Military Family's Children with Special Needs: A Dual Challenge

Kathryn Furr

Martin Luther College

Graduate Studies
Martin Luther College
New Ulm, MN

GRADUATE STUDIES

MARTIN LUTHER COLLEGE

Signature Page

Date:

This field project paper has been examined and approved.

Review Committee:

_____

Dr. Alan M. Spurgin Ed.D, Chair

_____

Professor Daryl Hanneman MS

_____

Dr. Robert Klindworth Ed.D

Approved:

_____

John Meyer PhD

Director of Graduate Studies

Chapters

Introduction

Identification of the Issue

Military families are placed under a great deal of stress. The military member is
separated from spouse and children for lengthy periods of time during multiple combat
deployments. The same spouse is absent for required training exercises every two to three
years as well. The soldier in the family has long and unpredictable duty hours and there is
the ever looming threat of injury or death during routine training and peace time
missions. These are only a few challenges faced by military families. In addition, civilian
families who have a child with a disability, face higher levels of parenting stress than
others due to the greater amount of time and resources required to care for a child with a
disability. When military families have these two types of stressors, the result is a family
in need of a great deal of help and support. The Exceptional Family Member Program
(EFMP) was created for this reason (United States Medical Department, 2016; Hill &
Philpott, 2011). This program was created by the Department of Defense to assist service
members who have family members with special needs.

Importance of the Project

Family readiness equals soldier readiness equals mission readiness. This
statement is one the soldiers stationed at Fort Riley Kansas and the First Infantry Division
hold very highly. While only in the background of a soldier's service, the military family
is critical to his or her success. Positive family support boosts the service member's
morale, retention, and ability to carry out missions (Park, 2011). If the family is not a
positively functioning entity the mission is much harder to carry out. This project is
designed to help military families, who have a child with disabilities, become a more

positively functioning entity by connecting them to resources, the Exceptional Family Member Program, and developmental information in the form of a resource guide.

This project is important because a resource guide will help the family function more independently which will place the soldiers in an emotional place where they can carry out the mission assigned to them.

The Goal of the Project

The goal of this project is to create a resource guide that is easily accessible and reproducible for military families, caregivers, and teachers who have a child with special needs. The guide will contain several sections including an outline of major disabilities and how the Exceptional Family Member Program can help, key developmental milestones and the red flags that accompany the milestones, and actions parents can take to further support themselves and their child. The purpose of this project is to create a resource for primary caregivers, teachers, and parents that contain an outline of each major disability with developmental indicators and red flags. The resource will then match the disability with what the Exceptional Family Member Program can provide for the family. This completed project will finally provide families with actions they can take to further support themselves and their child.

Literature Review

Stress and family function have been associated with one another for many years. Parenting, in itself, contains the stresses of raising a healthy child, life, and finances. In addition daily parenting stress plays a critical role in the child's developmental well-being (Gerstein, Crnic, Blacher, & Baker, 2009). A family's stress increases when the family is caring for a child with a disability (Gerstein, Crnic, Blacher, & Baker, 2009). The parenting stress goes well beyond a diagnosis and an adjustment, but stretches to include the increase in care for the child, increased financial needs, and an increase in concerns by outside family members and professionals in their reactions to the child. Fallon and Russo (2003) summed the parental stress of a child with disabilities by saying this, "having a child with a disability can be views as a stressor event for families and include such things as demanding supervision requirements, the constant needs for care, treatment costs, and potential feelings of anger, embarrassment, guilt, and despair" (p.17). Families who have a child with disabilities have higher stress in their families than parents whose children are developing at a normal rate (Fallon & Russo, 2001).

Many people in the Army community say that when one person joins the military, the whole family joins, too. Military families have many unique challenges that can be problematic to a soldier's readiness to carry out any mission. Park (2011), states, "although aspects of military life can be difficult for families, positive family functioning boosts a service member's morale, retention, and ability to carry out missions" (p. 11). Military families deal with recurrent separations, frequent and sometimes sudden moves, difficult reunions, long and very unpredictable duty hours, multiple combat deployments, and the threat of death or injury. These threats are constantly on each service member,

both in routine training and on combat missions. The ability of military families to rise to these occasions and do well speaks volumes about family resilience and strength (Park, 2011). Strong and resilient military families are not without struggles and stress. Frequent moves disrupt the children's schoolwork and activities requiring adjustment to new areas and potentially new cultures.

Both children and the left behind spouse miss the deployed parent and worry about safety. The spouse is required to take on more responsibility as a single parent (Park, 2011). The ideal soldier would be free of any ties and ready to engage the mission whatever the cost, but this is not the reality for today's military. More than 80% of those currently serving are married with children (Taylor et al., 2005). Again, the requirements of the soldier create extraordinary stress for the family of the serving soldier.

Within the military there are more than 1.5 million active duty members and an estimated 540,000 of those active duty sponsors are caring for someone with special needs (Hill & Philpott, 2011). The issues stated above are truly critical to families who have a child with disabilities. Predictability is essential in every home, but is truly critical for families who have a child with disabilities. The rituals and routines that help provide structure and stability are changed constantly due to things such as longer than usual duty hours or a combat mission (Knestrict & Kuchey, 2009). In general, families appear to cope better with stress when they feel they have more control over their circumstances, or when the changes are anticipated rather than unexpected (Fallon & Russo, 2001). Due to the higher amounts of stress placed on military families and coupled with having a child with a disability many military families show significantly higher depressive symptoms, less than favorable perceptions of the military, and poor overall attitudes (Fallon &

Russo, 2003). This project, again, is designed to help military families who have a child with disabilities become a better functioning, supportive unit by connecting them to resources, the Exceptional Family Member Program, and developmental information in the form of a research guide.

Research has exploded in the field of disabilities within the last several years as more resources, support groups, and advocates for disabilities than there ever have been (Knestrict & Kuchey, 2009). Families, both military and civilian, need a strong foundation of support to help lower the stress levels of the family and to effectively care for their child with special needs (Fallon & Russo, 2001). The military does provide medical and other services at no cost to the family. However, research has shown that "medical and mental health services alone are not enough to lower stress in military families with a young child who has a disability. Military families clearly need family-centered services and community partnerships" (Fallon & Russo, 2001, p. 12). Community partnerships, including medical and mental services, need to be supportive and directly address the needs of the families. One program that works hard to address those needs is the Exceptional Family Member Program or EFMP (Hill & Philpott, 2011) which is designed to assisted families with children with disabilities. Families enrolled in this program report significantly lower stress levels (Fallon & Russo, 2001). Adaptation for families with a special needs child take time, but with the help of quality organizations that meet the direct needs of the families with special needs children, stress levels can be lowered; and continuity, support, and resilience can be fostered. This project is intended to provide military families a positive support tool.

Design

Project Development Procedure

The project development consisted of surveying military parents of a child with special needs currently enrolled in the Exceptional Family Member Program to find out what the specific needs of families were and ultimately determine what resources were most helpful for families. The purpose of this survey was to compile information from the families about their needs to help tailor the resource guide. This purpose was explained to the families in a cover letter attached to the survey (See Appendix A). The goal of the resource guide was to be an easily accessible, reproducible reference for military families, caregivers, and teachers who have a child with special needs. The guide included an outline of major disabilities and how the Exceptional Family Member Program helped families with children with disabilities. The Resource Guide included a list of key developmental milestones and the red flags that accompany the milestones. Finally, the guide included actions parents can take for further supporting themselves and their children.

Participants

The survey participants were military parents who had a child identified with a disability. The director of the Exceptional Family Member Program on Fort Riley distributed the surveys through email to the families enrolled or connected to the program. The results of the survey were the basis for the resource guide.

Assessment Plan

This project was a collaboration between the researcher and the director of the Exceptional Family Member Program (EFMP) for Ft. Riley. The current known needs of

the families were discussed and a survey was created to identify the most prominent disabilities, the top three resources the family used, and the resources that they found most helpful. The questions consisted of both closed and open ended questions in order to acquire quantitative and qualitative data about specific family needs. The surveys as well as a letter describing the goals of the study were emailed from the director of the Exceptional Family Member Program to each of the families enrolled in the program (See Appendix B).

Data Analysis

Once the surveys was returned, the researcher reviewed the information and categorize the data based on the highest number of each disability, what resources they currently use, and what resources would be most helpful to them. This review allowed the researcher to see the most prevalent disabilities in the area, what the biggest struggles were for families, as well as what needs are currently being met. Primarily based on the needs and resources the families have identified, the researcher created a resource guide to help meet the needs of the families (See Appendix C).

Limitations of the Design

The data for the analysis was limited by parental participation in the filling out of the survey. Although enrollment in the Exceptional Family Member Program is mandatory through regulation AR 608-75 EFMP (United States Medical Department, 2016; Hill & Philpott, 2011), the possibility existed that not all families would return the survey which would result in a small sample group and would not reflect all the needs of the families. The small group issue turned out to be true. A limited amount of surveys were returned with an insufficient amount information to help in developing a Resource

Guide to the EFMP. However, with the limited information and with the research by the researcher, a Resource Guide became a reality.

Introduction to Resource Guide

Introduction

Military families, who have a child with a disability, face higher levels of parenting stress than others due to the greater amount of time and resources required to care for a child with a disability. Military families also deal with lengthy separations, long and unpredictable duty hours, and the ever looming threat of injury or death during routine training and peace time missions. When military families have these two types of stressors, the result is a family in need of a great deal of help and support. This resource guide was created to be a singular place of information that is easily accessible and reproducible for military families, caregivers, and teachers who have a child with special needs. The guide contained several sections including an outline of major disabilities and how the Exceptional Family Member Program can help, key developmental milestones and the red flags that accompany the developmental milestones, and action for parents. The Resource Guide is in Appendix D.

Reflection

The Resource Guide was created to help military families who have a child with special needs. The military can be challenging to find answers to questions; it often involves several phone calls or emails that may not be returned. The document was based on the idea that parents with a special needs child would be willing to share information. Time is precious to families and educators who have children and family members with special needs. In my time spent with families of special needs children, I have found one thing to be similar to each family. They all need resources for one thing or another and information is precious to them. I found, however, that the willingness to share information was not present. I received very little information from parents about what successful resources they encountered and what resources they would find helpful. One-hundred and fifty surveys were sent out and only fourteen of them were returned with very minimal information filled out (See Appendix C). Only two parents or caregivers shared relevant and helpful resources (See Appendix C). I did not receive the wealth of information I had originally anticipated. I honestly felt as though the survey was a waste of resources. The information from the surveys was not an accurate display of what resources military families want. The guide, however, still contains an outline of major disabilities, how the Exceptional Family Member Program can help, as well as key developmental milestones and the red flags that accompany the listed milestones, and action for parents. It is my interpretation of all resources (i.e. personal experience as a military wife and a review of the literature), that I believe I did put together a quality Resource Guide for these families.

References

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Appendices

Appendix A: Sample Letter

August, 2015

Dear Parents/Guardians,

You have received this survey because you are enrolled in the Exceptional Family Member Program.

In an effort to better meet the unique needs of your family and your child, research is being done. Your response to the questions will aid in the creation of a resource guide that may include general information, local resources, and what help the Exceptional Family Member Program can provide. The average time to complete this survey is about 10 minutes. Once you have finished, please return the survey in the enclosed self-addressed envelope or feel free to scan the survey and return it via email to laura.j.mccauley2.civ@mail.mil. The surveys need to be returned by _____ 2015.

Thank you for taking a few minutes to complete this survey. The survey is 100% anonymous and all answers are confidential. The goal is to create an overall resource guide to help your family. Your help and input is greatly appreciated.

Thank you,
Kathryn O. Furr

Appendix B: Sample Survey

Exceptional Family Member Program Survey

Your honest feedback is requested to help in the process of creating a resource guide for families with children with special needs. This survey was written to research the needs of families enrolled in this program. Your responses to the questions will aid in the creation of a new resource guide, which will better meet the needs of families.
Please read each question below, and answer each question.
This survey is 100% anonymous, and all answers are confidential. Thank you for taking a few minutes to complete this survey. Your help is greatly appreciated!

1. How many children with special needs do you have?

2. What is the age of the child with special needs? If you have more than one please list the age of each.

3. What are the ages of your other children with special needs? (not including the child listed above)

4. Please circle which of the following best describes your child's special needs:

Chronic Medical/Physical health condition

Communication Disabilities

Emotional/Behavioral Disabilities

Hearing Impaired

Vision Difficulties

Medically Fragile

Multiple Disabilities

Severe Disabilities

Developmental or Intellectual Disability

Autism or Pervasive Developmental Delay (PDD)

Cerebral Palsy (CP)

Mental Health Condition

Learning Disability

Attention-Deficit Hyperactivity Disorder (ADHD)

Other (Please Specify)_____

5. What are the top three resources have you used to help with the unique need of your child or family?

Ex. I use the Autism Speaks website for the list of Apps they have.

Resource 1:
_____

Resource 2:
_____

Resource 3:
_____

6. What, if any, resources do you feel would be the most helpful to you and your family?

1.
_____

2.
_____

3.
_____

4.
_____

7. What are your concerns about raising a child with special needs and being a military family?

_____

_____

_____

Appendix C: Completed Returned Surveys Link

Appendix D Resource Guide

Exceptional Family Member Program (EFMP) {created by the Department of Defense}
Resource Guide
Introduction

Military families, who have a child with a disability, face higher levels of parenting stress than others due to the greater amount of time and resources required to care for a child with a disability. Military families also deal with lengthy separations, long and unpredictable duty hours, and the ever looming threat of injury or death during routine training and peace time missions. When military families have these two types of stressors, the result is a family in need of a great deal of help and support. This resource guide was created to be a singular place of information that is easily accessible and reproducible for military families, caregivers, and teachers who have a child with special needs. The guide contains several sections including an outline of major disabilities and how the Exceptional Family Member Program can help, key developmental milestones and the red flags that accompany the developmental milestones.

Table of Contents for Resource Guide

An Outline of the Major Disabilities within the Exceptional Family Member Program

       Chronic Medical/Physical health condition: This is any health condition that is persistent or long-lasting (more than 3 months) (Goodman, 2013).

       Communication Disabilities: A disorder in the ability to receive, send, process, or comprehend concepts. The disorder may be present in the process of hearing, language, and or speech. It can range in severity from mild to severe. Deficits can be found in speech, language, hearing or central auditory processing. A speech disorder is the impairment of articulation, fluency, sound, or voice. A language disorder is the impairment of comprehension, spoken and or written language. Ring disorders result from an impaired auditory sensitivity (deaf, hard of hearing). Central auditory processing disorders are limitations in the transmission, analysis, organization, transformation, elaboration, storage, retrieval, and use of information contained in heard signals (Definitions of Communication Disorders and Variations, 1993).

       Emotional/Behavioral Disabilities: These are characterized by exhibiting one or more emotionally based characteristics of a sufficient duration, frequency and intensity. The characteristics are an inability to build or maintain interpersonal relationships with peers, teachers, or caregivers. An inability to learn which is not attributed to any intellectual, sensory or health factors, consistent inappropriate behavior or feelings, pervasive unhappiness or depression and finally a tendency toward developing physical symptoms or unreasonable fears associated with personal problems or school (Behavior Disorders: Definitions, Characteristics & Related Information, 2016).

       Hearing Impaired: Hearing impairments are categorized according to the hearing system damaged. The three types of hearing loss are: conductive hearing loss, sensorineural hearing loss, and mixed hearing loss. Conductive hearing loss occurs when sound is not conducted efficiently through the outer ear canal to the middle ear. It reduces the ability to hear sound levels or the ability to hear faint sounds. Sensorineural hearing loss (SNHL) is the most common type of hearing loss; it occurs when there is damage to the inner ear or the nerve pathways from the inner ear to the brain. SNHL reduces the ability to hear sound which makes sound that is loud enough to hear come across as muffled or unable to be understood. Mixed hearing loss is a combination of sensorineural

hearing loss (SNHL) and conductive hearing loss. There is damage to the outer, inner, middle ear or the auditory nerve (Hearing Loss, 2015).

Vision Difficulties: Vision difficulties are defined by any limitation of the visual system (eye). The most common impairment affect the clarity or sharpness of the image (what you can see) or the visual field (Vision, n.d.).

Medically Fragile: Any chronic physical condition which results in a prolonged dependency on necessary, daily, nursing, care. These include but are not limited to: External Feeding Tubes, Total Parenteral Feeding Dependent (all nutritional needs are supplied by bypassing the digestive system and are given directly into a vein), Cardiorespiratory Monitoring, Intravenous Therapy, Ventilator dependent, Oxygen, Renal Dialysis, Urinary Cauterization and limitations imposed by tracheotomy, colostomy, Ileostomy, or other surgical procedures (What Defines a Medically Fragile Child?, 2010).

Multiple Disabilities: Under the Individuals with Disabilities Education Act (IDEA) multiple disabilities refers to simultaneous impairments that cause severe educational needs. These are needs that must both be accommodated for within a special education program. Deaf-blindness is not included in this current definition of Multiple Disabilities (Fenell, 2015).

Severe Disabilities: Under IDEA severe disabilities refers to an individual with a disability with substantial functional limitations. The severe mental or physical impairment limits mobility, communication, self-care, self-direction, social skills, or work skills (Severe Disabilities, 2013).

Developmental or Intellectual Disability: A disability characterized by any significant limitations in mental capacity, such as learning, reasoning, or problem solving and adaptive behavior such as social and practical skills. The disability must originate before the age 18 (Intellectual Disability, 2015).

Autism or Pervasive Developmental Delay: A complex neurobehavioral disability that includes impairments in social skills, developmental language, and communications skills. These impairments are combined with rigid, repetitive behaviors that define the disability. This disability covers a wide range of limitations (What Is Autism?, 2015).

Cerebral Palsy: An impairment or loss of motor function caused by brain damage due to an injury or abnormal brain development. This can occur before birth, during birth, or immediately after birth. Body movements, motor skills, oral functioning (speech), muscle control, muscle tone, reflex, posture and balance are all functions that can be affected (The Ultimate Guide for Everything Cerebral Palsy, 2015).

Mental Health Condition: Encompasses a wide range of conditions that affect mood, behavior, and thought process.

Learning Disability: A neurological disorder that affects an individual's ability to read, write, speak, spell, compute math, reason. It can also affect attention, memory, coordination, social skills and even emotional maturity. All of these interfere with the individual's ability to process, produce and store information (What is a Learning Disability?, 2015).

Attention Deficit Hyperactivity Disorder (ADHD): A mental health condition with symptoms varying from person to person. Symptoms include inattentiveness, impulsivity, and hyperactivity ADHD has three subtypes: predominantly hyperactive-impulsive, predominantly inattentive, and, combined hyperactive-impulsive and inattentive (Attention Deficit Hyperactivity Disorder, 2015).

Services Offered by the Exceptional Family Member Program

The Exceptional Family Member Program (EFMP) is a Deparment of Defense (DOD) mandatory program designed to assist active duty and full-time National Guard Service members who have a family member that special needs. This program works with other military and civilian agencies to provide the most comprehensive and coordinated support for the necessary housing, medical, and educational services (United States Medical Department, 2016; Hill & Philpott, 2011).

EFMP manager

At each Army Post there is an Army Community Services center where an Exceptional Family Member Program Manager is available. This is designed to ensure that the family receives the comprehensive and coordinated care available. The manger is available to discuss any needs of the exceptional family member and recommend

appropriate resources at the local, state and national levels (United States Medical Department, 2016; Hill & Philpott, 2011).

Support Groups

Support groups are available through the program, which provide support, encouragements and discussion. Discussions are both formal and information which allows families to share information, hopes, fears and plans with other families in similar situations (United States Medical Department, 2016; Hill & Philpott, 2011).

Respite Care

Respite care provided through the program allows families and caregivers temporary relief. This allows the family to engage is regular daily activities while providing some rest and relaxation. This improves the family's ability to cope with daily and regular responsibility, help with stability during times of crisis and preserves the overall family unit. These services can range from just a few hours of care to up to three months depending on the needs of the family (United States Medical Department, 2016; Hill & Philpott, 2011).

Housing

Housing can be a significant issue for families that require modified living spaces. Each duty station is equipped with special housing for families with special housing requirements, such as wheelchair friendly. Military families relocate often and tend to deal with the same issues each time the family moves. The EFMP manager is designed to make the transition as smooth as possible (United States Medical Department, 2016; Hill & Philpott, 2011).

Recreation Programs

Recreation participation or EFMP friendly events. These are designed to be enjoyable family friendly events where individuals can gain new skills, learn acceptable and unacceptable behaviors, and learn to fit in as a group (United States Medical Department, 2016; Hill & Philpott, 2011).

Developmental Milestones or Key Developmental Indicators from Birth to One Year

These Key Developmental Indicators are taken from the High Scope Educational Research Foundation. Each of the Key Developmental Indicators is a "statement that identifies an observable child behavior, reflecting knowledge and skills in areas such as, language and literacy, math, creative arts, and physical development" (Key Developmental Indicators-KDI, 2015 (P.1); Puckett & Black 2005).

Approaches to Learning

-Initiative: Children express initiative.

-Problem solving: Children solve problems encountered in exploration and play.

-Self-help: Children do things for themselves.

Social and Emotional Development

-Distinguishing self and others: Children distinguish themselves from others.

-Attachment: Children form an attachment to a primary caregiver.

-Relationships with adults: Children build relationships with other adults.

-Relationships with peers: Children build relationships with peers.

-Emotions: Children express emotions.

-Empathy: Children show empathy toward the feelings and needs of others.

-Playing with others: Children play with others.

-Group participation: Children participate in group routines.

Physical Development and Health

-Moving parts of the body: Children move parts of the body (turning head, grasping, kicking).

-Moving the whole body: Children move the whole body (rolling, crawling, cruising, walking, running, balancing).

-Moving with objects: Children move with objects.

-Steady beat: Children feel and experience steady beat.

Communication, Language, and Literacy

-Listening and responding: Children listen and respond.

-Nonverbal communication: Children communicate nonverbally.

-Two-way communication: Children participate in two-way communication.

-Speaking: Children speak.

-Exploring print: Children explore picture books and magazines.

-Enjoying language: Children enjoy stories, rhymes, and songs.

Cognitive Development

-Exploring objects: Children explore objects with their hands, feet, mouth, eyes, ears, and nose.

-Object permanence: Children discover object permanence.

-Exploring same and different: Children explore and notice how things are the same or different.

-Exploring more: Children experience "more."

-One-to-one correspondence: Children experience one-to-one correspondence.

-Number: Children experience the number of things.

-Locating objects: Children explore and notice the location of objects.

-Filling and emptying: Children fill and empty, put in and take out.

-Taking apart and putting together: Children take things apart and fit them together.

-Seeing from different viewpoints: Children observe people and things from various perspectives.

-Anticipating events: Children anticipate familiar events.

-Time intervals: Children notice the beginning and ending of time intervals.

-Speed: Children experience "fast" and "slow."

-Cause and effect: Children repeat an action to make something happen again, experience cause and effect.

Creative Arts

-Imitating and pretending: Children imitate and pretend.

-Exploring art materials: Children explore building and art materials.

-Identifying visual images: Children respond to and identify pictures and photographs.

-Listening to music: Children listen to music.

-Responding to music: Children respond to music.

-Sounds: Children explore and imitate sounds.

-Vocal pitch: Children explore vocal pitch sounds.

Developmental Milestones or Key Developmental Indicators From Two Years to Five Years

    These Key Developmental Indicators are taken from the High Scope Educational Research Foundation. Each of the Key Developmental Indicators is a "statement that identifies an observable child behavior, reflecting knowledge and skills in areas such as, language and literacy, math, creative arts, and physical development" (Key Developmental Indicators-KDI. 2015).

Approaches to Learning

-Initiative: Children demonstrate initiative as they explore their world.

-Planning: Children make plans and follow through on their intentions.

-Engagement: Children focus on activities that interest them.

-Problem solving: Children solve problems encountered in play.

-Use of resources: Children gather information and formulate ideas about their world.

-Reflection: Children reflect on their experiences.

Social and Emotional Development

-Self-identity: Children have a positive self-identity.

-Sense of competence: Children feel they are competent.

-Emotions: Children recognize, label, and regulate their feelings.

-Empathy: Children demonstrate empathy toward others.

-Community: Children participate in the community of the classroom.

-Building relationships: Children build relationships with other children and adults.

-Cooperative play: Children engage in cooperative play.

-Moral development: Children develop an internal sense of right and wrong.

-Conflict resolution: Children resolve social conflicts.

Physical Development and Health

-Gross-motor skills: Children demonstrate strength, flexibility, balance, and timing in using their large muscles.

-Fine-motor skills: Children demonstrate dexterity and hand-eye coordination in using their small muscles.

-Body awareness: Children know about their bodies and how to navigate them in space.

-Personal care: Children carry out personal care routines on their own.

-Healthy behavior: Children engage in healthy practices.

Language, Literacy, and Communication

-Comprehension: Children understand language.

-Speaking: Children express themselves using language.

-Vocabulary: Children understand and use a variety of words and phrases.

-Phonological awareness: Children identify distinct sounds in spoken language.

-Alphabetic knowledge: Children identify letter names and their sounds.

-Reading: Children read for pleasure and information.

-Concepts about print: Children demonstrate knowledge about environmental print.

-Book knowledge: Children demonstrate knowledge about books.

-Writing: Children write for many different purposes.

-English language learning: (If applicable) Children use English and their home language(s) (including sign language).

Mathematics

-Number words and symbols: Children recognize and use number words and symbols.

-Counting: Children count things.

-Part-whole relationships: Children combine and separate quantities of objects.

-Shapes: Children identify, name, and describe shapes.

-Spatial awareness: Children recognize spatial relationships among people and objects.

-Measuring: Children measure to describe, compare, and order things.

-Unit: Children understand and use the concept of unit.

-Patterns: Children identify, describe, copy, complete, and create patterns.

-Data analysis: Children use information about quantity to draw conclusions, make decisions, and solve problems.

Creative Arts

-Art: Children express and represent what they observe, think, imagine, and feel through two- and three-dimensional art.

-Music: Children express and represent what they observe, think, imagine, and feel through music.

-Movement: Children express and represent what they observe, think, imagine, and feel through movement.

-Pretend play: Children express and represent what they observe, think, imagine, and feel through pretend play.

-Appreciating the arts: Children appreciate the creative arts.

Science and Technology

-Observing: Children observe the materials and processes in their environment.

-Classifying: Children classify materials, actions, people, and events.

-Experimenting: Children experiment to test their ideas.

-Predicting: Children predict what they expect will happen.

-Drawing conclusions: Children draw conclusions based on their experiences and observations.

-Communicating ideas: Children communicate their ideas about the characteristics of things and how they work.

-Natural and physical world: Children gather knowledge about the natural and physical world.

-Tools and technology: Children explore and use tools and technology.

Social Studies

-Diversity: Children understand that people have diverse characteristics, interests, and abilities.

-Community roles: Children recognize that people have different roles and functions in the community.

-Decision making: Children participate in making classroom decisions.

-Geography: Children recognize and interpret features and locations in their environment.

-History: Children understand past, present, and future.

-Ecology: Children understand the importance of taking care of their environment.

Developmental Red Flags from Birth to 3 years

Birth to one year

Has trouble moving eyes or crosses them most of the time

Doesn't respond to loud noises

Doesn't notice own hands (by 2 months)

Doesn't follow moving objects with eyes (by 3 months)

Doesn't grasp objects (by 3 months)

Doesn't smile at people (by 3 months)

Can't support head (by 3 months)

Doesn't babble or try to imitate sounds (by 4 months)

Doesn't bring objects to mouth (by 4 months)

Doesn't push down with legs when feet are on firm surface (by 4 months)

Seems very stiff, with tight muscles

Seems very floppy, like a rag doll

Head still flops back when body is pulled to a sitting position

Reaches with only one hand

Refuses to cuddle

Shows no affection for the person who cares for him

Persistent tearing, eye drainage, or sensitivity to light

Difficulty getting objects to mouth

Doesn't roll over in either direction (by 5 months)

Can't sit with help (by 6 months)

Doesn't laugh or make squealing sounds (by 6 months)

By One Year

Doesn't crawl or drags one side of body while crawling

Can't stand when supported

Doesn't search for objects that he sees being hidden

Says no single words

Doesn't use gestures such as shaking head "no"

Doesn't point to objects or pictures

Can't walk (by 18 months)

Doesn't walk heel-toe within a few months of walking

By Two Years

Doesn't speak at least 15 words

Doesn't use two-word sentences

Doesn't imitate actions or words

Doesn't follow simple instructions

Can't push a wheeled toy

By Three Years

Frequently falls or has difficulty with stairs

Drools persistently or speaks unclearly

Can't build a tower of more than four blocks

Has trouble manipulating small objects

Can't copy a circle

Can't communicate in short phrases

Doesn't engage in pretend play

Doesn't understand simple instructions

Shows no interest in other children

Makes poor eye contact

Has little interest in toys (Black and Puckett, 2005)

Actions parents can take

The best time to get help for your child is before he or she enters elementary school. Early intervention is the key and it can help prevent more serious problems later on. Talk with your child's doctor about your specific concerns. Use your child's care givers or teachers as a resource and contact the local school district for assistance. Always be your child's advocate because no one knows your child better or more completely than you do.

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