JOB-EMBEDDED COACHING TO IMPLEMENT THE TEAM ANALYSIS OF PRESCHOOLERS IN ROUTINES (TAPIR) APPROACH: BUILDING PROFESSIONAL COLLABORATION

By

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ABSTRACT

This inquiry primarily employed the qualitative methodology to understand the nature impact of the utilization of the *Team Analysis of Preschoolers in Routines* (TAPIR) approach in a novel setting. The TAPIR approach incorporates collaborative practices throughout program components including: assessment, Individualized Education Plan (IEP) development, planning, intervention, and ongoing progress monitoring. A key feature of the TAPIR approach is its focus on functional participation of preschoolers within preschool routines. Professional development (PD) (i.e. instructional support and job-embedded coaching) was provided to an inclusive early childhood program staff to support the implementation of TAPIR by teams of early childhood practitioners. Results of the 12-week inquiry, reveal insights into: (a) existing practices, (b) intensity, duration, content focus and format of the PD, (c) barriers to implementation (i.e. the relationship of beliefs to practice), (d) shared leadership strategies, and (e) the nature and efficacy of its outcomes. Limitations of the findings and implications for future research are discussed.

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CHAPTER 1: INTRODUCTION

The *Team Analysis of Preschoolers in Routines* (TAPIR) (Parks, 2010) is an approach designed to support professional collaboration among interdisciplinary team members serving young children with special needs in order to ensure the children's functional participation in the ongoing routines of their preschool classrooms. To ensure this outcome, the TAPIR incorporates collaborative practices for interdisciplinary teams throughout a program's components including: assessment, individualized education plan (IEP) development, classroom instructional planning, the delivery of special education and related services, and ongoing progress monitoring.

The TAPIR (Parks, 2010) was developed for implementation in a single large suburban public school district's preschool special education program and has been periodically revised with input from the early childhood special education core team members over the course of the past eight years (Parks & Thompson, 2011). Its implementation gradually expanded within the program as practitioners found it to be an effective approach. Hence, there has been a growing interest in employing the TAPIR in the early childhood special education programs of neighboring districts. Thus, a need was identified to explore features of professional development content and strategies that could effectively instruct and support the implementation of TAPIR by teams of early childhood practitioners in novel settings.

Purpose

This study was designed to evaluate the implementation and outcomes of professional development activities that resulted in the initial use of the TAPIR approach by personnel in an early childhood special education program of a small mid-west public school district. The research methodology of naturalistic inquiry (Lincoln & Guba, 1985)was employed to facilitate

the researcher's understanding of several aspects of the study components and outcomes. First, the researcher wanted to capture the perceptions of the early childhood practitioners regarding: (a) the utility of TAPIR components and (b) the effectiveness of the professional development strategies employed to introduce the TAPIR and facilitate its implementation. Second, she hoped to gain insight into the change process that occurred in the collaborative attitudes and the team practices of early childhood special education practitioners as a result of: (a) the professional development strategies provided for them and (b) their experiences with implementing the TAPIR. Third, it was hoped that the results of this study could be used to guide the development of additional research studies to systematically validate components of the TAPIR as well as systematically evaluate the professional development components in regard to intensity, duration, content focus and format to ensure fidelity of implementation and efficacy of the outcomes.

Guiding Questions

The selection and implementation of quantitative and qualitative methods employed in the study were guided by the research questions. The following four broad questions were addressed in this inquiry:

1. How do the early childhood practitioners perceive the instructional support and consultative services provided?
2. What is nature of the consultation and support that is needed during the implementation-training period (i.e. strategies, content foci, intensity, frequency and duration)?

3. What barriers and facilitators do the practitioners report experiencing when adopting and implementing the collaborative teaming practices associated with the TAPIR approach?
4. What are the impacts of the instructional support and coaching practices on early childhood special education practitioners in terms of changes in their practice regarding collaboration innovation using the TAPIR process?

CHAPTER 2: REVIEW OF LITERATURE

The move away from uni-disciplinary work has a long history in many fields (O'Sullivan, Stoddard, & Kalishman, 2010). Increasingly, *collaboration* between business, non-profit, health and educational agencies is being championed as a powerful strategy to achieve a vision otherwise not possible when independent entities work alone (Gajda, 2004; Grubs, 2000; Kabler & Genshaft, 1983; Smith, Frey, & Tollefson, 2003; Todeva & Knoke, 2005). Collaboration has a variety of definitions but is generally viewed as the cooperative way that two or more entities work together toward a shared goal (Frey, Lohmeier, Lee, & Tollefson, 2006). This chapter will review past seminal works as well as relevant literature on the topics of:

- Policy and legislation that address functional practices
- Division of Early Childhood (DEC): Recommended Practices
- Adult learning theory as it relates to professional development
- Professional development to support changes in practice
- Frameworks and strategies to support access and participation in early childhood

The first section of this chapter will explore policy associated with disability frameworks and special education legislation as well as recommended practices guiding early childhood special education. Two recommended practices will be unpacked to further investigate the literature supporting: (a) authentic assessment (and its relationship to) functional IEP development, and (b) interdisciplinary models that rely on collaboration and consultation.

Policy and Legislation Addressing Functional Practices

During the past thirty years a perspective emphasizing policies that support the participation of individuals with disabilities in home, school, work, and other community

environments of relevance has emerged in the frameworks, legislation of the disability and special education fields. In order to support meaningful and functional participation, this perspective has also focused attention on the development and implementation of recommended practices as well as the critical nature of collaborative efforts among multiple health and educational professionals.

The World Health Organization's Disablement Framework

The World Health Organization's (WHO) adoption of the International Classification of Functioning, Disability, and Health (ICF) in 2001 represents a radical change in its disablement framework. In a discussion of the ICF, Jette (2005) asserted that the disablement language of the ICF rejects a purely 'medical' or 'biological' model and has replaced the terminology that implied distinctions between healthy individuals or populations and those that experience disabilities. Thus, the ICF sets forth an international endorsement of a disablement framework that addresses on how people live with their conditions. The individual's functional status is addressed and the impact of the social and environmental context is acknowledged.

The ICF (World Health Organization, 2001) framework and its related language allows all health professionals to focus their practices on supporting participation (Kearney & Pryor, 2004) and to identify facilitators that can benefit all people. Jette (2005) explained how, within this framework, activity and participation are defined and conceptualized.

> Activity is defined as the execution of specific tasks or actions by an individual, with activity limitations considered to be difficulties that an individual might have in executing activities. Participation is conceptualized as encompassing involvement in a life situation, with participation restrictions considered to be problems that an individual might experience in real-life situations. (p. 119)

In another interesting discussion of the changing language of disablement, Stucki, Ewert, and Cieza (2003) pointed out that if widely adopted, the ICF encourages increased discourse across professions and national boundaries and facilitates the implementation of interdisciplinary research that could inform health policy and management.

Individuals With Disabilities Act 2004: Special Education Legislation

Language pertaining to the participation as it relates to access to the general education curriculum within general education classrooms for all children and youth with individual education plans, including preschool age children receiving early childhood special education services, was initially addressed in the Individuals with Disabilities Education Act *(*IDEA) 1997 (IDEA ’97, §300.346) and expanded in 2004 ("Individuals with Disabilities Education Improvement Act of 2004,"). The key expansions in IDEA 2004 were delineated and discussed by Joanne Karger (2005) in a policy paper for the National Center on Accessing the General Curriculum. Three of these expansions pertaining to individual education plans (thus inclusive of children ages 3 through 5) most relevant to this discussion follow.

1. IDEA ’04 adds to the requirements pertaining to the present level of performance that is part of the individual education plan. Specifically, the specific effect of the student’s disability on his/her involvement and progress in the general education curriculum must be addressed. Further, it also extends the specification of “educational performance” to include specification of “functional performance,” to the present level of performance.
2. IDEA ’04 extends the individual education plan requirements to include “functional annual goals” in addition to academic goals.

3. IDEA ’04 extends the language pertaining to the individual education plan requirement by specifying that peer-reviewed research be used to determine the provision of necessary supplementary aids and services, program modifications and supports to be provided by school personnel.

Both IDEA ’97 and IDEA ’04 include the requirement that the child’s regular education teacher be a member of the IEP team. While there are a number of specific caveats that allow this provision to be altered particularly in the case of early childhood special education services, this provision reinforces a preference in favor of a regular education placement and also reinforces collaboration across general education teacher and special education service providers.

Division of Early Childhood (DEC): Recommended Practices

The Division for Early Childhood (DEC) of the Council for Exceptional Children developed Recommended Practices to bridge the gap between research and practice, offering guidance to parents and professionals who work with young children with disabilities. DEC’s primary goal was to identify practices that result in better outcomes for young children with disabilities, their families, and the personnel who serve them (Sandall, Hemmeter, Smith, & McLean, 2005). The most recent compilation of the *Division of Early Childhood (DEC) Recommended Practices in Early Intervention/Early Childhood Special Education* (Sandall, McLean, & Smith, 2000) contains 240 recommended practices across seven strands that evolved from a process involving input from literature reviews, scientific experts, nine stakeholder focus groups, and field validation of the synthesized practices (Sandall et al., 2000).

A validation survey of the initial DEC Recommended Practices (Odom, McLean, Johnson, & La Montagne, 1995) revealed that most practitioners agreed that the practices identified were important, but they also noted that many of the practices were not in place in

their programs. In a more recent discussion of implementation science, Odom (2009) indicated that while there may be improvement in the implementation of the current revised practices, he voiced what he termed "an educated guess" that the implementation of recommended practices frequently vary from an evidence-based norm. He also indicated that only when the essential elements of the practices are employed, will they produce positive effects for children and families (Odom, 2009). A brief discussion of the literature related to two of the seven DEC recommended practices that apply directly to this study follow.

The following sections present a review of the literature related to two of the seven DEC Recommended Practices that apply directly to this study, specifically the strands addressing Authentic Assessment and Interdisciplinary Model. A review of the literature base supporting both of the strands provides insight, illustrates challenges, and offers support for the continued and pressing need for the professional development content addressed in this study.

Recommended Practice: Authentic Assessment

In lieu of traditional psychometric assessments focused on diagnostic and classification decisions, recommended practice regarding assessment strategies of young children emphasizes authentic assessment strategies as useful in guiding decisions about instruction and intervention. Authentic assessment practices are naturalistic methods used to obtain functional, contextual information relevant to learning in routine activities (Maxwell, 2009). In his book *Authentic Assessment*, Bagnato (2007) supported the need for functional assessment and called for the involvement of interdisciplinary teams in this process. More specifically, he called for the interdisciplinary fields to "abandon de-contextualized testing practices" and use measurement techniques that capture authentic portraits of the naturally occurring competencies of young children in everyday settings and routines.

Linking authentic assessment to functional outcomes. As the intended focus of intervention has shifted to include attention to access and participation in the general education preschool curriculum, leaders in the field of early childhood special education have called for the development of IEP goals that are functional and generative while reflecting family priorities resulting in positive child outcomes designed to target participation in inclusive preschool settings (Bricker, Pretti-Frontczak, & McCamas, 1998; McWilliam & Casey, 2007; McWilliam, 1996; Odom, 2009; Pretti-Frontczak & Bricker, 2000). These recommendations hinge on (a) authentic assessment linked to meaningful outcomes and (b) developing functional IEP goals embedded into ongoing preschool activities.

A number of researchers and leaders in the field of early childhood special education assert that assessment must be inextricably linked to instruction, functional use of skills, and participation to support inclusive practices in preschool settings (Bagnato, 2006; Snyder, Wixson, Talapatra, & Roach, 2008) resulting in information that is helpful in making accurate and useful decisions regarding intervention planning (Grisham-Brown, Hemmeter, & Pretti-Frontczak, 2005).

The most recent Division of Early Childhood (DEC) recommended practice guidelines for assessment (Bagnato & Neisworth, 2005) call for using measures that have *high treatment validity* (i.e. link assessment, individual program planning, and progress evaluation) and represent a "fusion" of assessment and intervention (Meisels & Atkins-Burnett, 2000). In his book, *Widening the Circle*, Odom (2001) stressed that using the information from contextually relevant assessment tools facilitates the development of outcome measures that enable children to be active participants in the school day. McWilliam and Casey (2008) reinforce this concept by recommending that, when observing and analyzing what young children with disabilities can

and cannot do, focus must be directed to the functional use of the developmental skills in their ongoing classroom routines.

Functional IEP goal development. Goodman and Bond (1983) were some of the first to point out that the *process* by which the IEP goals are developed and written impacts their functionality and how they are addressed. An important role of the collaborative team should be to develop goals and objectives that are immediately meaningful and functional in the variety of contexts within the child's classroom (Bagnato & Macy, 2010). Therefore, practitioners must consider the child's context in order to develop functional goals and recommendations.

Early childhood professional find the functionality and contextual fit of the goals and objectives of young children challenging. In an article illustrating the strategies for developing IEP goals and objectives, Grisham-Brown, Pretti-Frontczak, Hemmeter, and Ridgley (2002) discuss how unfortunately teams often develop IEP goals from assessments that have little relevance to the child's daily lives by selecting assessment items that: (a) the children "missed" on the assessment, (b) are specific to one set of materials, and (c) are difficult to address within daily activities.

In their article examining the development of quality IEP goals and objectives, Pretti-Frontczak and Bricker (2000) noted that even when early childhood and early childhood special educators work together, the IEP goals are sometimes viewed as separate and unrelated to the goals and objectives for all children in the class. They pointed out that the discrepancy between recommended practices and actual practice in writing IEP goals and objectives results in fragmented, discipline-specific IEP goals. This perspective was also shared in a more recent publication warning that the outcome of fragmented, discipline-specific goals drives discipline-specific intervention out of context or outside of the daily routine (Hanft, Shepherd, Clark, &

Swinth, 2008).

Recommended Practice: Interdisciplinary Models / Integrated Therapies

The second DEC Recommended Practice strand addressed here relates to recommended practices in interdisciplinary models. The terms "interdisciplinary" and "transdisciplinary" are often referred to interchangeable in the literature. Whereas interdisciplinary refers to interaction among professionals from different disciplines, transdisciplinary refers to a specific way in which those interactions occur. Therefore, DEC chose to use the term "interdisciplinary" because they deemed it more inclusive of the concept of working together with others (McWilliam, 1996; Rapport, McWillaim, & Smith, 2004).

The 19 practices in this strand emphasize teamwork, loose boundaries between disciplines, and functional intervention. In their article "Practices Across Disciplines in Early Intervention," Rapport, McWilliam, and Smith (2004) discuss the research base supporting the recommended practice of utilizing interdisciplinary models. Synchronization is the underlying premise of interdisciplinary models as opposed to targeting isolated discipline-specific outcomes and interventions. Collaborative problem solving can occur when teams operating from an interdisciplinary model have a holistic view of the child rather than holding fast to a domain- or discipline-specific approach (Rapport et al., 2004).

Shared responsibility for IEP goals. The 19th practice recommendation in the Interdisciplinary strand emphasizes the importance of shared responsibility of the team members: "Team members recognize that outcomes are a shared responsibility across people (i.e. those who care for and interact with the child) working with the child and family" (Rapport et al., 2004, p. 37).

The results of a survey of professionals and parents conducted by Hunt, Soto, Maier, and

Doering (2003) indicate that professionals from related service disciplines prefer having control over decisions relating to their own services (e.g. amount, delivery model) rather than sharing these decisions with the team. In a discussion of transdisciplinary team work and integrated therapy, York, Rainforth, and Giangreco (1990) pointed out that when therapists write separate and often contextually irrelevant goals on the child's IEP, team intervention planning is fragmented. McWilliam supported this perspective in a discussion of teaming practices (McWilliam, 1996). Specifically, he raised major concerns about related service professionals making independent decisions about the amount and type of services a student needs prior to fully understanding the other team members' perspectives.

A number of leading professionals in the field of early childhood special education have continued to articulate the importance of the giving up the discipline-specific perspective. For example, Bruder (2000) called for the implementation of interdisciplinary team-based models with high levels of collaboration to merge interventions that intentionally cut across developmental areas in contrast to the practice of a different person from each discipline addressing a separate developmental domain with a child. Klein, Cook and Richardson-Gibbs (2001) authored a chapter on the work of the early childhood special education team for a book addressing strategies for including children with special needs in early childhood settings. These researchers suggested that successful collaboration requires "planning, a commitment to problem solving, and a willingness to give up one's own agenda" (p. 37).

Prelock, Miller, and Reed (1995) described a collaborative model based on a transdisciplinary approach used in early childhood and elementary age levels in their article. In the model the teacher and SLP developed a collaborative relationship to plan classroom communication interventions. They met consistently to plan 30- to 40-minute intervention

sessions. The teacher collected both narrative and "tally" data to track student outcomes post-intervention. Results indicated that the strength of the intervention program was the overall commitment to a shared responsibility for student outcomes.

Collaborative consultation. Team members are expected to use their professional knowledge and interpersonal skills to blend hands-on *and* consultative services (Rapport et al., 2004) for students with team and system supports for families, educators, and the school system at large, specifically when planning and deciding on a service delivery model. Another of the 19 practices in Interdisciplinary Models strand recommends that team members include indirect or consultative services within the definition of therapy and specialized instruction (Rapport et al., 2004).

Dunn (1990) conducted one of the first studies regarding collaborative consultation with practitioners working with preschool-age children in educational settings. In this pilot study, Dunn compared the service delivery of occupational therapy in a direct service model versus a collaborative consultation model. Fourteen preschoolers and kindergartners were randomly assigned to interventions. Although both groups achieved similar percentages of individualized education plan goals, teachers who collaborated with therapists reported much larger occupational therapy contributions and had more positive attitudes.

Sayers (2008) conducted a review of the literature in the field of occupational therapy to explore the evidence supporting the efficacy of a classroom-based collaborative approach versus a pull-out model of therapeutic intervention for facilitating students' participation in schools. After reviewing 10 articles, results indicated that a collaborative approach to service delivery may be as effective in improving student performance when compared to direct 1:1 pull-out and small group service delivery. Teachers involved in the collaborative consultation partnership

reported greater satisfaction with services and increased implementation of therapists' suggestions when classroom-based services were provided.

In congruence with previous findings, Campbell, Missiuna, Rivard and Pollock (2012) recently found that children receiving Occupational Therapy services within the an education setting made the same progress when a collaborative consultation model of services delivery was compared to direct services. Teachers collaborating with the Occupational Therapists reported that they valued the collaborative consultation model more than the direct services model (Campbell et al., 2012).

Similar findings are found within the literature in the Speech and Language Pathology (SLP) field. Korth, Sharp, and Cullatta (2010) examined the impact of SLPs collaborating with Head Start teachers in the implementation of an early literacy program. The SLPs provided intervention to 4-year-old preschool children using an early reading program within the preschool classroom. The SLPs incorporated the teachers' classroom themes into their instruction while providing direct and consultative services. Results demonstrated that teachers' early understanding and practices were influenced by exposure to the early literacy instruction. These researchers reported that the success of their study was dependent upon collaboration between the SLPs and teachers.

In 1997, Rainforth conducted a literature review of legislation and policy to address the brewing controversy of role release in educational settings within the field of physical therapy at that time. In the article, role release was defined as: (a) sharing information about disability and interventions, (b) sharing specific information for making decisions about intervention, (c) teaching specific skills associated with one's discipline to be used for a child during specific situations. Rainforth examined legislation from each state as well as policies from the physical

therapy professional organizations. Results of the literature review were strongly in favor of role release. Rainforth reported that documents defining the legal and ethical practice of physical therapy allow for and even encourage role release in educational settings by family members, teacher assistance, and others serving students (Rainforth, 1997).

Murata and Tan (2009) detailed collaborative practices between preschool teachers, adapted physical educators, physical therapists, and occupational therapists in teaching motor skills for preschoolers with developmental delays. The authors recommend a collaborative approach in teaching the motor domain to facilitate developing preschooler's readiness skills such as motor imitation, bilateral coordination and sequencing, and spatial awareness. In their article they describe the team process when collaborating on teaching strategies, behavioral supports, and motivation to facilitate active participation. The team members work in synchrony for common goals, providing input from their individual areas of expertise, so the children can learn and generalize skills across all environments.

The following sections of this chapter will provide an abbreviated literature review within the areas of adult learning theory as it relates to the systems change process. These sections will explore the evidence and implications of implementing evidence-based practices through professional development.

Adult Learning Theory

Adult learning refers to a collection of theories and methods for describing how the processes of learning are optimized (Yang, 2003). An extensive research review conducted by Donovan, Bransford, and Pellegrino (1999) identified three key elements of the science of learning. Specifically these key elements are: (1) new material and information is more easily learned when it is related to existing knowledge and is relevant to the learner, (2) mastery of new

material and information requires application of the knowledge, and (3) ongoing monitoring of learning and self-assessment of progress facilitates deeper understanding and continued application of new knowledge or practice.

Trivette, Dunst, Hamby, and O'Herin (2009) recently conducted a synthesis to investigate the effectiveness of four adult learning methods: accelerated learning, coaching, guided design, and just-in-time training. The synthesis included 79 studies using either randomized controlled trials or comparison group designs. Trivette et al. (2009) identified six major adult learning characteristics and practices as shown in Table 1. Results showed that all six adult learning method characteristics were associated with positive outcomes for the participants. However, methods and practices that more actively involved learners in acquiring, using, and evaluating new knowledge and practice had the most positive consequences. Results also showed that the adult learning methods were most effective when used with a small number of learners (< 30) for more than 10 hours on multiple occasions.

In an article by Odom (2009) implementation is described as the link between evidence-based practices and positive outcomes. At the conclusion of this work, strategies for promoting implementation through "enlightened professional development" are proposed. Odom classifies in-service practices or ongoing change in service systems to support evidence-based practices as expired (i.e. older practices that are not as relevant today), tired (i.e. practices that are still used by may not be sufficient to move from science to practice) or wired (i.e. practices in the forefront of current movements and represent the next steps for the field).

Table 1

Six Major Adult Learning Characteristics and Practices

Major Adult Learning Methods	**Characteristics and Practices**
1. Introducing Information	• Out of class activities • Classroom or workshop lectures • Dramatic readings
2. Illustrate and Demonstrate	• Learner input • Role play or simulation • Real life examples • Instructional video
3. Practicing	• Real life application • Problem solving tasks • Learning games • Role play
4. Evaluation	• Assess strengths and weaknesses • Review experience and make changes
5. Reflection	• Performance improvement • Journaling • Group discussion about feedback
6. Mastery	• Self-assessment

Table 2 is a representation of the table found in Odom's article. Practices described as "expired" are those based only on professional opinion and narrative reviews of the literature. Meta-analysis, What Works Clearinghouse, and quantitative reviews of study results are regarded as "tired" in that they have been used, but have not been shown to promote implementation. However, practices considered "wired" include: practice-based evidence reviews, implementation science, and enlightened professional development.

Table 2

Expired, Tired, and Wired Approaches to Promoting Evidence-Based Practice

Expired	Tired	Wired
• Practices based only on professional opinion • Narrative reviews of the literature	• Meta-analysis • What Works Clearinghouse • Quantitative reviews of studies and aggregation of results	• Practice-based review of evidence • Implementation Science • Enlightened professional development

Odom (2009) refers to enlightened professional development approaches as ones that build on our increased knowledge of the dynamics of professional teaming and collaboration as well as the ongoing advances in technology. Five enlightened professional development approaches highlighted in the article are: (a) models of teaming and team building (Hayden, Frederick, & Smith, 2003); (b) coaching and consultation (Wesley & Buysse, 2004); communities of practice (Wesley & Buysse, 2001); (c) online instruction; (d) web-based video and visual access; (e) web-based interactive systems. Enlightened approaches to professional development offer great promise for leading effective practices from research to practice (Odom, 2009).

Professional Development to Support Changes in Practice

Knowledge-based professional development or training alone is not sufficient for yielding changes in practice (Ochshorn, 2011). Many of the foremost researchers on adoption and implementation of innovations in school (Fullan, 1991) specify that a set of organizational supports is necessary for practitioners in educational systems to be able to implement innovations, such as evidence-based practices.

The element of ownership is a key principle for professional growth and is viewed

internationally (Edwards & Nuttall, 2009) as a leverage point for change. In their manuscript on professional learning in early childhood settings Edwards and Nuttall (2009) connect leverage points to a shared vision, school culture, leadership, and continuous learning.

In one of his most recent books, Fullan (2008) examined the change concepts and processes as they relate to education. Fullan suggests that when leaders attend to the following concepts the organization will be constantly learning, growing, and thriving (Fullan, 2008):

1. Collegiality cannot be left to chance—it must be deliberately cultivated.
2. Long-range plans must allow for the possibility of unknown opportunities.
3. Change participants must be developed and nurtured.
4. Learning opportunities must be offered frequently.
5. Leadership potential must be developed at all levels.
6. And positive pressure must be inescapable.

The final section of this chapter examines the frameworks and relevant strategies to guide the collaborative work of practitioners to support preschoolers' access and participation in an inclusive early childhood setting.

Approaches to Support Access and Participation in Early Childhood

Many leaders in the field of early childhood special education have advocated embedding instruction and intervention into existing classroom activities and routines and have developed resources to meet this challenge (Bricker et al., 1998; Horn, Lieber, Li, Sandall, & Schwartz, 2000; Hunt, Soto, Maier, Liboiron, & Bae, 2004). Diane Bricker and her colleagues (Bricker et al., 1998; Campbell et al., 2012; Pretti-Frontczak & Bricker, 2004) were among the first to address the importance of and explain the implementation of activity-based intervention (ABI).

ABI is an approach for addressing a child individual goals and objectives through daily routines and play activities.

A review of publications for practitioners in the field of early childhood special education was conducted to identify approaches grounded on evidence based practices and offer resources and strategies to guide the collaborative work of professionals in ensuring the participation of young children within regular early childhood classroom and their access to the general early childhood curriculum. Six approaches were located and reviewed.

Table 3 displays and briefly describes the six approaches. Specifically, table 1 includes the *Unified Plans of Support (UPS)* approach (Hunt et al., 2004); *Vanderbilt Ecological Congruence of Teaching Opportunities in Routines, the Classroom Version (VECTOR)* (McWilliam & Casey, 2007) the *Ecological Congruence Assessment* (Wolery, Brashers, & Neitzel, 2002), *Creating Adaptations for Routines and Activities (CARA's Kit) (Milbourne & Campbell, 2007), Building Blocks for Teaching Preschoolers with Special Needs, Second* Edition (Sandall & Schwartz, 2008), and *Teaching Tools for Young Children with Challenging Behavior: Routine Based Support Guide (TTYC)* (Lentini, Vaughn, Fox, & Blair, 2009).

As can be noted from the table, each of the tools or resources includes varying strategies that can be used by early childhood teams to assess and/or plan for a child's successful participation in an inclusive preschool classroom. The following section will describe each resource and cite any research supporting its use.

Table 3

Approaches That Support Planning for Preschoolers' Functional Participation

Approach	Brief Description
Unified Plans of Support (UPS) (Hunt et al., 2003)	Forms for lists of educational supports, communication supports, and social supports to promote participation generated by practitioners
Vanderbilt Ecological Congruence of Teaching Opportunities in Routines, Classroom Version (VECTOR) (McWilliam & Casey, 2007)	Observation tool designed to measure congruence between supports and the need for supports related to engagement, independence, and peer interactions
Ecological Congruence Assessment (Wolery et al., 2002)	Informal assessment tool used to collect information about how the child functionally participates within natural classroom activities/routines compared to a peer participating in the same activity
CARA's Kit: Creating Adaptations for Routines and Activities (Milbourne & Campbell, 2007)	Planning tool to brainstorm adaptations for daily activities and routines so all children can successfully participate in classroom activities
Building Blocks for Teaching Preschoolers with Special Needs, Second Edition (Sandall & Schwartz, 2008)	Sets for specific strategies and forms that address meeting children's learning needs in inclusive settings through curriculum modifications, embedded learning opportunities, and child-focused instructional strategies
Teaching Tools for Young Children with Challenging Behavior: Routine Based Support Guide (Lentini et al., 2009)	The *Routine Based Support Guide* is organized into routines and activities that typically occur in early childhood programs. It assists practitioners in developing a support plan.

The UPS (Hunt et al., 2003) is a format that encourages teams to develop of lists of educational supports, communication supports, and social supports to promote participation. Hunt et al. (2004) recognized the challenge of collaborative teaming to support children in

inclusive educational settings. They hypothesized that collaborative procedures and processes do not occur when (a) individuals serving on the team do not have a set of shared goals; (b) related service planning, implementation, and evaluation are conducted outside of the classroom and are unrelated to the educational program; (c) team meetings are scarce and, when they do occur, concentrate on the paperwork related to IEPs; and (d) families and school personnel interact with related service personnel as "experts" rather than as peers.

These researchers conducted two studies that employed multiple baseline designs across children to evaluate the impact of a specific collaboration procedure on child outcomes and on the practicality and usefulness of the collaborative model. The collaborative procedure involved developing and implementing the *Unified Plans of Support (UPS)* (Hunt et al., 2003). Results revealed significant positive child performance outcomes based on behavioral observations in participation, social interactions and learning. Of significance in the Hunt, et al (2004) study was also the team members' perspectives related to the benefits of the collaborative process. At the end of the study, participants across educational teams reported that the collaborative process (a) allowed team members to share their expertise and perspectives in developing a holistic view of the child, (b) increased accountability, and (c) helped them to consistently implement the plans of support.

McWilliam developed the *Vanderbilt Ecological Congruence of Teaching Opportunities in Routines, Classroom Version (VECTOR)* (McWilliam & Casey, 2007). The VECTOR is designed to focus observers on child engagement, independence, and peer interactions. When using the VECTOR the observer considers both the opportunities available in the environment and the frequency with which the child takes advantage of these opportunities. The scores are interpreted to determine the overall goodness of fit between the child and his/her environment, as

well as opportunities and advantages within specific routines. Incongruence between the child and his/her environment can then be resolved by making changes to the environment, adjusting the expectations for the child or the activity, or by teaching the child a new skill (McWilliam & Casey, 2007).

In response to the need for authentic and truly contextualized assessment of young children, Wolery et al. (2002) developed another assessment process, which the authors identify as an *Ecological Congruence Assessment*. This process involves the teacher collecting information about how the child being assessed functionally participates within natural classroom activities/routines compared to a peer participating in the same activities, then summarizes the information and shares it with the team to use in IEP development. Using this method may produce more functional goals and inform practices specific to the setting.

CARA's Kit: Creating Adaptations for Routines and Activities (Hollingsworth, Boone, & Crais, 2009) is a tool to assist early childhood practitioners in making adaptations for daily activities and routines so that children ages 3–6 with disabilities and other special needs can successfully participate in all classroom activities. The structure of CARA's Kit includes an adaptation planner to apply the process for identifying or designing adaptations, a format for assessing routines and activities, an adaptation hierarchy flow chart used in systematic decision-making, and a guide that suggests possible adaptations for specific situations.

Building Blocks for Teaching Preschoolers with Special Needs, Second Edition (Hunt et al., 2004) provides practitioners with three types of practical and research-based strategies to support inclusion and improve child outcomes. Specifically, strategies and forms are provided for selecting curriculum modifications, opportunities for embedded learning opportunities, and the implementation child-focused instructional strategies.

TTYC: Routine Based Support Guide (Lentini et al., 2009) is a free product developed by the Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI). The *Routine Based Support Guide* is designed to provide easily accessible ideas and materials for educators and related service practitioners to develop plans for supporting children in the typical preschool classroom routines. The guide offers effective intervention approaches to teachers for children who do not need a functional behavioral or a team-based process to address persistent challenging behavior.

In addition to the approaches identified in Table 1, the *Team Analysis of Preschoolers in Routines (TAPIR)* has been used extensively by approximately 20 or more transdisciplinary teams a large school district early childhood special education program for over the past eight years (Parks, 2010). The TAPIR was developed to address the need for a interconnected set of procedures and resources that supports teaming and collaboration throughout the team's successive responsibilities and to assist teams in observing, organizing, discussing, planning, and implementing functional, interdisciplinary adaptations and interventions for young children with disabilities in inclusive settings (Parks, 2010). The following will describe the TAPIR as a routine-based team observation and planning approach to address the functional participation of preschoolers in inclusive settings.

Description of the Team Analysis of Preschoolers in Routines

Routine-based observation. Early childhood and early childhood special educators will agree that a "routines-based approach" to intervention and planning is effective (Bricker et al., 1998; Sandall & Schwartz, 2008). A "routines-based" or "activity-based" approach to intervention focuses on a child's daily routines or activities as a context for learning. That is, teachers give children opportunities to practice targeted IEP goals during children's daily

routines or activities (like play time, snack, circle time, outdoor play) instead of creating special instructional time.

The observation section of the TAPIR is organized by common preschool routines: arrival/dismissal, bathroom, group situations (i.e. large group and small groups), play, outside play, book time/lap reading, and snack time. A "routine" in this sense is a typical segment of the preschool day. Naturally occurring routines provide multiple relevant opportunities each day to promote functional, adaptive, and self-care skills. The teacher may plan specific "activities" to target curricular objectives or intervention targets within a routine. For example, a teacher may embed a task requiring eye-hand coordination by using tongs in an activity on Monday during the *snack routine* and design a cooking activity targeting science concepts during the *snack routine* on Tuesday. The TAPIR lists skills or behaviors typically needed and utilized during routine times of the days of typical preschool classrooms, however, teams may need to adapt these lists to meet the needs of the schedule, activities and routines of the program in which they are working. When teams use the observation section of the TAPIR in their setting, it is important for the team to collaboratively individualize the routine protocols for their specific context by using, striking, or adding routine protocol elements.

Teams of early childhood practitioners are encouraged to use the TAPIR to observe a preschooler in their familiar classroom setting with their peers over a period of several days or weeks when possible, to assess the child's best and typical performance and participation. Several observation sessions may be needed to gather enough information to complete the TAPIR. Information from daily preschool providers is critical. While family members are vital to the collaborative process, they often do not have the opportunity to observe their child for extended periods of time needed to complete the TAPIR, however their input through interviews

is critical in corroborating TAPIR findings during preschool observations. Throughout these days or weeks of observation, team members take notes describing the child's participation in each routine in the blank space provided on the form. While one TAPIR form is dedicated to the target child, all team members share this form.

TAPIR dialogue and planning section. When the observation period is complete, team members meet to discuss their findings and explore the viewpoints of the members representing each discipline in order to complete the TAPIR. This meeting often lasts 30 minutes. During this meeting the team reviews the observation notes describing the child's participation. Within each routine, the TAPIR lists a series of skills, behaviors, or observations that are typically observed and needed for successful participation for each of the key preschool routine times of the day. Beside the skills or observations listed under this routine, the team is asked to check which of these skills/behaviors are: (a) strengths for this child, (b) emerging or currently developing, (c) not yet demonstrated or not expected for this child at this time. In addition, the team may mark a skill/behavior that may need to be adapted or modified so that the child will be able to participate more fully during this routine. The team could also identify this item as a potential intervention target such as an IEP goal.

The team members then discuss and subjectively rate the child's overall level of participation and/or independence for *each* routine time of the day within the specific context observed: full participation (i.e. independently participates functionally when adaptations are provided), partial participation (i.e. the participates in some aspects of routine or occasional support is needed), or limited participation (i.e. consistent & intensive support needed for engagement, participation or safety). Often team members disagree with ratings based on their observations and their own perceptions and priorities. Lastly, the summary is completed where

practitioners brainstorm intervention priorities, potential adaptations, and plan intervention strategies.

Utility of TAPIR. Teams using the TAPIR have reported (Parks, 2010) its efficacy as an observation tool in the referral process, as an extension of the assessment results to assist teams in program planning and IEP development, and to describe the child's current participation (i.e. whole group vs. small group) during the Kindergarten transition planning process. Table 4 displays how teams have utilized the TAPIR, such as its intended purpose, the setting in which it is used for that purpose, and a description of the TAPIR's application.

Table 4

Utility of TAPIR

Purpose	Setting	Application
Referral Process	Community Childcare	• Used by team member during observation as part of information gathered related to functional participation
Eligibility Process	Preschool Classroom	• Used by teacher, SLP, and OT, etc. to take notes describing participation across typical classroom routines over the month. Team members take notes on ideas or intervention strategies attempted.
	Team Meeting	• Used during team meeting to discuss and analyze how strengths, interests, and deficits within domains (using assessment data from CBA) impact participation in the classroom
Intervention Planning Process	Team Meeting	• Used during team meeting in when discussing priorities for functional, shared IEP goals and pbs plans
Transition Planning Process	Transition Meeting	• Used to provide functional participation and successful adaptation information to the receiving team prior to Kindergarten

Comparison of Approaches to Support Access and Participation

The approaches previously described are designed to support practitioners' efforts in facilitating access and participation for all preschoolers in educational settings and share certain commonalities. Table 5 presents features or characteristics that are associated with the approaches and tools previously discussed. Each attempts to facilitate functional outcomes for preschoolers. Many address either assessment strategies or procedures to support decision-making and planning for increased participation while addressing learning needs within classroom routines. Four of the approaches have an informal assessment or observation component and four approaches include planning strategies to either embed learning objectives within routines or make adaptations to support the child's functional participation in early childhood settings.

Both Building Blocks and TAPIR approaches share all of the table elements in that they both (a) are organized by routines to target functional participation, (b) include a naturalistic observation assessment, (c) are strength-based, (d) are intended for team-use intentionally cutting across developmental domains, and (e) include an intervention / adaptation planning tool. However, Building Blocks and TAPIR differ in their respective areas of emphasis. The Building Blocks approach emphasizes embedding the child's learning objectives within preschool activities, where as a salient feature of the TAPIR approach is its emphasis on successful participation as the critical components of preschool routines.

Table 5

Comparison of Approaches

	UPS	VECTOR	ECA	CARA	BB	TTYT	TAPIR
Routine-based. Approach is organized by preschool routines		X	X	X	X	X	X
Naturalistic Observational Assessment. Approach is designed to be used during observation		X	X		X		X
Decision Making / Planning. Approach is designed to be used to assist in the decision making or planning process	X			X	X	X	X
Strengths-based. Approach is designed to utilize the strengths and interests of the child with an emphasis on prevention			X	X	X	X	X
Designed for Teams. Approach is designed to facilitate teaming and be used by team members together as opposed to an individual	X		X	X	X		X
Adaptations. Approach incorporates planning involving environmental, material, and instructional adaptations to support	X				X	X	X

Note. UPS = Unified Plans of Support; VECTOR= Vanderbilt Ecological Congruence of Teaching Opportunities in Routines, Classroom Version; ECA = Ecological Congruence Assessment; CARA = Creating Adaptations for Routines and Activities; BB = Building Blocks; TTYT = Teaching Tools for Young Children with Challenging Behavior**;** TAPIR = Team Assessment of Preschoolers in Routines

While the TAPIR approach draws on other evidenced based strategies that are included in approaches such as Building Blocks, Ecological Congruence Assessment, and CARA's Kit, the aim of the TAPIR Approach is to provide a structure for focusing the team's attention the child's participation or "goodness of fit" within the preschool context. Practitioners from varying teams

using the TAPIR consistently describe the shift that occurs when they are able to use the TAPIR approach to anchor their assessment discussions and intervention planning on functional participation across domains (Parks, 2010). Because observations are grounded in everyday preschool routines, team members report the ability to relax their discipline and domain-specific expectations or roles. Dialogue, centered on participation, then becomes the focus leading toward shared outcomes and the development of goals in an effort to counteract the practice of perfunctory goal setting of the next developmental skill in a domain sequence.

CHAPTER 3: METHODS

The purpose of this study is to examine the experiences and impact of professional development on collaboration utilizing the TAPIR process with an early childhood special education program. Chapter 3 describes the methodology chosen for this study. This chapter is organized into the following topics: (a) the approach to research methodology and study design; (b) participants and setting; (c) the sampling procedure and informed consent; (d) professional development procedures, (e) data collection processes; (f) data analyses; and (g) procedures to strengthen the trustworthiness of the study.

Research Methodology

Embedded design within a mixed methods study involves collecting and analyzing both quantitative and qualitative data followed by an interpretation of the results (Creswell & Plano Clark, 2011). This study utilizes one of six major strategies for designing mixed methods research procedures, the Concurrent Embedded Strategy (Creswell, 2003). This strategy relies more on the qualitative information and will employ methods of naturalistic inquiry (Creswell & Plano Clark, 2011; Lincoln & Guba, 1985; Patton, 1990) to provide in depth knowledge about the process of supporting early childhood teams to implement a more collaborative approach. Quantitative methods will be employed as a means of seeking corroboration of the some aspects of the qualitative results.

Naturalistic Inquiry

Research has shown that naturalistic inquiry, like other types of qualitative analysis, is useful in studying complex changes of social phenomena and human experiences in natural environmental contexts (Anfara, Brown, & Maginone, 2002; Denzin & Lincoln, 2007; Lincoln & Guba, 1985). In an early book setting forth the methods of naturalistic inquiry, Lincoln and Guba (1985) proposed it as an alternative to traditional positivistic inquiry. They identified

characteristics of this approach as: (a) research in natural settings (rather than in laboratories), (b) qualitative methods, (c) purposive sampling, (d) inductive analysis, (e) the tentative application of findings, and (f) special criteria of trustworthiness (Lincoln & Guba, 1985). The investigator studies real-world situations as they unfold naturally and serves as a human instrument to capture social constructs as they naturally emerge through observations, interviews, and documents (Denzin & Lincoln, 2007; Lincoln & Guba, 1985; Patton, 1990). These methods provide a holistic, inductive analysis of the phenomena that is acquired from the patterns or themes that emerge during the study. The emergence of themes is based on the participants' perceptions of reality within natural contextual settings.

A naturalistic inquiry approach is selected for this study because it provides an effective means to address the complexities that arise in the study of dynamic processes, such as teaming and collaborative practices. Further, naturalistic inquiry allows the inquirer to holistically understand the underlying phenomenon from the perspectives of the participants (Denzin & Lincoln, 2007).

A case study is a type of qualitative research design intended to examine a case, or multiple cases. A case can be a person, an organization, event, or program, to name a few examples (Creswell, 2003). The case study method was chosen for this study because the complexity of collaboration and the change process is well suited to this methodology (Creswell, 2003).

Study Design

Lincoln and Guba (1985) identified three phases of inquiry needed to define what is salient, discoverable, and trustworthy, therefore this study used three phases of inquiry to capture the changes and progression of the practitioners' perceptions and practices before, during, and

after the professional development approach. During this study, the professional development procedures, data collection, and analysis proceeded through these phases. Appendix A contains a timeline of the major study activities.

Phase one. In phase one, the researcher administered two surveys, conducted an individual interview, and gathered referential data to better understand the nature of the salient teaming practices, philosophy, and perceptions of the practitioners in the setting. The survey data and referential data from phase one was reviewed to: (a) assist the researcher in gathering additional data needed for follow-up during subsequent phases, and (b) tailor professional development strategies and supports in phase two.

Phase two. In phase two, the professional development components including the instructional support delivered through instructional group sessions and the consultation / coaching component was provided. During this phase, the researcher had the opportunity to observe, participate, and support the implementation of the TAPIR approach through collaborative consultation and coaching. Detailed information regarding the professional development content is included in this chapter in the Professional Development Procedures and components phase two data was categorized, or re-categorized as new insights are discovered and themes emerged.

Phase three. Phase three consisted of the focus group interviews and the repeated administration of the surveys. The purpose of this phase was to further capture the participants' perceptions of changes and progression toward implementing approaches that align with the intended outcomes of utilizing the TAPIR. Data from the focus group interviews will be categorized and analyzed. Data from the repeated scales will also be analyzed. At the completion of the three phases the researcher looked at the data holistically to begin the process of writing her report of this study results.

Sampling Procedures

A purposive sampling procedure was used to select administrative staff persons and team members serving young children with disabilities ages three to five who are currently receiving Part 619 of IDEA 2004 special education services within a local school district. Purposive (criterion) sampling was used in an effort to take into account local conditions and values that are necessary for transferability (Erlandson, Harris, Skipper, & Allen, 1993). Patton (1990) defines criterion sampling as the selection of participants that meet specific criteria. In this study, criterion sampling pertained to selecting both individuals who have supervisory responsibility for the team members, and the core members of the early childhood special education teams. Further, the participants were pursuing support in order to change their team process to better address their students' access and participation within the inclusive early childhood classrooms.

Setting and Participants

A public school district early childhood program in which the early childhood classrooms use an inclusive team-teaching model (Odom, 2001) was targeted as the setting for this study. The inclusive team-teaching model is one in which an early childhood education teacher and a special education teacher share responsibility for the education of all the children in their classroom. Teachers and related service personnel are responsible for collaborating and sharing responsibility in the planning and implementation of all educational activities.

Practitioners from the selected school district representing five disciplines and support staff serving children with disabilities in the preschool environments ages three to five years old were recruited to participate in the study. The practitioners' disciplines include: Administration, Early Childhood Education, Early Childhood Special Education, Speech and Language Pathology,

Physical Therapy, Occupational Therapy, and Support Staff (i.e. Para-Educator). These practitioners had not received TAPIR approach professional development materials in the past.

Setting. The public school district in which this program is funded, serves approximately 6,800 students in seven elementary schools, three middle schools, and two high schools located in a Mid-western state on the outskirts of a large city. The district itself encompasses an area of 100+ square miles and draws from four cities and rural communities. The following is a list of demographic and statistical information (Advameg, 2012) related to the community in which this program is located.

- Estimated median household income is $57, 178
- Percentage of minority population is 19%
- Education statistics: High School graduates (85.9%); BA+ (24%); Graduate degree (8%)
- Number of students eligible for free and reduced lunch: 1,013 or 15%
- Unemployment as of March 2012 is 5.8%

The early childhood program classrooms are located in a wing of an elementary school, but serve the entire school district. The total number of students within the elementary school is 463 in grades early childhood through sixth grade. The early childhood classrooms are staffed with lead teachers and a para-educator. The program strives to maintain small class sizes (i.e. 12-15 students) with a ratio of 50% children ages three to five with disabilities and/or developmental delays and 50% children ages three to five who are typically developing. There are four Sunshine classrooms for children receiving special education services with developmental delays and two classrooms serving students with speech and language delays only. Figure 1 shows a simplified map of the classroom layout and personnel. The preschool classroom sessions are approximately three hours with a morning and afternoon session in each.

The morning classes are held on Mondays, Wednesdays, and Fridays and serve children who are three at the beginning of the school year or children receiving special education who turn three during the school year. The afternoon sessions are held five days per week and serve children who are four or children who are four receiving special education that are identified within the school year. In the early childhood program itself, there are 48 students receiving special education services and 70 students who are peer models. Peer models pay tuition to attend the preschool setting.

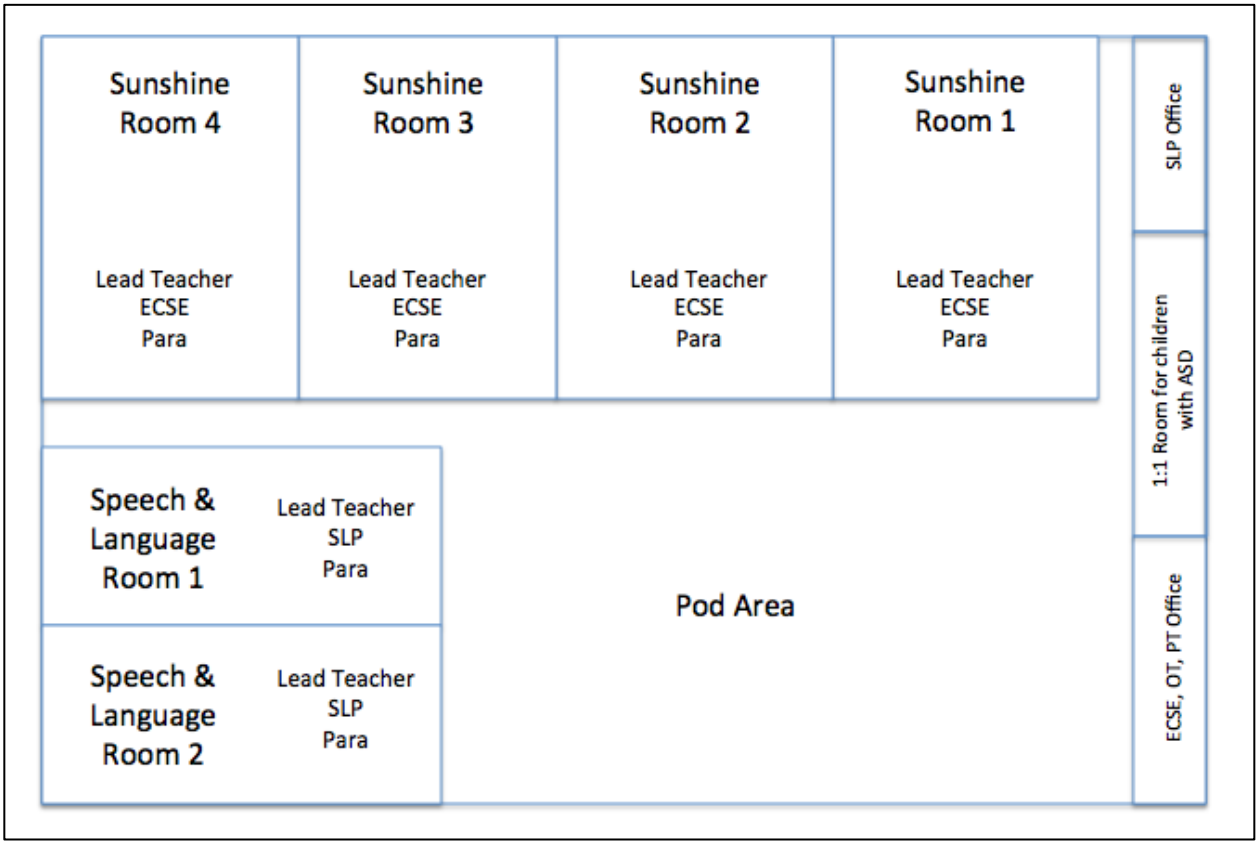

Figure 1. Simplified map of the early childhood classroom layout and personnel associated with each space. Note. ECSE = Early Childhood Special Educator; SLP = Speech and Language Pathologist; OT = Occupational Therapist; PT = Physical Therapist; Para = para-professional

Participants. Twenty-six participants were recruited to participate in the study representing all staff members including two administrators (i.e. Early Childhood Coordinator

and Process Coordinator). Table 6 displays the participants' demographic information including: gender, age, discipline, years practicing, and years in their current job.

Table 6.

Demographic characteristics of participants

Variable	Frequency	Mean (%)
Gender		
Female	26	100%
Male	0	0%
Ethnicity		
White	26	100%
Nonwhite	0	0%
Age		
26-30 years	2	7.7%
31-35 years	7	26.9%
36-40 years	3	11.5%
41-45 years	6	23.1%
46-50 years	4	15.4%
51-55+ years	4	15.4%
Discipline		
ECSE	4	15.4%
EC	6*	23.1%
OT	1	3.8%
SLP	4	15.4%
PT	1	3.8%
Other	10	38.5%
Practice Years		
0-2	1	3.8%
3-5	3	11.5%
6-10	8	30.8%
11-15	8	30.8%

Variable	Frequency	Mean %
16-20	2	7.7%
21+	4	15.4%
Years in Job		
0-2	3	11.5%
3-5	8	30.8%
6-10	12	46.2%
11-15	2	7.7%
16-20	0	0%
21+	1	3.8%

Note. ECSE=Early Childhood Special Educator; EC=Early Childhood Educator/Lead Teachers; *= non-certified; OT=Occupational Therapist; PT=Physical Therapist; Other= Para professional, Social Worker, or Administrator

Human Subjects Committee Approval and Recruitment

This dissertation study was submitted to the University of Kansas Human Studies Committee-Lawrence for approval. Once approved, the investigator began recruitment procedures.

The investigator made an in-person request via email and phone to a public school special education director and early childhood special education program coordinator in a district within a 50-mile radius of the KU. The researcher discussed the study with the administrators and provided an abstract and a written description of the study procedures that could be submitted to the district research committee for approval if needed. The informed consent forms were provided to the EC Coordinator to distribute to the early childhood special education teachers and related service staff members. The researcher met with these staff members to explain the study in more detail and to answer any questions. Documented consent procedures were used of an approved institutional review board written consent form for the adult participants. Appendix B contains a sample of the consent form.

Professional Development Procedures and Components

The professional development procedures provided by the researcher were comprised of two components. The first component was delivered in the form of instructional group sessions that included presentations, whole and small group activities, and supportive documents designed as scaffolding for employing the components of the TAPIR. Compatible strategies were provided to promote collaborative teaming procedures for practitioners serving preschool age children receiving special education services within the context of ongoing classroom routines.

The second component was provided concurrently with component one. For this component the researcher provided ongoing consultation and direct support for the implementation of the strategies presented in the instructional sessions.

Component one. As indicated above, the first component was be delivered in the form of three instructional group sessions. Each is briefly described below and the outline and supporting materials for each session can be found in Appendix C.

Session I. The first instructional group session involved a brief presentation on the philosophical and practice challenges of interdisciplinary teams serving preschoolers in inclusive settings. Activities designed to promote discussions regarding successful vs. challenging teaming experiences were used. The TAPIR was introduced as one resource that can be used by teams to functionally observe and plan for needed adaptations, and interventions to support preschoolers in their inclusive setting. The utility of the TAPIR and typical administration procedures (including individualizing the routine protocols for their specific context by using, striking, or adding routine protocol elements until each routine matches their classroom setting) was discussed. Blank TAPIR forms and examples of completed TAPIR forms were provided.

Session II. The content within Group Session II included strategies and tools for discipline-free planning of functional goal areas that can be addressed within classroom routines. Procedures for writing observation reports, and intervention planning using the observations from the TAPIR were explored. An embedded learning opportunity matrix (Sandall & Schwartz, 2008) was also introduced. Activities designed to promote team goals and impact statements were provided.

Session III. The content within Group Session III included team-based intervention and progress monitoring strategies that can be implemented within the context of ongoing classroom routines. These strategies employ team developed and child specific routine focused rubrics that are based on information from the TAPIR. Challenges related to data collection procedures of shared goals and the importance of data-based decision making were explored through the presentation of examples and activities.

Component two. The researcher engaged in weekly ongoing on-site visits during the weeks designated for implementation of the TAPIR. Communications were further enhanced and maintained through phone/email opportunities. Effective professional development strategies were employed including: (a) demonstrations of the explicit practices (use of TAPIR) and learners' opportunities to use those practices while receiving feedback and coaching, and (b) frequent and repeated interactions to strengthen practitioners' existing abilities and promote acquisition of new competencies (Dunst & Raab, 2010; Helterbran & Fennimore, 2004).

As a participant observer, the researcher was immersed within the program in preschool classroom settings to hear, see, and experience the reality of the participants in their settings as they engaged with children and one another. Participant observation activities such as: (a) assisting with the functional observations of children; (b) modeling the use of routine-based

observations tools and procedures introduced in the instructional component of the professional development series; and (c) engaging in brief interactions with participants during breaks or transitions throughout the preschool day regarding insights and procedures were frequently used. In addition to the classroom observation and participation, the researcher also observed, facilitated, and participated in team meetings, when invited or by her request. During the team meetings, the researcher again modeled, as needed, the use of materials introduced in the instructional component of the professional development series and supported the teams by listening and asking open-ended questions to facilitate efficient, productive, and meaningful planning sessions for their students.

Data Collection

Qualitative methods. The following section describes the qualitative data collection methods. Qualitative methods included participant observation, individual and focus group interviews, and referential data collection.

Role of the researcher. The role of the researcher is critical to the inquiry process in qualitative research that seeks to understand and portray natural settings and events. As such the researcher is the key instrument of data collection and the characteristics or attributes of the researcher are of relevance to establishing the trustworthiness of the inquiry (Lincoln & Guba, 1985; Patton, 1990).

While the researcher in this study had completed coursework and conducted a small pilot study using naturalistic inquiry, she is considered an apprentice in using qualitative methodology. Therefore, the researcher sought out experts within the field to guide her throughout the study. The researcher does however, have foundational knowledge about the context, typical service delivery and collaborative teaming practices within the early childhood

special education field. She has been an early intervention practitioner since 1991 practicing as both an Early Childhood Special Educator and an Occupational Therapist serving on trans-disciplinary teams conducting assessments, prioritizing and writing IEP goals, and progress monitoring of data collected. The researcher has been involved in conducting many professional development sessions on the importance of discipline-free intervention targets and is invested in promoting professional collaboration practices. The researcher authored the TAPIR and has used variations of the tool in her practice with her teammates over the past 15 years.

Participant observation. The researcher served as a participant observer for the purpose of observing and supporting collaborative practices and implementation of processes presented in the training. She immersed herself in the program by observing and participating in team meetings and in classroom service delivery. The investigator was involved in the classroom setting, team meetings, and available for casual interactions before, during, or after school ranging from two to nine hours per week. During this time the researcher both observed and, as needed, participated in classroom activities, much like the co-teachers and therapists. The shift from observation to participation was dependent on the researcher's judgment of the support needs of the team as they implemented the new teaming approach. Figure 2 shows the approximate number of hours spent at the site working with the staff and includes time spent in instructional support ($\overline{x}$ = 5.9 hours).

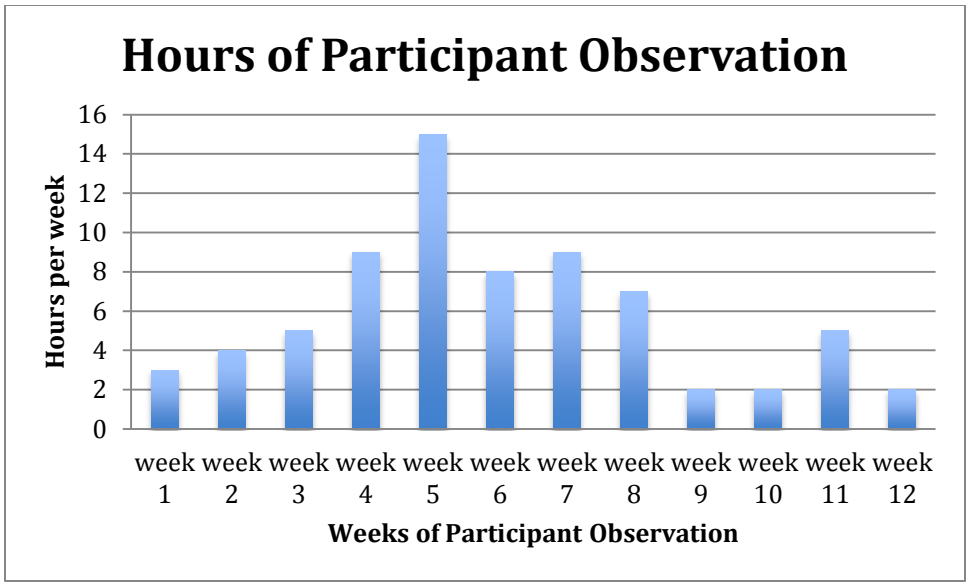

Figure 2. Chart depicting the number of hours the researcher spent at the site (participant observer) over the 12-week intervention period.

The researcher throughout the study maintained ongoing field notes and a reflexive journal. Field notes of the researcher's involvement in the site were used to systematically note and record dates and times, events, specific observation descriptions, the content of conversations, and specific types of participatory descriptions. This data was categorized and analyzed using methods detailed in the data analysis section. A reflexive journal was also kept to allow the researcher to reflect on her role or positionality within the study and serve as a forum for thoughts about possible additional lines of inquiry and insights. The researcher's reflective journal was maintained and used as a major resource in the analyses of the data. The field notes and reflexive journal entries were collected each day the researcher was at the site. Brief notes were jotted down while at the setting, and then later that day were elaborated upon and entered into the researcher's computer files and as HyperResearch data sources. Field notes and corresponding reflexive journal entries were coded and organized by date.

Individual interview. Semi-structured individual interviews of both administrative staff persons familiar with the assessment and planning practices of the district early childhood special education practitioners were attempted at the onset of the study at a time and place convenient and comfortable for the interviewees, however due to scheduling challenges only one of the interviews was conducted. Guiding questions that facilitated an open-ended process were developed to solicit information about how the early childhood special education teams function within their specific program (See Appendix D, Semi-structured Individual Interview Questions). The guiding questions were written to ensure that, while the process is open-ended, certain topics were addressed. As appropriate to this interview process, the interviewee as well as the researcher was allowed opportunities for expansion, clarification, or additional questions during the interview session.

The interview was audio taped using an Olympus Digital Voice Recorder (VN 6000) and transcribed verbatim by the researcher. The digital files were kept secure under the researchers' password protected computer software. The day and date were verbally recorded at the beginning of the interview. A code for the interview was assigned and used as the title of the digital file downloaded following the day/date notation to correspond with the specific interview.

After the interview audiotape was transcribed verbatim, it was subsequently sent to the interviewee to be reviewed for accuracy. The administrator (interviewee) reviewed the transcript and verified its accuracy. Notes were also taken by the researcher during the interview to serve as a means of recording observations such as the interviewee's facial expressions, gestures, and body language or other aspects of interest that occur during the interview (Lincoln & Guba, 1985).

After the accuracy check was completed transcripts were entered into the qualitative software, *HyperResearch*. Coding of the interview transcript included information regarding the participant identification code, the month, day, year of interview, and the page and line number within an individual page.

Focus group interviews. Two focus groups were held at the end of the study during week 12, one day before the end of the school year. Focus group methodology was chosen for this study to encourage participants to share ideas and perceptions with one another, in an attempt to generate a range of perceptions of possible factors that impacted the results of the study (Morgan, 1998). In his book written to assist researchers in planning and implementing focus groups, Morgan (1997) suggests using focus groups after participant observation at the end of the study to explore the researcher's tentative inferences or conclusions as an informal "member checking." Therefore, throughout the focus group transcripts, the facilitator/researcher is heard saying, "My hunch is . . . did I get that right?" or "It seems like . . . was that your impression?" Participants were encouraged to share and compare their ideas and experiences with each other (Morgan, 1997). This process of sharing and comparing provided the opportunity to collect direct evidence on how the participants themselves understand their similarities and differences.

The first focus group consisted of 11 participants all who were members of the special education staff including: Early Childhood Special Educators, Speech and Language Pathologists, an Occupational Therapist, a Physical Therapist, and a Social Worker. The first focus group lasted approximately 45 minutes and was facilitated by the researcher and her faculty advisor.

The second focus group consisted of 12 participants all of whom were non-certified staff members including: Lead Teachers and Para-professionals. The second focus group lasted approximately 60 minutes and was also facilitated by the researcher and her faculty advisor.

Focus group topics were designed to elicit the participants' perceptions of (a) the training and consultation, (b) the value of the collaborative assessment, planning and intervention strategies directed to a child's participation in ongoing preschool classroom routines, and (c) their actual implementation of these strategies. Guiding questions designed to facilitate an open-ended process were developed to solicit information about how the early childhood special education and non-certified staff function within their specific program (See Appendix E, Focus Group Questions). The guiding questions were written to ensure that, while the process is open-ended, certain topics would be addressed.

The focus group interviews were audiotaped using an Olympus Digital Voice Recorder (VN 6000) and transcribed verbatim by a third party professional transcriber. As with all forms of data collected for this study, the digital file recording of the focus groups were kept secure under the researchers' password protected computer software. Additionally, the researcher completed a reflective description or log documenting the focus group discussion immediately upon its completion.

The completed transcripts from the focus group interviews were entered into qualitative software, *HyperResearch*. Coding of the focus interview transcripts included information regarding the month, day, year of interviews, and the page and line number within an individual page. While the individual participants' comment were transcribed and assigned page and line numbers, the individual speakers were not be assigned a code.

Referential data collection. Referential documents and records of relevance to the study were collected during phase all phases of the study. The school district Early Childhood Documents describing the program philosophies, policies and procedures as well team planning, instruction and data collection forms were collected prior to, during and after the implementation professional development procedures. The referential documents were coded and categorized (Creswell, 2003) to provide information and insight into the nature of the teams' collaborative planning experiences, potential progression in collaborative practices and as a source of corroboration of events and constructs.

Quantitative measures. The following section will describe the two quantitative measures*, the Preschool Collaboration Scale* and the *Scale Preschool Practitioner Beliefs and Practices* that were administered in this study. The two measures were administered at the initiation of the study and again at the conclusion of the study.

Scales. The *Preschool Collaboration Scale* (see Appendix F) was developed as a research tool to attempt to capture the attitudes of early childhood practitioners toward collaboration. A pilot study was conducted using the original 22 pilot items with a different population of early childhood special education practitioners. A sample of 18 practitioners participated in a pilot study. A focus group (n = 4 respondents) was conducted following the administration to gather information about the survey taking experience and the respondents' impressions of the survey.

Data from both the scale results and from the focus groups were used to make were used to make decisions regarding modifications for the final instrument. The data from the results of the survey facilitated the changes necessary for the instrument to be more reliable and valid. Reliability measures were calculated using Cronbach's alpha or α, to determine internal

consistency after the items were removed. The internal reliability as estimated by coefficient alpha improved from .70 to .80. Items regarding demographics beyond the respondent's discipline/profession, including primary work setting, years of experience, and geographic area (i.e. rural, suburban, urban) were added to the final version of the scale. Another item that was added to the survey designed to attempt to gather factual data reflecting the frequency of collaborative team meetings. To increase the likelihood of accuracy, the format of the question includes a temporal frame of reference. Based on the evidence demonstrating content and construct validity, the *Preschool Collaboration Scale* will most likely produce valid results. Item writing rules for attitude scales found in *Improving Survey Questions* (Fowler, 1995) were followed. The high internal reliability factor analysis ($\alpha = .80$) used primarily to attempt to predict reliability also is evidence of validity.

A second scale, the *Preschool Practitioner Beliefs and Practices* (see Appendix G) was developed specifically for this study to attempt to capture the confluence of the participants' beliefs and current practices. This scale utilizes fictitious scenarios that describe assessment, IEP goal writing, intervention planning, and related service delivery that involves teams of preschool practitioners. The scenarios describe practices that are either aligned or are less compatible with the TAPIR approach.

This survey also uses a likert scale in which the participant is first asked to circle the number that most accurately describes their beliefs about best practices pertaining to the scenario. On a second likert scale related to the same scenario participants will circle the number that most accurately describes their current practices using the rating scale provided.

Data Analysis

Data analysis in mixed methods research involves analyzing both sets of the quantitative and qualitative data separately and then employs techniques that consider relationship and meaning of the combined quantitative and qualitative results. Both quantitative and qualitative data and results were represented, interpreted, and analyzed through a modified method of analytic induction to integrate data described in *Mixed Methods in Social Inquiry* (Greene, 2007), treating both quantitative and qualitative data as equivalent in their potential to inform the results. This analytic induction method, described in detail by Smith (1997) involves repeated reading of the data as a whole to ultimately arrive inductively at a set of assertions that the researcher believes to be true based on an understanding of all of the data (Smith, 1997).

Figure 3 shows the data sources and steps taken starting from raw data to arrive at warranted assertions from the combined qualitative and quantitative results. The following sections will detail both the qualitative and quantitative data analysis process before the results were combined to create the warranted assertions.

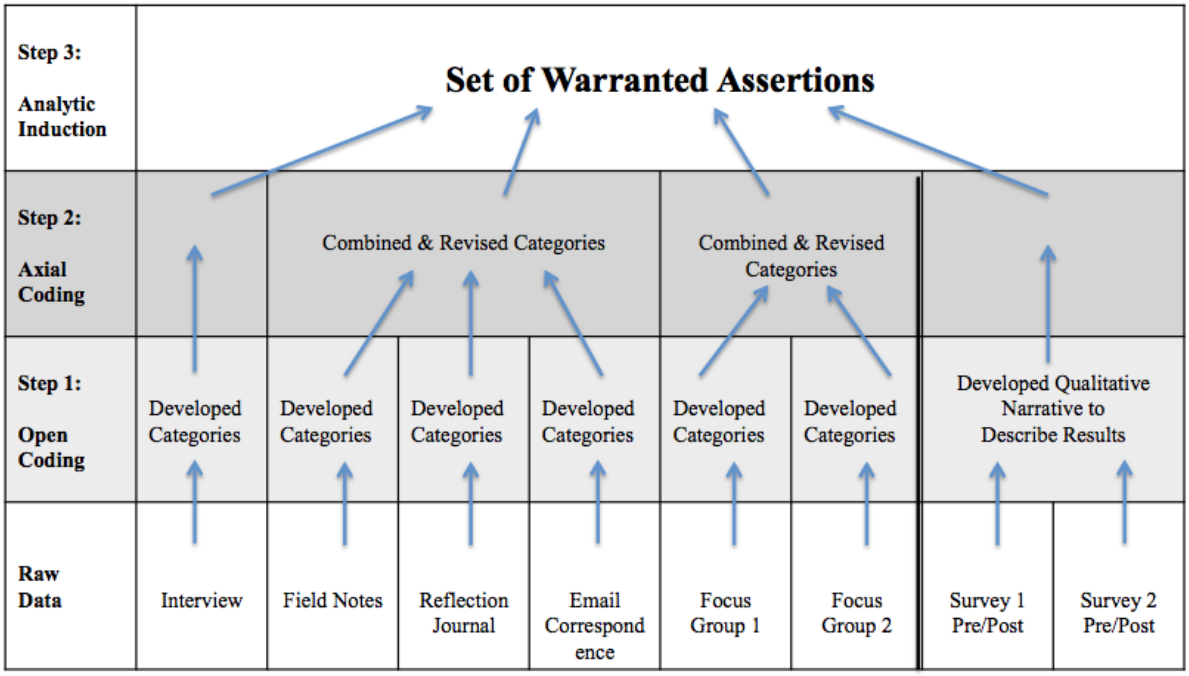

Figure 3. Data sources and steps (i.e. step 1 = open coding; step 2 = axial coding; step 3 = analytic induction) from raw data to arrive at warranted assertions from the combined qualitative and quantitative results.

Qualitative data analysis. Data analysis was an iterative process with on-going interaction between data collection and analysis utilizing a constant comparative method (CCM) (Glaser & Strauss, 1967). Each step of the data analysis process directed the next step (Maxwell, 2009). In a constant comparative method (CCM), successively abstract concepts are generated through a series of inductive processes of comparing data with data (Glaser & Strauss, 1967). The qualitative software, *HyperResearch* was used to assist with the indexing, organization and sorting of data during this process.

Analyses of various qualitative data sources obtained in this study, including raw data from transcripts of the interview, observation field notes, reflection journal entries, email correspondence, and transcripts from both focus groups were entered into *HyperResearch*, and coded using the constant comparative method (CCM) (Glaser & Strauss, 1967). As visually

depicted in Figure 3, step one involved open coding in which the researcher: (a) identified and tagged any meaningful unit of data that might be relevant to the study, (b) compared it with other units of data, and (c) developed categories. Step two (i.e. axial coding), the researcher compared categories to each other to combine and further refine categories within like data source types, such as categories from Focus Group 1 and Focus Group 2. Step three involved inductively and intuitively generating a set of credible assertions by establishing the warrant for each assertion and gathering the confirming evidence from the data. It is important to note that each step is a recursive process.

Quantitative data analysis. Quantitative data from pre/post rating results of the *Preschool Collaboration Scale* and the *Preschool Practitioner Beliefs and Practices Scale* was entered into PASW 18 (SPSS) statistics software. Item variables within the surveys were analyzed. A two-tailed, dependent *t*-test was used to determine if the difference between the pretest and post-test scores were statistically significant at $p < .05$ or less. The results of pre/post rating of practices obtained were analyzed descriptively. An effect size was also computed for items found to be statistically significant using Cohen's *d,* as well as percentages of non-overlap in the distributions.

As a part of the analytic induction process described previously, the researcher developed brief narratives to describe the results of the quantitative data. These narratives were then used to provide coherence across multiple lines of evidence when developing the final set of assumptions.

Trustworthiness

Naturalistic inquiry relies on four constructs on which to evaluate trustworthiness of data. The four constructs of (1) credibility, (2) transferability, (3) dependability, and (4)

confirmability will be described further here (Creswell & Plano Clark, 2011; Denzin & Lincoln, 2007). These four constructs are explained in relation to the study procedures in this section.

Credibility. In this inquiry, credibility was addressed by using procedures that Erlandson et al. (1993), and Lincoln and Guba (1985) recommend and included: prolonged engagement, persistent observation, triangulation, member checks and peer debriefing.

Prolonged engagement. Prolonged engagement ensures that the investigator spends sufficient time and interest in the setting until a rapport and trust has been established. It also enables the researcher to assess the possibility of receiving misinformation and lessens the possibility of distortions in interpretation (Denzin & Lincoln, 2007; Lincoln & Guba, 1985). Prolonged engagement was achieved through extended time spent with the practitioners in the study, which spanned a period of approximately 12 weeks.

Persistent observation. Persistent observation allows the inquirer to examine in depth and over time the scope of the data as it is acquired and interpreted (Erlandson et al., 1993; Lincoln & Guba, 1985). Thus, prolonged engagement and persistent observation are integrally related processes. Persistent observation enables characteristics and elements of a setting or situation of the most relevance to the inquiry to emerge. The researcher met with the administrators in two planning meetings at the beginning of the study. Throughout the study the researcher spent an extensive amount of time (2-15 hours weekly) in classrooms, team meetings, professional learning community (PLC) meetings, and during informal break times.

Triangulation. Triangulation is a process central to ensuring that the findings of inquiry can be viewed as credible (Creswell & Plano Clark, 2011; Denzin & Lincoln, 2007). Triangulation involves crosschecking information and conclusions through multiple procedures or sources to establish incidences of agreement or corroboration. Inquiries that employ multiple

methodologies ensure that different data forms (i.e. types of data) are available as a means of corroboration that give rise to emergent constructs and themes. This is generally referred to as methods triangulation. For example, in the present study, the multiple methodologies employed for data collection included individual and focus group interviews, participant observation notes, reflexive journal, audio files, referential documents and survey data. When multiple sources are used as a means of corroboration, it is referred to as data triangulation. Therefore, for this present study, comments, observations, documents, and reflections supporting the same event, action, or perception, were considered as a source of corroboration.

Member checking: Narrative accuracy checks. Narrative accuracy checks are a subtype of a process called member checking and were employed in this study. This process involved asking the individual who participated in the individual interviews to review a written transcription of their interview and to confirm that: (a) the transcript content accurately depicts what they said, and (b) also what they meant to say. The participant was requested to make desired deletions, changes, or additions either directly on the transcript or in a direct conversation with the researcher. Thus, while an interviewee may have found the content of the interview to be accurate, she may have felt that her own words did not convey the meaning she intended and therefore was encouraged to expand explanations or provide additional information. Follow-up face-to-face contact was used to ensure that the interviewee feedback was obtained.

Peer debriefing. A peer debriefer is an outside party who engages in discussions and poses questions that may help the researcher: (a) become aware of her biases, perspectives and assumptions, (b) heighten sensitivity to her posture toward data and analysis test, and (c) defend emergent hypotheses (Lincoln & Guba, 1985). For this study, a university faculty member from

the Early Childhood Unified program within the special education department served as the peer debriefer. This individual has had direct classroom experience with early childhood special education as well as a record of research related to inclusive practices for young children with special needs and history of working with teams to develop collaborative strategies. Interactions with this peer debriefer occurred throughout the study. Notes were taken during the sessions and were coded as a data sources.

Transferability. It is the responsibility of the researcher to make transferability possible by providing enough descriptively rich narrative to ensure that the readers are able to determine the degree to which the findings can be applied to their own situations (Creswell, 2003; Denzin & Lincoln, 2007; Erlandson et al., 1993; Lincoln & Guba, 1985). The transferability of the proposed study was addressed by (a) employing purposive sampling procedures and (b) preparation of the implementation narrative that is thick and descriptively rich (Odom & Wolery, 2003).

Dependability and confirmability. Dependability and confirmability are sometimes assessed through an audit of a study that employs ethnographic procedures generally associated with naturalistic inquiry (Lincoln & Guba, 1985). An auditor trained in this process is often employed to confirm that the assertions and quotations in the case study report can be directly traced back to original, raw data. Generally, the auditor also reviews the researcher's journal reflections and/or methodological log to confirm the appropriateness of the study design and procedures. An audit trail for this investigation was created through *HyperResearch* software to ensure that an audit could be conducted at a later point if needed.

CHAPTER 4: FINDINGS

This study primarily employed qualitative methods to understand the perspectives of early childhood special education practitioners as they participate in professional development activities to promote professional collaboration. The quantitative and qualitative methods employed in the study were selected to address the four guiding questions:

1. How do the early childhood practitioners perceive the instructional support and consultative services provided?
2. What is the nature of the consultation and instructional support that is needed during the implementation-training period (i.e. strategies, content foci, intensity, frequency and duration)?
3. What barriers and facilitators do the practitioners report experiencing when adopting and implementing collaborative teaming practices?
4. What are the impacts of the instructional support and coaching practices on early childhood special education practitioners in terms of changes in their practice regarding collaboration innovation using the TAPIR process?

This chapter is divided into two parts. Part I offers a first person (researcher) narrative report that provides the readers with an introduction to the district, the early childhood staff members who were the participants in this inquiry as well as a brief description of the program. The nature of the early childhood/early childhood special education practices that were in place at the point the researcher began the study are described through the researcher's observations of the program as well as through the perceptions and concerns reported by the various program participants. It concludes with two accounts of events that had occurred prior to this study that are both significant to understanding the relationships among staff and the impact of program

practices. Finally, this initial section provides a contextual setting for the second section and the researcher's experiences and reflections foreshadow thematic content of relevance discussed in the second section of this chapter.

Part II is comprised of four sections that are organized by the four guiding questions respectively. Each also employs a first person (researcher) narrative that addresses of the key content themes that emerged through data analyses. Each is anchored in the context of the study setting, the participant's perceptions and the researcher experiences and insights.

All names assigned to the participants that are included in this chapter's narrative reports are pseudonyms to protect the confidentiality of the participants. Table 7 provides a general timeline for the sequence of significant events that occurred throughout the 12 weeks of the inquiry and are discussed throughout the narrative reports in this chapter. As can be noted from an inspection of the table, the specific week of occurrence and the participants attending the event are also included.

Table 7

Timeline of Significant Events and Participants Involved

Week	Event	Participants
Pre-study	• Planning Meeting	Administrators

1	• Intro to Study Meeting:
	  o Consent
	  o Demographics form
	  o Pre surveys
		All

	• First Class Observations	All
2	• Session 1	All
	• Class Observations	All
	• Interview	Process Facilitator

Week	Event	Participants
3	• Session 2 • Class Observations • ½ Day Inservice	All All All
	SPRING BREAK	
4	• Session 3 • Classroom Observations • TAPIR Team Meetings	All All Teams*
5	• Tuesday Topics • 1st Barrier Buster Meeting • TAPIR Team Meetings	All Barrier Buster team meeting Teams*
6	• Tuesday Topics • TAPIR Team Meetings • Barrier Busters Meeting	All Teams* Barrier Buster team meeting
7	• Tuesday Topics • TAPIR Team Meetings • Barrier Busters Meeting	All Teams* Barrier Buster team meeting
8	• Tuesday Topics • TAPIR Team Meetings Barrier Busters Meeting*	All Teams* Barrier Buster team meeting
9	• Tuesday Topics • TAPIR Team Meetings • Barrier Busters Meeting • Full Day Inservice	All Teams* Barrier Buster team meeting All
10	• TAPIR Team Meetings • Barrier Busters	Teams* Barrier Buster team meeting
11	• Barrier Busters led PLC ○ Brief Proposal Intro	All

Week	Event	Participants
12	• Focus Group 1 • Focus Group 2 • Post Surveys • Inservice led by Barrier Busters ○ 2012-13 Planning	Special Education Staff Lead Teachers and Para Staff All All

Note. Administrators = EC Coordinator and Process Facilitator; * = Dialogue and planning meeting focused on a single child using the TAPIR observation and planning products

Part I: The Inquiry's Starting Point -

An Introduction to the ECSE Program's Participants, Practices and Prevailing Issues

As described earlier in the setting and participants sections of the methods, this public school early childhood special education program is located in a Midwestern state outside a large metropolitan area and serves children and families from both suburbs and rural areas of the county. The program is housed in a new large elementary building and is in place to meet the needs of preschoolers receiving early childhood special education services through a reverse mainstream model. The program was moved to its current location three years ago.

Some students receive itinerant speech and language services by appointment only in this school setting. To my knowledge, none of the students receive special education services in other local community preschool or child-care settings.

Program Personnel

In my planning discussions with the two administrators for the early childhood program (i.e. Angela and Melanie) prior to the study, they described the program and indicated that they generally viewed it "a good program" with very little staff turn over. They also commented that

the program could always be better, especially in relation to teaming practices and how staff members worked together.

Angela, the Early Childhood Program Coordinator, explained that they use a co-teaching model in which an early childhood teacher and an early childhood special educator co-lead the classroom. She also pointed out that many of the teachers and therapists had been working together for many years. (The demographics table on page 36 indicates that 15 of the 26 participants had worked in this setting from 6 to more than 21 years.) Melanie, the EC Process Facilitator, shared that the ECSE teachers were influential leaders, but Angela and Melanie also indicated that two of the lead teachers were very strong teachers and well respected by the staff. They both agreed that all four Speech and Language Pathologists were strong practitioners and noted that each SLP had at least than 10 years in practice.

I asked for their impressions of the group personality of the staff members as a whole and for their recommendations on the best way for me to successful interact with the group. Angela shared, "They don't like to talk in large groups and they need time to let it soak in." The group's quiet demeanor was confirmed for me in the first week when I struggled to engage the participants in a discussion during my first department meeting to introduce the study.

Existing Program Practices

The following sections within the remainder Part I of this chapter describe the existing practices or operational procedures that were in place in this early childhood special education program when I initiated the inquiry. These include practices that address: (a) the program structure, (b) service delivery, (c) team meetings and planning, (d) the assessment process, and (e) IEP development.

Program structure. As described in the participant and setting sections of Chapter 3 and illustrated in Figure 1, the program is housed in a wing of a large elementary school building. Students who are three years of age attend the program in the 2-½ hour morning session on Mondays, Wednesdays, and Fridays. Students who are four years of age and turning five attend the program in the 3-hour afternoon session five days per week. The staff uses Tuesday and Thursday mornings as meeting and planning time. The two speech and language intervention classrooms have several two day per week sessions. Itinerant services are also provided for speech and language intervention by appointment with the SLPs on an individual basis either in small therapy rooms within the open pod area adjacent to the classroom or in the SLP's office area.

During my initial observation of arrival time, I noted that most of the children in this program were eager and excited, although, as expected, some children struggled with the initial transition to school. The staff members were consistently warm and friendly with parents and students and, in my opinion, were exceptional at creating a calm, structured environment that appeared to be built on positive relationships between children and staff.

My consistent impression of the classrooms was that they were calm, pleasant, and well organized environments. All of the classrooms seemed to include their lead teachers, para-professional staff, and ECSE teachers daily to successfully and efficiently lead small groups and to implement direct instruction targeting cognitive and pre-academic skills.

Service delivery. When talking with Angela and Melanie during our planning discussion, I asked about the nature of team collaboration, the use of integrated therapies, and their service delivery model. Angela reported that they do very little "pull-out" therapy. When I followed up and probed further, she guessed that 85% of speech and language service is

integrated in classrooms, 70% of occupational therapy services were in the classrooms, and about 60% of physical therapy services were in the classroom with whole class groups led by the Physical Therapist. Consultation or indirect services were not mentioned.

Within the first two weeks, it was clear that the service delivery model described by Angela and Melanie during the pre-study meeting did not match what I was experiencing in my observations and discussions with staff members. I observed and documented pull-out therapy provided daily by all related service providers at all times throughout the preschool day with very brief interactions between the therapy staff and teachers, such as "I'm taking _____ for therapy." One of the lead teachers even had a name for this pull-out process, as she told me that they had "lots of 'pull-outs' on Mondays, so it is pretty quiet in here today." The ECSE teachers worked with children receiving special education services during small group instruction or during arrival time when the worked with what they referred to as "work baskets" (i.e. individual work tasks organized in baskets or tubs that children choose and complete at a table).

It seemed that the lead teachers, speech clinicians and administrator were all unclear about when and how often the OT and PT were providing services. For example, during an instructional session that introduced the TAPIR (week 2), I asked about OT /PT services and when they provided services in their EC program. They collectively gave different answers. I never got consensus and it was clear that they had no definite idea of when the OT and PT were in their program providing intervention. Melanie, the EC process facilitator said, "Clearly we don't really know" and chuckled.

Team meetings and planning. Lead teachers were responsible for the weekly lesson plans, however I observed the lead teachers, ECSE teachers, and para-professionals consistently meeting together on Tuesday mornings in their rooms to make generic plans for the upcoming

weeks (i.e. themes, books, small group activities, etc.). I never observed related service providers participating in these meetings.

In week 5, the four ECSE teachers asked to meet with me privately. In hushed voices these four talked about how they do not have much "say" or "input" into the lesson planning in their classrooms. Previous to this meeting, I had made a causal comment to one of the ECSE teachers that there is not much paint or sensory table play in the rooms, especially in two of the rooms. During the subsequent private discussion with the ECSE teachers, they shared that two of the lead teachers hate messy stuff and pride themselves on how clean their rooms are. Tammy said, "Paint, sensory table, messy play just doesn't happen here." Therefore, when the lead teacher, ECSE teacher, and para-professionals plan, the ECSE teachers do not feel comfortable making recommendations for messy or active play in those rooms. They were also clearly frustrated with the use of curtains to cover the materials on the shelves of the classrooms and the limited number of toys or areas open during free play. Tammy said, "I wouldn't do it that way." They also pointed out the while the Principal of the school evaluates the lead teachers, they were not observed at all during the previous year.

During the first instructional support session during the second week of the study, when introducing the TAPIR, I asked if participants if they consistently met as classroom teams (including related services). The group was silent. One person asked for clarification by asking me, "You mean the team as in the lead teacher and ECSE?" I responded, "No everyone involved with the child." I heard mumbled utterances, but no definitive answer. It was clear that they did not meet as a team with related service providers and/or parents except for an actual IEP meeting. I then asked if they would be *willing* to meet as a team (my definition of team) to review the results of the TAPIR and to complete the summary and planning forms. Again they

were silent. At this point I said, "You don't need to answer that right now . . . just something to think about." Lana (ECSE) shared at the end of the meeting (probably 5 minutes later) that they really want to meet as a team, but scheduling was a struggle.

I was beginning to get the impression that the Lead Teachers were responsible for the typically developing children and the special education staff members (ECSE, SLP, OT, PT) were responsible for the children receiving special education students. During the interview with Melanie, the administrators whose role was EC Process Facilitator, also during the second week of the study, I had asked, "Do the ECSE teachers consult with the lead teachers in terms of the [child's] goals?" She answered, "Probably not." I followed up on her response by asking why. Melanie responded, "They [lead teachers] have not necessarily been an active part of the evaluation. They are managing the 'gen. ed.' aspect to it. They're lesson planning . . . they're carrying out the lesson plans with the classroom kiddos and peers."

My initial hunch at this very early point, that the roles of staff member were rigid, was being consistently confirmed. Later this hunch emerged as of the most salient issues impeding this program's growth, and perhaps at the core of these staff members' problems with trust, respect, and power.

Assessment process. Like Angela, the EC Program Coordinator, Melanie is also a Speech and Language Pathologist (SLP). Although the EC Program Coordinators have changed several times of the past 10 years, Melanie has remained the consistent process facilitator for many years.

During my individual interview with Melanie, I addressed the program's assessment process through IEP development. She responded by describing her role in helping to "facilitate the transition into our program when they [children] turn three or from screening or parent

referral and then facilitate the process as children begin to transition out of our program." She then described both the assessment process from Part C services as well as children evaluated from screening. She attends Part C transition meeting at families' homes and is the first person the family meets from the preschool-age early childhood special education program. The program uses the AEPS to determine a child's initial eligibility and also as a program planning/progress monitoring tool for both children with IEPs and typically developing peers. Children being evaluated typically attend an early childhood classroom (i.e. one of the four Sunshine rooms) for approximately four to six weeks while the teachers and therapists conduct the evaluation.

The program has been using the AEPS for the past two or three years. In my observations, discussions, and interview with Melanie, I learned that the lead teachers complete the AEPS on the peers prior to parent teacher conferences. For children with IEPs, the SLPs are responsible for the social communication section, and the ECSE teachers, as well as two of the stronger lead teachers, complete the rest of AEPS domains. The ECSE teachers, Speech and Language Pathologists, OT, and PT may conduct additional formal assessment measures (e.g. an ECSE teacher may give the *Bracken School Readiness Assessment*, and an SLP may use the *Goldman-Fristoe Test of Articulation* and *Preschool Language Scale*). According to Melanie, the OT and PT use their own informal checklists.

As the case managers for the children with individual IEPs, the ECSE teachers send home the AEPS family report for the parents or caregivers to complete. The ECSE teachers are also in charge of writing the majority of the evaluation report and for sending it to a child's parents as a draft prior to the IEP. Melanie did not mention the implementation of formal team meetings to write evaluation reports or to develop IEP recommendations for the goals and

objectives. Instead, when information must be shared, the team members informally chat in the classrooms, hallways, or office areas (i.e. in passing) or communicate via email.

In this same interview, I also asked Melanie to share her perspective on how parents typically view the initial assessment process and IEP meeting and she responded as follows.

> Because they [children] have been attending in the classroom, they are already starting to establish some friendships, they are getting the routine down, they are participating and that seems to be what is most important to parents at that time. From my perspective, I would like to see our teams explain a little bit more about: this is our evaluation, this is what drives our IEP, and this is what an IEP is. I mean, I tell parents at the time of the transition meeting, 'You are a part of the evaluation. We move through this with you'. Parents don't often go into meetings wondering where my child is going to be placed or what services are they going to receive, etc., etc. So I know they have those conversations, but when I have not been directly a part of that – I would like to see more explanation from – here is our evaluation this is all the work we have done . . . we have identified strengths, emerging skills, and identified areas of need, we have prioritized that – you know there is a lot that goes into that and I am just not seeing an explanation of how that carries over into an IEP and what an IEP is. Often times I will hear – okay we are done with the evaluation report and here is the IEP. And you know parents just kind of roll with it.

IEP process. The parents, the classroom lead teacher, ECSE, and related service providers attend the IEP meeting with either Angela or Melanie (administrator designee) as the administrator. I was not invited to attend any of the IEP meetings, but I was given a name-less sample copy of a current student's IEP as a referential documentation. During discussions with the two administrators that occurred during the first three weeks, Angela and Melanie both shared that they felt the IEP meetings could be better, but that the believed that the staff also intentionally tried to not overwhelm parents with all of the details in the IEP meetings. My impression was that these practitioners sincerely listen to the family's concerns, work hard to

build rapport, and support families. Melanie described the IEP development process with me during her individual interview during the second week of the study. (*Note that S indicates that I (i.e. researcher) is speaking and M. indicates that Melanie (EC Process Facilitator) is speaking in the dialogue below.*)

> S: ok. From there what happens? So everybody is done [with the evaluation] and they feel like they got a lot of information . . . they have a really nice picture of this child from both home and from being here for 4 weeks. So then what happens?
>
> M: Then they draft their IEP . . . they or we don't necessarily sit down and have a team meeting and process through that. And that is due to a variety of factors, time, we know them [children] pretty well already, being able to anticipate what the other [team member] is going to do.
>
> S: Uh huh.
>
> M: Each team member plugs in their own goals [in the IEP computer system], but the ECSE is generally the case manager and is responsible for getting the IEP complete and drafted.
>
> S: And then IEPs [meetings] typically happen Tuesday or Thursday mornings?
>
> M: Yeah try to – they are either here or at the families' home. Especially if it is a transition one.

Relevant Program History

As I began to develop relationships with the staff members during my involvement in this program, I found that individual were increasingly willing to share information as well as their perceptions and concerns with me. This section reports two events that occurred prior to the onset of this study and my entry into the setting. I learned about them during informal conversations with individual staff members and, from my perspective, each contributes

significantly to my understanding of the setting and the issues that created barriers to productive relationships and effective practices.

The "firing" of the EC lead teachers. The early childhood program has had several different administrators. Three years ago a previous administrator informed them during a staff meeting that the early childhood lead teachers would no longer be in charge in the classrooms in the following school year, but would be offered para-professional positions. Apparently, the announcement was jarring and the meeting was described as highly emotional and volatile. When participants referenced this experience they consistently reported how poorly this meeting was handled and that there were significant repercussions. A number of the staff members frequently stated, "It has not been the same here since that meeting."

During informal discussions with me the individual staff members recalled how upset the lead teachers were and that the ECSE teachers contributed to the conflict because they didn't "stick up for the lead teachers." Several individuals reported that lead teachers called their students' parents with the hope that the parents would disapprove of their change in status and confront the school district administration. One ECSE teacher told me a story in which one of the Lead Teachers was so hurt that after the meeting she went to her classroom to gather up all personally owned materials and then took them home.

Ultimately, the administrator was asked to not return the following year and no changes were made to the staff configurations or duties. However, the ramifications of that event still lingered years later and, I suspected, continued to have a negative influence on the climate of the program.

In week six, Angela shared with me that the Director of Special Education would be making an announcement to the early childhood program staff members immediately before my

professional development session on the following morning. At that session, the Director explained that the school district administration was interested in setting up a committee of board members, administrators, lead teachers, and ECSE teachers to explore future planning for early childhood services in the community and for changing early childhood program staff member roles. While this Director was respected and liked by the staff, I could immediately tell that this announcement was highly anxiety producing for the entire group present at the meeting.

Failure to meet two of three state EC outcomes. During week eight of the study, in a discussion with the ECSE teachers about their history with what they considered unsuccessful professional development, one of them casually mentioned a department meeting at the end of the last school year in which the administration informed them that the program did not meet two of their ECO outcomes. She also noted that the administration offered no advice and then dropped the subject after that meeting. My impression from this discussion was that the staff did not grasp the gravity of this report.

The National Early Childhood Outcomes Center ("Part B, SSP Indicator Analysis", 2009) identified three Early Childhood Outcomes that are considered critical to children becoming active and successful participants across a variety of settings. All states are required to report data to the U.S. Department of Education, Office of Special Education Programs on these child outcomes:

1. Positive social-emotional skills (including social relationships)
2. Acquisition and use of knowledge and skills (including early language/comm.)
3. Use of appropriate behaviors to meet their needs

In order to verify the information about the district's performance on the early childhood outcomes, I reviewed a public report taken from the state's education department website

(Houghton, Riley, & Petry, 2012). I found that this information was indeed true. The school district's preschool program did not meet the Statewide Department Target percentage of children functioning within age expectations by the time they left the program on two of the three indicators. Table 8 provides the targeted percent of children required to meet each of these outcomes and the district's percent of children reaching the outcomes.

Table 8

Comparison of State & District EC Targeted Program Outcome Percentages

Outcome	State Target	District Reported
7A2 Early Childhood Outcome 1: Positive social-emotional skills, including social relationships	65.66%	41.86%
7C2 Early Childhood Outcome 3: Use of appropriate behaviors to meet their needs	77.29%	62.79%

Part II: Inquiry Results

Outcomes, Impacts and Insights

Part II of this chapter is organized into four sections pertaining to each of the four guiding questions respectively. As in the first section of this chapter, this section will also employ a first person (researcher) narrative that is anchored in the context of the study setting, the program participant's perceptions, and researcher experiences and insights. The results pertaining to each question will be discussed in relation to the emergent content theme of importance to interpreting the results and the key assertions pertaining to the each theme. These are supported by quotes and examples and in the case of question 4, the results of a pre-post survey. The topic focus of each of the guiding questions and the content focused themes that emerged relative to each question are listed below.

1. Question One: Perceptions of the Professional Development Process
    - Building Rapport
    - Job-Embedded Professional Learning
    - Participant Observation and Coaching Practices
    - Switzerland: The Value of Positive Neutrality
2. Question Two: Nature of Instructional Support and Coaching
    - Content of TAPIR Approach
    - Pacing and Amount of Content
    - Content Contrary to Current Practices
3. Question Three: Implementation Facilitators and Barriers
    - Change Process and Shared Leadership
    - Beliefs Drive Practices

- Action Projections or Moving from A to G to S

4. Question Four: Impact of the TAPIR Approach
    - Benefits of TAPIR Approach
    - Collaboration Changes How We Think
    - Potential Systemic Impact of Collaboration
    - Quantitative Results of Pre and Post Surveys

Guiding Question 1: Perceptions of the Professional Development Process

Building rapport. On the first morning that I began my series of professional development sessions (week 2) the staff quietly trickled into the pod area. Some of them sat on the floor while others wheeled their desk chairs in or awkwardly sat on a random child-sized chair. They casually assembled themselves in rows two or three people deep about 15 to 20 feet back from me. The pod area was a carpeted, open, common-space lined with small brightly colored lockers labeled with photos and nametags. The pod was used for many purposes, such as the waiting area during dismissal, or the indoor recess space with heavy-duty trikes parked in one corner, cardboard brick blocks stacked on shelves, and a couple of *Little Tikes* plastic basketball hoops for use on bad weather days. The projector was mounted on the ceiling and aimed at one of the three large dry erase boards. Melanie and I struggled to get the projector working for my brief power-point presentation. After several minutes she turned to me and said under her breath, "If you are ever drowning don't expect these guys to save you" and then chuckled.

Twenty-five faces stared at me, seemingly un-enthused about this *next, new professional development initiative* they had to attend. I jumped when the loud announcements and song came on over the intercom. They giggled, and informed me that it happened every day. While

they were very polite and cordial, I struggled to get them to respond to open-ended questions during this first meeting, and when it was over they quickly disbanded, returned to their respective rooms, and shut the doors. I thought to myself, this is going to be a rough crowd.

Trying to establish rapport with the participants was challenging those first few days. Observation field notes and reflection journal entries from week one and two reveal how cautious I was and how I felt like I was intruding.

> I very quietly entered the room after trying to peek in through the blinds. Each door to a Sunshine classroom opens up to the pod area, but all doors were closed with the blinds in the windows next to the door also shut. I couldn't tell if anyone was even in there. While everyone is so nice I still feel like an outsider. In casual conversation – someone said something funny today and then turned to me and said with a giggle, "Don't put that in your report."

Within the first few weeks staff members began sharing their initial impressions of the TAPIR process and made genuine attempts to help me feel welcomed. During week 2, one of the ECSE teachers gave me a tour of the ECSE office. In the middle of the room was a table with chairs around it. She said that I could use that table as a place to keep my stuff if I wanted. Throughout the rest of the study, this table became my "home base." Figure 4 is an email I received from one of the lead teachers during week 3.

Subject: RE: Hi
Date: March 7, 2012 8:00:50 AM CST
To: "'Parks, Stephanie L'" <sparksot@ku.edu>

Hi Stephanie,
I am really enjoying your presentations on the TAPIR. I think this is going to be a great tool for us. You are enjoyable to listen too, and you bring us food and door prizes!!! You are a breath of fresh air- and just what we need. Woohoo

Figure 4. Email correspondence from one of the lead teachers to researcher.

Practical professional learning activities. Meaningful small group discussion and practical, professional learning activities take *time*; much more than three 45-minute sessions. I decided to use the extra inservice (weeks 3 and 9) and professional learning community (PLC) time (i.e. the weekly Tuesday Topics). I developed customized activities based on my observations, the participants' questions, and our discussions during team meetings and break times. Tailored small group and whole group discussion topics and activities during the additional instructional support time allocated included:

- Brainstorming and reflecting on their experiences with facilitators and barriers to collaboration (week 3)
- Round-Robin activity to generate functional intervention targets to promote participation during preschool routines by rotating through stations in small groups around the room (week 9)
- Working as teams to develop whole-class embedded learning matrices (week 9)
- Developing user-friendly data sheets for common, yet hard to measure IEP goals (e.g. social interaction using time sampling) (Tuesday Topics)
- Data analysis and decision-making process using a *Because Sheet* and *Action Plan* (Barrier Buster led PLC week 11)

I asked the group to give me some honest feedback about the activities we participated in at the end of the full day of inservice (week 9). Their responses were positive and they were very quick to tell me how much they appreciated the day. One of the ECSE teacher's said, "I really like that we are walking away from this experience with something we can actually use!", in reference to the embedded class matrix. The OT shared, "I really learned a lot from the round robin activity. It drove home how many learning targets can be addressed throughout the day in

the classroom. Really – you can work on anything!" In reference to the discussion on "dosage" and trying to embed numerous learning opportunities distributed throughout the day, an ECSE teacher said, "It makes me realize how unrealistic it is for me to have 10 or more IEP goals! That is crazy! I'm not doing that again." One of the more soft-spoken SLPs even shared, "I really liked the PD today – it was very helpful."

Lead teachers and para-professionals also commented on their impressions of the instructional support during focus group 2 (week 12):

> PARTICIPANT: What I've taken is . . . you just would give examples of things you did, and I've used so many of those things because I'm like, 'whisper-that's so cool', or that makes so much sense or I never thought of that. And I've brought a lot of that into my classroom and you've just given us different perspectives of things . . . because I mean we don't typically go away from professional development with really anything we can use.
> [LAUGHING]
> PARTICIPANT: I mean you really have and you present it in a way that we get it and it makes sense and its something that we can actually do . . . .You actually provide us with what we need and that's been very helpful.
> PARTICIPANT: Well, not just applicable to SPED children.
> PARTICIPANT: Right.
> PARTICIPANT: It's applicable for all children.

Participant observation and coaching practices. Initially I tried to just be present, watch, and listen. As time went by, the staff seemed to regard my presence as a support in their classrooms and me as a person they could "bounce ideas off of." Focus group (week 12) participants shared the following perspectives.

> PARTICIPANT: I think you have really helped us look outside the box. You see things differently, maybe from what we are so narrowed into. Because you have been in a classroom and you have been in our positions, you know what it is like to be in our

positions, you were able to help us come up with ideas and think of ideas and just your help was very much appreciated.

PARTICIPANT: Well I appreciated too that sometimes you were the extra set eyes . . . I just really appreciated you observing and like 'I noticed this' and 'let's try this', and you were there with us to collaborate in the moment when we were like going to have to try to figure something out and try to help this kid be calm and I just really appreciated that. It was very helpful.

I assisted and participated in classroom activities, shared resources when asked, and stopped in during planning or preparation times to let them "pick my brain" throughout the study. Some team members asked for help in individualizing user-friendly data sheets, while others wanted discuss strategies to support children's participation using visual supports.

Each weekend starting with week 5, I emailed a tentative schedule for the following week with dates and times for the following events: the TAPIR team meetings I had been invited to, instructional support during PLC (professional learning community) time that we started calling Tuesday Topics, and other open time slots when I would be available to hang out. By week 8, team members from all four of the Sunshine rooms (the ECSE classrooms) had initiated the TAPIR approach with at least two of their students and had met to debrief, complete the TAPIR decision-making and functional goal development process. And, at this point, participants were regularly emailing me or requesting in-person consultation time.

Prior to a TAPIR team meeting, I would spend 30-45 minutes observing the target child. Just like other team members I would use the TAPIR form to document my observations of the child's participation during preschool routines to model for them what the routine narratives might look like. While the case manager (typically the ECSE teacher) ran the TAPIR meeting, initially (weeks 4-6), I sat at the table with the team and helped facilitate or clarify the process when needed. As teams became more familiar with the materials and the process, I was able to

sit behind the team and ultimately be "on call" (i.e. through email or brief discussions the next time I was scheduled to be there) to support them if they needed me. Participants provided feedback on my role in the classroom and during team meetings during one of the focus groups (week 12) by sharing:

> PARTICIPANT: And I think when you came in . . . it wasn't just us in the room trying to figure it out on our own, you were there with us. So you were kind of in the trenches with us. Instead of just giving us something and just leave, and we have to figure it out. It was nice to have you in there and you knew the kids we were talking about.
>
> FACILITATOR: So that piece is important
>
> PARTICIPANT: Yeah, I feel like you were part of our team instead of – I don't know.
>
> FACILITATOR: So not just to know the TAPIR – but to also know the kid? So that time when I would come [observe the child], so that I could be part of the discussion?
>
> PARTICIPANT: And if we had questions you could say, "Oh, for example when we were talking about so and so". You just understood and that was when I finally understood what it was we were supposed to be doing.
>
> FACILITATOR: So is it possible to get the depth [needed for effective professional development] in three 45-minute gigs?
>
> MANY VOICES: No!
>
> PARTICIPANT: No. I don't think so. I felt like the depth came when you actually came into the classroom and we did it together. That is where it finally made sense to me. When we actually did it.

Switzerland: The Value of Positive Neutrality. Participants from both focus groups (certified, special education staff and non-certified lead teachers and para-professionals) directly shared with me how much they appreciated my neutrality, willingness to listen, and efforts to relate to the unique issues of the staff regarding their roles. This occurred during the focus group,

personally (i.e. face-to-face) causal interactions, and through emails. During one of the focus groups (week 12) the participants referred to me as "a buffer," "a liaison," "a safety net," and "Switzerland."

> PARTICIPANT: Well I think that you've really helped us kind of get to some core concerns, issues . . . things that, you know, maybe side conversations or internally we have kind of felt, but it's never just been 'here it is, now what?' And I think that you've really helped us do that.

Guiding Question 2: Nature of Instructional Support and Coaching

Content of TAPIR approach. My primary focus was to introduce and facilitate the use of the TAPIR in the district early childhood program. Hence, I gave careful thought to the instructional content and materials that I would present for each of the TAPIR components. Figure 5 below has been included to clarify the components of the TAPIR approach for building professional collaboration and to illustrate the framework that links the TAPIR components. Each component is labeled from A through F and each is depicted as moving in a clock-wise direction that represents a cyclic, ongoing process. This also corresponds to the order in which TAPIR components were presented throughout instructional sessions 1-3 and during the concurrent coaching sessions following the instructional presentation of this content. Appendix H provides the instructional products that are associated with these components and provided to the participants. Some of the instructional content related to these components was introduced at the exposure level and some instructional content was explored in-depth, typically in response to the staff and administration's requests and interests.

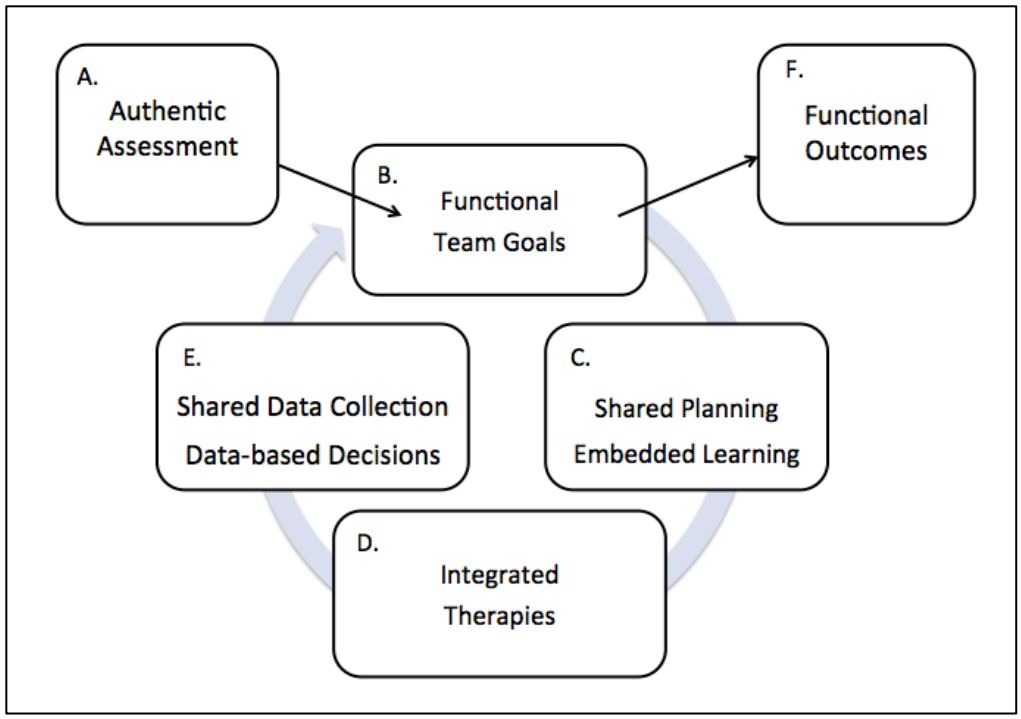

Figure 5. Framework illustrating linked components of the TAPIR Approach moving in an ongoing, clockwise direction.

Pacing and Amount of Content. I believe that what is referred to as 'sit n get,' 'drive-by,' or 'sage on the stage' professional development methods alone are not very effective with adult learners, nor fun for the participants. However, I needed to give the staff *some* information about the TAPIR approach, discuss concepts and components, and answer their questions about TAPIR procedures. In our planning session at the beginning of the study, the program coordinator and I agreed on three 45-60 minute sessions on Tuesday mornings (weeks 2, 3, and 4) for my instructional content during the department's typical Professional Learning Community (PLC) time.

I had no idea what to expect, or how to prepare for providing the instructional support sessions and I found myself posing numerous questions as I began planning how I would introduce and teach the TAPIR to the early childhood program service providers in this district. What aspects of the TAPIR approach would be new and take time to explore in-depth? Were

they already utilizing strong collaborative practices with each other and families; if so, were they willing to just 'try out' the TAPIR and give me feedback? What terminology have they been comfortable using and what *jargon* should I avoid? How will I know if what I am presenting is making any sense? Do I have time to cover it all? Should I cover it all?

I decided to be *prepared* to share all of the instructional materials and content related to the TAPIR approach and components that I had prepared (see Appendix H and Figure 5 above) but be open to the staff's goals and be willing to embrace my role as coach and consultant rather than view myself as an 'expert' and 'sage.' Because I did remain responsive to their interests, I found that pacing the delivery of instructional information was a challenge.

At the third, and what I assumed was the final instructional support session (week 4), I reminded the staff that this would be my last session with them as a whole group, but that I would continue to be available in their classrooms, over lunch breaks, and team meetings for several hours each week through the end of the school year. At this point, Angela, the EC Program Coordinator interjected, "We would like you to just continue every Tuesday morning during our PLC time. This is going well. Just keep it coming."

These weekly Tuesday meetings were named 'Tuesday Topics' and were a time in which the staff requested topics to discuss and to share resources. During week 2, Angela asked if I would like to lead a half day inservice with the early childhood staff (week 3) and was also given a full day of inservice time on Friday of week 9. In hindsight, I believe that I would not have been able to cover the content at such an in-depth level without these additional inservice and discussion opportunities.

Content contrary to current practices. One of my biggest personal challenges was trying to find a way to formally present or informally discuss content regarding best practices

that contradicted the participants' current practices while continuing to try to build rapport. How would I talk about recommended and evidence-based practices (i.e. authentic assessment, shared responsibility and accountability, integrated therapies, IEP goals addressing access and participation vs. discrete skills, strength-based vs. deficit driven approaches, data-based decision making, etc.) when what I was telling them directly conflicted with their current beliefs and practices? I specifically asked Melanie for her insight on this topic during our interview in during the second week. (*Note that S indicates that I (i.e. researcher) is speaking and M. indicates that Melanie (EC Process Facilitator) is speaking in the dialogue below.*)

> S: One of the things that was hard – even yesterday – a lot of that information that I was putting up there [on the screen] is contrary to their practices.
> M: The OT's practices?
> S: All of their practices at times. I was really worried about that. But they were very jovial with me and had fun and were laughing. I mean, I think they were listening and taking that information in. So what is your hunch about what was going on within their minds about that information? Or information that may be contrary to their practices?
> M: Can you think of something specific?
> S: Yeah. Well the issue that came up for me right now is the whole "pull-out" situation.
> M: Uh huh
> S: I'm up there saying, 'Therapy needs to be integrated into the context of the classroom.'
> M: Uh huh
> S: Um, that all team members participate together; that there are shared goals in an interdisciplinary fashion.
> M: Uh hum. I think they hear it and acknowledge it, but are not necessarily in a position to just stop and make a complete overhaul, you know. I mean they are "Yep –sounds good, we can do that!" It is just a matter of finding time to stop and do it.
> S: OK – So the barrier might be more about time constraints versus philosophical constraints as far as barriers?

M: Um - that's <sigh> if you asked me, I think it is more . . . you have several barriers there. Um. Do I think an ECSE and an SLP could goal share? Yep. Do I think the ECSE could carry out the SLPs goals? Yep. Do I think the SLP would carry out the OTs goals? No. Do I think the OT would carry out the ECSE and SLP goals? No. Then the whole other piece to that is the lead teacher.
S: Uh huh
M: Are they [lead teachers] going to carry out the goals? And it depends on the lead teacher. It depends on the lead teachers relationship with the ECSE. It depends on the relationship with the related service.

When presenting the professional learning content I frequently brought in door prizes, snacks, and used humor to keep the atmosphere light-hearted. I intentionally talked about my shortcomings by sharing my own experiences and challenges with collaboration, role release, and change. However I found that announcing, *"I've got something hard to say"* prior to introducing a topic that may contradict their practices seemed to be one the most effective strategies for discussing difficult subjects. Apparently I frequently recycled this forewarning, *"I've got something hard to say. . ."* because I heard the staff using this phrase in a jovial manner with each other and me if they thought I might not like the something they needed to share with me.

Guiding Question 3: Implementation Facilitators and Barriers

Change process and shared leadership. A collaboration facilitators and barriers activity occurred during the ½ day inservice day in the third week seemed personal and pivotal to the participants. It seemed to give them permission to begin discussing and listing the facilitators and barriers within small groups. While I had already come to the conclusion that what they identified had been impacting their practices for many years, this seemed to be the first time

these issues had been broached. I then typed their collective facilitators and barriers on the collaboration lists that they had generated after merging their small group lists. As promised, I sent it out to everyone in the early childhood department through email.

The following week after spring break, I met with Angela to debrief and get her approval for a small volunteer work group to further explore their collaboration facilitators and barriers. Potentially, the work group would generate a proposal to present back to the whole group. Angela was supportive and excited about the idea. At the next PLC time, I pitched the work group idea and asked them to consider whom they would like to nominate as a representative from their respective disciplines (i.e. lead teacher, ECSE teacher, OT/PT, SLP, and para-professional). When the votes were counted the new work group members decided that Barrier Busters would be a good name.

The Barrier Busters met weekly, starting in week 5, for approximately 30-45 minutes before or after school. During the first meeting we set group norms, selected roles (i.e. time keeper, note taker, facilitator to help set agendas, etc.), and discussed our plans. Initially they described feeling overwhelmed, anxious, and not very optimistic that we could make any progress. We started with the facilitators and barriers lists generated from the inservice activity (week 3). The following is an abbreviated version of the first barriers list we used to begin analyzing the barriers to collaboration in week 6.

- Varied schedules / Lack of time for team meetings / Scheduling conflicts
- Domain / discipline specific assessment (SLP looks at artic & language; OT/PT looks at motor; ECSE looks at cognition, etc.)
- Rigid roles / Not equal access to IEPs / data (Discipline specific data collection; Not utilizing everyone's strengths / observations)

- Segregated therapy / Pull Out (SLP, OT, PT, and ABA pull out of classroom (out of routines; 1:1)

Much like Melanie's response to teaming challenges and integrated therapies during her individual interview (week 2), the Barrier Busters initially were skeptical as we tried to untangle the barriers. The Barrier Busters engaged in emotional discussions and instinctively tried to jump to potential resolutions. I encouraged them to first "unpack" these barriers so that we could try to get to the core of the issues and generate potential plans that would address the underlying issue(s).

Initially, half of the Barrier Busters group asserted that lack of time and scheduling conflicts was at the core of the teaming challenges. Their reasoning behind this assertion included the lack of time to meet and collaborate as a team (i.e. to review authentic assessment results, prioritize functional IEP goals, embed learning targets, plan, progress monitor, make data based decisions, etc.) which they asserted was caused by their "high caseloads" which forced the therapists to provide pull out services in order to meet the IEP minutes. The other half of the Barrier Busters members were using words like trust, respect, decision-making, power struggles in their dialogue and interested in trying to figure out how services had become so isolated. I knew that they each needed to come to their own understanding of the beliefs driving these practices, but feared that I had placed too much pressure on this group and that I had just "stirred up a hornet's nest" without sufficient time for them to come to any resolutions by the end of the school year.

Week six was a particularly challenging week for me personally. My field notes from a TAPIR team meeting in week 6 describe the participants varying degrees of investment or buy in.

Researcher's Field Notes: Week 6

I sat in on the team meeting for AXXX – they have not yet written his annual review and new IEP, but they have updated his AEPS. Today they were meeting to finalize the TAPIR and generate potential IEP goals. The SLP was – not looking eager or enthusiastic about being here. Jessica (ECSE) was anxious because she was very invested as were the lead teacher and para. I did not interject much during the meeting but tried to help them move on when they "got stuck" and spent a lot of time dissecting 1 routine.

Everyone except the SLP was very talkative (including Betty, the para) and discussed AXXX's strengths and challenges. All agreed he definitely is a puzzle. Betty took notes on the adaptations page as people were brainstorming.

At the end of the meeting I led them through how to summarize the results of their work on the front sheet. It seemed to suddenly make sense why were giving ratings to each routine. They could see that many routine times he was doing okay in – and we discussed the importance of targeting routine times of the day where he had an overall rating of 1 (indicating the highest need of support).

From there, I suggested they go back and look at those routines and see what intervention strategies and adaptations could be put into place that would then help them with their priorities. They did a really good job of narrowing everything down and getting their goals down to a manageable number.

One of the therapists said, "Well, I have already written my goals for him. I have too much to do and so I already got my goals approved from mom." After the team meeting was over – I debriefed with the ECSE teacher and lead teacher. They felt that the meeting went really well. I could tell they were embarrassed by a lack of involvement on the part of some of the participants. Lynn (lead teacher and Barrier Buster member) said, "That's just how XXXX is. I'm not sure she is gonna buy into this TAPIR stuff. I think she just wants to do her own thing."

I asked if they thought that all of the therapists would ever consider coming into the classroom to integrate her therapy within the routine activities of the day. Lynn asked me, "You mean in addition to their pull out therapy? No way." I clarified that when the therapists are in the classroom and working with students as well as consulting with you

others is also considered "therapy." They both agreed that they were just too busy and they didn't see that happening.

REFLECTION: I am feeling pretty bummed out. It is amazing how a person can bring down the morale of the whole group.

Beliefs drive practices. Feeling that we were again spinning our wheels in the Barrier Buster meeting (week 8), I posed a hypothetical question specifically to Lindsey (SLP): "If the department had plenty of money to hire as many therapists as you wanted, what would assessment, service delivery, planning, and progress monitoring look like?" With tears welling up in her eyes, Lindsey blurted out, "I just feel like it is best practice if I do therapy myself. I mean, who is ultimately responsible for my IEP goals? Me! And if I want those goals worked on *I* have to do it. And sometimes we just need a quiet place to do therapy because who knows what is going on in the classroom during that time." Instead of letting the group respond I impulsively and emphatically said, "And what about the research that shows that 'more is not better' and results are just as effective if not better when you consult and they are not *your* IEP goals ". I sat back and apologized to the group. Obviously, 'I blew it,' but I tried to backtrack by posing a question and a suggestion, "Ok. What if we work toward some simple concrete steps to try to get teachers, paras, therapists, and parents to talk or collaborate more? We don't have to go from A to Z. How about if we shoot for G?" We agreed. The note-taker for that meeting sent out the following notes.

Reasons for pull-out:

1. Distractibility-kids are too distracted when working in a classroom setting
2. Learn skill outside of the classroom so they can generalize within the classroom
3. Role Release
   A. Fear: lack of progress, lack of follow through
   B. Accountability

Considering change:

1. Research shows more growth when students learn within the classroom
2. At least one time a week pull-out

"We don't have to go from A to Z. Maybe we can get to G."

**Next meeting: Tuesday, April 24th 3:30-4:00 Library Conference Room

Action projections or moving from A to G to S. At the next Barrier Buster meeting (week 9), the group members came in seemingly positive and upbeat. Previously, I had sent them a draft of projections about what moving from A to G to Z could look that was based on our sets of their meeting notes as a way to spark discussion. Specifically I listed their current practices (in column A), intermediate practices (in column G) and recommended practices (in column Z) in relation to the practices for assessment, goal planning and progress monitoring, intervention, and collaborative teaming. My draft defined their started point (A), their goal point (G) and the ideal point (Z). After discussing my draft, they indicated that they believed that the department could move farther than my predictions (i.e. G), and closer to an "S". We brainstormed the practices and listed them in column S similar. Appendix I contains a copy of this document.

The final three Barrier Buster meetings were highly productive. By week 10, they drafted a 3-part proposal for Angela (EC Program Coordinator) and the EC department to consider including: (1) block scheduling for integrated therapies with partial time in the classroom, (2) using the designated PLC time for team meetings, and (3) developing a department wide shared-calendar. Angela was thrilled, highly supportive, and asked the Barrier Busters to present it to the entire department during PLC time in week 11. The Barrier Busters also requested that they be allowed to lead the end-of-the-year in-service day that was to occur during week 12 (the final week of this inquiry) so that they could facilitate the department staff members planning for the

2012-2013. Specifically they intended to lead the group through the planning for block scheduling, PLC structure for early childhood team meetings, and development and initiation of the department shared-calendar.

The focus groups (week 12) occurred the day before the Barrier Busters were to lead the final inservice for 2012-2013 planning. I asked during the focus groups if any of the Barrier Busters would be willing share their perceptions of the Barrier Busters group process and plans for next year.

> PARTICIPANT: We [Barrier Busters] . . . discussed what it was that, um, what really were the issues, what went together, and we realized that everything was inter-related and not having time to get together because everybody had such different schedules and finding time that was a common time that we could all meet, ending up being kind of our biggest thing. And one of the things that we talked about was our PLC time that we were currently using for something different – that could really be our collaboration – it really is what needs to be our biggest focus. Um, and so that is something we are going to try to talk about tomorrow, is try to get – make it very clear about what the purpose is going to be, have a real focus so that every time we meet we actually have a certain order of things that we are going to do every week.
>
> And we will have certain students that we will be discussing [at the team meetings on Tuesday mornings], it might be evaluations that are coming up or it might be um, children we know are transitioning from infant toddler; it may be a peer in our classroom that we have concerns about that might not be a peer too much longer. So it could be a variety of different things. So we are going to talk a little bit about the structure is going to be like and how that might look . . . maybe we can come up with a big long term plan as to what the themes are for the entire year – that way everybody is on the same page and all the therapists know what our different themes are for weeks of the year. We also had talked about maybe if we are doing some block scheduling for our service providers that they are going to be there [in the room] for certain chunks of the day that we might have to look at our individual schedules and tweak our schedules a little bit depending – so like if I am not doing a fine motor group when Jane [OT] is scheduled in my room –

maybe I need to change my group time or maybe she needs to be in a different room during that time and come back when I am doing fine motor things. And, the same thing for speech too.

PARTICIPANT: I thought . . . in the Barrier Busters meetings . . . I felt as if we got a lot accomplished and a lot talked about and [put] a lot on the table with proposals. Now *outside* of that meeting, it wasn't always welcomed. The proposals weren't always welcomed. They were, "yeah that's a great idea. Crap that means I'll have to change something", you know. "Oh yeah, that could work. How are we going to do that?" And then it got so wrapped up in – "this is mine, I own this mentality and then that's going to take a lot of work to actually get that to come about. That mmm, I'm not so sure if I need to do that yet".

Guiding Question 4: Impact of the TAPIR Approach

Benefits of TAPIR approach. Participants shared their perception of the benefits of the TAPIR approach throughout both focus groups, mentioning how the TAPIR was a venue for dialogue and planning, was user-friendly, that it highlighted children's strengths, had received positive comments from parents, and helped teams generate more functional IEP goals that are easily embedded into the routine.

PARTICIPANT: I feel like the TAPIR is something that pulled us all back together again and it was a very useful tool for not only just looking at how the kid is functioning, but getting everybody together to get input . . .

PARTICIPANT: . . . and I didn't go into the IEP thinking, well what goals should I pick – I already knew, because we had already talked about it.

PARTICIPANT: I think the first TAPIR we did was with a child who had [challenging] behaviors only pretty much. And I think that as a team, when we sat down and did it [TAPIR], it helped us realize, ok, well these behaviors are not always occurring. When are they *not* occurring? What is the structure that he is successful in and what is not? And

where do we need to go from here? And I thought it really helped us narrow down our focus.

PARTICIPANT: And bridging off of that . . . when we went to do the FBA piece, it [TAPIR] had covered huge sections that we have on our districts FBA and so that was great too. We were able to build on what was already discussed with the routines on the TAPIR.

PARTICIPANT: And I think the TAPIR for myself, um when I go and would do an evaluation, I think the parents enjoyed seeing what the day actually looked like for the child, instead of – this is what they do in fine motor, this is what they do in gross motor, this is what they do in adaptive. I think one of my parents actually commented and said she liked it better knowing what the day looked like, and it just kind of helped her out and she goes, "I wish you would have done my other child like this".

PARTICIPANT: You know what the great thing about that too is its not just one person filling it out. It's all of us.

PARTICIPANT: Everybody . . . because we see each kid at different levels, at different stages, at different times, at different environments so we see all of the child; so when we all meet, we have those different perspectives to bring.

PARTICIPANT: And that's what great about that because so many times its just one person or two people.

Collaboration changes how we think. In her individual interview (week 2), Melanie hinted that the quality of the department's IEP goals could be better. As reported earlier, when the participants generated IEP goals they referred to their own part of the assessment results (i.e. a multidisciplinary model). Her perception of the IEP goals themselves was that their service providers made good connections between baseline data and the actual goals, but Melanie felt there is often a disconnect between the assessment results and the present level of performance. Perhaps this disconnect is related to the decision-making process they employed to identify and prioritize IEP goals.

S: Do you feel there is a strong connection between the present level and the goals?

M: Um, yes – I feel there is a strong connection between the present level and the goals. What I don't feel there is a strong connection to is their evaluation data and the present level. If that makes sense? They don't realize the amount of data they have collected, and actually they have nice substantial chunk of data over time, and that is not always reflected in the present level. That is where I see the disconnect, not necessarily between the goal and the present level.

S: OK, so do you think that then if there are more functional real-life observational routine based data that is going in to the evaluation . . .

M: Yes I think that would embellish the present levels a little more

S: Do you think that would translate to the present level?

M: Uh huh

S: So you are feeling like this connection between the eval. data and the present level is where the breakdown is. But not necessarily from a present level to a goal?

M: if you are looking at strictly a baseline and their goal – yeah I don't think there is much of a breakdown there. No. You get to that point and you see that there is a gap there and you are probably going to think well this is where the TAPIR would come in handy.

I was having difficulty differentiating between the "present level" and "baseline" terminology Melanie was using in the above transcript report, as evidenced by asking her several clarifying questions. It wasn't until I was able to review the district's IEP format that I realized in their IEP computer system there really is not a separate section for the entire Present Level of Academic Achievement and Functional Performance (PLAAFP). Instead the PLAAFP is broken up into segments at the top of each IEP goal page. In my very limited exposure to the district's sample IEPs, I noticed that this PLAAFP section was actually where very specific baseline data was included instead of impact statements that reflect how the child's delays or disabilities affect his or her functional performance. My hypothesis is that if team members conduct separate assessments for each domain separately and also report the evaluation results for each domains

separately, perhaps the process of prioritizing IEP goals is also separate and fragmented, with the PLAAFP representing the child's performance on discrete skills. Participants in the focus group attended by the ECSE teachers and related service staff members (week 12) mentioned potential differences in future IEP goal writing.

> PARTICIPANT: Well, um, since you have come we have talked about [imitating Stephanie] "What is the one thing that this child needs to do to be successful in my classroom." <giggling> So now I think more broadly than before. It used to be, 'Oh my gosh, he doesn't know his colors or his shapes, ok these are the first things - let's do that'. Where *now* I'm thinking, 'is it that he doesn't know that or he can't learn it or is it attention or is it a different learning style'. So I think more broadly.
> PARTICIPANT: Well, along that line . . . I am thinking about one particular child who is very bright, but just doesn't participate in the classroom . . . That [TAPIR] to me will be helpful when I meet with the parent – that TAPIR, the observational stuff - to show them [parent] more the things he is not doing in the classroom you know and why we need more functional goals – because he knows a lot of stuff and those parents were really surprised that he qualified. So that will help get my point across better.

The following segment of transcripts from the lead teacher and para-professional focus group 2 (week 12) illustrates their view of how the TAPIR facilitates discussion around functional performance in the TAPIR team meetings they participated in. I felt that the following segments of data were particularly insightful considering this group's minimal exposure to IEPs in general. While there were some differences in details, terminology, or perhaps the trajectory of the topics (i.e. tangents) between the two focus groups, the actual content of their answers to the protocol focus group questions was very similar.

> PARTICIPANT: Well I like how the goals . . . how they have been changed. Where it's not looking at colors and shapes and size and everything.

PARTICIPANT: Its more life skills type things that will progress them through. . . .and I like how you just look at it [TAPIR] and you're like okay, what's the one thing that you want this child to do. Plus its not like were making it too hard.
PARTICIPANT: You simplified it for us.
PARTICIPANT: It's very user friendly.
FACILITATOR: That's good to hear.
PARTICIPANT: Because you can just look at the specific things and you go okay, can they do it? Can't they? What are we doing? All right.
PARTICIPANT: It's clear cut.

----- Later segment of same focus group -----

FACILITATOR: What I saw was all of you talking during those TAPIR meetings and talking about that and offering all of that information. Did you feel like it wasn't your place to talk during the TAPIR meeting or what were your thoughts?
PARTICIPANT: I was comfortable talking about the kid - what I knew, the times that I was working with them or observed them and knew what was beneficial for the information.
PARTICIPANT: That's what you did so well.
PARTICIPANT: Yeah.
PARTICIPANT: You didn't group us. You just made us all feel - we all work with children, and so we were all important and it wasn't this classification and this classification
PARTICIPANT: Right.
PARTICIPANT: [VOICE LOWERED-INAUDIBLE] We weren't labeled. We were just all included, and that doesn't always happen. So that was nice.

One of the most surprising, yet enlightening questions for me personally came from a speech and language pathologist at the end of one of our instructional support sessions during week 3. I had just spent the previous 10 minutes discussing the importance and benefits of team meetings when she asked, "What do you actually do at a team meeting?" I paused and tried not

to look as surprised by her question as I was feeling. I was puzzled, like she had just asked me, "What do you do when you brush your teeth in the morning?" My mind flashed back to experiences working on highly collaborative teams with professional colleagues and family members. In that moment, I realized that not only had the participants not participated in a TAPIR meeting before, perhaps they had not *experienced* any collaborative decision-making on shared outcomes. The following statement during the focus group comprised of the ECSE teachers and the related service staff members confirmed that this was most likely a new concept for the participants from this program.

> PARTICIPANT: I do think that the perception of shared goals and that everyone can take data on all of the goals . . .you know it is a collaborative effort; everyone can take data on everyone's goals. And I think that was. . . I don't know . . . that perception for me was a little different but it is a good one. Yeah.

Potential systemic impact of collaboration. As a result of my ongoing analysis of the factors impacting collaborative practices, I began exploring the relationship between the barriers discussed within the Barrier Busters meetings and their potential un-intentional consequences through the development of concept maps. Consequently, I began to try to illustrate my thoughts and Figure 6 depicts my attempt to capture the potential impact of the barriers, "rigid roles" and "time" or scheduling conflicts on assessment, IEP development, intervention planning, service delivery, data collection and analysis, and child outcomes. Starting at the bottom with the barriers box the dashed arrows suggest the potential impact could be: multi-disciplinary assessment and independent planning driving (thick arrows) discipline-specific IEP goals delivered in contrived or "pull out therapy" using segregated or independent data collection and analysis resulting in discrete-skill child outcomes.

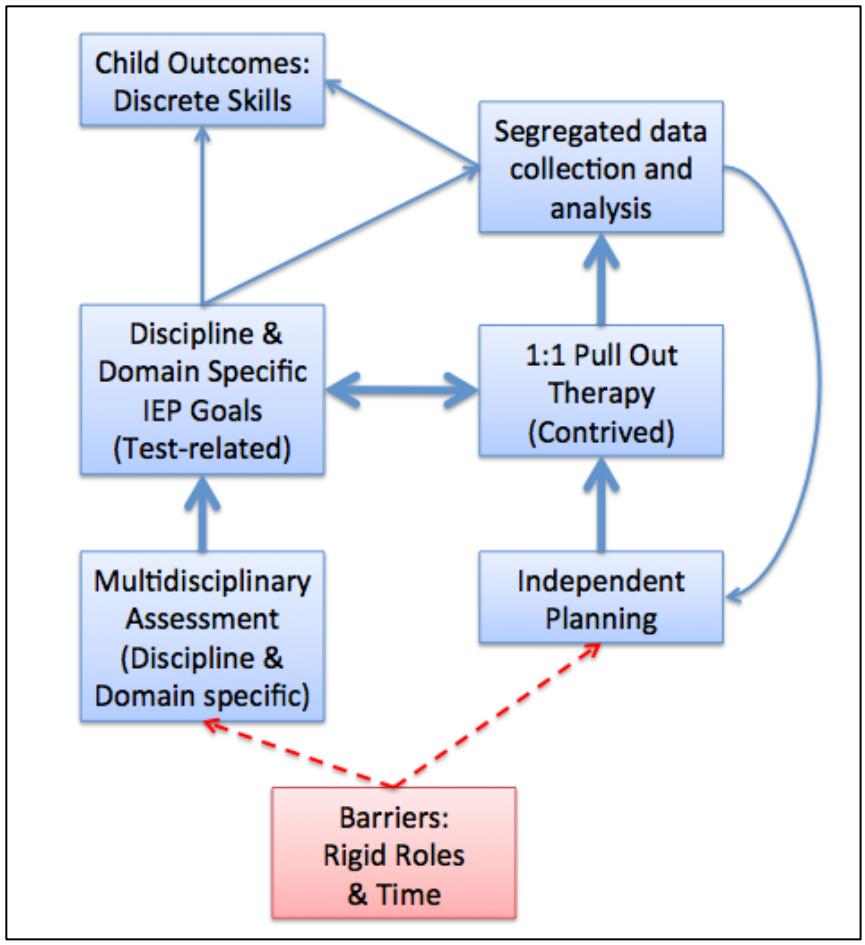

Figure 6. Diagram of barriers to collaboration and their potential relationships and impacts on assessment, IEP development, intervention planning, service delivery, data collection and analysis, and child outcomes.

I then began to realize that if this model is plausible, then the collaborative teaming outcomes could also be depicted. Figure 7 depicts the potential impact of the collaboration facilitators, "collaboration" and "weekly team meetings" on assessment, IEP development, intervention planning, service delivery, data collection and analysis, and child outcomes. Starting at the bottom with collaboration the dashed arrows the potential impact could be: transdisciplinary functional authentic assessment driving functional team goals embedded within routines, delivered through integrated therapies requiring collaborative planning of embedded

targets assessed through shared progress monitoring resulting in functional child outcomes (i.e. Early Childhood Outcomes).

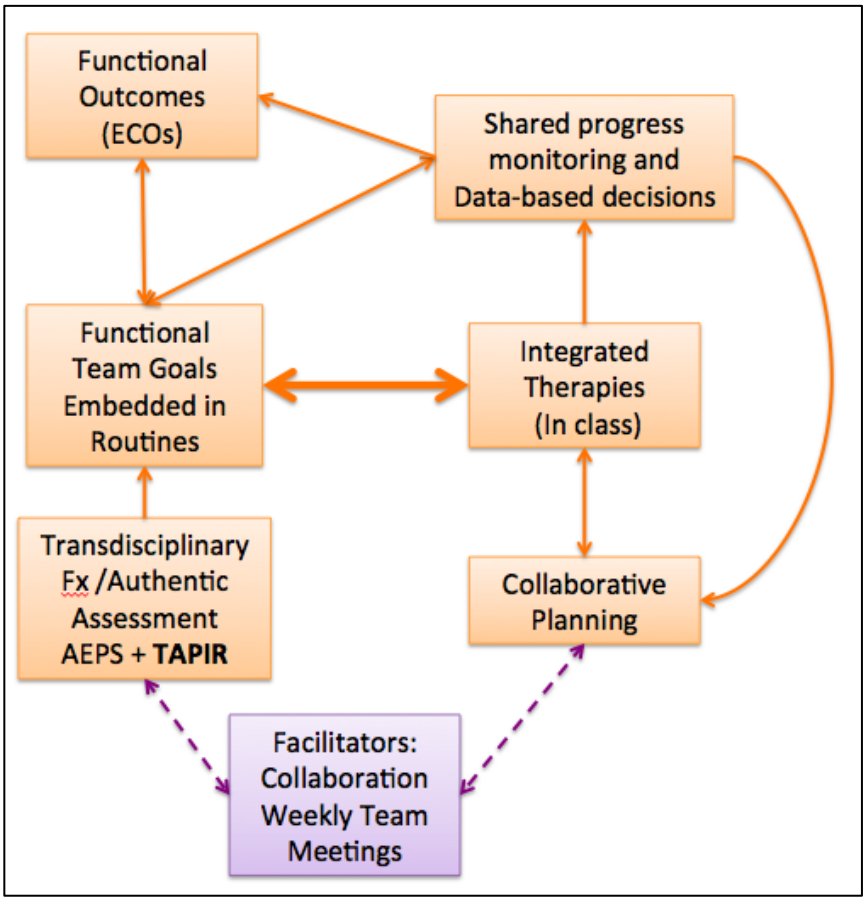

Figure 7. Diagram of proposed facilitators of collaboration and their potential relationships and impacts on assessment, IEP development, intervention planning, service delivery, data collection and analysis, and child outcomes.

Results of the quantitative data analysis. *The Preschool Collaboration Scale* and the *Scale Preschool Practitioner Beliefs and Practices* were administered in week 1 and again 12 weeks later at the conclusion of the study. These instruments were described in detail in Chapter 3. Twenty-five participant scores were used in the analysis. One participant was only present during the post-survey administration, however, this participant's demographic data were

included in Table 6 of in Chapter 3. These measures were developed as research tools to attempt to capture the beliefs and practices of early childhood practitioners regarding collaboration.

Tables 9 and Table 10 display the results of the analysis of *Survey I: Scale of Preschool Practitioner Beliefs and Practices*. A paired sample t test analysis for a statistically significant difference in the change scores result was conducted and the following 3 items yielded statistically significant differences: item 3a. pre (M= 3.40, SD= .912) and post (M=2.72, SD=.979) tests; t(24)= 2.527, p = .018; item 4b. pre (M= 3.68, SD=.852) and post (M=2.72, SD=.781) tests; t(24)= 3.361, p = .003; and item 5a. pre (M= 3.40, SD=1.118) and post (M=2.36, SD=.907) tests; t(24)= 4.906, p = .000. Because this survey was not piloted these results should be considered with caution.

Table 9 displays the results of the paired sample t test by item for the *Preschool Practitioner Beliefs and Practices Scale.* The results indicate that the practitioners' beliefs about best practice shifted slightly away multidisciplinary assessment (item 3a) and multi-disciplinary IEP development, intervention, and data collection (item 5a). Practitioner's ratings of their actual *practice* (item 4b) also changed possibly indicating that their awareness of their practices are slightly less aligned with functional participation, shared responsibility, and integrated service delivery as a result of their participation in the professional development intervention.

Table 10 displays the results of three items from the *Preschool Practitioner Beliefs and Practices Scale* that were found to be statistically significant as well as an interpretation for each of the significant items.

Table 9

Results of Paired Sample t-Test for Survey I: Preschool Practitioner Beliefs and Practices Scale

Survey Item	N	Mean Pre-test	Mean Post-test	Paired Differences Mean	95% CI Lower	95% CI Upper	t	df	Sig. 2-tail
1a. Beliefs	25	2.72	2.64	.08	-.255	.415	.492	24	.627
1b. Practices	25	2.80	2.88	-.08	-.650	.490	-.289	24	.775
2a. Beliefs	25	4.24	4.36	-.12	-.367	.127	-1.00	24	.327
2b. Practices	25	4.00	4.04	-.04	-.406	.326	-.225	24	.824
3a. Beliefs	25	3.40	2.72	.68	.124	1.235	2.527	24	.018*
3b. Practices	25	3.56	3.88	-.32	-.777	.137	-1.445	24	.161
4a. Beliefs	25	4.36	4.48	-.12	-.538	.298	-.592	24	.559
4b. Practices	25	3.68	2.88	.80	.308	1.291	3.361	24	.003*
5a. Beliefs	25	3.40	2.36	1.04	.602	1.477	4.906	24	.000*
5b. Practices	25	3.84	3.36	.48	-.027	.987	1.953	24	.063
6a. Beliefs	25	4.04	3.88	.16	-.455	.775	.537	24	.597
6b. Practices	25	3.24	2.96	.28	-.345	.905	.920	24	.364

* = statistically significant ($p > .05$)

Results of the *Survey II: The Preschool Collaboration Scale* are depicted in Table 11. These results indicate a statistically significant difference in the change scores for item 6 pre (M= 4.24, SD= .435) and post (M= 4.64, SD= .568) tests; t(24)= -3.098, $p = .005$; item 7 pre (M= 2.16, SD=.850) and post (M=1.60, SD=.816) tests; t(24)= 2.347, $p = .028$; item 11 pre (M= 3.16, SD=.943) and post (M=2.44, SD=1.04) tests; t(24)= 2.979, $p = .007$ and item 13 pre (M= .880, SD=.331) and post (M=.560, SD=.506) tests; t(24)= 2.874, $p = .008$.

Table 10

Interpretation of Statistically Significant Survey I Items: Scale Preschool Practitioner Beliefs and Practices

Statically Significant Items Content	Mean Pre-test	Mean Post-test	Interpretation
3a. Belief: Best practice involves multi-disciplinary assessment in which each discipline assesses the domain associated with their practice area.	3.40	2.72	Change in score reflects a shift toward disagreeing with the practice of multi-disciplinary assessment.
4b. Practice: Practice reflects a linked system, functional participation, shared responsibility, and integrated service delivery.	3.68	2.88	Change in score reflects a rating of their practices as less functional with less integrated service delivery.
5a. Beliefs: Best practice involves multi-disciplinary IEP development, intervention, and data collection.	3.40	2.36	Change in score reflects a shift toward disagreeing with the muli-disciplinary IEP development.

Note: 1= highly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = highly agree

Table 12 identifies the specific items in *The Preschool Collaboration Scale* and displays the results of analysis. It can be noted from that the four statistically significant items indicate that participants' agreement with philosophical concepts related to collaborative practices, specifically shared goals, role release during dialogue, and integrated therapies embedded within classroom routines.

Another interesting finding is that practitioners' report (item 12) the exact amount of time spent in team meetings on both pre and post surveys (4.04 times within the last month), yet the

change score for item 13 is statistically significant. This indicates that after the professional development, the amount of time they have had to collaborate as a team was perceived as less sufficient. Because the survey did not provide a definition of the term "team" it is possible that the participants' definition of who would be present at a "team meeting" changed between pre and post administration.

Table 11

Results of Paired Sample t-Test for Survey II: The Preschool Collaboration Scale

Survey Item	N	Mean Pre-test	Mean Post-test	Paired Differences Mean Diff	95% CI Lower	95% CI Upper	t	df	Sig. 2-tail
1.	25	4.76	4.88	-.120	-.367	.127	-1.000	24	.327
2.	25	4.56	4.52	.040	-.363	.443	.204	24	.840
3. **	25	1.56	1.32	.240	-.081	.561	1.541	24	.136
4. **	25	2.28	1.88	.400	-.119	.919	1.589	24	.125
5.	25	4.48	4.64	-.160	-.490	.170	-1.000	24	.327
6.	25	4.24	4.64	-.400	-.666	-.133	-3.098	24	.005*
7. **	25	2.16	1.60	.560	.067	1.052	2.347	24	.028*
8.	25	4.44	4.60	-.160	-.511	.191	-.941	24	.356
9.	25	4.64	4.72	.080	-.393	.233	-.527	24	.603
10. **	25	1.36	1.32	.040	-.326	.406	.225	24	.824
11. **	25	3.16	2.44	.720	.221	1.218	2.979	24	.007*
12.	25	4.04	4.04	.000	-.899	-.899	.000	24	1.00
13.	25	.88	.56	.320	.090	.549	2.874	24	.008*

Note: * = statistically significant ($p > .05$); ** = reverse scored

Table 12

Item Content for Survey II: The Preschool Collaboration Scale

Item Content	Mean Pre	Mean Post	Sig. 2-tail
1. Collaboration requires in depth involvement from each member on the team	4.76	4.88	.327
2. Collaboration is more than just cooperating and sharing information. It involves being inter-dependent	4.56	4.52	.840
3. In a collaborative model, one team member is responsible for the goals/outcomes of the child and/or family**	1.56	1.32	.136
4. If the team members know each other well, they do not need to meet as frequently in a collaborative model**	2.28	1.88	.125
5. The assessment process is more effective when disciplines together evaluate young children in natural settings	4.48	4.64	.327
6. In a collaborative service delivery model, team members are encouraged to address all shared goals	4.24	4.64	.005*
7. In meetings, team members should stick to their own discipline when sharing**	2.16	1.60	.028*
8. Family participation is critical in collaboration (both in sharing and receiving information/planning)	4.44	4.60	.356
9. Each team member is responsible for the child's progress	4.64	4.72	.603
10. If conflict occurs, it should be ignored so that team meetings can run smoothly**	1.36	1.32	.824
11. In a collaborative model, it is permissible for related services to be routinely delivered separately outside of the classroom**	3.16	2.44	.007*
12. Within the last month, how many times have you met as a team to collaborate?	4.04	4.04	1.00
13. Within the last month, was your collaboration time sufficient? ☐ yes ☐ no	.88	.56	.008*

Note. * = Statistically Significant; ** = reverse scored; items 1-11 used likert scale (1= highly disagree 2 = disagree 3 = neutral 4 = agree 5 = highly agree); item 12: number of times team met last month; item 13: sufficient time (1= yes, 0= no)

A posttest analysis using Cohen's d for effect size was conducted on the 7 statistically significant items across the two surveys. While the results of 7 survey items (i.e. both surveys combined) are statistically significant, the effect sizes for 6 of these 7 items are moderate (Cohen's $d = \sim.6$ with .38% of non-overlap in the distributions). The relevance of the differences is most likely not be substantial enough to be observable in practice (i.e. team

meetings). However, the effect size for item 5a on Survey 1: *Preschool Practitioner Beliefs and Practices Scale*, is large (Cohen's d = .98 with 55% of non-overlap in the distributions). This specific item was reverse scored, and asked practitioners to rate their level of agreement with content related to the practice of multi-disciplinary IEP development, intervention, and data collection (see Table 10 for pre/post means) With a statistical significance and large effect size, it is possible that the change in practitioners beliefs about the multi-discipline model would be noticeable in practitioner's discussions or practice.

Together these quantitative results support the qualitative findings indicating that the professional development regarding implementation of the TAPIR approach may have had a moderate impact on the practitioners' beliefs or philosophies about collaborative practices (i.e. current collaborative assessment, IEP goal development, intervention practices, and satisfaction with the amount of time they currently have to meet together for collaboration).

CHAPTER 5: DISCUSSION

This discussion chapter is comprised of three major sections. The first section provides a brief summary of the inquiry's methodology and findings. The summary is followed by the researcher's synthesis of the key findings and interpretation of the practice implications, followed by discussion of the relevant literature. Lastly, the limitations of the study and implications for future research, policy, and practice are discussed.

Inquiry Summary

The purpose of this dissertation study was to understand how early childhood and early childhood special education practitioners in an established ECSE program experience professional development targeting the implementation of the *Team Analysis of Preschoolers in Routines* or TAPIR (Parks, 2010). The TAPIR is grounded in the ECSE fields' recommended practices (Sandall et al., 2000)and is an approach designed to support professional collaboration among interdisciplinary team members serving young children with special needs in order to ensure the children's functional participation in the ongoing routines of their preschool classrooms. More specifically, the inquiry was designed to (a) understand the nature and impact of the utilization of the TAPIR approach in a novel setting, and (b) gain insight into professional development content and strategies that can effectively instruct and support the implementation of TAPIR by teams of early childhood practitioners.

Given the need to understand the impact of introducing the collaborative practices associated with the TAPIR from the perspective of those engaged in providing services to young children in an early childhood special education, naturalistic inquiry provided the best methodological fit for this study's purpose (Lincoln & Guba, 1985) and served as the primary

research methodology. The researcher served as a participant observer for the purpose of observing and supporting collaborative practices and implementation of processes presented in the training. She immersed herself in the program by observing and participating in team meetings and in classroom service delivery.

Qualitative data was collected over 12 weeks of the inquiry included the researcher's field notes, her reflexive journal entries, an opened, unstructured interview with a program administrator, email correspondence, referential documents, and two focus groups conducted at the conclusion of the study. Quantitative data was also collected by administrations of pre and post surveys in which participants rated statements describing beliefs and practices about collaboration.

Throughout the study the researcher utilized both instructional support and coaching to introduce and facilitate professional development (PD) targeted at building collaborative practices through the TAPIR approach. Specifically, these included instructional support sessions, inservice sessions, and job-embedded coaching in the classroom (i.e. to assist participants in the routine-based observation portion of the TAPIR) as well as support for practitioners during team meetings using the TAPIR to facilitate dialogue centered on functional participation in preschool classrooms.

Professional development content addressed the strategies for: (a) team-based observation over a period of several weeks to identify child strengths and needs for functional participation in routines, (b) brainstorming and planning needed adaptations and intervention priorities aimed at increasing functional participation, (c) developing shared outcomes / IEP goals, (d) embedding learning opportunities throughout the preschool day, (e) integrating therapies, and (f) shared, data-based decision making (i.e. shared accountability, data collection,

and analysis).

There were mixed responses to the practices that support the TAPIR approach. The practice recommendations provided during PD conflicted with the program's multi-disciplinary team model. Very few instances of collaborative practices were in place. Through shared or distributed leadership (i.e. the development of a Barrier Busters work group), significant challenges impeding the change process were identified and studied by the participants. At times this lead to emotionally charged dialogue. Ultimately the Barrier Buster work group, charged with addressed the barriers to changing from current practice to recommended practices associated with the TAPIR, came to consensus around specific procedures to put in place for the following school year. While some participants were optimistic about potential change in the future, many expressed apprehension.

Salient Findings and Relevant Literature

The second section of this chapter provides a summary of the key findings that are informed by the warranted assertions (Erickson, 1986) and developed at the completion of the processes employed in the mixed method integrated data analysis (Smith, 1997). The topical focus of each the findings represent the content theme that emerged as most salient. Each of the findings pertains to one of the questions posed for this inquiry. These are followed by the researcher's interpretation of the practice implications that must be kept in mind relative to the key findings. Finally, related research literature is discussed.

Job-Embedded Professional Development: A Coaching Model

Summary of salient findings. Practitioners consistently and uniformly reported positive perceptions of focused and sustained learning from the job-embedded professional development.

Participants asserted that if they were going to be involved in typical instructional support or training, they would advocate for blocks of time to actively discuss, brainstorm, and plan how to implement the new information into their classrooms (i.e. develop classroom matrices for embedding goals into routines). Participants articulated the common problem of not fully understanding how to apply the new concepts they were learning in training until coaching was provided in the classroom and in team meetings.

Researcher's Interpretations. The researcher's interpretation of the practice implications for job-embedded PD and the implementation of coaching follows.

- Building rapport is challenging but essential. When practitioners are asked to implement something new, relationships between the coach/trainer and adult learners can have a significant impact on the participants' motivation to attempt new practices.
- When the goal of PD (professional development) is to improve quality of services and practices, professional development needs to intervene directly at the practice level.
- Practitioners need time to reflect on the content presented in PD.
- The combination of instructional support and job-embedded coaching are more likely to provide the individualized assistance that is needed to support the specific dynamics affecting the implementation of recommended practices within an early childhood.
- Factors unique to a program require customized instructional support and coaching. Examples of unique factors identified in this inquiry included the program history, the work experience of the staff members, and the lack of administrative consistency.

Relevant literature. Key findings from the results of this inquiry are congruent with the current research on evidence-based professional development, specifically job-embedded learning through coaching strategies. Professional development (PD) is often defined as learning

experiences designed to enhance practitioners' knowledge, skills, and capacity to provide high quality experiences for young children (Snyder et al., 2012). Research presents some compelling evidence of the benefits of new methods and systems of professional development that move beyond traditional training and coursework (Ochshorn, 2011; Snyder et al., 2012; Trivette, Raab, & Dunst, 2012).

Snyder, Hemmeter, and McLaughlin (2011) suggested that "those committed to advancing a scientific basis for early childhood intervention PD [professional development] acknowledge a need to move beyond 'main effect' questions (e.g., Is PD effective?)" (p. 358). Specifically, it is important to clarify the effective features of PD, identify who the PD is effective for, and under what circumstances. Therefore, there is a need to go beyond describing the format of early childhood professional development to a deeper understanding of the process, strategies, and activities of effective PD (Fixsen & Blase, 2009; Ochshorn, 2011; Zaslow, 2009). In alignment with the importance of process in research related to PD, the National Professional Development Center on Inclusion (NPDCI) identified the key components of PD that should be taken into consideration including: (a) the characteristics and contexts of learners, (b) content, and (c) the organization and facilitation of learning experiences ("What do we mean by professional development in the early childhood field?," 2008).

Leaders in the field of early childhood intervention and in the field of implementation science highlight the importance of professional development that is sustained, practice-oriented and incorporates follow-up feedback (Dunst & Raab, 2010; Fixsen & Blase, 2009; Snyder et al., 2011; Trivette et al., 2009; Trivette, Raab, et al., 2012). Many terms are used in the literature to delineate different categories of job-embedded or practice-based feedback however, the term "coaching" is considered a broad term universally used to describe implementation support that

is sustained and focused (Snyder et al., 2012). While definitions of feedback strategies overlap, and no evidence suggests that one feedback strategy is superior to others, there is solid evidence for the use of 'practice-based feedback' positively affects classroom practices (Barton, Kinder, Casey, & Artman, 2011).

Table 13 provides data supporting the impact of coaching in the classroom that is reported in a study by Joyce and ShowersJoyce and Showers (2002). Their research compared training approaches, specifically: (a) theory and discussion, (b) theory and discussion along with demonstration during training, (c) theory, discussion, demonstration, practice and feedback in training and (d) theory, discussion, demonstration, practice and feedback in training with the addition of coaching in the classroom. These researchers were able to show that training utilizing theory, discussion, demonstration, practice and feedback during training has effects on learners' knowledge and skill demonstration, but little to no impact on implementation in the classroom. However, this research indicates that job-embedded learning (i.e. coaching in the classroom) has dramatic positive effects on implementation.

Table 13

Impact of Coaching Compared to Other Training Components

Training Components	Demonstrate Knowledge	Skill Demonstration	Use in the Classroom (Implementation)
Theory and Discussion	10%	5%	0%
+ Demonstration in Training	30%	20%	0%
+ Practice and Feedback in Training	60%	60%	5%
+ Coaching in the classroom	95%	95%	95%

Note. % = percentage of teachers studied; + indicates cumulative addition of each component

A recently published report from the Head Start national demonstration project offers practical insights about coaching as part of professional development (Lloyd & Modlin, 2012). The report of the project summarizes key findings for early childhood administrators and practitioners. Practical suggestions emphasize coaches' appropriate knowledge and skills, focused communication, and supported integration of coaching into day-to-day practice. Specific recommendations seem to resonate with the findings from the present study:

- Incorporating coaching into day-to-day practices requires flexibility and is necessary for implementation success.
- Teachers need time and privacy in order to reflect on implementation processes with coaches.
- Site-level administrators must be actively engaged in supporting and supervising coaching as well as general implementation processes.

Framework for the TAPIR Approach

Summary of salient findings. The content included in the PD activities followed a sequence of components of the TAPIR approach and was provided in both group settings through discussion and activities, and in more personalized classroom or team meeting using a coaching approach. Because the TAPIR approach involve collaboration throughout assessment, IEP development, planning, intervention, and data collection/analysis, collaborative practices were targeted and sequenced. The relationship of these components within a linked framework is illustrated in Figure 5 on page 78. Table 14 identifies the general topic and content information as well as associated TAPIR products that were introduced to teams. As noted in the results section, samples of TAPIR products are provided in Appendix H. All participants were given

notebook binders at the beginning of the study to collect and organize their session notes, products, and resources. Presenting the components and collaborative nature of the TAPIR revealed the lack of understanding of and experiences with recommended practices. The concept of "shared outcomes" including shared accountability was novel to the participants and is exceptionally difficult for some practitioners to embrace in practice compared to the others. The concept of IEP goals targeting functional participation vs. discrete skills was also a relatively novel concept in this program. Discrete skills are often important curricular targets for all children, but the spirit or purpose of the IEP is about access and participation.

Table 14

TAPIR Approach Component Topics, Content, and Associated Products

Component Topics	Content	Associated Products
Assessment	• Philosophical challenges of teaming • Authentic Assessment • Organize, synthesize, and prioritize functional information	• TAPIR Routine-based Observation Form • TAPIR Summary

IEP Development	• Functional Outcomes
	  ○ Engagement
	  ○ Independence
	  ○ Social Interaction
	• Team Goals vs. Discipline Specific Goals
		• TAPIR Intervention Planning Form
		• Team Goal Sheet

Planning	• Using team meetings / planning time efficiently • Embedded learning • Distributed vs. massed trials	• Sample Matrices • Team Action Plans
Service Delivery	• Integrated therapy vs. Segregated therapy • Consultation	• Sample Block Scheduling Format

	• Block Scheduling	
Data Collection & Analysis	• Challenges and successful progress monitoring systems • Types of data collection • Rubrics to measure embedded learning in routines	• Sample Data Sheets • Sample Rubrics
Outcomes	• Early Childhood Outcomes ○ Functional outcomes	

Researcher's Interpretations. The researcher's interpretation of the practice implications for the content components and strategies critical to providing PD on the implementation of the TAPIR follow.

- The amount and pace of professional development content delivery is challenging to plan and it is important anticipate the need to be flexible and responsive to the PD recipients.
- Providing a structure or sequence when content is linked is helpful. However, it is the PD facilitator must be cognizant that the participants' priorities and needs may not match those of the facilitator.
- Practical examples from personal experience facilitated the practitioners' connection to the material in meaningful ways.
- The coach's experience and background can have positive effects on creditability and trust. Participants relate to a coach/trainer who has had experience working in similar settings.
- When PD content is drastically different from practitioners' current practice, building relationships and demonstrating a willingness to explore challenges to implementation without judgment is essential to the learning process.

Relevant literature. Collaborative practices are frequently discussed in the literature in reference to parent-professional partnerships (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Epley, Summers, & Turnbull, 2010; Rush, Sheldon, & Hanft, 2003) assessment (Bagnato, 2007; Grisham-Brown, 2000; Linder, 1993) and service delivery (Dinnebeil, Pretti-Frontczak, & McInerney, 2008; McWilliam, 1996). Less research is found in planning, IEP development (i.e. shared outcomes) and data collection / analysis (in the field of ECSE) that directly targets collaborative practices.

Bruder (2000) called for the implementation of interdisciplinary team-based models with high levels of collaboration to merge interventions that intentionally cut across developmental areas in contrast to the practice of a different person from each discipline addressing a separate developmental domain with a child. The DEC Recommended Practices (Sandall et al., 2000) (i.e. the Interdisciplinary strand) clearly emphasizes the importance of shared responsibility of the team members, "Team members recognize that outcomes are a shared responsibility across people (i.e. those who care for and interact with the child) working with the child and family" (Rapport et al., 2004, p. 37). However, it is interesting to note that the concept of "shared outcomes" and "shared responsibility" was a new concept for the participants.

The importance of planning to individualize instruction and successfully implement needed curricular modifications is found in the literature, unfortunately these concepts are primarily directed toward only teachers. Grisham-Brown and Pretti-Frontczak (2003) conducted a study to describe how preschool teachers plan classroom activities and use procedures to individualize instruction. They also described the challenges that *teachers* face in planning. Results of this study suggest that planning is a complex process. Therefore, one can assume that

the complexity of this process is even more complicated when planning involves collaboration among other disciplines on an interdisciplinary team.

In EC literature, broad terms for collaborative efforts to support professional learning are often referred to as Communities of Practice (COP) as a response for the need to connect what we know and what we do in practice (Buysse, Sparkman, & Wesley, 2003), however strategies for adapting and implementing professional learning communities, (PLCs) for the purpose of planning for professional activities such as assessment, planning, and data collection are lacking for early childhood practitioners. School-age literature addressing reform efforts and accountability frequently highlight the importance of collaboration and teaming (Kochhar-Bryant & Heishman, 2010). Data teams are often found within PLCs built around grade level teams. Interestingly, the participants in this inquiry described how, over the past two school years, they struggled to implement PLCs and data teams. As school-wide PLCs are instigated within buildings, there is a need for administrators to explore the unique implementation variables posed by ECSE programs. For example, many ECSE programs continue to be housed within elementary schools within a school district in addition to supporting children in their community child-care settings

Similar to the PLC approach, DeVore and Russell (2007) explored the expansion of inclusive early childhood education in a rural community in the Midwest. DeVore and Russell's results revealed that an inclusion team of three professionals played a crucial role in implementing inclusive practices to support the successful integration of two and later eight children into a community-based childcare program.

Shared Leadership and the Change Process

Summary of salient findings. Participants reported feeling "stuck in a rut" and "didn't know how to get out of it" when describing their practices. When asked if they were willing to attempt weekly team meetings as a first step toward more collaborative practices, they were hesitant and unsure of the value, need, or ability to find common time to meet. Driven by underlying emotions of anger, frustration, and a feeling of lack of respect, staff members were cordial, but unwilling to initiate any type of mediation or resolution and were therefore resigned to their current practices. With administrative support for "shared leadership," a core work group of representatives from each discipline/role met weekly to explore barriers and brainstorm strategic plans needed to implement change. This work group (i.e. the Barrier Busters) identified and explored the following variables as barriers to collaboration:

- Varied schedules / Lack of time for team meetings / Scheduling conflicts
- Domain / discipline specific assessment (SLP looks at artic & language; OT/PT looks at motor; ECSE looks at cognition, etc.)
- Rigid roles / unequal access to IEPs / data (Discipline specific data collection; Not utilizing everyone's strengths / observations)
- Segregated therapy (i.e. Pull-Out by SLP, OT, PT, and ABA), Pull-out of classroom (out of routines; 1:1)

While the Barrier Busters and administrators recognized the need for change, the process and initial steps toward change were difficult to isolate. However, through weekly dialogue, the Barrier Busters began to assume ownership and investment. They presented a detailed plan outlining initiatives (i.e. detailed procedures) that they hoped would have a positive impact on collaborative practices beginning in the fall 2012-2013 and provided ½ day work session for all of the EC program staff members to ensure planning occurred.

Researcher's Interpretations. The researcher's interpretation of the practice implications for the content components is critical to implementation of new practices.

- Shared leadership (often referred to as distributed leadership) has significant potential to influence buy-in and individualize implementation strategies unique to a setting.
- Self-examination, as well as valuing the contributions of colleagues are critical attributes are critical to the collaborative process of shared leadership.
- Administrators may assign teachers to work together in close proximity, however this does not ensure that practitioners will collaborate. Collaborative structures that are arbitrarily imposed on school district staff members by administrators could lead to being collaborative in name only and result in limited to no impact on the system itself.
- Implementing innovation(s) (i.e. change in practices) is not likely to be successful without exploring the beliefs and circumstances that support pre-existing practices.
- For teachers and therapists, how they teach or provide service is an extension of who they are. Practice is personal.

Relevant literature. Michael Fullan (1991), a leading expert on change and reform in education stated, "You can't mandate what matters. The more complex the change, the less you can force it." p 24. Literature on the change process advocates systematic planning, and implementing and evaluating strategies that both impact organizations as well as individuals (Fullan, 1991).

In their book, *A Road Map for Facilitating Collaborative Teams*, Hayden and Smith (2003) pointed out that the dynamic nature of systems and organizations necessitates non-linear, flexible adaptations to implementation plans. They also recommended using shared leadership to

facilitate the change process. Shared or distributed leadership is a construct designed to build the program or school's capacity for improvement and allows schools to develop the social capital of trusting relationships, networks, and shared norms needed for collaboration (Heck & Hallinger, 2010). In his book, *Learning to lead together: The promise and challenge of sharing leadership*. Chrispeels (2004) explained that, "Leadership becomes the property of the organization and is distributed throughout" (p. 7). Schools with stronger distributed leadership will have more staff who will take responsibility for the improvement of educational outcomes, in effect protecting a school improvement initiative when there are changes in key personnel (Robinson, 2008).

Losardo and Syverson (2011) described typical barriers to collaborative teaming including a lack of the following: (a) a clear goal or purpose for the task at hand, (b) the necessary negotiation and communication skills to solve problems, (c) a creative conflict management plan, (d) clear decision-making procedures, and (e) a common language with which to discuss issues related to the decision-making progress. While the barriers identified by the participants in this inquiry were more specific, the five typical barriers to collaboration identified by Losardo and Syverson are clearly the underpinnings of the challenges the participants faced.

Literature that reflected the processes at play for the Barrier Busters work group implemented during the inquiry was identified. Many of the characteristics of this groups work match those set forth by Friends and Cook (2003) as the seven defining characteristics required for collaboration. According to these authors, collaboration: (a) should be voluntary, (b) should be based on parity, (c) requires a shared goal, (d) includes shared responsibility for key decisions (e) includes shared accountability for outcomes (f) is based on shared resources, and (g) is emergent. As referenced in the Chapter Two literature review, an article that addressed the inclusion of both students at risk and students with disabilities (Hunt et al., 2004) recognized the

challenge of collaborative teaming as it pertained to supporting children in inclusive educational settings. It was hypothesized that collaborative procedures and processes do not occur when (a) individuals serving on the team do not have a set of shared goals; (b) related service planning, implementation, and evaluation are conducted outside of the classroom and are unrelated to the educational program; (c) team meetings are scarce and, when they do occur, concentrate on the paperwork related to IEPs; and (d) families and school personnel interact with related service personnel as "experts" rather than as peers.

A recent meta-analysis of 29 studies exploring the relationship between EC professional beliefs and adoption of practices was conducted by Trivette, Dunst, Hamby, and Meter (2012). The findings indicated the stronger the beliefs of the professionals were, the more likely they were to engage in innovative and recommended practices. These results confirmed previous findings that beliefs are strong predictors of people's behavior and align with quantitative and qualitative findings from the present study.

Potential Systemic Impact of the TAPIR Collaborative Practices

Summary of salient findings. As mentioned previously, participants shared their perceptions of the benefits of the TAPIR approach throughout both focus groups. They talked about how the TAPIR (a) was a venue for dialogue and planning, (b) user-friendly, (c) highlighted children's strengths, (d) received positive comments from parents, and (d) helped teams generate more functional IEP goals that are easily embedded into the classroom routines. Participants articulated how the TAPIR facilitated discussion around functional performance in the TAPIR team meetings in which they participated. Even the non-certified staff (i.e. lead teachers and para-professionals) who had previously not had any input on the assessment, IEP

goal development, or data collection for children who received special education services were observed to readily participate in the dialogue by offering student strengths and sharing their views functional intervention targets. The lead teachers and para-professionals began reporting that they felt valued and "heard." Likewise, special education staff shared their hope for continued teaming with all staff members, and specifically voiced their wish to include the lead teachers in IEP meetings.

While beliefs and barriers were brought to the forefront for dialogue, the therapists were somewhat apprehensive about moving toward a more collaborative model. Therapists seem to believe that "more [therapy] is better" and that therapy is most effective if delivered in a 1:1 setting outside of the classroom. Even if some of the therapists actually attempt to provide more therapy within the classroom setting, they are mostly to design their intervention around therapist-driven instruction as opposed to opportunities for consultation and support for other team members.

The OT became actively involved in the Barrier Busters work group and was enthusiastic about shared goals. She requested resources on 'block scheduling' and access to the Hanft et al. (2008) book on consultation in schools. The PT provided service to approximately 5 students in the EC program, but had already been providing consultation and intervention through group activities in the classrooms. Some of the SLP's were willing to attempt more collaborative practices, however they all seemed to struggle with role release and shared responsibility for outcomes.

The program's Early Childhood Outcomes from 2011-2012 were most likely adversely affected by the practitioners' focus on IEP goals targeting discrete skills. While all three of the EC outcomes are intended to cut across all domains, the two EC outcomes that did not meet the

expectations in the state performance plan measured progress in social interactions and independence (i.e. getting their own needs met). Social interaction was not l typically targeted as an IEP goal since ECSE teachers focused on pre-academic skills. Further, the SLPs provided 1:1 therapy outside of the classroom which any social interaction opportunities with peers. Independence or getting one's own needs met was not typically IEP goal of the children, because, as stated previously, ECSE teachers primarily targeted pre-academics, and the OT provided 1:1 therapy outside of the classroom addressing pre-writing and fine motor skills. The participants in the inquiry did not seem to connect the relationship between functional goals targeting participation and the functional nature of the indicators targeted for the state required Early Childhood Outcomes (ECO). While the ECSE teachers were responsible for providing the Early Childhood Outcome data to Melanie (EC program administrator) to be entered into the state's data system, they seemed to view the ECO data as "one more thing we have to do". They did not seem to view them as a measure of the program's effectiveness. Therefore, while they might have seen that moving to more functional goals developed through a team process is be a good thing to do, they did not view as truly necessary and related their districts results on the ECOs.

Results of the pre-post surveys changed consistently in the direction expected (i.e. toward more collaborative practices) on all items in both surveys. The only item that did not change from the pretest to the posttest was item 12 on Survey II: *The Preschool Collaboration Scale*. The researcher's hypothesis for this finding is that the participant's definition of "team" changed from the pre to the posttest administration. While results of this item indicated that team meetings were occurring approximately four times per month both before and after the inquiry, initial observations and participants questions to clarify what was considered a team provided

evidence that there were no team meetings that included therapists at the time of the pre-test survey. The only meetings that were documented and observed occurred between the ECSE teacher and the EC lead teacher assigned to a specific classroom. However, several team meetings that were fully interdisciplinary occurred as a result of the TAPIR approach.

Researcher's Interpretations: The researcher's interpretation of the potential systemic impact of the TAPIR collaborative practices.

- Collaboration can change how practitioners think by shifting their focus from deficit focused multidisciplinary medical model to focusing strength-based participation in environments of relevance. When the varying sets of skills and viewpoints of team members are offered around a shared vision, the members are able to optimize the educational impact and value of their collaborative efforts.
- If practitioners fail to observe or assess a child's functional participation in the classroom, they will fail to target functional IEP goals.
- Functional IEP goals affect outcomes as measure by ECOs.
- Practitioners may not interpret terms associated practice (e.g. teams) if they have not had experience with the practice.

Relevant literature. While numerous texts and articles discuss the importance of collaboration and integrated therapies (including consultation), procedures for implementing structured and efficient team planning is lacking in the literature. The tools and resources in Table 3, described in the Chapter 2 literature review, provide some suggestions for different components of a linked collaborative system. However a comprehensive set of procedures targeting collaboration throughout each program component was not located in the early childhood literature.

As also referenced in the Chapter 2 literature review, studies have revealed team members' positive perspectives related to the benefits of the collaborative process. Participants across educational teams have reported that the collaborative process: (a) allowed team members to share their expertise and perspectives in developing a holistic view of the child, (b) increased accountability, and (c) helped them to consistently implement plans of support (Hunt et al., 2004).

Leaders in the field of early childhood and early childhood special education recommend a "routines-based approach" (Bricker et al., 1998; Sandall & Schwartz, 2008) for providing instruction and intervention. A "routines-based" or "activity-based" approach to intervention focuses on a child's daily routines or activities as a context for learning. That is, teachers give children opportunities to practice targeted IEP or IFSP goals or activities during children's daily routines or activities (such as play time, snack, circle time, outdoor play) instead of creating special instructional time.

Assessing participation and designing child-focused instructional strategies embedded in daily routines and activities can effectively teach children functional skills that they practice and reinforce daily (Horn, Lieber, Sandall, Schwartz, & Wolery, 2002; Pretti-Frontczak & Bricker, 2004). The findings from the present inquiry are consistent with previous findings. Specifically these included the following tenets. Collaborative authentic assessment strategies lead to meaningful information about a child's strengths and needs for skills that lead to active and functional participation in their preschool settings. This leads to the development discipline-free functional IEP goal development and collaborative planning for embedding learning targets into daily routines and activities. Functional and shared goals also lead to shared accountability, data collection, and data-based decision-making that lead to functional child outcomes.

Limitations of Study

This final section of Chapter 5 provides a discussion of the limitations of the study and implications for future research and practice. At least four limitations should be addressed when discussing the current study.

This first limitation is related to the small sample size. Because the sample population is limited to one set of participants in one ECSE program, the study results should not be considered representative of programs serving young children in inclusive settings. Therefore, it is up to the reader to determine if elements of this single program's experiences hold relevance to their own circumstances. The intent of this research is to potentially offer insights into issues and suggest practices to consider or avoid. Transferability of the study was addressed in that the researcher employed purposive sampling procedures and used "thick" descriptively rich narrative.

The second limitation of the study is related to potential that can occur with the use of participant observation. Bias is a concern because the researcher serves as a primary instrument for data collection. Trustworthiness is, in part, based on the degree to which the researcher understands how her gender, ethnicity, previous experiences and theoretical approach may affect observation, analysis, and interpretation. Because I as the researcher was also the author of the TAPIR approach, the facilitator of the PD provided to this inquiry's participants, the developer of the surveys, and an ECSE/OT practitioner, researcher bias may have impacted the analysis and interpretation of the findings. To address potential bias: (a) experts in the field reviewed the first survey and revisions were made based on their feedback, (b) a pilot study was conducted on the second survey, (c) peer debriefing and a third party coder were used to address potential bias when analyzing and interpreting the data, (d) a check with the interview participant for her verification of the accuracy of the interview transcript, and (e) an experienced qualitative

researcher assisted in facilitating the focus groups and verified the transcripts.

The quality of the participant observation depends upon the skill of the researcher to observe, document, and interpret what has been observed. The lack of experience and skill in conducting research using participant observation may also be a study limitation. However, the researcher actively sought out recommendations and guidance from faculty members, experts in the field, and experienced researchers.

The absence of parents as integral team members and participants in the study was a third and significant limitation. Families are the most important members of the team in that they are the child's first, best, and lifelong advocates. Parents can offer the critical information and perspectives of the child's strengths and the priorities for intervention. If parents were participants in the present study, their insights on collaboration could have had a profound impact on these findings.

Implications for Future Research

More research is needed to study the potential systemic impact of collaborative practices throughout all ECSE program components. Additional qualitative studies involving case studies that include a larger number of participants and programs as well as participants that are drawn from representatively diverse population groups and a greater range of educational settings in diverse settings would enhance the transferability of the results. In addition, studies that examine the efficacy of the PD content, products and procedures that pertain to the TAPIR should be conducted. This would ensure that future efforts to provide EC practitioners the concepts and strategies needed to effectively implement the TAPIR approach. Finally, studies that systematically validate the TAPIR components are needed. These studies would focus on the content validity of the preschool routines and routine protocols of the TAPIR.

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APPENDIX A

Study Timeline

Study Timeline

	What?	*Who?*	*Method / Procedure*	*Content*	*Outcome*
	Consent Meeting	All participants	Sign Consent Pre-Surveys	Study Description Group Activity	Signed consent Completed Pre-surveys
	Interviews	OT SLPs Admin Coordinator	Semi-structured Interviews	How do therapists navigate across teams? How do teams work together to support children in this setting?	Perceptions of teaming process * Follow up with member checks
Observe in Classrooms and Team Meetings Provide Consultative Supports	**Group Session 1**	All	Instructional Support	Data from surveys Present 15 min Activity	Instructional Support Resources Provided
	Group Session II	All	Instructional Support	Check-in Present 15 min Activity	Instructional Support Resources Provided
	Group Session III	All	Instructional Support	Check-in Present 15 min Activity	Instructional Support Resources Provided
	Wrap-up Meeting	All	Post-Surveys	Post-Surveys Debrief	Completed Post-Surveys
	Interview	All	Focus Group	Process & Outcomes	Perceptions of instructional supports, resources, process, and implementation of practices * Follow up with member checks

APPENDIX B

Consent Form

Consent Form

Dear Early Childhood Practitioner,

You are invited to participate in a study designed to explore how instruction and consultative support for employing collaborative assessment, planning, and intervention practices impact your professional practices and perceptions. I am asking for your participation because of your experience in an inclusive preschool setting. Your experience and perspectives will provide valuable insights, and hopefully contribute to the knowledge base in our field.

The Department of Special Education at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

This research project will take approximately the 4 months of the spring semester. Participation is voluntary and includes the following components. Your participation will involve:

a. Completing *two questionnaires* both at the beginning and the end of the study. These are expected to take approximately 10 minutes or less to complete.
b. Participation in *3 one-hour instructional sessions* related to strategies associated with collaborative strategies related to assessment, planning and intervention practices and the review of supporting documents that summarize and illustrate the strategies presented in the instructional sessions.
c. You may be asked to participate in a short individual interview of approximately 30 minutes at the beginning of the study in which you would be asked to describe how the early childhood special education teams function in your district. These interviews will be audio taped and transcribed. As with all forms of data collected for this study, the tapes will be kept in a locked cabinet and will be destroyed at the end of the study.
d. Participation in a 1-hour *focus group discussion* at the end of the study. The focus group will meet on site at a time agreed by all participants. Your agreement to participate in the focus group means that you may be disclosing your personal perceptions and examples of your professional practices to other participants in the group. You are asked not to share with anyone else the identity of others in this group and to keep what people say during the session confidential. The focus group will be audio taped and transcribed. Participation in at least 4 *team planning meeting in which I will observe*. Team planning meetings will be videotaped and transcribed.
e. Participation in 8 1-hour *classroom based activities in which I will be an observer*. I will be taking notes during my observations, but will not be recording any identifying information about the children or staff during these observations.
f. You will be invited to read and provide feedback on the accuracy of the final draft of the research document that reports this study.

Your name will not be associated in any way with the research documents or with the research findings. All information resulting from the questionnaires, interviews, observations and focus group discussion will be confidential and used only by the researchers. Codes and pseudonyms will identify all documents as well as any content within documents such as the questionnaires, transcriptions and other products from this study to ensure your anonymity as well as the anonymity of your colleagues and the children you serve. Questionnaires, tapes, transcripts and notes will all be stored in a locked cabinet. While your name will not be associated in any way with the research findings, permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future."

The content of the surveys, focus group, and interview should cause no risk or more discomfort than you would experience in your everyday life. Although participation may not benefit you directly, I believe that the information obtained from this study will help us gain a better understanding of teaming practices and strategies for collaboration. Additionally, it is possible that due to your participation you will acquire new practices and/or gain insight into effective practices based on your participation.
Your participation is solicited, although strictly voluntary. If you would like additional information concerning this study before or after it is completed, please feel free to contact me by phone or mail.
Your signature below indicates your willingness to participate in this project and that you are over the age of eighteen. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429 or (785) 864-7385 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email mdenning@ku.edu.
This study has been explained to me. I have read the consent form and have been offered a copy of this consent form for my records.

Signature of Participant Date

Printed Name

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APPENDIX C

Session I, II, III Objectives and Agendas

Session I

Objectives:

1. Participants will be able to describe the importance of teaming to support young children in inclusive preschool settings
2. Participants will be able to describe the potential uses of the TAPIR
3. Participants will be able to identify procedural steps to using the TAPIR as a teaming tool
4. Participants will evaluate and modify/personalize the TAPIR routine protocol lists to match their classroom context

Agenda:

- Introduction and logistics
- Activity 1.1 Examine our philosophical and practice challenges of interdisciplinary teams including assessment, planning, intervention
- Organize, Synthesize, and Prioritize functional information
- Introduce TAPIR as a team, routine-based functional observation and discussion tool
- Potential uses for TAPIR and procedures
    - Narrative notes of observations
    - Participation
    - Strengths
    - Adaptations
    - Potential priorities
- Activity 1.2 Modify (use, strike, or add) TAPIR routine "protocol lists" to personalize and match the needs of their specific classroom
- Explore sample forms
- Q & A

Supplemental Documents for Session I:

- Team Analysis of Preschoolers in Routine (TAPIR) Blank form
- Sample A: Completed TAPIR
- Sample B: Completed TAPIR
- Worksheet for Activity 1.1

Session II

Objectives:

1. Participants will be able to discuss the attributes of team goals vs. discipline-specific goals
2. Participants will be able to identify specific tools and strategies to increase effectiveness and efficiency of their team meetings
3. Participants will be able to evaluate previous IEP goals they have written based on the R-GORI
4. Participants will be able to create an ELO Matrix for at least one of their students in their classroom

Agenda:

- Debrief & Review
- Team Goals vs. Discipline Specific Goals
- Explore strategies and tools for discipline-free planning of functional intervention targets
    - Using team meetings / planning time efficiently
    - Adaptations / curricular modifications
    - TAPIR Intervention Planning Form
- High Quality Functional Goals
    - R-GORI
    - Engagement
    - Independence
    - Social Interaction
- Activity: Embedded Learning Opportunity (ELO) Matrix

Supplemental Documents for Group Session II:

- TAPIR Intervention Planning Form
- Sample TAPIR write up
- Team Goal Sheet
- Sample Team Goals
- ELO Matrix
- Sample ELO Matrix

Session III

Objectives:

1. Participants will be able to discuss challenges and strategies related to progress monitoring
2. Participants will be able to identify the steps to developing an individualized rubric to document the quality of performance or participation and monitor progress
3. Participants will be able to accurately collect data using a rubric

Agenda:

- Debrief & Review
- Discuss challenges and successful progress monitoring strategies used
- Introduce rubrics with learning opportunities embedded by routine activity
- Activity: Video – score rubric regarding participation during group routine activity

Supplemental Documents for Module 3:

Sample Rubrics

Blank Rubric

APPENDIX D

Guiding Questions for Semi-structured Individual Interview

Guiding Questions for Semi-structured Individual Interview

Date / Time:	Interviewer:	
Interviewee:	Position:	Setting:

Interview Questions:

1. Describe how the early childhood special education teams function in your program.

2. Describe the typical process from screening to IEP.

3. What are your perceptions of the quality of professional collaboration in your program? Provide examples of how they collaborate.

4. What are your goals for the early childhood special education teams?

5. Please describe team planning documents or tools and identify strengths and weakness of these documents?

APPENDIX E

Guiding Questions for Focus Group Interview

Guiding Questions for Focus Group Interview

Date / Time:	Focus Group Facilitator:
Setting:	

Focus Group Broad Content Topics:

1. What are your perceptions of the training and consultation?

2. What are your perceptions of the value of the collaborative assessment, planning, and intervention strategies directed to a child's participation in ongoing preschool classroom routines?

3. When you tried these strategies, how would you describe your current level of implementation?

APPENDIX F

Preschool Collaboration Scale

Preschool Collaboration Scale

Please circle the number after each item that most accurately describes your beliefs about the collaboration process using the rating scale provided.

1	2	3	4	5
Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree

1.	Collaboration requires in depth involvement from each member on the team…….	1	2	3	4	5
2.	Collaboration is more than just cooperating and sharing information. It involves being inter-dependent……	1	2	3	4	5
3.	In a collaborative model, one team member is responsible for the goals/outcomes of the child and/or family…….	1	2	3	4	5
4.	If the team members know each other well, they do not need to meet as frequently in a collaborative model…….	1	2	3	4	5
5.	The assessment process is more effective when disciplines together evaluate young children in natural settings……...	1	2	3	4	5
6.	In a collaborative service delivery model, team members are encouraged to address all shared goals……..	1	2	3	4	5
7.	In meetings, team members should stick to their own discipline when sharing…….	1	2	3	4	5
8.	Family participation is critical in collaboration (both in sharing and receiving information/planning)……	1	2	3	4	5
9.	Each team member is responsible for the child's progress……...	1	2	3	4	5
10.	If conflict occurs, it should be ignored so that team meetings can run smoothly……..	1	2	3	4	5
11.	In a collaborative model, it is permissible for related services to be routinely delivered separately outside of the classroom…….	1	2	3	4	5

12. Within the last month, how many times have you met as a team to collaborate?

□0 □1 □2 □3 □4 □5+

13. Within the last month, was your collaboration time sufficient? □yes □no

APPENDIX G

Preschool Practitioner Beliefs and Practices

Preschool Practitioner Beliefs and Practices

After reading each fictitious scenario please complete the 2 rating scales that apply to that scenario:

*1. Please **circle** the number that most accurately describes **your beliefs about best practices** using the rating scale provided.*

*2. Please **circle** the number that most accurately describes **your current practices** using the rating scale provided.*

1. At ABC Early Childhood Special Education Program, evaluation team members (ECSE, OT, and SLP) ask parents to bring the child in for at least two 1-hour appointments to complete their evaluations. The ECSE typically uses a criterion-reference test (i.e. Brigance) addressing at all areas of development. The OT frequently teams up and observes during the ECSE's test and assist with the gross and fine motor sections. At a second evaluation appointment, the SLP planned on using at least 2 standardized tests (i.e. Goldman-Fristoe for articulation and PLS-4 for language).

This scenario describes my **beliefs about best practice**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

This scenario describes our **current practices**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

2. In the Apple Tree School District, evaluation team members work closely with early intervention providers during the transition process. Before the child turns 3, the evaluation team would utilize the information in the transition report and temporarily enroll the child into an inclusive preschool classroom for 5-6 weeks to assess his/her participation in a preschool setting and potential need for supports. The EC teacher, ECSE teacher, OT, PT, and SLP would use parent interview, home/community observations, and the transition report in the evaluation process. The AEPS and routine-based observations would be a critical in assessing the child's strengths, participation, and skill levels in the preschool classroom.

This scenario describes my **beliefs about best practice**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

This scenario describes our **current practices**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

3. At Green Tree School District, the ECSE team typically uses a global curriculum-based measure (i.e. HELP or AEPS) as at least 1 of their tools. The ECSE teacher as the case manager primarily is responsible for filling out the form, while the OT and PT focus on the motor sections, and the SLP completes the communication section.

This scenario describes my **beliefs about best practice**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

This scenario describes our **current practices**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

4. In Amber Groves School District, the practitioners (EC, ECSE, SLP, OT, and PT) view the assessment, planning, intervention, and progress monitoring as a linked system. The child's IEP goals are designed to (a) build upon the child's strengths, (b) address the family's priorities, (c) be embedded throughout the daily routine to support the child's successful participation, and (d) address functional participation. All practitioners provide consultation and/or direct service within the preschool classroom setting and are responsible for all IEP goals.

This scenario describes my **beliefs about best practice**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

This scenario describes our **current practices**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

5. At Purple Mountain School District, the ECSE team meets together informally prior to the IEP to share their impressions and results about the children being evaluated. Typically, each team member drafts an IEP goal in his or her area of expertise. For example, the SLP writes a language goal and the teacher writes a goal about pre-academic skills. Each practitioner is responsible to address, collect data, and report progress for the goal they wrote.

This scenario describes my **beliefs about best practice**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

This scenario describes our **current practices**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

6. At Blue Lake School District, related service practitioners (OT, PT, SLP) believe that regular team meetings are important so that they can share strategies with the teachers that have been effective during the therapy sessions. The therapists try hard to respect how busy the teachers are, but also recognize that if the teachers are not working on the interventions the therapists are working on, the child is unlikely to make much progress on the therapists' goals.

This scenario describes my **beliefs about best practice**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

This scenario describes our **current practices**.				
1 Highly Disagree	2 Disagree	3 Neutral	4 Agree	5 Highly Agree

APPENDIX H

TAPIR Products Provided to Teams

APPENDIX I

A – G – S – Z

	A	G	S	Z
Initial Assessment	CBA (AEPS) – each team member assesses their own domain - OT called in later by ECSE to "screen" - SLP to do own testing - PT ?	CBA (AEPS) – each team member assesses their own domain TAPIR used for ¼ of initial evaluations on students EC/ECSE/Para participate	CBA (AEPS) assessed by all team members with & other standardized assessments TAPIR used for ½ initial evaluations on students – all team members participate	Functional, Transdisciplinary CBA (AEPS) Assessment for eligibility and program planning TAPIR used for all initial evaluations including adaptations planning all team members – all students
Goals	Each discipline writes their own goals based on test results; Goals based on primarily on pre-academics, articulation, communication skill bits, and fm: pre-writing/scissor skills	OT, SLP, and PT continue to write their own goals and collect their own data EC & ECSE collaborate together and attempt to write functional goals to impact participation based on info on TAPIR	Some team goals in addition to OT, PT, SLP discipline-specific; however attempts made to address *Social Interactions *Independence *Engagement	Team Goals FAP-IN Focused on function and participation directly related to Early Childhood Outcomes (ECOs) *Social Interactions *Independence *Engagement
Planning / Progress Monitoring	EC primarily responsible for lesson planning Each discipline takes their own	EC, ECSE share in lesson planning embedding intervention targets using MATRIX	Full team participate in planning and data collection however – each discipline still responsible	Shared responsibility for outcomes (all take data on all goals)

	data except para-professionals	ECSE, EC, and Paras collect data on SE related goals	for their area only MATRIX used to embed most goals	Consistent progress monitoring driving data-based decisions Embedded intervention targets all addressed within MATRIX
Intervention	Pull out intervention for SLP, OT, PT, and some ECSE ECSE – also does small groups in class	Pull out for OT, PT, SLP and some ECSE Some pull-out and/or push in group intervention explored Melissa & paras attempt to provide a little more in-class intervention	SLP pull-out or small group within the classroom setting OT in the classroom along with consultation (re sensory strategies, and self-help skills)	Integrated therapies including collaborative consultation
Team Collaboration	EC, ECSE, Para meet for planning Other communication happen incidentally	Meet as a full team 1x per month	Meet as a full team 2x per month	Weekly full team meetings, procedures for action plans, and ongoing communication

Team Analysis of Preschoolers in Routines (TAPIR)©

Child's Name: **DOB:** **Age:** **Date:**

Team: **Setting:**

Directions:

1. Team members **observe** child in natural familiar setting with peers throughout the daily preschool routine. Several observations may be needed to gather enough information to complete. Information from daily preschool providers is critical.
2. For each routine task **check** the box(es) that apply.
3. **Circle** level of participation and/or independence for *each* routine time of the day.
   - **3** = Full Participation / Engagement (independent OR participates functionally when adaptations are provided)
   - **2** = Partial Participation / Engagement (participates in some aspects of routine; occasional support needed)
   - **1** = Limited Participation / Engagement (consistent & intensive support needed for engagement, participation, or safety)
4. **Describe** the child's participation observed and notes about potential *intervention strategies* in the space provided.
5. Complete **summary** and intervention planning.

Summary

Level of Participation & Engagement

	A/D	C	Sm	P	Ba	O	B	S	T
3									
2									
1									

Overall Strengths
•
•
•
•
•

Priority Intervention Targets	Routine
1.	
2.	
3.	
4.	
5.	
6.	

Arrival & Dismissal

Overall Level of Participation **3** **2** **1**
Describe participation and potential intervention strategies:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Negotiates curbs or steps	○	○	○	○	○
Walks to classroom with belongings	○	○	○	○	○
Takes off & puts on coat/backpack	○	○	○	○	○
Zips / Unzips connected zipper	○	○	○	○	○
Hangs up / gathers belongings	○	○	○	○	○
Smiles / waves in response to greetings	○	○	○	○	○
Gives greetings / farewells verbally	○	○	○	○	○
Verbally responds to greetings	○	○	○	○	○
Comments / shares news	○	○	○	○	○

Circle Time

Overall Level of Participation **3** **2** **1**
Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Sits upright	○	○	○	○	○
Stands up and sits down	○	○	○	○	○
Stays in area	○	○	○	○	○
Demonstrates motor imitation in songs	○	○	○	○	○
Visually attends to speaker	○	○	○	○	○
Demonstrates turn taking	○	○	○	○	○
Passes materials	○	○	○	○	○
Fills in last word or phrase in song	○	○	○	○	○
Answers “wh” questions	○	○	○	○	○
Makes on-topic comments	○	○	○	○	○

Small Group

Overall Level of Participation **3** **2** **1**
Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Stays with teacher selected activity	○	○	○	○	○
Waits for directions	○	○	○	○	○
Requests materials	○	○	○	○	○
Asks for help	○	○	○	○	○
Makes choices	○	○	○	○	○
Follows 1 step directions or 1 element	○	○	○	○	○
Follows 2 step directions or 2 elements	○	○	○	○	○

Play

Overall Level of Participation **3** **2** **1**

Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Quality / Types of Play:					
Plays in textures (dump / pour)	○	○	○	○	○
Operates simple cause / effect toys	○	○	○	○	○
Completes puzzles (inset / interlocking)	○	○	○	○	○
Stacks and lines up blocks	○	○	○	○	○
Builds bridges and block enclosures	○	○	○	○	○
Identifies block structure (i.e. house)	○	○	○	○	○
Demonstrates functional toy play	○	○	○	○	○
Demonstrates beginning symbolic play	○	○	○	○	○
Takes on dramatic role	○	○	○	○	○
Talks and acts through figurines / dolls	○	○	○	○	○
Attaches meaning to art	○	○	○	○	○
Attempts to “write”	○	○	○	○	○
Draws recognizable face / person	○	○	○	○	○
Skills or Traits needed for Play:					
Uses functional grasp on tools / toys	○	○	○	○	○
Manipulates connecting toys / blocks	○	○	○	○	○
Initiates play by selecting toys from shelf	○	○	○	○	○
Participates in clean up	○	○	○	○	○
Steps over blocks/toys without falling	○	○	○	○	○
Plays in sitting position on floor	○	○	○	○	○
Actively explores all play areas	○	○	○	○	○
Stays with selected activity	○	○	○	○	○
Uses words to enhance play	○	○	○	○	○
Uses variety of media & tools to create	○	○	○	○	○
Social Play with Peers:					
Social play: observes peers	○	○	○	○	○
Social play: solitary	○	○	○	○	○
Social play: parallel	○	○	○	○	○
Social play: associative	○	○	○	○	○
Social play: cooperative	○	○	○	○	○
Responds to peers	○	○	○	○	○
Initiates verbal interactions with peers	○	○	○	○	○
Demonstrates playful affect with peers	○	○	○	○	○
Requests objects/info from peers	○	○	○	○	○
Effectively resolves conflicts with peer	○	○	○	○	○

Bathroom

Overall Level of Participation **3** **2** **1**
Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Sits or stands at toilet	○	○	○	○	○
Uses toilet when taken	○	○	○	○	○
Pulls pants / underpants up and down	○	○	○	○	○
Requests help when needed	○	○	○	○	○
Indicates a need to use the bathroom	○	○	○	○	○
Remains dry throughout day	○	○	○	○	○
Follows hand-washing routine	○	○	○	○	○
Obtains paper towel and throws it away	○	○	○	○	○

Outside Play

Overall Level of Participation **3** **2** **1**
Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Climbs on playground structures	○	○	○	○	○
Slides down slides	○	○	○	○	○
Enjoys swinging	○	○	○	○	○
Walks up and down stairs	○	○	○	○	○
Navigates uneven surface (curb, mulch)	○	○	○	○	○
Responds to “stop”	○	○	○	○	○
Plays “chase” with peers	○	○	○	○	○

Book

Overall Level of Participation **3** **2** **1**
Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Shows interest in books	○	○	○	○	○
Turns pages	○	○	○	○	○
Identifies pictures in books	○	○	○	○	○
Attempts to retell story	○	○	○	○	○
Notices familiar words or letters in book	○	○	○	○	○
Pretends to read story	○	○	○	○	○
Fills in missing word in predictable book	○	○	○	○	○

Snack

Overall Level of Participation **3** **2** **1**
Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Drinks from open cup	○	○	○	○	○
Finger feeds self	○	○	○	○	○
Uses spoon	○	○	○	○	○
Requests / makes choices	○	○	○	○	○
Makes comments to peers	○	○	○	○	○
Helps pass out cups and napkins	○	○	○	○	○
Opens packages and containers	○	○	○	○	○

Transitions

Overall Level of Participation **3** **2** **1**
Describe participation and challenges:

	Strength	Emerging	Not Yet	Adaptations	Intervention Target
Transitions within classroom	○	○	○	○	○
Transitions to group situations	○	○	○	○	○
Transitions away from preferred activity	○	○	○	○	○
Demonstrates understanding of routine	○	○	○	○	○
Transitions outside staying with group	○	○	○	○	○