toward outcomes on the IFSP will be assisted by participating in the group, how the child will interact with the other children in the group, and what the other children in the group will be doing that will be of benefit to the child.

There are three primary methods for early intervention service delivery.

- Direct one-to-one interaction with the child;
- Integrated therapy, combining direct service with collaboration with other team members in the child's natural environment;
- Consultation with other adults to assist them to improve their understanding of and interaction with the child.

**Any direct intervention with the child is always paired with some form of collaborative consultation with the primary care providers in a child's life.**

The *Early On* team determines which method or combination of methods is most appropriate for an individual child and family.

### **9. Start and End Date**

The *Early On* team records on the IFSP the date that each early intervention service will begin and when it is expected to end. The requirement is for the service to begin as soon as possible after the IFSP meeting concludes.

### **10. Other Services**

The IFSP must include, appropriate to the child and the child's family needs, the medical and other services the child needs but are not required early intervention services. The IFSP also needs to record the funding source that will be paying for these services, as well as the steps that will be taken to obtain the services through public or private sources. This section of the IFSP is not intended to record for example, well baby visits or immunization appointments, unless those are services the child needs and has not gained access to previously.

Including other services on the IFSP provides a comprehensive picture of the child's total needs. The expectation is that the *Early On* service coordinator will assist the family to gain access to these other services even though *Early On* is not responsible for paying for them. It is expected that the Service Coordinator will explore financial assistance for the services, including helping to complete eligibility and/or insurance claims, if needed.

### **11. Payment Arrangements**

The IFSP lists the payment arrangements for early intervention services, as appropriate. The early intervention services listed in Part C of the IDEA must be provided at no cost to families, unless that service is provided by an agency or organization that has a system of payments for families, including sliding fee scales. As an example, community mental health services programs must assess each eligible family's ability to pay for mental health services.

### **12. Person Responsible for Implementing Each Service**

The IFSP lists the name of the agency or organization that will be responsible for implementing each early intervention service. When the name of a specific provider is known, that person's name is also included.

## **IFSP Review**

A review of the IFSP for a child and the child's family must be conducted every six months or more frequently if conditions warrant or if the family requests such a review. A family can request a review of their IFSP at any time. Any other *Early On* team member can request a review if he or she believes that the IFSP needs to be modified to meet the developmental needs of the child or to meet the needs of the family related to enhancing their child's development.

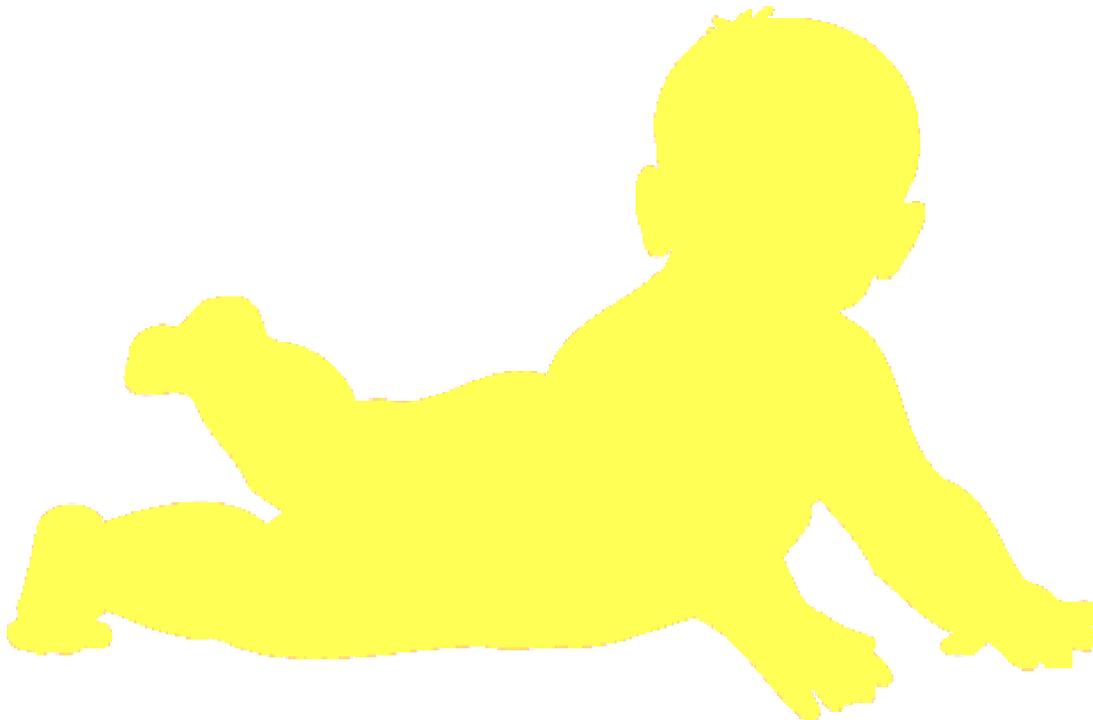
The purpose of the review is to determine the degree of progress toward the outcomes, and whether modification or revision of the outcomes or services is necessary. Each outcome needs to be reviewed by the *Early On* team.

The IFSP review includes the following questions:

1. "What degree of progress has been made toward the outcomes?"
2. "Does a different natural environment need to be added?"
3. "Have there been changes in the family's routines or community involvement that need to be addressed in the outcomes and strategies on the IFSP?"

If the child has not made satisfactory progress toward an outcome in a natural environment, the justification must include a description of why alternative natural environments have not been selected or why it is inappropriate to modify the outcomes.

Annually, a meeting of the *Early On* team must be held to evaluate the IFSP and if needed, to revise it. Any changes to or additions to early intervention services on the IFSP must be based on the results of current evaluations or ongoing assessments of the child's progress.



## Transition

Early intervention services are designed to support the developmental needs of the child and the family's needs related to promoting their child's development. In contrast, preschool services are generally more concerned with preparing the child to enter school ready to learn in a classroom environment. As the child moves from early intervention to the preschool environment, he or she will probably expand the amount of time spent outside his or her family. This developmental change affects the level of direct involvement of the family in the role of provider and/or supporter of developmental services.

At least one *Early On* transition meeting is held to develop a transition plan for the child and family. This process begins at least 90 days and up to six months prior to the child's third birthday, even if the child will not receive preschool special education services.

Transition outcomes for both the child and the family should be considered at the transition meeting. These outcomes include identifying community supports that can further assist the family during and after the transition to preschool services. Children who have participated in natural environments during their time in early intervention are more likely to be participating with typically developing peers during and after transition from *Early On*.



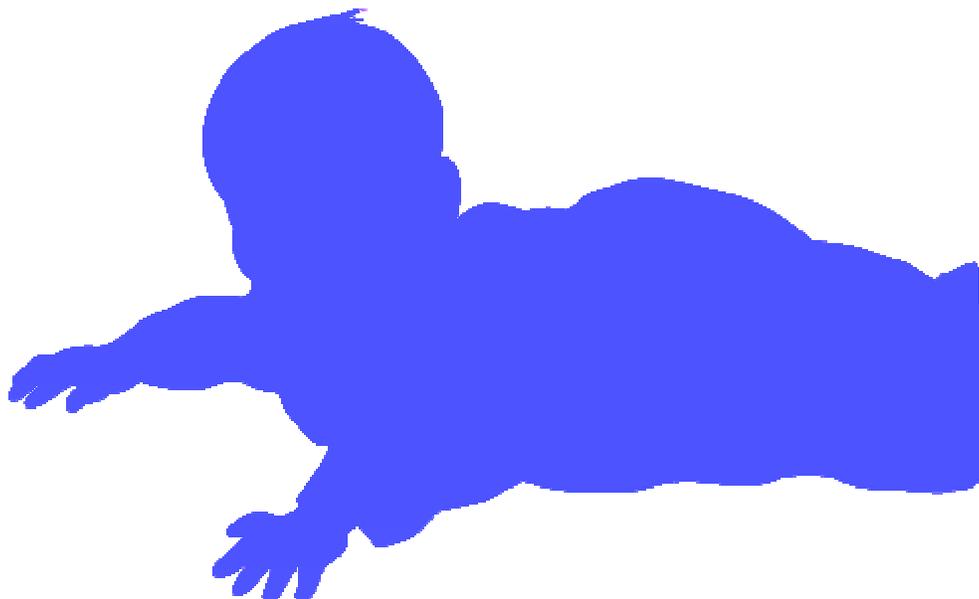
## Self-Assessment for *Early On* Team Members

### Questions for the *Early On* team to use as it develops the IFSP

- Was the family given resource information about community resources and supports during the initial evaluation? Did they find it helpful? What else is needed?
- Has the family been fully informed about the benefits to the child of using natural environments as the basis for their early intervention IFSP?
- Is the early intervention support or service a part of the child's and family's day to day routine (at home, at childcare, at a community location)? If no, what needs to happen to change this?
- Is the activity available to all young children in the community? Are there other children involved from the child's community, neighborhood, or circle of friends? If no, what can the *Early On* team do to support change in this area?
- Would the family have chosen this activity as a part of their routine if their child did not have a disability? If no, the *Early On* team needs to review why and how the activity was chosen.

### Questions for the *Early On* team to use during IFSP Reviews

- Are children with and without disabilities participating in the community-based activities on the IFSP?
- Is the child being separated or removed from other children to receive treatment or therapy? If yes, what do we need to put in place to change this?
- Are all children at the activity able to use the same toys and materials, with adaptations, as written on the IFSP? If no, what do we need to do to change this?
- Is the primary intent of the activity/early intervention service to provide a treatment rather than to encourage and support participation in activities and routines as specified on the IFSP? If yes, what do we need to do to change this approach to one that is based in the child's natural learning environment?



## **Contact Information Technical Assistance, Training, and Additional Resource Materials on Natural Learning Environments**

*Early On* Training and Technical Assistance (EOT&TA) at 1-888-334-5437

### **Development Process for Document**

The Effective Practices and Implementation Birth to Five State Interagency Coordinating Council (SICC) Subcommittee reviewed natural environments guidance materials produced by the SICC, and other states, as well as *Early On* Michigan's draft IFSP manual, to create the outline for this document. It was the opinion of the SICC Subcommittee, that none of the documents reviewed contained all of the necessary elements for a natural environment implementation guide for *Early On* Michigan.

In June of 2002 the SICC requested that a *Natural Environments Implementation Guide* be developed. This document is a result of that request. Comments or questions about the document can be directed to Joan Blough, *Early On* Coordinator for Children's Mental Health Services at 269-345-5968 or [jblough@kazoocmh.org](mailto:jblough@kazoocmh.org).



**“As Governor I will be  
fighting for a Great Start for  
every child in our state.”**

*Governor*

**Jennifer M. Granholm**

**“Beginning in the  
earliest years, communities  
must provide opportunities so  
all of our children come to  
school ready to learn.”**

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