Early Intervention
You can make the difference!

Difference for whom?

Iowa and Nebraska have served children from birth to 3 with handicapping conditions for the past 10-15 years. Based on this experience, 1 percent of the children from birth to 2 years need educational services, 2 percent of the 3-year-olds need educational services, and 6 percent of the 4-year-olds need educational services.

According to the school census conducted in Fall 1984, the following table presents the estimated number of children who need educational services:

<table>
<thead>
<tr>
<th>Age</th>
<th>1983 Census Count</th>
<th>Incidence</th>
<th>Number of Handicapped Children Needing Educational Services in Minnesota (estimated number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>45,191</td>
<td>.010</td>
<td>452</td>
</tr>
<tr>
<td>1</td>
<td>50,700</td>
<td>.010</td>
<td>507</td>
</tr>
<tr>
<td>2</td>
<td>54,611</td>
<td>.010</td>
<td>546</td>
</tr>
<tr>
<td>3</td>
<td>55,703</td>
<td>.020</td>
<td>1,136</td>
</tr>
<tr>
<td>4</td>
<td>59,494</td>
<td>.060</td>
<td>3,576</td>
</tr>
<tr>
<td>5</td>
<td>64,243</td>
<td>.062</td>
<td>3,832</td>
</tr>
</tbody>
</table>

Public schools, developmental achievement centers, and Head Start provide services to children in this age group. The pie chart below reflects the number of handicapped children currently receiving services:

Number of Children with Handicaps Receiving Services*

Why make the difference?

According to developmental and educational psychological research, the rationale for early intervention services for handicapped children is based on four premises:

1. Human behavior at any point represents a series of solutions to simple to complex problems at birth.
2. The acquisition of motor, cognitive, and language skills is interrelated.
3. Social behaviors are learned in infancy.
4. Failure to learn also begins at birth.

Across six programs whose data could be pooled, there was a significantly lower rate of assemblage to special education among children in the early intervention group (13.8 percent), compared to control group (28.6 percent) according to Lazar.

Early intervention does produce changes in the behavioral repertoire of a wide range of severely handicapped children as stated by Bailey and Bricker in 1984.

Eighty percent of children completing special education preschool programs were doing well in less expensive regular education classes in follow-up studies. (Minnesota birth to 3 needs assessment.)

How to make the difference?

Currently, a variety of agencies are serving our children.

The type and level of services varies across the state. The services tend to be more readily available in highly populated areas. Often the location of a child’s home determines whether services are readily available or totally inaccessible.

Through cooperative ventures such as those outlined in the highlighted programs, i.e., interagency agreements between county social services, developmental achievement centers, public and private agencies; and early intervention programs could be available in all parts of Minnesota.

With creative and cooperative agreements children from birth to 3 could have access to services that would make major differences in their lives.

You can make the difference by providing programs for all children with handicaps from birth to 3 and assure: 1) a uniform referral system for expediting identification of young children with delays in development; 2) more equality in assessment and provision of services across the state; and 3) coordination of services to provide the framework to meet the needs of these young children are built into the educational system.

Where can the difference be made?

Presently, 243 school systems are voluntarily providing early intervention services to children birth to 3 and their families. Fifty-three developmental achievement centers are serving 2264 children in this same age category.

Educationally sponsored programs are providing a wide range of services to meet the needs of young children as demonstrated in the examples below.

You can make the difference by beginning programs for these young children or further expanding the services you have so ambitiously begun!

There are children who are unserved and underserved.

There are several models of providing services. These examples of public schools provide the lead with other health and human services agencies.

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