At just 2 1/2 years old, Piper Cooke has already received physical therapy for her gross motor development, speech therapy for her language and communication skills, and occupational therapy for her sensory development and muscle strength. Piper's interventions also come from basic day-to-day interactions, such as mealtimes with her parents or playtime with the other children at her childcare.

Piper, who was born with Down syndrome, is receiving many of the services through her Individualized Family Service Plan (IFSP) both at home and in daycare. These places qualify as natural environments, defined as “settings that are natural or normal for the child's age peers who have no disabilities” by the Individuals with Disabilities Education Act (IDEA).

Piper’s mother, Suzette Oltmanns, tries to have Piper’s IFSP services provided in natural environments whenever possible, because it’s important for her that Piper “be treated just like any other child,” she says. Until Piper was born, Suzette and her husband, Kyle Cooke, had no idea she had Down syndrome. The two had to undergo a “crash course” in the disability almost immediately so they could learn what to expect and how to advocate for their daughter. Although it was a scary time, the two parents promised early on to raise Piper like any other child.

With that in mind, last spring Kyle and Suzette enrolled Piper in a neighborhood childcare setting with several other children. Only one of the other children has a disability, which means Piper has countless opportunities to interact with typically developing peers her own age. Suzette says these interactions prove invaluable to her overall development.

“Her service coordinator has commented repeatedly on the growth Piper’s had since last May, when we started sending her there,” Suzette says.

This growth is evident in all areas, including her social skills and interactions. Because Piper is an only child, it
helps her to have other children she can play with. “These kids have accepted Piper just like a brother or sister,” Suzette says. “Everybody is so accepting there. Nobody judges her or treats her differently.”

In addition to the social skills she learns at daycare, this environment also helps Piper with her physical progress. Before Piper started attending childcare three to five days a week, she could only walk with the help of a push toy that she used around the house. Within a week of attending childcare, the push toy was gone and Piper was walking all on her own – an accomplishment Suzette attributes to the motivation Piper gets when she sees other children doing something she can’t.

“She wants to do everything the other kids are doing,” Suzette says. “These kids help her so much and push her to do more.”

The same is true with Piper’s communication and language development. At 2 years old, Piper can already use and understand more than 60 signs. Still, she has a hard time speaking words out loud. Suzette and Piper work on talking at home, but when Piper’s at childcare, she has the opportunity to communicate with her friends. Those children encourage her and help her try to form words. “They really help her and support her,” Suzette says.

**The What’s and Where’s of Natural Environments**

Services in natural environments can help children with disabilities grow, develop and thrive, just like Piper. Under IDEA, all children with disabilities and their families have the right to receive services in natural environments, which include the typical routines, activities, events and settings of everyday life. Simply put, a natural environment is everywhere your child goes, everyone your child knows and everything your child does. This definition includes:

- **Settings**, such as your home, backyard or workplace. Settings also include places such as a childcare site, relative’s home, park, grocery store or library.
- **Materials**, which can be anything found in your child’s physical environment— toys, rocks, books, swings, grass, spoons, a high chair or a favorite wagon.
- **People**, such as parents, siblings, relatives, friends, neighbors, teachers or anyone else with whom your child might interact.
- **Activities** that incorporate the interests and routines of your child and family. These might be daily activities, such as eating, bathing or dressing; recreational activities, such as playing, reading, walking, camping, swimming or going to the playground; or community participation, such as going to worship, celebrating holidays, taking part in cultural practices, going to the grocery store or riding in different forms of transportation.

Typically, services in natural environments for children under 3 years are provided in the home or childcare setting. Your IFSP team can help you identify natural environments, tailor services to you and your family, and make sure your choices support the goals and outcomes you have identified in your child’s IFSP. As a parent, you play a key role in helping the team understand the locations and activities that are important to your family. “As a parent, you are the expert on your child’s needs and interests,” says Judy Swett, PACER Center’s early childhood coordinator. “You take on the role of your child’s first

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Why Natural Environments?

Providing a child with a disability with services in natural environments is beneficial not only for the child, but for parents, professionals and even the community. Research has repeatedly shown that children learn and succeed most in natural situations and environments. In addition, services in natural environments:

- Promote a child’s development, learning and participation in family and community life.
- Expand a child’s opportunities to experience and practice new skills.
- Encourage interaction and inclusion with others.
- Offer a child the same opportunities and activities as typically developing peers.
- Help a child learn appropriate social skills.
- Instill confidence in the parents' abilities to meet their child's needs at home and in the community.
- Raise the community's awareness of disabilities and special needs.

Most importantly, providing a child with services in natural environments can bring families even closer together. “Early intervention services in natural environments are not about turning parents into therapists,” Swett says. “It is a recognition of the vital role that parents play in their child’s development and confirmation of all the great things they are already doing.”

Reaching Goals – Naturally

Kyle and Suzette know the benefits that services in natural environments can bring. Over the past few months, they’ve watched their daughter learn and accomplish more than they would have thought possible at her young age. More importantly, they feel that providing Piper with services in natural environments has helped them achieve their goal of raising her just like any other child.

“I’m so grateful for the environment that we’ve found for Piper here,” she says. “It’s opened up a whole new world for her.”

If you have questions or want more information about providing services in natural environments, please call PACER Center at (952) 838-9000 and ask to speak with a parent advocate.

PACER’s Grandparent Support Group to Meet March 15

PACER’s Grandparent to Grandparent Program offers grandparents with grandchildren of any age and any disability a chance to meet others; share concerns, joys and interests; discover resources; and learn how to provide support to their children and grandchildren.

At meetings, the group offers grandparents the opportunity to discuss their grandchild’s disability and receive information about special education, relevant laws and other issues that may be of concern. Pam and Bill Telleen, who have a young granddaughter with Down syndrome, lead the group.

The group meets the third Tuesday of every month during the school year. For more information, call PACER at (952) 838-9000 or visit www.PACER.org/grandparent.

Left: Sharon Stoebner and her granddaughter Skylar
Whether you have questions about early intervention services in natural environments, or transportation to and from a childcare setting, Judy Swett, PACER’s early childhood parent advocate, has the answers.

Q: My 2-year-old daughter spends most of her day in a childcare center. Does this mean we cannot receive early intervention services?

A: No. Early intervention services can be delivered anywhere a child spends his or her time. According to the Individuals with Disabilities Education Act (IDEA), services should be delivered in places where children without disabilities spend their time (called “natural environments”) whenever possible. This includes a childcare setting. However, to stay involved in your daughter’s early intervention services, consider having them provided at home as well. For example, one week of the month, the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) team can come to your home to provide early intervention services, and services can be provided in a childcare setting the rest of the month. Keep in mind that services should be designed to help childcare staff know how to work with your daughter and what they can do to enhance her development. Also be sure to consult with your childcare providers to make sure they are willing to collaborate with the early intervention staff.

Q: I would like to participate in the school’s Early Childhood Family Education (ECFE) class. Could the early intervention staff provide services in this class?

A: An ECFE classroom is a great opportunity for your child to spend time with other children, both with and without disabilities, and for you to meet other parents. Discuss this possibility with your IFSP or IEP team. Together, you can decide if services will be provided in this setting. If your child is under the age of 3, you would be responsible to pay any fees involved in attending the class, unless the IFSP team has agreed that early intervention services will be delivered in the ECFE class, rather than in your home. If your child is over the age of 3 and the team decides to have your child receive his or her services in an ECFE classroom to meet the least restrictive environment requirement, then the school district would be responsible for paying your class participation costs. The least restrictive environment, defined in IDEA, means that a child with a disability should be educated alongside children without disabilities to the maximum extent appropriate. If you want your child to continue receiving services at home but wish to attend ECFE classes to enhance your child’s development and your parenting skills, then you would be responsible to pay any fees involved in attending the class.

Q: My child is 5 years old and attends a childcare program before and after school. The IEP states that transportation will be provided from childcare to school and back to childcare again. The school district has informed me that the childcare providers are responsible for taking my child to the bus and for meeting the bus when it returns. Isn’t the bus driver responsible for getting my child on and off the bus safely?

A: Yes, it is the responsibility of the bus driver or the bus aide to help your child get on and off the bus safely. However, the childcare provider is responsible to walk your child to the bus and to meet the bus and bring your child into the childcare center when it returns.

Have more questions? Call PACER Center at (952) 838-9000 and ask to speak with an early childhood advocate.
As technology continues to develop at an ever-increasing rate, it brings with it new, exciting education resources to help your infant or toddler with a disability learn and progress.

Sometimes, you can find these resources in unlikely places, such as iPod or iPhone applications, commonly referred to as “apps.” What started as a device to play music can now be used as an innovative education tool for your infant or toddler. For parents constantly on the go – or for parents who are looking for educational resources – iPod apps can be a quality, inexpensive way to make learning fun and easy.

iPods, iPhones and iPads: The New Education Tools

Compared to more traditional education tools for young children, iPod applications have several beneficial qualities that make it easier to teach children with disabilities important developmental skills. First, iPod apps help children learn cause and effect through direct touch. When children use these applications, they select each answer themselves and know immediately whether their answer was right or wrong.

Second, iPods intrigue children because their parents use them as well. Children enjoy imitating their parents, which makes them more likely to stay excited about “playing” with the device.

Third, iPods, iPads and iPhones are portable and easy to carry anywhere. They’re perfect for keeping children learning during long car rides or community events.

While there are hundreds of iPod, iPad and iPhone apps available for parents of young children, fewer are designed for children with disabilities. There are learning apps from iTunes.com made specifically for infants and toddlers with a range of disabilities:

**Look2Learn**

Look2Learn, an augmentative and alternative communication (AAC) application, is compatible with the iPod Touch, iPhone and iPad. This application helps young children articulate their wants and needs by matching familiar voices, recorded through a microphone, to more than 80 pre-loaded photos. Available for $24.99, Look2Learn especially benefits children with delayed communication skills, autism spectrum disorder, short- or long-term communication challenges, or a speech and language disorder.

**iTouchiLearn Words**

Another popular application, compatible with the iPad and iPhone, is iTouchiLearn Words. This app helps toddlers with disabilities build cognitive and verbal skills through word, picture and match games. Complete with a series of fun, colorful animations, iTouchiLearnWords can help your child learn to read. Available for $1.99.

**First Then Visual Schedule**

First Then Visual Schedule is an app compatible with the iPhone and iPod Touch that teaches children with disabilities how to follow directions. The app sets up a visual schedule with pictures that walk children step-by-step through common, everyday tasks or specific activities. First Then Visual Schedule is customizable, allowing parents to record their own voices and load their own photos to create a schedule that’s specific to their child’s needs. This app works well for children with communication needs, developmental delays or autism. It’s available for $9.99.

To learn more about iPod, iPhone and iPad applications for your infant or toddler with a disability, contact the Simon Technology Center at (952) 838-9000 or stc@PACER.org.
Ever thought that something as simple as a roll of masking tape could help your child with a disability, or that the cookie sheet sitting in your cupboard could be used for something other than baking delicious treats? These items, along with many other materials you probably already have in your home, can be easily converted into assistive technology (AT) devices to support your infant or toddler with a disability.

AT refers to simple devices, tools, technologies or services that can help children with disabilities improve or maintain their functional capabilities. For example, AT could include:

- Universally made toys that are designed to meet the needs of most children, regardless of ability
- A thick grip attached to the page of a book that helps a child turn pages independently
- A picture parents use to communicate “all done”

To an appropriate extent, AT devices and supports should be provided to children in natural environments, such as a home, childcare setting or community outing. When deciding if AT is right for your child, first identify his or her needs. Ask yourself, “What does my child need help doing?” Your Individualized Family Service Plan (IFSP) team can help you determine what AT could benefit your child.

Some forms of AT, such as electronic equipment, can be expensive, but there are also plenty of inexpensive ways that parents and families can use assistive technology by adjusting or adapting everyday items. Here are a few simple AT ideas from Tots ’n Tech (tnt.asu.edu), a research institute that conducts studies regarding AT for infants and toddlers.

**Coupon Holder Communication Display**

For children who can’t communicate verbally, it can be a challenge to express their wants and needs, especially around mealtimes. Use the Coupon Holder Communication Display to help your child communicate his or her thoughts and choose what to eat. Fill a magnet-backed coupon holder (available at most dollar stores) with cards that represent food, beverages or actions, such as “more” and “all done.” Place the holder on the fridge where the child can reach it. The next time you make dinner, let your child decide what’s on the menu!

**Cookie Sheet Games**

Help your child learn to play games cooperatively by making your own version of a popular childhood game, Tic-Tac-Toe. On a cookie sheet, create a colorful Tic-Tac-Toe grid using electrician’s tape. Use magnetic X’s and O’s for pieces, or glue magnets to the bottoms of poker chips. For children with low fine motor skills, glue plastic loops to the game pieces. This game can be enjoyed by everyone in the family.

**Noodle Protection**

Many children love grocery shopping with their parents, but for children with spasms or who jerk uncontrollably, it’s nearly impossible to sit safely in a shopping cart. The next time you go grocery shopping with your child, try cutting swim noodles into sections to fit over the metal parts of the cart (available seasonally at Walmart, Target or sporting goods stores). Now enjoy shopping without having to worry!

**Masking Tape Path**

This idea is great for children with limited vision who are just starting to crawl or walk around the house. With a roll of regular masking tape, map out a path for your child to follow – from the bedroom to the bathroom, from the bathroom to the kitchen, and so on. As a fun activity, use
the masking tape to create a maze for your child and help him or her complete it. Who knew masking tape could be so much fun?

**Slippy Slide**

If you constantly have to clean up spills in the kitchen because your child knocks his or her bowl over, try the Slippy Slide. Use a suction cup designed for soap to hold the dish in place on the table or highchair tray. Underneath the dish, place a plastic mat (you might have to cut the mat to size).

**Adapted Crayon Holder**

Children can spend hours entertaining themselves with nothing more than a few crayons and a coloring book. To help your child grip crayons more easily, use an empty 35mm film canister (available free at any store that handles film processing) or an old prescription bottle and cut an “X” in the top and bottom. Insert the crayon through the holes. Then stand back and watch your child create beautiful masterpieces!

These suggestions are just a few of the hundreds of easy, inexpensive ideas for converting everyday materials into assistive technology supports for your child with a disability. With just a little ingenuity and creativity, parents can use assistive technology to help infants and toddlers learn important developmental and learning skills they will use their entire lives.

For more ideas or information on assistive technology for your infant or toddler, visit the Tots ‘n Tech website at tnt.asu.edu. You can also order PACER and Tots ‘n Tech’s brochure “Discover How Assistive Technology Can Help Your Infant or Toddler Learn and Grow” by calling PACER at (952) 838-9000 or by visiting www.PACER.org/publications/stc.asp. One copy free to Minnesota parents.

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**New! PACER’s Early Childhood Transition Guidebook**

Learn everything you need to know about your child’s transition from infant and toddler intervention services to preschool in PACER Center’s new publication, “Early Childhood Transition Guidebook: Everything You Need to Know Before Your Child’s Third Birthday.” The guidebook explains what transition is, how and when to plan for it, how to implement a transition plan and what to do if your child is not eligible for special education services. You’ll also find tips and strategies that can help you plan for transition before you light those three birthday candles. Request a copy by calling PACER at (952) 838-9000. Free to Minnesota parents of children with disabilities.

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**PACER’s Family-to-Family Health Information Center (F2F HIC): A One-Stop Source for Health Care Information**

Interested in learning more about family-centered care and working effectively with doctors? Need information about health insurance? Want to know what federal health reform means for your family? Check out PACER Center’s Family-to-Family Health Information Center (F2F HIC), where you’ll find helpful parent advocates who understand the health care system because they have used it, too. Through individual assistance, workshop trainings and online resources, the F2F HIC offers parents of children with disabilities and special health care needs a central source for support, advocacy and information about the health care system. For more information on the F2F HIC, please call PACER at (952) 838-9000 or visit www.PACER.org/health.
Currently, there are a number of openings for parent members on the Minnesota Governor’s Interagency Coordinating Council on Early Intervention (ICC). The ICC addresses how to implement a statewide system of early intervention programs for young children with disabilities and their families. The Council also recommends policies to ensure a comprehensive system of state and local agency services for children under 5 with disabilities and their families. The Council must include at least five parents of children with disabilities under age 12, including at least three parents with a child under age 7. ICC meetings are held at least quarterly. To apply, visit www.sos.state.mn.us/index.aspx?page=5, or write to:

Office of the Secretary of State
Open Appointments
180 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1299

If you have additional questions about membership on the Council, call PACER Center at (952) 838-9000 and ask to speak with an early childhood advocate.