



## **Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss Recommended Collaboration Practices: Looks Like / Doesn't Look Like**

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Each of the following practices are taken from the [Part C Intervention Services for Infants and Toddlers with Sensory Loss Recommended Collaboration Practices](#) article and elaborated on to show specific examples of what that practice could look like with appropriate service supports and also what each practice is not intended to look like. Throughout this resource, the term family is intended to encompass the large array of people who might be providing primary care for the child with a sensory loss.

The specific practices for teachers of the blind/visually impaired and teachers of deaf/hard of hearing in early intervention that will be outlined in this resource are:

1. Share information about the medical diagnosis, etiology and prognosis of both hearing and vision loss.
2. Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.
3. Coach families on how they can support their child's individual sensory needs and learning.
4. Provide appropriate adaptations for home and learning environments specific to hearing and vision challenges.
5. Recommend emergent literacy strategies and accommodations that are specific to hearing and/or vision loss with the child's family and team.

The group that put this resource together did so for the purpose of practitioners utilizing the information to increase their confidence and competence in providing early intervention supports to children with sensory loss and their families. This resource might be useful for personal reflection, as a discussion prompt for early intervention teaming practices, and possibly professional development. An additional document that might be especially helpful as a companion to this resource is the [Seven Key Principles: Looks Like / Doesn't Look Like](#) which was developed by the Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings.

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**Teachers of the blind/visually impaired and teachers of deaf/hard of hearing are able to utilize the following practices in Part C collaborative practices, specifically as they relate to supporting the child with a sensory loss and their family.**

<b>Share information about the medical diagnosis, etiology and prognosis of both hearing and vision loss.</b>	
<b>Looks Like</b>	<b>Doesn't Look Like</b>
Support the family, and other team members, in understanding their child's diagnosis, etiology and prognosis.	Share information about the child's diagnosis, etiology, and prognosis only in the written reports or only with other service providers.
Share with the family possible impacts of the sensory loss for the child and family, both now as well as thinking ahead to the future. This includes explanations of potential areas of needs and what might be important for families to monitor.	Share possible sensory loss impacts only with other service providers and/or in written form.  Only discuss with caregivers the child's current needs and omit discussions about needs that likely could arise because of the sensory loss.
Support the family's connections with other organizations/groups that are specific for their diagnosis and sensory loss and provide support to the family to make those connections.	Suggest the family search for support groups online or ask their doctor(s).
Proactively check in with the family on their medical follow-up recommendations and discuss possible questions that caregivers might want to ask at appointments regarding the sensory loss.	Pass the diagnosis off as something that won't affect their child's life and omit sharing potential areas of need.

<b>Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.</b>	
<b>Looks Like</b>	<b>Doesn't Look Like</b>
Discuss with the family the child's medical diagnosis, etiology, and possible needs that may arise from the sensory loss. Not all needs are immediately identified and team members continue to facilitate ongoing discussions around the impact of the sensory needs related to the family priorities and adjust/support as needed.	<p>Assumption that a lack of current delays means that services based on family priorities are not needed.</p> <p>Assumption that a sensory loss is the only area of need and therefore other team members disengage from services and/or monitoring of future needs.</p> <p>Only shares general developmental information and omits specifics regarding the impact of the sensory loss and applicable resources.</p>
Share simulations of a sensory loss as appropriate and support the family as they process their experiences with the simulation.	May not consider sharing simulations, so as to not upset the family.
Provide information to families about parent to parent support groups and events in the surrounding area and state, as well as aid the family to join other groups as appropriate (mailing lists, advocacy outreach, etc....)	Does not provide information to the family regarding support groups, or simply mention they could find resources.
Discuss the importance of consistent, necessary, and early stimulation of the child's brain development through communication.	<p>Provide biased information, or no information, on communication modalities or repeat of the early simulation</p> <p>Does not share about the brain's optimal window for creating robust communication pathways during the first years of a child's life.</p>
Ensure that low incidence specialists are available to be a child's primary service provider and/or secondary service provider, as makes sense for the child, family, and their individual needs. The low incidence specialist is also available for joint visits with the child and family.	Not inviting low incidence specialists to come to the home in order to gather an understanding of how the child functions in his/her primary environment. This may limit the ability to make family and child-centered recommendations for both current and future programming, environmental adjustments, or amplification needs.
Joint visits are provided as requested by the family or service providers, as appropriate. Family members might not always have enough knowledge	Joint visits are only provided when driven by a question/request from the family.

<p>about the sensory loss to know what questions to ask or that a joint visit could be helpful. Therefore, it is important for low incidence providers to have continuous interactions with the family and team, so that they can share relevant sensory loss information.</p>	<p>Joint visits are only provided during previously established service minutes, regardless of child, family or service provider needs/requests.</p>
<p>Discuss with the family the importance for the child to have full and meaningful access to their environment and make a plan for how they will support this.</p> <ul style="list-style-type: none"> <li>● What communication modality(s) will the family choose to use?</li> <li>● How will the family stimulate their child's brain with communication access while they are waiting to obtain/fix amplification?</li> <li>● How will the family communicate to the child when a person is at the door, who the person is, why they are there, etc...?</li> <li>● How will the family orient the child to their environment to facilitate independent travel, if possible?</li> </ul>	<p>Only facilitates discussions on the child's communication and orientation access to certain environments and omits/glosses over other environments.</p>
<p>Discuss the importance of social interactions, for the child's health and well-being, both in their naturally occurring environment (family, family friends, neighbors, community members, etc..) and with peers.</p>	<p>Support the family only during social interactions that occur while the practitioner is visiting the home and/or only interactions with select people.</p>

Coach families on how they can support their child's individual sensory needs and learning.	
Looks Like	Doesn't Look Like
Inquire about the daily routines of the family and child and where they feel they would like assistance from the early intervention team.	Inquiring about daily routines but failing to ask specific questions related to the child's sensory loss and how that might be impacted or supported during this routine.  Assuming or telling the family what and how they should be moving through their routines.
Assist the family in creating a plan for how to support the child's sensory needs during their naturally occurring routines.	Having the family create the entire plan, instead of dialoguing together and offering to share your specific knowledge, expertise, and experiences about the sensory loss(s) as it pertains to the routine being discussed.
Ask what resources they already have/use and if there's an area they would like more in-depth information about or have questions on anything previously provided.	Share only the resources you are familiar with and avoid seeking out additional resources beyond what you have provided other families in the past.
When/if a family priority for a session changes, show flexibility and adjust accordingly. Make a plan for when you will address both the previous and current priority.	The provider only focuses on the previously agreed upon priority for the current session, even if the family is seeking different support.
Work together with the family to establish their priorities for visits. This includes low incidence disability providers sharing their expertise regarding the child's sensory loss and possible priorities that the family might experience because of the loss.	Focus solely on the family's priorities and omit sharing information specific to the child's sensory loss. Sometimes families may not have a deep enough understanding of the child's sensory loss to know what might be helpful for them to prioritize.
Respond to family questions by asking coaching questions <b>AND</b> asking permission to share your specific expertise on sensory loss content as it pertains to their questions.	Responding to family questions by engaging them in reflection of what they already know or want to try <b>WITHOUT</b> moving into action by offering specific knowledge and expertise regarding the possible impact of the child's sensory loss in regard to that question.

<b>Provide appropriate adaptations for home and learning environments specific to hearing and vision challenges</b>	
<b>Looks Like</b>	<b>Doesn't Look Like</b>
Support the family in identifying sensory access challenges and making a plan to increase the child's access. (i.e. access to facial expressions when communicating, reducing environmental sounds, amplification and/or magnification use)	Providing a list of what the family can do to increase access, without supporting them to do the skill in the routine and coach as needed.
Work with the family to ensure all adaptations, being used in the home, are appropriate for the child's needs (ex. technology screens are large enough, captioning, flashing lights for doorbell, etc...)	A practitioner shares adaptation appropriateness and specifics with a family without involving the specialist(s) who is skilled in the child's area of sensory loss.
Work with the family to identify what adaptations are most appropriate, and accessible, for the child when they are in community settings. (ex. Interpreter for story time at the public library)	The practitioner does not discuss community settings with the family and/or they do not visit the community settings together to develop a plan including all areas of sensory need at each location the family frequents.
Teach other service providers about the purpose of each adaptation the child is using and specifics of usage, so that all team members have a shared understanding of the importance of those supports for that child	Low Incidence providers only share specifics of a sensory loss accommodation/adaptation with the child's primary service provider. This should include all members of the child's team, including family members.
Service providers support the family in continuing to increase their knowledge and competence to properly care for their child's amplification and/or equipment. This can also include proper fit for the child and troubleshooting equipment.	Assumption that families were sufficiently trained by their medical providers on amplification equipment, and vision loss and need no further support from low incidence providers.
Support families in ongoing check-ins regarding their communication choices. If using manual communication, does the family work to ensure full access throughout the day? If using amplification, discuss the importance of wear time.	Providers do not circle back to discuss communication choices. Therefore, they are not able to continue to support the family in assessing what is working well and what might need adjustment, so that the child has full access to communication, the environment, and information and objects in it.

**Recommend emergent literacy strategies and accommodations that are specific to hearing and/or vision loss with the child’s family and team.**

Looks Like	Doesn’t Look Like
Discuss with the family the importance of early literacy and help the family identify what early literacy strategies might already be occurring in their day-to-day activities.	Only sharing general early literacy importance but omitting information/research that is specific to children with sensory loss and the significance of early literacy strategies and full communication access for their developmental trajectory.
Work with the family to make a plan for intentionally incorporating early literacy strategies into their daily routines.	Telling the family what early literacy strategies they should incorporate into their daily routines.
Supporting the family to ensure that early literacy strategies being used are fully accessible for the child. (ex. Reading books so that the child can fully access both the sign language being used and/or the pictures/words on the book)	Only supporting the family one time with a strategy and/or failing to coach the family on how they might utilize that strategy into other routines of their day.
Continuing to check in with the family to see if early literacy strategies are continuing to meet the child and family needs. Providing additional support for that strategy and new strategies as the child grows and develops.	Continuing to support the family with the same strategies over and over again and not sharing additional strategies as the child’s needs may change.

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