

# Individualizing Inclusion for Preschool Children Using Collaborative Consultation

**K**athy is a certified early childhood educator who teaches in a prekindergarten (Pre-K) classroom in a community-based early childhood education and care (ECEC) center. She holds an associate's degree in early childhood education and has more than 15 years of experience working with young children in community-based ECEC centers. As such, she has a solid understanding of children's growth and development and an extensive knowledge of preschool curricula. This semester, Cory, a 4-year-old with spastic cerebral palsy, will be joining her morning group after spending a year in a self-contained special education classroom. Cory qualifies for special education services because of delays in his physical, communicative, and cognitive development.

Although Kathy has attended workshops on teaching children with disabilities, she recognizes that she will need more information and support from the special education team to increase her confidence in working with Cory. The special education team assigned to Cory includes Gina, an early childhood special educator (ECSE); Enrico, a

speech-language pathologist (SLP); Sam, an occupational therapist (OT); and Heather, a physical therapist (PT). Collectively, they have a broad range of experience working with children with disabilities in medical and educational settings. Until recently, they provided direct therapy services to preschoolers with special needs (including Cory), either one-on-one or during small group activities in the self-contained special education classroom. Like many educators and therapists, this special education team has limited training and experience in using a consultative service delivery model when working with children, their teachers, and families outside of special education or clinical settings (Kelley, 2004). Now that Cory has moved to the inclusive Pre-K program, the specialists realize that they will need to rethink the ways in which they support Cory, his ECEC providers, and each other.

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## Individualizing Inclusion

Under the Individuals With Disabilities Education Improvement Act Amendments of 2004, special educators and related services personnel like Gina, Sam, Enrico, and Heather are required to support a child with disabilities in the setting deemed the least restrictive and most natural for that particular child. In Cory's case, that setting is the local Pre-K program where his special education team will need to provide what are often referred to as “itinerant,” “consultative,” “integrated,” or “inclusive” services. There is considerable variation in the consultation experiences and skills specialists possess and the approaches they use to support children with disabilities in ECEC centers. Specialists who have not been prepared to assume a consultative role are often confused about the nature of consultation and may not be familiar with the evidence base supporting this practice (Buysse & Wesley, 2004). To work effectively with each other and with ECEC providers on behalf of young children, specialists need to understand the consultation process and the different ways in which the process can be implemented in Pre-K settings (Klein & Harris, 2004). In this article, we discuss how specialists can create a collaborative consultation partnership with ECEC providers (including preschool teachers and families) to support the inclusion of a child with disabilities in a Pre-K classroom.

## Collaborative Consultation as a Service Delivery Model in Inclusive Preschools

Consultation is most commonly defined as a triadic relationship within a setting that involves a consultant (e.g., special educator or therapist), a consultee (e.g., a child's primary caregiver), and a child with special needs (Buysse & Wesley, 2005). In this article, the triadic relationship involves a team of specialists (co-consultants), ECEC providers (consultees), and a child with disabilities attending a Pre-K program. In addition, we propose a lead consultant to represent the co-consultants (i.e., special educators and related services providers) and serve as a liaison between the co-consulting specialists and the ECEC providers. This lead consultant approach is similar to the primary coach model used in early intervention (Hanft, Rush, & Shelden, 2004). According to Shelden and Rush (2007),

The use of a primary coach approach to teaming is not intended to limit a family's access to supports and services, but instead, is intended to expand support for families by using core teams of individuals representing multiple disciplines who are accountable to the family as well as one another. (p. 2)

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specialists feel less burdened, because they do not need to sort out complex information from multiple contacts (Shelden & Rush, 2007). In preschool settings, the decision to use a lead consultant will depend on individual children's needs, the consultees' preferences, and the co-consultants' willingness to work across disciplines throughout the consultation process (Rapport, McWilliam, & Smith, 2004).

### **Using Collaborative Consultation to Guide Functional Intervention Planning**

Our recommendations for using collaborative consultation practices to guide functional intervention planning for young children with disabilities in Pre-K settings are drawn from the work of Buysse and Wesley (2005); Dinnebeil, Pretti-Frontczak, and McInerney (2009); Hanft et al. (2004); McWilliam and Casey (2008); Sandall and Schwartz (2008), and are based on our experiences mentoring preprofessionals and professionals in the process of collaborative consultation (DeVore, Miolo, & Hader, 2008). In our guidelines, we have collapsed the seven steps of the consultation process as described by Buysse and Wesley and have integrated functional intervention planning into the following four steps: (a) building relationships and determining roles and responsibilities among consultation team members, (b) gathering information from ECEC providers including families using routines-based assessments, (c) determining functional goals and strategies, and (d) implementing strategies and monitoring a child's progress and

the adults' implementation of the used strategies.

### **Building Relationships and Determining Roles and Responsibilities**

When specialists and ECEC providers form a collaborative consultation team, they must spend time getting to know each other, establishing a shared decision-making process, and determining the roles and responsibilities of each team member (Petti-Frontczak & Bricker, 2004; Virginia Department of Education, 2007). They must also decide whether having a lead consultant would help the team best meet the needs and priorities expressed by the child's ECEC providers and obtain the desired outcomes for the child. A lead consultant meets weekly with the ECEC providers to build relationships, gather information, identify goals, learn how well strategies are working for ECEC providers, and determine what changes they desire. During regular meetings with the co-consulting specialists, the lead consultant shares the gathered information and invites feedback and suggestions from co-consultants on the team. Based on a child's progress and the ECEC providers' updates or concerns, all consultation team members including the ECEC providers decide to what extent consultation by individual specialists is required. Throughout the consultation process, individual team members' roles and responsibilities (including a lead consultant's roles) might shift as the team collaboratively plans and monitors interventions and outcomes (Buysse & Wesley, 2005).

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### Gathering Information

During the information gathering stage, co-consultants learn about a child's developmental functioning during typical daily routines from ECEC providers and family members. Different assessment approaches are used depending on the purpose of gathering the information. If the purpose is to determine eligibility, the specialists may choose to use formal (e.g., standardized norm-referenced) assessments as well as informal behavioral observations (e.g., developmental checklists; McLean, Bailey, & Wolery, 2004). If the purpose of information gathering is to develop a functional intervention plan, curriculum-based assessments (Bagnato, Neisworth, & Pretti-Frontczak, 2010) and routines-based observations and interviews are particularly helpful to identify next steps for the child (Hirschland, 2008; McWilliam & Casey, 2008; Sandall & Schwartz, 2008).

Curriculum-based assessments and Routines-Based Interviews (RBIs) provide rich information about a child's functioning in all developmental domains (i.e., cognitive, social-emotional, communication, motor, and adaptive skills; Macy & Bricker, 2006). By conducting a RBI with a child's ECEC providers, consultation team members can learn about a child's participation during daily routines at home (e.g., dressing, mealtime, going shopping) and at school (e.g., free play, large group time, outdoor play) as well as the ECEC providers' priorities for and concerns about the routines (McWilliam & Casey, 2008).

The RBI begins with a co-consultant (this could be the lead consultant) scheduling an

interview with a child's ECEC providers (these may include a family member and Pre-K teacher). If the ECEC providers participate in an interview together, they can learn about the child's full day from different perspectives. The RBI proceeds like an informal conversation and may include two co-consultants asking the ECEC providers questions and taking notes (see Appendix B in McWilliam & Casey, 2008, for an example RBI form). The interviewer asks the ECEC providers how the child participates in each routine (his/her engagement), what the child can do by himself/herself (his/her independence), and how he/she communicates and gets along with peers and other family members (his/her social relationships). Based on concerns that arise during the RBI regarding the child's engagement, independence, and social relationships, the ECEC providers outline outcomes and prioritize which ones to address first. Using the information gathered from the RBI and other assessments, consultation team members collaboratively determine what functional skills the child has acquired and is ready to learn next.

### Identifying Goals and Strategies

After identifying functional learning outcomes, specialists and ECEC providers choose interventions that can be easily embedded during naturally occurring routines and activities so that children can practice functional skills daily (Lieber et al., 2002; McWilliam, 2000; Sandall, Hemmeter, Smith, & McLean, 2005). Consultation team members pay special attention to children's opportunities to practice skills while

interacting with peers, so that in addition to having more opportunities to acquire new skills during daily routines, they can build social skills and friendships (Horn, Lieber, Sandall, Schwartz, & Wolery, 2002).

Evidence-based intervention strategies that are particularly useful in preschool settings include curriculum modifications (e.g., environmental support, material adaptation, activity simplification, peer support), embedded learning opportunities (ELOs; using planned instruction for a child during typical routines), and child-focused instructional strategies to teach specific concepts or skills (e.g., time delay, corrective feedback, backward chaining, peer mediation; Sandall & Schwartz, 2008). After team members decide which intervention strategies to try first, they implement strategies and determine how well they are working (Dinnebeil, Spino, & McInerney, 2011).

### Implementing Strategies and Monitoring Progress

Consultation team members gather weekly to share the successes or challenges they experience in



implementing strategies. They are able to do so honestly and without fear of criticism if they have built trusting relationships and feel mutually supported (Buysse & Wesley, 2005). During this stage, a lead consultant can play an important role in assuring consistency in communication between and among team members by encouraging them to use resources like those described in the next vignette in which we describe how Cory's consultation team engages in the collaborative consultation process.

## Supporting Cory's Inclusion Through Collaborative Consultation

Enrico (SLP), Gina (ECSE), Sam (OT), and Heather (PT) meet before the school year begins to review the changes that have occurred since last year, including Cory's move and the team's new focus on supporting Cory's development in a Pre-K classroom. At the meeting, Gina tells the team that she took a summer class on consultation in early childhood settings and is eager to try out some of the approaches she learned. She explains that consultation involves several steps including (a) developing and sustaining trusting relationships and jointly determining consultation roles, (b) gathering information through routines-based observations and interviews, (c) choosing functional goals, and (d) developing and monitoring the implementation of intervention strategies designed to support Cory's learning and success in his Pre-K program.

### How Cory's Team Builds Relationships and Determines Roles

Gina arranges to visit Kathy at the ECEC center to become acquainted with her and the program and begin to learn about the way in which Kathy “sees the world” (Buisse & Wesley, 2005, p. 46). Furthermore, Gina realizes that to work in Kathy’s classroom comfortably, she must develop a trusting relationship with everyone there (Sadler, 2002). When they meet, Gina learns that Kathy would like the specialists’ guidance in implementing Cory’s Individualized Education Plan. She also wants to get to know the specialists and determine how they should all work together. Gina and Kathy set up a meeting with all consultation team members including Cory’s mother, Vanessa.

During this meeting, Gina invites the team members to share the experiences each has had in (a) supporting the learning of children with disabilities in inclusive Pre-K settings, (b) supporting the learning of teachers and caregivers of

children with disabilities, and (c) working as part of a collaborative decision-making team. The team members also discuss roles and how they should work together. Because she has an established relationship with Gina and Vanessa, Kathy feels comfortable to share her fear that she and Vanessa will feel overwhelmed by all the specialists’ information and advice and struggle with carrying out all their suggestions. The co-consultants suggest that having a lead consultant, who would act as liaison between the specialists and the ECEC providers, might alleviate some of their fears. Kathy and Vanessa agree and the team selects Gina to be the lead consultant because of her recent training and experiences working in a classroom setting. Gina’s role will be to meet regularly with Cory’s teacher and family and work closely with her co-consultants Enrico, Sam, and Heather. The specialists decide to meet weekly to plan for Cory and other children on their caseloads. Gina suggests that the next step will be to gather information from Kathy and Vanessa about the preschool program and about Cory’s daily routines.

### Gathering Information About Cory’s Daily Routines

To further understand Kathy’s perspectives, Gina asks her to evaluate her classroom’s strengths, needs, and resources. Gina and Kathy also decide to document all consultation meetings (see Appendix in Buisse & Wesley, 2005 for example forms). The team’s next information gathering task is to learn about Cory’s typical day at home and at school and his



participation throughout daily routines.

At their next weekly meeting, Gina, Enrico, Sam, and Heather review routines-based observation tools (Sandall & Schwartz, 2008) and the RBI (McWilliam & Casey, 2008). The co-consultants recommend that Gina ask Kathy to describe her expectations for Cory's participation during school activities and his actual level of participation during each activity (see Sandall & Schwartz, 2008, p. 37, and Appendix A for examples of forms).

The co-consultants decide that Gina and Enrico (in consultation with Kathy) should schedule the hour-long RBI at a time and location that are convenient for Vanessa (Cory's mom). At the beginning of the interview, Gina explains to Vanessa and Kathy that she would like to learn from them what daily life with Cory is like and whether they have any concerns about Cory's learning and participation. Gina asks Vanessa and Kathy to outline Cory's daily routines at home and at school by describing his engagement, independence, and social relationships within those routines while Enrico takes notes.



During the RBI, Kathy and Vanessa explain that Cory moves from place to place by crawling on his belly or walking with adult support and that he is transferred to different locations and buildings in a wheelchair. He communicates using gestures, vocalizations, and single words; however, his words are difficult to understand. Cory has used a simple picture communication device that was introduced during speech therapy. However, he has not used it in interactions with peers. When playing, he is usually by himself or next to his peers. At home, he likes his brother's help to play computer games. During meals, he eats independently using a fork and spoon. He has made progress recently in using the toilet and points to his diaper when it is wet. Using the RBI information, Gina, Vanessa, and Kathy decide which area they would like to focus on first. Vanessa would like Cory to be able to express his wants and needs more clearly, to interact more with his brother, and make new friends. Kathy would also like to see Cory engage in more reciprocal conversations with his classmates. At the end of the interview, the team members prioritize goals and outcomes and decide which daily routines at home and school will provide the most opportunities for Cory to practice the targeted skills.

### **Determining Functional Learning Goals and Strategies for Cory**

At their next team meeting, Gina and Enrico share with Sam and Heather that Vanessa and Kathy desire for Cory to interact more with peers and communicate

his wants and needs more clearly. The co-consultants shape these two informal outcomes into the following functional goals: (a) Cory will participate in meals, centers, play, and transitions from one activity to another by making requests of adults using a word or gesture, or by pointing to a picture, at least 2 times a day for 2 weeks and (b) When given support from an adult, Cory will play with his brother or with a friend, sharing play materials, such as trucks and blocks, and space for at least 5 min, 2 times a week for 3 weeks.

After sharing the goals with Vanessa and Kathy, Gina and Kathy brainstorm ways to structure routines, set up activities, and organize the environment so that Cory has more opportunities to practice the targeted skills (Sandall & Schwartz, 2008). They outline all classroom activities and routines, Cory's learning goals, and ideas for instructional strategies that can be easily embedded within the routines. Their ideas for strategies include an environmental modification during free choice time. Kathy sets a basket containing dress up clothes on the floor so that Cory can independently choose what to wear and engage more with peers during sociodramatic play. During outdoor play, they identify an ELO. Kathy and Gina write an ELO-at-a-Glance plan (see Sandall & Schwartz, 2008) outlining how Kathy will engage Cory in playing a turn-taking game with a peer (e.g., bean bag or water balloon toss). During weekly consultation meetings, Kathy shares with Gina how strategies are working, and Gina shares findings with the co-consultants, who during the next month, implement strategies and discuss how they are working.

### **Implementing Strategies and Determining How Well They Are Working for Cory**

During a consultation meeting, Kathy tells Gina that Cory is still not engaging regularly with peers during play and sometimes throws toys when peers approach him. Gina discusses Kathy's concerns with the co-consultants who decide that Enrico, the SLP, should observe Cory. After spending time in the classroom, Enrico suggests that Cory might benefit from using his entry-level augmentative alternative communication (AAC) device more regularly in the classroom. He explains that if Cory is able to express a greater variety of words and ideas with the voice output communication system, his frustration level might decrease and he would have a better chance to interact with adults and peers using the device. At their next team meeting, the co-consultants meet with Vanessa and all agree that teaching Cory how to use the AAC device with his peers would be a good next step.

A week later, Gina meets with Kathy and Vanessa to discuss next steps in teaching Cory expanded use of the device. Gina does not want to implement any changes unless Kathy and Vanessa have agreed to the change first. She knows that ECEC providers are more likely to "buy in" to the process and practice skills with children if they are active participants in the decision-making process (Soodak et al., 2002). She shows Vanessa a video recording of another child using the device during interactions with peers; the child is seen pushing images on an overlay to express choices such as activities in one to three word phrases, and her peers respond by following through

with her play ideas. Vanessa likes the way the device was used and asks if she could observe Cory using his in the classroom so that she will know how to expand its use at home. Because Kathy and Vanessa know Cory best, Gina asks them to expand the list of Cory's favorite foods, toys, peers, and games. Enrico programs Cory's new favorite items and names of people into the AAC device to increase Cory's motivation to communicate.

As the lead consultant, Gina continues to meet with Kathy weekly to listen to her updates and concerns, respond to her questions, and plan jointly for next steps. Cory's mother, Vanessa, also participates in these meetings about once or twice a month and asks for additional meetings with consultants if needed. The co-consultants evaluate the effectiveness of the chosen strategies by discussing Cory's progress and observing him in the classroom when necessary. Gina keeps track of all decisions on Contact Summary forms (Buysse & Wesley, 2005, Appendix). She notes progress on the Evaluation Worksheet (Sandall & Schwartz, 2008, Appendix). On the worksheet, Gina lists Cory's goals and the strategies that Kathy and Vanessa use during specific daily routines and notes how well the strategies are working for Cory, his Pre-K teacher, and his family. Recently, Kathy has noted Cory's increased engagement with peers. Two of his classmates are asking him to play at least once per day during free choice time, when playing outdoors, or during computer time.

## Conclusion

In this article, we described how a collaborative consultation model

can be used to support the inclusion of a child with disabilities in a community-based preschool setting. The successful implementation of this service delivery model is dependent on ECSEs' and related services professionals' commitment to developing and sustaining mutually supportive partnerships with family members and Pre-K teachers of young children with disabilities (Buysse & Wesley, 2005). We presented Cory's story to illustrate how a consultation team engages in a collaborative consultation process that includes building relationships and determining roles of team members, gathering information through routines-based observations, identifying functional goals and strategies, and implementing strategies and monitoring progress.

By using this step-by-step process, Cory's team assures consistency as co-consultants and ECEC providers engage in a shared decision-making process determining the most effective way to support Cory in his least restrictive environment (Lieber et al., 2002). As active members of a consultation team, the ECEC providers are directly involved in making decisions about how to work together, what goals to target, and which strategies to use in support of Cory (Wesley, 2002). Furthermore, as active consultation team members, Kathy and Vanessa are more likely to practice skills daily with Cory rather than waiting for individual specialists to consult and provide weekly therapy sessions (Rush, Shelden, & Hanft, 2003). Gina, an ECSE who was the lead consultant, coordinates resources with other specialists (co-consultants). The co-consultants support Cory's ECEC providers and

**Table 1**  
**Overview of the Collaborative Consultation Process: Steps, Actions, and Results**

What: Collaborative consultation steps	How: Collaborative consultation team actions		
	Early care and education providers (consultees)	Specialists (co-consultants, lead consultant)	So that: Collaborative consultation results
Building trusting relationships and determining roles and responsibilities among consultation team members	Evaluate the needs of the child and assess own capacity for supporting child during daily routines. Are open to consultants' questions and willing to engage as equal partners in consultation process. Are active in decision making about each team member's roles and responsibilities.	Take time to get to know team members' backgrounds, philosophies, and prior experiences working with children in inclusive settings and on consultation teams. Determine roles and whether lead consultant would benefit process.	All involved get to know each others' perspectives, expertise, and communication styles. An atmosphere of trust is built. All understand each other's roles in the consultation process and engage in successful problem solving.
Gathering information about child's daily routines and using assessments as identified by team members	Document child's participation during classroom activities and daily routines at home and at school by completing informal assessments and observations. Participate in RBI and identify informal goals.	Learn from ECEC providers about child's engagement, independence, and social relationships during daily routines through RBI. Identify informal goals in consultation with ECEC providers.	All team members are involved in developing functional goals based on ECEC providers' concerns and deciding the skills the child is ready to learn and practice next during daily routines and activities.
Determining functional goals and selecting strategies	Jointly determine functional goals that reflect the skills the child is ready to acquire and where and when skills will be practiced and demonstrated. Jointly determine strategies that can be easily and frequently embedded by ECEC providers during daily routines.		Goals and strategies address issues that have high priority for the ECEC providers and are likely to be successfully implemented.
Implementing strategies and monitoring child's progress and adults' implementation of strategies	Meet at least weekly to discuss how strategies are working, whether changes are needed, and to problem solve potential solutions. Family members determine how frequently to participate in meetings. Team monitors child's progress and determines whether additional consultation is required by individual team members or lead consultant. Honestly evaluate the consultation process to determine what works and what does not work, and needs for change.		Strategies have broadest impact for the effort expended with the least strain for the ECEC providers. Everybody is invested and knows what changes are needed and embeds interventions to optimize goal attainment.

Note: RBI = Routines-Based Interview; ECEC = early childhood education and care.

enhance their self-confidence in implementing interventions during naturally occurring routines and activities, which in turn enhances Cory's opportunities to practice targeted skills daily (Dunst, Hamby, Trivette, Raab, & Bruder, 2000; McWilliam, 2000; Petti-Frontczak

& Bricker, 2004; Sandall & Schwartz, 2008). Please refer to Table 1 for an overview of the entire collaborative consultation process including steps, actions, and results and to Table 2 for a list of helpful resources for consultation teams.

**Table 2**  
**Helpful Resources for Collaborative Consultation Teams**

Buyse and Wesley (2005). *Consultation in early childhood settings*.  
 McWilliam and Casey (2008). *Engagement of every child in the preschool classroom*.  
 Sandall and Schwartz (2008). *Building blocks for teaching preschoolers with special needs*.  
 All are published in Baltimore by Paul H. Brookes Publishing.

## What About Cory?

Cory's collaborative consultation team members continue to discuss the successful ways in which he uses his AAC device and the environmental modifications in the classroom and at home. At a recent meeting with Kathy and Vanessa, Gina learns that Cory has made a new neighborhood friend, who spends time playing with him on weekends. The two preschoolers often play computer games that are set up on a low table, and, like any other child, Cory negotiates with his friend which game to play next by intentionally using the voice output

device. Cory's mom, Vanessa, is glad that, through collaborative consultation, a cohesive approach to decision making, communication, and problem solving has supported Cory's success in preschool. By using the collaborative consultation process, Cory's intervention plan is informed by the expertise of all team members. The information Vanessa and Kathy receive and share (with the help of a lead consultant) is consistent and meaningful, and Cory's learning outcomes are supported and shaped by those who spend the most time with him, his family, and his preschool teacher.

## References

- Bagnato, S., Neisworth, J., & Pretti-Frontczak, K. (2010). *Linking authentic assessment and early childhood intervention: Best measures for best practices* (2nd ed.). Baltimore, MD: Paul H. Brookes.
- Buyse, V., & Wesley, P. (2004). Stage by stage. *Young Exceptional Children*, 7, 2-9.
- Buyse, V., & Wesley, P. (2005). *Consultation in early childhood settings*. Baltimore, MD: Paul H. Brookes.
- DeVore, S., Miolo, G., & Hader, J. (2008). *Teaching collaborative consultation using an interdisciplinary field-based training model*. Paper presented at Council for Exceptional Children, Division for Early Childhood International Conference, Minneapolis, MN.
- Dinnebeil, L., Pretti-Frontczak, K., & McInerney, W. (2009). A consultative itinerant approach to service delivery: Considerations for the early childhood community. *Language, Speech, and Hearing Services in Schools*, 40, 435-445.
- Dinnebeil, L., Spino, M., & McInerney, W. (2011). Using implementation checklists to reinforce the use of child-focused intervention strategies. *Young Exceptional Children*, 14(2), 22-31.
- Dunst, C., Hamby, D., Trivette, C., Raab, M., & Bruder, M. (2000). Everyday family and community life and children's naturally occurring learning opportunities. *Journal of Early Intervention*, 23, 151-164.

- Hanft, B., Rush, D., & Shelden, M. (2004). *Coaching families and colleagues in early childhood*. Baltimore, MD: Paul H. Brookes.
- Hirschland, D. (2008). *Collaborative intervention in early childhood*. New York, NY: Oxford University Press.
- Horn, E., Lieber, J., Sandall, S., Schwartz, I., & Wolery, M. (2002). Classroom models of instruction. In S. Odom (Ed.), *Widening the circle: Including children with disabilities in preschool programs* (pp. 46-60). New York, NY: Teachers College Press.
- Individuals With Disabilities Education Improvement Act, USC 20 § 1400 et seq. (2004).
- Kelley, M. (2004). Reconciling the philosophy and promise of itinerant consultation with the realities of practice. *Journal of Educational and Psychological Consultation, 15*, 183-190.
- Klein, D., & Harris, K. (2004). Considerations in the personnel preparation of itinerant early childhood special education consultants. *Journal of Educational and Psychological Consultation, 15*, 151-165.
- Lieber, J., Wolery, R., Horn, E., Tschantz, J., Beckman, P., & Hanson, M. (2002). Collaborative relationships among adults in inclusive preschool programs. In S. Odom (Ed.), *Widening the circle: Including children with disabilities in preschool programs* (pp. 81-97). New York, NY: Teachers College Press.
- Macy, M., & Bricker, D. (2006). Practical applications for using curriculum-based assessment to create embedded learning opportunities for young children. *Young Exceptional Children, 9*, 12-21.
- McLean, M., Bailey, D., & Wolery, M. (2004). *Assessing infants and preschoolers with special needs* (3rd ed.). Upper Saddle River, NJ: Pearson/Merrill/Prentice Hall.
- McWilliam, R. (2000). It's only natural to have early intervention in the environment where it's needed. In S. Sandall & M. Ostrosky (Eds.), *Young Exceptional Children Monograph Series No. 2: Natural Environments and Inclusion* (pp. 17-26). Denver, CO: The Division of Early Childhood of the Council for Exceptional Children.
- McWilliam, R., & Casey, A. (2008). *Engagement of every child in the preschool classroom*. Baltimore, MD: Paul H. Brookes.
- Petti-Frontczak, K., & Bricker, D. (2004). *An activity-based approach to early intervention* (3rd ed.). Baltimore, MD: Paul H. Brookes.
- Rapport, M., McWilliam, R., & Smith, B. (2004). Practices across disciplines in early intervention: The research base. *Infants & Young Children, 17*, 32-44.
- Rush, D., Shelden, M., & Hanft, B. (2003). Coaching families and colleagues: A process for collaboration in natural settings. *Infants & Young Children, 16*, 33-47.
- Sadler, F. (2002). The itinerant special education teacher in the early childhood classroom. *Teaching Exceptional Children, 35*, 8-15.
- Sandall, S., Hemmeter, M., Smith, B., & McLean, M. (2005). DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education. Missoula, MT: Division for Early Childhood, Council for Exceptional Children.
- Sandall, S., & Schwartz, I. (2008). *Building blocks for teaching preschoolers with special needs* (2nd ed.). Baltimore, MD: Paul H. Brookes.
- Shelden, M., & Rush, D. (2007). Characteristics of a primary coach approach to teaming in early childhood programs. *CASEinPoint, 3*, 1-8. Retrieved from <http://www.fippcase.org/caseinpoint.php>

- Soodak, L., Erwin, E., Winton, P., Brotherson, M., Turnbull, A., Hanson, M., & Brault, L. (2002). Implementing inclusive early childhood education: A call for professional empowerment. *Topics in Early Childhood Special Education, 22*, 91-102.
- Virginia Department of Education. (2007). *Inclusive placement opportunities for preschoolers: A systems approach to preschool inclusive practices*. Richmond, VA: Author.
- Wesley, P. (2002). Early intervention consultants in the classroom: Simple steps for building strong collaboration. *Young Children, 57*, 30-34.