




Specially Designed Instruction: Quality Practices for Inclusive Settings

Core Component	Contribution to the Outcome	Ultimate Use in Practice	Developmental Use in Practice	Unacceptable Use in Practice
Name and description of this component	Why this core component is important to achieving the outcome	Description of practitioner behavior 	Description of practitioner behavior	Description of practitioner behavior
1. Need for SDI is determined through high quality evaluations	<i>A comprehensive and multidisciplinary approach that assesses and analyzes all areas of a child's development will yield needs statements that are actionable and relevant</i>	<ul style="list-style-type: none"> • Evaluation practices are comprehensive and early childhood evaluations include diagnostic assessments in all areas of development: cognitive, language, motor, social emotional and adaptive skills • Assessment Information is contributed by all those who know and work with the child • Information is interpreted from multiple perspectives to design a comprehensive plan that all IEP/evaluation team members can support, active participation by all members of the team to identify needs 	<ul style="list-style-type: none"> • Assessed in all areas of suspected disability • Use a variety of assessment tools and plans for individual children's needs • The evaluation includes a description of the disability • The evaluation describes how the disability affects the child's development • A statement of the child's needs is based on evaluation results • Participation by all required members of the team 	<ul style="list-style-type: none"> • Limited information is gathered or used in the determination of the child's needs • Assessment plans are repeatedly used for all children, not individualized • Parent information not invited or included in the evaluation process •
2. SDI is developed through IEP Team's advanced and intentional planning based on the needs of the child as identified in the evaluation	<i>A team approaches ensures that all educators on the child's IEP team contribute information and ideas and develop supports and strategies to meet high level expectations</i>	<ul style="list-style-type: none"> • Trust, common language collaboration skills are displayed • Considers dosage needed -- what child can tolerate, how long, how much, changes needed, adjustments needed, evolves based on child's progress 	<ul style="list-style-type: none"> • Designed by special education teacher • Considers changes to method, content, delivery (must include accommodations, modifications if necessary) • Goals embedded throughout the day 	<ul style="list-style-type: none"> • Little to no collaboration among practitioners • Identical goals from child to child • Repetition of accommodations and modifications • Planned activities are not developmentally


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		<ul style="list-style-type: none"> • Curriculum Planning Matrix used to establish what the goals are and when and how to implement them across the day • Use of task analysis to monitor fidelity of implementation by teachers and other support personnel • Co-Teaching situations include shared responsibilities that are distributed equitably • There are written roles for each of the educators working with children in the classroom 	<ul style="list-style-type: none"> • Includes methodologies that are based on evidence-based practices • SDI is scheduled to support access to general education curriculum and peers • Adaptations to the curriculum are made-- how much participation, level of content, additional content is provided 	<p>appropriate—too far above or below child’s skill level</p> <ul style="list-style-type: none"> • Limited understanding of the child’s strengths, needs, interests • Limited or no reflection on the impact of the plan, current data on the child • IEP goals are based on tier one instruction—already being taught to all children
3. The delivery of SDI is individualized for each child	<i>Every child has the right to receive an individualized education based on his or her needs. The way it is delivered is customized and personalized because each child has unique needs.</i>	<ul style="list-style-type: none"> • SDI is delivered with specific attention to all the following: how the content, the methodology and the delivery of the instruction was designed to address the unique needs of each child • Delivered in such a way that enables the child to access 	<ul style="list-style-type: none"> • SDI is individualized to the student need • Based on evidence-based practices • Goals are measurable • Implemented by the special education teacher, related services provider • Supported through practice activities by paraprofessionals, 	<ul style="list-style-type: none"> • SDI delivered is based more on what is usually provided rather than what is needed • SDI is not individualized to each child • Delivery is unpredictable, infrequent, inconsistent • Not based on an evidence-based practice • Not delivered with fidelity

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		<p>the general education offered to all children</p> <ul style="list-style-type: none"> • Skills and strategies taught and practiced have evidence to show that they will overcome the barriers or needs identified in the evaluation. • Uses Co-teaching models, and knows and addresses/avoids the potential pitfalls through planning together, collaboration, importance of open-ended conversations, role identification, reflection • Practices designed and delivered are shared with parents to support their interactions with their child 	<p>parents, administrators, coaches, related service providers and general education teachers</p> <ul style="list-style-type: none"> • Adaptations to the curriculum are made-- how much participation, level of content, additional content is provided • Adaptations to the delivery are made, e.g. pre-teaching, small group, 1:1 instruction is provided 	<ul style="list-style-type: none"> • Not delivered by qualified providers
4. Progress on the SDI delivered is monitored by the special educators responsible for goals, services	<i>Frequent and ongoing progress monitoring by those providing special education services with input from IEP team members ensures timely responsive adjustments to intervention strategies.</i>	<ul style="list-style-type: none"> • Use a variety of progress monitoring tools: anecdotal notes, work samples, checklists, photos, videos • Obtain input on goals from all members of the IEP team • Uses qualitative and quantitative data to 	<ul style="list-style-type: none"> • Uses progress monitoring tools: Goal attainment scaling, observations, parent input, rubrics, task analysis reports • Progress monitoring data is collected regularly for each goal or learning objective and informs iep goal progress 	<ul style="list-style-type: none"> • Not recording progress • Not reviewing children's progress during instruction, after instruction • Not collecting data or evidence of progress

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	<p><i>There is a link between progress on the curriculum and the iep goals.</i></p>	<p>represent performance on learning activities</p> <ul style="list-style-type: none"> • Information collected identifies strengths and areas of interest • Reviews include reflection on fidelity and changes in performance to make decisions to continue the program/intervention 	<ul style="list-style-type: none"> • Progress is reported for children with disabilities as often as non-disabled children • Reviews of the child’s progress includes reflection on fidelity of implementation of the prescribed activities, supports, services 	<ul style="list-style-type: none"> • Not using progress information to design next steps • Not sharing progress information • Not include multiple perspectives from a variety of personnel or settings on progress