New Program Rule 24 Matrix

**Revised Program Table of Alignment of Standards and Assessments**

**Name of Institution:**

**Date Submitted:**

Endorsement: **SPED-EARLY CHILDHOOD SPECIAL EDUCATION** Grade Levels: **Birth-K**

Total Hours Required by Rule 24: **30 Program Hours Required by Institution:** Endorsement Type: **SUBJECT**

| **Place an X in the box corresponding to the course that meets the following requirements:** | **List the courses the institution requires to meet Rule 24 requirements, associated Guidelines, and program hours required by the institution for this endorsement in the first row: (If more than 35 courses please fill out additional sheets)** |
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| **D Certification Endorsement Requirements:** This endorsement requires a minimum of **30 graduate semester hours** including  | **EXAMPLE:CHEM 101 or 102 3 CR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a minimum of **12 graduate semester hours** in Early Childhood Education and  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a minimum of **18 graduate semester hours** in Early Childhood Special Education; and  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 100 clock hours of related field experiences. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D1 Field experiences shall consist of a minimum of 100 clock hours working with young children, birth through kindergarten, including those with special developmental and/or learning needs. At least 20 clock hours will be spent assisting families and children with verified disabilities in each of the three age groups: infant/toddler preschool (ages 3-5), and kindergarten. |  |
| 1. **Initial. Learner Development and Individual Learning Differences -** Early childhood special education professionals understand how disabilities may interact with development and learning and use this knowledge to provide meaningful and challenging learning experiences for individuals with disabilities.
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| * 1. Early childhood special education professionals understand how language, culture, and family background influence the learning of individuals with disabilities.
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| * 1. Early childhood special education professionals use understanding of development and individual differences to respond to the needs of individuals with disabilities.
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| Indicators include, but are not limited to: * + 1. Theories of typical and atypical early childhood development.
		2. Biological and environmental factors that affect pre-, peri-, and postnatal development and learning.
		3. Specific disabilities, including the etiology, characteristics, and classification of common disabilities in infants and young children, and specific implications for development and learning in the first years of life.
		4. Impact of medical conditions and related care on development and learning.
		5. Impact of medical conditions on family concerns, resources, and priorities.
		6. Factors that affect the mental health and social-emotional development of infants and young children.
		7. Infants and young children develop and learn at varying rates.
		8. Impact of child’s abilities, needs, and characteristics on development and learning.
		9. Impact of social and physical environments on development and learning.
		10. Impact of language delays on cognitive, social-emotional, adaptive, play, temperament and motor development.
		11. Impact of language delays on behavior.
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| 1. **Initial. Learning Environments -** Early childhood special education professionals create safe, inclusive, culturally responsive learning environments so that individuals with disabilities become active and effective learners and develop emotional well-being, positive social interactions, and self-determination.
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| * 1. Early childhood special education professionals through collaboration with general educators and other colleagues create safe, inclusive, culturally responsive learning environments to engage individuals with disabilities in meaningful learning activities and social interactions.
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| * 1. Early childhood special education professionals use motivational and instructional interventions to teach individuals with disabilities how to adapt to different environments.
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| * 1. Early childhood special education professionals know how to intervene safely and appropriately with individuals with disabilities in crisis.
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| Indicators include, but are not limited to: * + 1. Select, develop, and evaluate developmentally and functionally appropriate materials, equipment, and environments.
		2. Organize space, time, materials, peers, and adults to maximize progress in natural and structured environments.
		3. Embed learning opportunities in everyday routines, relationships, activities, and places.
		4. Structure social environments, using peer models and proximity, and responsive adults, to promote interactions among peers, parents, and caregivers.
		5. Provide a stimulus-rich indoor and outdoor environment that employs materials, media, and adaptive and assistive technology, responsive to individual differences.
		6. Implement basic health, nutrition and safety management procedures for infants and young children.
		7. Use evaluation procedures and recommend referral with ongoing follow-up to community health and social services.
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| 1. **Initial. Curricular Content Knowledge -** Early childhood special education professionals use knowledge of general and specialized curricula to individualize learning for individuals with disabilities.
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| * 1. Early childhood special education professionals understand the central concepts, structures of the discipline, and tools of inquiry of the content areas they teach, and can organize this knowledge, integrate cross-disciplinary skills, and develop meaningful learning progressions for individuals with disabilities.
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| * 1. Early childhood special education professionals understand and use general and specialized content knowledge for teaching across curricular content areas to individualize learning for individuals with disabilities.
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| * 1. Early childhood special education professionals modify general and specialized curricula to make them accessible to individuals with disabilities.
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| 1. **Initial. Assessment -** Early childhood special education professionals use multiple methods of assessment and data-sources in making educational decisions.
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| * 1. Early childhood special education professionals select and use technically sound formal and informal assessments that minimize bias.
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| * 1. Early childhood special education professionals use knowledge of measurement principles and practices to interpret assessment results and guide educational decisions for individuals with disabilities.
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| * 1. Early childhood special education professionals in collaboration with colleagues and families use multiple types of assessment information in making decisions about individuals with disabilities.
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| * 1. Early childhood special education professionals engage individuals with disabilities in quality learning and performance and provide feedback to guide them.
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| Indicators include, but are not limited to:* + 1. Role of the family in the assessment process.
		2. Legal requirements that distinguish among at-risk, developmental delay and disability.
		3. Alignment of assessment with curriculum, content standards, and local, state, and federal regulations.
		4. Assist families in identifying their concerns, resources, and priorities.
		5. Integrate family priorities and concerns in the assessment process.
		6. Assess progress in the five developmental domains, play, and temperament.
		7. Select and administer assessment instruments in compliance with established criteria.
		8. Use informal and formal assessment to make decisions about infants and young children’s development and learning.
		9. Gather information from multiple sources and environments.
		10. Use a variety of materials and contexts to maintain the interest of infants and young children in the assessment process.
		11. Participate as a team member to integrate assessment results in the development and implementation of individualized plans.
		12. Emphasize child’s strengths and needs in assessment reports.
		13. Produce reports that address development across domains and any functional concerns identified in routine natural learning environments.
		14. Conduct ongoing formative child, family, and setting assessments to monitor instructional effectiveness.
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| 1. **Initial. Instructional Planning and Strategies -** Early childhood special education professionals select, adapt, and use a repertoire of evidence-based instructional strategies to advance learning of individuals with disabilities.
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| * 1. Early childhood special education professionals consider an individual’s abilities, interests, learning environments, and cultural and linguistic factors in the selection, development, and adaptation of learning experiences for individuals with disabilities.
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| * 1. Early childhood special education professionals use technologies to support instructional assessment, planning, and delivery for individuals with disabilities.
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| * 1. Early childhood special education professionals are familiar with augmentative and alternative communication systems and a variety of assistive technologies to support the communication and learning of individuals with disabilities.
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| * 1. Early childhood special education professionals use strategies to enhance language development and communication skills of individuals with disabilities.
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| * 1. Early childhood special education professionals develop and implement a variety of education and transition plans for individuals with disabilities across a wide range of settings and different learning experiences in collaboration with individuals, families, and teams.
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| * 1. Early childhood special education professionals teach to mastery and promote generalization of learning.
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| * 1. Early childhood special education professionals teach cross-disciplinary knowledge and skills such as critical thinking and problem solving to individuals with disabilities.
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| Indicators include, but are not limited to:* + 1. Concept of universal design for learning.
		2. Theories and research that form the basis of developmental and academic curricula and instructional strategies for infants and young children.
		3. Developmental and academic content.
		4. Connection of curriculum to assessment and progress monitoring activities.
		5. Plan, implement, and evaluate developmentally appropriate curricula, instruction, and adaptations based on knowledge of individual children, the family, and the community.
		6. Facilitate child-initiated development and learning.
		7. Use teacher-scaffolded and initiated instruction to complement child-initiated learning.
		8. Link development, learning experiences, and instruction to promote educational transitions.
		9. Use individual and group guidance and problem-solving techniques to develop supportive relationships with and among children.
		10. Use strategies to teach social skills and conflict resolution.
		11. Use a continuum of intervention strategies to support access of young children in the general curriculum and daily routines.
		12. Implement and evaluate preventative and reductive strategies to address challenging behaviors.
		13. Develop, implement, and evaluate individualized plans, with family members and other professionals, as a member of a team.
		14. Plan and implement developmentally and individually appropriate curriculum.
		15. Design intervention strategies incorporating information from multiple disciplines.
		16. Implement developmentally and functionally appropriate activities, using a variety of formats, based on systematic instruction.
		17. Align individualized goals with developmental and academic content.
		18. Develop individualized plans that support development and learning as well as caregiver responsiveness.
		19. Develop an individualized plan that supports the child’s independent functioning in the child’s natural environments.
		20. Make adaptations for the unique developmental and learning needs of children, including those from diverse backgrounds.
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| 1. **Initial. Professional Learning and Ethical Practice -** Early childhood special education professionals use foundational knowledge of the field and their professional Ethical Principles and Practice Standards to inform special education practice, to engage in lifelong learning, and to advance the profession.
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| * 1. Early childhood special education professionals use professional Ethical Principles and Professional Practice Standards to guide their practice.
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| * 1. Early childhood special education professionals understand how foundational knowledge and current issues influence professional practice.
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| * 1. Early childhood special education professionals understand that diversity is a part of families, cultures, and schools, and that complex human issues can interact with the delivery of special education services.
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| * 1. Early childhood special education professionals understand the significance of lifelong learning and participate in professional activities and learning communities.
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| * 1. Early childhood special education professionals advance the profession by engaging in activities such as advocacy and mentoring.
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| * 1. Early childhood special education professionals provide guidance and direction to paraeducators, tutors, and volunteers.
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| Indicators include, but are not limited to:* + 1. Legal, ethical, and policy issues related to educational, developmental, and medical services for infants and young children, and their families.
		2. Advocacy for professional status and working conditions for those who serve infants and young children, and their families.
		3. Recognize signs of emotional distress, neglect, and abuse, and follow reporting procedures.
		4. Integrate family systems theories and principles into professional practice.
		5. Respect family choices and goals.
		6. Apply models of team process in early childhood.
		7. Participate in activities of professional organizations relevant to early childhood special education and early intervention.
		8. Apply evidence-based and recommended practices for infants and young children including those from diverse backgrounds.
		9. Advocate on behalf of infants and young children and their families.
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| 1. **Initial. Collaboration -** Early childhood special education professionals collaborate with families, other educators, related service providers, individuals with disabilities, and personnel from community agencies in culturally responsive ways to address the needs of individuals with disabilities across a range of learning experiences.
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| * 1. Early childhood special education professionals use the theory and elements of effective collaboration.
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| * 1. Early childhood special education professionals serve as a collaborative resource to colleagues.
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| * 1. Early childhood special education professionals use collaboration to promote the well-being of individuals with disabilities across a wide range of settings and collaborators.
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| Indicators include, but are not limited to: * + 1. Structures supporting interagency collaboration, including interagency agreements, referral, and consultation.
		2. Know appropriate ways to assist the family in planning for transition.
		3. Collaborate with caregivers, professionals, and agencies to support children’s development and learning.
		4. Support families’ choices and priorities in the development of goals and intervention strategies.
		5. Implement family-oriented services based on the family’s identified resources, priorities, and concerns.
		6. Provide consultation in settings serving infants and young children.
		7. Involve families in evaluation of services.
		8. Participate as a team member to identify and enhance team roles, communication, and problem-solving.
		9. Employ adult learning principles in consulting and training family members and service providers.
		10. Implement processes and strategies that support transitions among settings for infants and young children.
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