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**WHAT DO FAMILIES WANT? UTAH FAMILIES RESPOND
TO CURRENT EARLY INTERVENTION PRACTICES**

by

Amy Poole-Zisette

**Thesis submitted in partial fulfillment
of the requirements for the degree**

**of
Bachelor of Science**

DEPARTMENTAL HONORS

in

**Special Education
in the Department of Special Education & Rehabilitation**

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Abstract

This study surveyed Utah families who are currently enrolled in six different early intervention programs for their children 0-3 years of age with special needs. The purpose of this study was to examine how skills and qualities families felt were important in their early interventionists changed in order to determine what skills and qualities were most important to different demographics of families. Participating families filled out a questionnaire which rated the degree to which they found various skills and qualities important for an early intervention practitioner to possess, as well as the perceived frequency with which early interventionists used said skills. Data were analyzed to determine how the skills and qualities families felt were important were different for different age groups of children, and how skills and qualities that families felt were important were different with the length of time the families had been enrolled in an early intervention program.

What do Families Want? Utah Families Respond to Current Early Intervention Practices.

Determining the skills and qualities families in early intervention programs want their service providers to have is a critical measure for enhancing how services are delivered to enrolled families. As such, this topic has been widely addressed by literature in the field of early intervention. Aspects that have not yet been widely addressed however are; how a family's needs or desires for their early intervention practitioners change with the age of the child, and how a family's needs change through the time that they are enrolled in the early intervention program. For example, are parents' desires in regards to the early intervention program different if the child is two years old and has just started receiving services as opposed to a child who is two years old and has been receiving services for over a year? This research will explore how families needs or wishes from their early intervention program practitioners change, or stay the same, based on the age of the children and how long the children have been receiving services.

There is a large base of literature that deals with the topic of, "what makes a good early interventionist?" National organizations like the Division of Early Childhood (DEC), which is a division of the Council for Exceptional Children (CEC), and the National Association for the Education of Young Children (NAEYC), as well as individual state and local early intervention service providers have conducted numerous studies on recommended best practices for early intervention programs.

A study done by Odom and McLean (1993) for DEC sought to determine a set of broad categories that could be used as a standard for measuring the best practices in the field of early intervention. A best practice is defined as "a practice or set of practices [that are] most appropriate for all children with special needs and their families" (Odom & McLean 1993, p. 3). In this study the authors developed six general categories as criteria for a practice to qualify as a

best or a recommended practice. These categories were: research-based or value-based, meaning the practice has empirical support or that it is widely valued in the field; family-centered, meaning the practice focuses on the family's welfare as a whole and not just the welfare of the child; multicultural emphasis, meaning the practice has a multicultural perspective and acknowledges the family's cultural or other groups; cross disciplinary procedures, meaning various disciplines work together as a whole to support the family; developmentally and chronologically age appropriate, meaning the practice is suited for a child's chronological or developmental age; and normalized, meaning the practices make the life of the person with the disability as close as possible to normal societal ways (Odom & McLean, 1993, p. 4-6).

Odom and McLean (1993) conducted this study by requiring participants to complete a questionnaire addressing these six areas. Participants ranked the items based on how strongly the participants agreed with the practice (strongly agree, agree, disagree, strongly disagree, don't know, don't understand); in addition, participants estimated how often the practice was used by early intervention practitioners (frequently, sometimes, rarely, never, does not apply to programs respondent is familiar with). Participants of this study were parents in early intervention programs, as well as individuals in higher education positions and members of DEC. This study found that all of the six suggested criteria categories were found to be best practices, having been rated to be significant by over 50% of the study's participants, which was the minimum criteria for being accepted as a standard for measuring best practices. The literature on practices and standards from other programs and organizations described a number of broad categories similar to the categories identified by Odom and McLean (1993).

By law, early intervention services are provided to qualifying children, birth to three years of age, and their families under Part C of the Individuals with Disabilities Education Act

(IDEA). One aspect that makes Part C of IDEA different from the other sections is the theme of family-centeredness that permeates this section of IDEA. Whereas the other parts of IDEA have the child as the main focus, Part C looks at the family as a whole and the child's role within the family. It then seeks to provide interventions that are centered on what supports each family needs or requests to be successful in the care of the child (<http://nichcy.org/reauth/PL108-446.pdf>). Wilson and Dunst (2002) describe a family-centered approach as one that includes outcomes that are based on benefiting the parent, the child, and the family as a whole. The goal behind the idea of family-centeredness is to make interventions as responsive as possible to the family's concerns for the child, as well as mobilizing any resources that may be needed by the parents to help them adequately care for their child. Therefore, in a family-centered approach appropriate interventions will include direct teaching and services with the child, such as speech therapy or physical therapy. In addition to these, interventions may also include parenting classes or other services to help the parents or caregivers care for their child.

Wilson and Dunst (2002) proceed to describe family-centeredness as having two components: a relational component and a participatory component (Wilson and Dunst 2002, p. 14). The relational component is described as skills that help early interventionists in their relationships, such as: (1) good clinical skills (e.g. active listening, compassion, empathy, respect, and being nonjudgmental), and (2) professional beliefs about and attitudes towards families, especially in regards to parenting. Early interventionists should have good communication skills, and have open-minded and understanding views on the dynamics of families. The participatory component consists of: (1) practices that are individualized, flexible and responsive to the needs of the family and their unique concerns and priorities; and (2) practices that provide families with opportunities to be actively involved in "decisions and

choices, family-professional collaboration, and family actions to achieve desired goals and outcomes” (Wilson & Dunst 2002, p. 15). The participatory component helps to ensure that the early interventionist and the family are working and participating together to design and implement interventions that are significant to the family, in short, family centered. As both of these components and their skills subsets are used together, the family becomes the center of the intervention and the intervention becomes individualized to the family. The use of these practices also distinguishes a family-centered approach from other approaches used in the field of early intervention (Wilson & Dunst, 2002).

There are many examples of family-centered practices since these skills are actively encouraged in early intervention today. They can be found on checklists, personnel standards, and other literature from different organizations in the field of early intervention. Practices such as, “use[ing] active listening and observation skills to help families identify issues and concerns,” and “understand[ing] the importance of the family as a team member,” and “employ[ing] effective communication techniques for listening and responding” (Pennsylvania State Department of Public Welfare, Office of Mental Retardation 1998, p. 6, 14). Also when including families in the assessments given to the children and the interventions implemented, early intervention programs present “families with flexible and individualized options for the location, timing, and types of services, supports, and resources that are not disruptive of family life” (Sandall, et al., 2000, p. 46).

Another idea that coincides with a program being family-centered is early intervention practitioners collaborating with the families they serve. “In a collaborative relationship, parents are viewed as the key decision makers for their children and are regarded as partners in the delivery of [early intervention] services to their families” (Dinnebeil, et al., 1999, p. 226). When

parents are viewed as partners in a collaborative relationship with their early interventionists, parents' ideals, concerns, goals, priorities, and values in regards to their child and family will be integrated into interventions administered. This integration makes services to the family-centered on each family's unique needs. Other examples of collaboration targeted in the literature and skill checklists were:

Family members and professionals jointly develop appropriate family identified outcomes; professionals fully and appropriately provide relevant information so parents can make informed choices and decisions; practices, supports and resources are responsive to the cultural, ethnic, racial, language and socioeconomic characteristics and preferences of families and their communities; practices, supports, and resources incorporate family beliefs and values into decisions, intervention plans, and resources and support mobilization (Sandall, et al., 2000, p. 45-46).

The third category examined in the literature was professional competencies. The category of professional competencies is defined here as the use of professional skills and the general knowledge required in the field of early intervention. Effective early interventionists will be able to manifest various professional competencies when working with families to try to ensure that families and practitioners have the best possible professional relationship, as well as to ensure that the families' receive the most current, evidence-based, and effective interventions and information available. Professional competencies were plentiful in skills and competency checklists present in the field. Skills listed included such items as: informing parents about the rules and regulations of early interventionists and their rights, understanding timelines for completing Individual Family Service Plans (IFSP), having knowledge of community resources,

keeping information confidential, and being able to write goals and objectives that include insights from the entire IFSP team and are congruent with family preferences (Sandall, et al., 2000; Pennsylvania State Department of Public Welfare, Office of Mental Retardation, 1998; Turbiville, et al., 1993).

The fourth category examined was the chronologically or developmentally appropriateness of goals and interventions. The National Association for the Education of Young Children (NAEYC) defines developmentally appropriate practice as being “based on knowledge about how children develop and learn” (NAEYC, 1996, p. 22). When early interventionists and families are designing interventions and writing goals for their children it is vital that they keep in mind the scope of child development and the chronological sequence in which children develop and master various milestones. The Pennsylvania State Department of Public Welfare’s Office of Mental Retardation (1998) states the purpose of early intervention is “to assist families to access and receive the services, resources and supports they need for their child’s development” (p. 1). If the entire aim of early intervention is to ensure that children receive the developmental support they need, then early interventionists and families need to ensure they take into account that development is a succession and sequence goals to help the child achieve developmental milestones. Developmentally appropriate practice also “encompass [es] practices that are both age appropriate and individually appropriate” (Sandall, et al., 2000, p. 19). Since development is a succession, it may be appropriate for a three-year-old child to be working on skills that a typically developing two-year-old would be mastering but possibly incorporating materials that a three-year-old child might enjoy.

It is important also to look at the chronological importance of a skill when teaching it to a child. This means that a three-year-old with developmental delays should still be educated in an

environment that his typically developing three-year-old peers would be educated in, even if developmentally he is behind the peers. For example, typically developing three-year-olds may learn large motor skills in a gymnastics class, thus it may be entirely appropriate for a three-year-old with disabilities to also learn large motor skills in a gymnastics class.

Examples of ensuring that goals and interventions implemented are developmentally and chronologically appropriate included: teaching children skills “that are typical or similar to other persons in that environment,” “services are provided in natural learning environments . . . these include places in which typical children participate” (Sandall, et al., 2000, p. 35), and “personnel . . . see the link between child development and teaching strategies uniquely structured to respond to that development” (Division for Early Childhood, Council for Exceptional Children; National Association for the Education of Young Children; Association of Teacher Educators, 1995, p. 35).

Current Study

As seen by a review of the literature, the field of early intervention is saturated with literature on the topics of family-centeredness, professional and family collaboration, professional competencies, and the chronologically and developmentally appropriateness of goals and interventions. The researcher could not find a study that discusses what qualities and behaviors family’s desired from their early intervention practitioners in reference to the age of the child and the length of time a family is enrolled in an early intervention program. This study was designed to address these questions and to examine the patterns in families’ feelings of important skills or qualities for early interventionists and see if these patterns are based on the age of the child and/or the length of time the family had been receiving early intervention

services. In addition, the researcher will examine skills or qualities families feel are most important and if these skills or qualities are being used by early interventionists on a frequent basis in their interactions with families. While similar in format to the study by Odom and McLean (1993), the two studies differ in the purpose: the former was looking for validation of practices, and the present study is looking at changes in regards to families' views on significant practices in early intervention.

This study is limited to examining four specific categories: family-centeredness, professional and family collaboration, professional competencies, and the chronologically/developmentally appropriateness of goals and interventions.

METHODS

Participants

Early intervention programs around the state of Utah were contacted and asked about willingness to participate in the project. The programs were required to distribute surveys to a random sample of families in their programs. A total of six programs agreed to participate. Enough surveys were provided to each program for roughly half of the families currently being served in the programs (n= 950, total statewide). Families were given a survey by their service providers to fill out anonymously. Surveys were available to families in English (n= 700) and Spanish (n=250) as requested by the individual programs. The participating programs represented 8 counties, and 5 school districts in Utah, and consisted of urban, suburban, and rural areas of the state. For a break down of survey distribution per program for English and Spanish surveys, see figures 1 (English), and 2 (Spanish).

Figure 1: English Survey Distribution per Participating Program

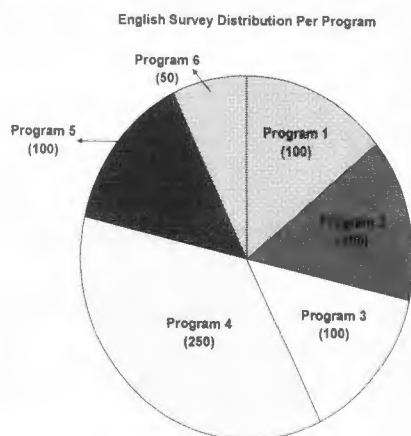
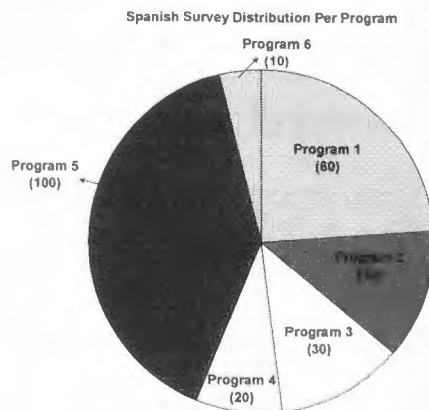


Figure 2: Spanish Survey Distribution per Participating Program



Procedure

Families were contacted via their early intervention providers and given the survey, a self-addressed stamped envelope to return the survey to the researcher at Utah State University, and a cover letter explaining the project to the families. The letter informed families that all responses to the questionnaire were both anonymous and voluntary, and that their insights into what practices they felt were significant in the field of early intervention were important to understanding how to provide more effective support. The questionnaire consisted of a total of 14 different items that represented recommended best practices from the literature, in the

categories of family centeredness, professional and family collaboration, professional competencies, and developmental and chronological appropriateness.

Instrument

The survey used in this project was developed by the researcher based on the literature, as well as the *NCSEAM – Utah Version, Family Survey – Early Intervention*, and *Observation for Key Indicators of Family-Guided Intervention* (Olsen and Fiechtl, 1999). The NCSEAM is a questionnaire that was distributed to families across the state of Utah in the summer of 2006 by the Utah Department of Health's Baby Watch Early Intervention Program, which oversees all early intervention programs in the state of Utah. The *Observation for Key Indicators of Family-Guided Intervention* is an evaluation form used by a northern early intervention program to evaluate staff members on their use of family centered practices during interventions.

The survey entitled *Early Intervention Survey*, was developed by the researcher based on recommended best practices in regards to family centeredness and professional competencies found in the literature. Three parents whose children were currently receiving, or had been receiving early intervention services were asked to review the survey for content, and ease of use, both reading level and format of the survey. Based on the responses of these individuals the questionnaire underwent minor changes in wording to make the survey more parent and family friendly. The final survey includes two demographic questions about the child, fourteen items in which parents use a rating system to identify the importance of qualities or behaviors to their family, a rating system for the family to estimate frequency of use of the qualities and behaviors by their early intervention practitioners, and two open-ended questions to describe the skills and qualities they feel early interventionists should exhibit and also some skills and qualities parents

feel early interventionists should avoid when working with families. The questions in the rating section of the survey were included two sections, in the first section families answered questions beginning with the statement, "it is important to me that . . ." and in the second section families responded to questions starting with the statement, "I feel . . ." There were seven questions in each of the two sections.

Demographics-The demographic questions on the questionnaire were to establish the child's age, and the length of time the family had been receiving early intervention services. These questions were asked in order to examine patterns in what families feel is important regarding their early intervention providers and to group the responses to determine if there are similarities based on the age of the child and/or the length of time the family had been receiving early intervention services.

Rating System-Families were asked to rate fourteen items derived from the literature on best practices in the field of early intervention. The participating families first rated the 14 items on a four-point Likert scale (0= does not use, 1= has used once, 2= uses sometimes, 3= uses often) estimating how often their early interventionist used the skill. Families also scored the items using a four-point scale rating the degree to which the parent agrees or disagrees that the use of the practice by an early interventionist has an important impact on the family's functioning. The scale ratings were: strongly disagree, disagree, moderately agree, and strongly agree.

The questionnaire is designed so families estimate how often their early interventionists use the listed skills or qualities, and then rate the same skills or qualities on how important it is for the early interventionist to use the skill. By setting up the questionnaire in this fashion the researcher will be able to determine what skills are most important to families of children in

differing age groups: these data will be compared to the estimated frequency of use by early interventionists. This will show if skills or qualities that families find most critical are being utilized frequently or infrequently by early interventionists for all families who reply. The data will also be grouped by age and length of time the family has been enrolled in early intervention to see if there are trends in what skills families feel are important in an early interventionist.

Open-Ended Questions-At the end of the survey, families were asked to fill out two open-ended questions. The first asked the parents to list what they felt were five skills and qualities a good early interventionist should possess and exhibit with the families they serve. The other asked for five things the families felt an early interventionist should avoid doing when working with families. The open-ended questions gave families a chance to express in their own words what they felt were the skills or qualities that were most important for their early interventionist to utilize. The responses will be grouped to show what skills or qualities families listed most often to possess or avoid, across different age groups of children and differing lengths of time families have been served by early intervention. Additionally, by asking families to express in their own words what skills or qualities they feel are important to be an early interventionist, new skills or qualities in a certain category (either age or length of time in early intervention) may be brought to light.

RESULTS

Demographics of Respondents

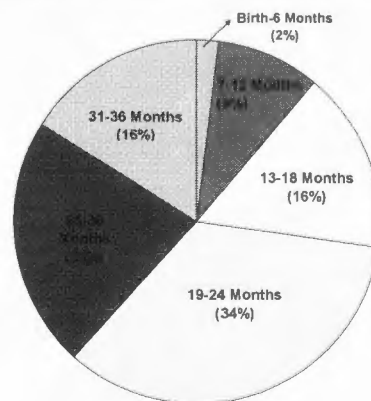
Of the 950 surveys sent to the programs, a total of 175 surveys were returned as of the cutoff date, for a return rate of 18.4 %. Of the 700 potential family respondents with English surveys, a total of 168 surveys (24%) were returned. Of the 250 potential family respondents

with Spanish surveys, a total of 7 surveys (2.8%) were returned. There were 6 surveys returned that were not included in the data analysis because the families did not fill out the demographic information (age of children, and length of time enrolled in early intervention) on the survey. This resulted in a total of 169 useable surveys, a return rate of 17.8% for total useable surveys.

The mean age of children in responding families was 23.5 months, with a range of 3-36 months. The mean length of time families had been enrolled in an early intervention program was 11.9 months, with a range of 1-36 months. For purposes of data analysis the demographic information was grouped into six month time spans. This was done for both the age of their children, and the length of time the families had been enrolled in an early intervention program. For total percentages of respondent families by the age of their children in the six month incremented age groups, see figure 3.

Figure 3: Percentages of Respondent Families by Age of Children

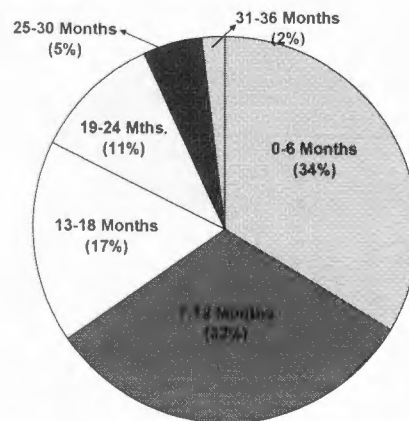
Percentages of Respondent Families by Age of Children



For total percentages of respondent families by the length of time their children have been enrolled in an early intervention program, see figure 4.

Figure 4: Percentages of Respondent Families by Length of Time Enrolled in an Early Intervention Program

Percentages of Respondent Families by Length of Time Enrolled in Early Intervention



Families Rate Questions Across All Age Groups

Data were analyzed to show the degree of importance families placed on each survey item across all age groups of children. This was determined by the percentages of families who responded “strongly agree” to all items in part one of the survey (the items beginning with “it is important to me that . . .”), and to each item except three in the second part of the survey (the items opening with the statement “I feel . . .”), are shown in figure 6. In part two item three percentages of families were determined using the number of families who rated the item “strongly disagree,” or “disagree” because the question was phrased as a negative practice early interventionists should not use when working with families, both the rankings of “strongly disagree,” and “disagree” were used.

Figure 5 shows how all respondent families, in each age group of six months rated the questions in part one of the survey. Figure 6 shows this information for the same demographic, but for the items in the second part of the survey.

Figure 5: Families Rate All Survey Questions across All Age Groups of Children (Part I of Survey)

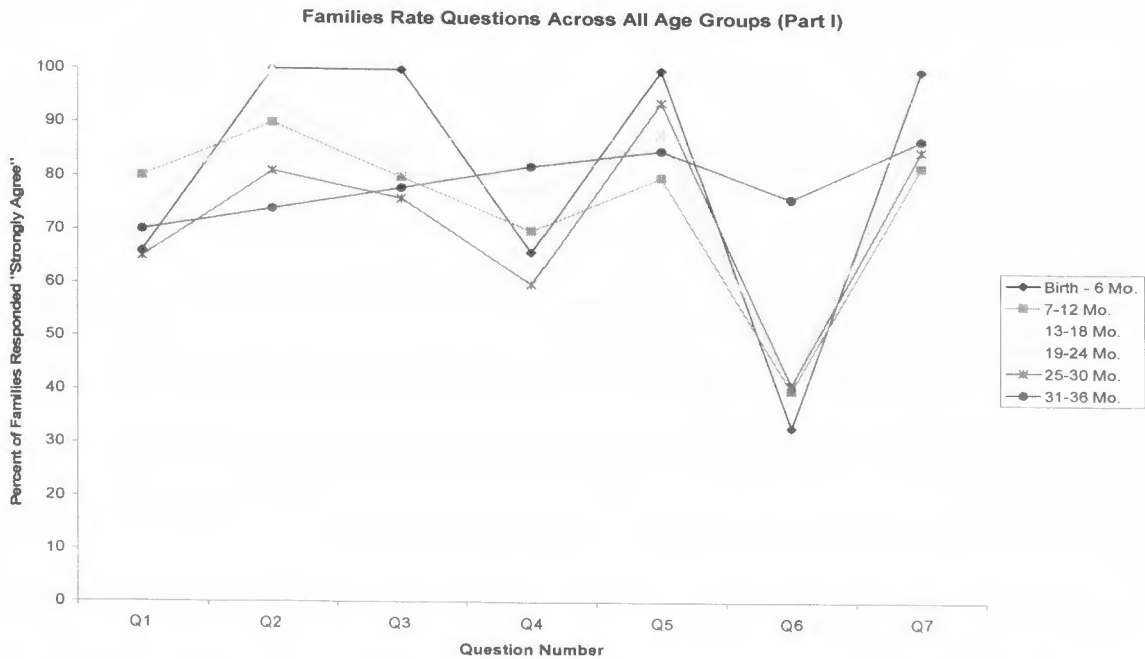
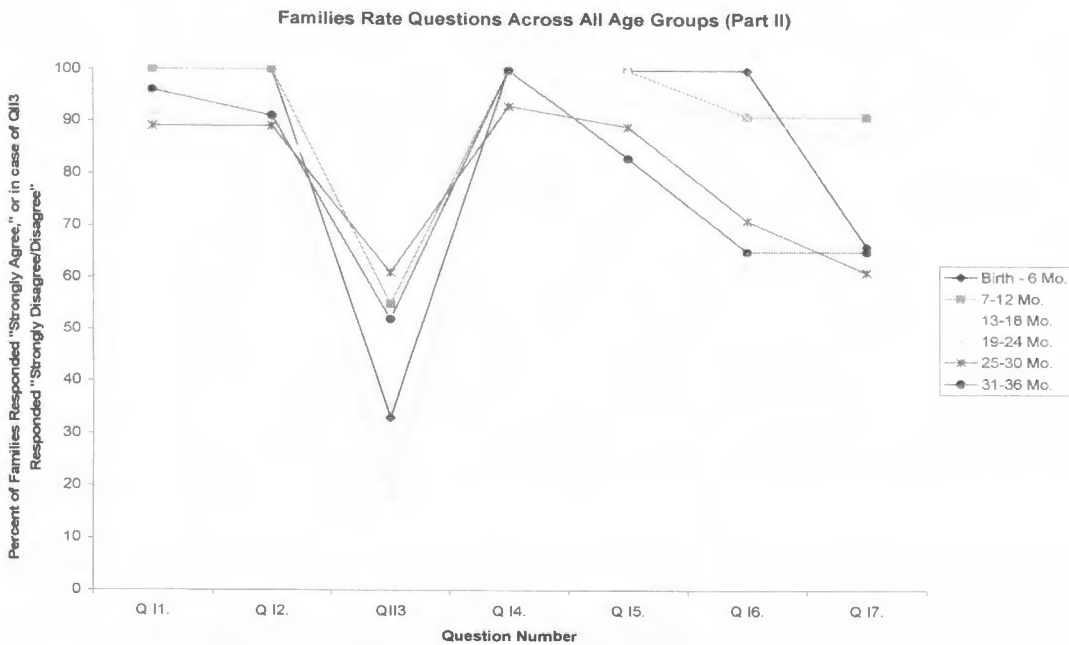


Figure 6: Families Rate All Survey Questions across All Age Groups of Children (Part II of Survey)



On figure 5 the age groups of birth to six months, and 25-30 months rated part one, item one (*my early interventionist includes skills to help my child be a part of the community*) the lowest. This same age group also rated item four (*my service coordinator explains to me about*

IFSP meetings and the people who will be attending) the lowest. Overall item four was generally ranked lower for all groups in percentages of families who responded “strongly agree” to the item.

The items that were ranked as most significant by the most families on part one of the survey (fig. 5) were items two (*my early interventionists visits focus on goals that are on my child's IFSP*), five (*my early interventionist instructs me on how I can help my child learn daily*), and seven (*my child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist*). The item that was ranked the lowest overall by families was item six (*my service coordinator explains the procedural safeguards provided by law to our family*), meaning the lowest percentages of families rated this question “strongly agree” in all age groups.

As shown by figure 6 (part two of the survey), percentages of families responding “strongly agree” to items followed patterns increasing and decreasing with each other. Part two, item three (*that a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals*) was by far ranked lowest by respondent families; there were low percentages of families who marked “strongly disagree” or “disagree” on this item.

On part two, items five (*that it is important to individualize my child's goals for them*), and six (*that a good early interventionist should help me with things my child and I are working on at home*), were ranked lowest by families with children in the 31-36 months range, which group represents the oldest children served in early intervention programs. Also, item seven (*that a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program*), was ranked lowest of all age groups by families with

children in the 25-30 months age group, this is slightly below where families with children in the 31-36, and birth to 6 months age groups ranked the question.

Families Rate All Questions across Length of Time Enrolled in an Early Intervention Program

Besides importance of questions across age of children, data were also analyzed to show how families ranked the importance of items on the survey by the length of time their children had been enrolled in an early intervention program. Again, increments of six months, starting from zero to six months were used to group the length of time families had been enrolled in an early intervention program. The data were again divided into two parts for analysis, and question three on part two was again analyzed by responses of “strongly disagree” or “disagree” as explained in the “Families rate questions across all age groups” section. Figure 7 shows part one of the survey, and figure 8 shows part two of the survey.

Figure 7: Families Rate all Survey Questions across all Length of Time Enrolled in an Early Intervention Program Groups (Part I of Survey)

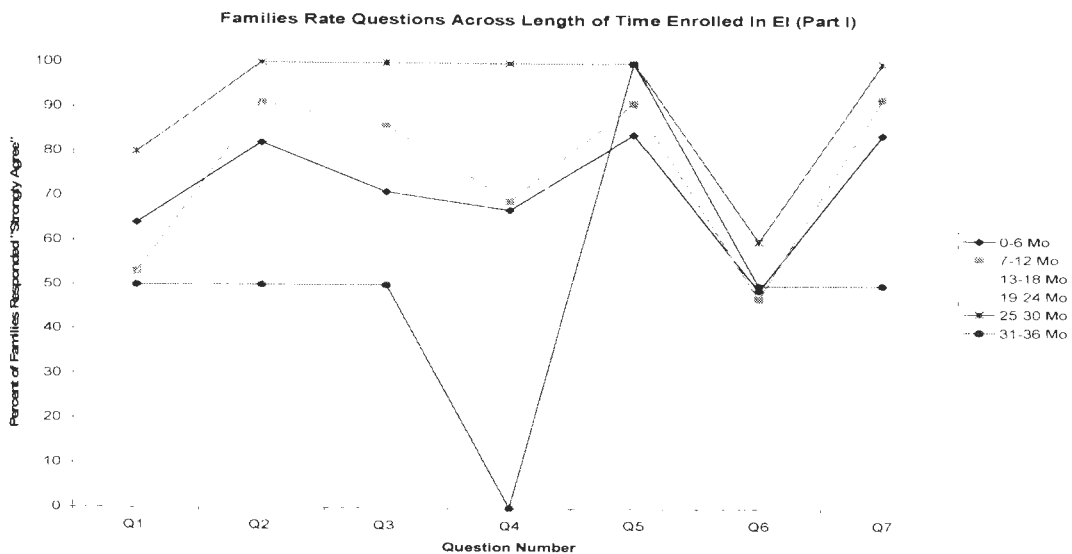
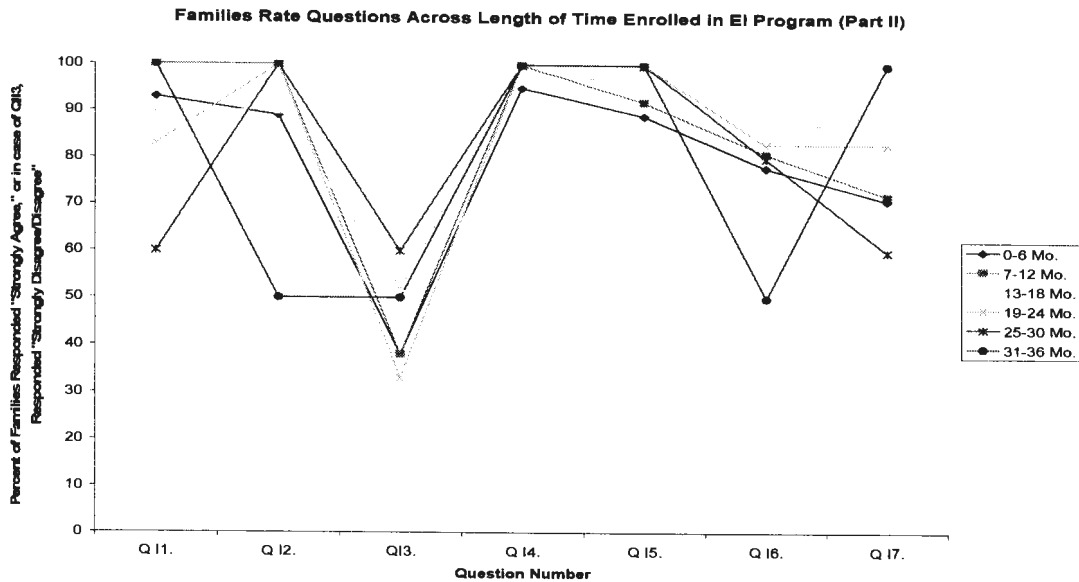


Figure 8: Families Rate all Survey Questions across all Length of Time Enrolled in an Early Intervention Program Groups (Part II of Survey)



On figure 7 percentages of respondent families marking “strongly agree” all dropped on question six (*my service coordinator explains the procedural safeguards provided by law to our family*), with the length enrolled groups of 7-12 months having the smallest percentage of families rating the item “strongly agree.” This was followed next by the 0-6 months and the 31-36 months groups.

Two age groups had the lowest overall ratings of “strongly agree” on part one of the survey; 31-36 months had the lowest ratings with an average of around 50%, followed by the 0-6 months group which had an average of 78%. On item four (*my service coordinator explains to me about IFSP meetings and the people who will be attending*), the age groups of 7-12 months (~15%), 19-24 months (~40%), 31-36 months (~50%), all made a drop.

On part two of the survey (fig. 8) all length enrolled groups rated item three (*that a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child’s goals*) lowest, with the group who had been served between 19 and 24 months rating the item the lowest (~32%), and followed next by the 7-12 months group (~35%), which

was the second largest responding length of time enrolled group (32%). All length enrolled groups rated item four (*comfortable with my early interventionist coming into my home to work with my child*) high, with an overall percentage of 100%, with the exception of families in the 0-6 months group, however the rating was still above 90% though.

On part one, item six (*that a good early interventionist should help me with things my child and I are working on at home*), the ranked percentages for all age groups are in the narrow range of between 75-85%, except for 31-36 months which had an overall rating of around 50%.

Most and Least Important Items to Families on Survey

The researcher compared the two sets of data together (overall by age, and overall by length of time) to determine what item families found most important, and those families found least important. Some of these items were similar and the graphs have similar patterns across the age of the children and the length of time the children had been enrolled in an early intervention program, see Table 1.

Table 1: Most & Least Important Questions as Rated by Families in Age and Length Enrolled Groups

Most Important Question; By Age of Children
(Highest % of Families Rated "Strongly Agree")

	<i>Birth-6 Mo.</i>	<i>7-12 Mo.</i>	<i>13-18 Mo.</i>	<i>19-24 Mo.</i>	<i>25-30 Mo.</i>	<i>31-36 Mo.</i>
Item #	2,3,5,7,II1, II2, II4, II5, II6	II1, II2, II4, II5	2, II4, II5	II4	II4	II4
Percent of Families	100	100	100	100	93	100

Most Important Question; By Length of Time Enrolled in Early Intervention
(Highest % of Families Rated "Strongly Agree")

	<i>0-6 Mo.</i>	<i>7-12 Mo.</i>	<i>13-18 Mo.</i>	<i>19-24 Mo.</i>	<i>25-30 Mo.</i>	<i>31-36 Mo.</i>
Item #	II4	II1, II2, II4	II4	2,3,5,7, II2, II4, II5	2,3,4,5,7, II2, II4, II5	5, II1, II4, II5, II7
Percent of Families	95	100	100	100	100	100

Least Important Question; By Age of Children

(Lowest % of Families Rated "Strongly Agree," or in the case of ? II3, rated "Strongly Disagree/Disagree")

	Birth-6 Mo.	7-12 Mo.	13-18 Mo.	19-24 Mo.	25-30 Mo.	31-36 Mo.
Item #	6, II3	6	II3	II3	6	II3
Percent of Families	33	40	53	18	41	52

Least Important Question; By Length of Time Enrolled in Early Intervention

(Lowest % of Families Rated "Strongly Agree," or in the case of ? II3, rated "Strongly Disagree/Disagree")

	0-6 Mo.	7-12 Mo.	13-18 Mo.	19-24 Mo.	25-30 Mo.	31-36 Mo.
Item #	II3	II3	II3	II3	6, II1, II3, II7	4
Percent of Families	38	38	52	33	60	0

The first category in table 1 was the most important item or items, ranked by the age of the children. The most important items were identified by being those items on the survey that had the highest percentage of families' rate they "strongly agree[d]" with the practice. Item four in part two of the survey (*comfortable with my early interventionist coming into my home to work with my child*) was rated as being the, or one of the most important items in every age group with percentages ranging from 93-100%. The second most frequently rated item by families was item five in part two of the survey (*that it is important to individualize my child's goals for them*), being ranked as the most, or one of the most important items by families with children in the age groups of birth-6 months, 7-12 months, and 13-18 months all with 100% of families responding the "strongly agree[d]" with the practice.

When data were analyzed to show the most important item in both sections as determined by the length of time the families had been enrolled in an early intervention program, again item four from part two of the survey was rated as being the most, or one of the most important items with percentages ranging from 95-100%. The items ranked with the second highest frequency were items two and five from part two of the survey (*that a good interventionist will include me in planning for my child's IFSP, & that it is important to individualize my child's goals for*

them). Item two of part two was ranked important by families who had been served in the length enrolled groups of 7-12 months, 19-24 months, and 25-30 months with 100% of families in the length enrolled groups rating it so. Item five of part two was ranked important by families who had been served in the length enrolled groups of 19-24 months, 25-30 months, and 31-36 months with 100% of families in the length groups rating it so.

The least important item was determined by the lowest percentage of families rating they “strongly agree[d]” with the item. For families rating all items by the age group of their children, item six (*my service coordinator explains the procedural safeguards, provided by law, to our family*) on part one, and item three (*that a good early interventionist knows best what my child needs to learn, so I let them suggest and write all of my child’s goals*) on part two were the only two items that were found to have the lowest percentage of families rating they “strongly agreed[d]” with the practice with percentages ranging from 18-53%. For families in the length enrolled groups the least important item was again predominately item three on part two, being rated so by all length enrolled groups except families enrolled in the 31-36 months group with percentages ranging from 33-60%. 0% of families who had been enrolled in early intervention for 31-36 months respond “strongly agree” to part one, item four (*my service coordinator explains to me about IFSP meetings and the people who will be attending*).

Early Interventionists Use of Skills Compared to Percent of Families that “Strongly Agree” with Skill

Another question of the study was used to determine the skills families felt were most important, and then examine how often these skills were used by early interventionists with these families. Families’ ratings of importance of an item (i.e., percentage of families who responded they “strongly agree[d]”), with a practice, was compared to how often families estimated their

early interventionist used the practice. Figures 9 through 22 show the comparison of the estimated frequency of use (determined by percentage of “uses often), and the importance of the item (determined by percentage of “strongly agree” ratings), both by age of children and length enrolled in an early intervention program.

Figure 9: Usage versus Family Rated Importance: Birth-6 months of Age Group



The researcher noted differences between use and importance that were greater than 25% (which typically represents around -1.5 standard deviations), either between the estimated use of practice, or the importance given to the items by families, because the researcher felt this was a wide enough gap between importance and estimated use that the practice should be examined. For the age group of birth to 6 months (figure 9) the only notable discrepancies were on part one, items one (*my early interventionist includes skills to help my child be a part of the community*), three (*my early interventionist helps my child learn life skills*), and six (*my service coordinator*

explains the procedural safeguards provided by law to our family). Item one had an estimated use of 0%, with 66% of families responding they “strongly agree[d]” with the practice. Item three had an estimated use of 66%, with 100% of families responded they “strongly agree[d]” with the practice. Item six had an estimated use of 66% with 33% of families responding they “strongly agree[d]” with the practice.

Figure 10: Usage versus Family Rated Importance: 7-12 months of Age Group

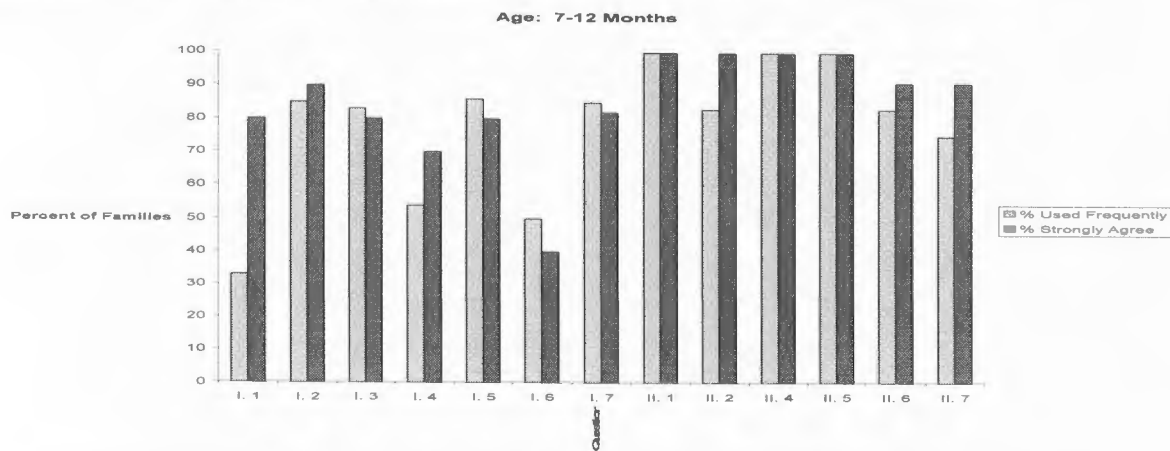
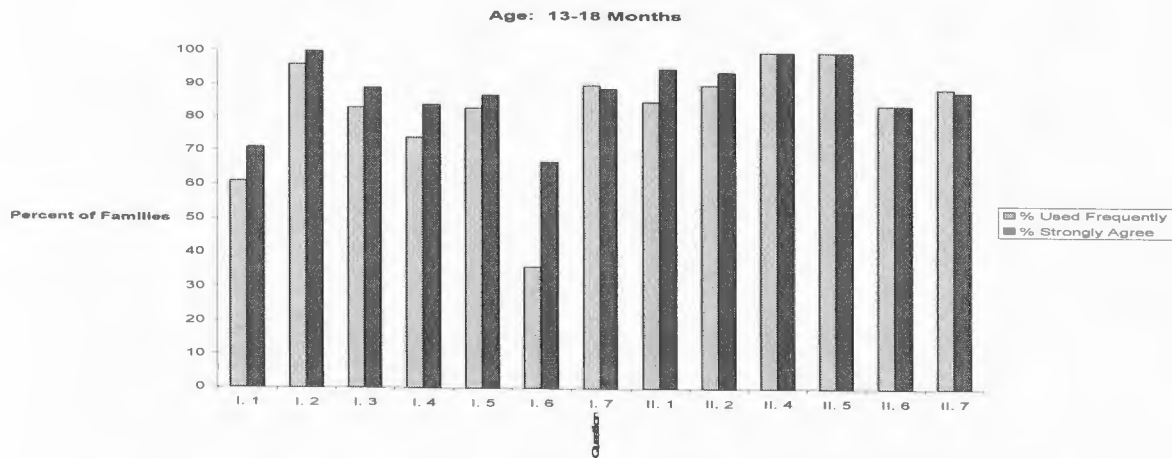


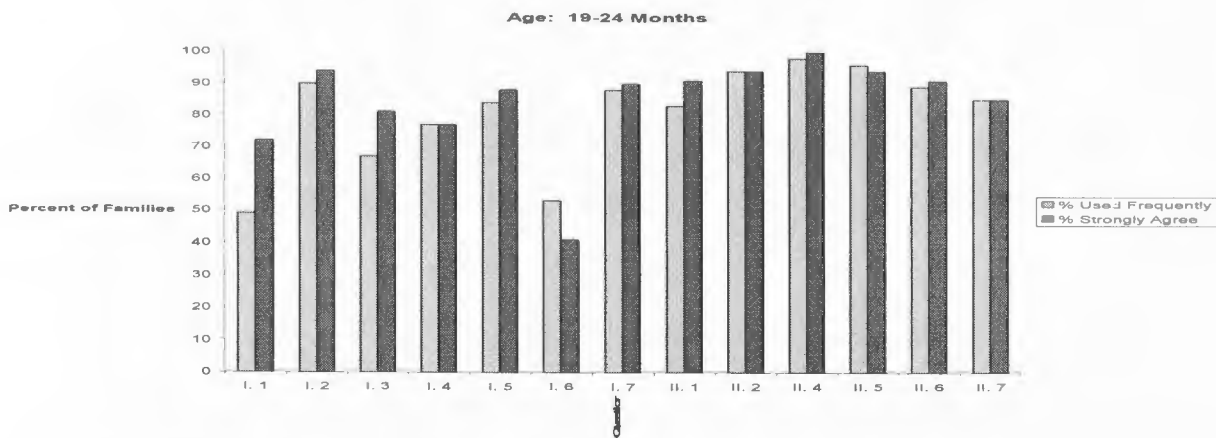
Figure 10 shows the comparison data for families with children who were 7-12 months of age. The item that was found to have a notable discrepancy was, part one item one (*my early interventionist helps my child be a part of the community*) which had an estimated use of 33%, with 80% of families responding it was important.

Figure 11: Usage versus Family Rated Importance: 13-18 months of Age Group



For the age group of children 13-18 months figure 11 shows the results of the comparison data. Part one, item six (*my service coordinator explains the procedural safeguards, provided by law, to our family*) was the only item which had a notable discrepancy; with an estimated use of 36% and 67% of families rating the item important.

Figure 12: Usage versus Family Rated Importance: 19-24 months of Age Group



For children in the age group of 19-24 months (fig. 12), only part one, item one (*my early interventionist includes skills to help my child be a part of the community*) had a notable discrepancy with an estimated use of 49%, and 72% of families rating the item important.

Figure 13: Usage versus Family Rated Importance: 25-30 months of Age Group

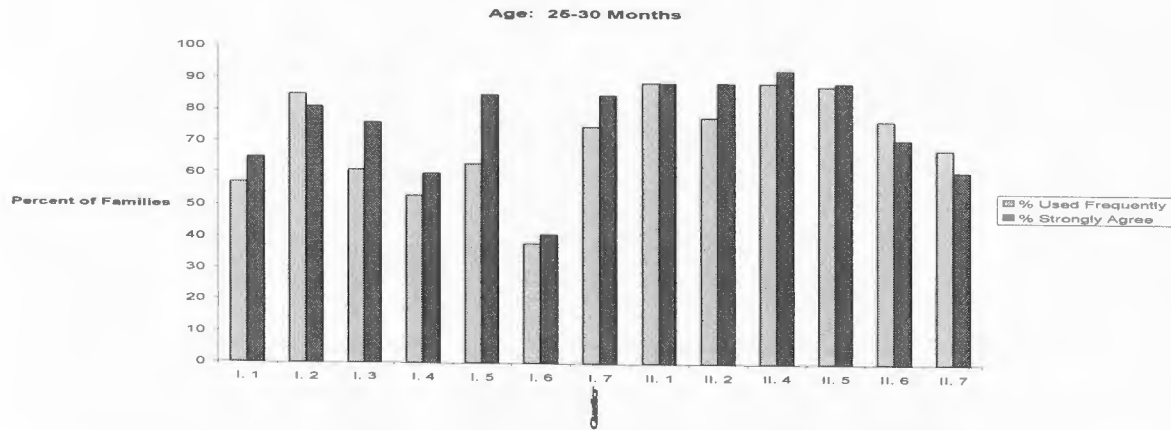
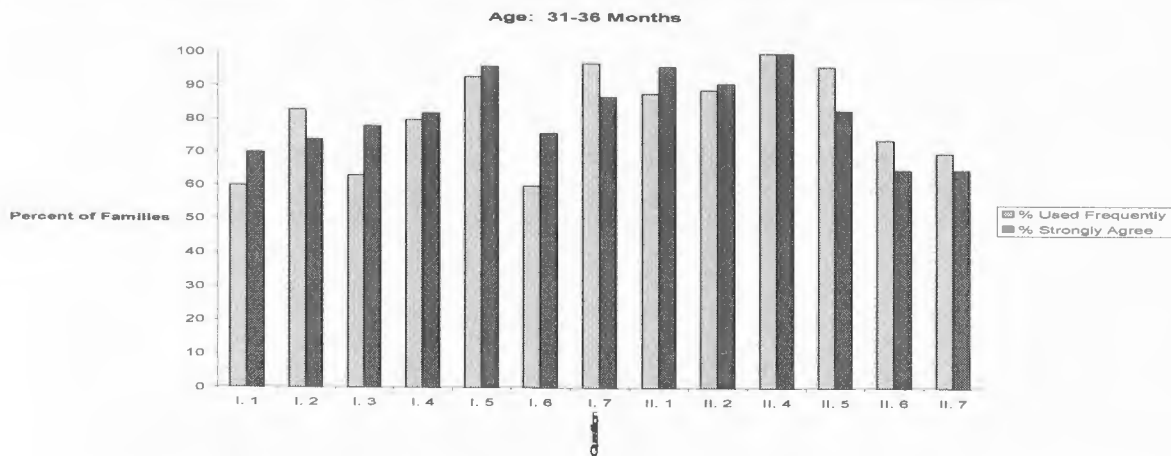


Figure 13 shows results of the data comparison for children in the age group of 25-30 months. Part one, item five (*my early interventionist instructs me on how I can help my child learn daily*) had an estimated use of 63%, with 85% of families with children in this age group responding the skill was important.

Figure 14: Usage versus Family Rated Importance: 31-36 months of Age Group



For children in the 31-36 months age group, as shown by figure 14, no questions were found to have notable discrepancies between estimated use, and families responding the questions were important to them, the largest gap between family estimated use and family rated importance was part one, item six (*my service coordinator explains the procedural safeguards provided by law to our family*) with a discrepancy of 16%.

Figure 15: Usage versus Family Rated Importance for Item II3: All Age Groups

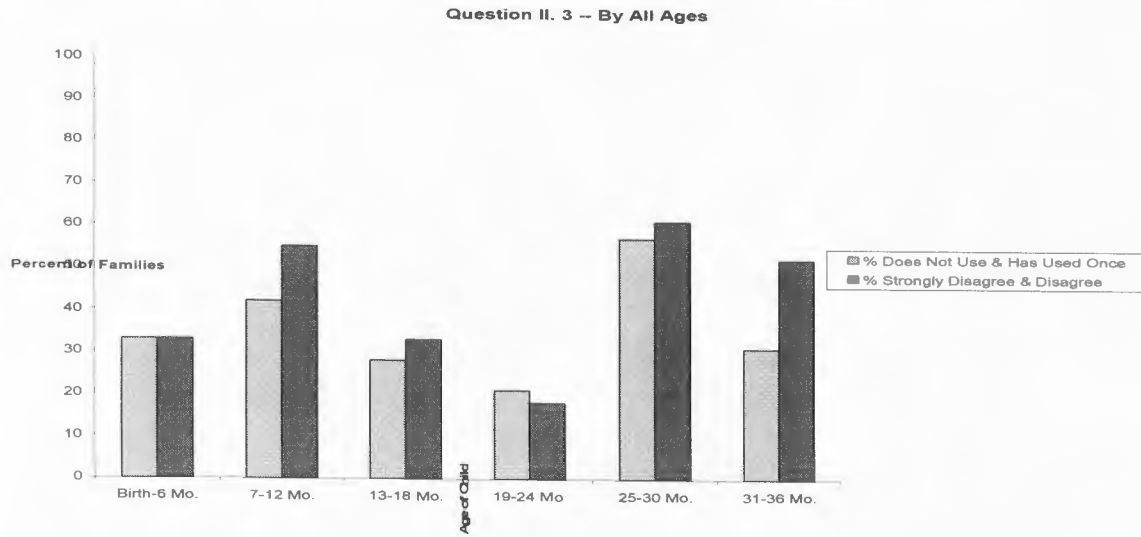


Figure 15 shows the results for part two, item three of the survey. To determine the percentages for this graph the researcher used the response of “strongly disagree” or “disagree” as explained earlier. The researcher compared this response to the percent of families that estimated their early interventionist “does not use” or “has used [the item] once.” There were no notable discrepancies between the two ratings, the largest being 21% in the 31-36 months age group.

Figure 16: Usage versus Family Rated Importance: 0-6 months enrolled in an Early Intervention Program

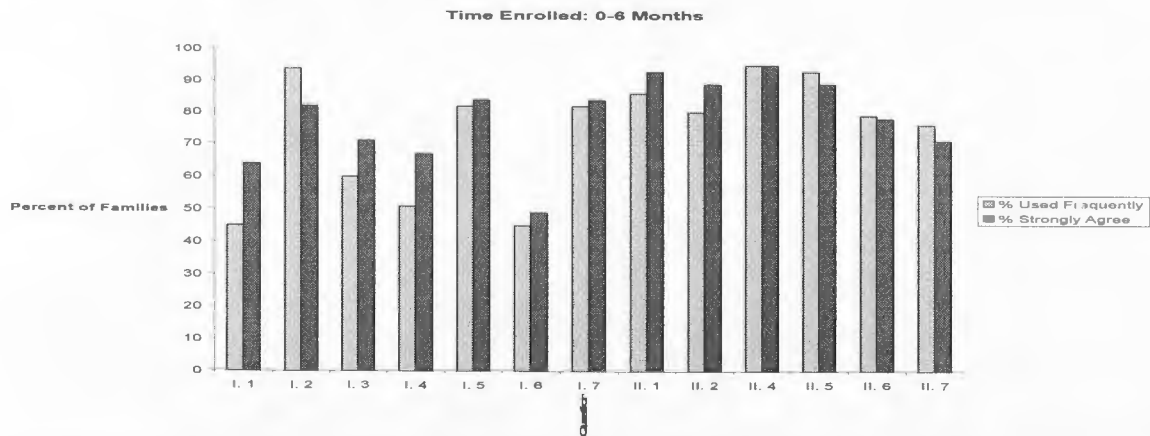
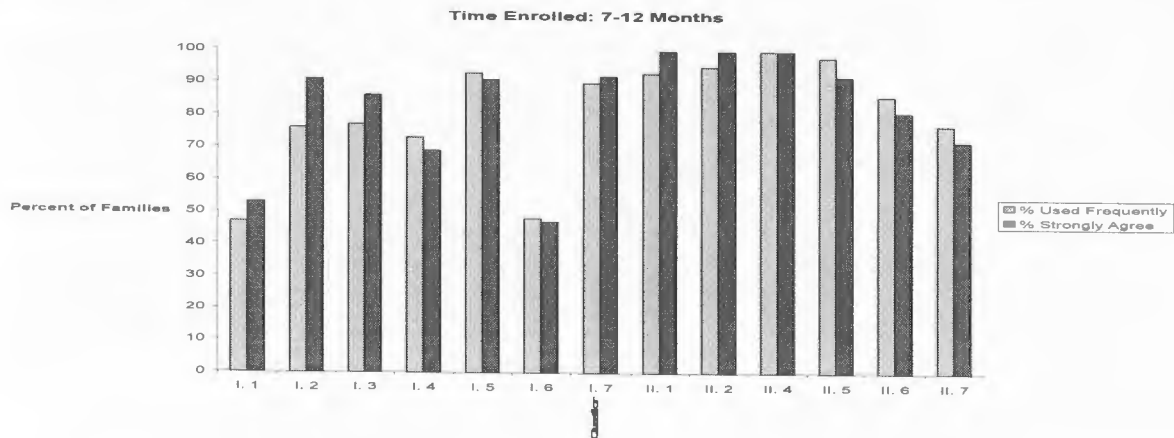


Figure 16 shows the relationship between the estimated frequency of use by early interventionists and the importance families placed on the different items on the survey for

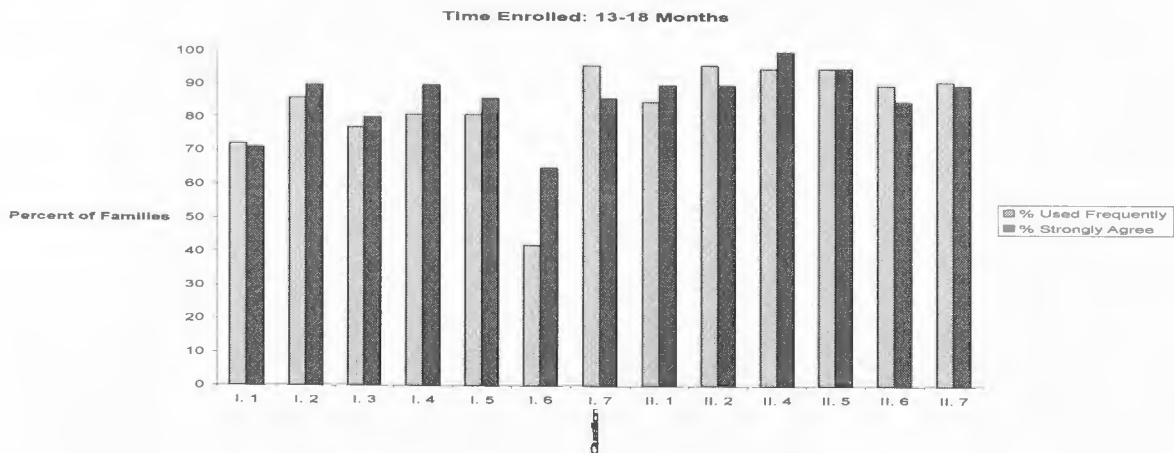
length enrolled in an early intervention program for the time period of 0-6 months. For this length of time enrolled group there were no discrepancies between the two ratings that were 25% or greater, the largest discrepancy was 19% on part one, item one.

Figure 17: Usage versus Family Rated Importance: 7-12 months enrolled in an Early Intervention Program



For families in the length of time enrolled group of 7-12 months (figure 17) there are no notable discrepancies between the two ratings. The largest discrepancy is 15% and was on part one, question two.

Figure 18: Usage versus Family Rated Importance: 13-18 months enrolled in an Early Intervention Program



For the length enrolled group of 13-18 months (fig. 18) there were no items with notable discrepancies, the largest was part one, item six (*my service coordinator explains to me about IFSP meetings and the people who will be attending*), which had a difference of 23%.

Figure 19: Usage versus Family Rated Importance: 19-24 months enrolled in an Early Intervention Program

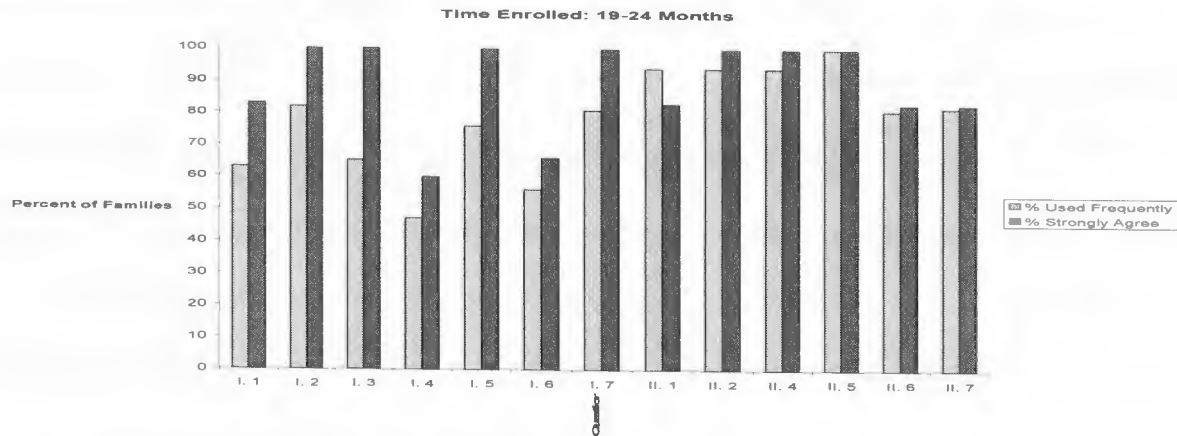


Figure 19 shows the comparison results for the length of time enrolled group of 19-24 months. There were three items in part one of the survey that had notable differences. These items were: item three (*my early interventionist helps my child learn life skills*) with an estimated use of 65%, and an importance rating to families of 100%, a difference of 35%. And item five (*my early interventionist instructs me on how I can help my child learn daily*) with an estimated use of 76%, and a family importance rating of 100%, a difference of 24%.

Figure 20: Usage versus Family Rated Importance: 25-30 months enrolled in an Early Intervention Program

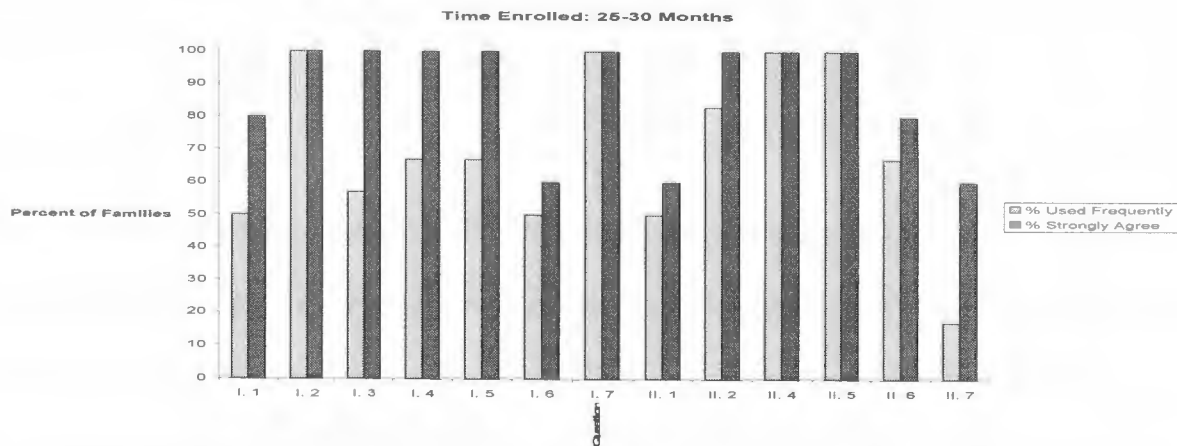


Figure 20 shows the comparison data for the length enrolled group of 25-30 months. There were four items on part one of the survey, and one item on part two of the survey that had notable discrepancies. Part one, item one (*my early interventionist includes skills to help my*

child be a part of the community) had an estimated use of 50% with 80% of families rating it important, a difference of 30%. Part one, item three (*my early interventionist helps my child learn life skills*) had an estimated use of 57% with 100% of families responding it was important, a difference of 43%. Part one, item four (*my service coordinator explains to me about IFSP meetings and the people who will be attending*) and five (*my early interventionist instructs my on how I can help my child learn daily*) both had an estimated use of 67%, with 100% of families rating the question important, a difference of 33%. Part two, item seven (*that a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program*) had an estimated use of 17% with 60% of families rating it important, a difference of 43%.

Figure 21: Usage versus Family Rated Importance: 31-36 months enrolled in an Early Intervention Program

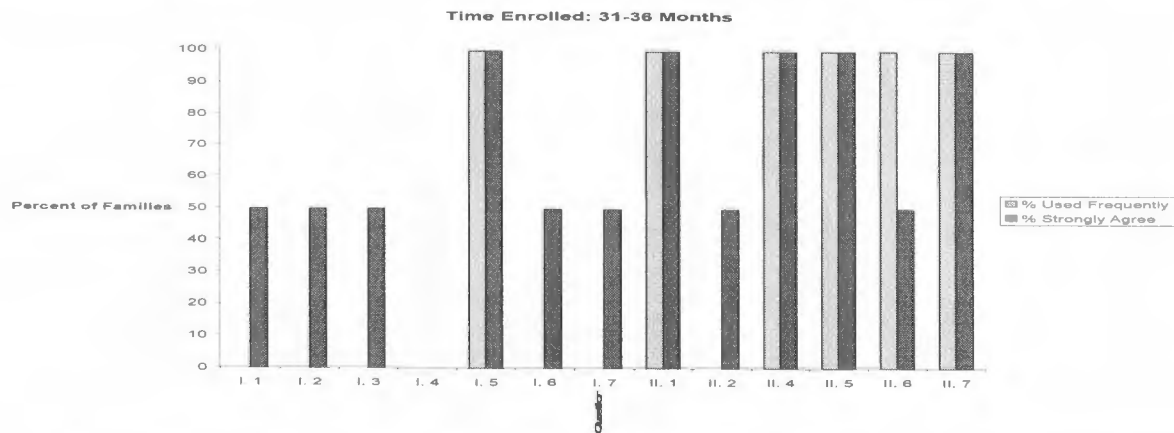


Figure 21 shows the results for families in the length enrolled group of 31-36 months, a group which made up only 2% of total responding families in the length of enrolled time groups. Part one items one (*my early interventionist includes skills to help my child be a part of the community*), two (*my early interventionists visits focus on goals that are on my child's IFSP*), three (*my early interventionist helps my child learn life skills*), six (*my service coordinator explains the procedural safeguards provided by law to our family*), seven (*my child's goals are*

designed around my child's needs and developmental skills that are suggested by my early interventionist). This same discrepancy applied to part two, item two (*that a good early interventionist will include me in planning for my child's IFSP meeting*) all had an estimated use of 0% with 50% of families rating them important; a difference of 50%. Part two, item six (*that a good early interventionist should help me with things my child and I are working on at home*) had an estimated use of 100%, and an importance rating of 50%, a difference of 50%.

Figure 22: Usage versus Family Rated Importance for Item II3: All lengths enrolled in an Early Intervention Program

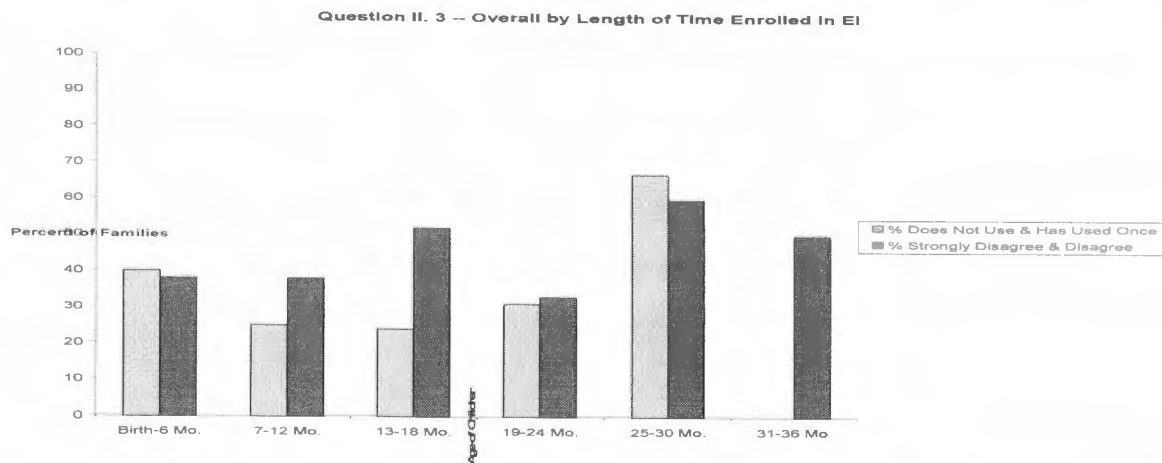


Figure 22 shows the comparison data results for part two, item three (*that a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals*). For this question the researcher again used the ratings of “does not use” or “has used once” and “strongly disagree” or “disagree,” compared to the estimated use to determine data. Only one length enrolled group which had a notable discrepancy was the 31-36 months

group. The 31-36 months group had an estimated use of 0% with 50% of families responding they disagreed with the question, a difference of 50%.

Overall, for discrepancies of 25% or greater between estimated use and importance to families, the estimated use was generally lower than the importance families placed on the question; this was true across all ages and lengths enrolled.

Discussion

The results of this study will be summarized across the three major research questions which were the object of this study. The first question covers what qualities and behaviors families desired from their early intervention practitioners in reference to the age of the child and the length of time their families have been enrolled in an early intervention program. Second, to examine patterns in families' feelings of what skills or qualities are most important, and if patterns may be based on the age of the child and/or the length of time the family had been receiving early intervention services. Lastly, the skills or qualities which families rated as most important and the estimated degree of use these skills and qualities have as rated by families, will be discussed.

What Skills/Behaviors Families want in an E.I. Practitioner—By Age & Time Enrolled

When looking at the data on what skills or behaviors families in this study ranked as most important for their early intervention practitioners to use, there were many areas to address. One of the first things that it is important to note is the percentage of responses in each age group. For example, the birth to six months of age group only made up 2% (the equivalent of three families) of study participants, it would be counterproductive to make judgments for what

families in this age group want based on such a small sample size. More research is needed to address a larger sample size to make more definitive conclusions of what families in this age group desire from their early interventionist.

On part one, item six (*my service coordinator explains the procedural safeguards provided by law to our family*) was ranked important by all age groups, except 13-18 and 31-36 months were clustered in the narrow range of approximately 3-42%. The 13-18 months of age group ranked the item at 67%, and the 31-36 months of age group ranked the item at 76%. With the exception of the 13-18 and 31-36 months of age groups, this item was the lowest of all items on part one of the survey for all other respective age groups. One explanation may be that families with younger children who have just begun receiving services from an early intervention program may feel overwhelmed and have an attitude of just wanting the system to do its job and help their families. As opposed to parents of an older child who may feel more comfortable with their roles as parents and with their child, and are ready to do all they can to ensure their child receives the help and services he needs. More research would be needed on this point to clarify and expound.

Part one-item seven (*my child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist*) families all ranked important in the narrow range of 82-90%, with the exception of the birth to six months of age group. With such a narrow range one may draw the conclusion that families with children in all age groups want their child's goals designed around their child's individual needs as well as developmental skills the children need to master. This item is also accepted as a best practice in the field of early intervention.

On part two of the survey, item three (*that a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals*) was ranked the lowest of all items in this part, with a range of 18-61% of families rating the item "strongly disagree." This ranking was lower than the researcher expected to find. The converse of this item, being collaboration between families and early interventionists collaboratively writing goals for their children, is accepted as being a best practice in the field of early intervention today. Perhaps a small majority of families feel overwhelmed with the care of their children and are therefore looking to early interventionists to know what is best for their child and want their early interventionists to take this role. The opposite of this is that perhaps this is what families experience in early intervention and therefore have grown accustomed to the practice and simply accept that it is the way that it is done in early intervention. As with the above points, a larger sample size and more research is needed in order to guide the practice in the field.

Again in part two, items six (*that a good early interventionist should help with things my child and I are working on at home*), and seven (*that a good early interventionist should give my the necessary information and then let me make decisions regarding my child's program*) seem to be stratified by age. Families in the age groups of birth to 24 months rank the items in the narrow ranges of 84-100% and 82-91% (with the exception of the birth to six months group on item seven, due to small sample size); while families in the 25-36 months of age groups rank these items in the range of 65-71%, and 61-65%. This brings forward the question of do parents with older children feel more comfortable working on skills with their child on their own and want their early interventionists to address separate skills? Also, these families ranked it was less important that their early interventionists let them make the decisions regarding their children's program, which brings up questions such as do families at this point trust that their

early intervention program will do the very best they can for their children thus feeling like they do not need to be as heavily involved? These points are interesting to consider and merit more research, perhaps asking families why they ranked the items as they did to gain insight into why families feel items are important or unimportant.

It was interesting to see how many items all families in different age groups have ranked the important on all survey items in very close ranges. On part one, items five (*my early interventionist instructs me on how I can help my child learn daily*), six (*my service coordinator explains the procedural safeguards provided by law to our family*), and seven (*my child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist*), all had the narrow ranges of 84-100%, 47-65%, and 84-100%. This suggests that these items are important, with little variability among the families. On part two of the survey, items four (*comfortable with my early interventionist coming into my home to work with my child*), five (*that it is important to individualize my child's goals for them*), and six (*that a good early interventionist should help me with things my child and I are working on at home*), with the ranges of 89-100%, 78-100%, and 78-85%, again with the exception of the 31-36 months enrolled group on item six. It is interesting to see that families enrolled in early intervention for all lengths of time seem to agree strongly that these practices are important.

Table 2 compares percentages of families who marked "strongly agree" on each item on the survey. The percentages for the age of the child and the length of time the child has been enrolled in an early intervention program are side by side for each item. Items that have a discrepancy between the percentages that is 25% or greater are highlighted. Also, at the bottom is listed the percent which each group of families represented in the study for their respective groups of age and length of time enrolled.

Table 2: Comparing Percentages of Family Rated Degree of Important for All Survey Questions by Age of Children and Length of Time Enrolled in an Early Intervention Program

Comparing Percentages of Degree of Importance for All Questions By Age & Time Enrolled

Item	Age		Enrolled		Age		Enrolled		Age		Enrolled	
	Birth-6 Mo.	0-6 Mo.	7-12 Mo.	7-12 Mo.	13-18 Mo.	13-18 Mo.	19-24 Mo.	19-24 Mo.	25-30 Mo.	25-30 Mo.	31-36 Mo.	31-36 Mo.
1	66	64	80	53	71	71	72	83	65	80	70	50
2	100	82	90	91	100	90	94	100	81	100	74	50
3	71	71	80	86	89	80	81	100	76	100	78	50
4	66	67	70	69	84	90	77	60	60	100	82	0
5	100	84	80	91	89	86	88	100	85	100	96	100
6	33	49	40	47	67	65	41	66	41	60	76	50
7	100	84	82	92	89	86	90	100	85	100	87	50
II1	100	93	100	100	96	90	91	83	89	60	96	100
II2	100	89	100	100	94	90	94	100	89	100	91	50
II3	33	38	55	38	53	52	18	33	61	60	52	50
II4	100	95	100	100	100	100	100	100	93	100	100	100
II5	100	89	100	92	100	95	94	100	89	100	83	100
II6	100	78	91	81	84	85	91	83	71	80	65	50
II7	66	71	91	72	88	90	85	83	61	60	65	100
% of Families in Study	2%	34%	9%	32%	16%	17%	34%	11%	22%	5%	16%	2%

When comparing the age and length groups of 13-18 months and 19-24 months it is interesting to note that there is only one discrepancy which is 25%. These four groups also make up a substantial number of study participants, approximately 40%. This would seem to suggest at least until the child is past two years of age, or the family has been enrolled in an early intervention program for longer than two years, that the desires are roughly the same in regards to skills or qualities they wanted in their early interventionists.

As the child gets older or the family is enrolled in early intervention longer, the skills that families find most significant seem to change, as there are nine total discrepancies in the last two age and length enrolled groups of 25-30 months, and 31-36 months. This is interesting because percentage differences between the two groups are smaller than the percentage differences between families with children who are the age of birth to 12 months, or who have been enrolled for 0-12 months. This shows that the family of a child who is 31-36 months of age, but who has been enrolled in the program for less time may have different desires from their early interventionist than a family who has a child who has been served by early intervention for 31-36 months. This is something programs and teacher trainers should consider explaining to early intervention staff in order to better serve the individual needs of each family.

For example, part one item four (*my service coordinator explains to me about IFSP meetings and the people who will be attending*) had an importance ranking of 70% by families of children ages 31-36 months, but a 50% importance ranking by families whose children had been enrolled in early intervention for 31-36 months. This difference may be that families who have been served in early intervention for almost three years feel they already know about IFSP meetings, and know what to expect from them. These families may feel that it is a waste of their time for their early interventionists to explain, what an IFSP is, and all who will attend; especially since the family probably has had contact with these practitioners for years. On the flip side is part two-item two (*that a good early interventionist will include me in planning for my child's IFSP meeting*) had an importance ranking of 91% by families who had children who were 31-36 months of age, and a ranking of 50% by families who children had been enrolled in early intervention for 31-36 months. The question would seem to be if families have been enrolled in early intervention for such a long time, one may think that they would want to be included since they have been through the process for so long and are familiar with what takes place at the meetings. But families' in this group estimated this skill being used 0% of the time (fig. 21). Although, part two item two was ranked as being used often with a range from 80-96% by all other length enrolled groups. It may seem that families who have children who have been enrolled in early intervention for 31-36 months would want to be included in planning for their children's IFSP meeting, especially since this meeting could be a transition meeting where the children and families will be transitioning out of Part C early intervention services. Though the converse of this argument may be that families who are looking at this transition are feeling nervous or overwhelmed at the thought of so many changes, families may feel like they want their early interventionist to take care of planning for the IFSP meeting for them. More research

would need to be conducted to identify why there are fewer families rating this item as important as this length of time enrolled.

Examining Patterns in Families' Feelings Regarding which Skills/Qualities are Important – by Age and Length Enrolled

Table 1 illustrates what questions families ranked most important both by the ages of their children and the length of time their children had been enrolled in an early intervention program. Part two, item four (*comfortable with my early interventionist coming into my home to work with my child*) was rated from 93-100% important to families in all age groups. Part two, item four (*comfortable with my early interventionist coming into my home to work with my child*) was also the most important item in all length of time enrolled groups rated from 95-100% by families. It is good to know those families with children of all ages, and who have been enrolled in early intervention for varying lengths of time all feel comfortable having early interventionists come into their homes and work with their children, since natural environment for intervention is a best practice.

The least important item to families with children of all ages was part two, item three (*that a good early interventionist knows best so I let them suggest and write all of my child's goals*) with a range of 18-53% rating this item important. This item was also ranked as the least important question for families across all length of time enrolled groups with a range of 33-60%. This question was ranked using the ratings of “strongly disagree” and “disagree” as explained earlier. So these ratings mean that overall between 18-60% of families did not agree with this practice. This means that 40% of families agreed with this practice, which seems in contrast to the literature which states this practice is not a family centered practice. It could be that because

this was the only item on the survey describing the opposite of a best practice behavior that it potentially confused families and they were less comfortable marking “strongly disagree.” In all survey items, there was a low percentage of “strongly disagree” rankings. Or it could be that families really do feel more comfortable with their early interventionists suggesting and writing all of their children’s goals, which has implications for how early interventionists are trained as well as the current policies that promote more parent decision making.

Items that were most and least important to families with children in different age groups, and who had been enrolled in an early intervention program for varying amounts of time, were the same. This shows that at these two items are definitely important, and unimportant to all families in this study.

Family Rated Importance versus Estimated Usage of Skills/Behaviors

When looking at discrepancies of 25% or greater between estimated use and importance of skills or behaviors to families, the estimated use was generally lower than the importance families placed on the item; this was true across all ages and lengths enrolled. It was also interesting to note that there was no particular item which stood out across age group or length enrolled groups which families felt was not being used enough by their early interventionists. This anomaly could be due to the fact that one of the problems with the survey was some families circling the importance and the estimated use together, instead of ranking them separately. This could also be due to the fact that families feel, overall, their early interventionists are using the skills and behaviors they find to be most important.

Limitations of the Study and Implications for Future Research

This study had numerous limitations that should be taken into consideration; the first was the small response size. This is especially true for certain age groups and length enrolled groups. For instance, families with children in the age range of birth to six months made up only 2% of the total response; while families with children in the age range of 19-24 months made up 34% of the total response, and were the largest age group of children participating in the study. For the length enrolled groups, families who had been enrolled for 31-36 months made up only 2% of families responding by length of time enrolled. The length enrolled group of 25-30 months was also very small, consisting of only 5% of total responses. Families who had been enrolled for 0-6 months made up 34% of responses, and families who had been enrolled 7-12 months made up 32% of total responses. In this aspect the study is not reflective of the desires of all families for these groups that were so small, consisting of as few as three families, in the case of the birth to six months age group, and the 31-36 months length enrolled group. It is impossible to draw definite conclusions for a group of families in a certain range, either by the age of their children, or the length of time they have been enrolled in an early intervention program based on the responses of three families.

Another limitation of the study were the questions asking the age of their child and length of time he had been enrolled in an early intervention program. Families should have been asked specifically to list both the ages of their children and their length of time enrolled *in months* to ensure their children were placed in the correct groups. If all families would have responded in months the groups may have evened themselves out a little better with children being distributed slightly differently. As they are now, if a parent responded to the question of the age of their child with "two," the child was placed in the 19-24 months category, when in reality the child

may be in the 25-30 or 31-36 months age groups. The same is true for responses for the length of time enrolled.

When families were rating the fourteen items in which families responded by rating the degree to which they found the practice important and their estimated use of the practice by early interventionists, many families circled the two ratings together. This led the researcher to wonder if these were accurate ratings, or if families were misled by the rating system due to the survey format. The original intention of the researcher was for families to rate the skills independently of each other, for example a family may feel that a skill or quality really is not important but their early interventionist may use it very frequently, or vice versa.

A similar limitation involved in survey research includes incomplete surveys. Some families only responded to how important they felt the practice was, while some others only responded to how often they estimated the early interventionist used the skill. Other families filled out half the survey responding to one, and half responding to the other. These limitations allow only a limited ability to tap the true feelings of the early intervention families in Utah.

Part two-item three also presented a limitation to the information collected in this study. Because this item was the only item not phrased as a best practice on the survey, it may have potentially confused families. The researcher suspects this since a majority of families responded they "strongly agree[d]" or "agree[d]" with the practice. The other case may be that families really do feel like their early interventionists should be the ones to suggest and write all of their child's goals, further research would need to be conducted on this point or what circumstances cause families to choose to let the early interventionist write the goals.

Summary

From this study it seems that overall families generally find the skills and behaviors that their early interventionists are using to be important, and families feel that their early interventionists for the most part are frequently using these skills and behaviors in their interactions with them. Though there are small exceptions, and there is room for improvement in any field, it seems that Utah families enrolled in this selection of early intervention programs are finding the skills and behaviors currently suggested as best practices useful and important.

As the researcher gathered and analyzed the data from this study, the results were interesting and mildly surprising. The survey was designed to try and pick out skills which the researcher felt families in certain age ranges, or length of time enrolled groups would perhaps find more important, and then items that families in all age groups and length of time groups would find important. It was surprising when families with younger children marked that having the procedural safeguards explained to their family was not important to them, an item the researcher would have expected all families to find important. This behavior mandated law requires that a copy of procedural safeguards is given whenever the family requests and questions answered, both formally (as in the case of IFSP meetings) and informally.

This study was small in participant size, but definitely merits as a preliminary study addressing areas where larger scale research will need to address.

Appendix A – Early Intervention Survey

Early Intervention Survey

Please remember all information is anonymous and confidential.

How old is your child? _____

How long has your child been receiving early intervention services? _____

Please rate the degree to which your early interventionist uses or does not use these items:

0= Does not use 1=Has used once 2=Uses Sometimes 3=Uses Often

Please also rate how much you agree with the following:

SD= Strongly Disagree D= Disagree MA= Moderately Agree SA= Strongly Agree

It is important to me that. . .

1. My early interventionist includes skills to help my child be a part of the community.

0 1 2 3 SD D MA SA

2. My early interventionist's visits focus on goals that are on my child's IFSP (Individual Family Service Plan).

0 1 2 3 SD D MA SA

- 3. My early interventionist helps my child learn life skills.
 0 1 2 3 SD D MA SA
- 4. My service coordinator explains to me about IFSP (Individual Family Service Plan) meetings and the people who will be attending.
 0 1 2 3 SD D MA SA
- 5. My early interventionist instructs me on how I can help my child learn daily.
 0 1 2 3 SD D MA SA
- 6. My service coordinator explains the procedural safeguards provided by law to our family.
 0 1 2 3 SD D MA SA
- 7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.
 0 1 2 3 SD D MA SA

I feel . . .

- 1. That a good early interventionist is knowledgeable of my family's needs.
 0 1 2 3 SD D MA SA
- 2. That a good early interventionist will include me in planning for my child's IFSP (Individual Family Service Plan) meeting.
 0 1 2 3 SD D MA SA
- 3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.
 0 1 2 3 SD D MA SA
- 4. Comfortable with my early interventionist coming into my home to work with my child.
 0 1 2 3 SD D MA SA
- 5. That it is important to individualize my child's goals for them.
 0 1 2 3 SD D MA SA
- 6. That a good early interventionist should help me with things my child and I are working on at home.
 0 1 2 3 SD D MA SA
- 7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.
 0 1 2 3 SD D MA SA

. . . Continued on back

Please answer the following:

What do you feel are the 5 most important qualities a good early interventionist should have?

What do you feel are 5 things early interventionists should avoid doing?

Appendix B – Raw Data Tables, Overall by Age of Children

Early Intervention Survey--Overall data by Age of Child

Age: Birth-6 months								
It is important to me that . . .	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.	1		1		1			2
2. My early interventionist's visits focus on goals that are on my child's IFSP.				3				3
3. My early interventionist helps my child learn life skills.			1	2				3
4. My service coordinator explains to me about the IFSP meetings and who will be attending.	1			2	1			2
5. My early interventionist instructs me on how I can help my child learn daily.				3				3
6. My service coordinator explains the procedural safeguards provided by law to our family.	1			2	1		1	1
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist				3				3

I feel . . .								
1. That a good early interventionist is knowledgeable of my families needs.				3				3
2. That a good early interventionist will include me in planning for my child's IFSP meeting.				3				3
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	1	1	1	1	1			2
4. Comfortable with my early interventionist coming into my home to work with my child.				3				3
5. That it is important to individualize my child's goals for them.				3				3
6. That a good early interventionist should help me with things my child and I our working on at home.				3				3
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.			1	2			1	2

Age: 7-12 months								
It is important to me that . . .	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.	3	1	4	4		2	4	4
2. My early interventionist's visits focus on goals that are on my child's IFSP.			2	11				1 9
3. My early interventionist helps my child learn life skills.			2	10				2 8
4. My service coordinator explains to me about the IFSP meetings and who will be attending.	1	3	3	7	1	1	1	7
5. My early interventionist instructs me on how I can help my child learn daily.				2	12			2 8
6. My service coordinator explains the procedural safeguards provided by law to our family.	2	2	4	6	1	1	4	4
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist			2	11				2 9

I feel . . .								
1. That a good early interventionist is knowledgeable of my families needs.				13				11
2. That a good early interventionist will include me in planning for my child's IFSP meeting.				2	10			11
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	2	3	2	5	3	3	2	3
4. Comfortable with my early interventionist coming into my home to work with my child.				12				11
5. That it is important to individualize my child's goals for them.				12				11
6. That a good early interventionist should help me with things my child and I our working on at home.				2	10			1 10
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.	2	1		9			1	10

Age: 13-18 months								
It is important to me that . . .	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.	5	1	3	14	2	1	2	12
2. My early interventionist's visits focus on goals that are on my child's IFSP.				1	22			19
3. My early interventionist helps my child learn life skills.				4	19			2 17
4. My service coordinator explains to me about the IFSP meetings and who will be attending.				1	5	17		3 16
5. My early interventionist instructs me on how I can help my child learn daily.					4	19		2 17
6. My service coordinator explains the procedural safeguards provided by law to our family.	1	6	7	8		1	5	12
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist				2	19			2 17

I feel . . .								
1. That a good early interventionist is knowledgeable of my families needs.				3	17			1 18
2. That a good early interventionist will include me in planning for my child's IFSP meeting.					2	16		1 17
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	1	4	7	6	4	6	6	3
4. Comfortable with my early interventionist coming into my home to work with my child.					18			19
5. That it is important to individualize my child's goals for them.					19			18
6. That a good early interventionist should help me with things my child and I our working on at home.					3	16		3 16
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.					2	17		2 16

Continued on next page . . .

Age: 19-24 months

It is important to me that ...	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.	5		21	25			11	28
2. My early interventionist's visits focus on goals that are on my child's IFSP.			5	46			2	30
3. My early interventionist helps my child learn life skills.	1	1	15	34			6	26
4. My service coordinator explains to me about the IFSP meetings and who will be attending.	1	2	9	40			7	24
5. My early interventionist instructs me on how I can help my child learn daily.			8	42			4	28
6. My service coordinator explains the procedural safeguards provided by law to our family.	4	10	10	27		3	14	12
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist			6	45			3	28
I feel ...								
1. That a good early interventionist is knowledgeable of my families needs.			8	40			3	30
2. That a good early interventionist will include me in planning for my child's IFSP meeting		1	2	45		1	1	31
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	4	6	14	24	1	5	11	16
4. Comfortable with my early interventionist coming into my home to work with my child			1	46				32
5. That it is important to individualize my child's goals for them.		1	1	46			2	30
6. That a good early interventionist should help me with things my child and I our working on at home.			5	42			3	30
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.	1	6	40				5	28

Age: 25-30 months

It is important to me that ...	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community	4	2	7	17	2	3	4	17
2. My early interventionist's visits focus on goals that are on my child's IFSP.			5	28	1	1	3	21
3. My early interventionist helps my child learn life skills.	2	1	10	20	1	1	4	19
4. My service coordinator explains to me about the IFSP meetings and who will be attending.	3	3	9	17	3	2	5	15
5. My early interventionist instructs me on how I can help my child learn daily.		2	8	21	1		3	22
6. My service coordinator explains the procedural safeguards provided by law to our family.	3	7	6	11	3	2	8	9
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist	2	6	24	1	1	2	22	
I feel ...								
1. That a good early interventionist is knowledgeable of my families needs.	1		2	25	1		2	25
2. That a good early interventionist will include me in planning for my child's IFSP meeting.		1	5	21	1		2	24
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	3	10	4	6	3	14	5	6
4. Comfortable with my early interventionist coming into my home to work with my child		1	2	24	1		1	26
5. That it is important to individualize my child's goals for them.			3	22	1		2	25
6. That a good early interventionist should help me with things my child and I our working on at home.		1	5	20	1		7	20
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.	1		8	19	1	1	9	17

Age: 31-36 months

It is important to me that ...	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.	1	1	10	18			7	16
2. My early interventionist's visits focus on goals that are on my child's IFSP.	1		4	25	1		5	17
3. My early interventionist helps my child learn life skills.	1		10	19			5	18
4. My service coordinator explains to me about the IFSP meetings and who will be attending.		3	3	24			4	18
5. My early interventionist instructs me on how I can help my child learn daily.			2	28			1	22
6. My service coordinator explains the procedural safeguards provided by law to our family.	3	2	7	18	1	1	3	16
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.			1	29			3	20
I feel ...								
1. That a good early interventionist is knowledgeable of my families needs.			3	23			1	23
2. That a good early interventionist will include me in planning for my child's IFSP meeting		1	2	24			2	21
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	4	4	10	8	3	9	6	5
4. Comfortable with my early interventionist coming into my home to work with my child				27				23
5. That it is important to individualize my child's goals for them.			1	25	1		3	19
6. That a good early interventionist should help me with things my child and I our working on at home.			7	20			8	15
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.	1	1	6	19		1	7	15

Appendix C – Raw Data Tables, Overall by Length of Time Enrolled in Early Intervention

Early Intervention Survey--Overall data by Length of Time in Early Intervention Program

0-6 Months									
It is important to me that ...	0	1	2	3	SD	D	MA	SA	
1. My early interventionist includes skills to help my child be a part of the community.	14	2	11	22	4	4	6	25	
2. My early interventionist's visits focus on goals that are on my child's IFSP.			3	48	1	1	6	36	
3. My early interventionist helps my child learn life skills.	4	2	15	31	1	1	10	30	
4. My service coordinator explains to me about the IFSP meetings and who will be attending.	3	6	8	25	3	2	9	28	
5. My early interventionist instructs me on how I can help my child learn daily.		2	7	41	1		6	36	
6. My service coordinator explains the procedural safeguards provided by law to our family.	4	12	12	23	4	3	13	19	
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.		2	7	41	1	1	5	36	
I feel ...									
1. That a good early interventionist is knowledgeable of my families needs.			6	37	1		2	42	
2. That a good early interventionist will include me in planning for my child's IFSP meeting.		2	7	35	1	1	3	40	
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	4	12	10	14	4	17	14	10	
4. Comfortable with my early interventionist coming into my home to work with my child.		1	1	40	1		1	43	
5. That it is important to individualize my child's goals for them.			3	40	1		4	40	
6. That a good early interventionist should help me with things my child and I our working on at home.		1	8	34	1		9	35	
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.	1	1	8	32	1	2	10	32	
7-12 Months									
It is important to me that ...	0	1	2	3	SD	D	MA	SA	
1. My early interventionist includes skills to help my child be a part of the community.	5	2	19	23		1	15	18	
2. My early interventionist's visits focus on goals that are on my child's IFSP.	1		6	22	1		2	32	
3. My early interventionist helps my child learn life skills.			11	37			5	31	
4. My service coordinator explains to me about the IFSP meetings and who will be attending.	3	3	7	36	2	1	8	24	
5. My early interventionist instructs me on how I can help my child learn daily.			6	43			3	32	
6. My service coordinator explains the procedural safeguards provided by law to our family.	4	7	13	22	1	2	14	15	
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.			5	43			3	33	
I feel ...									
1. That a good early interventionist is knowledgeable of my families needs.			3	42				36	
2. That a good early interventionist will include me in planning for my child's IFSP meeting.			2	41				35	
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	5	6	14	19	3	11	12	10	
4. Comfortable with my early interventionist coming into my home to work with my child.				44				36	
5. That it is important to individualize my child's goals for them.			1	41			3	33	
6. That a good early interventionist should help me with things my child and I our working on at home.			6	37			7	29	
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.		3	7	34		1	9	26	
13-18 Months									
It is important to me that ...	0	1	2	3	SD	D	MA	SA	
1. My early interventionist includes skills to help my child be a part of the community.		1	6	18	1	1	4	15	
2. My early interventionist's visits focus on goals that are on my child's IFSP.			4	23			2	18	
3. My early interventionist helps my child learn life skills.			6	21			4	16	
4. My service coordinator explains to me about the IFSP meetings and who will be attending.		1	4	22		1	1	18	
5. My early interventionist instructs me on how I can help my child learn daily.			5	21			3	18	
6. My service coordinator explains the procedural safeguards provided by law to our family.	3	7	5	11		2	5	13	
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.			1	26			3	18	
I feel ...									
1. That a good early interventionist is knowledgeable of my families needs.			4	21			2	19	
2. That a good early interventionist will include me in planning for my child's IFSP meeting.			1	23			2	18	
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	3	2	6	10	5	6	3	7	
4. Comfortable with my early interventionist coming into my home to work with my child.			1	20				20	
5. That it is important to individualize my child's goals for them.		1		21	1			18	
6. That a good early interventionist should help me with things my child and I our working on at home.			3	19			3	17	
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.			2	21			2	18	

Continued on next page . . .

19-24 Months

It is important to me that ...	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.			6	10			1	5
2. My early interventionist's visits focus on goals that are on my child's IFSP.			3	14				5
3. My early interventionist helps my child learn life skills.			6	11				5
4. My service coordinator explains to me about the IFSP meetings and who will be attending.		1	7	7			2	3
5. My early interventionist instructs me on how I can help my child learn daily.			4	13				5
6. My service coordinator explains the procedural safeguards provided by law to our family.	2	1	4	9		1	1	4
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.			3	13				6

I feel ...

1. That a good early interventionist is knowledgeable of my families needs.			1	15			1	5
2. That a good early interventionist will include me in planning for my child's IFSP meeting.			1	15				6
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	2	3	5	6	1	1	1	3
4. Comfortable with my early interventionist coming into my home to work with my child.			1	16				6
5. That it is important to individualize my child's goals for them.				16				6
6. That a good early interventionist should help me with things my child and I our working on at home.			3	13			1	5
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.	1		2	14			1	5

25-30 Months

It is important to me that ...	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.			3	3			1	4
2. My early interventionist's visits focus on goals that are on my child's IFSP.				6				5
3. My early interventionist helps my child learn life skills.			3	4				5
4. My service coordinator explains to me about the IFSP meetings and who will be attending.			2	4				5
5. My early interventionist instructs me on how I can help my child learn daily.			2	4				5
6. My service coordinator explains the procedural safeguards provided by law to our family.		1	2	3			2	3
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.				6				5

I feel ...

1. That a good early interventionist is knowledgeable of my families needs.	1		2	3			2	3
2. That a good early interventionist will include me in planning for my child's IFSP meeting.			1	5				5
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.	1	3	2		1	2	1	1
4. Comfortable with my early interventionist coming into my home to work with my child.				6				5
5. That it is important to individualize my child's goals for them.				5				5
6. That a good early interventionist should help me with things my child and I our working on at home.			2	4			1	4
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.			5	1			2	3

30-36 Months

It is important to me that ...	0	1	2	3	SD	D	MA	SA
1. My early interventionist includes skills to help my child be a part of the community.			1				1	1
2. My early interventionist's visits focus on goals that are on my child's IFSP.			1				1	1
3. My early interventionist helps my child learn life skills.			1				1	1
4. My service coordinator explains to me about the IFSP meetings and who will be attending.		1					2	
5. My early interventionist instructs me on how I can help my child learn daily.				1				2
6. My service coordinator explains the procedural safeguards provided by law to our family.	1					1		1
7. My child's goals are designed around my child's needs and developmental skills that are suggested by my early interventionist.			1				1	1

I feel ...

1. That a good early interventionist is knowledgeable of my families needs.				1				2
2. That a good early interventionist will include me in planning for my child's IFSP meeting.			1				1	1
3. That a good early interventionist knows best what my child needs to learn so I let them suggest and write all of my child's goals.				1		1		1
4. Comfortable with my early interventionist coming into my home to work with my child.				1				2
5. That it is important to individualize my child's goals for them.				1				2
6. That a good early interventionist should help me with things my child and I our working on at home.				1			1	1
7. That a good early interventionist should give me the necessary information and then let me make decisions regarding my child's program.				1				2

Appendix D – 5 Most Important things for Early Interventions to Use with Families

What do you feel are the 5 most important qualities a good early interventionist should have?

	Totals	%ages	672 total responses
Communication	62	9%	
Good listening skills	22	35%	
Good communication skills	33	53%	
Good social skills	7	11%	
Character Traits	246	37%	
Paitent	49	20%	
Friendly	32	13%	
Good Attitude/Positive	25	10%	
Understanding	21		
Kind	16		
Flexible	15		
Compassion	15		
Empathy/Sympathy	11		
Dedicated/Persistent	9		
Open-minded	8		
Encouraging	6		
Trustworthy/Honest	5		
Fun/Enthusiastic	5		
Sense of Humor	4		
Reliable	3		
Professional	3		
Sensitive	3		
Dependable	2		
Sincere	2		
Optimistic	2		
Playful	1		
Approachable	1		
Thoughtful	1		
Outgoing	1		
Realistic Expectations	1		
Ability to read people (what they are feeling but not saying)	1		
Confident	1		
Careful	1		
Consistent	1		
Relaxed	1		
Professional Skills	52	8%	
Creativity/Adaptability	20	38%	
Organized	9	17%	
Follow through on things	5	10%	
Washing Hands/Toys	4		
Enjoy their work	4		
Ethics	3		
Have proper education/training	2		
Uses good safety practices with child	1		
Provide variety of activities	1		
Prepared for the visit beforehand	1		
Look and act professional	1		
Clean Background	1		

Continued on next page . . .

Knowledge of the Field	133	20%
Competent/General knowledge of the field	87	65%
Experience with children	14	11%
Knowledge of child development	12	9%
Know resources available to families	11	
Knowledge of child's disability	4	
Outline how to accomplish a child's goals specifically	1	
Knowledge and respect of different cultures	1	
Good medical background	1	
Research questions for parents if needed	1	
Be consistent	1	
Skills for Working with Families/ Collaboration Skills	162	24%
Love for children/families they serve	41	25%
Plays well with child/makes child feel comfortable/good with children	29	18%
Give helpful suggestions	13	8%
Attentive to child and child's individual needs, teach to those	13	
Teach parents what to do	11	
Listen to what parents have to say	9	
Work as a partner with parents	7	
Respect the families they serve	5	
Let the child be the guide	5	
Talk to parents for suggestions/Acknowledge that parents know their child best	3	
Support family goals	3	
Let parents have the final say	3	
Team player	2	
Orient what they do to child's goals	2	
Motivate/Encourage Parents	2	
Individualize child's goals and lessons	2	
Get down on child's level	2	
Advocate for family and child	2	
Support parents in their role	1	
Stays on task for visit	1	
Realize that all families needs and wants are different, flexible to families' needs	1	
Give progress updates to parents	1	
Follow up from previous visits	1	
Awareness of the families situation	1	
Work on the familys' schedule	1	
Always tell parents all the facts, even if one thinks they might be hard to take	1	
Scheduling	18	3%
Punctual	17	94%
Let parents know if they won't be able to make it	1	6%

Appendix E – 5 things Early Interventionists should avoid when working with Families

What do you feel are 5 things early interventionists should avoid doing when working with families?

460 total responses	Total	Percentages
COMMUNICATION	16	3%
Not listening to parents	13	81%
Disregard parents feelings	3	19%
CHARACTER TRAITS	78	17%
Negativity	16	21%
Pushy/Bossy	9	12%
Impatience	8	10%
Patronizing, Acting Superior	6	
Assuming you know what is right/wrong all the time	5	
Making assumptions in general	5	
Too passive/Too aggressive	3	
Impatience with progress, or lack thereof	3	
Rude	3	
Anger/Short Temper	2	
Overbearing	2	
Discourage child/family	2	
Unreliable	2	
Closed-minded	2	
Not dependable	2	
Being intimidating	1	
Harsh with child/family	1	
Cold towards child	1	
Lacking in tact	1	
Unfriendly	1	
Unsupportive to family/parents	1	
Talking about self too much	1	
Inconsistent	1	
PROFESSIONAL SKILLS	61	13%
Not knowing what to do, or finding out how	9	15%
Don't care for job or children, "It's just another visit/child" attitude . . .	8	13%
Too passive/Too aggressive	5	8%
Visits don't focus on goals	5	
Being unprepared	4	
Being unprofessional	4	
Use of jargon or vocabulary family does not understand	4	
Not properly sanitizing toys/hands	4	
Acting disrespectful to child/family	3	
Keep safety of child in mind	3	
Being unorganized	2	
Talking on cell phone during visit	2	
Taking parents suggestions too personal	1	
Bringing personal stress into families home on visits	1	
Keep using techniques that are not working with the child	1	
Bringng too many/too few activities to an appointment (insisiting to get through all)	1	
Talking down to parents	1	
Not utilizing community resources for each child	1	
Not being ethical	1	
Do not follow through on things	1	

SKILLS FOR WORKING WITH FAMILIES: COLLABORATION	228	50%
Assuming all children are same (cookie cutter) / Labeling a child due to disability	23	10%
Judging the families or children	17	7%
Criticizing families	15	7%
Dictating all of the child's goals	10	
Pushing a child into something they are not ready for/do not want to do	10	
Comparing children	9	
Not involving other family members (i.e. siblings, extended family, etc...)	9	
Giving the family too much/overwhelming the family	8	
Working exclusively with child, not including parents	8	
Not educating families on what/why you are doing the things you are doing	7	
Breaking family rules/boundaries	7	
Not letting parents make decisions/ be involved	6	
Discussing other families they visit during visits	6	
Using same toys/programs every single visit	6	
Punishing child/child's siblings	5	
Belittling or teasing child	5	
Misleading parents about child progress/providing "false hope"	5	
Guiltting parents	5	
Not offering suggestions/help with parental concerns	5	
Focus on personal visiting with parent and not on working with child	5	
Minimizing parents efforts with child	4	
Paying more attention to the parent than the child	4	
Setting limits on what a child may accomplish	4	
Not paying attention to child's individual needs	4	
Act like they know child better than parent	4	
Criticizing parenting skills, offer "all-knowing" opinions about parenting	3	
Does not get to know child/family needs	3	
Ignoring parental/family input	2	
Not showing love/concern for child/family	2	
Not good with children	2	
Criticizing families discipline of child	1	
Setting unreasonable goals	1	
Getting too personal with the families they visit	1	
Inconsiderate to the needs of other family members	1	
Withholding information from parents when making decisions	1	
Showing discouragement about child's progress in front of parents	1	
Minimizing parents concerns	1	
Interacting with child when parent is not present in room	1	
Skipping over areas of tests	1	
Adjusting goals to fit interventionist rather than child	1	
Failure to encourage family to participate in other services offered	1	
Restraining a child unnecessarily	1	
Providing activities for the child the parent is uncomfortable with	1	
Visiting families when interventionist is ill	1	
Keep using interventions that are not showing progress	1	
Focusing too much on the other children in the home	1	
Being inconsiderate of family's time/concerns	1	
Ignoring child's emotional needs	1	
Placing financial pressure on child's family	1	
Wasting time during visits	1	
Not asking parents how things are going with child on each visit	1	
Leaving everything up to the parents	1	
Assume parents completely understand their child's disability	1	
Talk too much about their own personal life	1	
Invalidating parent concerns/feelings	1	

SCHEDULING	77	17%
Being late	37	48%
Missing appointments without calling	11	14%
Rushing the appointment	8	10%
Stays an overly long amount of time	4	
Hard to schedule appointments with	4	
Canceling often	4	
Change appointment last minute	3	
Not catering to the families schedule	3	
Too many confirmation phone calls (one is plenty)	1	
Excessive Rescheduling	1	
Double booking appointments	1	

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Amy Poole-Zisette was born in Provo, Utah. She graduated with honors from Orem High School in 2003. Amy then went on to attend Utah State University choosing to major in Special Education with emphases in severe disabilities and early childhood special education. She will graduate with her degree in May 2007, and will then go on to teach. Amy enjoys weaving bamboo mats, pit cooking, squirt gun fights, and square dancing.

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