



Child Development and Early Intervention

In the past, most people assumed that children with Down syndrome were extremely limited in their ability to learn. Yet today, children with Down syndrome are learning in their school's general curriculum with all students, young adults with Down syndrome are employed and contributing to society, and we are even beginning to see young adults with Down syndrome going to college! What has made the difference? Most research suggests that success is related to early intervention and stimulation, effective family support, increased academic expectations, and community support.

Children with Down syndrome follow the developmental patterns of other children, but usually at a slower rate. Children with Down syndrome also vary widely in *when* they achieve these milestones across the six areas of development: 1) Language and Communication, 2) Concept Development and Pre-Academics, 3) Social and Emotional Development, 4) Gross Motor, 5) Fine Motor, and 6) Self-Help or Adaptive Skills.

Children with Down syndrome do face challenges in the development of these six areas. For example, children with Down syndrome frequently have low muscle tone that can affect the acquisition of skills related to walking, feeding and talking. Some degree of hearing loss is also common for children with Down syndrome, and can affect language development. It is important to check carefully for both hearing and vision impairments. Finally, most children with Down syndrome have some degree of intellectual disability, and often have difficulties with more abstract, language-based concepts. On the other hand, visually-based learning can be a strength!

Early Intervention

Research has suggested that early intervention for infants and toddlers with Down syndrome is critical in achieving developmental milestones. Intensive early intervention may even be related to enhanced brain development. Indeed, newborn infants with Down syndrome resemble all infants in their initial learning and memory abilities (Fidler & Nadel, 2007), but without early intervention, will often fall significantly behind in what they can truly achieve.

The Federal Government recognized the importance of early intervention and support to families with children with disabilities and developmental delays through the *Individuals with Disabilities Education Act (IDEA)*.

IDEA defines two distinct programs for children with disabilities and developmental delays. *Part B* of IDEA offers protections and programs for children and youth ages 3 – 21, including mandatory pre-school programs for children with developmental delays.

Part C is the *Infant/Toddler Program* that can serve children with Down syndrome from birth. These services are available to *all families* whose child qualifies. A case manager is appointed who will work with the family's and child's team to develop an *Individual Family Services Plan (IFSP)*. That team may include a speech/language pathologist,

pediatric physical therapist, occupational therapist, and early interventionist, among others.

Children with Down syndrome qualify automatically for their state's Infant/Toddler Program because they have what is called an *established risk condition*, which is a medical condition that is highly likely to result in a developmental delay if early intervention is *not* provided. IFSPs have the following parts:

1. A statement of the child's *present levels* of communication, physical, cognitive, social or emotional, and/or adaptive (self-help) development..
2. A statement of the family's *resources, priorities, and concerns* relating to enhancing the child's development.
3. A statement of the major *outcomes expected* to be achieved for the child and the family, and the ways and timelines in which *progress* will be measured.
4. A statement of the *specific early intervention services* the child and family need, including the frequency and intensity of these services, and *how* these services will be delivered.
5. A statement of the *natural environments* (such as the family's home or a child care center the child attends) in which the child and family will receive these services;
6. *When* services will start and how long they will last.
7. The identification of the *service coordinator* from the profession most immediately relevant to the child's needs who will be responsible for implementing and coordinating the IFSP.
8. The steps to be taken to support a *successful transition* for the child from the state's Infant/Toddler Program to the state's Preschool Program (operated by the local school system) as the child approaches his or her 3rd birthday.

For additional information on IDEA, see <http://idea.ed.gov>