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A Quick Guide for Higher Education Institutions:

Addressing Early Intervention Providers'
Preparedness for Working in the Field with
Infants and Toddlers, Birth to Three, with
Disabilities and Their Families

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INTRODUCTION

Overview of The Quick Guide



Early intervention programs for infants and toddlers with disabilities and their families have become increasingly important in recent years. These programs aim to provide support and services that help young children overcome developmental delays and reach their full potential. Early intervention specialists play a critical role in these programs by offering families assessments, interventions, and ongoing support.

INTRODUCTION

Since educating and working with young children with disabilities and their families continues to be emphasized, action is required in preparing persons working in the field of early childhood education, especially early intervention (Schwartz & Brand, 2001). Education and related programs at higher education institutions must address critical components addressing, educating, and caring for young children with disabilities in their coursework, field experiences, and program supports for students who will be eligible to work in the field of early intervention (Chang et al., 2005).



To examine this need further, a recent study conducted by Grimone-Hopkins, Mirtes, & Farrugia (2024) explored early intervention providers' self-efficacy and their perceived level of preparedness working in the field with infants and toddlers, birth to three, with disabilities and their families. The study results indicated that early intervention providers tend to have high self-efficacy in their abilities, but many feel they need more adequate preparation in their higher education programs. This guide utilizes data from research and identifies key areas for improvement in preparation programs while offering valuable resources, recommendations, and tools to help higher education programs effectively prepare practitioners working with children from birth to age three with disabilities and their families.

Research

Problem Statement

The problem addressed in the research focused on the disconnect between early intervention providers' self-efficacy in the field and their perceptions of their preparation in a higher education program for working with infants and toddlers, birth to three, with disabilities and their families.



Methods

For this study, a mixed method approach was employed, including focus group and survey methodologies. A mixed method approach was the most appropriate choice for this project because the researchers were looking at the participants' perceptions and feelings while also wanting to collect quantifiable data. Using multiple methods allowed the researchers to gather data-rich data about EI professionals' self-efficacy and perceived levels of preparedness for working with infants and toddlers, birth to three, with disabilities and their families.

Participants

The target population of this study was Early Intervention Providers, in the State of Michigan, including teachers, speech-language pathologists, occupational therapists, physical therapists, social workers, and psychologists. The researchers used purposeful sampling with a snowball approach (Marshall & Rossman, 2006). This non-probabilistic method allowed the researchers to recruit participants that fit the profile of what the researchers needed. The participants were purposefully chosen and recruited through *Early On Michigan Part C* of IDEA. One limitation of this method was that the researchers used a convenience sample rather than a random sample. This means that the results of the study cannot be generally applied to a larger population. The results of the study can only be suggested. There were a total of 47 participants (N=47) who completed the survey and 12 (N=12) participants who participated in the focus group sessions.



Findings

The descriptive statistics findings highlight the discrepancy between early intervention specialists' confidence in working with infants and toddlers with disabilities and their families and their perception of how well their higher education programs prepared them. The difference between the two highlights a disconnect between the practical (in the field) confidence EI specialists have developed, maybe through experience and the perceived lack of formal education in preparing them.

The data emphasizes a common pattern across many areas: early intervention providers tend to have high self-efficacy in their abilities, but many do not feel that their higher education programs adequately prepared them for key aspects of their roles. The most significant gaps are seen in working with families and navigating those situational experiences, where real-world experience seems to have compensated for perceived shortcomings in formal education. There was less of a gap in the more traditional skills such as assessment and progress monitoring, interventions, multidisciplinary assessments, developmentally appropriate practices, and interdisciplinary work.



Implications

The data on early intervention specialists' self-efficacy and preparedness for working with infants and toddlers with disabilities and their families specifically, the finding that most EI providers feel competent in the field but do not always attribute their skills to their educational background, highlights the need for continued improvements in higher education curricula. Addressing these gaps could enhance the effectiveness of early intervention services, ultimately benefiting infants and toddlers with disabilities and their families. Ensuring that higher education programs adequately prepare students for the realities of their roles may enhance both self-efficacy and practical performance in their professional capacities.

Influential Factors

Colleges and universities play a critical role in preparing the next generation of Early Intervention professionals, extending their impact beyond school-age education to the earliest years of life. Birth to age three is a period of rapid and profound development, and the services provided during this critical window can have lifelong effects on children and their families. To effectively meet these needs, professionals who work with infants and toddlers with disabilities must possess specialized knowledge, demonstrate deep compassion, and engage in meaningful, real-world preparation.



Recognizing the critical importance of this developmental window and the unique demands placed on Early Intervention professionals, we saw an opportunity to take action. As researchers, we developed a guide for higher education institutions designed to address the preparedness of Early Intervention Providers for working effectively with infants and toddlers, birth to age three, with disabilities and their families. The researchers used the following factors to create the Guide: rich, qualitative data from two main open-ended questions within the study, core competencies for working with infants and toddlers with disabilities and their families, and Michigan's Early Childhood General and Special Education Birth–Kindergarten (ZN) Certification Band.

Open-ended Questions

First, the researchers used the data collected from the study participants' experiences and perceptions. The two main open-ended questions were:

- What factors are identified by Early Intervention Providers that contribute to higher levels of **self-efficacy** in working with infants and toddlers, birth to three, with disabilities and their families?
- What barriers are identified by Early Intervention Providers that impede **preparedness** in working with infants and toddlers, birth to three, with disabilities and their families?

The analysis of participant responses revealed several key factors that Early Intervention Providers identified as contributing to higher levels of self-efficacy in their work with infants and toddlers with disabilities and their families. Participants emphasized the importance of supportive learning environments that foster growth and collaboration, as well as the value of constructive feedback from supervisors and colleagues. They also highlighted the role of diverse experiences, such as exposure to various family and community contexts,

and the benefits of engaging in interdisciplinary work alongside professionals from related fields. Collectively, these factors enhanced their confidence and skill in delivering effective early intervention services.

At the same time, participants identified gaps in their higher education experiences that posed barriers to their preparedness, many of which mirrored the factors they viewed as most valuable in practice. They reported a need for earlier and more frequent practical experiences such as; field placements, home visits, and participation in IFSP meetings as limited exposure to these opportunities left them feeling underprepared. In addition, they cited insufficient coursework focused on infant/toddler development, early intervention practices, and family and community engagement as areas needing attention. The lack of structured mentorships or internships, minimal opportunities for interdisciplinary collaboration, and limited access to accomplished experts in the field were also viewed as barriers. Addressing these challenges, participants suggested, could significantly strengthen professionals' readiness to effectively serve young children and their families.

Core Competencies

Next, in developing our guide, we intentionally aligned our recommendations with the Core Competencies for Working with Infants and Toddlers with Disabilities and their Families, integrating them with the insights gathered from our research data. These competencies emphasize the ability to work effectively with infants and toddlers with developmental delays or disabilities while supporting and collaborating closely with their families. They call for the use of evidence-based, family-centered, and culturally responsive practices that honor each child's unique needs and context. More specifically, they include a deep understanding of child development from birth to age three, early identification and screening processes, effective collaboration on IFSP teams, and the implementation of routine-based interventions within natural environments. Equally important is the competency of building strong, trusting relationships with families and caregivers, which serves as the foundation for all meaningful early intervention work.



Michigan Certification

In addition to our research findings and the Core Competencies, we also considered the recent changes to Michigan's certification structure. Michigan now offers a Birth–Kindergarten certification band in both Special Education and General Education, reflecting a growing recognition of the critical importance of early childhood education from birth to age five. This shift underscores the need for pre-service professionals to receive dual preparation in both early childhood special education and general education, gain a strong foundation in developmentally appropriate practices for young children, and adopt inclusive, family-centered approaches to support all learners and their families.

Quick Guide Focus Areas

Utilizing all of this information, we identified four key focus areas to guide higher education programs in preparing professionals to work with infants and toddlers with disabilities and their families. These include course development, field work integration and practical experiences, cross-disciplinary collaboration, and faculty professional development. Together, these areas provide a framework for aligning higher education preparation with the realities of early intervention practice.

1

Course Development

Continued coursework development in higher education courses that reflects the unique responsibilities of Early Intervention Providers working with infants and toddlers with disabilities and their families.

2

Field Work

Providing pre-service educators and practitioners with authentic, hands-on experiences with infants and toddlers with disabilities and their families.

3

Cross Disciplinary Collaboration

Assisting pre-service educators and practitioners in understanding the value and importance of the collaborative, team-based approach that defines Early Intervention (inter-professional work) through course content, student partnerships and practical experiences.

4

Faculty Professional Development

Equipping higher education faculty with the tools, partnerships, and experiences needed to teach early intervention effectively is crucial.

Course Development

Based on the research, it was apparent that higher education institutions need to continue to build coursework that reflects the unique responsibilities of Early Intervention Providers working with infants and toddlers with disabilities and their families. Utilizing the research data and the researchers' expertise in the field, they compiled a list of vital components that should be included in higher education coursework for pre-service practitioners who will work with young children with disabilities and their families.

Course Development Components

- Child Development/ Developmental Milestones, Typical and Atypical Development
- Development Disabilities, Basic Medical Terminology & Early Signs/Detection of Developmental Delays
- Special Education Law: IDEA Part C and B
- Family-Centered Practices
- Assessment and Intervention



Course Development Components

Applied Learning Opportunities for Higher Education

Child Development, Developmental Milestones, Typical and Atypical Development

- Watch videos of infants/toddlers, document observed behaviors using milestone checklists, and discuss which milestones are on track, ahead, or delayed.
- Analyze vignettes of children at various ages, identifying emerging or missing milestones and suggesting appropriate supports.
- Create a visual timeline (poster or digital) mapping developmental milestones across birth–3/5 years in all domains: motor, language, social-emotional, and cognitive.
- Create a “red flag” quick reference chart for early signs of developmental delay across domains for use in field placements.

Development Disabilities, Basics Medical Terminology & Early Signs/Detection of Developmental Delays

- In small groups, research a developmental disability (e.g., Down syndrome, cerebral palsy, autism), including early signs, medical terminology, and common interventions; share findings in a jigsaw presentation.
- Complete a written assignment describing how to sensitively approach a caregiver about early developmental concerns.
- In pairs, role-play conversations with caregivers, using plain language and family-centered communication strategies.
- Hear from a guest speaker (e.g., parent of a child with a disability or a specialist) and write a reflection on how the insights influence their approach.

**Special Education Law:
IDEA Part C and B**

- Create a visual comparison of Part C vs. Part B, including ages served, services, family roles, types of plans (IFSP vs. IEP), funding, and service models.
- Develop an IFSP for a provided child and family profile, focusing on family goals, routine-based outcomes, and embedded interventions.
- Participate in a mock IFSP meeting, taking on professional and caregiver roles to practice collaborative planning.
- Analyze a real-world legal case or service plan dispute and discuss how to resolve it while protecting family rights and promoting collaboration.

Family-Centered Practices

- Practice writing short coaching scripts for parents.
- Watch and reflect on a recorded home visit where a provider uses coaching strategies, noting how trust was built.
- Role-play communicating with families from diverse cultures, belief systems, or languages, incorporating interpreters or visual supports.
- Develop a “conversation starter bank” of open-ended, family-centered questions to use in home visits or IFSP/IEP meetings.

**Assessment and
Intervention**

- Practice administering real screening tools (e.g., ASQ, Denver II) with a peer, recorded video, or child.
- Using real or fictional scenarios, write family-centered goals and embed strategies into everyday routines (e.g., mealtime, bath time).
- Analyze a scenario where a child is not progressing in a specific domain, creating a plan using coaching or parent-implemented strategies.
- Watch a provider working with a family and score coaching quality, caregiver engagement, and intervention fidelity using a rubric.
- Compare two screening or evaluation tools for the same developmental domain, discussing differences in purpose, format, and cultural sensitivity.

Field Work Integration & Practical Experiences

The research findings reinforced the importance of integrating meaningful field work and hands-on experiences into higher education programs preparing pre-service practitioners. Early Intervention Providers must be able to apply theoretical knowledge in authentic settings, working directly with infants, toddlers, and their families. Drawing on both the study results and professional expertise, this section identifies essential strategies for embedding high-quality practicum opportunities, authentic home-based experiences, and structured observation assignments that help bridge the gap between classroom learning and real-world practice.

Field Work & Practical Experience Components

- Field work within Infant/ Toddler Settings
- Require Home-Based & Natural Environment Experiences (home visits)
- Mentorship and Shadowing of professionals working in Early Intervention
- Ensure Diverse, Representative Experiences



Field Work & Practical Experience Components

Applied Learning Opportunities for Higher Education

Field work within Infant/Toddler Settings

- Engage in direct observation and interaction with infants and toddlers through volunteer families visiting the higher education classroom.
- Complete required field placements or practicum experiences in infant/toddler settings within early childhood programs.
- Conduct an Ages & Stages Questionnaire (ASQ) during field placement and write a full developmental report.
- Plan and implement one developmentally appropriate, hands-on learning activity for infants or toddlers.
- Design and create a "treasure basket" filled with safe, natural materials to promote sensory exploration.
- Observe and document developmental milestones, routines, and caregiver-child interactions.
- Participate in guided reflection sessions to connect field experiences with course content.
- Document and analyze how the environment supports infant/toddler development (e.g., layout, materials, routines), and suggest enhancements.

Require Home-Based & Natural Environment Experiences (home visits)

- Participate in at least one practicum home visit with a cooperating teacher.
- Write reflective journals before and after the visit, comparing expectations and experiences.
- Observe the home environment, daily routines, and caregiver-child interactions.
- Conduct a strengths-based family interview to learn about priorities and concerns.
- Create a brief plan for embedding developmental supports into routines.
- Role-play common home visit scenarios to practice rapport-building strategies.
- Identify community resources and practice introducing them respectfully.
- When in-person visits aren't possible, analyze recorded home visits for strategies and best practices.
- Create a visual "family strengths profile" based on the visit, identifying resources, routines, and skills the family already uses to support the child.

**Mentorship and
Shadowing of
professionals working in
Early Intervention**

- Shadow early intervention professionals (e.g., special educators, speech-language pathologists, occupational therapists) during home visits, assessments, or therapy sessions.
- Observe and assist in IFSP meetings, documenting professional roles, family engagement strategies, and decision-making processes.
- Receive structured supervision and feedback from qualified mentors to strengthen skills and professional reflection.
- Maintain a mentorship journal, noting strategies observed, questions, and professional insights gained.
- Participate in post-observation debriefs with mentors to discuss observations, clarify procedures, and connect theory to practice.

**Ensure Diverse,
Representative
Experiences**

- Observe and assist in IFSP meetings and family interactions representing varied cultural, linguistic, and socioeconomic backgrounds.
- Receive supervision and feedback from qualified mentors with diverse professional and cultural experiences.
- Invite *Early On* professionals as guest speakers or panelists to discuss real-world challenges and successes in serving diverse populations.
- Host guest presentations from a pediatrician, nurse, or early intervention specialist sharing stories of identifying delays and supporting families through diagnosis.
- Partner students with a family raising a child with developmental delays or a disability; students listen, reflect, and present on family strengths, values, and priorities.
- Visit community programs (e.g., Early Head Start, cultural centers, rural health clinics) to expand understanding of service delivery in diverse contexts.

Cross-Disciplinary Collaboration

The preparation of Early Intervention Providers requires an understanding of how to work effectively as part of a collaborative team. Research findings highlight the value of intentional cross-disciplinary experiences in building skills for communication, problem-solving, and coordinated service delivery. This guide outlines key approaches for higher education programs to model interdisciplinary practices, foster joint learning opportunities, and connect students with professionals from multiple fields who serve infants, toddlers, and their families.

Cross-Disciplinary Collaboration

- Collaborate Across Departments Among Higher Education Institutions
- Joint Assignments and Field Work
- Community Engagement
- Model Collaboration in Instruction



Cross-Disciplinary Collaboration

Applied Learning Opportunities for Higher Education

Collaborate Across Departments Among Higher Education Institutions

- Hold cross-departmental roundtables with faculty from ECE, ECSE, OT, PT, SLP, and social work to align understanding of best practices for infants and toddlers.
- Develop shared modules or case studies used across multiple courses in different departments.
- Invite faculty from other disciplines to present guest lectures on their role in early intervention.
- Create an interdepartmental advisory group to guide program alignment and shared student learning goals.
- Co-teach a course with faculty from another relevant discipline (speech-language pathology or social work).

Joint Assignments and Field Work

- Assign interdisciplinary student teams to complete a collaborative family case report, representing multiple professional perspectives.
- Arrange joint field placements where students observe or assist professionals from other disciplines during field work.
- Develop simulation activities where students from different majors assess and plan supports for a shared child profile.
- Require reflective journals comparing their own discipline's approach to those of other team members.

Community Engagement

- Partner with local agencies or childcare programs to host interdisciplinary panel discussions for students.
- Organize joint service-learning projects involving students from multiple disciplines to support a community program serving young children with disabilities.
- Plan a community resource fair where students collaborate to connect families with multiple types of services.

Model Collaboration in Instruction

- Host an interdisciplinary simulation day where students from multiple majors work through a family scenario as an EI team.
- Design in-class problem-solving activities requiring input from multiple disciplines to address a child's needs.
- Record and share model videos of faculty from different fields collaborating on case discussions, then have students reflect on effective practices.

Faculty Development

Faculty play a central role in preparing the next generation of Early Intervention Providers, and their own professional growth directly impacts the quality of pre-service training. The research points to the need for ongoing faculty learning that reflects current best practices, advances in the field, and evolving family and community needs. This guide presents recommendations for strengthening faculty expertise, fostering collaborative learning communities, and providing resources that help faculty model the skills and approaches expected of professionals working with infants and toddlers with disabilities and their families.

Faculty Development

- Continue to Stay Current in the Field
- Partner with the Professionals in the Field
- Create Faculty Learning Communities
- Elevate Early Intervention as a Career Path
- Help Faculty Model Family-Centered Approaches



Faculty Development

Applied Learning Opportunities for Higher Education

Continue to Stay Current in the Field

- Provide release time or stipends for faculty to attend conferences, workshops, or webinars on family-centered, infant and toddler, trauma-informed, and inclusive practices.
- Encourage faculty to complete certifications or continuing education in areas related to early intervention and early childhood special education.
- Share summaries of current research articles in department meetings and discuss implications for coursework.

Partner with the Professionals in the Field

- Invite *Early On* leaders or other EI professionals to department meetings for discussions on current practices and challenges.
- Host “lunch & learn” sessions with professionals such as ECEs, ECSEs, SLPs, OTs, PTs, and social workers to model interdisciplinary collaboration.
- Facilitate faculty site visits to observe early intervention teams in action.

Create Faculty Learning Communities

- Establish or encourage participation in a learning community for faculty focused on building expertise in birth–three services (e.g., Michigan's *Early On* Center for Higher Education Community of Practice).
- Organize regular peer-led workshops to share instructional strategies, course materials, and field experiences.
- Use collaborative online spaces to exchange model syllabi, IFSP templates, and case studies.

**Elevate Early
Intervention as a Career
Path**

- Include sessions on early intervention career opportunities in faculty meetings, equipping faculty with the knowledge to inform and encourage students about these roles.
- Highlight alumni working in EI during department events to inspire students and faculty.
- Develop partnerships with local EI agencies to create clear student-to-career pipelines.

**Assist Faculty Model
Family-Centered
Approaches**

- Provide professional development for faculty on family-centered communication and coaching strategies.
- Invite faculty to co-observe an IFSP meeting along with other EI activities and reflect on ways to model family engagement in their teaching.
- Create a faculty resource hub with tools, templates, and case studies that model respectful, strengths-based family interactions.

Conclusion

The need for highly skilled professionals in early intervention continues to grow as the importance of supporting infants and toddlers with disabilities and their families becomes more widely recognized. The findings from Grimone-Hopkins, Mirtes, & Farrugia (2024) confirm that while many early intervention providers feel confident in their abilities, there remains a significant gap in their perceived preparedness upon leaving higher education programs. This disconnect underscores the urgent responsibility of higher education institutions to ensure their coursework, field experiences, and faculty development efforts are intentionally designed to meet the realities of the field.



This guide responds to that call by identifying the critical components that higher education programs should address to strengthen pre-service educators' readiness. The recommendations and sample learning activities outlined in each section offer practical, research-informed strategies that can be integrated into courses, fieldwork, and institutional structures. By embedding experiences such as authentic home visits, field placements in infant/toddler settings, cross-disciplinary collaboration, mentorship, diverse and representative experiences, and targeted faculty development, programs can more effectively bridge the gap between theory and practice.

Preparing pre-service educators to work effectively with children from birth to age three with disabilities and their families requires more than knowledge of developmental milestones and intervention techniques; it demands a comprehensive approach that includes cultural competence, family-centered practice, interdisciplinary teamwork, and hands-on learning in authentic environments. When these elements are consistently woven into higher education programs, graduates enter the field with not only the confidence to serve but also the competence to deliver high-quality, equitable services.

Ultimately, this guide offers a roadmap for higher education institutions to enhance their role in shaping the next generation of early intervention professionals. By committing to these strategies, programs can ensure that graduates are not only meeting licensure or degree requirements but are truly prepared to partner with families, collaborate with other professionals, and make a meaningful difference in the lives of our youngest and most vulnerable learners.



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