

Environment

Young children who have or are at risk for developmental delays/disabilities learn, play, and engage with adults and peers within a multitude of environments such as home, school, child care, and the neighborhood. Environmental practices refer to aspects of the space, materials (toys, books, etc.), equipment, routines, and activities that practitioners and families can intentionally alter to support each child’s learning across developmental domains. The environmental practices we address in this section encompass the physical environment (e.g., space, equipment, and materials), the social environment (e.g., interactions with peers, siblings, family members), and the temporal environment (e.g., sequence and length of routines and activities). They relate not only to supporting the child’s access to learning opportunities but also ensuring their safety. It is important for practitioners to remember that these environmental dimensions are inextricably intertwined for young children who have or are at risk for developmental delays/disabilities and their families. Through implementation of the environmental practices, practitioners and families can promote nurturing and responsive caregiving and learning environments that can foster each child’s overall health and development.

We recommend the following practices associated with the child’s environment:

E1

Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child’s access to and participation in learning experiences.

Examples

- An occupational therapist visits a family during meal time in their home to help the parents problem solve positioning or feeding strategies, so their child can eat and socialize with the entire family instead of eating before or after the rest of the family.
- A physical therapist goes on a shopping trip to assist a parent of a child who uses an assistive device for mobility, to develop a new routine to ensure the child’s safety while navigating the parking lot and store.

E2

Practitioners consider Universal Design for Learning principles to create accessible environments.

Examples

- Program directors and early childhood teachers ensure that the physical environment of the early childhood center and classrooms are accessible to all children and allow for easy traffic flow between areas and activities.
- Teaching and learning opportunities are embedded throughout children’s daily routines and activities regardless of where children spend time. For example, the speech therapist supports family members to prompt their child to use the word “more” while eating dinner, taking a bath, and playing in the park.

E3

Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.

Examples

- The itinerant early childhood special education teacher works with a childcare provider to modify transitions in the childcare setting by posting a visual schedule of the daily routine.
- A developmental specialist works with family members to find resources to modify their home so their child who uses a walker can move easily from place to place.
- An early childhood teacher modifies a popular board game (e.g., he adds an easy to grasp foam handle to game pieces) so that a child who has difficulty grasping can access and play the game with classroom peers.

E4

Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences.

Examples

- A physical therapist, when developing goals or objectives with family members and other members of the child's team, discusses assistive technology as a strategy to help meet the child's goals.
- A speech language pathologist works with family members to incorporate the use of a child's voice output device across the family's daily routines (e.g., using the device during the child's morning routine so he can communicate what he wants to eat for breakfast).

E5

Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.

Examples

- An early childhood special education teacher lends families assistive technology devices (e.g., switches, voice-output systems, adapted electronics) from the school's assistive technology library, so they can evaluate these devices before purchasing them.
- A speech language pathologist supports family members as they try a communication device that has four prerecorded messages prior to deciding on a more complex device with computer-generated voice output and additional messages.

E6

Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.

Examples

- An early childhood teacher incorporates movement and physical activities into his preschool classroom's daily routines. For example, each day children choose a movement or stretch (e.g., hopping, marching, touching their toes) and the number of the month determines how many movements the children complete together during circle time.
- A physical therapist works with families and other adults to identify strategies in the environment to encourage children to walk, crawl, wiggle, scoot, reach, roll, kick, or move in any other way they can. For example, she shows family members how to place desired toys in sight but out-of-reach to encourage locomotion.