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THE MANY PERSPECTIVES OF EARLY INTERVENTION

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ABSTRACT

As an Elementary Education Major with an interest in Special Education, I have been a participant in many different classroom settings. The interest in this research stemmed from my student teaching experience when I realized there are many elementary education teachers who do not have any background in Special Education and thus do not know how to accommodate their lessons to meet all of their students' needs.

Encouraged by my own experience, observations, and research I have written this to serve as a guide for teachers to see some different accommodations they can make for students with special needs in the general education classroom setting, specifically in the areas of behavior and literacy. There are many different interventions for each of these topics. I feature here approaches that have shown to be effective according to research conducted to determine their helpfulness. Teachers are responsible for doing all that they can for their students, but there is only so much time in a day. I believe that having all of this information in one place can make it a bit easier for the teachers, a facilitation that will benefit all of the students in their classes.

In addition to serving as a guide to teachers, this document is intended to be helpful for parents as well. In the third chapter, I provide an intervention that can be done in the home. Parents can refer to this piece of writing and use it as a resource to help understand what interventions their child could or should be receiving in the classroom, as well as what their child can be working on in the home.

TABLE OF CONTENTS

<u>ABSTRACT</u>	<u>i</u>
<u>LIST OF FIGURES</u>	<u>iii</u>
 Chapter 1: Overview	 1
Working with Special Needs in Inclusive Settings.....	1
Chapter 2: Behavioral Interventions	3
Overview	3
Autism.....	3
Chapter 3: General Instructional Interventions.....	8
Overview	8
Specific Learning Disabilities	8
Chapter 4: Literacy Interventions	12
Overview.....	12
Leveled literacy intervention.....	12
Guided Reading.....	14
Implementing LLI and Guided Reading into the classroom.....	16
Chapter 5: Responsive Teaching.....	18
Overview.....	18
Down Syndrome.....	18
Chapter 6: Conclusion.....	22
 BIBLIOGRAPHY.....	 24

LIST OF FIGURES

Figure 1. Percent of Children with Disabilities..... 2
Figure 2. Strategies for Guided Reading.....15

...

Chapter 1: Overview

Working with Students with Special Needs in Inclusive Settings

“Special Education” is a term that refers to classes or instruction designed for students with special educational needs (Webster). Special Education is a very broad topic that can refer to a range of student performance including individuals with developmental delays to students who are exceptionally above others in their class. For the purpose of my research, I have focused on students with delays- for example, students with Autism or Down Syndrome. According to the *IDEA* Data Center, most students with Specific Learning Disabilities and Intellectual Disabilities (the category under which individuals with Down Syndrome fall) are not likely to be identified in Pennsylvania until the ages of six to twenty-one. With such a low percent of children identified from ages three to five, the teachers of these students are responsible to alert someone if they see a child who might need to be identified. A higher percent of children are identified as having Autism from ages three to five rather than ages six to twenty-one. In the case of each diagnosis, however, because of the requirement outlined by the federal government that students with special needs are educated in the least restrictive learning environment, students with Autism and/or Down Syndrome are included in the general education classroom as much as possible. Figure 1 shows the Pennsylvania and National Data for when children are identified as having a disability. It states the percent of children identified between ages three to five and children identified between ages six to twenty-one for each category of diagnosis.

Figure 1 (IDC):

PERCENT OF CHILDREN WITH DISABILITIES BY DISABILITY CATEGORY, AGES 3 THROUGH 21

Disability Category	CWDs (IDEA), Ages 3-5 State (%)	CWDs (IDEA), Ages 3-5 Nation (%)	CWDs (IDEA), Ages 6-21 State (%)	CWDs (IDEA), Ages 6-21 Nation (%)
All disabilities	100	100	100	100
Autism	9.3	6.9	7.8	7.2
Deaf-blindness	0.0	0.0	0.0	0.0
Developmental delay*	41.6	37.2		
Emotional disturbance	0.5	0.4	8.8	6.5
Hearing impairment	1.3	1.3	1.0	1.2
Intellectual disability	1.1	1.6	7.1	7.6
Multiple disabilities	1.2	1.1	1.1	2.2
Orthopedic impairment	0.6	1.0	0.3	1.0
Other health impairment	1.9	2.8	10.2	12.9
Specific learning disabilities	1.3	1.2	47.9	41.5
Speech or language impairment	40.7	45.9	15.1	18.9
Traumatic brain injury	0.1	0.1	0.3	0.4
Visual impairment	0.5	0.5	0.4	0.5
*Developmental delay is only allowable through age 9, so a 6-21 percentage cannot be calculated.				
Explanatory Note: The percentage represents a distribution of children with disabilities (IDEA) by disability category for age ranges 3 through 5 and 6 through 21 (excluding children with developmental delays). For this calculation, the denominator is all children with disabilities (IDEA) for the specified age range, excluding developmental delays for ages 6 through 21. National data represent the US and Outlying Areas. Data reported for IDEA 2011 Child Count. (Data Source: http://www.ideadata.org).				

This paper is organized by need and interventions that have shown effective in helping the need. I have designed it as a guide to which teachers and parents can easily refer. Behavior interventions for Autism and Specific Learning Disability are followed by Literacy Interventions in the classroom for the same group of students. I then discuss Responsive Teaching in terms of students with Down Syndrome. The document is organized in three parts and useful for teachers in the general elementary education classroom, as well as for parents whose children may benefit from interventions in the general education classroom setting. I identified behavior interventions, literacy interventions, and responsive teaching as effective intervention options through my own research and teaching experiences. I believe this information will be helpful to all elementary education teachers.

Chapter 2: Behavioral Interventions

Overview

Throughout this chapter, I discuss different behavior interventions for children with Autism in the general education classroom setting. There are two specific interventions discussed, followed by some other tips to help teachers, such as getting to know the interests outside of the classroom of their student with Autism. Having behavior interventions for these students is incredibly important because it alleviates from the disruptions caused throughout the day. Having an intervention in place can allow the day to run much more smoothly than if there was nothing implemented, as well as serves as a teaching strategy to the child with Autism in how to behave as they get older.

Autism

“In 2014–15, the number of children and youth ages 3–21 receiving special education services was 6.6 million, or 13 percent of all public school students. Among children and youth receiving special education services, 35 percent had specific learning disabilities,” according to The National for Education Statistics (2017). Of those 6.6 million, 9% fell under Autism. A child with Autism is diagnosed based on the Diagnostic and Statistical Manual of Mental Disorders (DSM). According to the DSM-5, some characteristics of Autism Spectrum Disorder (ASD) include different social and language impairments. Socially, a child with ASD has difficulty making eye contact, as well as has difficulty responding to joint attention in the first few stages of life. As the child gets older, he or she may seem uninterested in socializing with other children

of his or her own age. In addition to the social cues of ASD, some children are verbal, while others might be nonverbal. To focus on verbal, because these students will be the ones in the general education classroom setting, they might use inappropriate word use, stutter, and not speak grammatically correct. These children typically have a delay in vocabulary development and issues with following instructions. Some other signs of a child having ASD are hand flapping, repetitive questions, and sensory overload- such as not wanting to have their feet muddy or not liking certain clothing materials (Pratt, 2017).

Having a child with Autism Spectrum Disorder (ASD) in the general education classroom can be an obstacle for a teacher, but there is a lot of research that shows inclusion in the classroom can be positive for both the child with ASD and the child's peers. Without effective planning; however, children with ASD may be at increased risk for social isolation and may miss opportunities to develop meaningful relationships with peers (Hansen, 192). Because of this, careful planning needs to go into each and every school day.

Social skills training.

Social cues are something that children with ASD need to focus on more than other children. To most children without ASD, social skills come naturally. They can pick up on sarcasm and instinctive social cues. From my experience of working with children with ASD, a common challenge is turn-taking while having a conversation. The child could talk and talk about a video game he or she likes, or a TV show, and then completely forget to allow the other child to have a turn to talk. This could lead to some issues in the classroom for this child. An intervention to help with social interaction is Social Skills Training. According to research done by Autism Speaks, a non-profit organization whose mission is to advocate for people with Autism through educating others about it and researching causes and better interventions for this

disorder, success has been seen through the use of social skills groups for children with ASD the groups are considered an established empirical based treatment (Autism Speaks, 2012). The organization developed a seven step model for teaching social skills that consists of: setting a goal, teaching, modeling, practicing, prompting, reinforcing, and generalizing (Mohr, 2017).

To go into more detail about each of these steps, we begin with the goal. The goal needs to be a clear and manageable social skill for the child. Each child with autism has different needs; therefore, setting the goal after observing where the child in a social setting is important. When identifying the goal, it should be a small step for this child because working toward the goal will most likely be outside of the child's comfort zone. Next, the teacher must teach what the proper social behavior looks like and why it is important. For example, with turn taking, the teacher can explain that in order for a talking with another person to be a conversation, both participants need to get a chance to speak. A good time to facilitate this group would be during centers time or morning meeting. It is important to implement it into the routine of the day and incorporate students other than just the student with ASD. Working on one social skill per week could be beneficial for the entire class. The next step is to model the desired social skill. For example, give two students a prompt for a conversation to have, and allow them to have it. Then, give feedback on what was done well and what could be worked on. After this, have the child with ASD participate in practicing a proper conversation. Then, throughout the week, see how the child is doing with the desired behavior in a variety of in-school settings. Observe the child at recess, during the day, and in the lunch room. If you overhear the student have a great conversation, let them know! If you overhear the child struggling a bit, ask where she thinks she went wrong. Because prompting is incorporated into the practice in this scenario, make sure to reinforce the child. Lastly, make sure to generalize. Encourage the child all week (and year) to

practice this social skill. For some children with autism, once the child is taught something, she will actively try to improve. It is important both to teach the social skill and to expect all students to practice it. In an elementary education classroom, these efforts could go a long way.

Antecedent-based intervention.

“Antecedent-based Intervention (ABI) is an evidence-based practice that is derived from applied behavior analysis (ABA) and are used to address both interfering (e.g., disruptive, repetitive, stereotypical) and on-task behaviors” (Neitzel, 2010). In simpler terms, ABI addresses the undesired behaviors that occur in the classroom by identifying the antecedent stimulus, which is an event or condition that occurs before or as a child exhibits a particular behavior (Neitzel, 2010). When using ABI, the teacher first needs to keep track of the student’s behaviors in order to identify the antecedent. Studies show that four key components are essential to implement an ABI. The teacher must know the behavior, antecedent stimulus, consequence, and setting event. For example, in a situation when a child with ASD always runs around the room (behavior) when the teacher says, “Class, can everyone please line-up and go to lunch,” (antecedent stimulus) and the teacher then allows the child to bring a stuffed animal (consequence) to lunch (setting) to calm him down, we can understand that the child is being reinforced for the behavior of running around. Instead of telling the entire class to line up, which resultingly causes the child with ASD to run around (the undesired behavior), the teacher can implement a different system. The teacher could call each child by name and ask them to please line up. By doing this and eliminating the entire class getting up at the same time to get in line, the child will not have the reaction of running around the room. Children with ASD also struggle with changes in routine; therefore, if a teacher knows there will be a fire drill or a special assembly on a particular day,

they should tell their student with ASD first thing in the morning. A sudden change in schedule could make for an undesired behavior to occur.

In addition to Social Skills Training and Antecedent- Based Intervention, teachers should take the time to get to know their students with ASD (Autism Speaks, 2012). By learning a student's interests and personal quirks, implementing intervention might come easier than one expects. For example, if the child with ASD does not want to participate in writing, alter the assignment and allow the child to write about something he or she enjoys. By making small adaptations of adding contained choices such as this into instruction throughout the day, the experience for a child with ASD in a general education classroom could be positively affected. Through the many classes I have taken that fall under the category of Special Education, I have regularly learned that interventions done in the classroom are not only beneficial to the child on the spectrum, but to the other children as well. Implementation of these interventions in the classroom, although it may take more planning, will likely make the school day run more smoothly and will be worth the investment time.

Chapter 3: General Instructional Interventions

Overview

This chapter consists of general instructional interventions for students that fall under the category of having Specific Learning Disabilities (SLD). Because SLD is such a broad range of ability, these interventions can be implemented for many different reasons. Response to Intervention and Small Group Instruction are two interventions that can be of use in the classroom for children with SLD. For general education teachers, these interventions are highly beneficial in a classroom where the students have a wide range of abilities because they each discuss grouping the children together per academic level.

Specific Learning Disabilities

The Colorado Department of Education (2018) defines Specific Learning Disability (SLD) as, “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations.” There are many different domains that effect one’s learning ability; therefore, there are different forms of Specific Learning Disability. A child could have a reading disability, or an auditory or visual disability. There is a wide range here which makes it trickier to say that there is one specific intervention that works for all students. Although this is never the case—all students are different and will require different ways to meet their needs—interventions appropriate for students with SLD is particularly broad. Response to Intervention (RTI) has become a requirement in identifying if a child has a SLD according to the Individuals with Disabilities Education Improvement Act (IDEA) (Kavale, 2008).

Response to intervention.

Response to Intervention (RTI) is “intervention directed at students not achieving at a rate commensurate with peers” (Kavale, 2008). There are three core concepts describing RTI. They include the use of scientific, research-based interventions in a general education classroom, a measurement of how the student responds, and the use of response data to be able to modify the intervention. As discussed before, there is not one single model of RTI that is successful, just as there is not one form of SLD. However, there is currently a Tier system in place.

“Tier 1 is high-quality instruction provided for all students in general education, Tier 2 is small-group tutoring for students (perhaps 3–6) whose performance and rate of progress continues to lag behind peers, and Tier 3 provides intensive individualized interventions in special education and initiation of processes to determine special education eligibility” (Kavale, 2008).

Basically, the first tier of intervention is interventions in the general education classroom for all students, and the last tier is special education. RTI is still in the process of being substantiated through research, but it has been said that using RTI in primary grades has decreased the amount of children identified as Special Education. Because they are receiving intervention early, students with SLD are able to catch up to their peers. Also, it is fairly easy to move in and out of Tiers 1 and 2. All students—both those with and without special education diagnoses—would be receiving instruction in Tier 1 as this tier includes supports from the general educator within the general education classroom. If a student in Tier 2 is showing a lot of progress, they could be moved to receive strictly Tier 1 interventions. RTI is an essential suggestion for teachers working with students with special needs in inclusive settings because it takes place in the general education classroom and helps later identify or rule out a SLD. As a primary teacher,

implementing interventions in the classroom and collecting data can be helpful. Strategic intervention can either help the students, or allow you to see that they need more help than they are getting and should move up a tier. This is a helpful way to collect data to share in meetings where student progress is discussed (Fletcher, 2009).

While I was teaching, I created an Individualized Learning Plan for a student in my class who seemed at-risk. I implemented a math and a sight word intervention for this student. It was not particularly time consuming, and it was easy to track the data and assess the student's progress. I worked on the sight-word intervention with the student while morning routines were being completed. There are many ways to implement RTI into the classroom, and this is one example.

Small group instruction.

As I furthered my research beyond RTI, I came across a study that stated,

“Specific learning difficulties are noticed around the fourth grade, and sometimes later. Late identification among students creates significant learning difficulties and a fall in motivation and self-esteem development, and difficulties in learning can continue in adulthood” (Pesova, 2014).

This quote sums up why early intervention is important. Referring back to the first grade class in which I interned, a majority of our day was spent working in small groups. For example, math was always done in groups. We had three different groups, and my mentor teacher and I would teach the lesson and work on the in-class worksheet with our group. We usually had another teacher available for the third group at math time, but if she was not available, the students not getting teacher attention would work in their math journals until we were ready to teach them the

lesson. This setup allowed us to recognize students who were struggling easier than if we taught whole-class instruction exclusively. When teaching whole-class, it is easy to assume that a child might not be understanding a concept because they were not paying attention when the lesson was being taught. By working in small groups, this assumption is taken out of the equation. A teacher is easily able to hold the attention of everyone, as well as to see who might need help in which areas. My mentor teacher and I were able to assess our students on a daily basis and to switch up the groups as needed. Because SLD students are not usually identified until the later years of elementary, this can be effective in the lower grades.

Although there are often times where only one teacher is working with many students, meeting with small groups for in class work after teaching a whole-class lesson can also be effective. There is not always going to be a student teacher or a classroom aid to take a group, but putting in the time to meet with groups based on level each day can help the students immensely. “Smaller groups allow for greater interaction between teachers and students, individualization of teaching, focus on task, monitoring by the teacher and feedback” (Slavin, 1996). Although part of RTI is working in small groups, all students can benefit from it. Because reading disabilities are considered SLD and affect a child’s literacy, Chapter 4 is going to discuss different literacy interventions that can take place in the general education classroom.

Chapter 4: Literacy Interventions

Overview

Literacy is one's ability to read and write (Valenzuela, 2002). The first grade classroom in which I was placed for my student teaching featured half the class who was reading at a level B guided reading level. When entering the first grade, students are supposed to be reading at a level D. With such a significant amount of students coming in at a level B, starting behind where they are supposed to be, it shows how necessary proper literacy intervention is. Leveled Literacy Intervention (LLI) is popular, as are Guided Reading Interventions. Throughout this chapter I will discuss the importance of literacy interventions, as well as share some of my own experiences with literacy interventions. While I was student teaching I held three literacy groups a day. Two groups were guided-reading, and one group was a literacy intervention that involved both reading and writing.

Leveled literacy intervention

Leveled Literacy Intervention (LLI) is a daily literacy intervention that could be used for any student, grades K through 12, that is behind their expected level.

“The Fountas & Pinnell Leveled Literacy Intervention is a powerful, short-term intervention, that provides daily, intensive, small-group instruction, which supplements classroom literacy teaching. LLI turns struggling readers into successful readers with engaging leveled books and fast-paced, systematically designed lessons” (Fountas and Pinnell, 2018).

The quote taken from Fountas and Pinnell (2018) explains exactly what LLI is. It is essential for students to work in small groups and to receive one-on-one attention. Unfortunately, if there is a student struggling with reading, they are chances that the student is not getting enough one-on-one reading time at home. Not in all cases, but from my experience and the experiences of my colleagues, students that need LLI are in need of the extra reading time; often peers receive this additional reading time at home. At the elementary age in particular, what is done outside of the classroom is important. The students I taught who told me they loved to read before bed were the students who were reading at the expected grade level or above. Similarly, the students I taught who told me they couldn't read because they didn't have time at night were the ones who were struggling to read on grade level. LLI gives students the opportunity to deepen and expand their comprehension, read engaging books that build knowledge, work with other readers reading at a similar level, and have someone closely monitor their progress (Fountas and Pinnell, 2018). LLI is a great resource for English Language Learners, as well as students with special needs—extra reading and writing time is never going to harm a student. In 2012, a study was done at North Kansas City Elementary School (Odell, 2012). The study was done to assess the difference between the effects of implementing LLI and Guided Reading with Kindergarten students reading below grade level. “Students serviced with LLI grew, on average, 3.4 benchmark levels in reading. Students who were not serviced with LLI grew, on average, 1.7 benchmark levels in reading” (Odell, 2012). This data communicates the success rate of LLI, and there are plenty of resources for LLI on the internet. Teachers can purchase packets that have everything they need including assessments, books, lesson plans, etc., and there are professional development trainings online as well. It is suggested that a professional is the one who facilitates the LLI group, but it does not have to be a teacher who specializes in LLI. Sometimes schools will have teachers

specifically pull students out of their general education classrooms throughout the day to implement LLI, but the regular classroom teacher could implement this intervention even without the support of an LLI teacher. Another positive aspect of LLI is that the students are constantly being assessed and no longer receives the LLI if the teacher assesses he or she has improved. As a student teacher, I had students in my classroom who were taken out of the room for LLI in October who no longer went to LLI in December. It is flexibly delivered and helpful to those who participate.

Guided reading

Guided Reading is a literacy intervention that can be implemented in the general classroom setting. Scholastic (2018) defines it as, “An instructional approach that involves a teacher working with a small group of students who demonstrate similar reading behaviors and can all read similar levels of texts.” Guided Reading groups are typically made up of less than ten students, and in a primary setting the teacher is helping students with strategies for decoding. Beginning readers need to learn how to use context clues, letter and sound knowledge, and word structure when coming across a word or phrase that is unfamiliar to them (Scholastic, 2018). As a student teacher, I held Guided Reading groups twice a day, every day, for students of various levels. A successful tool I witnessed being used for teaching strategies in the first grade classroom is shown in Figure 2. I personally used it in my Guided Reading groups because I could cue students to use a “chunky monkey” or “eagle eye” strategy if they were stuck on a word. Figure 2 is displayed in color because it exemplifies a visual aide that children would enjoy looking at and learning from. (It is actually a picture taken from my classroom.) These fun characters can be brought to life throughout the lesson in the form of finger puppets or small stuffed animals as well.

Figure 2: Strategies for First Grade Students in Guided Reading



Guided Reading lessons consist of three parts—what is done before, during, and after the reading. Before reading the book, the teacher should introduce the story and set the purpose for the reading. This is when important vocabulary specific to the book is introduced, the students do a picture walk, and predictions are made about what they believe the story will be about. This portion of the guided reading lesson also includes a discussion of what strategy the student should focus on. Pinpointing a specific strategy for students to practice during each lesson until they become familiar with all of them is beneficial (Scholastic, 2018). During the reading the teacher is there to support and guide the child to use various strategies to read the book. After

reading the story, comprehension questions are asked and the teacher gives feedback about how the students did with the strategy or strategies (Scholastic, 2018).

According to Fountas and Pinnell, “a federally funded 2008 study on the effectiveness of the guided reading program when implemented by teachers well-trained in this method reported, ‘The average rate of student learning increased by 16 percent over the course of the first implementation year, 28 percent in the second year, and 32 percent in the third year’” (Fountas and Pinnell, 2018).

Guided Reading is a great way for students to learn from the teacher, as well as from each other. It helps students improve their fluency and comprehension in addition to simply decoding text. Assessing a student’s reading level can be easily accomplished with a running record; therefore, students can keep moving along at their own pace. The running records are important to do because students should not be staying in a guided reading level that they have already accomplished; they should be moving up to the next level.

Implementing LLI and Guided Reading into the Classroom

Elementary education teachers have a responsibility to meet all of their students’ needs. In a classroom of young children, this can be exceptionally difficult. At a young age, most students are not identified as qualifying for special education yet, and all students, special education or not, have needs. To be able to accommodate and make the classroom a positive environment for all students can be challenging and time consuming. Teachers may feel like they do not have adequate time to implement interventions into their room (especially if they do not have the advantage of additional adult support).

It is understandable that this would be a thought teachers have, but having “Centers Time” in the classroom can help to solve the problem of teachers not having time for Guided

Reading or LLI groups. Because all students can be placed in a guided reading group, center rotation time is a strategic time for this. If centers time was 45 minutes long with 15 minute rotations, the teacher could see 3 different groups in one day. This would have to be adjusted based on how many leveled groups there are, but it is one feasible way to implement Guided Reading into the classroom. With the other students occupied with appropriate tasks, the teacher can easily meet with a group with minimal distractions. I have seen this implemented during my time as a student teacher and was impressed by how well the students behaved. There was a color-coded chart on the smart board that showed where each child should be when. With an established routine, this information on the board and all of the centers explained ahead of time, there were almost no interruptions to the Guided Reading groups.

Although LLI is more of a time consuming approach, there are less students who need it implemented than Guided Reading; therefore, it could be effectively delivered during a rotation during centers time as well, if needed. These interventions have been used in many classrooms across the country, and have been successful based on research data (Fountas and Pinnell, 2018).

Chapter 5: Responsive Teaching

Overview

This chapter, unlike the previous ones, is geared toward parents more so than teachers. Because Down Syndrome children show delays such as Autistic children do, early interventions should be implemented. Responsive Teaching can be done in the home with the child and parent, but is also a good intervention for teachers to be aware of if they have a student with Down Syndrome in their general education classroom setting.

Down Syndrome

Down Syndrome is the most common chromosomal condition today, which makes it important for parents and teachers to understand.

“According to the Centers for Disease Control and Prevention, approximately one in every 700 babies in the United States is born with Down Syndrome, making Down Syndrome the most common chromosomal condition. About 6,000 babies with Down Syndrome are born in the United States each year.” (Gavin, 2015)

People who have Down Syndrome have one extra copy of chromosome 21. Today’s science has made it possible for parents to be able to take a test to see if their in-utero fetus is at risk of having Down Syndrome, but there is no prevention for this condition. Children with Down Syndrome tend to have small ears, a flat facial profile, and other physical features. Children with Down Syndrome are able to learn, though the learning occurs at a different, slower pace than others their age (National Down Syndrome Society, 2018). I have dedicated this chapter to an intervention that could help parents and teachers of children with this condition.

Responsive teaching.

Responsive teaching (RT) is an intervention that was first discovered through Down Syndrome research (Mahoney, 2006). It is an early intervention designed to address the needs of individuals with developmental delays and is geared towards parents because of their effect on their child's developmental process through responsive interactions. "Responsive Teaching helps parents learn to use Responsive Teaching strategies to promote the pivotal developmental behaviors that are relevant to their children's developmental needs" (Herman & Bob, 2017). Responsive Teaching strategies consist of reciprocity, contingency, shared control, affect, and match (all of which are explained below).

RT gives caregivers the tools they need to support the well-being of their child and enhance their development through different daily interactions. This intervention model is used to promote a child's cognition, communication, and social-emotional functioning. Because children with developmental delays need more of a push than other children (Mahoney, 2006), this model offers ways to implement many different things such as social play, initiation, problem solving, joint attention, conversation, trust, cooperation, persistence and feelings of competence (Herman & Bob, 2017). RT uses different interactive dimensions for parents to respond to their child such as reciprocity, contingency, shared control, affect, and match (Herman & Bob, 2017).

Reciprocity is a "give and take" balance in a relationship. Often times, children with development delays do not understand this and thus require someone to explain it to them. Parents being able to teach children with developmental delays at a young age can take them far in their future relationships. Contingency is when there is an immediate interaction (between the adult and child) done after a child's action, intention, or communication. Whether this is positive

or negative, it will teach the child. Shared control is allowing the child to take a lead a bit and guiding them through while being expressive and animated, which is the affect. Being warm with a child is important- they often times like to express their love and receive this back. Lastly, match is matching the interaction to one's developmental level. For example, if a child is fifteen but is at the level of a ten-year-old, the interaction should match that of a ten-year-old (Herman, 2017).

Although this intervention is designed for parents because of their constant interactions with their children, it can easily be implemented into the classroom. It is important for children to learn how to interact with others who are equally unique and might be different than them. Learning about different disabilities and ways to interact with those who have a disability is positive addition to a school community that students can take with them into their out-of-school and adult lives. For example, if a teacher taught their class that someone who has Down Syndrome does not always understand turn taking, the other children would know this and could help a child with Down Syndrome to practice this skill. A lack of knowledge can sometimes be the main issue in society today. We are so consumed with our own lives that we forget we are supposed to be helping others out in life as well.

In addition to the turn-taking, understanding social norms can sometimes be difficult for those with Down Syndrome. For example, a couple of semesters ago I would go to class with a friend who has Down Syndrome. He was a very kind person, and he loved to express his love for others. Sometimes, he would walk up to people and give them a hug out of the blue. His intentions were to be nice, but not everyone likes to receive hugs. I had to explain to him that not everyone likes to hug, and it is polite to ask someone you do not know well if they like hugs or would like a hug from you before you hug them. Thought this may appear to be a common piece

of social knowledge to someone without special needs, someone with Down Syndrome does not always understand this without it being explained to them.

A social media-based movement that inspired me to look into interventions for Down Syndrome is, “There is nothing down about Down Syndrome.” When I first heard this quote and read it on the internet, I was inspired by the positive message it held. It was going viral, and it made me think about all of the students out there that have Down Syndrome. Responsive Teaching is an intervention that is natural and not very technical, but it can have a notable impact on the development of someone with Down Syndrome. Through the Responsive Teaching intervention, parents and teachers can both learn what these children need the most.

Chapter 6: Conclusion

As my research on these interventions comes to an end, I realize how connected they all are. Students with special needs are always going to a part of the elementary setting. Whether the presence of individuals with special needs is a matter of the least restrictive learning environment or because they have not yet been identified as qualifying to receive special education services, interventions will have to be provided. Effective implementation of interventions, whether for behavior or academics, positively affect the class as a whole.

Considering Autism, behavioral interventions are important. Because children with Autism struggle with social cues, the social skills training in the classroom will be beneficial to all the students. Using these interventions, students with autism can learn proper ways to interact with their classmates and vice versa. The ABI will also be important for the flow of the classroom. Making sure everyone is aware of a schedule and certain changes that might be occurring can easily become part of the classroom norm.

RTI and working with small groups are two interventions that relate to each other. The Tier system in the RTI is similar to implementing small groups into the classroom setting. Having small group instruction in elementary classrooms is one way of being able to see how students are progressing. This relates directly to literacy interventions because they both use a form of small group instruction. Guided reading and Leveled Literacy Intervention both put the students in groups based on their academic levels. In my future classroom I plan to utilize small group instruction for both behavior and literacy intervention. In my experience, putting students in small groups and breaking from the whole-class instruction has had positive results.

The Down Syndrome intervention is a bit different because it can be used in the home or in the classroom. I found this to be important because of how common Down Syndrome is and

because I have forged friendships with many students who have Down Syndrome through a program that connects college students with individuals with Special Needs. Responsive Teaching teaches people how to interact with individuals who have Down Syndrome in a positive manner that encourages target behaviors. It helps a parent or teacher think about the individual's needs and how to positively contribute to them. These benefits support why I believe this intervention holds importance.

To conclude, elementary education teachers in the general education classroom need to be able to meet the needs of all of their students—it is their duty. There is potentially a population of students with Autism, Specific Learning Disability, or Intellectual Disability in any general education classroom, and through the use of early interventions these students can be accommodated. Students with autism often struggle both socially and behaviorally, so the use of social skills training and antecedent based intervention can encourage improvement in these areas. The RTI Tier system and teaching in small groups can be of help to students with SLD because these are broad intervention categories and the teacher can choose to do a lot with them based on an individual child's needs. In addition to these disabilities, literacy interventions are important for growing children's reading and writing levels. Through Leveled Literacy Intervention and Guided Reading, the levels of each child can improve. Lastly, children with Down Syndrome make up the highest population of a chromosomal condition today. Because of this, parents and teachers should be educated on how to help this group of children develop at as rapid a pace possible. Through Responsive Teaching, this goal can be achieved. The guide I present in this document should be used as often as needed by educators and parents. These interventions all have research to back them up and have shown to be successful in the classroom.

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ACADEMIC VITA

Laney Coull
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Education

The Pennsylvania State University, College of Education, Schreyer Honors College May 2018
Bachelors of Sciences in Elementary Education; Minor: Special Education

Teaching Experience

August 2017- November 2017

Strodes Mills Elementary School

Mifflin County, Pennsylvania

Student Teacher, 1st Grade

- Created about two-hundred lesson plans to the needs of the seventeen students in my class through the use of pre, summative, and formative assessment
- Independently managed a class using behavioral strategies including, but not limited to, positive reinforcement
- Collaborated with my mentor to coherently teach and fulfill state standard learning requirements, as well as met periodically with an IEP team to assess the students in my different guided reading groups of varying levels A through H
- Observed one student for six weeks and organized a long-term intervention plan with the data I analyzed as well as created and taught an entire “how to” writing and literacy unit
- Gathered evidence from my teaching in a portfolio format to show I have incorporated the domains of teaching in my classroom

Galway Educate Together National School
2017

November 2017- December

Galway, Ireland

Student Teacher, 6th Class

- Traveled to Ireland to teach a class of thirty students for four weeks
 - Compared and contrasted the American Education System to Ireland’s Education System and presented a project on this to the class of thirty
 - Tutored two girls who struggle with math during one period each day
 - Counseled two students who have Asperger’s Syndrome and break from the classroom twice a day
-
- Accompanied a class of five Autistic children between the ages of four and five to swim for one-hour a week
 - Assisted in organizing a Christmas singing performance that the 5th and 6th class performed at a nursing

home

Penn State Alternative Breaks
Baltimore, Maryland

March 2017

Teacher Volunteer

- Observed and assisted in classrooms throughout the entire school for a week
- Developed a relationship with the kindergarten and first grade class and became their pen pal upon returning to school
- Created a garden for the school on their property to brighten their community

Leadership and Involvement

University Park Undergraduate Association, 12th Assembly

College of Education Academic Representative

March 2017- Present

- Collaborate with students and administrators on different initiatives that will better student life at Penn State
- Attend weekly UPUA Wednesday night meetings where the assembly discusses what our organization has accomplished and will be accomplishing in the upcoming weeks
- Attend weekly Academic Affairs committee meetings where I collaborate with members on an Internship Database for the College of Education as well as with administrators on implementing an iClicker system through Canvas so students do not need to purchase an actual iClicker in the future
- Collaborate with members of the Facilities committee on how to better the life for students with disabilities at Penn State followed by planned meetings with administrators on how to make changes happen

Penn State Coaches vs. Cancer

President

May 2016- May 2017

- Fundraised about \$5,000 for the American Cancer Society through tabling at Penn State basketball games and organizing a 5k for the State College community
- Collaborated with the Local Chapter to serve as a liaison to the student chapter
- Coordinated a 5k for about five hundred students where food, water, and prizes were provided

Secretary

August 2015- May 2016

- Attended every meeting and took thorough notes to share with the group
- Formulated meeting reminders and recap emails that were sent to all of the club participants each month

College of Education Student Council

Secretary

August 2016- May 2017

- Met with the Executive Board members every week
- Sent out reminder e-mails about meetings, as well as recap e-mails with notes from each meeting
- Assisted in organizing the first annual College of Education Spring Carnival for the State College community

Education Ambassador

September 2015- Present

- Participate in Town Halls and Panels with the Deans
- Act as an active member on the Student Council attending events with new students and Alumni
- Provide tours of the College of Education

LifeLink PSU

Spring 2015- Present

Volunteer Mentor

- Mentor different members of the LifeLink program, which consists of young adults with Special Needs that graduate from State College High, for about three hours a week
- Attend ballroom dance class with Zach, a LifeLink PSU student, three times a week

Related Job Experience

Krause Innovation Studio

University Park, Pennsylvania

IT Consultant

August 2017- Present

- Represent Krause innovation studio by working the front desk
- Take count of the people in the studio every half hour
- Assist students with technological issues as well as Graduate students in their research if needed

Camp NAC

Newtown, Pennsylvania

June 2017-Present

Specialty Camp Manager

- Create camp schedules throughout the year for the upcoming summer and have all of the supplies prepared for different themed camps throughout the summer
- Lead groups of over sixty children and counselors each day
- Communicate with parents about how to meet the needs of their child to make sure they have an incredible summer

Discovery Child Development Center

State College, Pennsylvania

October 2016- Present

Teacher Aid

- Assist with teaching in classrooms
- Assist with infants, toddlers, and pre-school aged children

Camp Saginaw

Oxford, Pennsylvania

June 2016-July 2016

Counselor

- Supervised a group of eleven eleven-year-old girls for five weeks at a sleep away camp