

PRESCHOOL/EARLY INTERVENTION CHECKLIST

The checklist below is a guide; include any additional thoughts and reminders on a separate sheet of paper. Go over your responses with other advocates who are visiting the program and compare your responses before your second visit and before your final decision. You may want to color code your replies so that you can use the same list for both visits (i.e. red for first visit; blue for second).

PROGRAM SIZE, SCHEDULE

- ___ Number of children enrolled
- ___ Number of teachers on staff
- ___ Number of aides & volunteers
- ___ Number & types of direct care specialists on staff

- ___ Average attending daily
- ___ Average daily adult-pupil ratio
- ___ Year round or Sept. - June program?
- ___ Half-day or full-day program?
- If both, what number in each session: ___ AM ___ PM
- ___ Is lunch included?

ENVIRONMENT

Write a Y on the line for affirmative replies and an N for negative replies. Place a star on the line for questions, points to discuss, unknowns or requiring further information.

- ___ Is atmosphere positive & relaxed?
- ___ Do staff respond well to the children?
- ___ Is there a clear routine & easy flow?
- ___ Do children seem happy & active, not bored or anxious?

BEHAVIORAL APPROACHES

- ___ Are activities & materials arranged to minimize problems?
- ___ Are children encouraged to interact with staff & peers?
- ___ Do staff provide ample praise & reinforcing physical contact?
- ___ Is there effective limit setting?
- ___ Is behavior managed by positive methods rather than anger? e.g., reinforcing good behavior, affirmation redirection/ reminders & gentle physical guidance
- ___ If punishment is used, is it part of a planned program, approved by parents & supervised by a psychologist?

PROGRAM ACTIVITIES

- ___ Is there a daily program curriculum & chart of activities?
- Are the activities:
 - ___ varied & appealing to children?
 - ___ suitable for developmental & age level?
 - ___ individually tailored/adapted?
 - ___ well paced, evenly balanced?
- ___ Are all self-care skills included daily (e.g. dressing, toilet training)?
- ___ Are all major learning areas covered (i.e., motor, intellect, speech-language, social/personal)?
- ___ Are activities taught via natural situations. rather than artificial/boring ones - even if repetition is needed?
- ___ Are activities geared to increase child's independent control of physical &/or social environments?
- ___ Are activities geared to prepare the child for primary level school requirements (e.g. following directions, problem solving, group adjustment)?

TEACHING METHODS

- ___ Are all learning groups used? (1:1, 1:2/sm gps. 1:3-4/lg gps 1:5 on)
- ___ Is discovery/experiment approach with minimum adult directives used?
- ___ Do staff convey & encourage laughter, playfulness in learning?
- ___ Are children encouraged to initiate interactions?
- ___ Do staff refrain from needless conversing with each other?
- ___ Do staff converse with & include children easily?
- ___ Are staff supportive of withdrawn, inattentive children?

STAFF INVOLVEMENT

- ___ Are there experienced, appropriately credentialed & graduate-degree level administrators & teachers?
- ___ Do staff & parents perform a yearly in-house program evaluation?
- ___ Is there no (or low rate or) staff turnover during year?
- ___ Is there dependable staff attendance throughout year
- ___ Is staff training held at the facility?
- ___ Does training relate to special needs as well as early childhood development?
- ___ Does staff have occasional meetings with outside service providers during year for information sharing & program consistency?

RECORD KEEPING

- ___ Does staff maintain progress & behavioral notes/charts?
- ___ Do records include:
 - ___ preschool checklists
 - ___ developmental lists
 - ___ anecdotal materials
 - ___ home notes
 - ___ samples of child's work
 - ___ Medical/therapy information
 - ___ ISP/IEP
 - ___ Quarterly reports
- ___ Are records on a child readily available to parents

COMMUNITY ACTIVITIES

- ___ Do community members visit & interact with the children? (e.g., police, fire, bus personnel)
- ___ Does the program conduct field trips?
- ___ Is transportation provided & appropriate?
- ___ Is staff-pupil ratio on trip adequate for safety?
- ___ Can 1:1 ratio be provided if your child needs it?
- ___ Are parents invited to participate in trips, if they so desire?

FAMILY INVOLVEMENT & PARENT RELATIONS

- ___ Is home communication ample? (circle those used)
 - staff letters teacher notes
 - bulletin board home-school book
 - telephone home visits
 - school visits newsletters
- ___ Do parents observe or participate regularly?
- ___ Is there one-way glass for observation?
- ___ Does a staff member join a parent during observation?
- ___ Are parents free to observe without prior notice?
- ___ Does facility hold family celebrations (holiday parties, etc.)?
- ___ Is there a special parent resource area?
- ___ If yes, does the parent area have up-to-date parenting materials? (Check those on display.)
 - ___ magazines ___ articles
 - ___ books ___ pamphlets
- ___ Is there a loan library for parents?
- ___ Is there a mother's/father's group?
- ___ Is there a sibling group?
- ___ Is there a parent elected/organized parent group?
- ___ Are parent training sessions held regularly?

PRESCHOOL/EARLY INTERVENTION CHECKLIST

- ___ Do parents determine topics?
- ___ Are parent adjustment checklists used?
- ___ If yes, are they shared with the parent?
- ___ If no, may parents refuse to have them used &/or supplant them with a shared adjustment inventory?
- ___ Are staff available for parent emergencies?
- ___ Can staff provide referral services for family support needs?
- ___ Does the facility honor/promote ethnic, cultural & specialized family diversity?

ATTITUDES TOWARD PARENTS

- ___ Are self-esteem & parent empowerment encouraged?
- ___ Are parent suggestions welcomed & actively sought?
- ___ Are parents regarded as equal partners with professionals?

HOME SERVICES

- ___ Is there a home-based component?
(If yes, circle service provider)
teacher social worker
specialized therapist
- ___ Are home services on a regular planned basis? (circle)
weekly monthly quarterly
- ___ If there is no formal home service, are home suggestions offered through other means?

PHYSICAL ENVIRONMENT

- Survey rooms' physical condition for a few moments as you enter each one.
- ___ Are there enough rooms for the number of children?
 - ___ Are rooms large enough?
 - ___ Are areas in rooms well divided?
 - ___ Are rooms: clean? attractive? well maintained?

DECORATIONS

- ___ Are decorations multi-sensory?
- ___ Are materials placed at child eye/ tactile contact level? (lower)
- ___ Are they placed so that they do not distract learning & quiet times?
- ___ Are decorations culturally, ethnically, sexually & special needs inclusive?
- ___ Are they developmentally & age appropriate?

LIGHTING

- ___ Is there sufficient natural light?

- ___ Are children placed so light is from above/behind rather than shining in their eyes?
- ___ Are there areas where your child can be placed to discourage light gazing without separating him/her from group?
- ___ If there are neon lights, are they flicker & noise free?

NOISE LEVELS

- ___ Can rooms accommodate the number of children without being noisy & chaotic?
- ___ Are quiet areas adequate for sensitive children? (especially those who depend on sound to organize/orient)

TYPES OF PLAY & LEARNING EQUIPMENT

- ___ Is there a sufficient amount & good variety of: (circle)
books
puzzles & construction sets
exploratory/problem solving toys
multi-sensory toys
fantasy materials
art materials
musical instruments/toys
tape record/players
active/socializing equipment
rest & relaxation equipment

EQUIPMENT

- ___ Is there ample play & learning equipment?
- ___ Is equipment in good condition?
- ___ Is equipment adapted, or adaptable, for your child's independent use?
- ___ During bad weather is there ample active equipment & room to provide good variety of activity?
- ___ Is equipment safe to use with minimal supervision?

SAFETY

- ___ Are potentially dangerous materials supervised properly?
- ___ Are there smoke alarms & fire extinguishers installed?
- ___ Are emergency telephone numbers posted?
- ___ Are emergency exit routes clearly defined?
- ___ Is a nurse available in room/building during program hours?

SPECIAL CONSIDERATIONS

- ___ Are pathways clear?
- ___ Is furniture & pathways consistently placed?
- ___ Are areas marked so that low vision children can move independently?

- ___ Are edges on stairs, tables, walls well defined (e.g., via contrast color and/or textures)?
- ___ Are braille labels, tactile or color coding used to identify furniture/ materials/ personal possessions?
- ___ Is furniture correct for child's size?
- ___ Is the general atmosphere quiet enough for your child to feel secure, or navigate & communicate easily?
- ___ If sign language is used, is it continual, proficient?
- ___ Are there staff who sign in mode & at level recommended for child?
- ___ If not, can program provide such communication for your child?
- ___ If communication boards are used, are they used naturally & easily by staff with child at all times?
- ___ Are there rims on tables & trays for work with manipulative toys/ adaptive materials?
- ___ Is there a good variety of adaptive movement equipment? (circle)
head pointers self feeding aids
adaptive chairs prone/string boards
seal inserts wedges
toileting aids corner chairs
mobility trikes positioning bolsters
crawlers others

OUTDOOR CONSIDERATIONS

- ___ Is there a large, well-maintained yard?
- ___ Is it easily accessible by wheelchair?
- ___ Is it fenced in?
- ___ Is it reasonably level (so child won't trip, wheelchairs can move, or child with low vision can move safely?)
- ___ Does it have ground cover? (circle type)
grass asphalt
bark chips sand

EQUIPMENT & SPACE

- ___ Are there ample outdoor toys & active motor equipment?
- ___ Does the area contain the following:
(circle)
low climbers/jungle gym water area
small see-saw low slide
swings/hammocks sand pit
moving vehicles (riding car, trike)
wheelchair/ strolling area
ball play & circle area
adapted motor equipment
- ___ Are there pads beneath climbing equipment?
- ___ Is the equipment in good condition?
- ___ Is the equipment assessed/replaced annually as needed?