How Might the Programs Early On and Bright Beginnings Assist in the Special Education Process? A Comparative Analysis.

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Abstract

This thesis examines two organizations; Bright Beginnings and Early On, posing the question, “How might Early On and Bright Beginnings assist in the special education process in early childhood?” The question posed was answered by both researching relevant literature and conducting qualitative interviews with professionals from each organization. All research and interviews were conducted in Kent County, Michigan. The research analyzes the functions and specialties of each organization, specifically in regards to their possible involvement in the special education process. The data is laid out in a comparative format using explicit narrative and charts to provide a side-by-side look at the two organizations. All information used to compare the two organizations came from the same 27 interview questions which are included in Appendix A. The findings describe who would benefit from which organization, and serve as a valuable resource for parents and educators in early childhood looking to locate services for children ages birth to 5 years of age.
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Chapter 1: The Problem

Children in early childhood programs come to the classroom with varying abilities, skill levels, and needs. Each year the likelihood increases that early childhood learning environments such as Head Start, preschool programs, and child care providers will have at least one child with an identified disability in their care (Chang, 2005). In the state of Michigan, according to the Michigan Administrative rules for Special Education, if a child “…manifests a delay in 1 or more areas of development equal to or greater than ½ of the expected development” (p. 18), they have what is called an Early Childhood Developmental Delay. In 2004 the Individuals with Disabilities Education Act (IDEA) was amended requiring states to provide authentic early identification services for children birth to toddler age, and to identify children that would be at risk for developmental delays (Hadadian, 2013). This amendment to IDEA was made in an effort to help children in early childhood who have an existing disability or delay, or who might be considered at risk of developing a delay. Unfortunately, despite efforts, teachers in the early childhood field are still reporting that they do not feel educated enough when it comes to collaborating with families and other professionals (Chang, 2005).

The researcher has been working in an early childhood setting for 8 years and for the majority of her career was unaware of special education laws or resources provided to children in early childhood with special education needs. Through her studies in the Master in the Art of Teaching program at Aquinas College, she learned about two local organizations: Early On and Bright Beginnings. Hearing about the two organizations led the researcher to wonder how they might be involved in the special education processes of early childhood education.
**Purpose**

The purpose of this study was to explain the accessibility of the programs Early On and Bright Beginnings and to clarify what role each organization plays in the special education process for early childhood.

**Justification**

This study could help provide more awareness to both parents and early childhood educators in regards to the special education process as it pertains to children ages 0-5, and provide information on services that are available for children with special needs in early childhood. The format of the research as it is presented should hopefully allow parents and educators to quickly locate information to aid them in deciding which program would be more appropriate for them to pursue.

**Research Question**

How might *Early On* and *Bright Beginnings* assist in the special education process in early childhood?

**Definitions**

**Intervention**


Operational Definition: For the purposes of this study, “Intervention” refers to individuals with disabilities as stated above, but also provided to children who are considered at-risk of having a disability or exhibiting signs of a developmental delay.
At Risk

Constitutive Definition: According to IDEA (2004), “The term ‘at risk infant or toddler’ means a child 3 years of age or younger who, if not provided with intervention services, would be likely to experience a developmental delay.

Operational Definition: For the purposes of this study the term “at risk” refers to infants or toddlers under the age of 3, who were not born with a known disability and would be considered at risk of developing a developmental delay typically due to external factors such as socioeconomic status or language barriers.

Early Childhood Developmental Delay

Constitutive Definition: According to the Michigan Administrative Rules for Special Education (2013), “Early childhood developmental delay” means a child from birth up to 7 years of age, who exhibits a delay in 1 or more areas of development that is greater than or equal to half of the expected development for his or her age.

Operational Definition: For the purposes of this study the term “Early Childhood Developmental Delay” is referenced as Developmental Delay or DD.
Specific Learning disability

Constitutive Definition: According to the Michigan Administrative Rules for Special Education (2013), ‘Specific learning disability’ means a problem with 1 or more psychological processes that affect a person’s ability to use or process spoken or written language, that may impact a person’s ability to listen, speak, comprehend, read, write, spell, or perform mathematical calculations. Specific Learning Disabilities can include perceptual disabilities, brain injury, minimal brain dysfunction, and developmental aphasia. Michigan Administrative Rules for Special Education (2013) also notes that Specific Learning Disabilities do not include problems with learning that are caused by visual, hearing, or motor disabilities. Specific Learning Disabilities are not the result of motor disabilities, cognitive or emotional impairments, autism spectrum disorder, or from external factors such as environmental, cultural, or economic disadvantage.

Operational Definition: Specific Learning Disability and Learning Disability are interchangeable. Both Specific Learning Disability and Learning Disability are abbreviated as LD.
Chapter 2: Review of Pertinent Literature

Early childhood intervention and diagnosis before the age of 5 has continued to be a hot topic in education. There have been two commonly held views on the issue. Those who have opposed early intervention and diagnosis have rallied behind the idea that the tests used to determine if a child had a diagnosable disability (which would require intervention) were not appropriate for children under the age of 5. Those who supported early childhood intervention and diagnosis held to the belief that if provided early interventions then children could resolve any existing issues. Issues that if left unchecked could develop into a disability; or if diagnosed would get the support needed to prevent them from falling further behind.

Discovering and Addressing Concerns:

In today’s society if a child has a Developmental Delay (DD) or a Specific Learning Disability (SLD), it often goes unnoticed until they reach elementary school. Some families might have concerns about their child’s development before they reach elementary, or they encounter a caregiver, or another type of early childhood professional who brings their own concerns regarding the child’s development to the attention of the family. If either of those scenarios happens the family might suddenly find themselves facing the debate of whether or not to go down a path that might lead them to a diagnosis of a DD or SLD. For the families who face this path, the decision is often not an easy one to make especially considering the research on labeling children in early childhood is a heavily contested topic.

In the early childhood education field, the topic of labeling children before they are considered “school-age” (a child of at least 5 years of age) has been a commonly debated topic among education professionals. The idea of children being identified or diagnosed and therefore, “labeled” with a special need, like “Autism,” “Developmental Delay,” or having a “Learning
Disability” is one that has been researched and argued from various standpoints. While some professionals have expressed the belief that interventions and diagnoses should wait until a child is considered “school age” (Barnes, Fletcher, Fuchs, and Lyon, 2007), others have argued that identifying risk factors for LDs and administering interventions should begin in the early childhood years (Underwood, 2012). The first step towards identifying risk factors for children under the age of 5 would entail screening for a possible DD, that is, unless a child is born with a known disability. Harstad (2016) found that Learning disabilities are more commonly diagnosed in children who are 5 years old or older and while it is not always the case, DDs could be early signs of learning disabilities. According to the research of Harstad (2016) and Underwood (2012), identifying DDs would be considered identifying risk factors for possible LDs. Both Harstad (2016) and Underwood (2012) believed that identification should begin in the early childhood years before the child reaches the age of 5 years old. In their research Barnes et al.’s (2007) presented their concerns about screening children before they had reached school-age, one of which pertained to the validity of the tests used to screen children under the age of 5.

**Validity Concerns**

Currently the tests used to screen children under the age of 5 are the same tests used for children older than 5. As mentioned previously, Barnes et al. (2007) were concerned about the validity and reliability of the readiness tests used in early childhood settings. Steele (2004) shared Barnes et al.’s concern. Steele’s (2004) research explained that the screening tests for readiness, while normed for young children may not be appropriate for children under the age of 5. Therefore, the tests being administered would not be accurate predictors of LDs, which calls into question the validity and reliability of such tests being used in early childhood settings. Steele’s (2004) second concern was the fact that in order to diagnose a child with an LD there
would need to be a discrepancy in at least one academic area, which is not something that can be easily observed in developing preschoolers.

**Support of Early Intervention**

The concern of not being able to see clear discrepancies in younger children is valid. However, the National Joint Committee on Learning Disabilities (2006) suggested that ignoring a child’s vulnerability (or their risk for LDs) is also not appropriate. According to Lange (2006), it is the responsibility of a child’s parents, physician, or early childhood care provider to be looking for early signs of learning disorders. Research has acknowledged there would be no way to predict if problems identified at young ages would continue or would improve over time. Nonetheless, the National Joint Committee on Learning Disabilities, (2006) felt it would be advantageous to provide the support young children needed right away rather than wait to see if the problem persisted without intervention. As explained above, although not always the case, Developmental Delays could be early signs of learning disabilities, but they could also be signs of a possible medical condition or could simply be the delay of a specific developmental milestone (Harstad, 2016). Whether a DD turns out to be an LD or just a delayed achievement of one specific milestone, providing a child with early intervention support services would not adversely affect a child. Lange (2006) upheld the belief that waiting could lead to a greater gap in achievement making it more difficult for the child to catch up. Therefore, early provision of support services could help alleviate the adverse effects of waiting.

According to the Individuals with Disabilities Education Act (IDEA) 1997 (as cited in the National Association of Special Education Teachers 2007), congress found there was an urgent need to reduce societal costs to our nation’s schools by decreasing the need for special education
services once children reach school age. Providing special education services to the children who had developed a gap in achievement in early childhood or over the first years of elementary was creating more expense for schools nationwide. Sakire (2011) maintained that identifying children as “at risk” and providing children with early interventions could potentially mean avoiding a label later on. Avoiding a label would then decrease the amount of time and money spent on special education services for that child once they reached elementary school. Steele (2004) reminded readers that it is not a requirement for children in an early childhood setting to be labeled with a Specific Learning Disability; instead, they simply need to be identified as “at risk” or as having a Developmental Delay to receive services. The next step would be to decide who would provide services to children with developmental delays.

**Part C of IDEA**

Part C of IDEA was created to begin addressing the urgent need to reduce societal costs to our nation’s schools, decreasing the need for special education services once children reach school age (as cited in the National Association of Special Education Teachers 2007). Part C is a system that was developed to provide early intervention services to children who have a developmental delay. Part C encouraged states to provide early intervention services to children under 3 years old who might be considered at risk for developmental delays. The development of these early support services was necessary to decrease the number of children entering schools with suspected learning disabilities. The states were granted the liberty of defining “developmental delay” which was previously not included as an option for children under three (Hadadian, 2013). Although Part C was put in place to help provide services to children in need of them, how to access the services was not outlined in the law and therefore parents and early childhood educators have been left to figure out who to contact and how to gain access. Another
problem that was not resolved through the implementation of Part C was how to prepare teachers in early childhood settings for the inevitable increase of special needs children in early childhood classrooms.

**Early Childhood Teacher Preparation**

Inclusion in preschool and early childhood programs increased significantly in the past decade. The Office of Special Education Programs (OSEP) reported a 32% increase from 1992 to 2001 showing that children served under IDEA accounted for 5% of the total preschool population within the United States (Chang, 2005). Due to Part C of IDEA, the inclusion movement continued to gain momentum increasing the number of children served in preschools each year. As previously stated, how to gain access to the system of services offered by Part C of IDEA was not outlined in the law. Unfortunately, as stated by Chang’s (2005) research, early childhood professionals did not feel prepared to implement inclusion. Ten years after Chang’s (2005) research was published Hampshire (2015) reported that “…universities are not adequately preparing educators for developing collaborative partnerships with families and community agencies”. Teachers continued to express a need for additional preparation regarding disabilities and guidance regarding collaboration with other teachers and professionals involved in special education.

**Conclusion**

The research for and against early childhood intervention and the labeling of children within the realm of special education has been abundant on both sides of the issue. Legislation has been passed through Part C of IDEA that created opportunities for children birth to 5 years to access special education services resulting in more diverse classroom communities. The changes
left the professionals teaching in the classrooms feeling unprepared to do so. The evidence presented above suggests that information regarding collaboration and services for special needs children in early childhood, could be an asset to both parents and educators who work with children in the early childhood years.
Chapter 3: Methodology

After having reviewed the literature on early intervention and special education in the early years the researcher found that in today’s society if a child has a Developmental Delay (DD) or a Specific Learning Disability (LD) it more often than not has gone unnoticed until the child reached elementary school, and that teachers reported feeling unprepared to address those issues. The findings lead the researcher to study organizations currently available that might assist in the special education process in early childhood.

Research Question

How might Early On and Bright Beginnings assist in the special education process in early childhood? The researcher hypothesized that there would be more differences than similarities between the two programs. The researcher speculated that each program will be geared to a more specific group of children.

Description of Data Collection

The data collected for this study came from the Early On and Bright Beginning websites, information from the formal interviews, the Early On Michigan Family Guidebook, and the Power Point resources from Eva Orr, Early On Coordinator with the Kent Intermediate School District.

The data collected from the Early On and Bright Beginnings websites provided basic information on each organization. In order to get detailed information that would allow for a comprehensible comparison of the two organizations it became necessary to interview professionals from each organization.
The interviews were conducted at the Kent Intermediate School District (Kent ISD) building in the Bright Beginnings offices on August 24th, 2016. Bridget Byl spoke on behalf of Bright Beginnings and also in the place of Eva Orr, the Early On representative. A phone interview was later conducted with Eva Orr in order to assure accuracy and gain more information specifically geared towards the Early On organization.

The researcher and Eva Orr were able to complete a follow up interview over the phone on October 21st, 2016. After the interview, Eva sent the researcher additional resources in the form of Power Point Presentations that she thought would be beneficial towards the research project.

**Description of Research Design**

The data collected included published material and qualitative interviews. The published material included information from the Bright Beginnings and Early On websites, *The Early On Michigan Family Guidebook*, current research on the special education process, developmental delays, special needs in early childhood, and finally formal interviews with representatives from each organization.

The published material from the Early On and Bright Beginnings websites provided basic information about the organizations, including how to contact them. The websites were used in this study to fact-check information that had been gathered during the. For example, the websites were used to verify the links for community resources, calendars, and links for enrollment or referral forms.

The formal interviews included 27 questions, which are included in Appendix A. The questions were the same for both organizations and were recorded and transcribed by the
researcher. After transcribing the interviews in their entirety, the data was abbreviated and put into a side-by-side comparison chart (see Appendix B). The chart was then used by the researcher to discover themes once the data had been analyzed. The themes that emerged from the data were: Employee criteria and responsibilities, community outreach and resources, and guidelines or systems for how the organizations operate.

Description of Participants

**Bridget Byl:** Bridget started as a parent educator for bright beginnings with Kent Intermediate School District 14 years ago. She was the supervisor of the program for 12 years, and has been the manager of the program for the last 2 years. She holds the title of Parent Educator Coordinator. (B. Byl, personal communication, August 24, 2016).

**Eva Orr:** Eva is the Early On Coordinator with the Kent Intermediate School District. She has been with Early On since it was established in 1997 when the law creating Part C of IDEA was passed (E. Orr, personal communication, October 21, 2016).

Description of the Instruments Used

The data collected included personal interviews (with follow-up interview questions through email and over the phone), information from the *Early On Michigan Family Guidebook*, and online research from the Early On and Bright Beginning websites. The interview had 27 questions (see Appendix A). The primary interview with Barbra Byl was conducted on August 24, 2016. The follow-up questions were completed over the phone on October 21, 2016. All other research occurred throughout the length of the study, May 2016 through May 2017.
Demonstration of Data Collected

The research was analyzed by first looking at the collected data (data collection types are noted above) from each program individually; this was followed by comparisons of each program. Any similarities or differences in the two programs were noted and demonstrated by the use of charts and written analysis. The researcher’s goal was to present the data in such a way that parents and educators of young children could easily use the data to decide which program they would need to contact regarding their child.

Limitations/Internal Validity

Both of the programs receive Federal funding and both of the organizations have multiple sites statewide. Exactly how the federal regulations and mandates are carried out and in which way the law is interpreted by the different sites were not examined in this study.

Summary

The information obtained from the interviews proved to be essential for completing the study. The additional resources such as the Early On and Bright Beginnings websites provided information that added to, or supported concepts that were covered in the interviews. The *Early On Michigan Family Guidebook* provided information on the referral process that was not collected from any of the other aforementioned sources. Placing the data into a chart format (see Appendix B) made the information easy to compare, which might prove to be a useful resource for parents and educators of children up to 5 years of age.
Chapter 4: Results, Analysis, and Data

This study was conducted in an effort to learn more about the two organizations, their role in the special education process, and to increase awareness regarding the services offered by each of them. Part of the impetus for the study developed from the fact that the researcher had been working in an early childhood setting for 8 years before having learned about the existence of the organizations Bright Beginnings and Early On.

Using data gathered through research and qualitative interviews the researcher intended to analyze Bright Beginnings and Early On to verify how the two organizations might assist in the special education process in early childhood. The data collected on each organization was analyzed separately and then compared with one another to identify commonalities and differences (see Appendix B).

Bright Beginnings

The data collected from the research revealed that Bright Beginnings does not directly assist in the special education process in early childhood. The data did reveal that Bright Beginnings is an organization that strives to improve early childhood experiences for both young children and their families. They accomplish this by reaching out to the community, employing educated professionals who are proficient at working with a diverse community of families, referring families to resources in their community, and assisting with transitions into kindergarten.

Community outreach. The Bright Beginnings organization reaches out to the community by providing free services to local families starting with prenatal care up until the child transitions into kindergarten. Funds from multiple sources such as local school districts, the
State of Michigan, private funders, the Kent ISD, and a private foundation enable the organization to provide the services they offer free of charge. Bright Beginnings is a Parents as Teachers (PAT) affiliate and there are approximately 75 PAT programs helping families all over Michigan. Since Bright Beginnings is a fully funded program they must adhere to the requirements put in place by their funders. Currently, they are required to carry a minimum of 50% “high risk” families in their total enrollment for the program. There are 17 risk factors they reference to determine if a family would be considered “High Risk.” If a family possesses two or more of the 17 listed risk factors they would be considered “High Risk.” The list of the 17 risk factors used by the parent educators is a confidential document protected by a strict copyright (B. Byl, personal communication, August 24, 2016).

One of the primary and most personal ways that the organization reaches out to the community is by joining together with families in their homes for Home Visits. In addition to the Home Visits, Bright Beginnings offers a weekly play group (during the school year) that is held on site at the KISD and is specifically designed for babies. For this particular playgroup Bright Beginnings and the Early On organization join together to supply developmentally appropriate activities and also discuss the “Topic of the Month.” A staff member from Early On who is knowledgeable regarding developmental concerns attends each play group so that parents can ask questions, or raise any concerns they might have. Having someone on site who can address parent concerns is a valuable resource to provide families (B. Byl, personal communication, August 24, 2016).

In addition to the home visits and playgroups, Bright Beginnings reaches out to the community by sending out newsletters, nutrition articles, a suggested Book of the Month, posts on their Facebook page, holds quarterly meetings, and has a website:
www.kentisd.org/instructional-services/early-childhood/bright-beginnings. They do all this with the intent to provide the community with information regarding their services and to encourage people to contact Bright Beginnings and enroll. When asked, “How does your organization provide the community with information regarding your services and accessibility?” Bridget Byl answered that the First Steps Initiative has a program called Welcome Home Baby, and that program is the primary referral source for most families who contact Bright Beginnings. Otherwise, local school districts and Early On help let people know about the Bright Beginnings organization. When asked, “How do people find out about your organization most commonly?” (See Appendix A, question 23), Byl replied that the best way to get more information would be by either calling them directly or using the website. However, what they have found is that word-of-mouth is the primary way people find out about Bright Beginnings. Recently it has become a common occurrence for people to find out about them through Child Protective Services (CPS). Byl elaborated on this, explaining that families who have been visited by CPS have been referred to the Bright Beginnings programs mostly for parent education, so that they can try to help the family keep the child from being placed into the custody of protective services (B. Byl, personal communication, August 24, 2016).

Staff and services. Another way that Bright Beginnings attempts to provide not only Kent County, but the State of Michigan with quality early childhood experiences and education, is by requiring that Parent Educators who work with families obtain a minimum of a Bachelor’s Degree in a field related to either early childhood or home visiting. These professionals work with families in their homes and educate families at play groups on and off site, (at local parks, and within local school districts). During the meetings, the Parent Educators complete developmental screeners such as the ASQ, ASQ3, and the ASQSE. In addition to their time spent
collaborating with families, the organization also offers hearing and vision screenings to children as young as six months old. When working with families and completing the developmental screeners along with other routine paperwork, the Parent Educators reference their undisclosed set of risk factors that they look for in a child or family. They use the Life Skills Progression Screener (a Brook’s Publishing tool) to help the parent educators decide how to best serve families during their visits (B. Byl, personal communication, August 24, 2016).

After establishing rapport, building relationships, and filling out paperwork for the first few visits, the Parent Educators will focus the home visits on meeting the child where they are, teach parents to be better observers of their own children, and work towards an overall goal of preparing the child and the family for school. The Parent Educators encourage the child’s caregivers to get on the floor, turn off all electronics, and spend quality time working with their child doing developmentally appropriate activities. Parent Educators use common household materials for the activities and work with the family in that moment in time (B. Byl, personal communication, August 24, 2016).

Parent Educators work with children enrolled in the Bright Beginnings program typically until they enter a preschool program. However, children in preschool are still welcome to attend the play groups. Once children reach kindergarten they transition out of the program entirely, but Parent Educators assist the child and their family with all transitions and even attend kindergarten round-up events (B. Byl, personal communication, August 24, 2016).

**Referrals and transitions.** Finally, Bright Beginnings helps improve quality early childhood experiences by referring families to resources in their community and by helping them with transitions into Preschool or Kindergarten. One common referral that they make is a referral
to Early On. This typically occurs while working with a child who they discover (after completing their developmental screeners and other assessments) has a developmental delay or when a family initiates enrollment into the program and states that their child has an existing condition. In addition to making referrals to Early On, the Parent Educators have the ability to make more specialized referrals by directing families to D.A. Blodgett St. Johns, Arbor Circle, and to local school districts for Speech and Language services for children over 36 months. Though just as frequently the Parent educators are referring families to community centers that can help connect them to resources such as furniture, housing, food pantries, as well as, other local resources, such as the local library, so that families can access books for the children or for parent education. Making referrals such as these are one of the Parent Educator’s primary jobs when working with families (B. Byl, personal communication, August 24, 2016).

After completing the research and analyzing the data collected from the formal interview with Bridget Byl of Bright Beginnings, the data revealed that while Bright Beginnings is not directly involved in the Special Education process as outlined by Part C of IDEA, it is still an essential component in the process of helping discover children who may have special needs. Bright Beginnings works with children who are considered at risk, or “High Risk.” Their involvement is what is needed to help children who might otherwise develop more of an achievement gap before reaching kindergarten. Without the support of Bright Beginnings, it is probable that the children could fall further behind and would have a greater gap in achievement by the time they reached elementary school. Although not directly involved in the special education process in early childhood, Bright Beginnings helps identify children who need access to the special education services provided by Part C and helps those children and families acquire those services by referring them to Early On.
Early On

The Data collected from the formal interviews, Early On’s website, and the *Early On Michigan Family Guidebook* confirmed that Early On is an essential component in assisting families with the special education process in early childhood. In fact, Early On is Michigan’s system for complying with the federal Individuals with Disabilities Education Act (IDEA) Part C. Early On follows strict federally mandated guidelines for the referral process and then determines eligibility for services. They also employ highly educated professionals who provide eligible children with ample services, resources, and who reach out to the local community.

**Federal mandates and guidelines.** Early On was created in 1997 with the establishment of IDEA Part C. They are the system for providing infants and toddlers (children birth up to 36 months) with special education services in Michigan. It is a nationwide federally funded organization. Early On Kent County receives additional funding from the Kent ISD and provides services to families free of charge. Anyone can make a referral to Early On for a child they have a concern about with the permission of the parent(s). To qualify for the Early On program, children must either have a developmental delay, an established condition such as Down syndrome, or a physical or mental condition that is likely to lead to a delay. Eligibility is determined after the referral process is complete.

**The referral process.** Once Early On receives a referral the family will receive a notice that Early On was contacted and a consent form will be sent to the family requesting permission to evaluate their child. Along with the permission form, a copy of the family’s rights, procedural safeguards, and confidentiality policies and procedures will be included as well (Early On, 2015).
After the parents have given their consent, been made aware of their rights, policies and procedures and indicate that they are ready to move forward, Early On will assign the family a service coordinator. The service coordinator will help the family enroll in early intervention and will help the family seek out and navigate all the supports that their child will need. (Early On, 2015).

Every child and every case is different; therefore what happens after the referral is made and consent is given will vary depending on the child’s needs. Typically, the next steps involve reviewing the child’s medical records to determine if there is an existing condition that could be the cause of a developmental delay. An initial screening is conducted to determine if a full evaluation is necessary, if determined it is necessary a full evaluation will be conducted. The results from the medical history review, screenings and evaluations will determine if the child is eligible for services (Early On, 2015).

If the child is found to be eligible, a representative from the evaluation team will contact the parents, review the results, and provide them with a copy of the evaluation reports. Next, the service coordinator will determine the child’s area(s) of needs and their strengths by completing a child assessment. The family will also be given the opportunity to complete a family assessment. Once the assessments are completed the family is invited to complete an Individualized Family Service Plan (IFSP). If the child is not found to be eligible, then Early On will help the family by providing them with information and ideas regarding what they could do next. (Early On, 2015). In some cases this could be a referral to Bright Beginnings.
Figure 4.1 (Early On Referral Process)

**Quality of staff, services, and community outreach.** Since Early On is a federally funded program and they are responsible for carrying out the mandates of Part C of IDEA, it makes sense that they employ highly educated personnel to perform the responsibilities of the program. The employees of Early On need to have their degree in early childhood and are all at
the Masters level. Many of the personnel are specialists such as social workers, occupational therapists, and speech and languages pathologists.

In addition to the evaluation process and working with families to create an Individualized Family Service Plan (IFSP), Early On offers play groups and does home visits. The home visits involve Early On specialists working with families showing the parents or caregivers how they might be able to help their child overcome their unique delay or concern. The visits are tailored to the unique needs of the child and align with the goals laid out in the IFSP. They also support families by referring them to places such as D.A. Blodgett St. Johns, Infant Mental Health, Early Head Start, and Kent Development Assessment Clinic. When the child ages out he or she will either graduate from the program, or the Parent Educator will refer the family to their local school district and support the family through that transition. If it doesn’t work for the Specialist to visit the child in the home, the Specialist will go to early childhood centers and preschools to carry out services.

In efforts to reach out to the community Early On hosts an annual event at Frederick Meijer Gardens and Sculpture Park, as well as the annual LEAP conference hosted at the Kent ISD. They also utilize Facebook, Twitter, and appear at the Michigan Association for the Education of Young Children (MiAEYC) conference. At these events, they provide the community with information about the Early On Program by passing out their Early On Michigan Family Guidebook, brochures that list their phone number and website address, and their developmental milestones wheel. Eva Orr, Parent Educator Coordinator for Bright Beginnings expressed that the state-run website for Early On is the best way for the community to get information regarding Early On, as well as the easiest place to submit the initial referral. However, she also stated that most people learn about the program by being referred to Early On
from other professionals or organizations. Otherwise, she noted that word of mouth (mostly from families who are in or have been in the Early On program) is the second most common way that people find out about the program.

When looking to answer the question, how might Early On assist in the special education process in early childhood, the researcher discovered that Early On essentially is the special education process for children birth to 36 months old. They follow all the federal mandates from the time a referral is made until a child graduates or transitions out. This includes performing the medical background checks, screenings, and evaluations that determine eligibility. They work with families who are eligible to create an IFSP and specialists are assigned to a child for their unique needs. In addition to providing families with assistance in the special education process they make appearances in the local community in an effort to reach out to more people who might need assistance but do not know where to turn to for aid.

Summary

The organizations have some very basic similarities, but their intentions and functions differ greatly in regards to how each organization assists in the special education process in early childhood. Bright Beginnings assists in the prevention or identification of developmental delays and Early On is Michigan’s system for complying with the federal Individuals with Disabilities Education Act, Part C.
Chapter 5: Conclusions

After analyzing the data collected on Bright Beginnings and Early On, the study seems to support that each program was geared to a more specific group of children. Each organization played a different role as it pertains to the special education process in early childhood. The efforts of Bright Beginnings focus around education in the early years resulting in more preventative work when considering its relationship to special education. Whereas, Early On, appears to have been designed more specifically for the special education process as laid out by federal law.

To answer the original research question for this study, “How might Early On and Bright Beginnings assist in the special education process in early childhood?” think about the two organizations with the imagery of a funnel. Bright Beginnings would be the wide end of the funnel as their organization helps a broader scope of people with a wide range of needs. They are dedicated to community relationships and outreach, educating families, and referring families to community resources that vary greatly in their areas of need. The work they perform with a child and their family (developmental screenings, and educating families with developmentally appropriate early childhood practices), has the potential to identify a developmental delay (DD) or an early sign of a possible delay. If the Parent Educators discover that a child has a DD or preexisting disability then they would refer, or “funnel,” the child into the Early On program.

In comparison, Early On would be the small end of the funnel, as they work with more specific groups of children, many of whom come to them by way of referrals from organizations like Bright Beginnings. Bright Beginnings assists in the prevention or identification of developmental delays thereby assisting in the initiation aspect of the special education process in
early childhood. Early On exists for the purpose of assisting in the special education process in early childhood, for children birth to 36 months; they are the special education process.

In regards to the aforementioned hypothesis, which surmised that each program would be geared to a more specific group of children, the data proved this to be true. Again, referring to the funnel example above, Early On only works with children birth to 36 months who are eligible for special education services. Bright Beginnings works with a more diverse community of families, does not require a child to have a delay or disability, and serves children and families from prenatal care up until the child enters kindergarten.

Organizational Challenges:

While the researcher believes that both Early On and Bright Beginnings are outstanding resources for the community and for children with special needs in early childhood, after reviewing and analyzing the data, the researcher concluded that neither of the organizations have an effective way for advertising their services to the people who would benefit from them the most.

Both organizations stated that the best way to find out more information regarding their services was to access their websites. However, they both also noted that referrals and word-of-mouth were the primary ways that people found out about the organizations. This reveals that while there is an abundance of information on the websites, the people who are seeking out the information primarily rely hearing about them through word of mouth or referrals and therefore have little knowledge about the websites’ existence. Furthermore, where Bright Beginnings is concerned, at least fifty percent of the populations they serve are considered to be high-risk families. One determining factor for qualifying as high risk is based off of family income. Many
high-risk families do not have access to the technology that would be required to access information online.

**Suggestions for improvement and troubleshooting:**

The researcher would suggest that these organizations could do more to advertise their services to the general public. Improvements in advertising could occur by way of TV or radio commercials, billboards, and fliers posted at community centers and bus stops. These organizations might also do more to reach out to early childhood development centers. By reaching out to local centers, early childhood educators would be better versed about the Bright Beginnings and Early on programs, thus enabling educators to better communicate the resources available within these two organizations.

One reason the organizations might not advertise more could be correlated to the fact that they are federally funded programs. Being federally funded means that they are not allowed to have a wait list, they need to provide services to those who qualify at the time of the referral. It could be possible that they lack the resources necessary to service the potential volume of need that could arise out of increased advertising.

Another drawback to being federally funded is that it restricts how the programs can make referrals. For example, Bright Beginnings is unable to recommend that a family go to a specific child development center or daycare facility because that could insinuate they are partnering with that organization. There is one exception to the restrictions for referrals because Bright Beginnings does receive funding from the Kent ISD; they are able to refer their clients to the Great Start Readiness Program (GSRP). However this severely restricts the scope of quality preschool opportunities that could be recommended to a family. While they can refer families to the GSRP programs, they cannot recommend families to look for a Montessori school, or a
Reggio Emilia inspired school that would perhaps be more conducive to the child’s unique learning preferences.

**Suggestions for further research:**

Further research related to this study could include looking at each organization in regards to their limitations with federal regulation, local administration, and on an individual level. There were some generalized statements made in the interviews that provided surface level information about these concepts. The research question for this study was not focused on the topic of limitations within the organizations. Therefore, the data obtained through the research process did not provide an adequate amount of information on the topic to allow an in depth analysis to be included with this particular study.

**Review of overall findings:**

Early On and Bright Beginnings are both federally funded organizations that are free of charge to the public and can be found all over the State of Michigan. Both organizations provide their local communities with services and resources and employ educated professionals to work with diverse communities of people. Bright Beginnings is available to any family with children from birth (even prenatal) up to entry into kindergarten and performs more preventative work rather than partake in the referral process. Whereas, Early On is more specifically for children birth to 36 months who have a delay or a diagnosis and are responsible for helping families through the referral process.
References


Appendix A

Interview questions for Early On and Bright Beginnings

Date:____________________

Interview #____________

Interviewee______________________________ Pseudonyms ________________________________

1. When was your program established?
2. Does your program fall under Part B or Part C of IDEA?
3. How is your program funded? State/Federal/other?
4. Are there other branches of your organization? If so how many and where?
5. What are the basic requirements for employment with your program?
6. How long have you been with the program?
7. What ages does your program serve?
8. Do you charge families for your services?
9. Do you offer any sort of assistance for families who cannot afford services?
10. Who can initiate an evaluation? Parents? Teachers? Both?
11. What type of support/services do you provide?
12. How do children qualify for services? Need/age/school district/other?
13. Do you refer families to other organizations?
14. When would you need to refer parents to these other organizations? Is this based on needs/age/school district/other?
15. What other organizations do you refer out to?
16. Do you visit children in the home? What is the intention at these home visits? What can parents expect to see during a typical home visit?
17. Do you hold classes on site at your organization?

18. Do you visit children on site at their day care facility? Preschool facility?

19. What screeners (if any) do you use? How do you discern between fluidity of brain development and the impact of the environment?

20. Please list the various ways you help educate families. Online modules? Webinars? Seminars? Privately? Other?

21. How does your organization provide the community with information regarding your services and accessibility.

22. What would you say is the best way to get more information about your organization? Online/pamphlets/other?

23. How do people find out about your organization most commonly? Online/word of mouth/pediatricians/other?

24. What happens after a child becomes too old for the program? How do you support transitions?

25. Can you give some examples of resources you provide families?

26. How does your organization develop collaborative partnerships with families?

27. How does your organization develop collaborative partnerships with early childhood educators?
## Appendix B

<table>
<thead>
<tr>
<th>Question</th>
<th>Bright Beginnings</th>
<th>Early On</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact information</strong></td>
<td>616-365-2276</td>
<td>Call: 1(800) EARLYON or (616) 365-2310 or Fax (616) 364-4042</td>
</tr>
<tr>
<td><strong>Online referral available?</strong></td>
<td>Not applicable. No referrals needed. Enrollment Forms are available online at <a href="http://www.kentisd.org/instructional-services/early-childhood/bright-beginnings/">http://www.kentisd.org/instructional-services/early-childhood/bright-beginnings/</a></td>
<td>yes: <a href="http://www.1800earlyon.org/">http://www.1800earlyon.org/</a></td>
</tr>
<tr>
<td><strong>Who can make a referral?</strong></td>
<td>Evaluations are not a requirement. Bright beginnings is available to families who need a little extra help, or have concerns about a developmental delay or just need some extra help parenting.</td>
<td>Anyone with parent permission. This would include educators and family members.</td>
</tr>
<tr>
<td><strong>Do you have to have an evaluation to be a part of the program?</strong></td>
<td>No.</td>
<td>Yes.</td>
</tr>
<tr>
<td><strong>When was your program established?</strong></td>
<td>2001</td>
<td>1997</td>
</tr>
<tr>
<td><strong>Does your program fall under Part B or Part C of IDEA?</strong></td>
<td>They do not fall under either.</td>
<td>Part C: Infants and Toddlers with Disabilities.</td>
</tr>
<tr>
<td><strong>How is your program funded? State/Federal/other?</strong></td>
<td>Multiple funding sources. Local school districts, State of Michigan, private funding, from the Kent ISD, a private funder, and a private foundation.</td>
<td>Federal funding. Some funding from KISD.</td>
</tr>
<tr>
<td><strong>Are there other branches of your organization? If so how many and where?</strong></td>
<td>Bright Beginnings is a Parents as Teachers (PAT) affiliate. There are approximately 75 PAT programs in Michigan.</td>
<td>Yes. Early On is all over the State of Michigan. And all over the Country.</td>
</tr>
<tr>
<td><strong>What are the basic requirements for employment with your program?</strong></td>
<td>Parent Educators need to have a Bachelors' in something related to early childhood or home visiting.</td>
<td>Masters degree.</td>
</tr>
<tr>
<td><strong>How long have you been with the program?</strong></td>
<td>14 years.</td>
<td>19 years. Since it was established in 1997</td>
</tr>
<tr>
<td><strong>What ages does your program serve?</strong></td>
<td>Prenatal to Kindergarten entry.</td>
<td>Birth to 36 months.</td>
</tr>
<tr>
<td><strong>Do you charge families for your services?</strong></td>
<td>No.</td>
<td>No.</td>
</tr>
<tr>
<td><strong>Do you offer any sort of assistance for families who cannot afford services?</strong></td>
<td>Not applicable.</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Who can initiate an evaluation? Parents? Teachers? Both?</td>
<td>Not Applicable.</td>
<td>Anyone with parent permission. This would include educators and family members.</td>
</tr>
<tr>
<td>What type of support/services do you provide?</td>
<td>Home visits. Play groups. Developmental screeners such as ASQ, ASQ3, ASQSE.</td>
<td>Home visits. Play groups. Individualized Family Service Plans (IFSP).</td>
</tr>
<tr>
<td>How do children qualify for services? Need/age/school district/ other?</td>
<td>Have an undisclosed set of risk factors they look for in a child or family. Use the Life Skills Progression Screener (a Brooks Publishing tool). This helps the Parent Educators decide how to best serve the family during their visits.</td>
<td>Must have a delay or diagnosis to enter into Early On.</td>
</tr>
<tr>
<td>Do you refer families to other organizations?</td>
<td>Early On would be their number one referral for suspected delays or evaluation. Other referrals might include a trip to the library, or where the family can go to access food, furniture, supplies, etc. Also refer out to D.A. Blodgett St. Johns, Arbor Circle, and local school districts for Speech and Language if they are over 3 and therefore cannot go to Early On.</td>
<td>Refer families to Bright Beginnings when child does not qualify for Early On services, but the family could still use some help. Refer them to D.A. Blodgett ST. Johns, when the child ages out they refer them to local school districts. Infant Mental Health, Early Head Start, Kent Development Assessment Clinic.</td>
</tr>
<tr>
<td>When would you need to refer parents to these other organizations? Is this based on needs/age/school district/other?</td>
<td>This happens on a continual basis. This is one of their primary jobs.</td>
<td>At 36 months when the child ages out or sooner if they don't qualify.</td>
</tr>
<tr>
<td>Do you visit children in the home?</td>
<td>Yes.</td>
<td>Yes.</td>
</tr>
<tr>
<td>What is the intention at these home visits? What can parents expect to see during a typical home visit?</td>
<td>The first couple of visits will involve the Parent Educator and the family filling our necessary paperwork, establishing rapport, and building a relationship. Meeting the child where they are, teaching the parents to be better observers of their own children, and the whole goal is to help get them ready for school. Get the family ready for school but also helping parents understand the importance of being involved in a child’s life. Caregivers are encouraged to get on the floor with the child and spend quality time with their child doing developmental activities.</td>
<td>Home visits involve time spent showing the parent how they can help their child overcome whatever the delay or concern is. Their visits are more specific to the delay or diagnosis of that child.</td>
</tr>
<tr>
<td>Question</td>
<td>Parent Educators use common household materials for activities, and work with the family in that moment in time.</td>
<td>Yes. Play groups and initial evaluations are held on site. Evaluations can also happen off-site if transportation is unavailable.</td>
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<tr>
<td>Do you hold classes on site at your organization?</td>
<td>Yes. A play group meets once a week, every week of the school year.</td>
<td>Yes. Play groups and initial evaluations are held on site. Evaluations can also happen off-site if transportation is unavailable.</td>
</tr>
<tr>
<td>Do you visit children on site at their day care facility? Preschool facility?</td>
<td>No.</td>
<td>Yes. With parent permission.</td>
</tr>
<tr>
<td>What screeners (if any) do you use? How do you discern between fluidity of brain development and the impact of the environment?</td>
<td>The Life Skills Progression, ASQ, ASQ3, ASQSE, Hearing and Vision screenings.</td>
<td>Infant-Toddlers Developmental Assessment. IDA. Various others specific to area of concern.</td>
</tr>
<tr>
<td>Please list the various ways you help educate families. Online modules? Webinars? Seminars? Privately? Other?</td>
<td>Home Visits are their biggest and most intensive services. They also send out newsletters, post nutrition articles, play groups, Book of the Month, Facebook page, quarterly meetings, and their website.</td>
<td>Play groups, home visits, the State run Website, brochures, walk families though the Individualized Family Service Plans, and the Early On Michigan Family Guidebook.</td>
</tr>
<tr>
<td>How does your organization provide the community with information regarding your services and accessibility?</td>
<td>Their number one referral source is Welcome Home Baby, which is a First Steps Initiative. It is a program where people see moms while they are still in the hospital. Otherwise, local schools and Early On help spread let people in the community know about Bright Beginnings.</td>
<td>Brochures, the website, word of mouth, referrals from other agencies. There is also an Early On Conference every year.</td>
</tr>
<tr>
<td>What would you say is the best way to get more information about your organization? Online/pamphlets/other?</td>
<td>The website and calling Bright Beginnings directly.</td>
<td>The website.</td>
</tr>
<tr>
<td>How do people find out about your organization most commonly? Online/word of mouth/pediatricians/other?</td>
<td>Word of mouth is the primary way people find out about Bright Beginnings, and Welcome Home Baby would be the second most common way. Another way people find out about Bright Beginnings is through Child Protective Services.</td>
<td>Mostly through referrals since you cannot be a part of Early On unless you have been referred there about a concern or delay. Second most common would be word of mouth from people who have been in the program.</td>
</tr>
<tr>
<td>What happens after a child becomes too old for the program? How do you</td>
<td>Typically children exit at preschool. Preschoolers are still welcome to attend play groups. Otherwise, all</td>
<td>At 36 months the child will either graduate from the program or refer to early</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>support transitions?</td>
<td>children will need to transition out at kindergarten. Bright Beginnings assists families with all transitions and help at kindergarten round up events.</td>
<td></td>
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<tr>
<td>Can you give some examples of resources you provide families?</td>
<td>Referring them to community resources. Helping them attain the resources they need while empowering them to take action. Any materials for working with the children should be materials that are easily accessed by families. Household items that don’t require a family to purchase new materials.</td>
<td></td>
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<tr>
<td>How does your organization develop collaborative partnerships with families?</td>
<td>Through the home visits. By being in people’s homes the Parent Educators learn so much about them. Parent Educators also maintain communications with their families through email, texting, phone, and stopping by.</td>
<td></td>
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<tr>
<td></td>
<td>The Early On Michigan Family Guidebook and the website tend to be the most helpful resources for families.</td>
<td></td>
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<tr>
<td></td>
<td>Early On hosts an Event at Frederick Meijer Gardens as well as the annual LEAP conference at the Kent ISD. They also use Facebook, twitter, and appear at MiAEYC.</td>
<td></td>
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</tbody>
</table>