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Infant/Toddler Professional Preparation and Development Using Blended Practices and Tiered Supports

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Research on tiered models of service delivery in early childhood is limited; this is particularly true for infants and toddlers, as nearly all research on such models in early childhood has focused on preschool-aged children (Greenwood et al., 2011). Professional development for infant-toddler professionals regarding data-based decision making within multitiered systems of support (MTSS) is also a research area in need of expansion (Division for Early Childhood [DEC], National Association for the Education of Young Children [NAEYC], & National Head Start Association [NHSA], 2013). While Early Head Start (EHS) has not been extensively examined as a context for tiered models, EHS centers have provided us with what is in many ways an ideal setting for considering MTSS. This article explores some of the ways in which the professional preparation of early childhood educators and the professional development of EHS teachers may be merged through a focus on blended practices and tiered models. Specifically, by refocusing early childhood teacher education and professional development through the lens of partnership between EHS teachers, university faculty, and early childhood teacher candidates, university-based and center-based partners can support one another’s work toward the shared goals of learning and enhancing blended practices, facilitating a deeper understanding of tiered models, and combining resources to promote the development of infants/toddlers and their families.

In this article, we define blended practices as those that support infant and toddler development in inclusive settings, specifically by aligning
developmentally appropriate practice (DAP) and best practices for children with special needs (Grisham-Brown, Hemmeter, & Pretti-Frontczak, 2005). We present an example of blended practices in EHS with university faculty, EHS teachers, and undergraduate early childhood special education (ECSE) teacher candidates working together to achieve the following interconnected goals: (1) building awareness of diverse individual needs in the EHS classroom; (2) supporting teacher candidates to provide access to and include all infants and toddlers in activity, assessment, and intervention planning; and (3) supporting EHS teachers in critically examining their curriculum to ensure that it provides access for infants and toddlers at every ability level. We share this model as an example of how field-based, birth-to-three teacher preparation can and should provide benefits for both practicing and future teachers.

MTSS complement this process and serve as an essential element of blending. These systems expand beyond serving children with identified needs, including all children in practices that rely upon data-based decision making for the planning and delivery of supportive practices at intensity levels that are matched to children's needs. Tiered models require collaborative teams to sustain them, and developing this collaboration is a complex undertaking and not a discrete event. The information shared in this article focuses primarily on the integration of multitiered systems into the preparation of teacher candidates and the professional development of EHS teachers (Winton, 2013). The strategies discussed here have been successfully implemented within one university-EHS partnership, which will be described in the next sections.

The Current Context Supports Collaborative Field-Based Teacher Education

Teacher education is undergoing a transformation from university-based coursework to collaborative field-based experiences, which provide
teacher candidates with opportunities to practice their skills in authentic contexts (American Association of Colleges of Teacher Education [AACTE], 2010; Darling-Hammond & Baratz-Snowden, 2007; Lim & Able-Boone, 2005; National Council for Accreditation of Teacher Education [NCATE], 2011; Rust, 2010). However, developing effective teachers involves more than simply increasing field hours; it requires new roles of university faculty and practicing educators, as well as an emphasis on practices that support not only candidates but the teachers who mentor them as well (NAEYC, 2009; NCATE, 2011).

Teaching, Learning, and Leading with Schools and Communities (TLLSC) is an urban, field-based undergraduate ECSE teacher education program designed as a response to this call for change. TLLSC is an example of a preparation program anchored in collaboration between university and school/community organizations to prepare all ECSE teachers to work specifically in blended classrooms with children from birth to eight (Kennedy & Heineke, 2014). TLLSC was developed through collaboration with community partners (including an EHS agency) to simultaneously address another critical need: to enhance professional development options for early childhood educators and re-envision teacher education and professional development as part of a single transactional partnership between a university and community agency/school (Kruger, T., & Teaching Australia - Australian Institute for Teaching and School Leadership, 2009). Building beyond a professional development school (PDS) model (Darling-Hammond, 1994), which focuses primarily on 1-year student teaching internships, TLLSC embeds teacher candidates in field-based learning throughout all 4 years of their preparation.

University faculty, EHS teachers, and teacher candidates partner in semester-long sequences to develop candidates' and classrooms teachers' skills in tiered models within blended classrooms. The themes, strategies, and reflections offered in this article are products of the implementation of a semester-long birth-to-three sequence in which coursework and clinicals were replaced with a TLLSC sequence co-led with EHS partners. This sequence emphasized culturally responsive and DAP with infants/toddlers and families, and introduced blended and tiered practices as well.
### Pathways for Merging Teacher Education and Professional Development in Infant-Toddler Settings (Kennedy & Heineke, 2014)

**MERGING EARLY CHILDHOOD PREPARATION AND PROFESSIONAL DEVELOPMENT TO SUPPORT BLENDED PRACTICE AND TIERED SUPPORTS**

<table>
<thead>
<tr>
<th>TRADITIONAL APPROACH</th>
<th>COLLABORATIVE, COMMUNITY-BASED PREPARATION WITH BLENDED PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners prepare for work that is compartmentalized by their experiences and their professional development that may or may not support learned practices.</td>
<td>Faculty and teacher candidates are embedded in blended community programs, developing practices through an apprenticeship model.</td>
</tr>
<tr>
<td>A static model compartmentalizes coursework, clinical experiences, and the continued development of practicing teachers.</td>
<td>A reflexive model aimed at responsiveness to the needs of diverse children and families (in birth-to-three settings) better reflects the complexity of teaching.</td>
</tr>
<tr>
<td>Involves the use of traditional models that maintain a research-practitioner gap and school-university divide.</td>
<td>Teacher candidates and teachers learn and implement evidence-based approaches while generating practice-based evidence of their effectiveness.</td>
</tr>
<tr>
<td>Clinical supervisors form a link between university-based faculty and cooperating teachers.</td>
<td>University faculty form collaborative relationships with infant/toddler programs and facilitate on-site work within communities.</td>
</tr>
<tr>
<td>Teachers host candidates/follow university guidelines and seek their own professional development.</td>
<td>Partners serve as co-teacher educators and members of transactional feedback system for blended practices in the classroom.</td>
</tr>
<tr>
<td>Faculty provide PD and model/support blended practices and tiered supports with infants/toddlers and teacher candidates.</td>
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</tr>
<tr>
<td>Candidates accumulate knowledge in courses for later application in clinical settings.</td>
<td>From day one, candidates embody inclusive practice and plan to meet the needs of groups and individuals—both typically developing and those with special needs.</td>
</tr>
<tr>
<td>Teacher preparation is successful when graduates pass certification examinations and are retained in professional settings.</td>
<td>Candidates are continuously evaluated on a growth model in blended B-8 settings, eventually entering the field having already made a measurable impact on children and families.</td>
</tr>
</tbody>
</table>

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**Pathways toward the Achievement of Shared Goals in Early Head Start**

Figure 1 displays eight of the ways early childhood teacher education partnerships can be shifted from more traditional, segregated, placement-based approaches (on the left of each row) to more collaborative partnerships that support blended practices and tiered models on the right.
Rather than learning about these practices at the university and applying that knowledge later in clinicals and student teaching, candidates more effectively master teaching by learning alongside practicing professionals through guided apprenticeship (Lim & Able-Boone, 2005; McDonald et al., 2011). This allows for both teacher education and the continued development of professionals to occur within the contexts of early childhood education (ECE): school, center, community, and home. Faculty members serve in this sense as mentors, facilitating teacher candidates' learning experiences and helping to support classroom teachers. As a result, successes can be measured in terms of shared impact on children and families. Shifting relationships among universities and partners is a complex effort (Cochran-Smith, 2004), requiring a change in the ways universities and birth-to-three agencies collaborate. For example, EHS teachers who have traditionally hosted teacher candidates must now have a strong voice in conversations about how future teachers are prepared in order to develop and implement more collaborative models. It is only through involving teachers in these conversations that preparation programs will expand their focus to truly address children's needs within the context of family and community (Early & Winton, 2001)—particularly in the case of infants and toddlers, for whom adequate teacher education is lacking (AACTE, 2004). These conversations form the building blocks of trust, enabling everyone involved to identify areas of potential mutual benefit, as well as educating university faculty about local needs so preparation activities and professional development may be designed to help address them.

The implementation and integration of blended and tiered practices are areas where collaboration of this kind may help universities and EHS teachers to support each other. For teachers, these practices often represent new ways of collaborating. They require the identification and development of new resources and the formation of supportive, sustainable collaborative teams. Figure 2 displays four steps involved in building relationships to support teacher education and professional development, expanding the teaching and embedding of blended practices, and striving toward the integration of tiered models into EHS programs. These are steps EHS staff and university faculty may consult as they consider how to best support their individual and shared goals of supporting teacher candidates and infants/toddlers.
Step One: Developing a Partnership for Teacher Education and Professional Development

EHS is an example of a community-based agency offering a variety of child and family supports within an inclusive and family-centered program philosophy. EHS programs emphasize best practices for young children, including DEC's Recommended Practices (DEC, 2014) for Early Intervention (EI) and ECSE. These practices emphasize adaptations and modifications to early childhood environments in order to provide individualized supports for young children with special needs (Grisham-Brown et al., 2005). EHS teachers must possess essential knowledge, skills, and experiences with DAP for diverse infants and toddlers, including those with special needs (regardless of whether they receive EI services), particularly since EHS programs must provide opportunities for the enrollment of infants and toddlers with special needs and collaborate with professionals providing services under Part C of IDEA. These competencies support blending and can be both built and shared with teacher candidates within a model that positively impacts children and their families. Within a co-mentoring relationship alongside university faculty, EHS teachers may model these blended practices for teacher
Figure 3
Checklist of Strategies to Support Successful, Sustainable University-EHS Partnerships for Collaborative Teacher Education and Development

<table>
<thead>
<tr>
<th>Partnership Principles</th>
<th>Considerations for University and EHS Partners</th>
</tr>
</thead>
</table>
| Commitment and trust in shared expertise (Kruger et al., 2009) | - Are EHS and university leaders committed to the partnership?  
- Is ample time provided for relationship building?  
- Do faculty and EHS staff have clearly defined roles and responsibilities?  
- Are all stakeholders (teachers, teacher educators, teacher candidates, caregivers) recognized as contributors?  
- Are there established, accessible methods of communication? |
| Mutual benefit in collaboration (Kruger et al., 2009) | - Are stakeholders collaborating to enhance classroom experiences and development of EHS children?  
- Have stakeholders discussed their desired partnership outcomes?  
- Do all stakeholders benefit from their contributions to the partnership?  
- Are stakeholder experiences evaluated to determine the degree of mutual benefit? |
| Reciprocity in partnership roles (Kruger et al., 2009) | - Are stakeholders willing to learn from the knowledge, skills, and experiences of others?  
- Do partnership meetings occur regularly?  
- Are all stakeholders provided leadership opportunities?  
- Do all stakeholders have a voice in partnership developments? |
| Value of field experiences for teacher preparation and professional development | - Does the partnership consistently prioritize children and families?  
- Does the partnership enhance or expand EHS services for infants, toddlers, and families?  
- Are all stakeholders welcomed as active classroom participants?  
- Do university and EHS faculty collaborate to develop and support requirements of field experiences? |
| Mentorship as a professional responsibility | - Do stakeholders feel responsible for sharing their knowledge, skills, and experiences with others?  
- Have stakeholders identified their knowledge, skills, and resources to support teacher candidates?  
- Have stakeholders collaborated to define their mentoring roles?  
- Are structural supports available (e.g. time, compensation, professional development, other resources)? |

candidates while at the same time expanding their own skills in individualizing instruction through the consultative support of early childhood faculty.

EHS and teacher education programs considering entering into a partnership may use Figure 3 to identify their readiness for collaboration, structures that will support it, and strengths and areas of need. These principles are reflective of DEC's Code of Ethics (2009) regarding Professional Collaboration. Careful consideration and communication around these themes throughout the partnership will better ensure its responsiveness to the needs of everyone involved, as well as provide a foundation for collaborative teacher education.
To initiate a university-EHS partnership, university faculty meet with EHS administrators to identify the strengths and needs of the EHS center and its teachers. The EHS administrators may share their assessment of the teachers' interests and competencies in mentoring teacher candidates, but classroom teachers must be involved in the early conversations as well. EHS teachers indicate what knowledge and skills they may offer novice teacher candidates, as well as identify their own professional goals to be supported through university resources and professional development. Through these early discussions university faculty may identify EHS teacher mentors and topics in need of professional development. They might also identify other key members of the EHS community who can support the partnership—in particular, family support personnel, teacher leaders, and parents (or caregivers in instances where extended family or other adults fill the primary parenting role). Once interested EHS teachers commit to mentoring, the partnership may move on to identify the roles and responsibilities of each of these participants.

**Step Two: Building Support Systems for Preservice and Practicing Teachers**

Once EHS and university partners are cognizant of their roles and committed to partnering, EHS teachers may be better supported to mentor candidates to develop their emerging professional competencies, including: (1) DAP for infants and toddlers; (2) communication with families, who can be encouraged to share their experiences and introduce candidates to their young children; (3) identification of children's individual needs and appropriate interventions for school and home; and (4) implementation of assessments to monitor children's progress and responses to intervention. All of these competencies support blended practices (DEC, 2009; NAEYC, 2009). For EHS teachers to mentor teacher candidates without diminishing their focus on teaching, those candidates must be supported consistently by faculty as they bridge theory to practice.

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faculty throughout their field-based experiences as they intentionally bridge theory to practice (Ball & Cohen, 1999). In TLLSC, for instance, teacher candidates are directly supervised on-site by university faculty from the beginning to the end of each field-based experience, which also includes learning activities outside the birth-to-three classroom and field trips to explore resources in the surrounding community.

Once initial needs are addressed and a support system is in place, faculty can implement an observation/evaluation system for candidates' interactions with children. Using a formal observation tool such as the Classroom Assessment Scoring System (CLASS; LaParo, Hamre, & Pianta, 2012) provides systematic data on candidates as they learn to facilitate both social-emotional and cognitive/language development using specific, observable DAPs. Classroom visits also offer a valuable opportunity for faculty to provide observational data on infants/toddlers to support EHS teachers; these data, in turn, can help facilitate the subsequent implementation of tiered supports in association with appropriate professional development.

Next, systems that support both teacher candidates and teachers themselves can be set in place. One way to address the goal of integrating teacher education and professional development is for university faculty to implement MTSS for the teacher candidates themselves, and to involve EHS teachers in these systems (Winton, 2013). MTSS or Response to Intervention (RTI) practices involve the use of data to identify children in need of interventions; interventions/supports increase in intensity and frequency in response to children's needs in any area of development. Teachers' practice may also improve through the use of multi-tiered supports in professional development (Myers, Simonsen, & Sugai, 2011; Winton, 2013). Universal, targeted, and intensive supports can be developed by faculty to address the needs of candidates in a particular EHS setting. This serves a parallel goal of providing a context for professional development with teachers on the use of tiered supports for young children. EHS teachers may then begin learning about tiered models for infants and toddlers having already collaborated in a similar way to support teacher candidates.

Universal Supports

Universal supports should be developed to promote candidates' learning of developmentally appropriate and blended practices. These supports should address and monitor the candidates' performance, including their interactions with children, families, and their EHS mentors. We will discuss some of these supports next.
**Progress Monitoring Tool.** Prior to candidates’ involvement in classrooms, university faculty should consult with classroom teachers to select a shared method for assessing candidates’ interactions with infants and toddlers. An evaluation tool such as the CLASS (LaParo et al., 2012) provides candidates with consistent, specific feedback relative to dimensions of DAP. The CLASS dimensions for effective teaching (which include Positive/Negative Climate, Teacher Sensitivity, Facilitation of Learning/Development, and Language Modeling/Support for infants/toddlers, as well as Teacher Sensitivity, Regard for Child Perspectives, Behavior Guidance, and Quality of Feedback for toddlers only) support EHS teachers in identifying specific aspects of their own practice that must be made explicit for candidates, thus supporting mentoring relationships while acting as a professional development and self-evaluation tool for EHS teachers. The CLASS dimensions also align neatly with DEC’s Recommended Practices (DEC, 2014) regarding adult-child interaction and support for social-emotional competence. Feedback should be provided regularly (weekly at a minimum) to monitor candidate progress; in the case of the CLASS, feedback may take the form of numerical ratings depicted in line graphs to display growth (Figure 3) as well as narrative feedback on candidates’ individual strengths and areas of need. EHS teachers must be involved in this evaluation process. Not only is their feedback essential, but this also provides an opportunity for them to build their awareness of evidence-based practices, which may in turn lead to the identification of future professional development topics.

**Activity Plans.** Candidates collaborate with each other, teachers, and faculty to design and implement both planned (see Table 1) and informal activities for each day spent in infant/toddler classrooms. These activities might also be designed with informal input from parents regarding their children’s interests, experiences, and needs. Implemented activities teach candidates about features of developmentally appropriate learning environments and opportunities for learning through daily routines. They also provide additional intentionally designed experiences and increased engagement for children in EHS classrooms. After activities are implemented, candidates should reflect on them with their peers and mentors to make recommendations for improving their future practice, subsequently sharing them as an online resource (e.g., via a Google site accessible to all partners).

**Teaching Videos.** Provided consent is obtained from families, activities led by candidates may be video recorded and uploaded to a web-based platform such as VoiceThread (VoiceThread LLC, 2014). The videos provide candidates an opportunity for personal reflection and real-time
<table>
<thead>
<tr>
<th>Steps in the activity</th>
<th>What will adults do and say to model, respond to, and encourage language?</th>
<th>What will you be expecting children to do during this stage?</th>
<th>Blended practice: What accommodations will be considered or needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get children’s attention, prepare for play by putting smocks on.</td>
<td>Draw children over to table, model squeezing and pounding of clay. Support children as they attempt to put smocks on.</td>
<td>Pick up smocks, place arms in holes to whatever degree they can independently, and wait as smock is fastened.</td>
<td>Behavioral support: Use 'First, Then' chart with M to transition to table by putting smock on.</td>
</tr>
<tr>
<td></td>
<td>&quot;We are going to have some fun with clay!&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Include targeted verbal/physical support with smocks as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Allow the children to take/freely explore clay.</td>
<td>Supervise the children as they play with clay.</td>
<td>Look at clay and possibly pick up clay. Children explore the clay and all of the things it can do.</td>
<td>Initially, allow some children to explore the clay without direction of any kind. Work on K’s IFSP Goal: Plays with a variety of toys and textures so that she may participate more actively in group activities.</td>
</tr>
<tr>
<td></td>
<td>&quot;Clay!” “Roll!” “Pat!” “Push!” and adjectives to describe color/texture.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Steps in the activity</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Model and support children's exploration.</strong></td>
<td>Model placing the clay in front of us and how to spread and soften it. Adults will narrate and insert selected questions. Provide positive and descriptive feedback.</td>
<td>Manipulate clay and use tools to explore and alter clay forms, shapes, texture.</td>
<td>Encourage K to explore clay with both hands. Work on M's IFSP goal: Imitates simple actions (with verbal direction) and single words during play and daily routines; imitates peer's actions.</td>
</tr>
<tr>
<td><strong>4. Wash hands when children indicate they are done.</strong></td>
<td>Support children in the steps of hand washing. Ask targeted questions to get children to initiate steps, narrate routine.</td>
<td>Complete this routine with as much independence as possible.</td>
<td>Use 'First, Then' chart with M to transition from table to hand washing and then classroom centers. Work on K's IFSP goal: Change from one activity to the next without becoming upset.</td>
</tr>
</tbody>
</table>
peer feedback of their teaching. The videos serve as a progress monitoring tool for faculty and teachers, as well as a tool for identifying candidates' areas of strength or needed improvements.

Targeted Supports

For candidates who require additional input to make adequate progress, targeted supports can be developed. The examples described next are universal supports that may be increased in frequency/intensity or combined to serve as targeted supports.

Additional Feedback. For candidates making limited progress, faculty and teachers should provide additional feedback that explicitly identifies areas of concern and provides specific recommendations for improvement. Feedback should be offered both through the chosen evaluation tool (e.g. CLASS; LaParo et al., 2012) as well as in person during classroom observations, so that candidates may receive in-the-moment encouragement and recommendations for improvement, enabling them to capitalize on their time interacting with infants and toddlers.

Modeling. For candidates new to interacting with infants and toddlers, explanations of DAP may not be enough. Faculty and teachers can model that practice with infants/toddlers, allowing candidates to see how adults support child development (including practices proving challenging to enact). Candidates are then supported in their understanding of teaching the youngest children, who in turn receive even more of the positive attention they crave. Modeling is also particularly important in teaching infants and toddlers with special needs. Role play of interactions with families can also be used similarly.

Guiding Self-Reflection. Video recorded activities may be shared among candidates, who can be directed to view specific portions of videos that highlight opportunities to implement DAP or challenges that warrant discussion. Faculty and teachers may also identify and share peer videos that exemplify effective teaching practices.
Figure 4 displays CLASS (LaParo et al., 2012) data for a candidate who required individual support after two weeks in an EHS classroom with little progress. In this example, university faculty and EHS teachers provided targeted supports to the undergraduate candidate around several CLASS dimensions (LaParo et al., 2012). After a one-on-one meeting with university faculty to identify areas of need, the candidate was given additional feedback during classroom observations, modeling of best practice by university faculty and EHS teachers, and videos of exemplary activities led by her peers. University faculty shared the graph displayed in Figure 4 with the candidate and EHS teachers to identify the can-
Candidate's challenges and display her response to interventions. Figure 4 demonstrates the potential of intensive collaboration and individualized support for teacher candidates, as this candidate made immediate progress in response to these supports. Specifically, these supports laid the groundwork for the success of future professional development with EHS teachers by illustrating the importance of progress monitoring when transferring the use of tiered models from teacher education to practice with infants and toddlers.

Intensive Supports

The occasional candidate may continue with minimal progress, even with universal and targeted supports in place. In these instances, faculty and teachers must collaborate to provide intensive interventions. Intensive supports can include expanded targeted supports, as well as additional strategies.

**Individual Improvement Plan.** Faculty and teachers may intervene with candidates experiencing acute difficulty in their interactions with infants/toddlers and/or families to develop individual improvement plans. Faculty, teachers, and candidates should develop specific goals and strategies for achieving the goals so candidates positively contribute to EHS classrooms; these goals must be monitored regularly and adapted as needed. Additional members of the EHS staff may provide support for these plans in order to address candidates' knowledge or skill gaps.

**Conferencing.** Holding individual meetings with candidates to discuss their EHS experiences can provide insight into their perceived strengths, areas of need, and a safe space to generate strategies that may increase their effectiveness in supporting children and families.

**Step Three: Supporting Blended Practices in EHS Classrooms**

Blending supports the development and full participation of all children and involves evidence-based practices from both ECE and ECSE.
Figure 5
Questions for Teams to Consider When Collaborating to Enhance Blended Practices

- Do practices support families in meeting children's needs?
- Does the curriculum acknowledge and address differences among children and families?
- Do EHS professionals collaborate across disciplines?
- Is the learning environment responsive to every child?
- Is an assessment system in place with strong links to teaching and intervention?
- Is developmentally appropriate practice applied to all children?
- Are opportunities available for meaningful participation of children at every ability level?
- Are teaching strategies and modifications responsive to each child?
- Are all domains of development and content areas addressed?
- Are individualized supports available based upon identified needs?
Infant/Toddler Blended Practices (Grisham-Brown et al., 2005). Blending requires us to continuously examine our work as educators to ensure that every child receives the benefit of DAP and inclusive practices, along with individualized strategies and services to meet their needs. Figure 5 presents key aspects of blended practice (Grisham-Brown & Pretti-Frontczak, 2011), phrased as reflective questions for practitioners to consider in relation to their own work; as teams plan to address these interrelated questions, they build structures that support blended practices. Teams (whether they consist of teachers, EHS staff, or all members of a university-EHS partnership) may reflect on these questions (which are not designed to follow a specific sequence) to identify strengths, resources, and areas to address as they work to enhance their blended practice.

These practices are driven by teachers, but they also include the collaborative framework that integrates and supports those skills. EHS program principles and practices (U.S. Department of Health and Human Services, 2014) are aligned extensively with the principles of inclusion and with DEC's Recommended Practices (DEC, 2014). EHS can support blended practices and, ideally, blended preparation. Teachers prepared through field-based teacher education programs that both include and support EHS programs can be provided with direct experience in making inclusive practices work through recognizing the importance of responding to each child's individual characteristics, strengths, and needs.

Figure 6
A Teacher Candidate Uses Universal Strategies to Support Toddler Learning and Development
Teacher candidates and teacher education faculty can join the list of EHS stakeholders responsible for supporting children and families (Kruger et al., 2009) and play a role in supporting blended practices in EHS. Candidates learn and implement blended practices by working with EHS teachers and faculty to assess the learning environment, examine the curriculum and identify ways to enhance it, develop targeted activities/interventions, and support classroom assessment procedures. EHS can provide a context within which they must also learn to implement these practices with culturally and linguistically diverse families. When EHS teachers share their experiences and expertise in learning and applying culturally responsive practices, they provide authentic contexts for candidates to examine, reflect upon, and begin to embody these practices themselves (Murrell, 2000). Encouraging candidates to dialogue with teachers and caregivers around children's lived experiences increases the cultural continuity between home and school and directly supports the implementation of individualized services and supports (Valdés, Bunch, Snow, Lee, & Matos, 2005).

Activity Plans

In addition to all of the activities previously mentioned, activity plans provide an additional context where candidates directly apply their emerging knowledge and skills in blended practice. Activity plans such as the one displayed in Table 1 can include links to not only DAP, EHS and curriculum standards, and strategies for adult-child interaction, but also to individual instructional and assessment practices required for children with special needs. The clay activity in Table 1 was planned by undergraduate ECSE teacher candidates and includes examples of candidates considering the Individualized Family Service Plans goals of individual children, specific accommodations for toddlers with special needs, and additional language supports for children who might require them. Teachers supported candidates in implementing these strategies by sharing IFSP goals and facilitating conversation with visiting EI practitioners and families. Through these collaborations, candidates learned about the local, federal, and ethical
guidelines related to serving infants and toddlers with disabilities and/or developmental delays (DEC, 2014). They also learned from direct experience with collaborative models of service delivery (where teachers, EI practitioners, and caregivers work together to meet the needs of children with special needs), which are essential to the success of quality blended practices.

**Teaching Videos and Faculty Support**

Videos (and observations) of teacher candidates' planned activities and CLASS evaluations serve as tools to provide consistent feedback from teachers, faculty, and even peers. They are accepted and supported as novices in the field, but are still held accountable for providing high quality, individualized services for infants and toddlers in alignment with evidence-based practices for young children with disabilities (DEC, 2014). They are better able to accomplish this (and expand on their skills) with constant feedback before, during, and after their planned activities and interactions. EHS teachers share their expertise in linking classroom practices to the routines and needs of families in accordance with the principles of positive relationships and continuity, which are integrated into all EHS programs. Teachers and parents/caregivers can help candidates to draw connections between their program assignments (including planned activities) and children's home environments.

*Figure 7*

*A Teacher Candidate Implements Targeted Supports During Hand Washing*
Targeted Preparation on Blended Practices

Both teacher candidates and EHS teachers can benefit from consultation with faculty on their own blended practices. These interactions take place outside of the EHS classroom and serve as both professional preparation and professional development.

Step Four: Integrating Tiered Supports for Infants/Toddlers and Families

The collaboration of faculty, teachers, families, and candidates in EHS classrooms (and tiered supports to address candidates' needs) provides a context within which a more systematic approach to intervention and assessment (namely, RTI) may be considered. RTI frameworks are a means for implementing a hierarchy of support that is differentiated through a data-based decision-making process (Greenwood et al. 2011; National Professional Development Center on Inclusion [NPDCI], 2012). In early childhood settings, RTI supports must ideally include not only these components, but research-based strategies and practices as well. The use of tiered models with infants and toddlers is an emerging area of research, and limited information is available about the outcomes of RTI in birth to three (DEC, NAEYC, & NHSA, 2013). Furthermore, the implementation of RTI in EHS programs involves more than university faculty and teacher candidates; all EHS stakeholders have a role in this system, and the strategies presented here represent only one step in a long-term process that must be considered and undertaken carefully. However, field-based partnership models do hold great potential for building some of the knowledge, skills, and structures necessary for RTI to succeed.

In a partnership model, EHS teachers increase the transparency of their teaching so candidates may examine and embody the skills of an effective infant/toddler teacher during their initial field experiences. These skills include identifying children who may benefit from targeted interventions (regardless of whether an RTI framework is in use). EHS teachers can also facilitate communication between candidates and parents/caregivers and work with faculty to develop intensive interventions addressing specific needs of children at home and in the center. University faculty must coordinate, oversee, and evaluate candidates' development of interventions, providing continual guidance to ensure their appropriateness and participate directly in their delivery. Through these experiences, EHS teachers are introduced to elements of tiered models that are difficult to develop, implement, and maintain without additional assistance.
Infant/Toddler Blended Practices

Both teachers and teacher candidates can be formally introduced to specific tiered models, including the ECE RTI Framework developed by DEC, NAEYC, and NHSA (2013), which emphasizes universal, targeted, and intensive supports in a structure that is aligned with the principles of DAP and applicable to all domains of infant/toddler development. The Pyramid Model (Fox, Carta, Strain, Dunlap, & Hemmeter, 2010) is another approach to the planning and delivery of tiered supports that is inclusive of infant/toddler settings. The Pyramid Model specifically addresses social-emotional development, and teachers may find its tiers to be somewhat familiar (universal supports, for instance, consist of Nurturing and Responsive Relationships and High Quality Supportive Environments - see Figure 6), based upon their own experiences with DAP, as well as having worked directly and explicitly with candidates on understanding and embodying these practices in the classroom (and providing feedback via CLASS, LaParo et al., 2012). As tiered models are introduced, experiences within the partnership can be referenced in both teacher education seminars and professional development for EHS teachers.

In the classroom, EHS teachers may recommend activities to teacher candidates because they have specific concerns about a child and are seeking ways to address that concern in a developmentally appropriate and engaging way - see Figure 7. In this sense, activity plans (particularly when repeated over a series of days) developed to enhance the universal curriculum, become targeted interventions that address not only social-emotional skills but all developmental domains, thus serving the EHS priority of recognizing and preventatively addressing individual needs.

EHS teachers, candidates, and university faculty ideally include parents/caregivers in this partnership so that they may share their knowledge and experiences. This involvement is essential to developing seamless continuums of support as children move on to other early childhood programs and, eventually, into elementary school. Caregivers provide the essential link to children's home environments (including language, culture, routines, and priorities), enabling candidates and teachers to adapt their classroom practices to better match caregiver values and provide an increased continuity of care (Hunter & Hemmeter, 2009). Even in the absence of a formal tiered model, these teams can identify areas of need across developmental domains and design/monitor individualized interventions to implement in the classroom and/or at home (Hunter &
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Hemmeter, 2009). Candidates then help to record the child's response to the intervention at home and school, working with all partners to adapt the interventions as needed.

Wherever interventions are implemented, faculty must also ensure that a framework for the evaluation of intervention fidelity has been put in place. When interventions are implemented with integrity, children respond positively and exhibit improved outcomes (Collier-Meek, Fallon, Sanetti, & Maggin, 2013). Faculty guide candidates in selecting and developing targeted and intensive interventions, providing specific performance feedback on implemented interventions. This supports candidates' competency in implementation with fidelity, improving teaching effectiveness as a result (Hagermoser-Sanetti, Fallon, & Collier-Meek, 2013). Likewise, this also serves to enhance EHS teachers' attentiveness to consistent implementation of interventions, since they themselves may struggle to consistently implement interventions in context. In TLLSC, candidates continue their preparation around these practices as they transition to other early childhood settings in later sequences.

A partnership model plays a beneficial role in first planting the seeds of tiered supports, with subsequent program-wide professional development to expand the range of supports and services available to EHS families. As a result, EHS team members are better prepared to contextualize (and, later, apply) these practices with continued faculty support. Meanwhile, candidates learn from these initial teacher education experiences that they can collaborate successfully to design, implement, and monitor interventions with fidelity while simultaneously addressing the universal needs of the whole class through daily interactions and planned activities. This balancing of teacher roles is a high-level teaching skill that candidates often do not get an opportunity to practice until they reach their culminating student teaching experiences.

Summary

Blended practices and tiered models present complex challenges when applied to infant/toddler settings such as EHS. As early childhood teacher education is increasingly re-envisioned as an equal partnership among university faculty/candidates, EHS teachers, and infants/toddlers and their families, gaps between the preparation of teachers and their experiences in the field will be narrowed. Strong links between preparation and practice are essential to the success of blended practices and tiered models, as these collaborative approaches are most effectively mastered when teacher education and professional development are both embedded in contexts where we serve children and families. By supporting each member of these partner-
ships in meaningful roles related to the professional development of both preservice and practicing teachers, university and EHS partners can play a direct role in the collaborative relationships necessary to build, implement, and sustain blended and tiered practices with the youngest children.

**Note**

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