The Amazing 1st Year

A baby's emotional development grows by leaps and bounds during the amazing first year. A baby begins with quiet observation and grows to active participation.

Month 1: Makes eye contact, cries for help, responds to smiles and voices

Month 2: Develops social smile, may cry when play ends, studies faces, coos in response to sounds, begins to express anger

Month 3: Starts "conversation" by smiling and gurgling to get attention, Smiles back, imitates some facial expressions

Month 4: Turns to children's voices in person or on TV, laughs when interacting with others (or tickled), cries if play is disrupted

Month 5: Initiates contact by trying to get attention, can differentiate between family members and strangers, likes to play during meals

Month 6: May quickly tire of a toy, temperament (easygoing or easily upset) is apparent, recognizes own name, coos for pleasure and cries with displeasure, makes noises like grunts and squeals and tongue clicks

Month 7: Starts to understand “no,” enjoys social interaction, expresses anger more strongly, tries to copy adult sounds

Month 8: May become shy or anxious with strangers, cries in frustration if a toy can’t be reached or not able to do something he/she wants to do

Month 9: Imitates gestures, looks at correct picture when an image is named, smiles and kisses own image in the mirror, plays near parent,

Month 10: Separation anxiety may begin, self-esteem begins to develop, responds to positive recognition such as clapping, is cautious of heights, shows moods such as sad, happy, and angry

Month 11: Tries to gain approval and avoid disapproval but can be uncooperative

Month 12: May have temper tantrums, fluctuates between cooperative and uncooperative, shows a sense of humor, may cling to one parent in particular

Including Young Learners with Disabilities in Inclusive Settings

Parents want what’s best for their children but often face a challenge when trying to select an early childhood program for their infant or toddler with a disability. One hurdle is finding out what program options exist in their region of the state and obtaining detailed and accurate information about what each program offers to meet their child’s needs and their family’s goals for their child’s learning and development. Still other families face the challenge of learning exactly how their child’s developmental delay affects the way he or she learns. If the child’s disabilities are more severe, the family may even be told that a segregated setting (primarily children with disabilities) is the only place where their child’s developmental needs can be met. Other times, the challenge is internal – the parent’s conflicting desire for their child to “fit in” and “just be a regular kid” vs. the desire to protect their child from “feeling different” or begin made fun of by typically developing peers. Parents who fear that their child with a disability may not get his or her developmental needs met in a program where he or she is learning, playing, and growing alongside his or her typically developing peers may want to consider recent science on early learning outlined in a joint policy statement by the U.S. Department of Education (ED) and the U.S. Department of Health and Human Services (HHS).

The policy statement on the inclusion of young children in early childhood programs alongside their typically developing peers sets a vision of all children learning together, including children with even the most severe disabilities and provides recommendations to States, local education agencies (LEAs), early childhood programs, schools, and parents for increasing the meaningful inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs.

Meaningful inclusion begins in early childhood programs and continues into schools, places of employment, and the broader community. Inclusion in early childhood programs can set a trajectory for inclusion across the life course . . .

The policy statement defines inclusion in an early childhood program as:

- children with disabilities learning alongside their peers without disabilities
- intentionally promoting children’s participation in all learning and social activities, facilitated by individualized accommodations when needed
- evidence-based services and supports that not only develops the child’s learning and skills but also promotes behavioral and social-emotional development, friendships with peers, and a sense of belonging

The policy statement on inclusion identifies free resources for States, programs, early childhood personnel, and families to support children with disabilities learning alongside their typically developing peers. The document also seeks to increase public understanding of the science that supports meaningful inclusion of children with disabilities in early childhood programs and highlights the legal foundations that support all children learning together

*Segregated settings refer to a setting where children without disabilities do not typically learn: separate classroom or separate school, clinic or service provider location, residential facility, or attending a regular early childhood program but receiving services in another location outside of the classroom.
Scientific Foundation of Inclusion:
Decades of research have shown that children with disabilities, even those with the most significant disabilities and highest needs, can make significant developmental and learning progress in inclusive settings with their typically developing peers with individualized strategies to support the child’s active participation. Some studies have shown that children with disabilities who learn alongside typically developing peers experience greater communication development and a greater ability to acquire and learn knowledge and skills than children with disabilities in segregated settings -- with this gain being most pronounced among children with more significant disabilities.

Early learning is relational. “Research suggests that children’s growth and learning are related to their peers’ skills.”

Research suggests that children’s early learning is related to the skills of their classmates. The effects are most pronounced for children with disabilities. In these studies, children with disabilities learning alongside typically developing peers were more likely to practice newly acquired skills than children served in segregated settings. Some studies showed long-lasting benefits with higher elementary school achievement test scores and higher graduation rates for children served in inclusive early learning settings.

Children with disabilities who attended inclusive early childhood programs also demonstrated stronger social skills and a stronger understanding of socially acceptable behaviors than their peers served in segregated settings. While studies indicate that learning alongside their typically developing peers produces benefits for children with disabilities, these desired outcomes are achieved only when young children with disabilities are relevantly included several days per week in social and learning opportunities in inclusive settings.

Barriers to Inclusion:
False beliefs and negative attitudes about inclusion is the most highly reported barrier to including children with disabilities in early childhood programs with their typically developing peers. These false beliefs are influenced by misinformation, resistance to change, fear of the unfamiliar, or a lack of awareness of the benefits of inclusion for all young learners, those with the most significant disabilities as well as those without. The second most highly reported barrier to inclusion is lack of expertise of the early childhood workforce, many of whom lack basic knowledge and training in individualizing instruction to plan learning across activities and between peers, promoting social-emotional development, and managing challenging behaviors.

LEGAL FOUNDATION OF INCLUSION:
Inclusion is supported by a strong legal foundation. The Individuals with Disabilities Education Act (IDEA) supports equal educational opportunities for children with disabilities birth through age 21.

The law supports appropriate early intervention services for any infant or toddler with a disability in “settings in which children without disabilities participate” within the child’s typical activities. For children ages three through 21, services are to be provided in the least restrictive environment (LRE) factoring in an individual child’s unique strengths and needs.

The law requires a continuum of placement options available to best meet the diverse needs of children with disabilities. IDEA presumes that the first placement option considered for each child with a disability is the regular classroom the child would attend if he or she did not have a disability.

Thus, before a child with a disability can be placed outside of the regular educational environment, the full range of supplementary aids and services that could be provided to support the child’s participation in the regular classroom setting must be considered before placing the child in a segregated educational setting.
BITING 101

Try This at Home

If your child is biting out of frustration, teach your child simple words such as “mine” or “no.” Teach some basic sign language or gestures for things like “help” or “stop.”

If your child is biting because she lacks play skills, sit on the floor and coach her. She might need guidance to learn how to join play, take turns, share and get help if she needs it.

If your child is biting to get attention, keep your reaction non-emotional, short, and as uninteresting as possible to avoid teaching him that biting has a big effect on the adult. Teach him appropriate ways to get attention.

If she is biting at times when she feels overwhelmed by anger, frustration or disappointment, you can teach her about emotions and ways to deal with them in order to reduce, or eliminate, the biting behavior. You can also help her identify and label her own emotions or others’ emotions as they are being experienced.

If your child is biting because he is teething, offer crunchy healthy foods such as crackers or pretzels throughout the day. Give him a teething ring or chilled teether to soothe sore gums.

Parent Question of the Quarter:

Q: Help! My daughter is a “biter.” Does this mean that I’m a “bad mom?”

A: Absolutely not! It is common for young children to bite others at some point during their early years. When children do not have the skills or vocabulary to express their feelings, they might engage in a negative behavior, such as biting, as a way to let others know how they feel. Children might bite for a variety of reasons:

- Frustration – she might bite because she wants a toy back or because her sister is sitting too close to her.
- Lack of play skills – she might bite because she feels overwhelmed by the proximity (closeness) of other children or expectation to share toys.
- Overwhelming emotions – she might bite because she does not know how to express emotions when she is hungry, tired, scared or anxious.
- Attention – she might bite because she wants attention but doesn’t know how to get it appropriately. Biting causes a big reaction from adults. Biting can result in gaining the adult’s full attention.
- Teething – she might bite to relieve pain from new teeth coming in.

The important thing for you to remember when biting occurs is to stay calm with your actions and words and try to figure out the reason WHY the biting happened. Once you understand the reasons why your child bites, you can teach her a new way to express her feelings or requests during situations when she is likely to bite. It takes time, patience and repeated practice, but once she has mastered the skills needed to appropriately express her feelings, biting and other challenging behaviors will decrease.