

Original Research Study

**Perceptions of Inclusive Early Intervention
Parents, Early Childhood Teachers, Speech-language
Therapists, Early Intervention Teachers, and Education
Support Workers describe their Understandings and
Experience of their Shared Task**

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Abstract

This paper describes research into the perceptions of parents, early childhood centre teachers, speech-language therapists, early intervention teachers, and education support workers about their shared task in supporting children on early intervention programmes at three early childhood centres. The results are presented along three dimensions of a Community of Practice, namely: the domain, the community, and the practice. An overall conclusion of the study was that a greater degree of shared discussion among the parties would have enhanced their work.

Key Words: Early intervention; inclusive education; views; community of practice

Introduction

The Ministry of Education in New Zealand provides inclusive early intervention services within the early childhood sector. Early intervention specialists employed by Group Special Education in the Ministry of Education work to a model described by Odom et al. (1999 p. 192) as an “itinerant teaching-collaborative/consultative model.” In early childhood centres their job is to help teachers to embed individualised educational goals for children into curriculum activities and centre routines. The purpose of this study was to examine the views of the key players involved with children in this programme (i.e. the parents, early childhood teachers, speech-language therapists, early intervention teachers, and education support workers) to see:

1. The extent to which they shared a common understanding of their task,
2. What differences existed in understandings and whether these impacted on the educational experiences of the child concerned, and
3. If they communicated in a way that their practices were complementary or not.

Parents, centre teachers, speech-language therapists, early intervention teachers, and education support workers have different roles and levels of commitment to an early intervention programme. For early childhood teachers, teaching a child with a disability is a relatively small part of their total teaching responsibility, while for early intervention

teachers and speech-language therapists this work is their main focus. Parents are likely to have an intense emotional investment in the progress of their child, but may well have less understanding or a different understanding of their child's early intervention programme and the centre programme. Education support workers are employed on contract by the early intervention specialists to work in the centre to support the child in accessing the curriculum. They do not usually have professional teacher training, and so, like parents, may well have less understanding of the centre programme and of the early intervention programme.

In addition to the differences in perception and focus that might well arise from the different roles and training of the key players, it would be reasonable to expect that differences arising from the contrasting pedagogies of early childhood education and early intervention might also surface. The New Zealand Early Childhood Education Curriculum, *Te Whāriki* (Ministry of Education 1996), is predicated on principles that encompass the learning process and not on skills and achievement. Further, within centres today a focus on a child's disposition to learning is promoted, and the dispositions emphasised are curiosity, engagement, persistence, communication, and responsibility (Carr 2001). Early intervention specialists in New Zealand are more likely to look at skill-specific learning. They are focused on a child's development. They usually try to insert small, measurable, teacher-directed goals into this curriculum to build up the skills of children with disabilities who they are working with. These goals are agreed to by parents, teachers, early intervention specialists and education support workers at an Individual Planning (IP) meeting / IP review meeting every three months.

A micro-planning approach to children's programmes as outlined in a child's IP is very different from Carr and Lee's (2005) argument that early childhood teachers should notice, recognise and respond to the child's learning moments. For example, Dunn and Barry (2004) report that early childhood teachers complained that the IP goals set at the meetings they attending were not useful because they were unrelated to the way they saw and worked with children.

Cullen (2004) commented on what she noted as not unsurprising tensions in implementing an inclusive process in early childhood special education in New Zealand. She suggested exploring the development of community-based and participatory collaborative projects towards building a community of practice for early intervention.

'Communities of practice' have been defined by Wenger, McDermott and Snyder (2002, p. 4) as "groups of people who share a concern, set of problems, or a passion about a topic", and who "deepen their knowledge and expertise in this area by ongoing interaction". The groups themselves are often diverse, and indeed one of the attractions of this model in educational practice is the opportunity for focusing multiple viewpoints and different expertise on a shared challenge (Barab, Squire & Dueber, 2000; McLaughlin, 2003).

In the present study the 'community of practice' comprised of the adults most closely involved with children who received early intervention support in an early childhood centre, namely: parents, centre teachers, speech-language therapists, early intervention teachers, and education support workers. Identifying how these people thought about their shared task, the possible implications for their programmes, and how they communicated so that their work together could be complementary, was taken as a starting point for providing information to assist in the development of a community of practice.

Procedure

Three early childhood centres, two sessional kindergartens and one full-day centre, were selected on the basis that their staff were trained teachers and for some years had catered for children with disabilities. The centres were based in different parts of the Waikato, comprising both rural and industrial areas and a spread of socio-economic conditions. Choosing three geographic areas also ensured that different pairs of early intervention teachers and speech-language therapists were working in each of the centres. In each centre two children with disabilities (three girls and three boys aged 3 to 5 years) were present. The adults supporting them formed the basis for participant involvement in the potential communities of practice. Participants from the three centres therefore totalled six parents, nine centre teachers, three speech language therapists, three early intervention teachers and three education support workers.

Interviews were semi-structured and conducted individually. Participants were asked for their views about: inclusive education, assessment, the teaching and learning process and the IP meeting (see appendix for questions). As well as commenting on these issues in general terms, they were asked to relate their comments to the particular child who they were involved with. The interviews were transcribed and responses to each question were compared within participant groups per child, and across participant groups by role (i.e. parents, teachers, etc). Themes were identified by grouping the responses according to the three inter-related dimensions of a community of practice, as identified by Wenger et al. (2002). These are:

1. The *domain* which is the joint enterprise of the community and key issues relating to this enterprise;
2. The *community*, that is the relationships and sense of belonging among the group of people identified by their shared involvement in the enterprise, and
3. The *practice* being the shared repertoire of the community, the body of knowledge and how they operated as a community.

The research was approved by the Massey University Ethics Committee, and was carried out as part of the author's post-graduate studies. Participants reviewed their transcripts and were able to adjust them if they wished. All participants were provided with an outline of the study findings and given opportunity to comment on these.

In this paper participant beliefs about inclusion and the outcomes they hoped for from their work are presented in the section titled 'Domain'. Participants' descriptions of the child as a learner are also outlined in this section. Under 'Community', issues relating to valued membership and support for members are detailed, as is leadership at IP meetings. The issues for 'Practice' include the communicative function of IP meetings and assessment approaches.

Findings

The Domain

Participants were largely in agreement with two major aspects of the domain: what constituted inclusion and desirable outcomes. There were, however, within the groups at each centre differences in beliefs about what might achieve a desired outcome. The juxtaposition of inclusion and compliance raised a point of difference according to the

participant's role. Within some groups at centres, participants perceived the child as a learner so differently that there was a possibility of confused teaching approaches.

Inclusion

At each centre, regardless of their role, group participants held a similar picture of what being included in an early childhood centre should look like for any child, and specifically, for the child they were involved with. The response from participants, including teachers, was overwhelmingly that inclusion was the responsibility of the teachers at the centre. Inclusive early intervention involved the teacher thinking about the child as a learner, and including them in their teaching practice. The following comment by one of the mothers in the study illustrates this view:

I'm quite happy with the kindy in that they don't leave her out because she is different. [The teachers] involve her, like in mat games and she always wants to be involved. She used to just an outsider, just watching but now she wants to be involved and [the teachers] don't treat her, just because she can't speak properly, they don't treat her any different. They talk to her like they would talk with any other child. (Mother)

An advantage of inclusion was the child's access to normally developing peers. Peer contact in turn was frequently linked to social/communication skills. For example:

We're hoping that those children that have those [social and language] skills are going pull him along with them. That he's going to see them because he is actually noticing and watching and observing others. It's not fitting in; it's the being accepted for himself. (Centre teacher)

Outcomes

A successful transition to school was repeatedly cited by participants, regardless of group or role, and regardless of the age of the child as the most hoped-for outcome for the child. Across the centres there was general agreement that a successful transition into school would require the school to accept and recognise differences in the way the child learnt, and also, that the child would participate in the school sector as an active learner.

However, within the groups at each centre there was a difference of opinion as to the extent to which the child's behaviour and performance would be responsible for the school's acceptance. At one centre, where the child was due to go to school shortly, the early intervention teacher hoped the child would continue to have fun with his learning without being confined to sitting at a table when he got to school. The child's education support worker spoke of the child needing to prepare now (i.e. in his early childhood centre) to conform to what she perceived as school routines, including sitting down. These different perceptions imply contrasting and potentially conflicting expectations about what the child should be doing.

At a different centre the parent hoped that by the time her child got to primary school the child would have confidence to recognise his own learning differences and work around these. No one else in that group mentioned this aspiration, with the early intervention teacher, speech-language therapist, and education support worker talking about improving language and motor skills in order to "close the gap", and the centre teachers hoping that the school would accept his differences as a learner. This child was only 3 ½, but there seemed to be a lack of communication among group members about their school aspirations and how that might impact on the child's programme.

At the third centre group participants were in agreement that the child's language skills needed to be extended before the child went to school, with one centre teacher fearing that the child's language differences would make it difficult to fit into the classroom. But individual's descriptions of what they wanted the child to be able to do by school entry were very different. The early intervention teacher wanted the child to receive information, process it adequately, and learn from it; the speech-language therapist wanted the child's language to be sufficient to make his needs known; the mother wanted her child to catch up with language and "be a normal five year old child"; one of the centre teachers wanted the child to have enough language to provide a basis for learning to read. Again it seemed that the issues, relating in this case to the language the child required for successful transition into school, had not been shared.

Compliance

Compliance with accepted social behaviour and routines at the centres were talked about almost exclusively by the three education support workers. Their comments on this came in relation to questions about inclusion, the child's programme, and aspirations for the child. These were some of their statements:

Inclusion in a big centre has been good ... because he has to wait his turn, and he has to sit on the mat quietly when it is mat time and so on. Inclusion is good for him because he has got to learn that he can't get his way all the time.

She's learnt how to be more socially acceptable I suppose and how to ask and share and that sort of thing which makes her more acceptable. But that was a learning thing. She had to learn how to do that and be happy.

He needs to learn, like he is going to have trouble in school because he can just run off [now] and choose his own activity and do what he wants.

The impression from the tone of the education support workers' comments was that the child, to be included, needed first and foremost to conform and fit in with the social group.

Two centre teachers also spoke of compliance, but not as frequently and with the focus on their own teaching. This example was given in the context of teaching a child to wash her hands rather than play extensively with the water in the wash-basin:

...we had to find a way of getting her to do that. And so we had to use lots of different ways to try and do that. Now it's not even an issue, you know, it's just 'Wash your hands. One soap.' Just expecting the same I guess for everyone.

Early intervention teachers were more likely to talk about modifying the environment to achieve acceptable social behaviour. For example:

... the slow process of just including her, understanding her needs, like her need to sit in the dirt and pull the dirt over her but transferring that to sand, and allowing her to be comfortable enough to learn. Not fighting her behaviours.

As with the expectations about starting school, there is a difference in focus that has the potential to translate into different teaching approaches.

Perceptions of the Learner

When participants described the child they were working with in terms of the child as a learner, there were some differences in perceptions. Differences in perceptions are to be expected because a question about a child as a learner is bound to be influenced by the nature of the teacher - learner relationship. But the disparate views expressed about a child at one centre suggest a problem of communication between participants.

She has a gleeful approach to learning. (Centre teacher, No. 1)

She hesitates to try something new in case she doesn't succeed. (Mother)

She has a cheeky personality. She's got a very strong sense of what she wants to do. [playing outside] (Early intervention teacher)

She is a slow learner but it's a slow steady progress. (Speech-language therapist)

She didn't have a lot of confidence in her abilities [climbing] so we [set up] a lot of obstacle courses... that she couldn't do initially without support. Now she's a very confident learner in there. She risk-takes now. (Centre teacher, No. 2)

If it's something that she really enjoys, like dancing and water play ... she'll be in there boots and all If it's something she is not interested in she will give up. (Education support worker)

In contrast, descriptions of a child at another centre were more similar, suggesting there may have been more discussion among the participants – or maybe they perceived the child in the same way.

She's very independent little girl. She's got courage. She's a lovely little girl and determined, very determined. (Centre teacher)

She is a very determined learner but she only wants to do what she wants, so she is very independent and self directed. I think she is gutsy. (Speech-language therapist)

She's a very determined little lady ... 'What's here I will try', a delightful little girl. (Early intervention teacher)

Very keen, very determined. And really willing. She tries everything. (Centre teacher)

Really determined. Very determined child that one. That sort of attitude she has. 'I can do it, I can do it. (Education support worker)

Determined. Very determined. She used to see a lot of children running around and she used to just sit there and watch and she was determined to get up there and start walking. (Mother)

The Community

In a community of practice for inclusive early intervention, the centre teachers, speech-language therapists, and early intervention teachers could be described as core group members who work together over time with different children. Parents are part of the group while their child is present, and education support workers, contracted to work with that one

child, may also have a comparatively temporary membership of this group. Lave and Wenger (1991) described how, as members of a community work together, those with less initial involvement move from the periphery of the community to a more central position.

One of the themes that emerged from this study was what was happening in terms of group membership for the participants who might start by being peripheral to the group. The parent was seen by all participants, regardless of role, as central to the IP meeting process, as the information they provided was regarded as critical. However, education support workers were hardly mentioned as having a role at IP meetings, and for one education support worker, the experience of working in the group unsupported left her feeling uncomfortable and unsafe. The issue of leadership during IP meetings is also discussed below in the context of community.

In from the Periphery

At the centres, the group participants had been together for at least four months prior to the interviews. Parents were considered by all participants to be central to the IP process. Parents also all saw themselves as key members of the group, responsible for providing “the inside story” as one parent put it, as well as goals at the IP meeting. This understanding was facilitated by a shared commitment on the part of the centre teachers, speech-language therapists and early intervention teachers, who without exception talked about following parent preferences. One centre teacher described her role at the IP meeting as follows:

I’m there [at the IP meeting] to make sure my parents are understood by the other professionals that are there... to make sure that the family gets what they want in terms of the IP.

For all parents that she was involved with, one of the early intervention teachers saw the IP meeting as an opportunity to bring them in to the centre of the group.

When we first meet the parents and tell them our role, sometimes they don’t understand it all but when we actually get there at a [IP] meeting and the parents see the support team around them and how we are listening to them and how we’re working for their child, it all becomes real and they sometimes come on board a little bit more. ...Once the parents feel comfortable, the amount of information we actually get from an IP just outweighs often what we have got in that other building up stuff.

On the Outer

In contrast to the parents’ experience, the education support workers remained in large part on the periphery of the group. For example, a question about how participants saw each other’s roles at the IP meeting drew only one comment from participants about education support workers, with an early intervention teacher saying the education support worker in her group provided information on how the child was working. Considering education support workers usually work directly with the child for several hours a week, this apparent lack of reference by the other participants to their role at IP meetings was surprising.

One of the education support workers said that she felt marginalised in her role. Her lack of training was criticised by the child’s parent:

[The education support worker] doesn’t really know any significance of what she is doing. She’s just being told what is happening and she spends an hour and a half a day with him but really just kind of hangs out with

him and talks to him and basically does the sort of thing that I do with him.

This education support worker said that she felt intimidated at the IP meetings for both of the children she worked with. She also described a situation which was notable for a complete lack of support from other group members, especially the teachers. As far as she understood, the speech-language therapist had told her to withhold objects until the child named them in order to encourage the child to use words:

It is hard because one of the goals is to get [the child] to use his language more and he will sit there like at morning tea and they have a choice of milk or water and some of the teachers will just give him, they know he will have milk, and they will just give it to him. Whereas I am of the viewpoint of no, he has to say he wants milk. He has to say it. That's what we have been told to do with some things, to withhold it until he says the word. And sometimes I've had the feeling that I've been, like he's kicking and screaming and having a tantrum because I won't give him something, and some of the teachers are looking at me as if they think well what are you doing to our poor child? They're very protective of their kids, which is fair enough. So sometimes I feel a bit hindered.

So in this centre, despite agreed statements about teacher responsibility for inclusion, this situation was allowed to occur. Clearly also there had been a lack of discussion and sharing of strategies in the group.

Leadership at IP meetings

How IP meetings were conducted raised issues about leadership. Traditionally in New Zealand the early intervention specialist, usually the early intervention teacher, has called the IP meeting and sent out an assessment report prior to the meeting for the group to read. The report combines specialist assessment with information from teachers and parents, and considers this in terms of the centre's curriculum areas. The early intervention teacher chairs the meeting, notes down the goals, and sends out the IP plan for everyone to work from. This process was confirmed in the meeting descriptions from most participants. The people who saw potential problems with this degree of control were the early intervention teachers. Their attitudes to taking a leadership role seemed ambivalent. They pointed out that they adapted the meeting according to the preferences of the group, and in no way controlled the meeting.

I need to be flexible enough to re-alter what my thoughts are, re-alter what my assessment said and just go with exactly what's happening at the time.....because it's not only my perspective that's important here, it's everyone's point of view that's important. (Early intervention teacher, No. 1)

[The parent] is the guide on what we are allowed to do or not do at home she gets to the point where she has to say 'No' or 'This is the way we are going to do it', and so we follow her as the guide on that (Early intervention teacher, No. 2)

The question of professional leadership and responsibility comes into play at this point. The speech-language therapist in the same group as this second early intervention teacher, but referring to another IP meeting, said:

I led [the discussion] in the end, to explain why [the child] does certain things and then why we were going to work on certain things... I felt like I was teaching, sharing information that other people might not know. And I think that did become a turning point because people were listening and realising they didn't know.

The Practice

Practice is the shared repertoire of the community – how it operates. Two of the issues illustrated in this section were the function of IP meetings for group communication, and the way teachers' own reflective assessment informed their teaching.

IP Meetings: Communicative Function

The main functions of the IP meeting were agreed by all staff to be: to provide an opportunity to communicate with each other, share assessment information, and make sure there was agreement on the child's programme. Parents, more simply, saw the IP meeting as an opportunity to review their child's progress and plan their programme.

However, for individuals within groups for four of the children, the communicative function of the IP meeting went far beyond a discussion about the child's assessment and programme. The content suggested that some participants saw the IP meeting as adding weight to communications that had not previously been taken on board in direct discussions with another member of the group. Comments included:

- The IP meeting to be an opportunity for teachers to realise the importance of modifying their language for a child;
- A desire for parents to take on board the serious extent of their child's delay;
- A chance to get the early intervention teacher to inform an education support worker about what the early childhood teacher wanted her to do; and
- A chance to demonstrate to all who attended a shared responsibility for the direction of the child's programme.

These examples suggest that some participants gave the IP meeting a communicative function that might be described as educative or even possibly as coercive.

Reflective Teaching and Assessment

Reducing and simplifying language constructions is what speech-language therapists repeatedly advise when working with children whose language is delayed. In this study all six children had varying degrees of language delay. The speech language therapist and early intervention teacher working with one child expressed concerns that teachers in one centre had not modified their language. But two of that centre's teachers said that the child understood everything that was said. In contrast, a teacher at a second centre with a child who had not had access to a speech-language assessment at the start of his attendance described how she had worked on making contact with him. She said that she noticed that the child didn't acknowledge her or expect to respond, and that she and the other teachers at the centre would touch the child lightly, say the child's name, and get the child to look at them, so that the child would link them with what they were saying:

[Then] we had to start with using very simple language because a conversational exchange- he seemed to miss that. He seemed to get bits of

what we were saying so we had to simplify what we were saying when we made requests to him.

Centre teachers were asked how they connected their own reflective assessment tool, *Learning Stories*, with the child's programme as outlined in the IP document. A number of teachers said they took the child's portfolio to the IP meetings to show everyone what the child was doing. One teacher said:

It's just got evidence of her at the areas of play, where her mother could drop her off and think she'd never do that puzzle, or she'd never play in the water like that, or she'd never play with the duplo for an hour. But there's the evidence that she does.

Using the stories in this way as anecdotal evidence of achievement can be misleading (Dunn 2004). Teachers at only one centre tried to connect Learning Stories with the IP goals. One of the teachers there said:

We wouldn't necessarily look for the IP moment. But having written the learning story we then evaluate the learning from the learning story and then we do a 'what next', you know, a future. And quite often that's where we can link some of those things in [IP goals], after the learning story and before we put the 'what next' into place.

In terms of shared practice, thinking about how or whether centre teachers could work the child's programme as set out in the IP document into their practice was important. Being taught by the centre teachers had been identified by the majority of participants as important in providing an inclusive early intervention experience for the child. However across the three centres it appeared that bringing *Te Wharaki* together with the IP document was a problem that teachers were tackling alone.

Discussion

In summary, it seems that participants in the groups for the six children at the three centres frequently shared a common understanding of their task. This was apparent in their statements about inclusive early intervention, although it could be argued that the teachers in one centre who left the education support worker to struggle with a distressed child may not have been following their espoused beliefs in this instance. There was agreement on successful transition to school being a key outcome for the child, although perceptions of the requirements for this varied within groups. Participants also agreed about the process of the IP meetings and the importance of the parent's role in this.

Because the study design did not involve direct observation, the extent to which differences in understanding impacted on the educational experiences of the child is not known. The way one of the participant groups perceived the child they were involved with as a learner might well lead to inconsistency in practice, depending on which individual was working with the child. Similarly, the differences in the way the education support workers, as opposed to other group members, conceptualised the need for social compliance within the centre and for school entry suggested possible differences of emphasis and approach for the child. The reflective assessment practice of centre teachers (using the *Learning Story* approach), were not connected in practice with working to achieve IP goals in two of the three centres, with teachers in those centres saying they had not given any thought to this.

Communication within the six groups at the three centres in some areas of practice seemed to be problematic; interview comments suggested that practices were not always

complementary. The use of the IP meeting for communicating information which had had insufficient effect in a two-way discussion had the potential to overload some meetings. While there was an agreed outcome – transition to school – there was quite clearly a lack of shared agreement about how this could be achieved.

The study returns us to the possibility of the groups working as a community of practice. The application of a community of practice model to education, and specifically early childhood special education, has been advocated in the literature, particularly in relation to supporting a trans-disciplinary professional approach to early intervention (Harris & Klein 2002, Orlove 1996, Wesley, 1996). At two early childhood centres in New Zealand, Williamson, Cullen, and Lepper (2006) took one aspect of working together, assessment, and got all participants to write *Learning Stories* to share at the IP meetings. They found that this shared process empowered all participants at the meeting including the education support workers to feel they had something of value to offer regardless of role. They also found that reflections on *Learning Stories* illustrated the value of different professional and relational perspectives, and that sharing the stories moved seamlessly to goals and strategies for the child's plan. In light of the lack of connection between the IP goals and the centre teachers' *Learning Stories* in the present study, such an approach may well be worth exploring further.

Gallagher, Rhodes, and Darling (2004) and Soodak and Erwin (2000) have written about the way communities of practice, by including parents, can empower them as active partners in early childhood special education. In the present study parent empowerment was present. Both early intervention specialists and the teachers at the three centres regarded parents as key participants and informants.

Wesley and Buysse (2004) have described some of the challenges for itinerant early intervention specialists in collaborating with centre teachers: teachers' limited levels of knowledge and exclusionary discourses about children with disabilities as well as unrealistic expectations about what specialists could offer as itinerant rather than hands-on workers. The authors' position was that professional development in consultation skills for early intervention specialists was called for, with their book outlining a process for developing and using these skills.

The present study suggests that we still need to look at different ways to work together equitably in early intervention. It is apparent that the communication and collaborative difficulties experienced by some of the participants may indicate a need for a focus on consultancy skills for New Zealand early intervention specialists. However, the picture of a skilled consultant ensuring that a child's programme is the result of a collaborative effort contributed to by all parties still remains a one-sided approach. Responsibility for process and outcomes still rests with the mediating skills of the specialist.

The co-construction of a child's early intervention programme resonates with an early childhood education philosophy that sees children's learning embedded in the context of family and community. Wesley and Buysse in an earlier paper (2001) explored the way early intervention specialists might become involved in communities of practice:

Childcare staff, parents, early intervention consultants, and other specialists will engage in dialogue and reflective inquiry to explore the meaning of embedding interventions in community and family activities.
(p. 120)

Shared reflective inquiry is fundamental to the working of a community of practice. The findings of this present study suggest that a system to encourage discussion and sharing

among all parties towards the process of embedding intervention is desirable and well worth further exploration.

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Appendix: Semi-structured interview questions

Demographics: which child; length of contact with the child; relationship; average amount of 1-to-1 contact per session; professional qualifications; professional experience

Parents only

- How much and/or in what way do you want to contribute to *x*'s education programme?

Everyone

- Can you describe the learning programme that *x* is receiving at this centre?
- What learning experiences are most important for *x*? Give examples.
- Describe *x* as a learner. What makes you think this?
- *x* has had a number of assessments. What is the most useful assessment
- What is the most valuable information you have learnt about *x*? Why do you think this?
- What do you think *x* is learning best at this EC Centre?
- What does inclusion mean to you?
- Can you give examples of *x*'s experience of inclusion?
- What do you want long term from the education *x* is receiving now?
- *x* has an Individual Programme. Do you contribute to IP meetings? If so, in what way?
- What do you consider *x*'s IP meetings achieve?
- What do you see as the roles of the other people at the meeting?

Teachers only

- How do you relate *x*'s learning stories to his/her IP goals?

ABOUT THE AUTHOR

Lesley Dunn works as a psychologist in the Early Intervention Team (South) of the Ministry of Education Special Education Group in the Waikato. She assisted as a coordinator in the development of the resource *Kei Tua o te Pae: Assessment for Learning*. Lesley is currently working on a doctorate via Massey University looking at communities of practice for early intervention programmes set in early childhood centres.