

Developed in collaboration with
Cincinnati Leadership Education
in Neurodevelopmental and
related Disabilities (LEND) &
Head Start Parent Policy
Councils



Development and Behavior Toolkit for Children Birth to 5

Activities to Support Healthy Early Child Development



Development and Behavior Toolkit

Authors:

Karen Burkett, PhD, RN

Nicoletta Frankenstein, MD

Julie Schenke, MEd

Jennifer Smith, PsyD, BCBA-D

Ramya Sri Lakshmi Adapa, MPH

Sarah Anderson, SLP

Maria Luisa Beltran - Quintero, MD

Karen Harpster, PhD, OTR/L

Shannon Clarke, MSW

Taryn Booker, BA

Stephanie Weber, PsyD, MPH

Brandi Forbes, MSW, LSW

Tulika Prasad, MBA

Developed in collaboration with Cincinnati Leadership Education in Neurodevelopmental and related Disabilities (LEND) and Head Start Parent Policy Councils

This toolkit is a product made possible with support from the Leadership Education in Neurodevelopmental and related Disabilities (LEND) program at Cincinnati Children's Hospital Medical Center, Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) Grant #T73MC00032.



TABLE OF CONTENTS

Introduction to Using the Toolkit.....	3
Activities Handouts - Language, Motor and Problem solving.....	4
Language Activities: 1- to 2-year-olds.....	5
Language Activities: 3-year-old skills.....	6
Language Activities: 4-year-old skills.....	7
Motor Activities: 12-24-Month-old skills.....	8
Motor Activities: 25-36-month-old skills.....	9
Fine Motor Activities: 3-year-old skills.....	10
Fine Motor Activities: 4-year-old skills.....	11
Gross Motor Activities: 3-year-old skills.....	12
Gross Motor Activities: 4-year-old skills.....	13
Problem Solving Activities: 1-year-old skills.....	14
Problem Solving Activities: 2-year-old skills.....	15
Problem Solving Activities: 3-year-old skills.....	16
Problem Solving Activities: 4-year-old skills.....	17
Activities Handouts -Social and Emotional.....	19
Social and Emotional Activities: 0 - 6 months.....	20
Social and Emotional Activities: 7 - 12 months.....	22
Social and Emotional Activities: 13 - 18 months.....	24
Social and Emotional Activities: 19 - 24 months.....	26
Social and Emotional Activities: 2 -3 years.....	28
Social and Emotional Activities: 4 years.....	30
Social and Emotional Activities: 5+ years.....	32
Behavior Handouts.....	33
Behavior Strategies.....	34
Temper Tantrums.....	36
Evaluation Handouts.....	44
You were referred to speech and language therapy (ST). What does that mean?.....	45
You were referred to physical therapy (PT). What does that mean?.....	46
You were referred to occupational therapy (OT). What does that mean?.....	47
You were referred to psychology. What does that mean?.....	48
Advocacy Handouts.....	49
Concerns about development? How to get help for your child?.....	50
Individualized Education Program (IEP) - The Basics.....	52
How can a social worker help you?.....	65
Common Terms.....	66
Common Education Terms.....	76



Introduction to Using the Toolkit

Hello parents, educators, and health care providers,

Thank you for your interest in the Development and Behavior Toolkit. The toolkit can be used to guide parents, educators, and health care providers to talk about development and behavior skills as well as provide activities that can help children develop from birth to five years old. The toolkit can be used with children who are on target developmentally and those with developmental concern. It can provide ways that parents, educators, and health care professionals can strengthen existing skills and develop future ones. Caregivers can also look to the next set of skills to promote development. The activities and tips can be individualized for each child's strengths and areas of growth.

The toolkit includes written handouts with matching videos. You can use the QR code in this document to access the videos. The toolkit can be shared electronically. Copies can be printed for parents, teachers, and health care providers individually or as a packet.

Please contact LEND at Cincinnati Children's for questions or copies of the toolkit at LENDTraining@cchmc.org.



Sincerely,

The HEAD START and Cincinnati Leadership Education in
Neurodevelopmental and related Disabilities (LEND) Project Team



Activities Handouts



Language Activities: 1 to 2-year-old skills

New Talker Skills

Language activities focus on what children say and how they listen. Developing language skills helps a child understand directions, get their needs met, and make friends.

Language Activities to Practice:

- Look at books and talk about what you see. Point to and label pictures, actions or make sounds to go with pictures.
- Talk to your child through out the day.
- Point to or name body parts.
- Follow one step instructions: **"Come here"** or **"Get your shoes."**
- Point to and use your words to show what you want.
- Use songs to increase words. An example is "Head, shoulders, knees, and toes."
- Model how to refer to self by first name and correct pronoun (mine, me).
- Use action words to describe activities: **"The dog is barking."**
- Ask your child **where** questions to find items: **"Where is the blanket"** or **"Where is the ball?"**
- Use two words together: **"More milk"** or **"Want down"** or **"Big truck."**
- Use pronouns like mine or yours.



Language Activities:

3-year-old skills

Language activities focus on what children say and how they listen. Developing language skills helps a child understand directions, get their needs met, and make friends.

Language Activities to Practice:

- Point to or name body parts.
- Follow two different instructions: "[1] **Get your shoes and** [2] **throw this away.**"
- Pointing to or naming common objects, like cat, dog or ball.
- Use action words to describe activities: "**The dog is barking.**"
- Have your child practice using their first and last name.
- Teach opposites like "big and small."
- Use sentences with 3-4 words.
 - Model by talking about things you see using describing words like "the ball is red."
- Teach direction words using small toys like "**on top,**" "**under,**" or "**next to.**"
- Use pronouns like his, hers, theirs, or mine: "That is **mine**" or "that is **his** ball" or "I did it!" or "I want ____."



Language Activities:

4-year-old skills

Language activities focus on what children say and how they listen. Developing language skills helps a child understand directions, get their needs met, and make friends.

Language Activities to Practice:

- Practice using pronouns, like his, hers, theirs, mine. "That is *his* ball."
- Describe common objects: "the ball is *round*."
- Use endings on words ("ed", "s", "ing"): played*ed*, toys*s*, running*ing*.
- Use full sentences such as "**Are** you coming too?" instead of "coming too?"
- Teach direction words using small toys like "on top," "under," or "next to."
- Count objects.
- Use feeling words like happy, sad, mad.
- Use their first and last name
- Follow three different instructions: "[1] Go upstairs, [2] get your toys, and [3] put them in the bin."
- Practice identifying colors, like green, blue, and red.
- Ask "what" questions, like "**What** do you want for dinner?"



Motor Activities:

12-24-month-old skills

Motor skills are activities that use the body's movements to do specific tasks or behaviors.

Motor activities to practice:

- Eat finger foods using their thumb and finger.
- Play fun games like Pat-a-cake and This little piggy.
- Squat to pick up items from floor without holding on.
- Throw a ball while sitting.
- Creep up and down stairs.
- Walk while carrying toys or other objects.
- Walk backwards.
- Stack blocks and building towers of 2-6 blocks.
- Climb onto furniture and chairs.
- Scribble with a crayon.
- Help with daily routines like dressing.
- Use a spoon to feed themselves.



Motor Activities:

25-36-month-old skills

Motor skills are activities that use the body's movements to do specific tasks or behaviors.

Motor activities to practice:

- Draw a circle and a straight line.
- String large beads.
- Stack blocks and building towers with 6-10 blocks.
- Play "Follow the Leader." For example, walk on tiptoes, walk backwards, walk slow or fast with big and little steps.
- Eat with a spoon and a fork.
- Add hand gestures or actions to your child's nursery rhymes like London Bridge, Itsy Bitsy Spider, and Humpty Dumpty.
- Act out animal moves. Examples are a frog hop or horse trot.
- Have them help you set the table. Examples are putting out the plates, then cups, then napkins.
- Jump in place.
- Kick a ball.



Fine Motor Activities:

3-year-old skills

Activities that use the small muscle of the hand help children to be independent in their daily activities. These activities help to get them ready for writing in school.

Fine motor activities to practice:

- Take off and put on a jacket.
- String beads. Start with bigger beads and move to smaller.
- Color pictures and copy simple shapes. Simple shapes are a vertical line, horizontal line, circle, and square.
- Tear paper for collages.
- Complete zippers, buttons, and snaps.
- Hold a crayon/marker with 3 fingers (tripod grasp). If this is hard, practice drawing or coloring with broken crayons.
- Use scissors. You can use Play-doh scissors or cut/snip a strip of paper.
- Complete simple puzzles with 3 to 6 pieces.



Fine Motor Activities:

4-year-old skills

Activities that use the small muscle of the hand help children to be independent in their daily activities. These activities help to get them ready for writing in school.

Fine Motor Activities to Practice:

- Take off and put on a jacket.
- Stack blocks.
- Ask your child to copy your block designs.
- String beads. Start with bigger beads and move to smaller.
- Color a picture.
- Practice zippers, buttons, and snaps.
- Copy shapes and letters with different materials. Examples are shaving cream, sidewalk chalk, sand, finger paint, and crayons.
- Draw simple shapes (lines, circles, plus signs, squares, triangles).
- Copy the letters of their name.
- Copy UPPERCASE letters.
- Draw a person.
- Hold a crayon or marker with 3 fingers (tripod grasp). If this is hard, practice drawing or coloring with broken crayons.
- Use scissors to cut across a thick line.
- Complete simple interlocking/ jigsaw puzzles.



Gross Motor Activities:

3-year-old skills

Activities that use the big muscles of the body allow kids to participate in recess, gym class and at the playground.

Gross motor activities to practice:

- Kick a ball.
- Catch a ball with two hands.
- Throw a ball overhand.
- Climb a ladder on the playground.
- Jump up/down and forward/backward with both feet.
- Balance on one leg.
- Walk upstairs, alternating feet.
- Jump over pool noodles or other objects.



Gross Motor Activities:

4-year-old skills

Activities that use the big muscles of the body allow kids to participate in recess, gym class and at the playground.

Gross Motor Activities to Practice:

- Catch a ball with two hands.
- Throw a ball overhand.
- Climb a ladder on the playground.
- Hop up and down on one foot.
- Jump forward with 2 feet.
- Balance on one leg.
- Briefly walk on tip toes or heels.
- Walk upstairs, alternating feet.



Problem Solving Activities:

1-year-old skills

Problem Solving activities help a child think, learn, and become more independent.

Practice these during play time:

- Play peek-a-boo.
- Make faces in the mirror.
- Hide a toy under a towel or behind the couch and have your child find it.
- Sing along to music with the child.
- Ask “Where is the ball?,” “Where is the shoe?” and help child find items.
- Help child turn pages in picture books/board books.
- Ask child to follow a direction such as “Give it to me” or “Throw this away.”
- Ask child “Where is your nose, eyes” or similar questions.
- Encourage activities that use eyes and hands. Examples are stacking blocks, exploring simple shape or animal puzzles.



Problem Solving Activities:

2- year-old skills

Problem Solving activities help a child think, learn, and become more independent.

Practice these during play time:

- Give child objects to match to each other.
- Name and sort objects of different shapes and colors.
- Pretend play. For example, pretend that a block is a chicken nugget, stir with pretend spoon.
- Practice answering, "what is your name" or "how old are you?"
- Practice sorting. Examples are "Give me all the red blocks" or "Point to all of the big dogs."
- Find the item that is different from a group of items.
- Point to details in the picture as you look at a book.
- Complete simple puzzles.
- Use the word "**more.**" Examples are more goldfish, more milk.
- Play a memory game with 4 cards.



Problem Solving Activities:

3- year-old skills

Problem Solving activities help a child think, learn, and become more independent.

Problem Solving Activities to Practice:

- Answer simple questions about what things do. Examples are "What do you hear with?," "Show me what you use to drink?"
- Practice copying. Examples are copying a design with blocks, drawing a circle and a plus sign.
- Complete simple puzzles, like shapes and animals.
- Sort objects or pictures. Examples are socks, spoons, or animal pictures.
- Practice sorting and naming colors and shapes.
- Practice answering, "What is your last name" or "Are you a boy or girl?"
- Draw simple pictures. For example, draw the head of a person and ask your child to add 2 body parts.
- Count numbers. Examples are things like "give me one block" or "hold up one finger."
- Practice imaginary play skills.



Problem Solving Activities:

4-year-old skills

(1 of 2)

Problem Solving activities help a child think, learn, and become more independent.

Problem-Solving Activities to Practice:

- Read a book with your child and ask about what is happening (or will happen) in the story.
- Complete simple puzzles.
- Practice simple riddles, like "mother is to girl as father is to __?__ [boy]."
- Practice imitation, like making designs with blocks or drawing squares or triangles.
- Match objects or pictures. Examples are socks, forks, or spoons.
- Sort items by colors and shapes.
- Practice imaginary play skills.
- Practice answering, "Who is your friend?" or "What is your full name?"



Problem Solving Activities:

4-year-old skills

(2 of 2)

Problem Solving activities help a child think, learn, and become more independent.

Problem-Solving Activities to Practice:

- Draw simple pictures, like draw the head of a person and ask your child to add 4-6 body parts.
- Practice numbers and counting. For example, give me five blocks, hold up five fingers, count 5 items touching each one as they count.
- Practice grouping items. Examples are give me all the red blocks or point to all the big dogs.
- Practice finding objects that are the same and those that are different. Example, find the cup that is different.
- Play games to work on turn taking and following directions. Examples are Candyland or memory games [with 4 cards].



Social and Emotional Activities



Social & Emotional Activities:

0 - 6 months

- Cuddle, talk, and play with baby while feeding, dressing, or bathing.
- Respond to baby's cries. If not hungry or in need of a diaper change, try swaddling, rocking, singing, or taking baby for a walk.
- If baby cries, respond and comfort him/her and try to find out what he/she needs. Whisper in the ear to quiet him/her. Hold baby close and make soft sounds. The baby is letting you know something with his/her cry. When you respond, the baby learns to trust you are there. You cannot spoil your baby at this age.
- Help baby calm themselves by guiding his/her fingers to his/her mouth, giving a pacifier, or offering a favorite blanket or soft object.
- Learn baby's special rhythms and try to settle into routines, such as sleeping at night more than during the day. Be predictable and consistent when you interact with baby.
- Hold baby, sing songs, gently dance, and/or put your face close to his/hers. Make silly faces. Smile at your baby. Stick out your tongue. Yawn. Wait a few seconds and see if baby tries to repeat your actions back to you.
- Bath time is a wonderful time to have fun and be close to your baby.



Social & Emotional Activities:

0 - 6 months

- Use “reciprocal” play - smile when baby smiles and copy their sounds.
- Step back from baby so he/she cannot see you. Gently call his/her name. Watch what he/she does. Does he/she stop moving for a moment? Does he/she try to move his/her head toward your voice? Pick the baby up. Say, “Here I am,” or “You are safe.”
- Talk to baby about what he/she is doing, seeing, hearing, and feeling. Say, “I am changing your diaper. You will like being nice and dry. I love you!”
- Pay attention to what baby likes and doesn’t like so that you can figure out what baby needs and how to make him/her happy.
- Get down on the floor with baby and play at their level. Look at toys, books, or objects together. Have fun, laugh, and enjoy your time together.
- Bring baby to new places to see new things. Go on a walk to a park or the mall. He/she will love to see new things while you keep him safe.
- Use baby’s name when you dress, feed, and diaper him/her. Visit a friend who has a baby or young child. Stay close and let him/her know that these new people are okay. It takes a little time to warm up.



Social & Emotional Activities:

7 - 12 months

- Be available, responsive, and gentle with baby. Give lots of hugs and kisses.
- Continue with routines - which are especially important now - so that baby feels safe and secure.
- Pay attention to how baby reacts to new situations and people and try to do things that help him/her feel comfortable and happy.
- Stay close while baby explores and moves around so he/she knows that you are near.
- Play games like “my turn, your turn.”
- Say what you think baby is feeling, for example, “You are sad, so we are going to try and help you feel better.”
- Ask for behaviors that you want (“time to sit”) rather than telling baby what not to do (“don’t hit”).
- Encourage baby’s wanted behaviors rather than punishing unwanted behaviors. Give four times more encouragement than correction.
- Help baby learn limits by saying “no” in a firm quiet voice.
- Provide baby with choices.



Social & Emotional Activities:

7 - 12 months

- Give baby time to get to know a new caregiver - bring a favorite toy, blanket, or stuffed animal to help comfort them in a new situation.
- Include baby at mealtimes.
- Play on the floor with baby every day. Crawl around with him/her, or just get down and play on their level. Roll a ball back and forth and clap if they push back.
- Play gentle tickle games with baby, but make sure to stop when he/she lets you know they have had enough. Watch carefully and respond to their clues.
- Dance to music with baby. Hold his hands while he bends up and down.
- When you are dressing or diapering baby, talk about his/her body parts and point out your body parts. Say, "Here is Daddy's nose. Here is Destiny's nose."
- Go on a walk to a park or a place where children play. Let baby watch them and visit a little if he/she is ready.



Social & Emotional Activities:

13 - 18 months

- Provide a safe, loving environment; be consistent and predictable. Give the toddler lots of hugs and kisses and give praise for good behavior.
- Set limits that are firm, fair, and consistent. Encourage the toddler's wanted behaviors rather than punishing or correcting unwanted behaviors. Give four times more encouragement than correction.
- Describe the toddler's emotions - "You are mad when we have to leave the park." Make different faces in the mirror (happy, sad, etc.).
- Encourage the toddler to have empathy - for example, to hug or pat another child who is sad.
- Toddlers like to have a regular daily routine. Talk to him/her about what you are doing now and what will be happening next. Give him/her time to be active and time to be quiet.
- Have a pretend party with stuffed animals or dolls. You can cut out little "presents" from a magazine, make a pretend cake, and sing the birthday song.



Social & Emotional Activities:

13 - 18 months

- Toddlers need a lot of time to move around and exercise. Go for a walk, visit a playground.
- Dance with the toddler. Make a simple instrument out of a large plastic food tub (for a drum) or a small plastic container filled with beans or rice (for a shaker).
- Let the toddler help with daily tasks. Give him/her simple "jobs" to do and provide praise. He/she can wipe off a table, put toys away, or help sweep up.
- Set up playdates with other children. Children don't understand how to share yet, so make sure there are plenty of toys. Stay close by and help him/her learn how to play with other children.
- Storytimes, especially before naptime and bedtime, are a great way to settle down before sleep. Let the child choose books to read and help turn pages. Encourage the child to name what he/she sees.



Social & Emotional Activities:

19 - 24 months

- Be calm and comforting during and after temper tantrums.
- Give the toddler lots of hugs and kisses and give specific praise for good behavior, like "Great job holding my hand!"
- Be consistent with what the toddler can and cannot do.
- Use words to describe the toddler's emotions - "You are happy when we visit the library." Help the toddler label their feelings. "You seem mad".
- Encourage the toddler to have empathy - to hug/pat a child who is sad.
- Arrange playdates for the toddler to play with other children; have lots of toys to play with because toddlers are still learning to share.
- Give the toddler simple tasks to do to help around the house, such as sweeping and helping with dinner. Give praise for being a good helper.
- Play Parade or Follow the Leader with the child.
- Try to keep to set routines during the day, and let your child know what will be happening next. Say, "Remember, after we brush your hair, we get dressed."



Social & Emotional Activities:

19 - 24 months

- Have a special reading time every day with the toddler. Before bedtime or naptime is a great time to read together.
- Give the child choices but keep them simple. Let the toddler choose a red or a blue shirt while dressing and choose between milk or juice at lunchtime.
- Encourage the child to pretend play. Put a few small chairs in a row to make a “bus.” Ask, “Where will we go today?”
- Teach the child simple songs and finger plays, such as “The Itsy-Bitsy Spider.”
- Get down on the floor and play with the child. Try to follow your child's lead by playing with toys they choose and trying their ideas.



Social & Emotional Activities:

2 - 3 years

- Give the child directions that have two steps. Say, "Put LEGOs in the box, and then put the box in the closet."
- Make a "Me Book" with the child. Take some pieces of paper and glue in pictures of the child, family members, pets, or other special things. Tape/staple the pages together.
- Let the child help when you are cooking and cleaning. Children can do things such as putting flour in a cup or putting away spoons and forks in the drawer.
- Let the child do more things for him/herself, like putting on own shoes and coat. Make sure you give children plenty of time!
- Most children love to imitate. Try new words, animal sounds, and noises, and see if the child can repeat what you say or how you sound.
- Encourage creative play, such as drawing with crayons, painting, and playing with Play-doh. Playing with chalk on the sidewalk is fun.
- Schedule a playdate with another child. Keep it short, such as 1 or 2 hours. Have some playtime with enough toys for two, snack time, and some outdoor play.
- Play with the child and help them learn how to share. Show the child how to share and offer praise when they share with you.



Social & Emotional Activities:

2 - 3 years

- Set limits and be consistent with what the child can and cannot do; give praise for following the rules.
- Talk about the child's emotions; encourage them to identify the feelings of others or characters in books. Support the child to express feelings safely.
- Help the child solve a problem when upset.
- At mealtimes, encourage others, like peers or family members, to talk about their day and include the toddler. Say, "Latoya and I went to the park today. Latoya, tell your sister what we did."
- Give the child directions that have at least two steps when doing things like cooking, dressing, or cleaning. Say, "Put that pan in the sink, and then get the red spoon."
- Tell silly jokes with the child. Simple "What am I?" riddles are also fun. Have a good time and laugh with your child.
- Play games that involve following simple rules, such as Mother May I and Red Light, Green Light.
- Create a pretend argument between stuffed animals or dolls. Talk with the child about what happened, feelings, and how best to work out problems when they come up.



Social & Emotional Activities:

4 years

- Play make-believe with the child - let them be the leader and choose what you will play.
- Say positive things; praise the child and what they are doing.
- Set limits and be consistent with what the child can and cannot do.
- Encourage the child to use words, share toys and take turns playing games of one another's choice.
- Help the child prepare for something new using pretend play about what they might be nervous about.
- Let the child solve problems when playing with friends but be nearby to help out if needed.
- Provide opportunities for the child to be creative.
- When doing house/yard work or clean up time, allow the child to do a small part on their own. Let them empty the wastebasket or clean the crumbs off the table.



Social & Emotional Activities:

4 years

- Introduce a new feeling each day, such as boredom. Use pictures, gestures, and words. Encourage the child to use a variety of words to describe how they feel.
- Encourage activities that involve sharing, such as building with blocks, coloring with crayons, and playing dress up. Teach the child how to ask a friend for a turn. Give him/her a lot of time to play with other children.
- Take the child to the library for story hour. Children can learn about sitting in a group and listening to stories.
- Use stuffed animals to act out an argument. Talk first about how the different animals are feeling. Then, talk about different ways to come to an agreement.



Social & Emotional Activities:

5+ years

- Gently and consistently help your child manage feelings to prevent unsafe behavior.
- Give the child opportunities to play with other children and work out disagreements during play.
- Praise the child for desired behavior, such as asking for things nicely and calmly taking “no” for an answer.
- Encourage imagination through play and encourage working together. Build a store, house, puppet stage, or fire truck out of old boxes.
- Ask the child their birthday, telephone number, and first and last name. Practice what they would do if they were separated from their grown up.
- Talk about real dangers (fire, cars) and make-believe dangers (monsters under the bed) using hand-drawn pictures or pictures cut out from a magazine.
- Tell the child a favorite nursery rhyme that involves the idea of “right” and “wrong.” Discuss what kinds of choices the characters made in the story.
- Play games with the child such as Go Fish, Checkers, or CandyLand. Board games or card games that have three or more rules are great.
- Show the child examples of people from different cultures. Talk about things that are the same or different between them and others.



Behavior Handouts



Behavior Strategies

To increase the chance the child will practice skills and follow your instructions, the following strategies can be used:

- **PRAISE!** Most children LOVE attention from their loved ones. Praise can be motivating for children. Praise works best when it is given right after the child does something you asked. Tell your child why you are giving them praise: *"Good job counting!," "Nice work drawing a circle!"*
- **REWARDS** can be used when asking children to work on challenging tasks. Rewards can include bubbles, snacks, tickles, and toys. Rewards work best when they are given right after the child does something you asked.
- **FUN!** Make working on different skills fun by turning the activities into games!
- **TIMERS** can help with transitions that are hard for children. You can set a timer for 2 minutes and let them know that when the timer goes off, it will be time to do something new. It can be helpful to give a warning when you are going to stop one activity and start another. Timers can be helpful when moving away from a fun activity like playground time.



Behavior Strategies

- **CHOICES.** Giving choices can be helpful. Instead of asking a “yes” or “no” question, give them a choice. You could say, “Do you want to draw or play catch?” If you are working on language skills you could say, “Do you want to play Simon says or read a book together?”
- **BEHAVIOR.** Children sometimes misbehave. This may be when asked to work on a challenging activity or to get out of working on skills. It’s important that you do not let the child get out of doing work because they are misbehaving. Have them take one more turn and then take a break. If you end during the tantrum, it could make misbehavior happen more often (Reinforcement of that misbehavior). Children may also misbehave to “get a reaction” out of you. If they are misbehaving, ignore what they are doing by not talking about the specific misbehavior. Instead, redirect them to another activity or wait until they calm before giving more commands. Do not ignore your child if they are harming themselves or someone else.

If a child continues to have difficulty with tantrums and following directions which causes disruptions to daily life (and it is hard for caregivers to manage), consider behavior therapy. Behavior therapists, like psychologists or counselors, work with families to decrease meltdowns and improve behavior.



Temper Tantrums



Temper Tantrums

What does a typical temper tantrum look like?

For children between 1-3 years, temper tantrums may include whining, crying and shouting, flailing arms and legs, throwing things, holding their breath, tensing their body, or going limp. Temper tantrums usually last approximately 1-15 minutes. It is typical for children to have a tantrum on average once per day.

**Babies under 12 months can sometimes appear irritable, have inconsolable crying, or be unable to soothe. This would not be considered a temper tantrum. Talk to the primary care provider because there may be a medical reason for the behavior.*

Are temper tantrums typical?

Temper tantrums are common in young children, especially ages 2-3.

Children use tantrums as a way to express their emotions before being able to verbalize their feelings in a more acceptable way. It may appear as if the child is out of control (screaming, stomping, and falling to the floor), but this is age appropriate and a part of typical development.



Temper Tantrums

Why do children have more temper tantrums at home?

Temper tantrums happen more often with parents. Children have tantrums when trying to express their feelings with their most trusted caregivers.

Figuring out why the temper tantrum happened can help reduce them in the future.

When to be concerned and seek help for a child's tantrums:

Be concerned if temper tantrums:

- often last longer than 15 minutes.
- become violent.
- include harming themselves.

Consider talking to the child's pediatrician if:

- tantrums continue or get worse after 4 years of age.
- the child is not playing or acting like they typically do in between tantrums.



Temper Tantrums

Why do children have temper tantrums and how should you help?

All behaviors happen for a reason. Children may tantrum to get what they want, if they are unable to ask for what they want, or as a way to express strong emotions.

There are 5 common causes of tantrums including:

- **Medical/physical reasons:** A child engages in a behavior because something is physically wrong. Example: the child could be tired, hungry, and/or sick. They might have a tantrum if they can't communicate that they are hungry and want to eat.

How to help: Have pictures of the child's preferred food so that they can communicate that they are hungry.

- **Avoid doing something (Escape):** A child engages in a behavior to end or avoid something they don't want to do or that is hard for them to do. Example: the child may have a tantrum because the puzzle is hard for them to finish. **How to help:**

Make sure the child knows they can ask for help. Using a picture of a helping hand can be a signal that help is available.



Temper Tantrums

3. **Attention/Connection:** A child engages in a behavior to receive attention or to try to connect with others. Example: the child screams when the grown up is talking to another child. **How to help:** Ignore the screaming and let the child know you will talk to them when they quiet their voice.
4. **Wants something (Tangible):** A child engages in a behavior to get something they want. Example: the child yells and screams while grocery shopping because they want candy. **How to help:** Let the child know what to expect from the shopping trip before going in (pre-teaching). Redirect their attention to holding something in the cart or helping scan at check-out.
5. **Sensory/Automatic:** A child engages in a behavior because it feels physically good or relieves something that feels bad. Example: the child crashes into furniture to gain deep sensory input because it comforts them. **How to help:** provide the child with activities to get deep pressure input in a more appropriate way, such as a trampoline, bear hugs, massage, etc.



Temper Tantrums

Figuring out the reason for the child's behavior- The ABCs

Try to figure out what happened right before the tantrum (antecedent) to potentially cause it and what happened right after the tantrum (consequence). You can do this by writing them down on a chart. See the chart below for examples.

Antecedent	Behavior	Consequence
The child asks for a sucker but told not until after dinner	The child screams and drops to the floor	Parent gives child the sucker to avoid a scene
The child asks for a sucker but told not until after dinner	The child screams and drops to the floor	Parent continues making dinner and doesn't talk to child about sucker
The child asks for a sucker but told not until after dinner	The child screams and drops to the floor	Parent reminds the child they can have a sucker after dinner

The first example where the parent gives the child the sucker may mean the tantrum will happen more often in the future. This means the parent reinforced the behavior. The child may learn that screaming and dropping to the floor will get them a sucker. In the next two examples, the child does not get the sucker immediately so the parent's response is not as likely to reinforce the tantrum behavior.



Temper Tantrums

How to avoid tantrums?

- ☐ Alert children to upcoming changes in schedule or switching activities

Example: provide 1 or 2 warnings before a change in activity

- ☐ Reduce distractions

Example: before providing instructions, make sure to turn off TV/electronics

- ☐ Engage child's attention

Example: kneel down to your child's level when sharing plans or expectations

- ☐ Phrase necessary instructions as statements, not questions

Example: "Eat your dinner, please" instead of "Would you like to eat dinner?"

Remember- giving choices is good, but not when it is something a child must do

- ☐ Prioritize important instructions and follow through

Example: Stick to what you've asked, but offer help as needed

- ☐ Keep it simple

Example: Use short statements and limit extra words, "Put away the toy, please" instead of "Come on, Hakeem, I need you to stop playing, turn off the toy, and put it back in the bin."

- ☐ Avoid repeating instructions over and over

Example: Give an instruction and wait 2-5 seconds to see how the child may respond. If he/she does not respond, think about a way to help them get started on the instruction with your help.



Temper Tantrums

What should grown ups do when a child is having a temper tantrum?

- Stay calm
- Find a distraction
- Ignore the tantrum by not talking to the child about the tantrum
- Keep the child in sight
- Keep the child and others safe

It is important not to give in to tantrums by giving the child what they are tantruming to get, whether that be attention or an item. Avoid changing your mind mid-tantrum and never hit, bite, or kick your child back.

What should be done after a child's tantrum is over?

- Offer praise for slowing down - "You slowed your body so well."
- Acknowledge their feelings - "It is frustrating to not get what we want."
- Teach your child to label emotions - "Feeling mad brings big emotions."
- Teach your child how to handle strong emotions - "When you feel mad, I can help you count to 5 or take deep breaths."
- Set good, positive examples - Model healthy coping skills like breathing, listening to music, or taking a break in a quiet place

Are tantrums the result of poor parenting?

NO. Tantrums are a result of children's personality and current situation.

Typical tantrums, as outlined above, are an expected part of development.



Evaluation Handouts



You were referred to speech and language therapy. What does that mean?

You, the child's doctor, or other caregivers have concerns about the child's language and communication skills. First, the speech and language pathologist (SLP) will evaluate your child to see how they are developing in the following areas:

- Receptive language (what they understand).
- Expressive language (what they say).
- Speech (how well other people can understand what the child says).
- Pragmatic language (how well the child talks with others).
- Swallowing difficulties (how the child chews and swallows food).

The first session could take 1-2 hours to understand the child's skills. If the child can benefit from support, the speech therapist will recommend therapy which may be a group setting or one-to-one therapy. Goals will be based on the child and caregiver's preferences. Caregivers will take part in therapy sessions. The therapist will give activities to work on in between sessions. Caregiver participation is a very important part of helping the child to build skills.



You were referred to physical therapy (PT). What does that mean?

You, the child's doctor, or other caregivers have concerns about the child's gross motor skills. Gross motor skills are behaviors like rolling over, kicking a ball, or walking without tripping.

First, the physical therapist will see how your child is developing in areas including:

- Mobility (crawling, walking, running, jumping).
- Going up and down stairs.
- Balance.
- Endurance.

The first session could take 1-2 hours to understand the child's skills. If the child can benefit from support, the physical therapist will recommend therapy to help your child which is typically one-to-one with a therapist. Goals will be based on the child and caregiver's preferences. Caregivers will take part in therapy sessions. The therapist will give activities to work on in between sessions. Caregiver participation is a very important part of helping the child to build skills.



You were referred to occupational therapy (OT). What does that mean?

You, the child's doctor, or other caregivers have concerns about the child's fine motor skills or sensory processing. Fine motor skills are behaviors like handwriting, zipping clothes, and using silverware. Sensory processing is how a child deals with the sensory input all around them, such as lights and sounds.

First, the occupational therapist will see how your child is developing in the following areas:

- Visual motor (how child copies shapes or letters or completes puzzles).
- Fine motor (how child strings beads, cuts with scissors).
- Daily living skills (how child dresses, toileting, hygiene).
- Eating (how child eats and chews).
- Play and social skills (how child does with turn taking, making friends).
- Sensory processing (is child a picky eater, do they avoid messy play).

The first session could take 1-2 hours to understand the child's skills. If the child can benefit from support, the occupational therapist will recommend therapy to help your child which is typically one-to-one with a therapist. Goals will be based on the child and caregiver's preferences. Caregivers will take part in therapy sessions. The therapist will give activities to work on in between sessions. Caregiver participation is a very important part of helping the child to build skills.



You were referred to psychology.

What does that mean?

You, the child's doctor, or other caregivers have concerns about the child's overall development or challenges with behaviors/tantrums.

First, the psychologist will evaluate how your child is developing in the following areas:

- Thinking or problem-solving skills (cognitive skills, executive functioning).
- Social interactions with peers and other grown ups.
- Play skills.
- Daily living skills (dressing, toileting, hygiene).
- Communication skills.

The psychologist will also want to know about any concerns with difficult behaviors (tantrums, hitting), anxiety or nervousness, sadness, or recent changes in any of the child's behavior.

The first session could take up to 4 hours to understand your child. If your child can benefit from different therapies or other activities, the psychologist will recommend specific treatment.

Recommendations can vary based on your child's needs. Goals will be based on the child and caregiver's preferences. Caregivers are the essential piece of any behavioral therapy and the therapist will likely give you activities to work on in between sessions with the child.



Advocacy Handouts




Concerned about development? How to get help for your child.

Talking to the child's primary care provider (doctor/nurse practitioner/physician assistant) is the first step to get a child help if anyone in the child's life is concerned about development. This can include how the child plays, learns, speaks, acts, or moves.

Don't wait. Acting early can make a difference!

- ☐ Make an appointment with the child's primary care provider to report concerns about the child's development.
- ☐ Write down any areas of concern you (or others) have about the child's development.
- ☐ **Take the list** of concerns to the appointment.
- ☐ Use an app to keep track of developmental milestones like CDC's Milestone Tracker - It's **FREE** to download and use!
- ☐ Discuss specific concerns with the provider and ask if any screening or developmental testing and/or therapy needs to be done.
- ☐ Make any appointments right away. **There will be a wait.**




Help your child grow and thrive

Download CDC's free Milestone Tracker app

Learn more at cdc.gov/MilestoneTracker

CDC's Milestone Tracker Mobile App

Use CDC's free Milestone Tracker app to complete a milestone checklist for your child. Click to learn more!

 Centers for Disease Control and Prevent...

For more information on milestones, go to: <https://bit.ly/3lzn4cT>
For a written handout in English and Spanish (Español):
<https://bit.ly/3K4zbYW>



Concerned about development?

How to get help for your child.

During healthcare appointments, you may hear unfamiliar medical terminology. Make sure all providers explain them clearly. If you do not understand or have additional questions, ask before you leave the appointment.

- ☐ Check your notes to make sure that all your questions are **answered**.
- ☐ Make sure you discuss the next steps with the provider.
- ☐ When you get home, follow the steps from the appointment.

Contact your child's primary care provider if you have additional questions or concerns after visits.

If the child's primary care provider has told you to "wait and see," but you feel uneasy about that advice, what can you do?

You **do not need** a doctor's referral for some services to help your child. You can call to schedule an evaluation to see if the child qualifies for the services below.

- ☐ Before child's 3rd birthday: Call your state's early intervention program.

Find the phone number or website at www.cdc.gov/FindEI.

- ☐ After child's 3rd birthday: Call your local public school district and request an evaluation for special education.



Individualized Education Program (IEP) -The Basics



Individualized Education Program (IEP) - The Basics

What Is An IEP?

An IEP (Individualized Education Program) is a legal document provided by the school district of your child. This document maps out a plan for special education services, supports and accommodations that a child might need to ensure "a free and appropriate education." Programs and services outlined in the IEP may include therapies, instructional accommodations & modifications, assistive technology, or other agreed upon supports.

Who Can Have an IEP?

Any child that has been evaluated and deemed eligible for special education services. The evaluations include testing, observation, and teachers' and caregivers' reports. If a child is eligible for special education services based on the results of the testing and evaluations, there will be a meeting to develop the initial IEP that will say what services a child will receive.



Individualized Education Program (IEP) - The Basics

Some Legal Background

There is a law called the "Individuals with Disabilities Education Act (IDEA)." According to this law, all children are entitled to Free Appropriate Public Education (FAPE) in an environment that is the least restrictive (which means there should be opportunities to try learning in spaces with peers and to make sure children are not isolated).

IEP Timeline

- ☐ Request Evaluation to Determine Eligibility- Make sure to put the request **in writing**.
(The school district can request it too) The caregiver's written consent is required to begin the evaluation.
- ☐ 30 days from the written request, the school district must get caregiver consent to start the evaluation or provide the parent with a Prior Written Notice explaining why the evaluation will not start at this time.
- ☐ The school must share the evaluation plan before the evaluation happens, so you know what is going to happen in advance.
- ☐ From the date of caregiver consent, the district has 60 calendar days to complete the evaluation.



Individualized Education Program (IEP)

- The Basics

- ☐ Development of the written Individual Education Plan has to happen within 30 days after the team meeting. Parents and caregivers are part of the child's team and can and should share ideas and feedback on the IEP.
- ☐ The IEP should be monitored and reviewed periodically. An annual IEP Meeting should be held at the end of each IEP cycle (Expiration date in IEP)



Individualized Education Program (IEP) - The Basics

What Should The Evaluation Include?

- **Objective tests:**

Tests designed to evaluate: general intelligence, understanding of reading (reading comprehension), psychological states, social development and physical abilities. You can request an explanation of such tests as well as your child's test results.

- **2. Comprehensive information:**

For example, the teacher and parent/caregiver reports, evaluations by experts on your child's disability, letters from your child's primary care provider or counselor and documentation of school performance.

- **3. Conclusion:**

Regarding if your child is eligible to receive services.

What If I Disagree?

If the district concludes your child does not need an IEP and you disagree, you have the right to request an Independent Education Evaluation (IEE) "at public expense."



Individualized Education Program (IEP) - The Basics

Prepare For The Meeting

To be organized and prepared for the meeting:

[Get a lot of information](#) about your child's strengths and challenges at school and in other settings.

[Do some research](#) about the programs or supports that could help with your child's needs.

[Talk to other parents](#) of children with IEPs at your school and ask them what has been helpful to them.

[Come up with your own goals](#) for your child's school year. This will help to bring some ideas to the meeting.

You know your child best! [Be very clear](#) about your child's needs while being respectful about the opinions of the school professionals.

The Initial IEP Meeting

- The team will go over your child's performance from the evaluation and/or in school and the educational goals and services and supports the school has already started to meet these goals.
- A child's IEP must be put in writing and signed by the caregiver and the school district. Signing the IEP can be at the end of the meeting (if caregiver agrees and is comfortable) or after the meeting.



Individualized Education Program (IEP) - The Basics

Who should be on the IEP Team?

- Parents/Caregivers
- Special education teacher
- General education teacher
- Special Education Administrator
- Speech/Occupational/Physical therapists
- School psychologist
- Case manager/ team leader
- Social worker (optional)
- Behavioral therapist (if part of the IEP team)
- Your child, when appropriate

If there are other members that caregivers think would be helpful (like a doctor or a close friend), caregivers can invite them as well. Some parents bring an advocate or mediator, especially if there is a disagreement.



Individualized Education Program (IEP) - The Basics

What should my child's IEP include?

- Current performance
- Child's strengths
- Tests results
- Grades
- Behavioral challenges
- Learning styles (defining your child's strengths and challenges will help build a good educational plan)
- Sensory development
- Motor skill development
- Measurable Goals (Goals will be both academic and functional)
- Services (Speech Therapy, Physical Therapy, etc.) including frequency, duration, location and dates.
- Transportation
- Accommodations (Special seating or interpreters)



Individualized Education Program (IEP) - The Basics

Example of an IEP goal

SUBJECT Communication GOAL

Student will request needed item to complete a work activity when given the visual directions using his communication device "talker" starting DATE, with SLP support, with a baseline of 50%, and with a target of 80% completed by DATE.



Individualized Education Program (IEP) - The Basics

Changing an IEP

- IDEA requires that a meeting is held once per year for the IEP team to formally assess a student's IEP and update it if needed.
- The caregiver or another IEP team member is entitled to call an IEP meeting at any time if they feel there is an issue that needs to be addressed. It can be helpful to request a meeting in writing with a detailed explanation of the issue(s) to address.
- Some examples of why your child's IEP might need updating include:
 - Your child has accomplished a goal earlier than expected
 - Your child is struggling in a new area
 - There are new services to include (assistive technology or new kinds of intervention) to further support your child's growth
 - Any mental or physical health changes that might require different supports or accommodations

Assessments, grades, homework scores and other test results are clear and easy ways to measure a child's progress. Regularly check in with each member of the team, or any other professionals who are providing services to the child, like SLP, OT, PT etc.



Individualized Education Program (IEP) - The Basics

Disputing An IEP

Though an IEP cannot go into effect without parental/caregiver approval/signature, parents may find an issue with the IEP that they would like to see changed. For example, they may want to see more time for tests, additional hours of a related service or to have an updated goal before signing.

Resolving a dispute

- Call an informal meeting with the IEP team to share concerns. If concerns are not resolved, then...
- 2. Request a formal IEP meeting. If concerns are not resolved, then...
- 3. Request a Formal Mediation
 - A mediator is someone who is a neutral third party with expertise in special education and IEP.
 - The mediator does not make the decision, but rather facilitates conversations to get to a decision or resolution.



Individualized Education Program (IEP) - The Basics

Things To Remember

Be Informed

- Monitor progress as often as possible.
- Talk to other parents and research what services and supports others in your school or community have received to make sure you know what is available.
- Know your rights! Learn all there is to know about IDEA.

An important resource for this is <https://www.wrightslaw.com>

Be organized - Keep and organize the following information:

- All school records - report cards, evaluations, IEPs
- Health records and any information from the child's health professionals
- Any other private evaluations
- Contact information for all individuals with whom you interact during the IEP process



Individualized Education Program (IEP) - The Basics

Things To Remember

Be Positive

- For an IEP to be effective, it is important that all team members including parents/caregivers have positive and realistic visions for the future.
- Maintaining a positive relationship with all members of the IEP team will lead to greater success throughout the IEP process.
- Remember that the process is about collaboration, not competition.

Ohio Education Resources



Evaluation Roadmap for Families with Children Ages 3-21
(ohio.gov)

<https://bit.ly/iep-English>



Evaluation Roadmap for Families with Children Ages 3-21
(ohio.gov)

<http://bit.ly/IEP-Spanish>



IEP - Basics Acknowledgment: Developed in collaboration with
Gretchen Carroll, MEd, Special Educator

How can a social worker help you?

Social workers can help you to better understand the school and healthcare systems. They serve many roles based on their setting.

You may contact a social worker to see how your child can get help in the following areas:

- Community resources.
- Problem solving and making decisions about your child's services.
- Coordination and referrals for services.
- Advocacy resources.
- Access to school and healthcare supports and services.
- Social and emotional supports for caregivers.

After talking to the social worker, if you or your child can benefit from additional supports or resources, the social worker can help connect you to the right places.



Common Terms

Intervention, Therapy, Treatment

- Services recommended to improve skills in certain areas or to decrease challenges or concerns in other areas.
 - Examples- speech and language therapy to build communication skills; behavior therapy to decrease tantrums
- Can be provided in school or outpatient settings. Therapy in both settings may be needed to make progress toward goals.
- Goals addressed in school will focus on skills or behaviors that impact the school setting, like handwriting.
- Goals addressed in outpatient settings are based on child and family priorities.



Common Terms

Occupational Therapist (OT): Provides evaluation and treatment to children to help increase independence in the following areas (in either a school or outpatient setting):

- **Activities of daily living (ADLs):** Activities that are performed each day including dressing, bathing, feeding, and/or play.
- **Play skills/Social skills:** Help a child learn language, imitation skills or taking turns. Play changes as children get older.
 - Functional play: Play with the toy as it is intended, like roll a car on the ground or a track.
 - Pretend play: Play with a toy in a different way than it is intended. An example is putting a banana up to the ear and talking on it like it is a telephone.
 - Parallel play: Playing next to a child, with each child playing on their own. This is common with 2-3-year-olds.



Common Terms

OT continued

- **Associative play:** Playing next to a child with the same or similar toy. An example is each child using blocks to build buildings. They may start to talk about what they are doing or ask each other questions. This is common with 4-year-olds.
- **Cooperative play:** Children playing together. This usually starts around age 4-5 years.
- **Fine motor skills:** Activities that involve the small muscles of the hands and wrists such as stacking blocks, stringing beads or holding a crayon.
- **Visual motor skills:** Using the eyes and hands together such as doing a puzzle, cutting out a shape, and/or catching a ball.
- **Sensory processing:** The way a child takes in, organizes, and responds to sensory information around them. Children who have difficulty with sensory skills can either be over or under responsive to sensory information.



Common Terms

Physical Therapist (PT): Provides evaluation and therapy to children to improve their range of motion, strength, flexibility, and movement patterns. They often help children learn to roll, walk, and skip. They can be in school or in an outpatient setting.

PTs work on the following:

- **Gross motor skills:** Activities that involve the large muscles of arms and legs like climbing, running, and jumping.
- **Range of Motion (ROM):** How well one can move body parts
- **Assistive devices:** Equipment used to help to move around the environment. Examples are crutches, braces, walkers.



Common Terms

Speech-Language Pathologist (SLP): Provide evaluation and treatment to children related to language (expressive language) and articulation and intelligibility (speaking clearly). They also work with children to understand others (receptive language) and for pragmatic communication (social use of language). They can be in school or in an outpatient setting.

- **Expressive communication:** The use of words, sentences, gestures and writing to show meaning. Examples are being able to label objects, describe actions and events, put words together in sentences, use grammar correctly.
- **Articulation:** Using sounds that are understandable to others (clear pronunciation) while talking. A child's ability to move the tongue, lips, teeth, and jaw to produce the speech sounds that make up words. If a child has difficulty with articulation, they will be harder to understand.
- **Intelligibility:** How well a child's speech can be understood. By age 3, 75% of a child's speech should be understood by adults. By age 5, at least 90% of their speech should be understood by adults.



Common Terms

SLP continued

- **Receptive communication:** A child's ability to listen and understand what is communicated to them. For example, how well does a child follow directions. This includes understanding the tone and emotions of others as well as their gestures, like pointing.
- **Pragmatic Language:** Using communication in social situations (knowing what to say, how to say it, and when to say it). Involves greetings, like "hello" and sharing information ("I like pizza"). It can also include requesting ("Can I play with you?") and taking turns in conversations.
- **Oral motor skills:** Oral motor skills involve the movements of the mouth, jaw, tongue, lips, and cheeks. Having good strength, coordination, and control of structures is needed for feeding activities such as sucking, biting, and chewing and speech articulation.



Common Terms

Child psychologist: Works with you and your child to improve the child's functioning/outcomes in the following areas: child development, like milestones, social skills, and emotional and behavioral concerns, like decreasing tantrums. Provides evaluation and treatment in school or outpatient settings.

- **Behavior plan:** A specific plan used to increase positive behaviors (such as eating vegetables, keeping hands to self) or to decrease concerning behaviors such as hitting or tantrums. A behavior plan is unique to each child and is most effective when used consistently across caregivers or settings.
- **Reinforcement:** A reinforcer is anything that increases the likelihood the behavior will happen more in the future. Used to increase positive behaviors like sharing toys and decrease negative behaviors like tantrums. Often, rewards such as snacks, praise, or access to a favorite toy may be used as reinforcement. For example, if a child has a tantrum and is given their favorite toy, they may have another tantrum to try to get that same toy in the future. If a child shares their toy and is given praise, like "Thank you for sharing your toy" and a favorite snack, they may be more likely to share the toy again.



Common Terms

Psychologist continued

- **Cognitive skills:** Skills your child's brain uses to think, read, problem-solve, learn, remember, reason, and pay attention. Together, these skills help children learn at school and at home. Children who have difficulties in one or more of these areas may need additional help in school and at home to reach their full potential.
- **Functions of Behavior:** Behaviors happened for a reason, typically to communicate a need or want. Working with a psychologist can help figure out the function of a child's behavior and connect strategies to improve quality of life.
- **Repetitive behaviors:** Repetitive movements of the body (rocking back and forth), play (lining or stacking toys over and over), and speech, (repeating words others say). Repetitive behaviors can also include routines. Examples are needing to walk the same path every time or drinking only out of one specific cup. Repetitive behaviors are common in young children (ages 0-3) and typically decrease as children age.



Common Terms

- **Social Worker/Licensed Social Worker (LSW):** An LSW or social worker works with doctors, nurses, other medical specialties/disciplines, schools, and government/community agencies to coordinate care and supports. Social workers connect families to various resources within healthcare and their community. Examples are behavioral supports, funding options including Medicaid Waivers, assistance with school questions, or information on support groups and trainings.
- **Medical Team:** There are several professionals who can assess, diagnose and prescribe medication for your child. These professionals include:
 - **Primary Care Provider (PCP):** A healthcare provider who sees patients that have common medical problems.
 - **Medical Doctor (MD/DO):** A healthcare provider who completed medical school and trained to treat common or specialized medical problems.
 - **Developmental and Behavioral Pediatrician (DBP):** A medical doctor (MD/DO) with extra training to provide healthcare for children and adolescents with developmental and behavioral disorders.
 - **Nurse Practitioner (NP):** A healthcare provider who completed a graduate program in nursing and trained in treating common or specialized health problems.
 - **Physician Assistant (PA):** A healthcare provider who completed a graduate program in physician assistant school and trained in treating common or specialized medical problems.



Common Terms

- **Medical home:** Primary care provider and their team in combination with the family/patient to meet medical needs.
 - **PPC (Pediatric Primary Care):** Center to get medical care from MD/DO, PA, NP, or other medical professionals.
- **Developmental milestones:** Skills that children develop in how they play, learn, speak, act, and move, such as pointing, talking, or walking.
- **Adverse Childhood Experiences (ACEs):** Potentially traumatic experiences that occur in childhood and can affect children later in life. Examples are abuse, neglect, financial difficulties/poverty, experiencing or witnessing violence.
- **Trauma/Toxic Stress:** When children experience stress for long periods of time, such as experiences of physical or emotional abuse, neglect, caregiver substance use disorder or mental health problems. Toxic stress changes the brain and other organs like the heart. It can increase a child's risk of social, emotional, and behavioral health problems.

Toxic stress affects how a child develops.

A loving relationship with a caregiver can protect against the effects of toxic stress.



Common Education Terms

- **Early Intervention (EI):** supports and services that assist young children (birth to 3rd birthday in most states) who have developmental delays/disabilities.
- **Individualized Family Service Plan (IFSP):** a plan put into place for young children (0-3 years) that focuses on the child and family and the services needed to support a child's development needs.
- **Academic Services:** a variety of educational and instructional supports given to students to help them succeed in school.
- **Evaluation Team Report (ETR):** an evaluation report created to qualify a student (age 3 and older) for special education services.
- **Individualized Education Program (IEP):** a specially designed legal instruction program created to support the individual needs of a student (age 3 and older). An IEP gives support services for students in need of additional resources. Resources may include academic or behavior support.
- **504 Plan:** a legal plan for a child with an identified disability that requires the school to give accommodations that will make sure they are successful.
- **Functional Behavior Assessment (FBA):** an assessment that identifies a behavior and the reasons and situations related to the behavior that interferes with a child's success at school.
- **Behavioral Intervention Plan (BIP):** a plan based on the Functional Behavior Assessment (FBA) which spells out the actions to take to improve or replace the behavior. There should always be a BIP with an FBA.

