

## SF Inclusion Networks: Inclusive Practices Indicators

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

<b>CHILD LEVEL</b>		
<b>Universal Screening</b>	<b>Stage (0-10)</b>	<b>Comments</b>
1. Teachers/other program staff conduct annual screening (i.e., ASQ-3, ASQ-SE, health) with all children in the program		
2. Teachers/other program staff conduct follow-up family-staff conversations with all families to gain insight into their children's development (strengths and needs) after administering the screenings		
3. Teachers/other program staff convene child support team meetings for children whose screenings indicate developmental concerns		
<b>Child Support Team (Multi-Disciplinary Team)</b>	<b>Stage (0-10)</b>	<b>Comments</b>
4. Site administrator ensures that a child support team is established and includes: family, site administrator, mental health consultant, family advocate, teacher, and other relevant consultants such as a public health nurse.		
5. Designated lead staff person routinely convenes the child support team to facilitate problem-solving about child's development both at school and at home		
6. Child support team receives consultation from outside consultants e.g., speech therapist, occupational therapist, child development specialists as needed		
7. Child support team develops plans for reassessing child's progress		
8. Child support team acts quickly on concerns and referrals as needed		



\*See Ranking Guidelines on last page; Developed by SF Inclusion Networks Staff: Ann Carr, Deidre Hayden, and Alan Broussard (January 2014)

<b>Quality Individualized Curriculum</b>	<b>Stage (0-10)</b>	<b>Comments</b>
9. Program uses identified curriculum that employs evidence based, developmentally appropriate inclusive teaching strategies		
10. Classroom team adapts curriculum and daily routines for individual children, including implementing specific teaching strategies to address needs		
11. Classroom team has regularly scheduled curriculum planning meetings		
<b>Observing Children's Progress</b>	<b>Stage (0-10)</b>	<b>Comments</b>
12. Classroom team uses direct child observations and information to inform ongoing curriculum planning and adjustments		
13. Classroom team uses direct child observations and information to assess individual children's growth and development		
<b>Specialists and Classroom Team Working Together</b>	<b>Stage (0-10)</b>	<b>Comments</b>
14. Classroom team specialists such as providers from regional center and school district and families are involved in planning and problem solving		
15. For children with IEPs or IFSPs, specialists provide direct services within the daily program routine.		
<b>PROGRAM LEVEL</b>		
<b>Philosophy of Inclusive Services are Written and Clearly Articulated</b>	<b>Stage (0-10)</b>	<b>Comments</b>
16. Program has a vision that is shared by families and providers for including young children with disabilities		
17. Program policies and procedures demonstrate commitment to include all children in program		



18. Program enrolls 10% of children with IEPs and special needs		
<b>Administrators Participate in Regular Problem Solving of Barriers that Arise</b>	<b>Stage (0-10)</b>	<b>Comments</b>
19. Administrative team and teaching teams meet to problem solve and address site systems that support inclusive practices		
20. Administrators have opportunities to problem solve, share solutions, and information		
<b>Professional Development</b>	<b>Stage (0-10)</b>	<b>Comments</b>
21. Teaching and administrative staff participate in professional development opportunities to increase the quality of inclusive practices such as adult guidance of children's play, adult-child relationships, etc.		
22. Formal (training and coaching) and informal approaches (staff sharing with each other) are used by program staff members to support inclusive practice implementation		
<b>FAMILY LEVEL</b>		
<b>Family Engagement</b>	<b>Stage (0-10)</b>	<b>Comments</b>
23. Annual orientation on program services, philosophy of early childhood inclusive education is provided for the families		
24. Families participate in the development of individualized plans for their children		
25. Families and staff work together on achieving child goals		
<b>Family Support</b>	<b>Stage (0-10)</b>	<b>Comments</b>
26. Families' goals for their children are supported by the classroom team and program as described in an individualized plan.		
27. Families have access to specialists who are working with their children at, child support meetings, individualized plan meetings and other individual meetings		



28. Program staff facilitates children and families to connect with family support services, including Support for Families and neighborhood family resource centers.		
<b>COMMUNITY LEVEL</b>		
<b>Community Practices</b>	<b>Stage (0-10)</b>	<b>Comments</b>
29. Program administrative staff develop relationships with community agency partners, i.e. regional center and school district that serve children with disabilities and special health care needs		
30. Program administrative staff coordinate services provided by mental health consultants, regional center, school district and other specialized service providers so that children and their families experience integrated services		

See [www.sfinclusion.org](http://www.sfinclusion.org) for more information about SF Inclusion Networks and to find additional resources that support children with disabilities in early care and education settings.

SF Inclusion Networks is funded by First 5 San Francisco and the Office of Early Care and Education.



## RANKING GUIDELINES

Implementation Stage	Definition
<b>No Implementation</b>	
0	This practice has not been discussed or implemented.
<b>Limited Implementation</b>	
1	Some discussion or research regarding this practice is in place that supports preliminary development.
2	A preliminary plan to develop this practice is in place. Appropriate staff members have been engaged and there has been discussion of “next steps.”
3	A plan to address this practice is fully developed, and the practice is in the beginning phase of implementation.
<b>Partial Implementation</b>	
4	Staff is engaged in the implementation of most elements of the practice.
5	All elements of this practice are developed and are in the implementation phase.
6	Elements of this practice are implemented, assessed, and are becoming systematic.
<b>Full Implementation</b>	
7	All elements of this practice are fully implemented, are being assessed, and appropriate adjustments are taking place.
8	All elements of the practice are fully and substantially implemented and are sustained.
9	All elements of the practice are fully and substantially implemented and have been sustained for at least one year.
10	All elements of this practice are fully implemented, are being refined, have a process for ongoing evaluation / continuous improvement, and have been sustained with high quality for at least one year or more.