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DEVELOPING COMPETENCIES OF SPECIAL NEEDS CARE PROVIDERS ON SCIENTIFIC EVIDENCE-BASED PRACTICES WITH TECHNOLOGY-SUPPORTED TOOLS ACTIVITIES BOOK

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Author/s and Contributors	Feyzullah ŞAHİN, Professor (DU) Yusuf AKEMOĞLU, Associate Professor (DU) Ayşe Nur KART, Assistant Professor (DU) Mehmet KART, Assistant Professor (DU) Duygu DONMEZ, Research Assistant (DU) Bekir Fatih MERAL, Professor (SU) Ahmet FİDAN, Assistant Professor (SU) Baran YAŞAR, PhD Research Assistant (SU) Damla ALTIN, PhD Research Assistant (SU) Barbora Bazalová, Associate Professor (MU) Dana Zámečníková, Assistant Professor (MU) Ondřej Ling, PhD Research Assistant (MU) Veronika Včelíková, PhD Research Assistant (MU) Hans GEDON RIEPE, Expert (GS) Serap RIEPE, Expert (GS)

PREFACE

Evidence-based practices in the education of individuals with special needs refer to the systematic use of methods whose effectiveness has been proven through scientific research. Prioritising these practices in interactions with the target groups helps to standardise the intervention process, ensure maximum benefit from the implementation, and save time and effort.

Personnel and support staff providing care to children with special needs are the primary actors ensuring that interventions are implemented within the child's natural environment. In social service institutions, this role is fulfilled predominantly by care providers. There is a complex relationship between the knowledge and skills required for caregivers to assume this key role and their perceptions of self-efficacy—their belief in their own abilities. In other words, the success of evidence-based practices is directly proportional to the caregivers' capacity to execute interventions in full accordance with their established protocols.

It is observed that caregivers' levels of knowledge and skills may be insufficient for the full implementation of evidence-based practices due to various factors. these include an incomplete understanding of the underlying behavioural principles, the correct application of certain intervention components while omitting more complex or time-consuming parts, or difficulties in translating scientific terminology into practice. The emergence of such challenges weakens the effectiveness of the scientific method and, consequently, hinders the development of the child with special needs. While there is a global consensus on the necessity for caregiving staff to possess high levels of competence, it is clear that existing competencies must be enhanced not merely through "self-directed learning," but via professional development models that are systematic, technology-supported, and incorporate performance feedback. Traditional in-service training often falls short in transforming knowledge into practical skills, as it typically offers limited opportunities for immediate feedback or performance monitoring.

This activities book, whose rationale is outlined above, has been prepared within the scope of the Erasmus+ project titled "Developing Competencies of Special Needs Care Providers on Scientific Evidence-Based Practices with Technology-Supported Tools." Adopting a reader-friendly approach, it aims to enhance the professional capacities of caregivers through

the following sub-modules of the “Behaviour Management”, “Language and Communication Skills”, “Activity-Based Intervention”, “Activity Schedules”, “Peer-Mediated Intervention”, “Self-Determination”, and “Early Literacy”

The activities included in this book have been designed to facilitate the implementation of the theoretical knowledge provided in the course book and to serve as examples for practitioners. The primary objective of this work is to increase the competencies of care providers serving children with special needs regarding evidence-based practices in special education. We hope that this book will serve as a guide for caregivers and professionals in the field of special education on their journey to transforming theoretical knowledge into high-quality practical applications. As the project team, we believe that the engagement of our esteemed readers/ practitioners with this study and the sharing of suggestions for further development will be the most significant indicator that this book has fulfilled its purpose.

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THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Yusuf Akemoğlu, Ph.D

Behavior Management

UNIT NO: 1

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1 BEHAVIOR MANAGEMENT

1.1 PREFACE

Children exhibit undesired, unwanted behaviors such as hitting, kicking, crying, screaming and tantruming. Children use these behaviors to communicate their needs and wants, emotions, and experiences. Thus, challenging behaviors indicate that children have unmet needs, wants, frustrations, confusion and/or sensory overload. Over time, these behaviors become challenging to the child's learning, development, socialization, and adaptation to the community. Similarly, they become challenging to the caregivers because they hinder their ability to provide care as well as support their development.

Children use challenging behaviors to communicate their needs, wants and desires. Although not always easy, once we understand why the child is engaging in challenging behavior, we then can begin to identify the possible ways of addressing them and also teaching them more appropriate behavior. Thus, these challenges require approaches that are natural and developmentally appropriate and therefore this course book is designed to cover all necessary foundational knowledge and provide caregivers with practical information they need for behavior management.

Therefore, we developed this Activity Book for Behavior Management to provide you with practical information that you can use in your daily life and activities to manage your child's behaviors and support the learning of positive behaviors and skills. In this activity book, you will learn how to apply the behavior management strategies when encountered with challenging behaviors. We present five competencies in which you will find clear explanations, real life scenarios and activities as well as reflection tasks to support your knowledge and practice.

You will learn how to define challenging behaviors, identify their functions, prevent them from happening, to teach new behaviors/skills and effectively use

consequence-based strategies. The target group in this activity is children between the ages of 2-7 with special education needs (SEN), autism spectrum disorder (ASD), intellectual disability (ID) and language delays.

1.2 MODULE CONTENT

Competencies – Learning Objectives	Description	Focus	Desired Outcome
1. Understanding Behavior	Recognizing that children's challenging behaviors communicate needs	Behavior as communication	Being able to describe behavior objectively
2. Analyzing Behavior Using the ABC Pattern	Learning to identify what happens before (Antecedent), during (Behavior), and after (Consequence) a behavior	ABC observation	Being able to analyze daily behavior situations
3. Preventing Challenging Behavior	Using proactive strategies such as predictable routines, clear instructions, choices, and environmental adjustments to reduce behavior problems before they begin.	Prevention, structure, transitions, environmental arrangement.	Being able to organize daily routines and environments that reduce frustration and support positive behavior.
4. Teaching Functional Replacement Behaviors	Teaching children appropriate skills that serve the same function as challenging behavior, such as asking for help, requesting breaks, waiting, and communicating needs.	Skill-building, replacement behaviors, communication support, self-regulation.	Being able to teach and prompt functional alternatives that replace challenging behavior in daily routines.

Competencies – Learning Objectives	Description	Focus	Desired Outcome
5. Reinforcing Behavior and Supporting Self-Regulation	Using praise, reinforcement, and calming strategies to strengthen positive behavior and support children's emotional and sensory regulation.	Positive reinforcement, consistency, calming strategies, emotional regulation.	Being able to reinforce desired behaviors effectively and support children in calming and regulating themselves.

1.3 UNDERSTANDING BEHAVIOR

Learning Objective

Caregivers will learn to recognize challenging behavior as a form of communication and describe behavior in clear, observable terms rather than using labels or assumptions.

Why This Competency Is Important?

Young children, especially those with special educational needs such as ASD, language delays, ID, or sensory sensitivities, may not yet have the skills to express their needs, emotions, or discomfort using words (Barton et al., 2025). As a result, behaviors such as crying, refusing tasks, tantrums, hitting, or withdrawing often become the child's most effective way to communicate. When adults interpret these behaviors as intentional misbehavior, responses may unintentionally increase stress and worsen the behavior. Understanding behavior as communication allows caregivers to respond calmly, identify unmet needs, and teach more appropriate skills (Akemoglu & Hinton, 2025).

1.3.1 Scenario 1: "Crying at Clean-Up Time"

Learning objectives/Target behavior

1. Understand challenging behavior as communication.
2. Define and describe behavior with observable terms.

The background/set up condition:

Elif is a 4-year-old child with language delay who enjoys playing alone with toy animals. She sometimes struggles with transitions, especially when told to stop playing suddenly. When asked to stop playing, Elif starts crying, fussing, and refuses to stop.

The main case

One day, while Elif is playing on the floor, her father comes over and tells her, "Time to clean up the toys" without a warning. He picks her up.

Elif cries and throws a tantrum. Her father confused, thinks, "she knows the routine but she is being difficult."

Conceptual Brief

Elif has challenging behaviors, and they are not appropriate. However, she is trying to communicate her emotions and wants. She has limited expressive language, and she may not be able to say, "I am not ready", "I want to play more" or "This is hard for me." The father should remain calm and describe what is happening, "Clean up time is hard for her, she may need help. Perhaps that's why she is crying and lying on the floor."

Decisions

How do you think the father should respond to better understand the behavior as communication?

Option A: Tell her to stop crying.

Option B: Remain calm and try to describe the situation.

Option C: Ignore Elif's behavior.

Feedback to participants

Option A: Telling her to stop crying doesn't help. Instead, it may escalate the situation.

Option B: Describing the behavior is a step toward understanding behavior as communication. The father remains calm, describes the behavior objectively, and acknowledges Elif's difficulty without judgment.

Option C: Ignoring the situation does not help Elif communicate her needs.

Assessment: Option B is the most appropriate response because it helps the caregiver interpret the behavior without labeling and prepares the caregiver to support Elif more effectively.

Reflection and Assessment

1. How did describing Elif's behavior objectively change the caregiver's response?
2. What do you think Elif was trying to communicate through her behavior?
3. Think of a recent situation where your child cried or refused to cooperate. How could you describe that behavior without using labels?

1.3.2 Scenario 2: "Interrupting During a Phone Call"

Learning Objectives / Target Behavior

Recognize challenging behavior as a form of communication.

Describe the child's behavior using clear, observable terms rather than labels.

The Background / Set-Up Condition

Can is a 5-year-old child with ASD who seeks frequent interaction with his mother. Can has limited expressive language as well as difficulty waiting when his mother's

attention is elsewhere. Can likes his mother's attention but when he wants her her attention, he engages in physical aggression such as yelling or pulling at her.

The Main Case

One day, when Can's mother was on the phone at the kitchen table, while he was playing with toys nearby her. Can goes to her and says, "Mom" but she can't give him attention at the time. He then taps her arm repeatedly and later starts screaming and attempts to climb to her lap. She gives him attention while also phone call being paused.

Conceptual Brief

Can needs attention and although not appropriate his behaviors function as communication attempts. He doesn't know to express his need or want for attention. The antecedent is mom's paying attention to phone and not to him, the behavior is screaming and pulling her to climb, and the consequence is the mother's attention to him and stopping the phone call. Can quickly learns that these behaviors work to get attention, so he keeps maintaining them.

The mother could stay calm, assess the situation to understand why has these behaviors. She knows that Can lacks efficient and socially acceptable communication skills. Instead of saying, "Mom, I need help" or "Look mom" he screams and pulls. Understanding that will help her teach him to request attention appropriately ("Mom, I need help" or "Look mom").

Decisions

Can is pulling the caregiver's arm and shouting while the phone call continues. How should the caregiver respond to understand the behavior as communication?

Option A: Describe the behavior calmly and acknowledge the need:

"You are pulling my arm and shouting. You want my attention."

Option B: Say, "You are being rude. Stop it right now," and raise your voice.

Option C: Immediately end the phone call without saying anything and focus on Can.

Feedback to Participants

Option A: This response reflects understanding behavior as communication. The caregiver describes what is happening and acknowledges Can's need without judgment.

Option B: Labeling the behavior increases stress and does not help identify what Can is communicating. This response may escalate the behavior.

Option C: Although attention is given, the caregiver does not help Can learn a more appropriate way to communicate his need.

Assessment: The goal of this scenario is to interpret behavior as communication rather than misbehavior. *Option A* is the most effective response because it helps the caregiver remain calm, understand the child's message, and prepare for teaching appropriate communication skills.

Reflection and Assessment

What need was Can trying to communicate through his behavior?

How might labeling Can as "rude" affect future interactions?

Think of a situation when your child interrupted you. How could you describe the behavior objectively?

1.3.3 Scenario 3: "Covering Ears at the Grocery Store"

Learning Objectives/Target Behavior

Recognize challenging behavior as communication related to sensory needs.

Define and describe the child's behavior using observable terms.

The Background/Set-Up Condition

Deniz is a young, 3-year-old child with sensory sensitivities and limited language abilities. He is sensitive to loud noises, especially in crowded places but lacks skills to express his discomfort. Deniz covers his ears, cries, and drops to floor when the environment is loud, so his parents leave that place immediately.

The Main Case

One day, they are out at a crowded shopping mall with background music. A few minutes later, an announcement is heard through speakers. Deniz begins to scream and covers his ears. His parents feel stressed with all attention on them. They say, "Oh, he is overreacting." However, Deniz drops to floor while noise continues.

Conceptual Brief

Deniz is trying to communicate his sensory discomfort. Screaming and covering his ears is the only way he knows to communicate this and avoid the discomfort. Loud noise is the antecedent while behavior is screaming and dropping to floor. The consequence is the possibility of leaving the place with parents.

From a social communication perspective, Deniz lacks language abilities to express, "I need a break" or "This place is too loud." When his parents recognize this, they begin to empathize with him and acknowledge his behavior. Deniz's behavior has a function, and his emotional comfort is important. This approach helps the parents teach him simple words to indicate "discomfort" or simple visual cards to say, "I need a break." They also work on preventing this behavior by bringing noise canceling headphones.

Decisions

How do you think Deniz's parents should respond to understand the behavior as communication as he is on the floor?

Option A: Tell him, "Stop crying. You're fine."

Option B: Ignore Deniz's behaviors.

Option C: Stay calm and describe the situation:

"You are covering your ears and crying. It is very loud here."

Feedback to Participants

Option A: Minimizing Deniz's experience may increase distress and does not help address what he is communicating.

Option B: Ignoring the behavior does not help Deniz feel supported and may increase emotional escalation.

Option C: This response reflects understanding behavior as communication. The caregiver acknowledges Deniz's sensory discomfort and remains calm.

Assessment: Option C is the most appropriate response because it helps the caregiver interpret the child's behavior accurately and respond with empathy and support.

Reflection and Assessment

What sensory factors triggered Deniz's behavior in this situation?

How might labeling Deniz as "overreacting" affect future outings?

Think of a situation where your child showed discomfort in a busy environment. How could you describe that behavior objectively?

1.4 ANALYZING BEHAVIOR USING THE ABC PATTERN

Learning Objective

Caregivers will learn to analyze children's challenging behavior by identifying what happens before the behavior (Antecedent), during the behavior (Behavior), and after the behavior (Consequence), in order to understand why the behavior occurs and continues.

Why This Competency Is Important?

Understanding behavior as communication is the first step; however, lasting behavior change requires caregivers to understand patterns in daily situations. Many challenging behaviors are unintentionally reinforced because caregivers focus only on stopping the behavior in the moment, without noticing what triggered it or what followed it. The ABC Pattern provides a simple and practical framework that helps caregivers observe behavior more objectively and respond more thoughtfully (Dunlap et al., 2013).

For children with SEN between the ages of 2 and 7, such as ASD, ID, language delays, or sensory regulation difficulties, behavior is strongly influenced by environmental

events and adult responses. Using the ABC Pattern allows caregivers to identify common triggers, such as transitions, unclear instructions, fatigue, hunger, or sensory overload, as well as consequences that may unintentionally maintain behavior, such as extra attention, task removal, or access to preferred items.

This competency supports caregivers in moving from emotional reactions to data-informed decision-making. By understanding why a behavior happens, caregivers can select prevention strategies, teach replacement behaviors, and reinforce positive behavior more effectively, which are addressed in later competencies (Brookman-Frazee et al., 2006).

How to Use This Skill?

Caregivers are encouraged to use the ABC Pattern during everyday routines such as mealtime, playtime, bedtime, learning activities, and community outings. This does not require formal data collection or long written notes. Short observations over several days are sufficient to identify patterns.

The goal of ABC analysis is to come up with objective understand the behavior. It's important to avoid judging the behavior. Instead, we need what the child gains or avoids through challenging behaviors. Caregivers should observe the actions around the behavior as well as all environmental events that might affect the behavior.

1.4.1 Scenario 1: "Refusing to Start Homework"

Learning Objectives/Target Behavior

Identify the antecedent, behavior and consequence of a behavior.

Recognize how our responses may reinforce a challenging behavior.

The Background/Set-Up Condition

Emir is a 6-year-old child with ASD who attends first grade. He struggles tasks that needs to complete independently at his own table. He becomes upset and puts his

head down when asked to sit for task. He gets extra adult attention when his task is postponed. This makes him learn that putting his head down helps him avoid task.

The Main Case

Emir arrives home from school and shortly after, his father says, "It's time for homework." Emir is upset and pushes the homework sheet away and slides off the chair to the floor. His father thinks, "He had a long day" and says, "Okay, will do it later." Emir stops fussing immediately and goes to play.

Conceptual Brief

In this scenario, the antecedent is the homework request from father, while the behavior is fussing, whining, and dropping to floor. As a consequence, the homework task is removed. Emir is engaged with this behavior to "avoid/escape" homework. The father removed the homework task upon challenging behavior and unintentionally reinforced Emir's behaviors. Identifying ABCs and understanding "why" the child has challenging behavior help caregivers on prevention and teaching strategies.

Decisions

Emir stopped crying after removal of homework. How should the father interpret this?

Option A: Removal of homework helped Emir avoid/escape behavior.

Option B: Emir likes crying but stops easily.

Option C: The behavior happened randomly.

Feedback to Participants

Option A: This response correctly identifies the ABC pattern. The homework request triggered the behavior, and removing the task reinforced it.

Option B: Labeling the child does not help identify patterns or support learning.

Option C: Understanding patterns helps caregivers respond more effectively.

Assessment: In this case, Option A is the accurate answer.

Reflection and Assessment

What was the antecedent in this situation?

What consequence followed Emir's behavior?

Think of a task your child avoids. What usually happens right after the behavior?

1.4.2 Scenario 2: "Crying When Asked to Clean Up Toys"

Learning Objectives/Target Behavior

1. Identify the antecedent, behavior, and consequence during a transition.
2. Understand how adult responses during transitions may maintain challenging behavior.

The Background/Set-Up Condition

Zeynep is a 4-year-old child with language delay who enjoys playing independently with blocks and toy figures. She has difficulty stopping a preferred activity and transitioning to a new routine.

When Zeynep becomes upset during clean-up time, caregivers often help her clean or delay the transition, which may maintain the behavior.

The Main Case

Around dinner time, Zeynep is playing on the floor with her blocks before dinner. Her caregiver says, "It's time to clean up and get ready for dinner." The caregiver reaches for a storage box and places it next to Zeynep.

Zeynep looks at the blocks, frowns, and pushes the box away. She begins crying loudly and throws a block across the room. The caregiver feels concerned and thinks, "She gets so upset every time we clean up."

As Zeynep continues crying, the caregiver says, "Okay, I'll clean up this time," and picks up the toys. Zeynep stops crying and she comes to table for dinner.

Conceptual Brief

Clearly, this scenario is a good example of ABC analysis helps us explain why challenging behaviors occur during transitions. In this example, the antecedent is

"request to stop playing and clean up." The behavior is "crying, pushing the box away and throwing a toy." The consequence is allowing Zeynep to avoid task by cleaning up for her.

Zeynep's behavior happened because she wanted to escape from non-preferred transition and maintain playing. Zeynep may not know what comes next and therefore has difficulty ending her preferred activity.

When the caregiver completes cleaning up for her, they unintentionally reinforce her behavior of crying and refusing. Her caregivers can use this as a learning opportunity to prepare and use preventative strategies, such as giving transition warning, "two more minutes for play", visual card for transitions, and offering choices for what to clean up.

Decisions

How should the caregivers interpret the results of the ABC pattern?

Option A: Zeynep might cry like that. It's okay.

Option B: Zeynep cried because she was very tired.

Option C: The behavior helped her escape transition.

Feedback to Participants

Option A: Crying might happen, but function should be determined.

Option B: ABC analysis shows a clear pattern for "escape" function.

Option C: The clean-up request triggered the behavior, and removing the demand for transition reinforced her challenging behavior.

Assessment: Identifying antecedents, behaviors, and consequences during transitions was the goal so, *Option C* is the most accurate interpretation.

Reflection and Assessment

1. What was the antecedent in Zeynep's scenario?

2. What was the consequence?
3. Think of a transition your child has difficulty with. What usually happens right after the behavior?

1.4.3 Scenario 3: "Leaving the Classroom During Independent Work"

Learning Objectives/Target Behavior

1. Identify the antecedent, behavior, and consequence (ABC analysis)
2. Understand how our responses may unintentionally reinforce child's behavior.

The Background/Set-Up Condition

Ahmet is a 7-year-old child with Down syndrome. Ahmet could complete short tasks but struggles to maintain his attention for longer independent work. At home, he leaves his seat when the homework or task feels difficult to him. When this happens, his mother allows him to take breaks.

The Main Case

After school, Ahmet needs to complete independent writing task. His mother says, "Ahmet, write three sentences about your day at school" and puts a worksheet. Ahmet writes a sentence and stops. He looks around, gets up, and goes to bookshelf. His mother says, "You can take break but sit quietly." Ahmet sits and never goes back to writing.

Conceptual Brief

In this scenario, the antecedent is the mother's instruction to complete the writing task, while the behavior is stopping work and leaving table. The consequence is removal of work and allowing break.

Ahmet did this because he wants to avoid/escape writing task. Ahmet lacks skills to express that the task is hard and that he needs help.

His mother unintentionally reinforced his behavior by allowing break. Recognizing this helps the mother to plan for prevention strategies such as adjusting length of work and offering help.

Decisions

How should Ahmet's mother interpret the ABC analysis?

Option A: Ahmet is not motivated so he left his seat.

Option B: Ahmet's behavior means he wants to "escape" the work.

Option C: This behavior could happen because it's random.

Feedback to Participants

Option A: Labeling isn't effective to explain this.

Option B: The task demand made him escape and this explains the situation.

Option C: This behavior follows a pattern.

Assessment: Option B is the most accurate interpretation since the ABC analysis shows the function.

Reflection and Assessment

1. What was the antecedent in this situation?
2. What was the consequence?
3. Think of a learning task your child avoids at home.

   What does happen after the behavior?

1.5 PREVENTING CHALLENGING BEHAVIOR

This unit explained how parents can understand and guide children's challenging behavior using positive, practical strategies. Children's behavior is a powerful form of communication, especially for young children with special needs such as autism, developmental delays, language difficulties, or sensory sensitivities. Behaviors such as crying, refusing tasks, tantrums, aggression, or running away are not signs that

children are "bad." Instead, they often show that a child is overwhelmed, confused, seeking attention, trying to avoid difficulty, or needing support to regulate their body and emotions. The unit first focused on understanding challenging behavior. Challenging behavior is defined by its impact on a child's learning, safety, relationships, and daily routines. Parents are encouraged to describe behaviors clearly and objectively (what happened, how long it lasted, and what the child did) rather than using labels such as "spoiled" or "stubborn." This helps families identify patterns and choose effective solutions.

Next, parents learned the ABC Pattern (Antecedent–Behavior–Consequence). The antecedent is what happens before the behavior, the behavior is the child's action, and the consequence is what happens right after. By observing ABC patterns, parents can identify triggers and understand what may be maintaining the behavior. Children are likely to repeat behaviors that help them obtain something they want or avoid something they dislike, especially when outcomes happen quickly. The unit also introduced the four main functions of challenging behavior: attention, escape or avoidance, access to desired items or activities, and sensory needs. Understanding the function helps parents respond with strategies that match the child's needs.

Prevention strategies were then explained as a keyway to reduce behavior problems before they begin. Routines that are predictable allows children to know what comes next and this helps children feel calm and safe. Moreover, knowing the routine means knowing the expectations and therefore using the skills and behaviors that are expected. Caregivers could use simple strategies to help their children have smoother and predictable transitions between routines. They could give their children warnings, show the visual of their schedule and use "first-then" statements.

Lastly, in this coursebook, we learned that caregivers could use various communication strategies that could eliminate the child's challenging behaviors. These strategies include teaching the child to ask for help, request breaks, say, 'no', and use their own words or visuals cards to express their needs and wants. Children

learn these strategies but continued modeling, abundance of practice opportunities and feedback for corrected and praise for using the learned skills and behaviors.

Learning Objective

Caregivers will learn how to prevent challenging behaviors by using predicable routines, simple and clear instructions/directions, offering choices, preparing for transitions, and arranging the environment.

Why This Competency Is Important?

By making small changes and modifications, we can prevent many of the challenging behavior before they even occur. Understanding routines, instructions, or expectations could be overwhelming and may lead to challenging behaviors (Fettig et al., 2014).

Caregivers can prepare children for success by using prevention strategies. Reaction for a behavior is easy for prevention is more important so that we do not have to deal with the challenging behavior. The key is preventing it before it happens. To do so, we need to identify what triggers the behavior and then we can remove those triggers. For example, clear, simple, and visual instructions help children understand expectations, giving warning for transitions help them move to the next routine, and arranging the environment (reducing noise, bright lights) help children regulate their sensory needs (Dunlap et al., 2013).

How to Use This Skill?

Caregivers are encouraged to apply prevention strategies during everyday routines such as waking up, mealtimes, playtime, learning activities, bedtime, and community outings. These strategies are most effective when used consistently and before challenging behavior begins.

Caregivers should focus on one routine or situation at a time and observe when challenging behavior is most likely to occur. Prevention strategies can then be selected based on the child's needs. For example, a child who struggles with

transitions may benefit from warnings and visual countdowns, while a child who resists tasks may respond better to clear instructions or choices.

The activities in this competency are flexible and can be adapted depending on the child's developmental level, communication skills, and specific needs. Caregivers may adjust routines, simplify instructions, or modify the environment while maintaining appropriate expectations. The goal is not to remove demands, but to make expectations clear and achievable.

1.5.1 Scenario 1: "Morning Routine Before Leaving the House"

Learning Objectives/Target Behavior

1. Identify how predictable routines and clear instructions can prevent challenging behavior.
2. Understand how preparing in advance can reduce stress during daily transitions.

The Background/Set-Up Condition

Merve is a 5-year-old child and has developmental delay. She has difficulty transitioning between activities in the morning, especially when her routines change, and the expectations are not clearly explained. Her father rushes to complete the task for her so that she doesn't hit herself.

The Main Case

On a Monday morning, Merve is playing with toys happily. Her father says, "Merve, you need to get dressed. We are late for school" and looks for her shoes and jacket. Merve starts to whine. This gets intensified by dropping to floor and refusing to move, when her father repeats this firmly. Her father says, "Ugh, every morning is a battle" and gets her dressed.

Conceptual Brief

In this scenario, the father's sudden instruction and lack of preparation acted as trigger (antecedent). The behavior included crying and refusal while the consequence is the father completing the dressing task for Merve.

Merve's reaction may reflect confusion or difficulty with unexpected change. As we learned previously, young children benefit from routines that are predictable and clearly structured. Her father could make transition more manageable by establishing a structured routine with a consistent sequence. He could give her warnings, step-by-step directions, and use visual schedule cards to show her the schedule.

Decisions

Based on the prevention strategies, what could the father do to prevent this from happening?

Option A: Keep giving more instructions. She will be fine.
Option B: Establish a clear and predictable routine.
Option C: Do not tell her the expectations.

Feedback to Participants

Option A: Increasing urgency may increase stress and challenging behavior.
Option B: Using prevention strategies by creating structure and clarity is effective.
Option C: Removing expectations does not support skill development.

Assessment: Option B is the most effective strategy since establish clear and predictable routines reduces uncertainty.

Reflection and Assessment

1. What part of the morning routine was confusing for Merve?
2. How might a predictable routine change this situation?

3. Think of a routine your child struggles with. What could you prepare in advance to make it easier?

1.5.2 Scenario 2: "Refusing to Choose Clothes Before School"

Learning Objectives/Target Behavior

1. Learn how limited choice offering prevents resisting.
2. Recognize how making a choice helps with cooperation.

The Background/Set-Up Condition

Selim is a 6-year-old child diagnosed with ASD. Selim can express himself using full sentences. However, he shows resistance when decisions are made for him. His mother selects his clothes in the morning to expedite the transition to school. Selim resists, throws clothes away and lays on his bad. This delays the routines and increases attention he receives which he likes.

The Main Case

During early morning, Selim's mother brings a shirt and says, "Wear this son, we are leaving soon." Selim responds, "No, I don't like it." The mother replies with, "This is what you are wearing today" but Selim refuses and sits on his bed. His mother thinks, "Gosh, we'll be late again" and tells him, "Fine, choose another one." Selim does so calmly, and they head out.

Conceptual Brief

In this scenario, the antecedent was being told what to wear without asking him. The behavior is verbal refusal and avoidance by sitting on bed. The consequence is gaining control by choosing what to wear.

Selim's reactions indicate a need for autonomy and empowerment. Children feel more empowered when they make their own choices. Children cooperate and abandon power struggle when they are offered with appropriate choices.

Decisions

What prevention strategy should the mother use for Selim?

Option A: Choosing Selim's clothes.

Option B: Allowing to decide whatever he wants.

Option C: Offering Selim two appropriate choices to teach cooperation.

Feedback to Participants

Option A: Adult's control may cause more resistance.

Option B: Allowing him to do whatever he wants doesn't teach cooperation.

Option C: Offering two choices teaches cooperation.

Assessment: *Option C* is the most effective strategy.

Reflection and Assessment

1. What triggered Selim's refusal in this situation?
2. How did offering a choice change Selim's response?
3. Think of a decision your child resists. How could limited choices help reduce conflict?

1.5.3 Scenario 3: "Meltdown During Transition from Screen Time"

Learning Objectives/Target Behavior

1. Learn how preparing for transitions help with transitions.
2. Identify how warnings and clear expectations support cooperation.

The Background/Set-Up Condition

Bora is a 7-year-old child with ID, who enjoys his tablet games after school. He struggles transitioning from one activity to another when they happen suddenly.

When no warning is given for screentime, he argues, cries, and refuses to move. Then, he gets more time.

The Main Case

During evening, Bora is sitting on a couch and playing his games on the tablet. His father says, "Bora, let's eat. Dinner's ready. Put the tablet down." Bora says, "Not now. I have more levels." His father says, "Turn that off now" but Bora yells, "No" and throws the tablet on the couch.

When the caregiver repeats, "Turn it off right now," Bora raises his voice, says "No," and throws the tablet onto the couch. He then covers his face with his hands and begins crying loudly. The caregiver feels frustrated and thinks, "This happens every night." The father, frustrated, thinks, "Every dinner time, it's always the same" and says, "Okay, fine. Do five more minutes."

Conceptual Brief

The antecedent was the sudden instruction without warning. The behavior was arguing and throwing the tablet" and the consequence was getting more screentime. Bora showed that behavior because he wanted to access to more screentime, and he received it.

Preparing him for transition by using "first-then" strategy (e.g., first dinner and then more tablet time") and giving warnings, "five more minutes to finish your level and then dinner" could be more preventative.

Decisions

What should the father do to reduce screentime and prevent this behavior?

Option A: Give warning in advance and provide "first-then"

Option B: Show authority and take the tablet.

Option C: Allow time when they want more.

Feedback to Participants

Option A: Giving warning and using "first-then" is more effective.

Option B: Sudden transitions may increase frustration and resistance.

Option C: Removing limits does not support routine balance or self-regulation.

Assessment: Option A is the most effective strategy.

Reflection and Assessment

1. What triggered Bora's behavior?
2. How did giving more screentime affect his behavior?
3. Think of a transition with your child. How could giving warning help?

1.6 TEACHING REPLACEMENT BEHAVIORS

Learning Objective

Caregivers will learn to teach children functional replacement behaviors that serve the same purpose as challenging behavior, such as asking for help, requesting breaks, waiting, communicating needs, and using simple self-regulation strategies.

Why This Competency Is Important?

Preventing challenging behavior is an important step, but long-term behavior change happens when children learn what to do instead. Many children with SEN between the ages of 2 and 7 engage in challenging behavior because they lack the skills needed to communicate their needs, cope with frustration, or regulate their emotions. When children do not have effective alternatives, challenging behavior becomes the fastest and most reliable way to meet their needs (Fox & Hemmeter, 2014).

Functional replacement behaviors are positive, appropriate actions that meet the same need as the challenging behavior. For example, a child who cries to avoid a difficult task may benefit from learning to request a break. A child who hits to gain attention may learn to tap a caregiver's arm or call their name. When replacement behaviors are easier to use and more

effective than challenging behavior, children naturally begin to rely on them (Akemoglu & Hinton, 2025).

Teaching replacement behaviors supports children's communication, independence, and emotional regulation. Rather than focusing on stopping behavior, caregivers focus on skill-building. This approach reduces frustration, increases success, and strengthens the caregiver–child relationship (Dunlap et al., 2013).

How to Use This Skill?

Caregivers should teach replacement behaviors before challenging behavior occurs whenever possible. New skills are best introduced during calm moments and practiced repeatedly in everyday routines such as playtime, learning activities, mealtime, and transitions. Caregivers may model the behavior, provide prompts, and respond immediately when the child attempts to use the new skill.

Replacement behaviors should be selected carefully. They must serve the same function as the challenging behavior, be easier for the child to use, and be appropriate for the child's developmental level and communication abilities. For children with limited language, replacement behaviors may include gestures, picture cards, or simple words. For older children, replacement behaviors may include short verbal requests or self-regulation strategies. The activities in this competency can be adapted depending on the child's individual needs, diagnosis (such as ASD or intellectual disability), and daily routines. Teaching one replacement at a time is more effective.

1.6.1 Scenario 1: "Teaching to Ask for Help During Homework"

Learning Objectives/Target Behavior

1. Modeling to ask for help.
2. Reinforcing a replacement behavior.

The Background/Set-Up Condition

Efe is a happy, 6-year-old child diagnosed with ASD. He usually struggles to completes independent tasks by himself. When the task seems hard to him, he becomes agitated, pushes his homework materials away and refuses to complete the task. His father used to help or complete the task for him in the past but he never considered teaching him a new skill.

The Main Case

In the evening, Efe is sitting at the table. He writes only one line and pauses, frowns, and pushes the worksheet away. Later, he also drops the pencil on the floor and leaves the table.

His father watches and notices Efe's early signs of frustration and calmly tells him, "Say, 'help please'" yet Efe continues to cry. The father waits 3-5 seconds and repeats, "Efe, say, 'help please'". Efe says, "help" and this father immediately praises him by saying, "Great job saying, 'help'" and provides help right away.

Conceptual Brief

In this scenario, Efe didn't know how to communicate properly or to ask for help during difficult task. His father noticed Efe's signs of frustration and acted quickly to use this opportunity for teaching a new replacement behavior by modeling, "Say, 'help please'". Now, saying, "help" is replacing Efe's challenging behavior.

Decisions

The father wants Efe to complete his homework. What should he do?

Option A: Do the homework for Efe.
Option B: Teach Efe to ask for help.
Option C: Ignore Efe's behavior.

Feedback to Participants

Option A: Finishing the task for him doesn't teach a new behavior.

Option B: Teaching Efe a new behavior to ask for help will eliminate the behaviors.

Option C: Ignoring doesn't teach a new skill and may increase frustration.

Assessment: Since the goal is to teach a replacement behavior, *Option B* is the most effective response.

Reflection and Assessment

1. What was Efe trying to communicate by crying and leaving table?
2. How did teaching him to say, "help" change the situation?
3. When could you practice asking for help during calm moments?

1.6.2 Scenario 2: "Teaching a Child to Request a Break"

Learning Objectives/Target Behavior

1. Teach the child to regulate emotions before learning a replacement behavior.
2. Understand when to pause an activity to prepare for skill teaching.

The Background/Set-Up Condition

Nil is a 7-year-old girl with mild ID. When encountered with a long tasks, Nil get frustrated easily, she cries, leaves her seat and refuses to finish the task.

The Main Case

One day, her mother gives her a simple puzzle. Nil works on the puzzle for a while but when she realizes it takes time, she starts to fuss, pushes pieces away and says, "I don't want puzzles."

Her mother notices these behaviors and tells her to stop for a minute. She removes the puzzle, sits quietly with Nil to calm down. She then tells Nil, "Say, 'break please' next time."

Conceptual Brief

The timing of teaching a new replacement behavior/skill is very important. In this scenario, the mother acted swiftly but was careful to teach a skill while Nil was calm. Once calm, she taught her the replacement behavior, which is asking for "break."

Decisions

The caregiver wants to support Nil during difficult tasks. What is the most effective response in this moment?

Option A: Pause the activity briefly to help Nil calm down, then teach requesting a break later.
Option B: Prompt Nil to say "break please" while she is crying.
Option C: Insist that Nil finish the task without stopping.

Feedback to Participants

Option A: This response supports emotional regulation and prepares the child to learn replacement behaviors later.
Option B: Teaching new skills during high distress is often ineffective.
Option C: Insisting may increase resisting.

Assessment: Option A is the correct answer since the goal is to teach a replacement skill.

Reflection and Assessment

1. What did the mother do to help Nil?
2. Why is timing of teaching replacement skills important?
3. When should a caregiver practice replacement skills?

1.6.3 Scenario 3: "Teaching Waiting Instead of Grabbing"

Context

Home routine: Snack preparation time.

Learning Objectives/Target Behavior

1. Teach “waiting” as a replacement behavior/skill.
2. Recognize how timing of teaching makes a difference.

The Background/Set-Up Condition

Kerem is a 4-year-old boy with global developmental delay. His delay is also accompanied by expressive language difficulties. Kerem loves eating snacks but instead of waiting for his father, he grabs whatever he wants or he cries and drops to floor.

The Main Case

In the kitchen, Kerem sees his father preparing some snacks. He goes up to the table and tries to grap some while the father says, “wait”. Kerem is quick, he grabs one but he also cries.

His father gently takes the plate back, waits silently for Kerem to calm. Once Kerem stops crying briefly, he says, “Nice calm body” and gives him a snack. Later, he practices “waiting” with Kerem by using short counting along with praises for waiting.

Conceptual Brief

Careful timing is important for teaching replacement skills. The father managed to wait silently until Kerem has a pause from crying. He used it as an opportunity to tell him that he can get snacks when he is waiting calmly and teaches him to count and the gives praises “good waiting.” Kerem learns that calm behavior is more effective than grabbing. The caregiver builds success by practicing waiting during low-stress moments with immediate praise.

Decisions

The caregiver wants to reduce grabbing during snack time. What response best supports teaching waiting?

Option A: Give the snack immediately to avoid crying.

Option B: Count aloud while Kerem is crying and then give the snack.

Option C: Wait for a brief calm moment before giving the snack and practice waiting later.

Feedback to Participants

Option A: This reinforces grabbing and crying.

Option B: Teaching during escalation is less effective.

Option C: This response avoids reinforcing the behavior and supports learning waiting skills.

Assessment: The goal of this scenario is to teach **waiting** as a replacement behavior. *Option C* is the most effective response.

Reflection and Assessment

1. Why is timing important when giving the snack?
2. How did the caregiver avoid reinforcing grabbing?
3. Where else could you practice short waiting periods?

1.7 REINFORCING POSITIVE BEHAVIOR AND SUPPORTING SELF-REGULATION

Learning Objective

Caregivers will learn to use praise, reinforcement, and calming strategies to strengthen positive behavior and support children's emotional and sensory self-regulation during daily routines.

Why This Competency Is Important?

Teaching new skills and preventing challenging behavior are not sufficient on their own. Children continue to use behaviors that are effective for them. When positive

behaviors such as following instructions, communicating needs, waiting, or calming down are consistently reinforced, children are more likely to repeat those behaviors in the future. For children with SEN between the ages of 2 and 7, reinforcement plays a critical role in learning and behavior change.

Many caregivers naturally focus attention on challenging behavior while unintentionally overlooking positive behavior. When positive behavior goes unnoticed, children may return to challenging behavior because it brings faster or stronger responses. Reinforcement helps caregivers shift this pattern by intentionally noticing, responding to, and strengthening desired behavior (Rahn et al., 2017).

Self-regulation is also a developing skill in young children, especially those with ASD, language delays, or sensory processing difficulties. Children may struggles with calming down their bodies and therefore need guidance on learning to calm their bodies (Fettig & Barton, 2014).

How to Use This Skill?

Use reinforcement and praises immediately after a positive behavior. Immediate feedback, immediate reinforcement is critical and makes a difference. When a child begins to learn a new behavior/skill, the reinforcement must be given every time he shows that behavior. Once the child learns it, the reinforcement can be delivered more scarcely.

Reinforcement may include favorite food, snack, drinks, attention, access to preferred toys/materials, and praises. When using praises, make sure the praise is behavior specific, which means tell the child what he is being reinforced for. For example, instead of “good job”, say, “Good job waiting nicely”, “I like how you used your words”, “Good work on completing your task” or “Good job asking for more food.”

1.7.1 Scenario 1: "Reinforcing Calm Waiting During Playtime"

Learning Objectives/Target Behavior

1. Reinforce calm waiting using specific praise.
2. Strengthen self-regulation by noticing and responding to early calm behavior.

The Background/Set-Up Condition

Lina is a 5-year-old child with language delay who becomes impatient during turn-taking games. When waiting feels difficult, she often whines or grabs toys. Caregivers sometimes respond only when Lina becomes upset, which may unintentionally reduce attention to calm behavior.

The Main Case

Lina and her caregiver are playing a simple board game. It is the caregiver's turn. Lina shifts in her seat, watches closely, and takes a deep breath. She keeps her hands in her lap and does not reach for the game pieces.

The caregiver notices Lina's calm body and says, "I love how you're waiting so calmly. Your hands are in your lap." The caregiver finishes the turn and gives Lina the next turn immediately. Lina smiles and continues playing.

Conceptual Brief

In this scenario, the caregiver delivers immediate, specific praise contingent on Lina's calm waiting, increasing the likelihood that this behavior will occur again. Lina learns which behaviors are valued and effective. By noticing early signs of self-regulation and reinforcing them, caregivers help children repeat calm strategies before escalation begins.

Decisions

What should the caregiver do to increase calm waiting during games?

Option A: Provide immediate, specific praise when Lina waits calmly.

Option B: Wait until Lina is upset.

Option C: Ignore Lina's calm behavior entirely.

Feedback to Participants

Option A: This response reinforces calm behavior and clearly teaches what to do.

Option B: Responding after escalation misses opportunities to reinforce regulation.

Option C: Ignoring calm behavior may reduce its future occurrence.

Assessment: Option A is the most effective response.

Reflection and Assessment

1. What calm behaviors did Lina show before her turn?
2. Why is specific praise important?
3. When could you notice and praise calm behavior during daily routines?

1.7.2 Scenario 2: "Supporting Self-Regulation During Bedtime"

Learning Objectives/Target Behavior

1. Support self-regulation using calming strategies.
2. Reinforce attempts to use calming strategies during routines.

The Background/Set-Up Condition

Deniz is a 6-year-old child with ID who becomes restless and emotional during bedtime. When upset, he talks loudly, moves constantly, and delays getting into bed. Caregivers want to support calming without escalating the situation.

The Main Case

In the evening, while Deniz is getting ready for bed, he begins pacing the room and speaking loudly. The caregiver notices these signs of restlessness and calmly says, "Deniz, let's take three slow breaths together."

The caregiver models breathing by inhaling slowly and exhaling. Deniz follows along for two breaths. His voice becomes quieter, and his movements slow. The caregiver says, "Nice calming breaths," and continues the bedtime routine.

Conceptual Brief

This scenario focuses on teaching and reinforcing calming strategies. The caregiver reinforces Deniz's attempt to regulate by providing praise immediately after calm behavior. Also, Deniz learns to associate calming actions with support and positive feedback. Thus, modeling, and shared regulation increase participation and learning. Reinforcing attempts, not perfection, helps children build regulation skills over time.

Decisions

The caregiver wants to support Deniz's regulation at bedtime. What response best supports learning?

Option A: Send Deniz to bed immediately to stop movement.
Option B: Wait until Deniz is fully calm before saying anything.
Option C: Model a calming strategy, guide Deniz to try it, and praise the attempt.

Feedback to Participants

Option A: Immediate demands may increase stress.
Option B: Missing the moment delays learning.
Option C: This response teaches and reinforces a calming strategy effectively.

Assessment: The goal of this scenario is to support self-regulation through reinforcement. *Option C* is the most effective response.

Reflection and Assessment

1. What early signs showed Deniz needed support?
2. How did modeling help Deniz calm down?
3. Which calming strategies work best for your child?

1.7.3 Scenario 3: "Reinforcing Returning to Task After a Break"

Context

Home routine: Learning activity with a short break.

Learning Objectives/Target Behavior

1. Reinforce returning to a task after a break.
2. Strengthen persistence using positive reinforcement.

The Background/Set-Up Condition

Mert is a 7-year-old child with ASD who benefits from short breaks during homework. After breaks, he sometimes resists returning to the task. Caregivers want to encourage task completion without pressure.

The Main Case

At home, Mert is completing homework but after working for several minutes, he takes a brief break. When the caregiver says, "Break is finished," Mert hesitates but then returns to his seat and picks up his pencil.

The caregiver immediately says, "Great job coming back to your work after your break," and gives Mert a sticker. Mert completes the next problem and continues working.

Conceptual Brief

This scenario highlights how immediate praise and a small reward strengthen returning to the task while Mert learns that effort and cooperation are noticed. Therefore, reinforcing motivation-related behaviors increases engagement and independence. Clear, positive feedback teaches children which behaviors lead to success.

Decisions

What should the caregiver do to support returning to task?

Option A: Remind Mert repeatedly to get back to work.

Option B: Provide immediate praise and a small reward when Mert returns to the task.

Option C: Remove future breaks to avoid delays.

Feedback to Participants

Option A: Repeated reminders may reduce independence.

Option B: This response reinforces persistence and task engagement.

Option C: Removing breaks may increase resistance.

Assessment: The goal of this scenario is to reinforce returning to tasks after breaks. *Option B* is the most effective response.

Reflection and Assessment

1. What behavior was reinforced in this scenario?
2. Why is immediate reinforcement important?
3. How could you reinforce persistence during daily routines?

1.8 SUMMARY

This activity book focused on helping caregivers understand, prevent, and respond to children's challenging behavior using positive, practical, and evidence-based strategies. Throughout the unit, behavior was presented not as intentional misbehavior, but as a meaningful form of communication. For children with SEN between the ages of 2 and 7, including ASD, language delays, ID, and sensory regulation challenges, behavior often communicates unmet needs, confusion, frustration, or difficulty coping with daily demands.

The first competency emphasized understanding behavior as communication. Caregivers practiced describing behavior objectively and learned to move away from labels such as "stubborn" or "lazy." By focusing on what the child does and what may be communicated through behavior, caregivers can respond more calmly and effectively.

Caregivers learned the ABC Pattern (Antecedent-Behavior-Consequence). The antecedent is what happens before the behavior, the behavior is the child's action, and the consequence is what happens right after. By observing ABC patterns, parents can identify triggers and understand what may be maintaining the behavior. Children are likely to repeat behaviors that help them obtain something they want or avoid something they dislike, especially when outcomes happen quickly.

The caregivers then learned and practiced examples of prevention strategies. Prevention strategies were explained as a keyway to reduce behavior problems before they begin. Routines that are predictable allows children to know what comes next and this helps children feel calm and safe. Moreover, knowing the routine means knowing the expectations and therefore using the skills and behaviors that are expected. Caregivers could use simple strategies to help their children have smoother and predictable transitions between routines. They could give their children warnings, show the visual of their schedule and use "first-then" statements.

The caregivers also learned how to teach replacement behaviors and skills. These strategies include teaching the child to ask for help, request breaks, say, 'no', and use their own words or visuals cards to express their needs and wants. Children learn these strategies but continued modeling, abundance of practice opportunities and feedback for corrected and praise for using the learned skills and behaviors. Finally, the caregivers learned how to use and practice reinforcement strategies such as providing praises, tangible things, and access to preferred activities.

1.9 SELF-ASSESMENT FOR CAREPROVIDERS

No	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I can describe my child's behavior using clear, observable actions rather than labels or assumptions.					
2	I understand that my child's challenging behavior often communicates a need, emotion, or difficulty.					
3	I can identify what happens before, during, and after my child's challenging behavior.					
4	I can recognize how my responses may influence whether my child's behavior continues.					
5	I can use predictable routines, clear instructions, or preparation strategies to reduce challenging behavior.					
6	I can adjust the environment or routine to help my child succeed before problems begin.					
7	I can teach my child appropriate ways to communicate needs, such as asking for help or requesting a break.					
8	I understand when and how to prompt, model, and reinforce replacement behaviors.					
9	I consistently notice and reinforce my child's positive behavior using specific praise or rewards.					
10	I can guide my child in using calming strategies and support self-regulation during daily routines.					

1.10 THE CHAPTER EVALUATION AND REFLECTION

Scoring

Strongly disagree is 5 points; disagree is 4 points; neutral is 3 points; Agree is 2 points; Strongly agree is 1 point.

Calculate Your Total Score and comment it:

- *45-50 Points:* Mastery Level. You have an excellent understanding of the chapter and can apply them flexibly and effectively.
- *35-44 Points:* Proficient level. You have a solid grasp of the key concepts. Practicing and deepening some strategies will enhance your expertise.
- *25-34 Points*: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.
- *10-24 Points:* Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

Reflection self-assessment for you:

This reflection section is designed to help you think critically about your learning throughout this chapter and to support your ongoing personal and professional development as a caregiver. Rather than serving only as an evaluation, these questions are intended to guide you in identifying strengths, areas for growth, and concrete next steps related to behavior management.

1. Which strategies from this chapter do you feel most confident in applying in your daily routines?
2. Which topics or skills covered in this chapter do you feel require more study, practice, or guidance?

3. What is one concrete action you can take to strengthen the next skill you identified as needing improvement?

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THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Bekir Fatih Meral, Ph.D.

Supporting Communication, Speech, & Language Skills

UNIT NO:2

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2 SUPPORTING COMMUNICATION, SPEECH, & LANGUAGE SKILLS

2.1 PREFACE

Early intervention is important to minimize lasting language and related difficulties in young children with language disorders or at risk of language disorders (Rescorla, 2009). Since language is primarily learned through parent-child interactions, parent-implemented interventions are a potentially important early intervention for children with language disorders or at risk of developing them (Heidlage et al., 2020).

However, when dealing with orphaned children who have experienced parental loss and those with or without special educational needs, caregivers/care providers play a crucial role in supporting communication, speech, and language skills due to the absence of a parent or close relative. Two critical skills should be focused on in the early stages of childhood, regardless of whether children have special educational needs: eye contact and imitation. This is because early childhood, especially the period from birth to 4.5 years, is a critical time for the development of communication, speech, and language skills. Both skills require a second person who can interact with the child, whether the child has special educational needs. This person should possess the skills to support communication, speech, and language development in children without parents. Therefore, caregivers/care providers have a vital role in supporting those children. Caregivers are typically tasked with assisting children who have experienced parental loss in developing daily living skills, such as self-care, personal, and social skills. However, their responsibilities cannot be limited to these skills because children who have lost a parent have limited opportunities to interact or communicate with others since they are in an orphanage. In this context, this activity book has been prepared to teach caregivers/providers basic skills to support communication, speech, and language development in

children experiencing parental loss, regardless of whether they have special educational needs. This activity book contains how to teach (1) Eye contact (EC), (2) Waiting skills (WS), (3) Turn-taking (TT), (4) Imitation skills with/without objects (IM), and (5) Reciprocal conversation (RC), respectively.

2.2 THE MODULE CONTENT

The learning objectives, description, focus, and desired outcomes of the Supportive Communication, Speech, and Language Skills (CSL) submodules are shown here (see Table 1).

Table 1. *Supporting Communication, Speech, & Language Skills (CSL) Module*

Objectives	Description	Focus	Outcomes
1. Eye contact (EC)	Avoiding eye contact is a hesitant or no eye gaze during social interaction; making intense eye contact, on the other hand, means staring fixedly and meaninglessly into the other person's eyes.	Fading the avoidance of eye contact or making intense eye contact	Looking at someone properly
2. Waiting skills (WS)	Waiting skills during communication refer to the ability to wait for verbal input (proper listening) or verbal guidance without exhibiting disruptive behavior, whether sitting or standing.	Fading disruptive behaviors when waiting for any verbal stimulus	While waiting for a verbal prompt, sit or stand properly
3. Turn-taking (TT)	The turn-taking method aims to develop active listening and empathy, as children need to learn to respect others' turns.	The ability to take turns and follow the correct sequence during communication.	Taking turns and speaking appropriately during communication skills.

4. Imitation skills with/without objects (IM)	Imitation skill refers to the ability to do the same or similar things that someone else has done, with or without objects. Imitation is crucial for communication skills.	Imitating what someone did	As preparation for verbal communication skills, imitating someone's actions, with or without objects.
5. Reciprocal conversation (RC)	Reciprocal conversation includes listening properly and responding verbally or using augmentative or alternative communication devices.	A proper and reciprocal conversation between two people	Listening appropriately and responding verbally during a conversation.

2.2.1 Competencies

1. **Eye contact (EC):** Eye contact means struggling to make and sustain it. For example, difficulties looking at someone and maintaining eye contact.
2. **Waiting skills (WS):** Some children struggle with waiting, waiting/their turn, waiting for a reciprocal conversation. For example, waiting stimuli/antecedent (instruction).
3. **Turn-taking (TT):** Turn-taking is the act of taking turns in a situation or conversation. For example, taking one's turn in conversation, play, or other forms of interaction.
4. **Imitation skills with/without objects (IM)**: Imitation refers to having little interest in the behavior of others around them and rarely trying to imitate them. For example, imitation of acts with objects (e.g., shaking a sleigh bell, pushing a toy truck); imitation of gestures and body movements (e.g., clapping, showing the nose); imitation of sounds and words (e.g., monkey and chicken sounds).

5. **Reciprocal conversation (RC)**: Reciprocal conversation involves responding to social cues, sharing attention, turn-taking into conversations, and displaying appropriate social behaviors. For example, the natural back-and-forth flow in communication.

2.3 EYE CONTACT (EC) COMPETENCY

Eye contact is like opening a window into a dark, completely closed box. While limited eye contact isn't a sole indicator of autism or special education needs, avoiding eye contact (or, conversely, maintaining intense eye contact) is an early sign of autism or special education needs. Eye contact is the first, or preparatory, step in taking verbal input to improve communication skills for children with special educational needs. For children with autism spectrum disorder or special educational needs, eye contact can be an unpleasant and overwhelming experience.

2.3.1 Scenario 1: Eye Contact Training Using the Naturalist Teaching Method

Purpose of the Scenario

The objective of this scenario is to improve the "eye contact skills" of individuals with autism, special education needs, or social interaction difficulties using naturalistic interaction methods. Through the interaction between the practitioner and the student, the caregiver learns the practical application of naturalistic eye contact teaching. The scenario demonstrates concretely how correct responses are reinforced and what types of support are provided when the student is unresponsive.

Environment and Background

The caregiver is positioned in a quiet, individual education room to observe the training session.

- **Setup:** Following the principles of floor-time/floor activities, the room features two mats or thin cushions for the student and practitioner.
- **Materials:** Toys, objects, and food reinforcers known to be highly motivating for the student are placed on the floor.
- **Positioning:** The practitioner and student sit face-to-face at the same eye level in a distraction-free environment.
- **Observation:** The background is organized to be visually neutral. The caregiver observes the process from the sidelines as a learner without intervening.

Scenario Phases

The procedural steps for acquiring eye contact skills through naturalistic teaching are as follows:

Phase 1: Identification of Reinforcers

The specific object (e.g., a small toy car, a mini doll) or food reinforcer (e.g., a gummy bear, a small wafer) is selected based on the student's preferences and made ready in the environment.

Phase 2: Holding the Reinforcer at Eye Level

The practitioner moves the preferred item horizontally or vertically between themselves and the student. The goal is to capture the student's attention with the object, then transfer/direct that gaze toward the practitioner’s eyes.

Phase 3: Verbal Reinforcement of Brief or Sustained Gaze

As soon as the student directs their gaze from the object toward the practitioner’s eyes, the practitioner immediately provides verbal reinforcement: "Wonderful looking!"

Phase 4: Tangible Reinforcement

Once this interaction (transferring interest from the object to eye contact) is repeated successfully, the practitioner says, "Wonderful looking!" and provides the actual object or food to the student.

Phase 5: Constant Requirement for Eye Contact

In the final stage, establishing eye contact becomes a prerequisite for obtaining the reinforcer. The practitioner only provides the item if the student makes eye contact. If there is no eye contact, the practitioner withdraws the item, teaching the student that social engagement is the key to receiving the desired reward.

Table 2 *Process Summary Table, Scenario 1.*

Phase	Status	System Behavior / Practitioner Action	Outcome / Next Step
1. Preparation	Interest Assessment	The student's preferred object/food is prepared.	Interaction begins.
2. Capturing Attention	Gaze Transfer	The object is moved to eye level to capture focus.	The student looks at the object.
3. Transition	Shifting Gaze	Waiting for the eye gaze to shift from the object to the eyes.	If gaze shifts, proceed to Phase 4.
4. Verbal Reinforcement	Immediate Feedback	"Wonderful looking!" is said immediately upon contact.	Behavior is reinforced.
5. Tangible Reward	Reinforcement	After successful trials, the item is given to the student.	Success is solidified.
6. Conditioning	Requirement	The tangible item is withheld unless eye contact is made.	Skill becomes a functional habit.

2.3.2 Scenario 2: Eye Contact Training Using the Structured Teaching Method

Purpose of the Scenario

This scenario aims to improve "eye contact skills" in individuals with special educational needs, including individuals with autism who experience difficulties with social interaction. In a structured setting, the caregiver (professor or parent) interacts with a student with special educational needs or autism, teaching them the stages of eye contact with the prompt hierarchy. The scenario includes how correct answers are reinforced and what support is provided if no answer is given.

Environment and Background

The caregiver and the child settle in a quiet room designed for structured education.

- **Setup:** The caregiver and child can sit on two chairs face-to-face, or they can stand facing each other.
- **Materials:** This structured intervention does not include any instructional materials. When the child gives the correct answer, the caregiver can simply use food/snack or a tangible (e.g., toys) reinforcer.
- **Positioning:** The caregiver and the student should sit or stand at the same level, facing each other. There should be no distracting elements/materials/stimulus in the environment.

Phases of the Scenario

When the caregiver and child are sitting or standing at eye level, the structured teaching process for developing eye contact skills is represented by the following steps:

1. **Phase 1 – Verbal Call:** The caregiver (practitioner or parents as well) calls the student: "Look at me" or uses the student's name (e.g., "Ali, look at me"). If the student looks, they are reinforced with verbal praise or other reinforcers (food, drink, tokens, etc.).
2. **Phase 2 – Shoulder Touch:** If the student does not look despite the verbal prompt, the caregiver gently touches the student's shoulder. If the student responds, reinforcement is provided.

3. **Phase 3 – Index Finger Use:** If there is still no eye contact, the caregiver takes the index finger of the student's dominant hand and brings it toward their own (the practitioner's) eye level.
4. **Phase 4 – Index Finger Sensation:** If the student still fails to establish eye contact, the caregiver gently squeezes the tip of the student's index finger while it is at eye level to provide a tactile cue.

Process Flow

Positive Response (Success)

The caregiver (practitioner or parents) says the student's name calmly: *"[Name], look at me."*

- **Outcome:** If the student makes eye contact, the caregiver immediately provides verbal praise ("Well done, you looked at me beautifully!") or a tangible reinforcer (candy, chips, etc.).
- **Completion:** The scenario ends successfully as the skill is correctly demonstrated.

No Response (Waiting Period)

- **Wait Time:** The caregiver waits for a natural period of **3–5 seconds** after the call.
- **Action:** If there is no response, the caregiver maintains calm body language. After the waiting period, the practitioner moves to the next prompt level.

Physical Contact (Shoulder Touch)

- The practitioner touches the student's shoulder and repeats: *"[Name], look at me."*
- **If Response:** Reinforcement is given, and the scenario ends.
- **If No Response:** Move to next step (4.4.)

Visual Prompt (Index Finger to Eye)

- The caregiver moves their index finger toward their own eye level to direct the student's attention.
- **If No Response:** Move to next step (4.5.)

Physical Prompt (Gentle Squeeze)

- The caregiver gently holds the student's hand, squeezes the fingertip slightly, and calls again.
- **If No Response:** The practitioner says, *"We are taking a little break now,"* and ends the session to let the student relax.

Table 3 *Summary Table (Process Map)*

Stage	Condition	System Behavior / User Experience	Next Step
Initial Call	Start	Caregiver call the student by name at eye level.	If response: Success. If not: 4.2
Waiting	No Response	Wait for 3–5 seconds.	If response: Success. If not: 4.3
Touch	No Response	Gentle touch on the shoulder + Verbal prompt.	If response: Success. If not: 4.4
Visual Cue	No Response	The finger moved to eye level	If response: Success. If not: 4.5
Physical Cue	No Response	Gentle finger squeeze + Verbal prompt.	If response: Success. If not: Retry/End

2.3.3 Scenario 3. Eye Contact Training Through Play (Rocking and Singing)

Case

Considering the ages and preferences of young children, both those with and without special educational needs, it can be argued that teaching certain skills through play may be more effective. Compared to structured instruction, children

can focus more easily, be more cheerful, and maintain their attention better through play. Furthermore, when specific skills are taught through play, children exhibit higher intrinsic motivation and self-initiative. Therefore, parents, practitioners, or caregivers can teach eye contact skills through play, among other methods. First, the caregiver should choose a play/game that demonstrates cheerful cueing, such as rocking and singing, which combines rhythmic physical movement with mutually engaging auditory cues and involves reciprocal handholding and eye contact.

Intervention Example

Eye contact training can be implemented using rocking and singing play/game to relax during leisure time or breaks after cognitive skills instruction. Both the caregiver and the child should sit or stand on the floor, make eye contact, join hands, and sing while maintaining eye contact and moving their bodies back and forth, side to side as much as possible. When the caregiver catches the kid's eye contact or any attempt, they should make a loud voice and reinforce with an approving look while rocking and singing. At the end of the play/game, the caregiver should verbally reinforce the child with special educational needs by saying things like, "Well done, you're looking at my eyes very well, etc."

2.4 WAITING SKILLS (WS) COMPETENCY

2.4.1 Scenario 1. Waiting by sitting in the designated area on a chair/ seat

Case

Regardless of the skill being taught, **waiting** for instruction, cues/guidelines, or reinforcement before any intervention is crucial for educational control. Waiting skill/ ability is a fundamental part of communication skills. Therefore, parents, practitioners, or caregivers should prioritize teaching children with special educational needs waiting skills.

Materials

To teach waiting skills to children with special educational needs or autism, caregivers can use a **"waiting card"** involving standing or sitting in a designated area. In all settings, the child must sit or stand in the designated waiting area surrounded by the waiting field card, free from distractions, and without leaving the seating or standing area. The second essential material for teaching waiting skills is a "Waiting instruction card/sign" and "Yes" and "No" papers or signs (please see Figure 1).

Figure 1. *Waiting field card, Wait sign, and Yes/No sign*

Implication/intervention

During the intervention session, the caregiver should first place the waiting card on a chair or a seat in the classroom or at home. Then, the caregiver should direct the child with special educational needs or autism into the waiting card. Then, the caregiver shows the child an instruction card that says "WAIT" and simultaneously says, "Wait here!". If the child waits patiently for a few minutes (for example, three minutes in the first sessions, then the waiting time can be gradually increased) without showing anger and tantrums and without leaving the waiting area, the caregiver should place a "Yes" slip or have the child sign a "WAIT" instruction car, and then provide verbal or food reinforcement *e.g., a piece of snack). If the child does not wait properly for a few minutes, shows anger or tantrums, and leaves the

waiting area within the designated time, the caregiver should place a "NO" note or have the child sign a "WAIT" instruction card and then say, "You did not wait properly here," and move on to the next attempt/trial without any reinforcement (see Figure 2).

Figure 2. *A kid sitting on a chair*

2.4.2 Scenario 2. Waiting by sitting in the designated area on the floor or ground

Case

The caregiver can train waiting skills on a clean mat laid on the floor or at home. The caregiver can say to the kid with special educational needs, "Let's play a game with you. Then introduce play materials (which are, actually, used to teach waiting skills; please see Figure 2).

Materials

To teach waiting skills to children with special educational needs or autism, caregivers can use a “waiting card” that indicates to sit in a designated area on the

floor or ground. In all settings, the child must sit in the designated waiting area, as signed by a waiting field card, without distractions and without leaving the seating floor or ground. The second essential material for teaching waiting skills is a "Waiting instruction card/wait sign" and "Yes" and "No" signs (please see Figure 2).

Implication/ intervention

During the intervention session, the caregiver should first place the waiting card on the clean floor or ground in the classroom or at home (see Figure 3). Then, the caregiver should direct the child with special educational needs or autism into the waiting card. Then, the caregiver shows the child an instruction card that says "WAIT" and simultaneously says, "Wait here!". If the child waits patiently for a few minutes (for example, three minutes in the first sessions, then the waiting time can be gradually increased) without showing anger and tantrums and without leaving the waiting area, the caregiver should place a "Yes" slip or have the child sign a "WAIT" instruction card, and then provide verbal or food reinforcement *e.g., a piece of snack). If the child does not wait properly for a few minutes, shows anger or tantrums, and leaves the waiting area within the designated time, the caregiver should place a "NO" note or have the child sign a "WAIT" instruction card and then say, "You did not wait properly here," and move on to the next attempt/trial without any reinforcement.

Figure 3. *A kid sitting on the floor or ground*

2.4.3 Scenario 3. Waiting by standing in the designated area on the floor or ground

Case

The caregiver can implement similar interventions, using structured or naturalistic approaches to teach waiting skills to a child with special educational needs. The caregiver must ensure the child stands in the waiting area card, which indicates the designated waiting area.

Materials

Caregivers can use a “waiting field card” to teach children with special educational needs or autism to stand in a designated area (see Figure 4). In all settings, the child must stand in the designated waiting area indicated by the waiting field card, free from distractions, and without leaving the seating or standing area. The second essential material for teaching waiting skills is a "Waiting instruction card/sign" and "Yes" and "No" papers or signs (please see Figure 2).

Implication/ intervention

During the intervention session, the caregiver should first place the waiting field card on the floor or ground in the classroom or at home (see Figure 3). Then, the caregiver should direct the child with special educational needs or autism into the waiting card. Then, the caregiver shows the child an instruction card that says "WAIT" and simultaneously says, "Wait here!". If the child waits patiently for a few minutes (for example, three minutes in the first sessions, then the waiting time can be gradually increased) without showing anger and tantrums and without leaving the waiting area, the caregiver should place a "Yes" slip or have the child sign a "WAIT" instruction card, and then provide verbal or food reinforcement *e.g., a piece of snack). If the child does not wait properly for a few minutes, shows anger or tantrums, and leaves the waiting area within the designated time, the caregiver should place a "NO" note or have the child sign a "WAIT" instruction card and then

say, "You did not wait properly here," and move on to the next attempt/trial without any reinforcement.

Figure 4. *A kid standing on the floor or ground.*

2.5 TURN-TAKING (TT) COMPETENCY

2.5.1 Scenario 1. Turn-taking by playing maracas to each other/ reciprocally

Case

When interacting with children, whether they have special educational needs or not, using musical instruments during turn-taking activities is enjoyable for both child and opponent (e.g., parent, practitioner, or caregiver) and it's also a good way to capture the child's attention. The caregiver can use maracas to play together while teaching turn-taking skills to a child with special educational needs.

Implication/ intervention

Taking turns involves waiting for and observing your opponent, then moving/doing something similar or identical to what your opponent did. During the intervention session, the caregiver should sit face-to-face or opposite the child with special educational needs or autism and give them an activity (e.g., maracas playing together) to do in turn. The caregiver can teach turn-taking skills using playing

maracas. The phrases "It's my turn" or "It's my turn" and "It's your turn" or "It's your turn" are basic instructions for teaching turn-taking skills. Next, the caregiver should say, "Wait and watch what I do," and then, "Now it's your turn, do the same." The selected play-based exercises (in this example is playing maracas) should be continued in sequence (please see Figure 5).

Figure 5. *A kid playing maracas with modeling opponent*

2.5.2 Scenario 2. Turn-taking by rolling a ball to each other

Case

Rolling a ball back and forth can be another play-based skill for teaching turn-taking skills to children with or without special educational needs. The caregiver needs a ball and cheerful music that will be appealing to the child with special educational needs. The caregiver can easily do this activity on the classroom floor or at home, sitting face-to-face with the child.

Implication/ intervention

Turn-taking involves waiting for and observing your opponent, then acting/doing in a similar or identical way to what your opponent does. The caregiver should sit face-to-face or opposite the child with special educational needs or autism and give them a sequential activity to do in turn. The caregiver can use play-based exercise of

rolling a ball back and forth to teach turn-taking skills. The phrases "It's my turn" or "My turn" and "It's your turn" or "Your turn" are basic instructions for teaching taking turns speaking skills. Then, the caregiver should say, "Wait and watch what I do," and then, "Now it's your turn, do the same." The chosen play-based exercise of rolling a ball back and forth should be continued sequentially (see Figure 6).

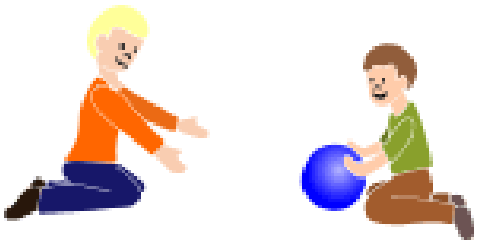

Figure 6. *Rolling a ball back and forth with kid*

2.5.3 Scenario 3. Taking turns pressing the button of an electronic musical device (e.g., a musical toy animal button or baby button toy).

Case

Musical toys can be quite appealing for teaching turn-taking skills and can activate the intrinsic motivation of children, whether or not they have special educational needs. The caregiver can use an animal button musical toy or a baby button toy for this turn-taking activity (see Figure 7).

Figure 7. *Musical animal piano toy and Baby Button Toy™ - Press and turn the buttons*

Implication/ intervention

In the turn-taking activities, the child should wait for and observing his/her opponent, then moving/doing something similar or identical to what his/her opponent did. During the intervention session, the caregiver should sit face-to-face or opposite the child with special educational needs or autism and give them an activity (e.g., sequentially pressing button of musical animal piano toy and baby button toy™) to do in turn. The caregiver can say, "Look, what a lovely toy!" and "Let's play together!" Then the caregiver should say, "Watch what I do first" and "Listen to the sound." Now it's your turn, say "Press the button!" and if the child presses the button and hears the musical toy's sound correctly, the caregiver should verbally reinforce it by saying "Wow, well done!"

2.6 IMITATION SKILLS WITH/WITHOUT OBJECTS (IM) COMPETENCY

2.6.1 Scenario 1. Imitation skills without objects by using gestures or body parts

Case

If a child imitates the actions with or without objects of the person they are role-playing or the person opposite them, this means the child can imitate speech or talk/discourse depending on critical period (birth to 4 or 4,5 years old) of communication, speech, and language skills; otherwise, a lack of the ability to imitate, especially for children with special educational needs, particularly those with autism, means they cannot imitate the speech or talk of their parents, teachers, or caregivers. Therefore, when teaching communication skills, it should begin with imitation skills, with or without objects.

Implication/ intervention

In the first step of imitation/intervention, the caregiver should demonstrate how to imitate the behavior by modeling it, using only body parts or gestures, without using objects. Then, while showing the child what to do, the caregiver should simultaneously give instructions such as "Do it like this" or "Do the same thing." If the child imitates the caregiver, the caregiver should verbally reinforce the behavior or use the child's preferred food (as a reward/reinforcer). The caregiver can use a combination of 5 different actions.

Imitation skills using only gestures and body movements without objects include saying “Do it like this” and simultaneously (1) pointing or touching one’s own nose with one’s index finger and asking the child to do the same, (2) touching/pressing the top of one’s own head with one’s dominant hand and asking the child to do the same, (3) touching/pressing one’s own chest with one’s dominant

hand and asking the child to do the same, (4) bringing one's hands together and asking the child to do the same, and (5) pressing one's index finger against one's other palm or a table/desk and asking the child to do the same.

2.6.2 Scenario 2. Imitation skills with objects/materials by using toys

Case

Imitation skills involving objects involve symbolically acting as if one is doing something using materials/objects, or precisely imitating what an opponent/model is doing. For example, a caregiver might simultaneously mimic the sounds of a toy car or truck as they push it back and forth. Alternatively, when a caregiver is combing/brushing a baby's (doll's) hair, they can explain what they are doing and simultaneously tell the child what to do. As another example, the caregiver could stack wooden blocks or Jenga pieces on top of each other as if building a wall or tower, and then ask the child to do the same movement with the objects.

Implication/ intervention

During the intervention, the caregiver should push the toy car or truck back and forth while simultaneously imitating the sounds of car or truck (please see Figure 8). Next, the caregiver should ask the child to perform the same or similar actions, while simultaneously saying "Do it like this" or "Do the same thing." If a child imitates the caregiver, the caregiver should verbally reinforce the correct behavior or use the child's favorite food (as a reward/reinforcer). Caregivers can also develop imitation skills by using other objects or different real/tangible materials; for example, combing/brushing a baby's hair or stacking wooden blocks for Jenga pieces.

Figure 8. *Pretending to push a toy car or truck back and forth, and then ask the child to do the same*

2.6.3 Scenario 3. Imitation skills by using symbolic play skills

Case

Children's knowledge of an object's symbolic or imitative function depends on their understanding of the material's actual function. For example, if an autistic child knows the function of a real car, how it works/moves, and the sounds it makes, they can play imaginatively or symbolically with a toy car, pushing it back and forth, making car sounds, etc. Otherwise, children with special educational needs, especially those with autism, struggle with imitation play skills because they don't fully understand the function of the object/real material. Therefore, parents, practitioners, or caregivers should begin hierarchically by teaching the actual function of an object before teaching imaginative or symbolic play skills.

Implication/ intervention

During the intervention or in the example of teaching imitative symbolic play skills, such as mimicking telephone conversations, the caregiver should first teach the use of a real/actual telephone and its function in communication by using a smartphone or other brand of phone. Then, the caregiver should use a simulated phone (for example, a toy smartphone) in an imitative communication play. Next, the caregiver can use an alternative/substitute material (for example, a wooden block mimicking a

smartphone) instead of a real phone when mimicking conversation with a child with special educational needs or autism. In the final stage, the caregiver can simulate phone use using only their hand, without using any tangible materials or objects. This stage is entirely an imaginary and symbolic imitation because there are no real, imitation, or alternative/substitute materials or objects.

Figure 9. *Kids are imitating phone conversations.*

2.7 RECIPROCAL CONVERSATION (RC) COMPETENCY

2.7.1 Scenario 1. Initiating a conversation through a social story.

Case

The caregiver should use natural opportunities or everyday events/incidentals to initiate a conversation, as natural conversation is more intimate and motivating for the participants/parties. For example, a social story about a child and their family's summer vacation plans could be a good opportunity to start a conversation. This includes asking short, clear questions within context, listening attentively and waiting with expectant glances and gestures, reminding the child what to say within context when necessary, and verbally reinforcing the response given by a child with special educational needs or autism during speech. First, the caregiver should identify or remember the questions to ask the child with special educational needs or

autism. Additionally, the caregiver should know or remember the principles of how to maintain fluent conversation. This includes asking short, clear questions within context, listening attentively and waiting with expectant glances and gestures, reminding the child what to say within context when necessary, and verbally reinforcing the response given by a child with special educational needs or autism during speech.

Implication/ intervention

After storytelling, the caregiver can ask "wh" questions such as "who, what, where, when, why, and how" in a way that is appropriate to the context; this could be a routine conversation with the child about weekend or summer vacation plans with their family. If the child listens attentively and answers questions well, expanding and sustaining the conversation, the caregiver should reinforce the child verbally or using tangible or food reinforcers.

2.7.2 Scenario 2. A family photo album is a tool for starting a conversation

Case

Children with or without disabilities sometimes need a cue, a sign, or a trigger to start and maintain conversation or speech. A photo album can be used to initiate and maintain a reciprocal conversation. This album could include photos taken in different settings and at different times, such as during summer vacation, winter break, a visit to hometown, or various holidays, featuring family and children with special educational needs or autism. To initiate and maintain a reciprocal conversation, the caregiver can show some photos of the child and their family taken in different settings and at different times, and ask some questions. For example, a caregiver might ask to kid with special educational needs or autism, "What were you doing when this photo was taken?" (e.g., a photo of all family members at a picnic, summer vacation, or hometown visit). Then the caregiver can listen and continue the

conversation by using “wh-questions” (what, when, where, who, why, which, and how).

Implication/ intervention

When looking at or showing photographs of the child and their family, the caregiver can initiate a conversation by asking "wh-questions” such as "who, what, where, when, why, and how," consistent with the context of each photograph. Then, the caregiver should reinforce the child verbally or with tangible rewards (such as food, snack, or toy), if the child listens attentively answers questions, expands and maintain the conversation. For example, when a caregiver shows a child a photo of them running with their mother in the grass or among the trees, they might say, "Look at this picture," and then ask, "What were you doing here with your mother?". Then, the caregiver should listen carefully, patiently, and respond appropriately to the child's answers. Additionally, the caregiver should expand and maintain the conversation with relevant questions or comments. And, the caregiver should not forget the reward or reinforcement.

2.7.3 Scenario 3. Talking about picture sequences showing subject + object + verb

Case

Children with special educational needs, especially those with autism, have difficulty communicating and also struggle to use the correct pronouns or other components of sentence structure. Therefore, this limitation hinders effective communication skills with others (parents, peers, or other members of community/society). Therefore, caregivers can use the pictures/photographs sequences to initiate and maintain a conversation with a child with special educational needs or autism. A sequence of images/photographs consists of a subject + object + verb structure that shows what the main subject (he/she/they) does with objects in different environments.

Implication/ intervention

Interventions like these, which use visual sequences illustrating the subject + object + verb structure, not only initiate conversation but also help in acquiring sentence and grammar knowledge. For example, while showing a child a photograph of them playing soccer (the subject is the child, the object is the soccer ball, and the action of kicking the soccer ball is the verb or action), the caregiver might ask questions like, "What are you doing here?", "What are you doing with the soccer ball?", or "Look at you, how are you kicking the soccer ball?" to initiate a conversation with the child with special educational needs or autism. The caregiver should then listen carefully and patiently, wait with expectant glances and gestures, remind or guide the child on what to say within the context as needed, and verbally reinforce the child if they give the correct answer. These types of examples also help children with special educational needs or autism to use pronouns and construct sentences correctly.

2.8 SUMMARY

Eye contact is treated as the foundational "gateway" for social engagement. Environmental arrangements are critical; caregivers are trained to move to a "face-to-face" position at the child's eye level to increase the salience of social cues. Strategies such as holding a desired object near the eyes or using "expectant waiting" encourage the child to initiate gaze.

Waiting is an essential self-regulation and communication skill. Using of visual supports, such as "Wait" cards or timers, to make the abstract concept of time concrete. By placing highly preferred items "out of reach" but within sight, practitioners create a naturalistic "waiting window" that requires the child to maintain composure before a request is reinforced, thereby building tolerance and reducing problem behavior.

Turn-taking shifts interaction from individual play to social reciprocity. Interdependent group contingencies—where rewards are shared between peers—effectively increase turn-taking. By using scripted prompts (e.g., "My turn, your turn"), children learn to inhibit their own actions while observing a partner, which fosters the development of mutual social preference.

Imitation skills are a primary mechanism for learning. Imitation can be performed with objects (mirroring functional play, like pushing a car) or without objects (gestural/vocal mimicry, like clapping). Training often begins with objects as they provide a physical "anchor," using physical prompting and modeling to help the child attend to and replicate the movements of the caregiver.

Reciprocal conversation is the most complex output, involving sustained verbal exchanges. The communication partners should success as at least one back-and-forth cycle on a single topic. Strategies like Expansion (adding information to a child's utterance) and Mand-Modeling are used to bridge the gap between simple

labels and fluid social dialogue, eventually fading artificial prompts to achieve independent communication.

2.9 SELF-ASSESMENT FOR CAREGIVERS/ CAREPROVIDER

No	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
1	I can make eye contact with the child with naturalistic way					
2	I can make eye contact with the child with structured way					
3	I can teach waiting skills to the child					
4	I can increase waiting time of the child					
5	I can perform turn-taking activities with the child, naturalistically					
6	I can perform turn-taking activities with the child, with structured manner					
7	I can teach imitation skills with objects to the child					
8	I can teach imitation skills without objects to the child					
9	I can improve reciprocal conversation of the child					
10	I can talk reciprocally with the child					

2.10 THE CHAPTER EVALUATION AND REFLECTION

Scoring: Strongly disagree is 5 points; disagree is 4 points; neutral is 3 points; Agree is 2 points; Strongly agree is 1 point.

Calculate Your Total Score and comment it:

-45-50 Points: Mastery level. You have an excellent understanding of the chapter and can apply them flexibly and effectively.

-35-44 Points: Proficient level. You have a solid grasp of the key concepts. Practicing and deepening some strategies will enhance your expertise.

-25-34 Points: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.

-10-24 Points: Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

Reflection and Assessment

This reflection section is designed to help you think critically about your learning throughout this chapter and to support your ongoing personal and professional development as a caregiver. Rather than serving only as an evaluation, these questions are intended to guide you in identifying strengths, areas for growth, and concrete next steps related to behavior management.

1. If you were teaching communication, speech, & language skills, how to make eye contact with the child?
2. If you were supporting communication, speech, & language skills, how to teach waiting skills to the child?
3. If you were teaching communication, speech, & language skills, how to perform turn-taking activities with the child?

4. If you were supporting communication, speech, & language skills, how to teach imitation skills with/without objects to the child
5. If you were implementing communication, speech, & language skills module, how to improve reciprocal conversation of the child?

2.11 REFERENCES

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THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Yusuf Akemoğlu, Ph.D.

Naturalistic Teaching

UNIT NO: 3

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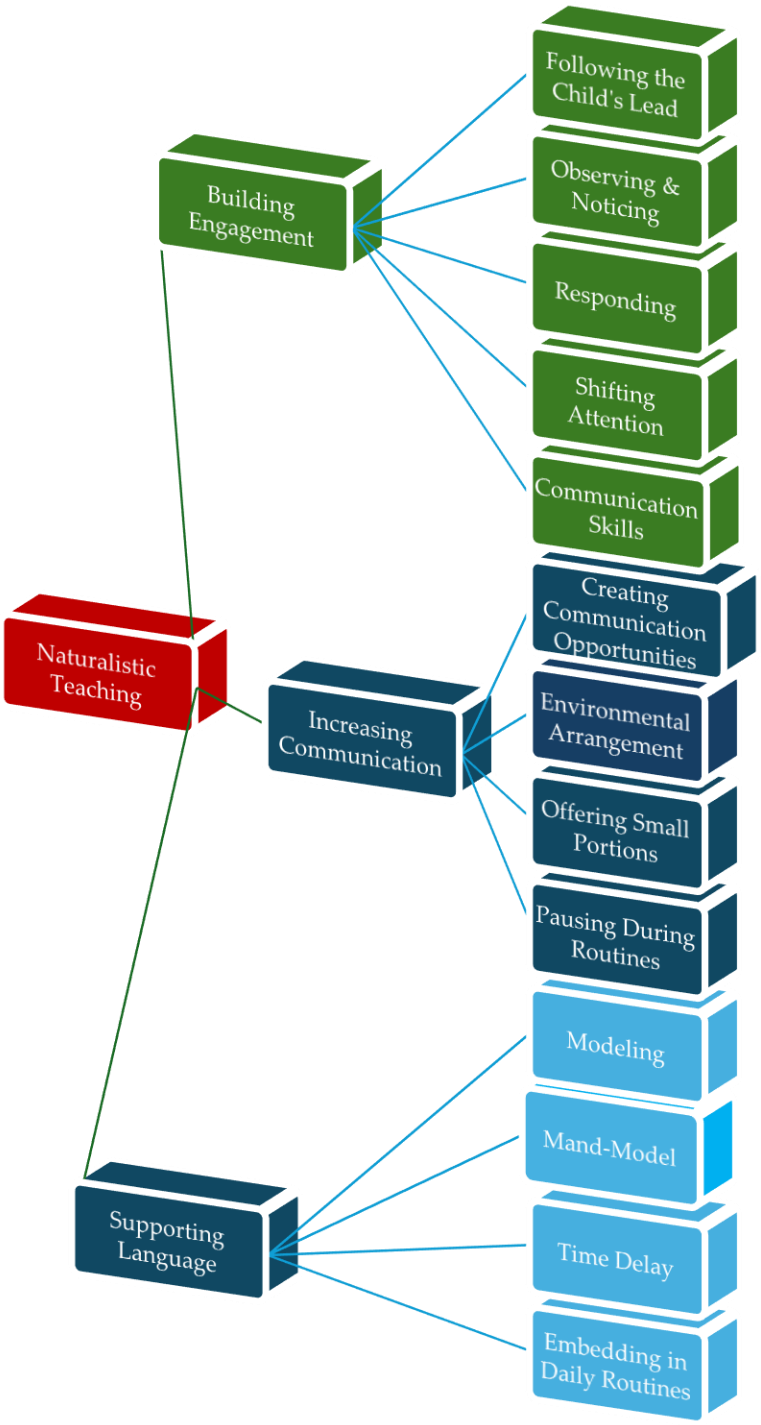
Following the Child's Lead
Observing & Noticing
Building Engagement
Responding
Shifting Attention
Communication Skills
Creating Communication Opportunities
Naturalistic Teaching
Environmental Arrangement
Increasing Communication
Offering Small Portions
Pausing During Routines
Modeling
Mand-Model
Supporting Language
Time Delay
Embedding in Daily Routines

3 NATURALISTIC TEACHING

3.1 PREFACE

Naturalistic teaching is based on one simple but transformative idea: children learn best when teaching happens within meaningful, everyday experiences. These everyday moments, routines and activities provide plenty of opportunities to support children's language and communication skills. Caregivers already provide dozens of opportunities for learning each day during meals, dressing, play, bath time, shopping, and bedtime. However, without intentional strategies, these opportunities may pass unnoticed. When caregivers use naturalistic teaching strategies consistently, children experience more success, fewer power struggles, and increased communication. Most importantly, the caregiver-child relationship becomes stronger, more collaborative, and more joyful.

Therefore, we developed this Activity Book for Naturalistic Teaching to provide you with practical information that you can use in your daily life and activities to support your child's communication skills. In this book, you will learn how to apply the naturalistic teaching strategies on a daily basis. We present five competencies in which you will find clear explanations, real life scenarios and activities as well as reflection tasks to support your knowledge and practice.

The five competencies you will learn about are: following the child's lead, creating communication opportunities, modeling, mand-model, and time delay and embedding naturalistic teaching in daily routines. The goal of these competencies is to help you become more receptive and responsive to your child's communication signals and acts.

You will learn how to follow your child's interests, arrange the environment to encourage communication, model and expand language, use time delay strategically, and embed teaching into natural routines. While learning, you will have the

opportunity to reflect on your own practices and identify areas where you may want additional support. The target group in this activity is children between the ages of 2-7 with special education needs (SEN), autism spectrum disorder (ASD), intellectual disability (ID) and language delays.

3.2 MODULE CONTENT

Competencies – Learning Objectives	Description	Focus	Desired Outcome
1. Following the Child's Lead	Caregivers respond to the child's focus of attention instead of directing the activity.	Observation, responsiveness, engagement, shared attention.	Caregivers can join the child's activities naturally, reduce power struggles, and increase motivation and engagement.
2. Creating Communication Opportunities	Caregivers structure the environment to prompt natural communication attempts.	Environmental arrangement, initiation, motivation, intentional pausing.	Caregivers can increase spontaneous communication attempts during daily routines.
3. Modeling and Mand-Model	Caregivers provide clear language models and supportive prompts during interaction.	Language modeling, prompting, vocabulary growth, expressive language.	Caregivers can increase both the frequency and complexity of children's communication.
4. Using Time Delay	Caregivers intentionally wait to allow the child time to initiate or respond.	Waiting, processing time, independence, reduced over-prompting.	Caregivers can encourage independent communicative responding and reduce prompt dependency.
5. Embedding Teaching in Daily Routines	Caregivers use daily routines as natural teaching opportunities.	Natural routines, consistency, generalization, functional learning.	Caregivers can consistently incorporate learning opportunities across daily routines, promoting generalization and functional skill development.

3.3 FOLLOWING THE CHILD'S LEAD

Learning Objective

Caregivers will learn to observe and join the child's interests during play and daily routines rather than directing the activity toward adult-selected goals.

Why This Competency Is Important?

Following the child's lead is a foundational principle of naturalistic teaching (Watson, 1998). Children learn best when they are emotionally engaged and motivated by what they are already doing. When caregivers join the child's focus of attention instead of redirecting it, shared engagement increases.

Research in naturalistic developmental behavioral interventions emphasizes that learning is strongest when it is embedded within the child's ongoing activity and motivation (Schreibman et al., 2015). For children with SEN, including ASD and ID, shifting attention too quickly or turning play into instruction may reduce communication attempts and increase withdrawal. Following the child's lead builds connection first. Teaching happens after engagement is established.

3.3.1 Scenario 1: "Playing with the Car"

Learning objectives/Target behavior

1. Observe the child's attention and interest.
2. Try to join the child's play without interrupting or redirecting.

The background/set up condition:

Mert is a 3-year-old child with ASD who enjoys playing with toy cars. However, he plays repeatedly without initiating interaction. When adults like his father interrupts his play to introduce new activities, he immediately runs away.

The main case

Mert is sitting on the floor putting the toy cars in line while his father sits nearby and thinks, "I should teach him the colors while he plays with cars" and picks up a car and says, "Mert, what color is this? Say, 'red.'".However, Mert does not respond and continues to lining up cars and turns his away from his father.

Conceptual Brief

As we learned in the coursebook, following the child's lead means staying within the child's current interest and not redirecting to another thing (Watson, 1998).

The father thinks teaching colors is valuable, however, at this moment introducing it in this moment shifts attention away from Mert's motivation. The father could have built on Mert's play with cars and label colors and other things without redirecting him (Schreibman et al., 2015).

Instead of asking color questions, the father could sit next to Mert and comment, *"That's a red car."* or *"Your car is fast."*

This keeps the interaction within Mert's interest. Once engagement strengthens, gentle language expansion can be added naturally.

Decisions

Think again and answer this question: What should the father do to follow the child's lead?

Option A: Continue asking color questions
Option B: Sit next to Mert and say, "Long line of cars," while adding a car to the row.
Option C: Remove the cars and introduce a puzzle instead.

Feedback to participants

Option A: Redirecting to color questions shifts attention away from Mert's interest. This may reduce engagement and communication.

Option B: This response joins the child's activity and supports shared engagement. It keeps learning connected to motivation.

Option C: During play, removing Mert's preferred toys disrupts his motivation.

Assessment: Since the goal is to follow the child's lead, *Option B* is the most appropriate response as it strengthens engagement during current play.

Reflection and Assessment

1. What was Mert's interest before his father joined?
2. How was the outcome of his father's redirection?
3. In a recent play with your child, did you join your child's activity or did you try to change it?

3.3.2 Scenario 2: "Water Play Outside"

Learning objectives/Target behavior

1. Continue child engagement by being responsive to child's attention.
2. Slowly expand the child's focus of attention and introduce new things.

The background/set up condition:

Zara is a 4-year-old child with language delay who loves sensory play, like pouring water between cups and bowls. While playing outside, she smiles, laughs, and repeats this play. However, Zara sometimes stops playing and moves away when her mother tries to introduce new things too quickly.

The main case

At the table, Zara is playing and pouring water between cups while occasionally splashes water. Her mother, while wathing, thinks that it could be a good time to teach her counting. Like counting how many times she pour water.

She then tells Zara, "How about we count to ten while you pour and begins with, one, two…" Zara looks at her mom briefly but pauses pouring, drops the cup and

steps away from the water table. Confused, her mother thinks to herself, "Why did she stop all the sudden while she seemed to have fun?" Zara seems to lose interest.

Conceptual Brief

When we have a closer look into this scenario, we can see that Zara was focused on pouring water and that seemed to give her sensory joy.

Counting is important and should be taught to Zara but not the moment because that shifted her attention from sensory play to a more academic skill. What's more important is to remain on her focus of attention and to expand on it. A slower redirecting could be more effective. For example, the mother could join and comment on Zara's play by saying,

"Splash!"
"You're pouring!"
"Water everywhere!"

"Wow, one splash"

"Oh, another splash"

Thus, this gentle approach supports the child's motivation, promotes language during play, and allows for gradual, gentle, and gentle expansions.

Decisions

Thinking back about the scenario, how should the caregiver respond to better follow the Zara's lead?

Option A: Insist on counting since it's important.
Option B: Stop water play and create another counting play immediately.
Option C: Join observe, and naturally expand, "Splash! You're pouring water. Too many splashes. Oh, you have two cups."

Feedback to participants

Option A: Insisting on something the child does not way reduces motivation.

Option B: Stopping the activity abruptly may lead to challenging behavior.

Option C: Joining and expanding gently on the child's play will get Zara's attention.

Assessment: Option C is the most appropriate response because it values Zara's motivation.

Reflection and Assessment

1. What was Zara interested in?
2. How did the mother's counting action affect Zara's play?
3. What should you do to expand on the child's play?

3.3.3 Scenario 3: "Drawing at the Table"

Learning objectives/Target behavior

1. Join the child's play and/or activity.
2. Build on the child's focus of attention and interest.

The background/set up condition:

Ali is a 5-year-old child diagnosed with ASD who really likes drawing circles on papers. He is sits nicely and seems calm and happy while drawing. Ali prefers to draw patterns that he is familiar with. However, he could easily get frustrated when told to move to draw another pattern. Therefore, he does not participate in any alternative drawing when directed.

The main case

One day, while quietly engaged and focused with drawing large circles, his father looks at the drawing and tells him, "Ali, we should draw a big house." Ali briefly looks and puts the pencil down. He frowns and crosses his arms. The father thinks, "Well, I didn't say anything wrong. I want him to learn to draw different things." However, now Ali is no longer engaged with the activity.

Conceptual Brief

It's clear that Ali was focused on drawing a pattern he likes. Naturalis teaching principles indicate that we shouldn't immediately direct the child for a new task because the child's motivation and desire may decrease (Watson, 1998).

For Ali's situation, it would be more helpful to stay on his focus of attention and then expand on drawing slowly. For example, Ali's father could sit next to him, draw on a paper separately, and say,

"Small circle."

"I draw a round circle."

"You are drawing a big circle."

The father could maintain engagement by entering his Ali's activity. From there, he could gradually make additions while supporting Ali's interest.

Decisions

In Ali's case, how should the father respond to follow Ali's lead?

Option A: Sit next to Ali, draw a circle, and comment on his drawing.

Option B: Tell him what to draw.

Option C: Remove the paper and give him something else.

Feedback to participants

Option A: This joins Ali's current activity and supports engagement.

Option B: Insisting on a new task may increase resistance and reduce participation.

Option C: Removing materials eliminates the opportunity for interaction.

Assessment: Option A is the correct response because it allows the father to build on Ali's engagement.

Reflection and Assessment

1. What was Ali's focus of attention?

2. Did entering his play first and then building on it make a difference?
3. What can you do to maintain the child's attention?

3.4 CREATING COMMUNICATION OPPORTUNITIES

Learning Objective

Caregivers will learn to intentionally arrange the environment and daily routines to encourage children to initiate communication rather than anticipating and meeting all needs immediately.

Why This Competency Is Important

Creating communication opportunities means arranging everyday situations so that the child has a natural reason to communicate need, the caregiver makes small adjustments that gently invite the child to express wants, needs, or ideas (Rakap, 2017). While following the child's lead builds engagement, this strategy increases initiation (Kaiser & Roberts, 2013). Caregivers must read and interpret the child's signals and create opportunities so that the child has a chance to use his communication abilities.

For example, environmental arrangement is used to increase the child's spontaneous communication. Caregivers could place materials, toys, objects in sight but out of reach, pause during routines, and offer choices to give the child chances for communication (Rakap, 2017).

3.4.1 Scenario 1: "Snack Time – More Crackers"

Learning objectives/Target behavior

1. Creating opportunities to promote request behavior.
2. Pausing and looking expectantly for initiation skills.

The background/set up condition:

Lina is a 3-year-old child with limited expressive language who truly enjoys eating during snack time. During snack time she smiles and focuses on eating but does not communicate.

The main case

Lina sits at the table for her snack and waits for her mother to give her crackers. She keeps eating, finishes but does not say anything. Her mother knows that she wants more because Lina keeps sitting. She gives her more but there is no communication.

Conceptual Brief

When analying this case, we need to notice that there are plenty of opportunities for communication. The mother could give her bits of crackers or one cracker at a time. She then could pause for 3-5 seconds, look at Lina expectantly and waits for her to communicate either by saying a word vocalizing a sound and gesturing.

Decisions

Think about the scenario. What could the mother do differently to create opportunities for communication?

Option A: Provide a bowl full of crackers.
Option B: Offer one cracker at a time. Then hold the other, pause and look expectantly.
Option C: Do not give anything at all.

Feedback to participants

Option A: Giving her a full bowl may feed the child without a chance to communicate.
Option B: Giving small portions and pausing creates natural and supportive communication opportunities.
Option C: Not giving food at all may lead to frustration.

Assessment: Option B is the correct answer since the goal is to create natural and meaningful communication opportunities that are embedded in the routine.

Reflection and Assessment

1. Was giving a full bowl a good decision? Why?
2. What small changes can you make during snack time?
3. How long do you usually wait before helping?

3.4.2 Scenario 2: "Bubbles in the Yard"

Learning objectives/Target behavior

1. Arrange the environment to promote child initiation.
2. Pause intentionally before during an activity the child likes.

The background/set up condition:

Kerem is a 4-year-old child with ASD who enjoys playing with bubbles. He laughs a lot when his father keeps blowing the bubbles. The father wants to make his son happy and continues to blow more bubbles but there is no communication.

The main case

Kerem wants his father to blow the bubbles. He goes to his father, looks at him and then the father starts blowing the bubbles. When the bubbles are finished, Kerem starts crying. His assumes that Kerem is upset because it ended.

Conceptual Brief

Kerem loves bubbles, and this can be an ideal opportunity to teach him communication. This is his preferred activity, and he is motivated. So, he is open to learn. Blowing the bubbles continuously keeps him happy but it does not create a reason to communicate.

The father could create a reason for Kerem to communicate by blowing a few bubbles, then waiting 3-5 seconds while holding the bottle, and looks at Kerem expectantly. This is an opportunity for Kerem to ask for "more". Kerem may say, "more" or vocalize, "more" and gesture, "more." When he doesn't, his father can model saying, "more" and then blows more bubbles.

Decisions

Looking back at the scenario, how do you think the father could change bubble play to create communication opportunities?

Option A: Bubble more to keep him happy.

Option B: Stop bubbles and play something else.

Option C: Blow some bubble, wait 3-5 seconds, hold the bottle and , look expectantly.

Feedback to participants

Option A: More and more bubbles does not create opportunities.

Option B: Stopping the activity does not create opportunities.

Option C: Pausing intentionally and looking expectantly creates opportunities for communication and for teaching.

Assessment: The correct answer is *Option C* because the goal is to promote communication.

Reflection and Assessment

1. Why are preferred activities ideal for communication opportunities?
2. How can brief pauses increase independence?
3. What activities motivate your child most?

3.4.3 Scenario 3: "Choosing a Shirt"

Learning objectives/Target behavior

1. Give the child choices to promote communication.

2. Encourage both verbal and nonverbal communication.

The background/set up condition:

Defne is a 7-year-old. She has ID and limited expressive language. She likes colorful dresses but typically her mother picks out her outfit and dresses her without interaction and communication. The mother wants to finish this task and move on.

The main case

Right before school, her mother selects a shirt for her and places it right over Defne's head. Defne pulls it down and pushes it away. The mother says, "We don't have time for this." Dressing was done while communication was limited.

Conceptual Brief

Choosing the shirt for Defne maybe faster but may lead to missed opportunities. When Defne pushed the shirt away, she was trying to communicate. Therefore, the mother could use it as an opportunity to teach and promote communicate. The mother could:

Hold up two shirts and say, "Blue shirt or red shirt?" then pause and wait. Even if Defne points, looks at one and reaches towards it then this response becomes meaningful communication. If she doesn't, the mother can model it for her, "red shirt please".

Decisions

How should Defne's mother do during dressing time?

Option A: Hold up two shirts and say, "Blue or red?" and wait for Defne to respond.
Option B: Choose the shirt quickly to avoid delays.
Option C: Ignore Defne's reaction and continue dressing.

Feedback to participants

Option A: Offering choices creates a natural opportunity for communication.

Option B: Making all decisions removes opportunities for initiation.

Option C: Ignoring the reaction does not support communication.

Assessment: The goal is to create communication opportunities during routines. *Option A* is the most appropriate response because it supports initiation and independence.

Reflection and Assessment

1. How could offering choices change dressing time?
2. What routines could include simple choices?
3. How do small pauses influence communication?

3.5 MODELING AND MAND-MODEL

Learning Objective

Caregivers will learn to use modeling and mand-model strategies to increase vocabulary, verbal attempts, and expressive language during everyday routines.

Why This Competency Is Important

Modeling and mand-model are core components of naturalistic language intervention. When caregivers provide clear, meaningful language models connected to the child's focus of attention, children are more likely to develop vocabulary and expressive communication (Kaiser & Roberts, 2013). Mand-model combines a brief prompt with an opportunity for independent responding.

3.5.1 Scenario 1: "Milk at Breakfast"

Learning objectives/Target behavior

1. Model new vocabulary, words, phrases, gestures.
2. Allow extra time for responses.

The background/set up condition:

Selin is a 3-year-old child with developmental delay who frequently uses gestures to point to items that she wants. This mostly happens during mealtimes, and she rarely uses words. Her mother models words and expects Selin to respond perfectly.

The main case

At breakfast, Selin usually drinks milk. She looks at her cup and uses her finger to point to it. Her mother says, "Selin, say, 'milk'", say, 'milk'" can you say it?" without a pausing in between. Selin looks away and doesn't attempt to say "milk." Selin wants milk but her interaction decreased.

Conceptual Brief

The mother repeated and immediate demands created extra pressure and Selin did not say anything. To use modeling correctly, the mother needs to model the word, wait 3-5 seconds and acknowledge Selin's response. If she gets no response from Selin, she can model the communication once more and give Selin her desired item. For example, the mother can simply model a one-word utterance, "Milk", wait 3-5 seconds for a response. Selin says, "miii" a vocal sound. The mother accepts it and acknowledges it this way, "Yes, milk" and gives her a cup of milk right away,

Decisions

How should the mother respond after Seling pointed to the cup?

Option A: Repeat, "Say milk," until Selin repeats it correctly.

Option B: Hold the cup and say, "Milk," while looking expectantly and waiting.

Option C: Ignore the pointing and continue eating.

Feedback to participants

Option A: Repeated pressure may reduce motivation and communication attempts.

Option B: Modeling the word naturally supports language learning without pressure.

Option C: Ignoring the gesture removes the opportunity for communication.

Assessment: The answer is *Option B* because modeling and waiting promotes communication.

Reflection and Assessment

1. How did repeated modeling affect Selin?
2. Why is modeling and waiting is more appropriate?
3. When might you unintentionally turn interaction into testing?

3.5.2 Scenario 2: "Toy Train on the Floor"

Learning objectives/Target behavior

1. Implement mand-model strategy correctly.
2. Give time for independent responding.

The background/set up condition:

Kerem is a 4-year-old child diagnosed with ASD. He very much enjoys playing with a toy train and sometimes uses single words. However, he doesn't usually talk or say anything.

The main case

Kerem is sitting on the floor and pushing the train back and forth. His father comes to play and says, "What are you playing with? Is this a train? Look, what are you playing with?" Kerem doesn't respond and keeps playing.

Conceptual Brief

Like many other children, Kerem needs time to process the question and therefore, a better approach would be to wait 3-5 seconds to get a response. His father could say, "What is that?" and wait 3-5 seconds. If Kerem responds, the father can acknowledge by saying, "Yes, train." If Kerem doesn't respond, the father can simply model the response, "Train" or "That's a train" depending on Kerem's language level. It's important to match the child's level of language. If the goal is to promote single-word utterances, modeling single-word, like "train" would be more appropriate. If the goal is to promote two-word utterances, then the model should be, "That's a train."

Decisions

Given the above scenario, how should Kerem's father use mand-model during play with train?

Option A: Keep repeating the question.
Option B: Stop the play and tell Kerem to respond.
Option C: Say, "What is that?" wait 3-5 seconds, and then model "Train" if needed.

Feedback to participants

Option A: Immediate repetition does not allow independent responding.
Option B: Waiting without support may create confusion.
Option C: Brief prompting followed by modeling supports communication growth.

Assessment: Option C is the correct response since it allows the father to ask, wait and model.

Reflection and Assessment

1. What happens when we model too quickly?
2. Why is giving wait time important before modeling the correct response?
3. How can you support language while keeping it natural?

3.5.3 Scenario 3: "Apple at Snack Time"

Context: Snack routine.

Learning objectives/Target behavior

1. Expand language by building on the child's words.
2. Model longer phrases.

The background/set up condition:

Mina is a little girl who loves eating apples. She can say "apple" when she wants it. Mina a 5-year-old child with ID can use single words to request items.

The main case

Mina looks at the slices apples and says, "apple." Her mother says, "Yes, apple." Mina waits, looks at the apple and doesn't say anything else. Her mother pauses and thinks how she can model longer phrases to expand on her language.

Conceptual Brief

Mina successfully produces single-word utterances. She said, "apple" intentionally and that was meaningful communication. She is ready to learn more. Modeling is not only saying a word clearly but also expanding on the child's language. Expansion happens when the child says a word and the caregiver adds one more related word. For example, if Mina says, "apple", her mother could say,

"Red apple"

"More apple"

"Big apple"

The mother can increase her language while remaining on Mina's topic without insisting for her to repeat or without trying to correct her. Instead, she models, expands new language and when Mina responds, she acknowledges her.

Decisions

How should Mina's mother respond to her saying, "apple"?

Option A: Say, "Red apple," and give it to Mina.

Option B: Say, "Not quite. Say 'red apple' first."

Option C: Give her another snack.

Feedback to participants

Option A: Expanding the child's word supports language growth naturally.

Option B: Requiring repetition may reduce confidence.

Option C: Giving another snack is not relevant or appropriate.

Assessment: Here *Option A* is the correct and appropriate response because it increases Mina's language complexity.

Reflection and Assessment

1. How does expansion help increase sentence length?
2. Why might forcing repetition reduce communication attempts?
3. What words could you expand during snack or play?

3.6 USING TIME DELAY

Learning Objective

Caregivers will learn to use strategic pauses within daily routines and play activities to encourage independent communication and initiation.

Why This Competency Is Important?

Time delay strategy is used to promote and support children's communication initiating skills. Initiation skills can be supported by pausing intentionally right before helping, giving something, or completing an action. Caregivers can create opportunities for children to initiate or respond without providing prompting (Hancock & Kaiser, 2002).

According to research pauses that are brief increase children's communicative initiating skills (Meadan et al., 2016). Caregivers can learn to wait 3-5 seconds while maintaining eye contact and looking expectantly at the child. When a child understands that something is expected of him, he takes action to communication and reinforces their independence and teaches them that their communication influences the environment.

3.6.1 Scenario 1: "Bubbles in the Living Room"

Learning objectives/Target behavior

1. Use time delay when the child is motivated and interested in an activity.
2. Encourage spontaneous initiation by pausing and looking expectantly.

The background/set up condition:

Ege is a 4-year-old child with ASD who loves bubbles. So, Ege's mother blows bubbles during play and Ege laughs and jumps but he does not say, "more" or look toward his mother she blows the bubbles again.

The main case

His mother keeps blowing several bubbles, while Ege smiles and pokes them. His mother dips the wand and blows more bubbles without pausing and Ege keeps laughing but does not attempt to communicate with her. She later reflects, "He never asks for more bubbles."

Conceptual Brief

This case shows us that the mother doesn't create communication opportunity because she blows the bubbles repeatedly. However, time delay involves briefly pausing before continuing a preferred activity. So, instead of blowing bubbles all the time, the mother could blow a few bubbles, pause 3-5 seconds, hold the container, and look expectantly at Ege. Waiting 3-5 seconds creates a clear opportunity for Ege to say "more," look at the caregiver, gesture, or vocalize. The pause signals to Ege that he needs to initiate communication to get more bubbles.

Decisions

How should Ege's mother adjust bubble play to encourage more initiation?

Option A: Keep blowing bubbles because he is excited.
Option B: Blow a few bubbles, pause 3-5 seconds, hold the bubbles bottle, and look expectantly at him.
Option C: End bubble play completely.

Feedback to participants

Option A: Continuous bubbling reduces opportunities for communication.
Option B: Pausing creates an opportunity for independent initiation.
Option C: Ending the activity removes learning opportunities.

Assessment: Option B is the correct response because it embeds a pause within a motivating activity.

Reflection and Assessment

1. Why are motivating activities ideal for time delay?
2. How long do you usually wait before helping?
3. What signals show your child is about to communicate?

3.6.2 Scenario 2: "One Shoe at the Door"

Learning objectives/Target behavior

1. Use time delay within a preferred and predictable routine.
2. Support and encourage requesting or gesturing independently.

The background/set up condition:

Mina is a 5-year-old child with ID who can say single words. Mina's father typically completes dressing tasks quickly without pausing. That makes Mina often wait passively to be dressed.

The main case

Her father puts one shoe on Mina's foot and then reaches for the second shoe without giving her an opportunity to ask for the second. The father notices that Mina has not attempted to request the second shoe.

Conceptual Brief

Putting on shoes is a predicable routine for Mina. Therefore, the father can use this routine as an opportunity to embed time delay strategy. He can put on one shoe on her foot and then pause 3-5 seconds by looking expectantly at her. Mina then can ask for the other shoe.

Decisions

After putting on one shoe, how should the caregiver respond?

Option A: Quickly put on the second shoe to avoid being late.
Option B: Tell Mina, "Say shoe first," before helping.
Option C: Hold the second shoe, look expectantly, and wait 3-5 seconds.

Feedback to participants

Option A: Completing the task immediately removes the opportunity for initiation.

Option B: Adding verbal pressure may reduce spontaneous responding.

Option C: Strategic waiting creates a natural opportunity for communication.

Assessment: Option C is the most appropriate response because it encourages initiation without pressure.

Reflection and Assessment

1. How can routines provide predictable communication opportunities?
2. What happens if we respond too quickly?
3. Which daily routines could include time delay?

3.6.3 Scenario 3: "Snack - Opening the Container"

Learning objectives/Target behavior

1. Use time delay before helping.
2. Reinforce independent attempts immediately.

The background/set up condition:

Can is a 3-year-old child with language delay. He can say "open" but often waits silently for adults to open containers for him.

The main case

Can hands the snack container to his caregiver. The caregiver immediately opens it without pause. Can takes the snack and eats quietly. The caregiver realizes that Can rarely uses the word "open." The opportunity for communication passed quickly.

Conceptual Brief

When adults immediately assist, children may not need to communicate. Time delay involves briefly pausing before providing help. If the caregiver holds the container, looks at Can, and waits 3-5 seconds, Can may attempt to say "open," gesture, or

make eye contact. Immediate reinforcement strengthens the connection between communication and outcome.

Decisions

Given that Can hands the container to the caregiver. How should the caregiver respond?

Option A: Hold the container, look at Can, and wait briefly before opening it.
Option B: Open it immediately to keep snack time smooth.
Option C: Say, "You need to ask first," before helping.

Feedback to participants

Option A: Brief waiting encourages independent communication and initiation.
Option B: Immediate assistance removes the communication opportunity.
Option C: Adding pressure may reduce spontaneous attempts.

Assessment: Option A is the most appropriate response because it creates space for initiation without frustration.

Reflection and Assessment

1. How does waiting change the interaction?
2. Why is immediate reinforcement important after a pause?
3. What small pauses could you add during meals?

3.7 EMBEDDING TEACHING IN DAILY ROUTINES

Learning Objective

Caregivers will learn to integrate naturalistic teaching strategies within everyday routines such as meals, dressing, play, and transitions.

Why This Competency Is Important?

As mentioned previously, naturalistic teaching is an everyday occurrence. Routines and activities give us many opportunities to use naturalistic teaching throughout the day. Young children can learn better when they are motivated and are their interactions happen during the routines (Zimmerman & Ledford, 2016). Therefore, caregivers can use these routines as an opportunity and embed naturalistic teaching in daily routines to provide meaningful learning opportunities (Rakap, 2017). Children do not need a designated "teaching time" for everything. Teaching and learning can happen naturally when ample opportunities are provided in routines (Diken et al., 2017).

Everyday activities and routines create predictability for children. When they know what happens next, they start to function better and become more eager to learn. Daily routines and activities provide predictability, clear expectations and opportunities to teach and learn. For example, caregivers can teach asking for "more" during mealtime, teach colors and sizes during dressing time, and label toys and materials during play time.

3.7.1 Scenario 1: "Reading Before Bed"

Learning objectives/Target behavior

1. Embed modeling and prompting within a predictable routine.
2. Maintain a natural, warm interaction style.

The background/set up condition:

Zeynep is a 5-year-old child with ASD. Every night, her caregiver reads a short picture book before bed. Zeynep enjoys looking at the pictures but rarely comments spontaneously.

The main case

During book reading, the caregiver reads the entire page without pause. Zeynep looks quietly at the pictures. The caregiver later reflects, “She never says anything during books.” The routine is consistent, but communication opportunities are limited.

Conceptual Brief

Book reading is a highly predictable routine, making it an ideal context for embedded teaching. Instead of reading continuously, the caregiver can pause briefly, point to a picture, and say, “Dog…” while looking expectantly. Embedding modeling and brief prompts within the routine increases opportunities for communication without disrupting the flow of the activity. Teaching remains natural because it occurs within a familiar, enjoyable context.

Decisions

How should the caregiver adjust book reading to embed teaching?

Option A: Continue reading the entire book without pause.
Option B: Pause occasionally, point to a picture, and model or prompt briefly.
Option C: Stop reading and conduct a separate vocabulary lesson.

Feedback to participants

Option A: Continuous reading limits communication opportunities.
Option B: Brief pauses and modeling embed learning within the routine naturally.
Option C: Separate lessons remove the natural context of the routine.

Assessment: The goal is to embed teaching within routines. *Option B* is the most appropriate response because it integrates learning into the existing activity.

Reflection and Assessment

1. Why are routines powerful learning contexts?
2. How can small pauses change book reading?

3. Which daily routine feels most predictable in your home?

3.7.2 Scenario 2: "Clean-Up Time"

Learning objectives/Target behavior

1. Use embedded naturalistic strategies during transitions.
2. Maintain structure while supporting communication.

The background/set up condition:

Arda is a 6-year-old child with ID who struggles with transitions. During clean-up time, his caregiver typically gives direct instructions to complete the task.

The main case

The caregiver says, "Clean up now," and begins putting toys into the bin without involving Arda. Arda stands still and watches. The caregiver feels rushed and thinks, "We need to finish quickly." Clean-up is occurring, but Arda is not participating.

Conceptual Brief

Transitions are repeated daily routines that offer natural teaching opportunities. Instead of completing the task independently, the caregiver can hand Arda one toy and say, "Put in," modeling the action. Embedding short models within the routine supports participation and communication as teaching becomes part of the routine.

Decisions

How should the caregiver respond during clean-up?

Option A: Complete clean-up alone to save time.

Option B: Turn clean-up into a structured teaching session at the table.

Option C: Hand Arda one toy, say "Put in," and wait briefly for participation.

Feedback to participants

Option A: Completing the task alone removes participation opportunities.

Option B: Moving to a separate lesson disrupts the routine.

Option C: Embedding modeling within clean-up supports communication and independence.

Assessment: Option C is the correct answer because it maintains structure while supporting skill development.

Reflection and Assessment

1. How can transitions become teaching opportunities?
2. What routines feel rushed in your home?
3. How can you maintain structure while embedding learning?

3.7.3 Scenario 3: "Grocery Store Visit"

Learning objectives/Target behavior

1. Embed communication opportunities in community routines.
2. Support generalization of skills across settings.

The background/set up condition:

Mina is a 7-year-old child with ASD who has practiced requesting at home. In community settings, her caregiver anticipates needs and speaks on her behalf.

The main case

At the grocery store, Mina reaches toward the apple display. The caregiver immediately picks up apples and places them in the cart without involving Mina while she walks beside the cart silently. The caregiver thinks, "It's easier if I just do it." The opportunity for generalization has passed.

Conceptual Brief

Embedding teaching in community routines strengthens generalization of communication skills. If Mina can request at home, she should be supported to do so in the grocery store as well. Instead of responding immediately, the caregiver could pause and say, "Apple?" while looking at Mina expectantly. Research indicates that embedding communication strategies across settings increases functional independence. Community routines provide meaningful, real-life contexts for practice.

Decisions

How should the caregiver respond at the grocery store?

Option A: Pause, look at Mina, and say, "Apple?" allowing her to respond before placing it in the cart.
Option B: Continue selecting items without involving Mina.
Option C: Tell Mina, "You need to say it perfectly," before helping.

Feedback to participants

Option A: Embedding prompting within a community routine supports generalization and independence.
Option B: Removing the opportunity limits skill transfer.
Option C: Adding pressure may reduce spontaneous communication.

Assessment: Option A is the most appropriate response because it supports generalization within a real-life routine.

Reflection and Assessment

1. Why is generalization important for communication skills?
2. How can community routines support independence?
3. Where else can you embed teaching outside the home?

3.8 SUMMARY

This activity book focused on helping caregivers support communication and language development through naturalistic teaching strategies embedded in everyday life. Rather than relying on structured drills or isolated teaching sessions, naturalistic teaching emphasizes meaningful interaction within daily routines. For children with SEN between the ages of 2 and 7, including ASD, language delays, and ID, communication grows most effectively when it is connected to motivation, shared engagement, and real experiences.

Naturalistic teaching strategies are designed to support children's communication skills in social settings and daily routines based on their own interests, motivation, and emotional connectedness. When children are interested, they become more motivated and open to learn and thus they start to build complex skills that are naturally reinforcing and appropriate to the interaction.

Across all competencies, caregivers were encouraged to focus on consistency, responsiveness, and small, sustainable changes. Naturalistic teaching does not require special materials. It requires awareness, intentional interaction, and a willingness to slow down. By joining first, creating opportunities, modeling language, waiting strategically, and embedding learning within routines, caregivers can strengthen communication, independence, and connection in everyday life.

3.9 SELF-ASSESMENT FOR CAREPROVIDERS

No	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I observe and join my child's interests before introducing new ideas.					
2	I can recognize when I unintentionally redirect my child's play.					
3	I create communication opportunities by offering choices or small portions.					
4	I pause and wait before helping to encourage my child to initiate.					
5	I use clear modeling connected to my child's focus of attention.					
6	I use mand-model appropriately by prompting briefly and waiting before modeling.					
7	I avoid over-prompting or turning interaction into testing.					
8	I intentionally embed teaching strategies within daily routines.					
9	I reinforce my child's communication attempts immediately and positively.					
10	I feel confident integrating naturalistic teaching strategies throughout the day.					

3.10 THE CHAPTER EVALUATION AND REFLECTION

Scoring. Strongly disagree is 5 points; disagree is 4 points; neutral is 3 points; Agree is 2 points; Strongly agree is 1 point.

Calculate Your Total Score and comment it:

- *45-50 Points:* Mastery Level. You have an excellent understanding of the chapter and can apply them flexibly and effectively.
- *35-44 Points:* Proficient level. You have a solid grasp of the key concepts. Practicing and deepening some strategies will enhance your expertise.
- *25-34 Points*: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.
- *10-24 Points:* Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

Reflection self-assessment for you:

This reflection section is designed to help you think critically about your learning throughout this chapter and to support your ongoing personal development as a caregiver. Rather than serving only as an evaluation, these questions are intended to guide you in identifying strengths, areas for growth, and concrete next steps related to naturalistic teaching.

1. Which naturalistic teaching strategies do you feel most confident using during your daily routines?
2. Which strategies (following the lead, creating opportunities, modeling, mand-model, time delay, embedding routines) require more practice or support?
3. What is one specific routine tomorrow where you can intentionally apply one new strategy?

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THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Activity-Based Teaching

Barbora Bazalová
Dana Zámečníková
Veronika Včelíková
Ondřej Ling

UNIT NO: 4

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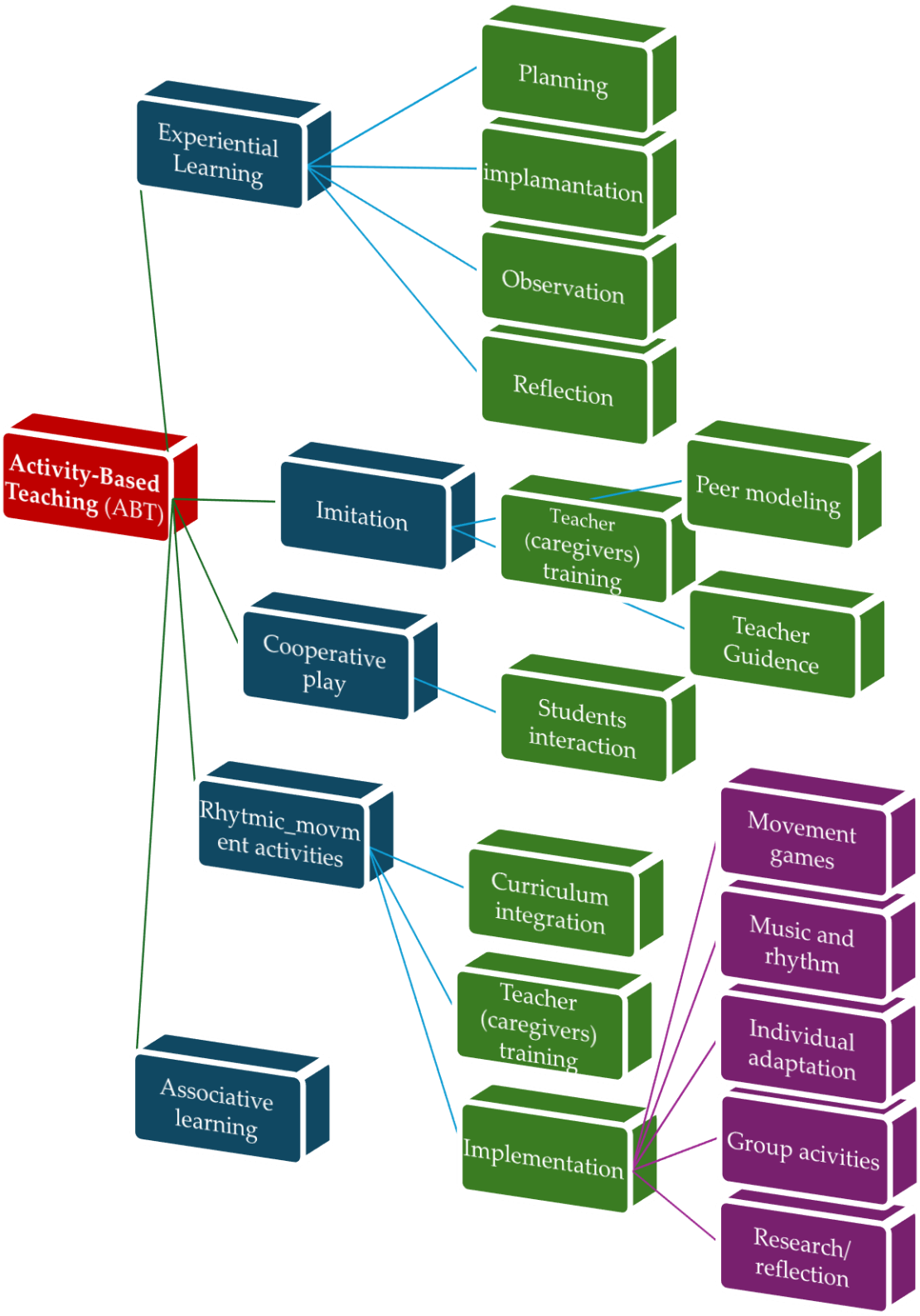
Activity-Based Teaching (ABT)
Experiential Learning
Planning
implamantation
Observation
Reflection
Imitation
Teacher (caregivers) training
Peer modeling
Teacher Guidence
Cooperative play
Students interaction
Rhytmic_movment activities
Curriculum integration
Teacher (caregivers) training
Implementation
Movement games
Music and rhythm
Individual adaptation
Group acivities
Research/ reflection
Associative learning

4 ACTIVITY-BASED TEACHING

4.1 PREFACE

Activity-Based Teaching (ABT) is a child-centred approach that embeds learning within natural, meaningful, and engaging experiences, emphasising participation in everyday routines and play-based contexts (Dunst & Espe-Sherwindt, 2016; Odom et al., 2010). Rather than teaching skills in isolation, ABT supports learning through active involvement in activities that reflect children's interests, strengths, and developmental needs. This approach promotes holistic development by strengthening communication, social, cognitive, and motor skills through direct experience, cooperation, and repetition (Barton & Smith, 2015; DEC, 2014).

The book applies ABT principles to the context of environmental education. Ecological themes such as waste sorting, recycling, caring for plants, conserving resources, and reusing materials are integrated into playful and developmentally appropriate scenarios. By interacting with real objects and participating in familiar routines, children develop an early understanding of environmental responsibility in concrete and accessible ways (Ärlemalm-Hagsér & Elliott, 2017).

Kinaesthetic learning, also known as tactile or hands-on learning, is an essential approach for young learners (children aged 2–7) and children of all ages who learn best by doing. It is both an educational approach and a learning style that involves active participation and physical engagement. It involves activities such as interacting with materials instead of passively observing or just listening. These activities include a variety of movement and manipulative tasks, such as building with blocks, drawing with crayons, moulding clay and sorting materials. Real-world experiences are also helpful for developing fine motor skills, brain connections and social skills. Hands-on activities effectively support experiential learning while

promoting cognitive, social, and motor development simultaneously (Oladele, 2024; Barton & Smith, 2015).

All of the aforementioned scenarios are based on well-established intervention frameworks that are usually evidence-based and designed to improve children's interaction with and engagement in learning. The main, frequently used strategies include, for example:

Applied Behaviour Analysis (ABA) is a popular approach that provides structure, clarity and predictability by using modelling, task analysis and strategically applied positive reinforcement (Cooper et al., 2020).

Pivotal Response Treatment (PRT) is often referred to as Pivotal Response Training. It is considered a naturalistic form of applied behaviour analysis and is commonly used as an early intervention for children with special needs, particularly those with autism. This approach ensures learning remains motivating and child-centred by emphasising choice, natural reinforcement and responsiveness to child-initiated behaviour. This approach supports spontaneous communication and the generalisation of skills (Koegel et al., 2019; Wong et al., 2015).

Social communication interventions (SCIs) cover the importance of social communication, assessment, and evidence-based strategies. This approach promotes shared attention, taking turns, and the development of expressive and receptive language skills, as well as encouraging cooperative interaction with peers and adults in natural settings (Odom et al., 2010; Schreibman et al., 2015).

ABT is particularly effective for young children aged 2–7, including those with special educational needs or developmental risks, as it fosters motivation, inclusion, and functional learning in real-life contexts (Wong et al., 2015). The book is designed for children aged 2–7 with mild disabilities, developmental delays or at developmental risk. The activities provide multiple levels of participation and can be adapted to individual abilities, sensory preferences, communication styles, and

learning goals. Educators, therapists, and caregivers can use these scenarios to create inclusive learning environments that support exploration, independence, and meaningful interaction, in line with recommended practices in early intervention and inclusive education (Barton & Smith, 2015). The authors aim to nurture children's developmental competencies while fostering early ecological awareness, empowering them to participate responsibly in their social and natural environments through meaningful, activity-based learning experiences (Ärlemalm-Hagsér & Elliott, 2017).

4.2 THE MODULE CONTENT

Competencies - Learning Objectives	Description	Focus	Desired Outcome
1. Experiential Learning	Children learn through direct engagement in meaningful activities.	Children learn through active, hands-on exploration, using all their senses, with learning occurring through play, daily routines, and natural feedback.	Children actively participate and express their experiences through movement, sounds, or simple words.
2. Imitation	Children learn by observing and copying a model, including actions, gestures, movements, sounds, or behaviours.	Children learn by observing and imitating the movements, sounds, and actions of others. Modelling and demonstration by adults or peers, shared attention, repetition, and participation in joint activities that support social learning and communication.	Children copy simple actions or sounds and joyfully engage in shared activities.
3. Joint Play	Children cooperate, share roles, and engage in joint tasks. Children learn through shared play	Children develop social skills through playing together and sharing attention and space. Social interaction, turn-taking, cooperation,	Children interact with others through turn-taking, responding, and cooperation in play demonstrate improved social skills, communication and

	experiences with peers.	communication, and learning within naturally occurring peer play situations.	shared attention, increased engagement in group activities, and stronger peer relationships.
4. Rhythmic Movement Activities	Integrating physical movement, rhythm, and motor exploration. Learning through emotionally engaging, memorable experiences.	Children explore rhythm and music through movement and body awareness.	Children move their bodies in rhythm and follow simple movement patterns.
5. Experiential Discovery	Learning through memorable, emotionally rich experiences.	Children explore the world with curiosity by discovering how things work through play.	Children show curiosity and joy as they experiment and make simple discoveries.

4.3 EXPERIENTIAL LEARNING

Experiential learning engages children in learning through direct, hands-on experiences. It uses meaningful activities and real-life experiences to support active exploration, discovery, and understanding. The main objective of learning through experimentation is to enable children to acquire knowledge, skills, and concepts through direct interaction with materials, activities, and their environment. Children learn by exploring, manipulating, observing outcomes, and experiencing natural consequences of their actions. The focus is on developing curiosity, problem-solving, cause-and-effect understanding, communication, motor skills, and social engagement through meaningful activities rather than isolated instruction. The approach

supports holistic development by integrating cognitive, social, communication, and motor learning into meaningful activities. By applying principles of

- Applied Behaviour Analysis,
- Social Communication Interventions,
- Pivotal Response Treatment.

These scenarios ensure structure, motivation, and inclusion while remaining flexible and responsive to individual child needs. This approach enables children aged 2–7, including those with SEN, to learn effectively through active participation and real-life experiences.

Learning Objectives

- Engagement instead of avoidance.
- Increase sustained engagement in activities.
- Natural reinforcement instead of control.
- Support attention, self-regulation, and persistence.
- Develop problem-solving, communication, and social interaction.
- Inclusion of children with diverse needs.
- Reduce avoidance or disruptive behaviours through meaningful participation.

Experimental learning refers to learning through direct:

- experience,
- exploration,
- interaction with materials, people, and the environment.

Children acquire new skills by actively engaging in

- activities,
- observing outcomes,

- receiving natural feedback.

Learning is most effective when it is **hands-on, motivating, and embedded in real activities**. Learning through experimentation is a core mechanism of early development. For young children, especially those aged 2–7, hands-on exploration is essential for building cognitive flexibility, language, and social understanding. For children with special educational needs (SEN), including autism spectrum disorder (ASD), intellectual disability (ID), or developmental delays, experiential learning provides concrete, motivating, and accessible learning opportunities. It reduces reliance on abstract verbal instruction and supports generalisation of skills across settings. Experiment-based activities also promote intrinsic motivation, engagement, and independence, key factors for effective learning and long-term skill retention.

Importance of the Skill for Children with SEN

- Reduces problem behaviours linked to task avoidance
- Promotes intrinsic motivation (PRT principle)
- Allows natural reinforcement instead of artificial rewards
- Supports generalisation across contexts

How to use Experiential Learning?

Activities are structured but flexible, adapted to the child's abilities, sensory needs, communication level, motivation, and learning needs. Tasks can be simplified, broken into steps, or enriched depending on the child. Learning through experimentation is implemented by embedding structured learning goals into playful, real-life activities. Care providers prepare the environment, select appropriate materials, and guide the child through exploration using modelling, prompts, reinforcement, and responsive interaction. Adults support learning by observing the child's interests, encouraging initiative, expanding communication, and providing feedback while allowing the child to actively lead the experience.

Through structured yet flexible scenarios, children learn through experience, interaction, and success—laying foundations for lifelong learning.

Target Groups

Children aged 2–7, including children with SEN. Activities can be adapted by adjusting the level of structure, amount of prompting, sensory input, and communication demands.

- ASD) - supporting engagement, communication, imitation, and flexibility, these children benefit from predictability, clear structure, visual supports, and strong motivation.
- Children with developmental delay or disorder of intellectual development (supporting concrete learning and skill acquisition) benefit from task analysis, repetition, and immediate feedback.
- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- Children at developmental risk or with language, attention, or sensory processing difficulties

4.3.1 Scenario 1: Watering Classroom Plants

Context and Background

A child tends to play alone, avoids peer interaction, but shows interest in materials. Children gather around classroom plants that require regular watering. The activity occurs as part of a daily routine to promote predictability. Various tools are available:

- small watering cans,
- spray bottles,
- sponges,
- soil scoops,

- a visual schedule showing the watering steps.

Learning Objectives / Target Behaviours

- Develop responsibility.
- Increase the skill to choose from more options.

Main Case

The teacher invites children to "help the plants grow strong." Each child chooses a plant or a task (watering, spraying, checking soil moisture). The teacher demonstrates gentle watering and encourages children to observe how plants respond.

Conceptual Summary

- The main point: Plants need water and care, and children learn through practical experience.
- According to ABA, this involves modelling, step-by-step instructions and reinforcement.
- PRT strategies involve child choice and natural reinforcement.
- Social communication involves taking turns, asking for tools, and modelling joint attention and shared enjoyment.

Decision

According to the children's choice, they can decide which plant to water and how much water is needed.

Feedback

Children receive positive, specific feedback from caregivers, such as "Great job! You checked the soil first!"

Reflection

Include group discussion. Children can discuss what helped the plants. How can we care for plants at home?

4.3.2 Scenario 2: 'Don't be noisy, please.' I can hear you.

Context and Background

A list of activities involving sound and movement, including rhythm, music and outdoor play. The child may shout due to excitement or sensory overload. The function is emotional expression and attention.

Learning Objectives / Target Behaviours

Develop self-regulation and volume control

Increase functional communication instead of shouting

Main Case

During a group activity, the child becomes overexcited and raises their voice.

Conceptual Brief

PRT: Focus on motivation and emotional regulation

ABA: Reinforce appropriate volume immediately

Social Communication: Model calm verbal alternative strategies

Visual support for volume

Model whisper vs loud voice

Reinforce attempts, not perfection

Decision

The child learns to adjust voice volume and communicate needs appropriately.

Feedback

Positive, specific responses such as "You can manage not to shout!"

Reflection

Group discussion: How shall we communicate together?

4.3.3 Scenario 3: Making Recycled Paper

Context

Dyadic or small-group exploratory activity (e.g., building with recycled materials). The adult joins the child's play, follows their lead, and uses simple social behaviours (pointing, commenting, turn-taking). The children work at a table covered with protective mats. Used paper, water containers, blenders (handled by adults), sieves, and cloths are prepared. Visual step cards illustrate each phase of the paper-making process. The activity is introduced as a creative recycling workshop.

Learning Objectives / Target Behaviours

- Increase joint attention and shared engagement
- Encourage functional communication during activity

Main Case

Children tear old paper into small pieces, soak it in water, and observe how it changes. With adult support, the pulp is blended and spread onto sieves to form new sheets of paper. Children decorate the paper using natural materials.

Conceptual Brief

- Learning Concept: Materials can be transformed and reused.
- **ABA:** Task analysis (tear → soak → press → dry), modelling, reinforcement.
- Due to **PRT**, this approach works through high motivation, sensory play and creativity.
- **Social communication** includes commenting, making requests, and sharing attention.
- Ecological focus: Recycling reduces waste and gives materials new life.

Decision

Children can decide for themselves which paper to tear, how to decorate it, and when to ask for help.

Feedback

Specific praise should highlight effort and persistence. For example: 'Great job! You kept going until the pieces were tiny!'

Reflection

Children can compare the old and new paper and discuss why recycling is essential.

4.4 IMITATION

Imitation plays a key role in turning playtime activities into lifelong skills. It is one of the most fundamental ways for children to learn about the world around them naturally. It is the process of observing and then copying behaviours, and it plays a crucial role in cognitive, social, emotional and language development. There is no doubt that imitation is a core developmental mechanism that supports learning across domains. Combining strategies such as structured ABA, social communication principles and motivational PRT elements enables children aged 2–7 to develop imitation skills in meaningful, functional and enjoyable ways. Imitation is the ability to

- observe,
- copy,
- reproduce

the actions, gestures, sounds, or behaviours of another person. In early childhood, imitation serves as a primary learning mechanism through which children acquire new motor skills, communication, play behaviours, and social routines.

Learning Objectives

- Develop the ability to attend to a model
- Increase imitation of actions, gestures, sounds, and simple verbalisations
- Support social engagement, joint attention, and participation
- Build foundations for language, play, and adaptive skills

Importance of the Skill for Children with SEN

For children aged 2–7, especially those with SEN, imitation is a gateway skill**.** Many higher-level abilities—such as language development, cooperative play, and social understanding—depend on the child's capacity to imitate others.

How to use Imitation

- Start with simple, meaningful actions (e.g., clapping, rolling a ball)
- Use explicit modelling**,** exaggerated gestures, and a slow pace
- Reinforce attempts**,** not only perfect imitation
- Embed imitation naturally into play and routines

Target Groups

Typically developing children aged 2–7, including children with SEN. Activities can be adapted by adjusting the level of structure, amount of prompting, sensory input, and communication demands. Activities can be simplified, slowed down, or supported with visuals depending on individual needs.

- Children with Autism Spectrum Disorder (ASD) may show reduced spontaneous imitation and require explicit modelling and reinforcement. Use structured imitation, strong motivation, and immediate reinforcement.
- Children with developmental delay or Disorder of Intellectual Development often benefit from step-by-step modelling, repetition, and physical or visual prompts. Use task analysis, repetition, and multi-sensory clues.

- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- Children at developmental risk or with language, attention, or sensory processing difficulties. Focus on gestures, sounds, and actions before words.

4.4.1 Scenario 1: Do what I do!

Context and Background

The child shows limited spontaneous imitation but is motivated by toys and by one-to-one or small-group structured play (e.g., tabletop play).

Learning Objectives / Target Behaviours

Increase **motor imitation** (actions with objects or body movements)

Reinforce attending to and copying a model

Main Case

The adult is modelling a simple action (e.g., stacking blocks, tapping a drum) while saying, "Do this."

Conceptual Brief (ABA principles)

Discrete Trial-like structure: model → prompt → response → reinforcement

Shaping: reinforce closer approximations to the target behaviour

Prompt fading: reduce physical or gestural prompts gradually

Feedback

Correct imitation → immediate praise + access to toy

Attempt → praise effort, model again

Positive, specific responses such as "You can do it!"

Reflection

The child increases the frequency and accuracy of imitated actions.

4.4.2 Scenario 2: Copy the Teacher – Sorting Correctly

Context and Background

This activity can be carried out in a classroom containing clearly labelled recycling bins for paper, plastic, metal and organic waste. Each bin is labelled with visual symbols and colour-coded. A small collection of clean waste items is placed on a tray. The carer and a small group of children sit in a circle to encourage focused attention.

Main Case

The teacher is modelling sorting one item at a time, verbally naming the material and placing it into the correct bin. Children are invited to copy the teacher's actions using identical or similar items. Each child takes a turn while peers observe.

Conceptual Brief

- **Learning Concept:** Learning new skills through observation and imitation.
- **ABA:** Modelling, clear discriminative stimuli, prompting and reinforcement.
- **PRT:** Maintaining motivation through turn-taking and immediate success.
- **Social Communication:** Shared attention, eye contact, commenting, and naming materials.
- **Ecological Focus:** Correct sorting helps reduce waste and protect nature.

Decision

- Which item do they want to imitate with
- If they wish to sort independently or after another model

Feedback

- Visual and gestural prompts support decision-making.
- "You watched carefully and copied exactly!"

- "You waited for your turn — that helped everyone learn."
- Mistakes are corrected gently by re-modelling and inviting the child to try again.

Reflection

Children reflect together:

- What helped you know where the item belonged?
- Was it easier to copy the teacher or a friend?

4.4.3 Scenario 3: Let's do it together!

Context and Background

The child prefers solitary play but watches others closely.

Natural play situation with peer or adult (e.g., pretend play, movement game).

Learning Objectives / Target Behaviours

- Support social imitation in a shared activity
- Increase joint attention and turn-taking

Main Case

The adult joins the child's play, mirrors the child's actions first, then introduces a new action for the child to imitate.

Conceptual Brief

- **Social communication approach:** imitation as interaction, not drill
- **Reciprocity:** adult imitates child → child imitates adult
- **Natural reinforcement:** shared enjoyment and social connection

Example Strategies

- Copy the child's action ("I'm rolling the car too!")
- Pause expectantly to invite imitation

Outcome

The child begins to imitate actions in a social context and sustains interaction longer.

4.5 JOINT PLAY

Joint Play refers to a child's ability to engage in shared play activities with peers or adults, including turn-taking, shared attention, cooperation, communication, and following simple social rules. It involves moving beyond solitary play toward interactive and cooperative play experiences. Joint play is a powerful developmental context that integrates social, communication, and emotional learning. By combining structured ABA strategies, interaction-focused social communication approaches, and motivational PRT principles, children aged 2 to 7, including those with SEN, can successfully engage in shared play experiences that support inclusion, cooperation, and social competence.

Learning Objectives

- Increase participation in shared play activities
- Develop turn-taking and shared attention
- Encourage and support cooperative interaction and the adoption of simple social rules.
- Encourage communication and interaction with peers.

Importance of the Skill for Children with SEN

For children aged 2–7 years, joint play is a critical context for social learning. Through shared play, children practise communication, emotional regulation, problem-solving, and cooperation. These skills are foundational for later participation in group learning environments.

How to Use Joint Play?

- Select activities with clear roles and structure
- Use visual supports, simple rules, and predictable routines

- Modelling cooperative behaviours
- Reinforce participation and effort rather than perfection

Target Groups

Activities can be adapted in terms of complexity, duration, and level of adult involvement to meet individual needs.

- Children with Autism Spectrum Disorder (ASD) may avoid peer interaction or struggle with turn-taking and shared attention. Use structured play routines, clear turn cues, and visual supports.
- Children with developmental delay or Disorder of Intellectual Development may need explicit structure, modelling, and adult facilitation to participate successfully. Use simplified tasks, repetition, and adult scaffolding.
- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- **C**hildren with social-communication difficulties: supported peer interaction, modelling.

4.5.1 Scenario 1: My Turn – Your Turn!

Context and Background

The child frequently leaves group play or disrupts turns to gain attention or escape waiting. Small group play with structured materials (e.g., board games, ball rolling, block building).

Learning Objectives / Target Behaviours

- Increase turn-taking behaviour
- Reduce disruptive or avoidant behaviour during playtime.

Main case

Children play a simple, turn-based game. The adult clearly signals when it is their turn using visual cards with the words 'My turn' or 'Your turn'.

Conceptual Summary (Applied Behaviour Analysis principles):

- Task analysis: breaking shared play down into clear steps (also use cards for this, with signals such as 'wait', 'take a turn' and 'pass').
- Differential reinforcement: Waiting and taking turns appropriately are reinforced.
- Prompting and fading: Caregivers provide verbal or gestural prompts and then fade them.

Example strategies

- Praise and a treat for waiting calmly.
- Provide immediate feedback for successful turn-taking.

Outcome

The child will remain attentive for longer and follow turn-taking routines with fewer prompts from the adult.

4.5.2 Scenario 2: Eco-Builders: Cooperative Construction

Context and Background

The setting is a specific construction area of a classroom or therapy room. There is a wide variety of large, recycled materials (boxes, cartons, tubes, lids, trays) that are shared in baskets. There are also some simple picture cards showing ideas for structures that can be built (tower, bridge, house) and turn-taking cards. The children are in pairs or small groups of three to encourage cooperation. The setting is arranged to discourage individual ownership of materials and encourage shared play.

Main Case

The children are presented as "Eco-Builders" and are on a mission to build a single shared structure from recycled materials. The adult facilitates a group discussion among children to identify a shared purpose (e.g., "What shall we build together?"). The children take turns choosing, placing, and holding materials in place. When problems occur (e.g., "The structure has fallen"), the children are encouraged to problem-solve together rather than work independently.

Conceptual Brief

- Learning Focus: Cooperation, joint planning, shared problem-solving
- **ABA**: Clear expectations, turn-taking prompts, shaping cooperative behaviours, positive reinforcement
- **PRT**: Shared control, high motivation through meaningful construction and peer involvement
- **Social Communication**: Negotiating roles, commenting, requesting assistance
- Ecological Concept: Creative reuse of materials as a sustainable practice

Decision

Visual clues and verbal scaffolding support decision-making.

What the children will decide upon:

- What to build
- Who will put the piece in
- How to stabilise the structure if it topples over

Feedback to Participants

Feedback is about the cooperative process rather than the product:

- "You waited and then added your piece—great teamwork."
- "You talked together to fix the problem."

Reflection

What the children reflect upon as a group:

- How did we help each other?
- What made our building stronger?
- How did we reuse materials today?

4.5.3 Scenario 3: Let's build it together!

Context and Background

The child plays alongside peers but rarely interacts or communicates with them.

Cooperative construction or pretend play (e.g., building a tower, pretend cooking).

Learning Objectives / Target Behaviours

- Increase shared attention
- Support peer communication and cooperation

Main Case

Two children are invited to build a structure together. The adult is modelling simple cooperative language ("Let's put this here together").

Conceptual Brief

- **Social communication principles:** Focus on interaction, not task completion
- The adult is modelling language, gestures, and eye contact
- **Scaffolding:** adult supports interaction without dominating

Example Strategies

- Commenting instead of questioning
- Expanding child's communication ("You gave the block—thank you!")

Outcome

The child begins to attend to peers, share materials, and participate in simple cooperative exchanges.

4.6 RHYTHMIC-MOVEMENT ACTIVITIES

Rhythmic-Movement Activities integrate movement, rhythm, music, and repetition to support learning and regulation. These activities involve coordinated body movements, rhythmic patterns, clapping, dancing, chanting, and simple musical actions performed individually or in a group. Rhythmic-Movement Activities offer a powerful multi-sensory learning pathway that supports motor development, self-regulation, communication, and social participation.

By combining **ABA structure**, **social communication principles**, and **PRT-based motivation,** children aged 2 – 7, including those with SEN, can access learning in a predictable, engaging, and emotionally supportive way.

Learning Objectives

- Support motor coordination and body awareness
- Improve attention, self-regulation, and impulse control
- Enhance language development through rhythm and repetition
- Promote group participation and social synchrony

Importance of the Skill for Children with SEN

For children aged 2 to 7**,** rhythm and movement provide a natural and developmentally appropriate channel for learning**.** Repetition, predictable patterns, and multi-sensory input help children organise their behaviour, regulate emotions, and remain engaged.

Children with ASD often benefit from precise rhythm, predictable sequences, and sensory structure**.** Children with DID, or developmental delays, gain from repetition,

visual modelling, and slowed pacing. Children with attention or regulation difficulties benefit from movement as a self-regulation tool.

How to use rhythmic-movement activities

- Keep patterns simple, repetitive, and predictable
- Combine movement with language, counting, or routines
- Use visual and physical modelling
- Adjust tempo, intensity, and duration to children's needs

Target Groups and Adaptations

Activities can be adapted by changing tempo, complexity, group size, or sensory input.

- Children with ASD: structured rhythm, consistent cues, limited sensory overload
- Children with ID: simplified movements, repetition, modelling
- Children with sensory needs: option to modify intensity or movement type.

4.6.1 Scenario 1: Clap, Move, Stop!

Context and Background

The child struggles with waiting, stopping, or following group instructions.

Small-group structured activity using music, clapping, and movement.

Learning Objectives / Target Behaviours

- Increase response to rhythmic clues
- Improve impulse control and attention

Main Case

The adult leads a movement game in which children clap or move to the music and stop when the music stops.

Conceptual Brief (ABA principles)

- Antecedent control: clear auditory cues (music on/off)
- Differential reinforcement: Reinforce stopping and attending
- Shaping**:** gradually increase the duration of correct responses

Example Strategies

- Praise and a visual token for stopping on cue
- Immediate feedback for correct response

Outcome

The child improves their ability to attend, stop on cue, and follow rhythmic instructions.

4.6.2 Scenario 2: Recycling Rhythm Circle

Context and Background

The activity takes place in a quiet, open area where children sit in a circle. Each child has access to a simple percussion instrument created from recycled materials (e.g., bottle shakers, box drums, tube clappers). Visual cards display different waste categories (paper, plastic, organic). The setting is calm, predictable, and supportive of focused auditory attention. The circle arrangement supports shared participation and visual contact among children.

Main Case

The teacher introduces the activity by explaining that each type of waste has its own "recycling rhythm." The teacher is modelling a simple rhythm while showing a matching waste card and naming the material. Children are invited to copy the rhythm together using their instruments. Gradually, individual children or small groups lead the rhythm while others imitate. The activity alternates between listening, copying, and active participation.

Conceptual Brief

- **Learning Focus:** Auditory-motor coordination, categorisation through rhythm
- **ABA:** Clear modelling, repetition, shaping of rhythmic responses, reinforcement
- **PRT:** High motivation through music, shared enjoyment, and the child's choice of instruments
- **Social Communication:** Shared attention, turn-taking, imitation
- **Ecological Concept:** Recognising and categorising recyclable materials

Decision

Children decide:

- Which instrument to use
- Whether to play loudly or softly
- Whether to lead or follow the rhythm

Feedback to Participants

Feedback focuses on participation and listening skills.

- "You listened carefully and matched the rhythm."
- "You waited for the signal before playing."

Reflection

Children reflect:

- Which rhythm did you like most?
- How did the rhythm help you remember the waste type?

4.6.3 Scenario 3: Move and Say it!

Context and Background

The child uses limited verbal communication and avoids group interaction.

Group movement activity combined with language (songs, action rhymes).

Learning Objectives / Target Behaviours

- Increase joint attention and shared engagement
- Support expressive and receptive language

Main Case

The adult leads an action song with gestures and simple words (e.g., "Jump, jump, stop").

Conceptual Brief

- **Social communication approach:**
  - Language embedded in movement
  - The adult is modelling gestures and words
- **Multi-modal input:** auditory + visual + motor

Example Strategies

- Expand the child's vocalisations during movement
- Encourage imitation of both actions and sounds

Outcome

The child participates more actively and uses gestures or vocalisations during group activity.

4.7 ASSOCIATIVE LEARNING

Associative Learning refers to the ability to form connections between behaviours and their consequences, or between stimuli and responses. Children learn that

certain actions lead to specific outcomes (e.g., praise, access to preferred activities, success in completing a task). Associative learning enables children to understand the structure of their world, predict outcomes, and regulate their behaviour. By integrating ABA-based reinforcement strategies, social communication principles, and PRT's motivational focus, children aged 2–7—including those with SEN—can develop functional, adaptive behaviours that support independence, learning, and social participation.

Learning Objectives

- Help children understand cause–and–effect relationships
- Increase desired and functional behaviours through reinforcement
- Support learning of routines, rules, and adaptive behaviours
- Promote independence and predictability in daily activities

Importance of the Skill for Children with SEN

In early childhood (ages 2–7), associative learning is a core mechanism for acquiring new skills. Children learn what is expected, what is rewarding, and how to adapt their behaviour to their environment. Children with ASD often benefit from clear, consistent contingencies and explicit reinforcement. Children with disorders of intellectual development or developmental delays require frequent repetition, immediate feedback, and visual supports. Children with emotional or behavioural regulation difficulties benefit from predictable consequences and positive reinforcement.

How to use associative learning

Pair behaviours with immediate and meaningful reinforcement

- Use natural consequences whenever possible
- Keep expectations simple and consistent
- Gradually fade external reinforcement to promote independence

Target Groups and Adaptations

Activities can be adapted by adjusting reinforcement type, frequency, and level of adult support.

- Children with ASD: visual schedules, token systems, clear reinforcement
- Children with ID: repetition, simple contingencies, concrete rewards
- Children with behavioural challenges: focus on positive reinforcement rather than punishment.

4.7.1 Scenario 1: When I finish, I get…

Context and Background

The child avoids tasks and has difficulty staying engaged. Structured learning or daily routine (e.g., table task, clean-up time).

Learning Objectives / Target Behaviours

- Increase task completion
- Strengthen understanding of cause–and–effect relationships

Main Case

The adult gives a short task and specifies the contingency: “When you finish, you can play with the car.”

Conceptual Brief

- Positive reinforcement: access to preferred item/activity
- Apparent contingency: behaviour → consequence
- Task modification: task length adapted to the child’s ability

Example Strategies

- Immediate reinforcement upon completion
- Gradual increase of task demands

Outcome

The child completes tasks more reliably and starts to expect outcomes.

4.7.2 Scenario 2: Eco-Discovery Stations

Context and Background

The activity takes place outdoors or in an indoor space organised into several eco-stations. Each station focuses on a different ecological task, such as watering plants, sorting waste, collecting natural materials, or observing insects. Visual symbols and simple instruction cards are provided at each station. Real objects are used, which are safe for children to touch and explore through their senses. The environment is both structured and flexible, allowing children to move between the different stations.

Main Case

Children are encouraged to explore the eco-stations as "Nature Explorers." The teacher gives the children a brief explanation of the different stations and informs them that they can decide which station to start with and how long to stay. The adult observes, supports communication, and extends learning through gentle prompts and comments. Learning emerges through exploration rather than direct instruction.

Conceptual Brief

- **Learning Focus:** Curiosity-driven exploration and experiential learning
- **ABA:** Environmental arrangement, modelling, reinforcement of engagement
- **PRT:** Child choice, motivation, natural reinforcement
- **Social Communication:** Commenting, requesting, shared attention
- **Ecological Concept:** Understanding nature through direct interaction

Decision

Children decide:

- Which station to visit first
- How long to stay at each station
- Whether to explore alone or with a peer

Feedback to Participants

Feedback emphasises curiosity and engagement.

- "You noticed something new about the eaves."
- "You chose a station and explored it carefully."

Reflection

Children share:

- Which station was your favourite? Why?
- What new thing did you discover today?

4.7.3 Scenario 3: Good choice!

Context and Background

The child struggles with social rules or appropriate interaction. We focus on natural interaction during play and routines, as well as on social communication intervention.

Learning Objectives / Target Behaviours

- Increase appropriate social behaviours
- Support communication and shared understanding

Main Case

During group play, the adult immediately comments and responds positively to appropriate behaviour ("You waited—great waiting!").

Conceptual Brief

- Natural reinforcement: social praise, shared enjoyment
- Contingent feedback: immediate and meaningful
- Language expansion: link behaviour to outcome verbally

Example Strategies

- Descriptive praise
- Linking emotions and actions ("You shared, your friend is happy.")

Outcome

The child increases appropriate social behaviours and social awareness.

4.8 SUMMARY

This activity book presents a structured yet flexible framework for **Activity-Based Teaching (ABT)** for children aged 2–7 years, including those with mild disabilities or developmental delays. The book integrates ecological education with evidence-based developmental interventions, using meaningful daily activities as the primary learning context. This approach aligns with contemporary environmental and family-centred models of early intervention, which emphasise learning within natural environments and everyday routines (Dunst & Espe-Sherwindt, 2016; Barton & Smith, 2015).

Most of the activities, competencies, and scenarios mentioned above are grounded in fundamental learning strategies, such as Applied Behaviour Analysis (ABA), Pivotal Response Treatment (PRT), and social communication interventions. These strategies are both methodologically rigorous and practically applicable (Cooper et al., 2020; Koegel et al., 2019; Odom et al., 2010). Five essential and core competencies form the basis of the activity book and are briefly discussed below.

1. Experiential learning and discovery are the first of the described learning activities. They involve learning through direct experience, manipulation and experimentation, which are natural processes of essential development. Children who actively explore materials and activities receive natural feedback and develop an understanding through hands-on experience. Current research emphasises that participating in meaningful activities encourages generalisation, self-motivation and effective learning outcomes in young children (Dunst et al., 2017; Schreibman et al., 2015). Activities such as nature-based art, environmental discovery stations, and hands-on water experiments encourage sensory exploration, emotional engagement, and natural curiosity, while supporting learning through interaction with the environment.

2. Imitation has been defined as 'learning through observing and subsequently imitating the behaviour, actions, body language and/or sounds of other people'. It is always a crucial aspect of early childhood learning and development. Current evidence-based interventions for promoting imitation skills among children with developmental delays or special needs, such as autism spectrum disorder, emphasise modelling and guided practice as essential strategies (Schreibman et al., 2015; Wong et al., 2015). This activity book promotes imitation skills by providing modelling within natural play scenarios, which could help children gradually develop their skills.

3. Joint play can be defined as 'learning through play with peers', or simply as cooperative play. It is a vital part of early childhood education for promoting learning and development among children with special educational needs. Research in inclusive early childhood education emphasises the importance of peer cooperation and joint play in developing social competence and peer relationships among children with SEN (Barton & Smith, 2015; Kasari et al., 2012). This activity book provides scenarios for cooperative play to encourage joint play 4. Rhythmic-Movement Activities integrate learning with body movement, rhythm, music, and repetition. Such activities are shown to enhance motor coordination, attention, self-regulation, language development, and emotional regulation, especially for children who benefit from predictable structure and multi-sensory input (Sharma et al., 2014; Schreibman et al., 2015). Movement-based representations of environmental processes and rhythm-based categorisation tasks support sequencing skills, cognitive understanding, and sustained engagement.

4. Rhythmic-Movement Activities integrate learning with body movement, rhythm, music, and repetition. Such activities are shown to enhance motor coordination, attention, self-regulation, language development, and emotional regulation, especially for children who benefit from predictable structure and multi-sensory input (Sharma et al., 2014; Schreibman et al., 2015). Movement-based

representations of environmental processes and rhythm-based categorisation tasks support sequencing skills, cognitive understanding, and sustained engagement.

5. Associative Learning refers to the ability to form connections between behaviours and their consequences, or between stimuli and responses. Children learn that certain actions lead to specific outcomes (e.g., praise, access to preferred activities, success in completing a task). Associative learning enables children to understand the structure of their world, predict outcomes, and regulate their behaviour. By integrating ABA-based reinforcement strategies, social communication principles, and PRT's motivational focus, children aged 2–7—including those with SEN—can develop functional, adaptive behaviours that support independence, learning, and social participation.

Most scenarios address environmental issues, such as caring for nature and the environment, recycling, sorting waste, reusing materials, and protecting nature. Rather than receiving abstract instructions, children naturally integrate environmental responsibility into play and daily routines. Research in early childhood education for environmental sustainability shows that young children develop ecological awareness best through real, concrete experiences, participation in everyday contexts, and social interaction (Elliott & Davis, 2018; Älemalm-Hagsér & Elliott, 2017).

Each competency includes three structured activities presented as scenarios. There are 15 scenarios in total. Each scenario follows the same structured framework comprising a context, a main case, a conceptual brief, decision-making opportunities, feedback and reflection. The activity book takes a comprehensive, inclusive and developmentally appropriate approach to early learning. It connects social, cognitive, motor and ecological development through meaningful activities that align with contemporary, evidence-based early intervention practices (Odom et al., 2010; Cooper et al., 2020). Integrating activity-based and peer-supported learning into a child's daily routine reduces pressure while promoting meaningful inclusion.

Learning takes place through daily activities such as play, self-care, transitions and group activities.

Across all modules, consistent and intentional use of activity-based strategies supports the development of communication, social interaction, independence, and confidence. Small shared moments—working together, observing peers, helping one another, and celebrating success—often have a greater developmental impact than isolated instructional activities. Over time, these experiences foster a strong sense of belonging and create a positive, inclusive learning environment where every child is valued as an active participant, a learner, and a supportive peer.

4.9 SELF-ASSESSMENT FOR CARE PROVIDERS

Objective:

To reflect on the caregiver's ability to plan, implement, and adapt activity-based learning experiences that support children's development through meaningful, real-life activities.

No	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
1	I can support children in making and maintaining eye contact during interactions					
2	I feel confident teaching eye contact skills to children with special educational needs					
3	I can help children learn to wait for instructions, turns, or responses during activities					
4	I can use strategies to support waiting skills in communication and play situations					
5	I can adapt activities to meet the needs of children with SEN (e.g., ASD, ID, communication or sensory needs)					
6	I can use activity-based and experiential learning to promote engagement and understanding					

7	I feel confident teaching turn-taking skills to children with special needs					
8	I can encourage and model reciprocal conversation with children during daily activities					
9	I can support children in responding appropriately in back-and-forth communication					
10	I can promote imitation skills (actions, gestures, sounds, or words) during play and routines					
11	I feel confident using activity-based learning to support cognitive, social, motor, and communication development simultaneously					

4.10 THE CHAPTER EVALUATION AND REFLECTION

Scoring

Strongly disagree is 5 points; disagree is 4 points; neutral is 3 points; Agree is 2 points; Strongly agree is 1 point.

Calculate Your Total Score and comment on it

-45-50 Points: Mastery level. You have an excellent understanding of the chapter and can apply it flexibly and effectively.

-35-44 Points: Proficient level. You have a solid grasp of the key concepts. Practising and deepening your understanding of some strategies will enhance your expertise.

-25-34 Points: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.

-10-24 Points: Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

Reflection and Self-assessment for you

This checklist is not only an assessment tool but also a guide for developing your personal and professional growth in implementing activity-based learning approaches.

- Which strategies do you find most effective and helpful?
- Which activity-based learning strategies have you found to be the most effective during daily routines and playtime?
- Which elements or areas of activity-based learning require further study, practice or support?
- What concrete actions do you find most effective for moving forward in development?

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4.12 LIST OF ABBREVIATIONS

ABA – *Applied Behaviour Analysis*

ASD – *Autism Spectrum Disorder*

DRA – *Differential Reinforcement of Alternative Behavior*

DRH – *Differential Reinforcement of High Rates of Behavior*

PRT – *Pivotal Response Treatment*

SEN – *Special Educational Needs*

THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Bekir Fatih Meral, Ph.D.

Activity Schedules

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5 ACTIVITY SCHEDULES

5.1 PREFACE

Activity schedule(s) or a photographic activity schedule consisting of a set of pictures or words helps individuals complete a task by prompting or guiding them through a specific sequence of behaviors (McClannahan & Krantz, 1999). A photographic or digital activity schedule increases student participation in a sequence of behaviors and activities, helping support the independence of individuals with special educational needs, especially children with autism, by reducing reliance on directions/prompts from others (e.g., teacher, parent, caregiver). Numerous studies have demonstrated that activity schedules can be used effectively to teach a variety of skills to individuals with disabilities by having them independently complete tasks (Reinhart et al., 2020).

While typically developing individuals can independently perform many activities in their immediate environment, such as school, work, or home, according to their individual preferences, individuals with special educational needs and autism may experience difficulties with certain tasks or activities (Eyiip et al., 2018). Photographic or digital activity schedules have been shown to be effective in helping individuals with special educational needs, particularly those with autism and other developmental intellectual disabilities, learn to complete both simple and complex activity sequences without adult guidance or prompting (Reinhart et al., 2020).

According to experts, if children with autism or special educational needs can learn to follow an activity schedule, their daily activities may become more similar to those of their typically developing peers when they respond to stimuli in various environments without receiving cues/clues from others, and families may be relieved from very stressful and life-difficult situations such as constantly supervising their children (Birkan, 2013). Activity schedules basically consist of four stages. First,

performing task analysis, either hypothetically or practically; second, preparing activity schedule materials (digital or on paper board/actual material); third, implementing the photographic or digital activity schedule; and last/fourth, fading procedures in activity schedules. Here, the stage of gradually reducing or fading the activity schedule itself due to the need for increased and further professional support has been ruled out/skipped.

5.2 THE MODULE CONTENT

Competencies/ learning objectives	Description	Focus	Desired Outcome
1. Performing task analysis	Task analysis is important not only for activity programs but also for chaining behavior instruction, as it involves breaking long-term goals into smaller, short-term goals.	Performing task analysis, whether hypothetical or practical.	Increasing the independence of child with special educational needs as the steps become smaller, more observable, and easier to teach.
2. Preparing activity schedule materials	Preparing activity schedules by using photo, image, or written form.	Preparing activity schedules on the board using real materials or a digital device/tool	Providing visual or written clues to help the child participate in the activity and complete the task
3. Implementing the photographic or digital activity schedule	Interventive by using activity schedules in accordance with the principles of gradual instruction/teaching.	Providing support or guidance to a child with special educational needs is based on spontaneous decisions, depending on the child's performance.	The practitioner or caregiver may use support at a hierarchical or differentiated intensity, ranging from full physical support to expectant looking/gazing.
4. Fading procedures in activity schedules	Fading procedure refers to gradually reducing the caregiver's support.	The practitioner or caregiver observes the child's performance, gradually reducing assistance or withdrawing cues/directions/stimuli.	To enable a child with special educational needs or autism to independently complete tasks using only the activity schedule.

5.3 THREE CORE SCENARIOS ON HOW TO USE AN ACTIVITY SCHEDULE

5.3.1 Scenario 1. Toothbrush with a photographic activity schedule

Case

The child has no habit of brushing their teeth or a toothbrush routine. Without brushing, the enamel layer becomes extremely vulnerable to damage, leading to tooth decay and socially unacceptable situations. Therefore, every child, whether with or without special educational needs, should learn to brush their teeth and establish a daily routine. Children with special educational needs, or primarily autism, cannot acquire this skill on their own without help from those around them. In this case, a parent, specialist, or caregiver must teach a child with special educational needs or autism this vital skill (brushing teeth). A photographic activity schedule (which can also be digitized) is one of the best ways to teach toothbrushing.

The caregiver/care provider of the child with special educational needs or autism should follow this sequence: (1) task analysis of toothbrushing, (2) preparing activity schedules promoting toothbrushing, (3) Implication/ intervention of the activity schedule, and (4) fading procedure of the activity schedule.

Context and Setting

The intervention related to the toothbrushing activity schedule should be implemented in accordance with the daily routine, context, or settings, such as the bathroom at home, school, or workplace, after (or before) breakfast, lunch, and dinner (or before going to bed).

Intervention Example

The caregiver likes to set the toothbrushing for the kid/child with special educational needs or autism because they do not have a toothbrushing habit, depending on the daily routine or different settings.

First, the caregiver performs a task analysis of how to practically brush the child's teeth independently and writes down each step of the toothbrushing process.

Second, in accordance with the task analysis, the caregiver prepares photographic activity schedule showing toothbrushing using actual materials (one A5 folder, clear page protectors according to step count, black cardboard/carton to establish background color, badge protectors to hold pictures, Velcro7touch and close fasteners to hang pictures on each page, and pictures/photograph of each step of the toothbrushing).

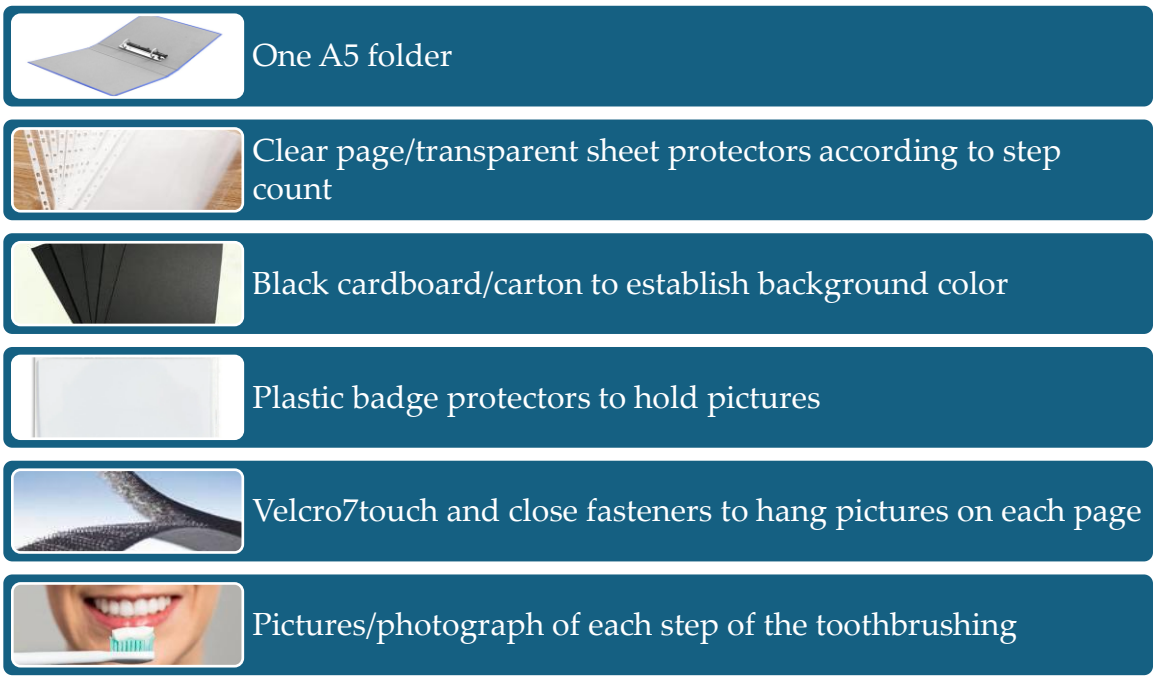

Figure 10. *Toothbrushing Activity Schedule with Actual Materials*

Third, the caregiver uses an activity schedule to teach the child with special educational needs or autism how to brush their teeth in the intervention. During the intervention/implication phase, the caregiver uses varying types and levels of

cues/clues (from full physical support to expectant looking) in accordance with gradual instruction/teaching. When the child responds correctly or completes each step properly, the caregiver rewards the child verbally or with convertible symbolic reinforcers. When intervening with a child, the caregiver stands next to or behind the child, facing a mirror.

The fourth and last phase of the implication of toothbrushing activity schedules is the fading procedure. When the child responds correctly, the caregiver gradually reduces assistance or withdraws cues in accordance with the gradual instructions, then moves to the shadowing phase; in this phase, the person giving the cues' hands follow the child's movements but do not touch them. Furthermore, the caregiver reduces closeness, in other words, increases the distance between themselves and the child. In the final step, the caregiver allows the child to perform the task without any prompting or assistance. This process is repeated until the child can perform the relevant tasks independently.

The caregiver can assess themselves using **a checklist to evaluate internal controls/self-control**; this checklist should be used for **all scenarios** (see Table 4).

Table 4 *Checklist for Evaluating Internal/Self Controls*

Steps of Activity Schedules Description	YES	NO
1. *Performing task analysis*		
1.1. I chose a skill/behavior suitable for daily life.		
1.2. I perform the task analysis, whether hypothetical or practical		
1.3. I did task analyze by breaking long-term goals into smaller short-term goals		
2. *Preparing activity schedule materials*		
2.1. I prepare activity schedules by using actual material photos or images		
2.2. I prepare activity schedules by using a digital device/tool		
3. *Implementing the photographic or digital activity schedule*		

3.1.	I perform intervention by using activity schedules in accordance with the principles of gradual instruction/teaching.		
3.2.	I use support at a hierarchical or differentiated intensity, ranging from full physical support to expectant looking/gazing.		
4. *Fading procedures in activity schedules*			
4.1.	I observe the child performance to start fading procedure		
4.2.	I reduce my assistance gradually		
4.3.	I shadow the child's movements without touching		
4.4.	I increase the distance between myself (caregiver) and the child.		
4.5.	I allow the child to perform the task without any support or assistance		

5.3.2 Scenario 2. Puzzle with a photographic activity schedule

Case

Simple puzzles contribute much more to the development of fine motor skills, which are classified as pre-academic skills. Puzzles help children, with or without special educational needs, develop basic skills by improving fine motor and cognitive development, including finger strength, hand-eye coordination, problem-solving, and patience. The caregiver likes to support the child's pre-academic skills, particularly those with special educational needs or autism. He/she chooses a teaching puzzle (jigsaw puzzle) for the kid. In this case, the caregiver decides to create a photographic activity program to teach puzzles. Here are thirteen benefits of solving puzzles in early childhood: 1. Fine Motor Skills, 2. Gross Motor Skills, 3. Visual Perception, 4. Hand-Eye Coordination, 5. Early Mathematics, 6. Attention Span, 7. Problem Solving, 8. Independent Play, 9. Spatial Relationships, 10. Cognitive Development, 11. Self-Confidence, 12. Perseverance, and 13. Relaxation (Source: empoweredparents.co, 2026).

Task Analysis and preparing activity schedules of an eight- or nine-piece simple puzzle

First, take photos/pictures of all eight pieces of the puzzle (jigsaw puzzle) at once in accordance with the task analysis. In accordance with backward chaining in teaching skills to kids with disabilities, break the whole puzzle into smaller parts and take a picture for each step. Repeat this process until there are no more puzzle pieces left. Allow the child to assemble the puzzle by looking at the original puzzle model from beginning to end.

Figure 11. *Eight or nine pieces (jigsaw) puzzle samples (Source: https://www.twinkl.co)*

Implication/ intervention and fading procedure

In the next stage, place the image/photo for each step of the matching puzzle onto a photographic activity schedule. The activity schedules should allow users to turn pages through each step of the puzzle. The caregiver can use various types and levels of cues/gestures (from full physical support to expectant gazes) in accordance with gradual instruction/teaching. When the child gives a correct answer/response or completes each step correctly, the caregiver rewards the child verbally or with convertible symbolic reinforcers. During the intervention phase, the caregiver stands next to or behind the child to immediately correct the child's response if necessary.

In the fading phase, when the child responds correctly, the caregiver gradually reduces or withdraws the assistance according to step-by-step instructions, then moves to the observation phase. At this stage, the person giving the cues follows

the child's movements with their hands but does not touch the child. Then the caregiver reduces closeness, increasing the distance between themselves and the child. In the last step, the caregiver allows the child to perform the task without any guidance or assistance. This process continues until the child can independently perform the relevant tasks.

5.3.3 Scenario 3. Packing/preparing a backpack for weekend activities with a digital activity schedule

Case

All children, whether they have special educational needs or not, should take responsibility for packing their backpacks from early childhood. This skill is essential for helping children pack their backpacks for their weekend routines by following a checklist of things they need. In this context, the caregiver decides to teach the child with special educational needs or autism how to pack a backpack for weekend activities. The caregiver chose a digital activity schedule to teach this skill. The caregiver creates a visual list of items to pack in the backpack for weekend activities using a digital device (iPhone or other brand smartphones, iPad, or tablet). Here are some items to pack in a preschooler's backpack for weekend activities: water bottles, healthy snacks and fruit, sunscreen, a small first-aid kit, a raincoat or umbrella depending on the weather, a sleeping or sitting mat, etc.

Task Analysis and preparing digital activity schedules for packing a backpack

First, create a checklist with visual cues/signs, including water bottles, healthy snacks and fruit, sunscreen, a small first-aid kit, a raincoat or umbrella depending on the weather, a sleeping or sitting mat, etc., for a preschooler's backpack for weekend activities. Then download photos or pictures (visual cues/signs) from digital media that indicate the items in your backpack or take a photo/picture of each item. Next,

transfer these photos/images (visual checklist) to a digital device (iPhone, iPad, or another brand smartphone or tablet). It is shown in Figure 3.

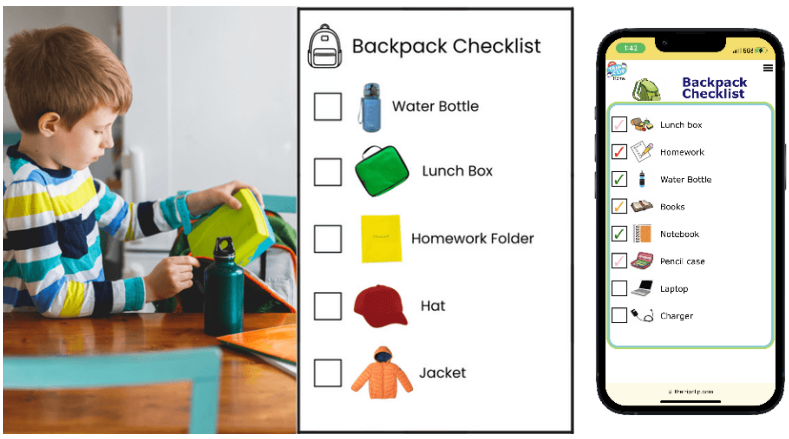

Figure 12. *Packing a backpack with a digital activity schedule for the weekend* routine

Implication/ intervention and fading procedure

In the next stage, place the image/photo for each step of the matching puzzle on a digital device, such as a smartphone (iPhone or other brands) or an iPad/tablet.

The digital device's screen should allow users to scroll through each step of packing a backpack with a digital activity schedule. The caregiver can use various types and levels of cues/gestures (from full physical support to expectant gazes) in accordance with gradual instruction/teaching. When the child gives a correct answer/response or completes each step correctly, the caregiver rewards the child verbally or with convertible symbolic reinforcers. During the intervention phase, the caregiver stands next to or behind the child to immediately correct the child's response if necessary.

In the fading phase, when the child responds correctly, the caregiver gradually reduces or withdraws the assistance according to step-by-step instructions, then moves to the observation phase. At this stage, the person giving the cues follows the child's movements with their hands but does not touch the child. Then the caregiver reduces closeness, increasing the distance between themselves and the child. In the last step, the caregiver allows the child to perform the task without any

guidance or assistance. This process is maintained until the child can perform the relevant tasks independently.

5.4 SCENARIO EXAMPLES FOR USING ACTIVITY SCHEDULES (DIGITALLY OR ACTUAL MATERIALS)

5.4.1 Scenario 4. Daily task planning for morning routine

Case

A daily morning routine for children with or without disabilities can include waking up, taking a shower or washing face, brushing their teeth, stretching, getting dressed, making the bed, and having breakfast. Using digital or physical activity schedules, the child can track tasks in their daily morning routine, making it easier for them to participate in daily activities each morning. A caregiver can help a child with special educational needs or autism establish a daily morning routine as an activity schedule and then allow the child to use it independently.

Figure 13. *Basic daily routine skills (Source: https://www.skoolgo.com/worksheet/my-morning-routine/)*

Task analysis and preparing activity schedules

Take photos of target behavior (basic daily routine skills) or download them into a digital device, in accordance with the task analysis. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.2 Scenario 5. Preparing sandwich

Case

A healthy sandwich is both delicious and a snack, providing energy to keep you feeling full for the rest of the day. Using digital or physical activity schedules, the child can make their sandwich depending on their preferences or health choices. In this case, a caregiver could assist a child with special educational needs or autism in making a sandwich by following an activity schedule and then allowing the child to make the sandwich independently.

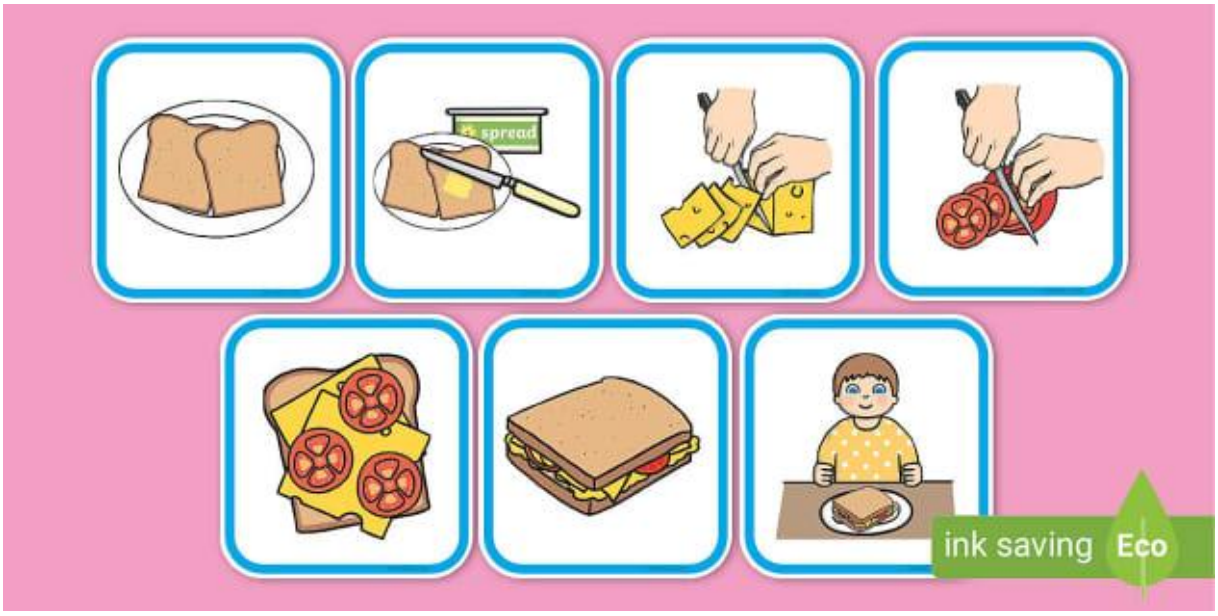

Figure 14. *Making a Sandwich (Source: https://www.twinkl.co.za/resource/t-s-1626-7-step-sequencing-cards-making-a-sandwich)*

Task analysis and preparing activity schedules

Take or download photos of each stage of the sandwich-making process. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.3 Scenario 6. Wearing raincoat

Case

All children, whether or not they have special educational needs or autism, should learn to put on a raincoat independently because it is essential for staying dry and warm on rainy or windy days. Using digital or physical activity schedules, the child can learn how to wear a raincoat depending on the weather. In this context, a caregiver can help a child with special educational needs or autism put on a raincoat by following an activity schedule and then allowing the child to put it on independently.

Task analysis and preparing activity schedules

Take or download photos of each stage of the process of wearing/putting on a raincoat. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 15. *Wearing/putting on a raincoat (Source: https://www.vectorstock.com/royalty-free-vectors/kid-wearing-raincoat-vectors)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading

procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.4 Scenario 7. Wearing pajamas

Case

Since wearing/putting on pajamas is one of the basic skills for establishing a sleep or bedtime routine, children, whether they have special educational needs or autism, should be able to wear/put on their pajamas independently. Using digital or physical activity schedules, the child can wear their pajamas before going to bed. Accordingly, a caregiver can support a child with special educational needs or autism in wearing/putting on pajamas by following an activity schedule and then allowing the child to wear/put them on independently.

Task analysis and preparing activity schedules

Take or download photos of each stage of wearing/putting on pajamas. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 16. *Wearing/putting on pajamas (Source: https://www.vectorstock.com/royalty-free-vectors/kid-wearing-raincoat-vectors)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.5 Scenario 8. Bed makes up/ changing sheets/ linens

Case

Since sheets/linens need to be changed regularly for a child's health and the bed needs to be made for the child's comfort, every child, whether they have special educational needs or not, should learn how to make their bed. In this case, a caregiver can remind a child with special educational needs or autism when it's time to change the sheets and teach the child how to make their bed. The caregiver can teach these skills using a digital or physical activity schedule, then allow the child to change sheets/bed linens and make their bed independently.

Task analysis and preparing activity schedules

Take or download photos of each stage of changing sheets/linens and making the bed. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

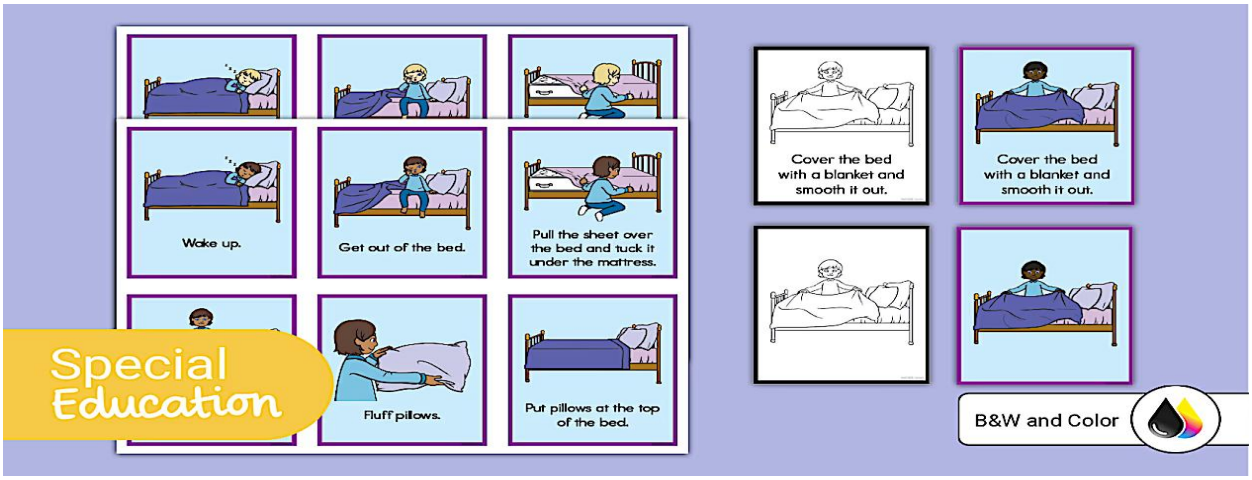

Figure 17. *Bed makes up/making bed up (Source: https://www.twinkl.com.tr/resource/making-the-bed-sequencing-cards-us-se-1696875727)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.6 Scenario 9. Eating breakfast

Case

Starting the day with breakfast is crucial not only for overall health but also for maintaining energy throughout the day, contributing to academic success, and actively participating in social activities. Therefore, all children should have a healthy breakfast in the morning before starting their daily activities. In this context, the caregiver should ensure that the child with special educational needs or autism can eat breakfast independently. The caregiver can teach this skill using a digital or

physical activity schedule, then allow the child to eat his/her breakfast without anyone's support.

Task analysis and preparing activity schedules

Take or download photos of each stage of eating breakfast, depending on the current culture (for example, Mediterranean breakfast is appropriate for Turkish culture). Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 18. *Eating breakfast (Source: https://www.shutterstock.com/tr/search/olive-for-kids-vector?page=2)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their

spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.7 Scenario 10. Lego Building

Case

Lego building supports hands-on academic, problem-solving, and creative skills, especially in young children with or without disabilities. Additionally, Lego building improves social skills through sharing and collaboration, supports fine motor skills, and increases patience by focusing on tasks. Therefore, considering its various benefits, it has significance beyond being merely a leisure activity. In this case, the caregiver could teach Lego building using a digital or physical activity schedule, then allow the child to do it independently on their own.

Task analysis and preparing activity schedules

Take or download photos of each stage of Lego building. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 19. *Lego Building (Source: https://tobeme.com.au/5-important-skills-that-children-learn-from-lego/)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces

closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.8 Scenario 11. Clean up the room

Case

Whether or not they have disabilities, establishing a cleaning routine for children's rooms or where they play/doing activities from an early age is crucial for developing independence, self-regulation, and a sense of responsibility. Clean-up time can be frustrating for parents, professionals, or caregivers as well as children, but the children themselves should do it. Therefore, caregivers need to develop clean-up habits in the living space or during activities for children with special educational needs or autism. An activity schedule is one of the best ways to teach a Clean Up Routine, besides using social stories, sing-song lyrics, and other friendly methods.

Task analysis and preparing activity schedules

Take or download photos of each stage of the Clean Up Routine, depending on where the child lives or the activities/tasks they do there. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

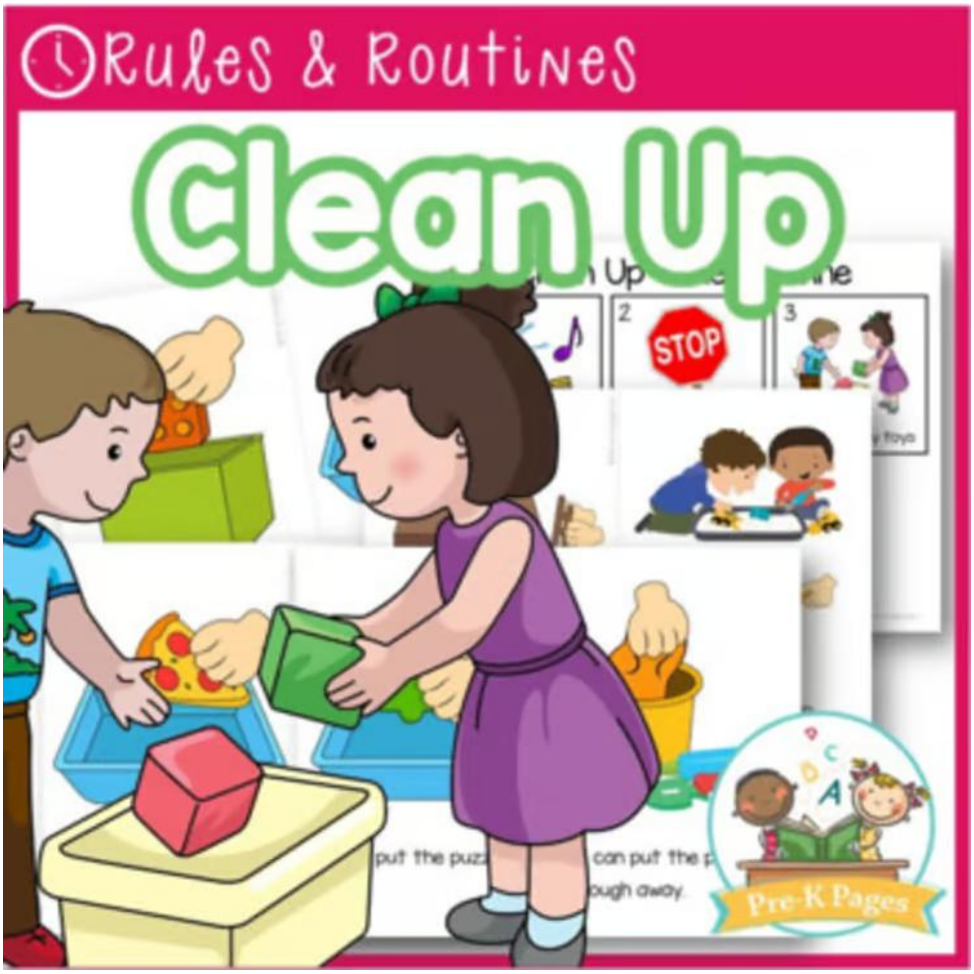

Figure 20. *Clean-up routine (Source: https://www.teacherspayteachers.com/Product/Clean-Up-Routine-Visual-Rules-Behavior-Supports-for-Preschool-Pre-K-3345860)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or

guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.9 Scenario 12. Washing hands

Case

Given the infectious diseases and the measures taken during COVID-19, one of the most challenging periods in human history, handwashing is an indispensable skill in maintaining hygiene and health for all children and everyone else. Therefore, caregivers must teach children handwashing skills, whether they have special educational needs or not, and integrate it into their daily routines. Digital or physical activity schedules can easily be used to teach children how to wash their hands.

Task analysis and preparing activity schedules

Take or download photos of each stage of handwashing. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 21. *Washing hands/handwashing skill (Source: https://www.vectorstock.com/royalty-free-vector/children-washing-hands-hygiene-education-vector-36165059)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces

closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.10 Scenario 13. Laundry skills with basketing dirty clothes

Case

Young children may not be able to operate a washing machine, but they can easily learn laundry skills by putting dirty clothes in the basket. By learning these skills, children can sort clothes by collar, determine whether they are clean or dirty, match pairs such as socks or gloves, and classify underwear or outerwear. They also learn to take responsibility, complete their personal tasks independently, and develop their motor and cognitive skills. Caregivers can teach laundry skills (basketing dirty clothes) to children with special educational needs or autism through digital or physical activity schedules.

Task analysis and preparing activity schedules

Take or download photos of each stage of laundry skills, such as loading the laundry into baskets, sorting by color and type, and so on. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 22. *Laundry skills with basketing dirty clothes (Source: https://www.missionmagnets.com.au/product/dirty-clothes/)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.11 Scenario 14. Grooming hair

Case

All children have basic grooming habits for reasons such as developing self-esteem, establishing social relationships, securing a positive body image, and maintaining personal hygiene. Grooming supports psychological and emotional well-being, as well as numerous physical and social benefits. In this context, caregivers can use digital or physical activity schedules to teach basic grooming skills to children with special educational needs or autism.

Task analysis and preparing activity schedules

Take or download photos of each stage of hair grooming, depending on gender. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 23. *Grooming hair (Source: https://www.dreamstime.com/cartoon-illustration-young-boy-girl-brushing-their-hair-front-mirror-cute-children-learning-personal-image413176568)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.4.12 Scenario 15. Using wet or disinfectant wipes for cleaning a table or any surface

Case

Children are at risk of exposure to germs because they don't wash their hands enough or follow proper disinfection procedures. Therefore, all children, whether with or without special educational needs, should learn how to clean their desks/tables or surfaces using wet wipes or disinfectant wipes. Considering the importance of this skill, a caregiver can teach a child how to clean desks/tables or surfaces with wet wipes or disinfectant wipes using a digital or physical activity schedule and then allow the child to do it independently.

Task analysis and preparing activity schedules

Take or download photos of each step for cleaning their desks/tables or surfaces with wet wipes or disinfectant wipes. Print or place these pictures on physical or digital activity schedules so the children can follow the order to complete the task. Assist or allow the child to place visual cues/clues/signs/prompts (photos, pictures, or words/phrases) on the board using real materials or a digital device/tool (smartphone or tablet), in accordance with the task analysis.

Figure 24. *Using wet or disinfectant wipes for cleaning a desk/table or surface (Source: https://www.shutterstock.com/tr/search/kid-wipe-table?image_type=illustration)*

Implication/ intervention and fading procedure

Interventions using activity schedules are mostly carried out in accordance with the principles of gradual instruction/teaching. Visual cues/signs (photos, pictures, or words/sentences) in the activity schedule draw the child's attention to the task and show the child how to do it. During this time, the practitioner or caregiver supports/guides the child with special educational needs or autism based on their spontaneous/instant decisions, depending on the child's performance. The practitioner or caregiver can use hierarchical or differentiated intensity support, from

full physical support to expectant looking, during the intervention. The fading procedure involves gradually reducing the caregiver's support, prompting, or guidance and allowing the child with special educational needs or autism to perform tasks independently, using only activity schedules. The practitioner or caregiver observes the child's performance, gradually reduces assistance or withdraws cues/clues/prompts, and just shadows the child's hand without touching when standing near or behind him/her. Next, the practitioner or caregiver reduces closeness by increasing proximity with the child so the child can complete the task independently, using only the activity schedule, without anyone's assistance.

5.5 SUMMARY

An activity schedule includes various visual cues such as drawings, photographs, and written text to teach skills and ensure tasks progress in a sequential manner. The activity schedules, at least in the next phase, rely primarily on self-monitoring procedures with little or no parental or practitioner support. Therefore, visual cues serve as advance warnings, indicating which behaviors should and should not be exhibited. While activity schedules can also be used to follow routines, they are more useful and effective for teaching complex skills through a chain of behaviors (e.g., dressing, brushing teeth, applying makeup) because they make it easier for students to follow each step in the chain. Activity schedules can also be used to teach social skills such as borrowing books from the library, walking down the street, grocery shopping, or shopping at a community-based bakery; this can help individuals with special educational needs and autism perform better in society and thus improve their quality of life. Activity schedules consistent with self-monitoring procedures aim to improve the self-management competencies of individuals with special educational needs, including children with autism, by teaching behavioral patterns such as daily living, play, or vocational skills.

Visual activity schedules are a way to teach behavioral sequences such as dressing, packing a backpack for school or elsewhere, cooking, and changing sheets. Visual activity programs include visual cues in the form of pictures illustrating the relevant behavior sequence or didactic words/phrases. The philosophical aim of activity schedules is to help individuals become more independent from others (parents or caregivers) by taking responsibility for their own daily tasks.

Nowadays, teaching various skills, particularly community or social skills, using activity schedules on technological devices including tablets, smartphones, and smartwatches is increasingly recognized as a way to prevent stigma and enhance the capacity to teach through high-tech digital tools. Undoubtedly, creating a digitally managed activity schedule is a new way of using event programs, as opposed to

traditional methods (e.g., photos and written text). These high-tech strategies involve using digital tools such as iPads or iPhones to create activity schedules for teaching behavioral patterns. These new generation tools are called personal digital assistants (PDAs) and are portable, self-navigating devices designed to increase the independence of students with special educational needs and autism.

5.6 SELF-ASSESMENT FOR CAREGIVERS/ CAREPROVIDERS

No	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
1	I can perform task analysis, hypothetically					
2	I can perform task analysis, pratically					
3	I can prepare activity schedules by using actual/real materials					
4	I can prepare activity schedules by using digital tools					
5	I can implement a photographic activity schedule					
6	I can implement a digital activity schedule					
7	I can perform fading procedures in activity schedules					
8	I can use correct supports/clus/clues during intervention					
9	I can use correct reinforcers during intervention					
10	I can teach various skills to the child by using activity schedules and enable them to complete tasks independently					

5.7 THE CHAPTER EVALUATION AND REFLECTION

Scoring

Strongly disagree is 5 points; disagree is 4 points; neutral is 3 points; Agree is 2 points; Strongly agree is 1 point.

Calculate Your Total Score and comment on it:

-45-50 Points: Mastery level. You have an excellent understanding of the chapter and can apply them flexibly and effectively.

-35-44 Points: Proficient level. You have a solid grasp of the key concepts. Practicing and deepening some strategies will enhance your expertise.

-25-34 Points: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.

-10-24 Points: Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

Reflection and Assessment

This reflection section is designed to help you think critically about your learning throughout this chapter and to support your ongoing personal and professional development as a caregiver. Rather than serving only as an evaluation, these questions are intended to guide you in identifying strengths, areas for growth, and concrete next steps related to behavior management.

6. If you were implementing activity schedules, how to perform task analysis, whether hypothetical or practical?
7. If you were implementing activity schedules, how to prepare an activity schedule, using actual/real materials or digital tools?
8. If you were implementing activity schedules, how to implement the photographic or digital activity schedule?

9. If you were implementing activity schedules, how to perform fading procedures in activity schedules?

5.8 REFERENCES

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THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Barbora Bazalová
Dana Zámečníková
Veronika Včelíková
Ondřej Ling

Peer Tutoring

UNIT NO: 6

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6 PEER TUTORING

6.1 PREFACE

The activity book focuses on Peer Tutoring (PT). The authors understand it as learning through interaction between the participants. Children between the ages of two and seven usually learn by observing people around them. They naturally play together and copy what they observe. These everyday peer activities create opportunities for learning, particularly when caregivers support them. Adults can offer a structure and lead these activities (Zhang et al., 2022; Foster et al., 2023).

Young children learn best through relationships and shared experiences, not only through adult guidance. Research shows that peer-mediated approaches can significantly improve social interaction, communication, and engagement in young children, particularly those with developmental or social challenges (Watkins et al., 2015). When children learn alongside peers, they are often more motivated, attentive, and willing to try new skills. For children in this target group, meaningful peer contact supports the development of communication, emotional understanding, confidence, and a sense of belonging. Some children may have fewer opportunities to interact with others or may find social situations difficult, which can affect both learning and social development. Peer tutoring helps bridge these gaps by creating natural, positive learning partnerships where children support and encourage one another (O'Donoghue et al., 2024). Peer tutoring promotes positive peer interaction in enjoyable, everyday activities. Through shared play, movement, problem-solving, and routines, children practice new skills, observe helpful behaviours, and build understanding in a safe and supportive environment. This approach supports cognitive development while also strengthening emotional well-being and inclusion. Learning with peers helps children feel capable, connected, and valued — laying

essential foundations for future learning and healthy relationships (Watkins et al., 2015).

Early childhood (ages 2–7) is a crucial period for the development of social skills, communication, motor abilities, emotional regulation, and self-confidence. At this age, children learn most naturally through play, imitation, shared experiences, and interaction with peers. Activities based on mutual learning (peer tutoring) create supportive environments where children observe one another, try new strategies, cooperate, and experience success together. For children experiencing social disadvantages, these activities promote a sense of belonging, trust, and the development of basic social and communication skills. For children with autism spectrum disorder (ASD), they naturally support joint attention, imitation, turn-taking, understanding of social situations, and flexible interaction—without pressure to perform.

For children who do not develop at a regular pace, shared activities mean meaningful participation. These activities need to be adapted to their abilities. They should be created in ways that strengthen children's independence and self-esteem. Cooperative play plays a key role in social inclusion because children with different special educational needs meet through natural activities. They develop empathy, patience, acceptance of differences, and positive peer relationships, which they will need during their lives. Children follow their own pace, and everybody has a chance to succeed.

This module consists of **five modules:**

- **Mutual learning (learning from each other):** Children share their own skills, show their progress, and learn by observing. They also develop communication.
- **The child as a teacher:** Children can explain, show and help others.
- **Imitating peers**: Imitating means copying actions, words, and behaviours and leads to learning new skills.

- **Social support:** Working together helps children practice sharing, turn-taking, talking, and building relationships in a safe environment.
- **Motivation in pairs or small groups:** Learning can be fun.

These five scenarios can be easily adapted to the diverse needs of participants. We intended to use visual support to enhance understanding and to encourage cooperation. We advise creating a safe space for making mistakes, where children can learn. Building with building bricks, creating artworks, or planting flowers together can become more than a game. They are meaningful social learning situations in which children practice communication, problem-solving, decision-making, and helping one another. These everyday, shared, inclusive experiences support the healthy social and emotional development of all children, especially those with special needs.

6.2 THE MODULE CONTENT

Competencies-learning objectives	Description	Focus	Desired Outcome
1. Mutual learning	Children exchange skills, show progress, comment on activities, and offer simple guidance to peers.	Shared learning experiences and active interaction	Improved language skills, greater cooperation, and confidence in peer learning
2. The child as a teacher	Children take on guiding roles by demonstrating tasks, helping others, and modelling behaviour.	Active participation and peer guidance	Increased self-confidence, stronger communication, and positive peer relationships
3. Peer imitation	Children observe peers and copy actions, speech, and play behaviours	Natural learning processes and skill development	Faster skill acquisition and improved social and communication abilities
4. Social support	Children cooperate, share, take turns, and help one another during activities.	Positive interaction and relationship building	Greater social confidence, inclusion, and improved peer communication
5. Motivation in pairs or a small group	Children work together to complete tasks, encourage each other, and celebrate achievements.	Collaborative learning and enjoyment	Higher motivation, active participation, and positive learning attitudes

6.3 MUTUAL LEARNING

Mutual learning activities are especially beneficial for children with social disadvantage, autism spectrum disorder (ASD), and health-related disabilities, as they promote joint attention, turn-taking, imitation, confidence, and participation in a safe and motivating environment. At the same time, they foster inclusion by connecting children with and without disabilities in meaningful collaboration, encouraging empathy, teamwork, and positive peer relationships. Through simple choices, visual supports, and shared successes, children experience learning as a cooperative process—strengthening both developmental skills and a sense of belonging within the group.

Learning Objectives

- Supporting young children aged 2–7 in developing social, communication and problem-solving skills.
- Support the development of social, communication, and problem-solving skills through peer interaction.
- Promoting joint attention, turn-taking, imitation, and confidence.
- Participation in a safe and motivating environment.
- Fostering inclusion.
- Encouraging empathy, teamwork, and positive peer relationships.
- Strengthening both developmental skills and a sense of belonging within the group.
- Encouraging cooperation, shared decision-making, and joint attention during play-based activities.
- Promoting learning through observation, imitation, and shared experiences

- Strengthening inclusion and positive peer relationships in early childhood settings

Importance of the Skill for Children with SEN

Peer tutoring based on mutual learning allows children to learn together rather than from one another in a one-directional way. Through shared activities such as building, art creation, or caring for plants, children naturally develop communication, cooperation, and problem-solving skills. This approach is particularly beneficial for children with social disadvantage, ASD, and health-related disabilities, as it provides a safe, motivating, and predictable environment for participation. It supports turn-taking, imitation, confidence, and engagement while reducing pressure on individual performance. In inclusive settings, mutual learning strengthens empathy, teamwork, and understanding among children with and without disabilities, helping all children feel valued and included within the group. Inclusion by connecting children with and without disabilities in meaningful collaboration, encouraging empathy, teamwork, and positive peer relationships. Through simple choices, visual supports, and shared successes, children experience learning as a cooperative process.

How to use Mutual Learning?

Tasks can be simplified, broken into steps, or enriched depending on the child. Learning through experimentation is implemented by embedding structured learning goals into playful, real-life activities. Care providers prepare the environment, select appropriate materials, and guide the child through exploration using modelling, prompts, reinforcement, and responsive interaction. Activities are flexible and can be adapted to the child's developmental level, sensory profile, communication abilities, motivation, and learning needs. Adults support learning by observing the child's interests, encouraging initiative, expanding communication, and providing feedback while allowing the child to lead the experience actively.

Through natural, play-based, structured yet flexible scenarios, children learn through experience, interaction, and success—laying foundations for lifelong learning.

- Plan simple, shared tasks that require cooperation and joint participation
- Encourage children to make choices together and share responsibility for outcomes
- Use visual supports and clear routines to support understanding and predictability
- Model positive communication and cooperation while allowing children to lead interactions
- Celebrate shared successes to reinforce motivation and a sense of belonging

Target Groups

Children aged 2–7, including children with SEN. Activities can be adapted by adjusting the level of structure, amount of prompting, sensory input, and communication demands.

- Children with Autism Spectrum Disorder (ASD) - supporting engagement, communication, imitation, and flexibility, these children benefit from predictability, clear structure, visual supports, and strong motivation.
- Children with developmental delay or disorder of intellectual development (supporting concrete learning and skill acquisition) benefit from task analysis, repetition, and immediate feedback.
- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- Children at developmental risk or with language, attention, or sensory processing difficulties
- Children from socially disadvantaged backgrounds
- Children with health-related or physical disabilities

- Mixed groups of children with and without disabilities in inclusive settings.

6.3.1 Scenario 1: Building Together – Helping Hands Tower

Context and Background

Children aged 2–7 are playing on the floor with large soft blocks, cups, or stacking toys. The materials are familiar, safe, and easy to handle. Two to four children sit together in a small group. The context is play-based, natural, and focused on cooperation and communication.

Everyday Integration

Mutual learning can naturally be incorporated into many daily routines. Children can help each other during free play, building activities, drawing together, dressing dolls, or tidying up toys. One child may show another how to stack blocks, put on shoes, or complete a simple puzzle. Caregivers can encourage children to talk about what they are doing, show their progress, and offer simple help to peers. Short cooperative moments throughout the day — rather than long structured activities — are often the most effective. This module works exceptionally well during playtime, transition times, and shared tasks such as cleaning up or preparing materials for activities.

Learning Objectives / Target Behaviours

- To learn from one another by sharing ideas, showing strategies, and cooperating to build a simple tower or structure.
- Children develop skills through shared problem-solving and observing each other's strategies.
- **Social Communication Goals:** pointing, requesting, commenting, turn-taking, naming colours or sizes.
- **Developmental Focus: c**ooperation, fine motor skills, language development, and confidence.

Main Case

The caregiver places a pile of blocks in the middle of the group and invites the children to "build something tall together." Children begin picking blocks, stacking them, and watching how others place pieces. One child may discover that bigger blocks work better at the bottom and show this to others. Another child may copy the technique or suggest where to place the next block. Children talk about the actions they observe and participate in ("It's tall!", "Put here!"). They can help when the tower falls. The activity naturally encourages turn-taking, sharing, and problem-solving.

Conceptual Brief/ Visual Support Suggestions

Children can point, show, or use words as appropriate.

- Picture cards explaining where exactly each brick belongs (e.g. "big block at the bottom" and "small block on top")
- Colour stickers may help with the stacking order
- Visual sequence (1–2–3 build steps)
- Emotion cards ("good work" and "do it again")
- Turn-taking card ("my turn/your turn")
- Arrows to show where to place the block
- Example picture of a finished tower (simple, not perfect)
- Choice board with block colours or sizes
- Communication boards with words/pictures (help, more, stop, look)
- Size and colour symbol cards
- "Good teamwork" visual reward card
- Two-picture choice cards
- Yes/no symbols
- Hand-over-hand guidance if needed
- Thumbs-up symbol

- Smiley face card
- Star or sticker chart for effort (not perfection)
- Picture cards of building steps
- Faces showing emotional feelings
- Photo of the finished tower to talk about success

Support Strategies (ABA-inspired)

- Clear, simple instructions ("Put the big block at the bottom")
- Modelling when needed
- Gentle prompts and praise for cooperation

Motivation-Based Strategies (PRT-inspired)

- The child chooses blocks
- Natural reinforcement (seeing the tower grow)
- Keeping the play fun and engaging

Decision

Caregivers support decision-making with gestures, simple words, modelling, and visual cues, as needed. Children are supported by making small choices, such as:

- Which block should we use next?
- Where should it go?
- Should we help a friend hold it?

Feedback to Participants

Feedback is immediate, warm, and encouraging and focuses on teamwork and effort.

- "Great idea using the big block at the bottom!"
- "You watched your friend and tried it too — well done!"
- "You helped to fix it when it fell!"

If a child struggles, we can offer prompts such as *"Look where to put the block,"* and let the child try again. Let's praise each effort.

Reflection

After building, the children and the caregiver talk together:

- What was easy to build?
- What helped the tower stay strong?
- Who helped you today?
- How did we work together?

6.3.2 Scenario 2: Creating Together – Big Group Art Mural

Context and Background

The context is creative, sensory-friendly, and flexible for different developmental levels. Children aged 2–7 are working together on a large sheet of paper taped to the floor or wall. They use chunky crayons, washable markers, sponges, or hand paint. Two to five children share the space and materials.

Everyday Integration

Group art can happen during free play, outdoor chalk drawing, decorating seasonal posters, or making story backgrounds. Short, shared drawing moments naturally build strong peer learning.

Learning Objectives / Target Behaviours

- Children learn social and creative skills through shared activity and observation of peers.
- To encourage children to observe one another's ideas, imitate drawing strategies, share space, and cooperate on a shared artwork.
- Social Communication Goals: Requesting tools, commenting, joint attention, imitation, naming colours or shapes.

- Developmental Focus: Creativity, cooperation, fine motor skills, confidence, communication.

Main Case

The caregiver spreads out a large sheet of paper and invites the children to "make one big picture together." Children choose colours and begin drawing. One child may start drawing circles, another may add lines, and others may fill shapes with colour. Children naturally watch each other's movements and often imitate or build on a peer's idea. Some may comment ("I draw sun!", "Blue here!"), point to spaces to fill, or offer a crayon to a friend. The shared artwork grows as a team effort rather than individual drawings.

Conceptual Brief/ Visual Support Suggestions

- Drawings of actions
- Colour different cards or pictures
- Follow these steps: choose colour → draw → show friend→ talk about it
- Cards showing emotions (proud, happy)
- Turn-taking cards
- "Share" symbol
- Two-colour choice cards
- Pointing arrows
- Yes/no symbols
- Smiley face
- Star card
- High-five symbol
- Emotion cards

Support Strategies (ABA-inspired)

- Verbal instructions ("Draw a line." Colour the picture here, please.")
- Praise for sharing and trying

Motivation-Based Strategies (PRT-inspired)

- Free colour choice
- Natural reward of seeing artwork grow
- Following child interests (cars, sun, animals, shapes)

Decision

Caregivers support with gestures, visuals, and simple language. Children decide:

- Which colour to use
- Where to draw
- What shape or picture to add
- Whether to share space or tools

Feedback to Participants

- "Great sharing the red crayon!"
- "You watched your friend and tried circles too!"
- "Look how big your picture is together!"

If a child struggles:

- Model drawing
- Offering hand support
- Praise effort

Reflection

Group discussion:

- What did we draw together?
- Who helped you today?
- Which colour did you like best?
- How did we share?

6.3.3 Scenario 3: Helping Each Other Grow – Planting Together

Context and Background

The context is calm, sensory-rich, and connected to real-life routines. Children aged 2–7 work in a small group with pots, soil, seeds (or big beans), and small watering cups. Materials are safe, tactile, and easy to handle.

Everyday Integration

Planting can extend to watering routines, outdoor gardens, caring for classroom plants, or washing vegetables for snacks. These daily shared responsibilities naturally build peer learning and cooperation.

Learning Objectives / Target Behaviours

- The goal is to encourage cooperation, turn-taking, and learning by watching peers work together to plant and carry out a task.
- Children gain understanding and social skills through shared real-world tasks and observation.
- Social Communication Goals: Requesting materials, commenting, sequencing actions, and shared attention.
- Developmental Focus: Responsibility, cooperation, sensory exploration, language, and patience.

Main Case

The caregiver places materials in the centre and says, "Let's grow plants together."

One child fills a pot with soil, another drops in a seed, another covers it, and another waters gently. Children watch each other's actions and often copy what they see. They give instructions such as "Seed the plant in!" "Water it now properly!" The results are shared.

Conceptual Brief/ Visual Support Suggestions

- Picture steps: soil → seed → cover → water
- Sequence cards
- Cards of choice for seeds or pots
- Emotion cards (excited, proud)
- Step-by-step picture strip
- Turn-taking symbol
- Finished plant picture
- "Gentle hands" card
- Two-step choice cards
- Role picture cards (soil, seed, water)
- Yes/no cards
- Thumbs-up
- Plant sticker
- Smiley card
- Step sequence cards
- Plant photo
- Emotion faces

Support Strategies (ABA-inspired)

- Clear one-step directions
- Visual sequences
- Modelling slow, gentle actions

Motivation-Based Strategies (PRT-inspired)

- Choice of pot or seed
- Natural reward of caring for a plant
- Watching growth over days

Decision

Caregivers guide gently using visuals and gestures. Children choose

- Which seed to plant
- Who does which step
- When to water
- Where to place the pot

Feedback to Participants

- "You worked together to plant it!"
- "Nice waiting for your turn for watering!"
- "You watched your friend and tried it too!"

If a child struggles:

- Hand-over-hand support
- Slow demonstration
- Praise for effort

Reflection

Discuss together:

- What did we put in the pot first?
- Who helped water?
- How should we handle it tomorrow?
- How did working together feel?

6.4 THE CHILD AS TEACHER

Early childhood is a period when children naturally learn through imitation, repetition, and meaningful everyday experiences. When children are given the opportunity to take on the role of a "teacher" for their peers, learning becomes even more powerful. Peer-led activities strengthen understanding, build confidence, and support social development in ways that adult-directed instruction alone cannot achieve. For children with social disadvantage, the "child as teacher" approach fosters a sense of competence, responsibility, and belonging. It encourages active participation, communication, and positive peer relationships. For children with autism spectrum disorder (ASD), structured peer modelling supports sequencing skills, joint attention, turn-taking, and understanding social routines naturally and predictably. For children with physical or health-related disabilities, these activities allow meaningful engagement in daily living skills at an individualised pace, strengthening independence and self-esteem. This approach is also highly effective in inclusive settings where children with and without disabilities learn together. Children without additional support need to develop empathy, patience, and leadership skills, while children with disabilities benefit from observing peers, feeling accepted, and participating fully in shared routines. Learning becomes a collaborative experience rather than a one-directional process.

Learning Objectives

- Supporting young children aged 2–7 in developing social, communication and problem-solving skills.
- Allowing meaningful engagement in daily living skills at an individualised pace, strengthening independence and self-esteem.
- Supporting sequencing skills, joint attention, turn-taking, and understanding social routines naturally and predictably.

- Supporting learning through peer modelling, imitation, and repetition in meaningful daily activities
- Strengthening social interaction, communication, and cooperation among children
- Building confidence, responsibility, and a sense of competence by allowing children to take on a teaching role
- Promoting inclusion by encouraging shared learning experiences among children with diverse abilities

Importance of the Skill for Children with SEN and Everyday Integration

The "child as teacher" role can be introduced in routine activities such as washing hands, getting dressed, setting the table, or caring for toys. One child can demonstrate steps while others follow. Caregivers can rotate the helper's role so that each child can guide peers. Tasks should be short to prevent overload. This approach is effective during self-care routines and practical life activities (washing toys, self-care activities). Allow a child to demonstrate for the others. Children master practical skills and also develop leadership, empathy, self-regulation, and social understanding (all essential for inclusion and lifelong learning).

Peer tutoring enhances learning by making it active, collaborative, and socially meaningful. For children from socially disadvantaged backgrounds, the "child as teacher" approach fosters a sense of belonging, motivation, and engagement. For children with ASD, structured peer modelling supports joint attention, turn-taking, sequencing, and understanding social routines in a predictable and supportive way. For children with physical or health-related disabilities, peer tutoring enables participation in daily-life skills at an individualised pace, promoting independence and self-esteem. In inclusive settings, peer tutoring benefits all children—those without disabilities develop empathy and leadership skills, while children with disabilities experience acceptance and meaningful participation.

How to use it?

Tasks can be simplified, broken into steps, or enriched depending on the child. Learning through experimentation is implemented by embedding structured learning goals into playful, real-life activities. Care providers prepare the environment, select appropriate materials, and guide the child through exploration using modelling.

- Identify simple daily routines or play activities where one child can model or demonstrate a skill.
- Assign peer roles intentionally (e.g., "helper," "model," or "leader") with adult support and clear structure.
- Use visual supports, step-by-step routines, or predictable sequences to support understanding.
- Encourage turn-taking and shared problem-solving rather than performance or correction.
- Observe and gently guide interactions to ensure positive communication and mutual respect.

Target Groups

Children aged 2–7, including children with SEN. Activities can be adapted by adjusting the level of structure, amount of prompting, sensory input, and communication demands.

- Children with Autism Spectrum Disorder (ASD) - supporting engagement, communication, imitation, and flexibility, these children benefit from predictability, clear structure, visual supports, and strong motivation.
- Children with developmental delay or disorder of intellectual development (supporting concrete learning and skill acquisition) benefit from task analysis, repetition, and immediate feedback.

- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- Children at developmental risk or with language, attention, or sensory processing difficulties
  - Children from socially disadvantaged backgrounds
  - Children with physical or health-related disabilities
  - Children with and without disabilities in inclusive early childhood settings

6.4.1 Scenario 1: Show Me How – Washing Toy Animal

Context and Background

Children aged 2–7 gather around a low table, sink, or water tray with toy animals, sponges, soap, and towels. The environment is calm and familiar, similar to everyday hygiene routines. One child is invited to be the "helper teacher" for a short time.

Everyday Integration

The "child as teacher" approach can naturally be embedded in many everyday routines that involve clear steps and practical actions. Handwashing, tidying toys, setting or cleaning the table, preparing food, and watering plants provide opportunities for one child to demonstrate steps for peers to observe and try themselves. Caregivers can regularly rotate the helper-teacher role. Don't forget to keep the tasks short and use visual support when needed. These teaching moments support independence and inclusion and develop positive peer relationships among children.

Learning Objectives / Target Behaviours

- Observing, copying, and guiding one another.
- Children deepen their understanding when teaching others.
- Social Communication Goals: Giving directions, asking for help, commenting, and turn-taking.

- Developmental Focus: Confidence, sequencing skills, language, and independence.

Main Case

The caregiver invites a child to clean a toy. They show each step. Other children watch, then take turns and try it themselves. The child in a teacher role may give them instructions ("Rinse it now!") or show it again if needed. Children naturally copy movements, ask for help, and praise each other after completing the task.

Conceptual Brief/ Visual Support Suggestions

In this module, learning is supported through structured peer modelling combined with ABA-based strategies.

- Step sequence cards (Wet → Soap → Scrub → Rinse → Dry)
- Picture of a clean vs a dirty toy
- "Teacher role" badge card
- Visual timetable of activity
- Step cards are placed in order beside the sink
- Arrows pointing to the water flow
- Before/after picture cards
- Communication board (wash, help, finished, again)
- "Great teacher!" praise card
- Toy picture choices
- Step number cards (1–5)
- Star card
- Thumbs-up picture
- Step review cards
- Emotion faces

Differential Reinforcement of Other Behaviors (DRO)

Reinforcing calm participation and task engagement instead of avoidance or withdrawal (e.g., praising the child for staying at the washing station for two minutes).

Differential Reinforcement of Incompatible Behaviours (DRI)

Reinforcing helping behaviours, such as holding the sponge or showing steps, which are incompatible with disengagement or disruptive actions.

Preventive Interventions

Behavioural Momentum
Beginning with easy steps, the child enjoys (wetting the toy, squeezing the sponge) before more demanding steps (scrubbing thoroughly).

Task Modification

Reducing task complexity by washing only one toy at a time or using fewer steps initially.

Support Strategies

Explicit modelling, short instructions, visual cues, and positive reinforcement.

Decision

Children choose:

- Which toy to wash
- Who will teach next
- Which step comes next

Feedback

- "You showed the steps so clearly!"
- "You helped your friend finish all the steps!"

Reflection

- Which step was the easiest?

- Who helped today?

6.4.1 Scenario 2: Show Me How – Setting the Snack Table Together

Context and Background

Children gather around a low table with plastic plates and cups. They bring snacks (fruit, crackers). One child is appointed to be a teacher and guide the others. The goal is to learn everyday sequencing, cooperation, and independence by watching and guiding one another.

Everyday Integration

This strategy can be used during a snack or lunch time.

Learning Objectives / Target Behaviours

- To build practical life skills.
- Social Communication Goals: Giving directions, requesting, commenting.
- Developmental Focus: Independence, sequencing, cooperation, confidence.

Main Case

A child can demonstrate how to set the table for lunchtime. The child places a plate, adds cups and all the other things (napkins, cutlery). Other children watch and then take turns copying the child's actions. The teaching child helps and leads.

Conceptual Brief/ Visual Support Suggestions

- Step sequence cards (Plate → Cup → Napkin → Snack)
- Picture of finished table setting
- "Teacher role" badge card
- Visual routine strip
- Step cards in order
- Arrow indicators for placement

- Finished-table picture
- Communication board (plate, cup, help, finished)
- "Great helper!" card
- Item choice cards
- Step number cards
- Star cards
- Thumbs-up
- Step review pictures
- Emotion faces

Differential Reinforcement

- Reinforce calm participation and engagement
- Reinforce helping behaviours and guiding peers

Preventive Strategies

- Begin with easy steps (placing the plate)
- Reduce the number of items if needed

Support Strategies

Modelling, visuals, short instructions, praise

Decision

Children choose:

- Who teaches next
- Which item goes first
- Where items go

Feedback

- "You showed the steps clearly!"
- "Great helping your friends!"

Reflection

- Which step came first?
- Who helped today?
- How did we work together?

6.4.2 Scenario 3: Show Me How – Dressing a Doll for the Weather

Context and Background

Children aged 2–7 sit in a small group with a large doll or stuffed figure and simple clothing items (shirt, pants, jacket, hat, shoes). Pictures of different weather types are nearby. One child acts as the "helper teacher."

Everyday Integration

This method works well for practising real dressing routines, preparing for outdoor play, role-play corners, and seasonal transitions, when children naturally observe and copy each other.

Learning Objectives / Target Behaviours

- The goal is for children to learn sequencing, daily living skills, and decision-making through peer demonstration.
- Children learn routines more deeply when they teach and guide others.
- Social Communication Goals: Naming clothes, giving directions, requesting help, turn-taking
- Developmental Focus: Self-care skills, sequencing, body awareness, confidence

Main Case

The caregiver shows a weather picture (e.g., cold day) and invites the teacher-child to dress the doll appropriately. The child slowly demonstrates each step while peers watch. Then, children take turns repeating the steps with guidance. The child in the

role of a teacher helps the others. Children copy what they see, help hold the doll, and celebrate when it is dressed.

Conceptual Brief/ Visual Support Suggestions

- Dressing sequence cards (shirt → pants → jacket → shoes → hat)
- Weather picture cards (sun, rain, cold, wind)
- Clean doll vs dressed doll image
- Teacher badge cards
- Step cards beside the doll
- Clothing picture board
- Weather-to-clothes matching cards
- Communication board (shirt, help, finished, again)
- *"Great teacher!"* praise card
- Clothing choice cards
- Step numbers
- Smiley card
- Star sticker
- Sequence cards
- Emotion faces

Differential Reinforcement

- Reinforce engagement and calm participation
- Reinforce helping and guiding behaviours

Preventive Strategies

- Start with easy clothing items
- Use fewer steps at first

Support Strategies

Modelling, visual cues, short instructions, encouragement

Decision

Children choose:

- Which clothing item goes next
- Who teaches next
- Wich clothes match the weather

Feedback

- "You showed how to put on the jacket!"
- "You helped your friend finish dressing!"

Reflection

- Which clothes were easy to put on?
- Who helped today?
- What weather did we dress for?

6.5 PEER IMITATION

Imitation is one of the most natural learning tools in early childhood. Children develop language, motor skills, and social behaviours by observing peers and copying actions. For children with developmental delays, peer imitation provides a highly motivating and accessible learning pathway.

Everyday Integration of scenarios 1 - 3

Peer imitation activities occur throughout the day, both in structured and unstructured moments. Movement imitation can take the form of play, outdoor games, dancing, etc. A peer leads the activities. Facial expressions can be trained as well; we can use mirrors to practice. Sound and rhythm imitation work well during cleanup routines, waiting periods, and group transitions (clapping, tapping). Caregivers can guide children by inviting them to "observe first" and then copy a friend's action, face, or sound. Use short and frequent imitations. By integrating imitation into daily routines, children continuously practice attention, communication, motor planning, and social engagement in natural, motivating

contexts—supporting inclusion and development for children with and without additional support needs.

Learning Objectives

- To support young children aged 2–7 in developing social, communication and problem-solving skills.
- Promoting joint attention, turn-taking, imitation, and confidence.
- Fostering inclusion.
- To develop empathy, teamwork, and positive peer relationships.
- To learn by observation and imitation.
- To develop communication, motor, and social skills.
- To increase attention, engagement, and motivation during shared activities.
- To encourage natural social interaction without pressure.

Importance of the Skill for Children with SEN

Imitation is a fundamental learning mechanism in early childhood, supporting language development, motor planning, and social behaviour. For children with special needs, structured imitation activities offer a way to practice new skills in a safe environment. These activities help participants socially and build confidence. Children experience learning as a process of cooperation.

How to use it?

Use simple tasks. Go step by step. Follow the child's individual needs. Caregivers prepare the environment and materials and guide the child. They use modelling, prompts, reinforcement, and responsive interaction. Activities are flexible and can be adapted to the child's developmental level, sensory profile, communication abilities, motivation, and learning needs. Through natural, play-based, structured yet flexible scenarios, children learn through experience, interaction, and success.

- Model activities through peers rather than adult demonstration whenever possible
- Use clear routines, repetition, and visual cues to support understanding
- Encourage turn-taking between "model" and "imitator" roles
- Provide positive reinforcement and shared enjoyment rather than correction

Target Groups

Children aged 2–7, including children with SEN. Activities can be adapted by adjusting the level of structure, amount of prompting, sensory input, and communication demands.

- Children with Autism Spectrum Disorder (ASD) - supporting engagement, communication, imitation, and flexibility, these children benefit from predictability, clear structure, visual supports, and strong motivation.
- Children with developmental delay or disorder of intellectual development (supporting concrete learning and skill acquisition) benefit from task analysis, repetition, and immediate feedback.
- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- Children at developmental risk or with language, attention, or sensory processing difficulties
  - Young children in early childhood settings
  - Children with social or communication challenges
  - Inclusive groups of children with and without disabilities

6.5.1 Scenario 1: Copy My Moves – Action Path

Context and Background

Learning context: Learning through observation and repetition.

Imitation is one of the most natural learning tools in early childhood. For children with developmental delay, peer imitation provides a highly motivating and accessible learning pathway. Children stand on a safe, open floor space with taped footprints, arrows, or mats showing a movement path. One child briefly becomes the movement leader.

Everyday Integration

Peer imitation can be practised during any activity. Caregivers help by saying, "Watch your friend". This module fits naturally into physical play, music time, transitions, and structured group activities.

Learning Objectives / Target Behaviours

- Children develop language, motor, and social skills.
- Imitation activities help children focus attention.
- Children practice new skills.
- Children develop socially without pressure.
- Social Communication Goals: Imitating, requesting turns, naming actions.

Conceptual Brief/ Visual Support Suggestions

- Cards for actions (jump, clap, crawl, spin, walk slowly)
- Floor footprint markers
- Turn-taking cards
- Action board with sequence
- "Watch first" picture cue
- Visual action schedule
- "Good try!" card
- Action picture recap

Main Case

The leading child performs simple actions along the path. Others watch carefully and copy. Children laugh, repeat actions, and take turns leading. The caregiver keeps actions short and achievable.

Differential Reinforcement

- DRO: Reinforcing periods of focused watching before copying actions.
- DRI: Reinforcing staying on the movement path rather than running away or disengaging.

Preventive Interventions

- Behavioural Momentum: Starting with easy actions (clapping, walking) before harder ones (jumping, crawling).
- Task Modification: Shortening sequences or reducing the number of movements.

Support Strategies

- Slow modelling, gestures, repetition, praise.

Decision

- Children choose the next movement with action-choice cards.

Feedback to participants

- "You copied exactly!"
- "You watched carefully first!"
- You can use smiley faces or star stickers.

Reflection (ask questions)

- Which move was fun?
- Which was hard?

6.5.2 Scenario 2: Copy My Face – Emotion Mirror Game

Context and Background

Learning Concept: Understanding and learning through visual-emotional imitation support strategies.

Children aged 2–7 sit in a small circle on the floor or at a low table. A simple mirror or emotion picture cards are placed in the centre. One child becomes the "face leader" for a short time.

Everyday Integration

This activity fits well into circle time, story reading (copying character emotions), mirror play, and transitions when children practice recognising and expressing feelings.

Learning Objectives / Target Behaviours

- The goal is for children to observe facial expressions and imitate emotional and oral-motor movements.
- Modelling, exaggeration of expressions, praise, and visual cues
- Social Communication Goals: Imitating expressions, naming emotions, joint attention
- Developmental Focus: Emotional awareness, social understanding, attention, oral-motor control

Conceptual Brief/ Visual Support Suggestions

- Emotion cards (happy, sad, surprised, angry, sleepy)
- Mirror for self-observation
- Turn-taking card
- "Watch first" symbol
- The emotion card, which is displayed clearly
- "Look" cue picture

- Sequence: watch → copy
- "Great copying!" card
- Emotion choice cards
- Emotion recap cards

Main Case

The leader child chooses an emotion card or makes a face (a big smile, wide eyes, a pout, or a surprised mouth). Other children watch carefully and copy the expression. The caregiver encourages slow movements and gives time to observe before imitation. Children giggle, repeat faces, and take turns being the leader.

Differential Reinforcement

- DRO – Reinforce focused looking before copying
- DRI – Reinforce sitting calmly and participating instead of turning away

Preventive Interventions

- Start with easy emotions (happy, surprised)
- Use fewer emotions if needed (emotion schedule strip

Decision

Children choose

- Which emotion comes next
- Who leads

Feedback with a smiley sticker or a thumbs-up card

- ”You made the same happy face!"
- "You watched first — great job!"

Reflection

- Which face was funny?

- Which was hard?

6.5.3 Scenario 3: Copy My Sound – Rhythm and Action Echo

Context and Background

Learning Concept: Auditory-motor imitation strengthens attention and communication. Children aged 2–7 sit or stand in a small group with simple sound tools such as drums, shakers, clapping hands, or tapping sticks. One child from the group takes the role of a leader.

Everyday Integration

Sound and rhythm imitation fits into many daily activities (transitions, cleanup, play). Caregivers can use peer-led sound games to listen to the leader and copy afterwards. These activities strengthen listening skills and social engagement without requiring special materials.

Learning Objectives / Target Behaviours

- To listen carefully and imitate sounds and rhythmic actions.
- Social Communication Goals: Imitating, turn-taking, requesting, and leadership
- Developmental Focus: Listening skills, coordination, control, social skills

Conceptual Brief/ Visual Support Suggestions

- Cards (clap, drum, shake, tap)
- Turn-taking symbol
- Visual clues
- Sequence pictures
- "Your turn" card
- Praise cards
- Choice cards

Main Case

The leading child makes a simple sound (clap-clap). Other children listen first and then copy the sound and movement. The caregiver keeps rhythms short and gradually adds variety if children are successful. Children rotate leadership roles and enjoy echoing one another.

Differential Reinforcement

- DRO – Reinforce waiting and listening before copying
- DRI – Reinforce staying with the group and using instruments appropriately

Preventive Interventions

- Begin with single sounds
- Reduce rhythm length if needed

Support Strategies

- Slow rhythm, modelling, gestures, praise

Decision

Children choose:

- Which sound comes next
- Who leads

Feedback with a star card or a smiley face

- "You copied the rhythm!"
- "You listened carefully first!"

Reflection

- Which sound was loud?
- Which was quiet?
- Which was fun?

6.6 SOCIAL SUPPORT

Social skills grow through shared experiences. When children work together, they practice communication, empathy, turn-taking, and problem-solving. For children with social or developmental challenges, structured cooperation provides safe opportunities to build confidence and relationships. Peer tutoring within social support focuses on fostering positive interactions in which children help and encourage each other.

Learning Objectives

- Supporting young children aged 2–7 in developing social, communication and problem-solving skills.
- Promoting joint attention, turn-taking, imitation, and confidence.
- Participation in a safe and motivating environment.
- Fostering inclusion by connecting children with and without disabilities in meaningful collaboration, encouraging empathy, teamwork, and positive peer relationships.
- Encouraging empathy, teamwork, and positive peer relationships.
- Strengthening both developmental skills and a sense of belonging within the group.
- Through simple choices, visual supports, and shared successes, children experience learning as a cooperative process.
- Supporting the development of social communication and cooperative skills
- Encouraging empathy, helping behaviours, and positive peer interactions
- Promoting turn-taking, shared problem-solving, and emotional regulation
- Building confidence and a sense of belonging within the peer group

Importance of the Skill for Children with SEN and Everyday Integration

Social support skills can be naturally practised throughout the day during shared play, group routines, and everyday tasks. Children can help pass materials during art activities, support peers while cleaning up toys, hold objects together during building games, share food items at snack time, and assist friends during dressing or transitions. Caregivers can model helping behaviours, encourage children to ask for assistance, and positively reinforce cooperation and patience. Short, frequent opportunities for teamwork are often more effective than long, structured activities and help children generalise social skills into real-life situations. By embedding social support into daily routines, children continuously practice empathy, communication, turn-taking, and problem-solving—building strong foundations for inclusion and positive peer relationships for children with and without additional support needs. Social skills develop most effectively through shared, meaningful experiences with peers. When children work together, they naturally practice communication, empathy, and cooperation. For children with social or developmental challenges, structured peer-supported activities provide a safe and predictable context for building relationships and confidence. Peer tutoring focused on social support reduces anxiety, encourages participation, and helps children experience positive peer interactions based on encouragement rather than correction.

How to use it?

Tasks can be simplified, broken into steps, or enriched depending on the child. Learning through experimentation is implemented by embedding structured learning goals into playful, real-life activities. Care providers prepare the environment, select appropriate materials, and guide the child through exploration using modelling, prompts, reinforcement, and responsive interaction. Activities are flexible and can be adapted to the child's developmental level, sensory profile, communication abilities, motivation, and learning needs. Adults support learning by observing the child's interests, encouraging initiative, expanding communication,

and providing feedback while allowing the child to lead the experience actively. Through natural, play-based, structured yet flexible scenarios, children learn through experience, interaction, and success—laying foundations for lifelong learning.

- Design activities that require cooperation and shared goals
- Encourage children to help, support, and motivate one another
- Use clear routines and visual supports to promote predictability and understanding
- Model respectful communication and emotional support
- Acknowledge positive social behaviours and shared successes

Target Groups

Children aged 2–7, including children with SEN. Activities can be adapted by adjusting the level of structure, amount of prompting, sensory input, and communication demands.

- Children with Autism Spectrum Disorder (ASD) - supporting engagement, communication, imitation, and flexibility, these children benefit from predictability, clear structure, visual supports, and strong motivation.
- Children with developmental delay or disorder of intellectual development (supporting concrete learning and skill acquisition) benefit from task analysis, repetition, and immediate feedback.
- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- Children at developmental risk or with language, attention, or sensory processing difficulties
- Young children in early childhood settings
- Children with social or emotional challenges
- Inclusive groups of children with and without disabilities

6.6.1 Scenario 1: Puzzle Partners

Context and Background

Learning Concept: Skills grow through cooperation. Children sit around a large, simple puzzle or picture board with precise shapes or animals.

Everyday Integration

Social support activities can be included during shared games, art projects, group meals, and problem-solving tasks. Children can help pass materials, hold items, share tools, or support peers during challenging moments. Caregivers should model helping behaviour and gently encourage children to ask for and offer help.

Learning Objectives / Target Behaviours

- Social Communication Goals: Requesting help, thanking, and turn-taking.
- Developmental Focus: Patience, teamwork, problem solving. Sharing, patience, communication, teamwork, and emotional regulation.
- To practice waiting, sharing, and cooperating.

Conceptual Brief/ Visual Support Suggestions

- Completed puzzle picture
- Turn-taking cards
- Colour matching visuals
- Arrow pointing cues
- "Help" card
- Teamwork symbol
- Emotion cards
- Turn the spinner card
- Emotion faces

Main Case

Children search for pieces together. One child may help another by pointing, offering a piece, or suggesting placement.

Differential Reinforcement

- DRO: Reinforcing calm waiting and cooperative behaviour instead of grabbing or frustration.
- DRI: Reinforcing offering help or pointing instead of taking pieces away.

Preventive Interventions

- Behavioural Momentum: Starting with easy puzzle matches before more complex ones.
- Task Modification: Using fewer pieces or larger shapes.

Support Strategies

- Prompting, modelling, helping behaviour, praise.

Decision

- Who places the next piece?

Feedback

- "You helped your friend!"
- "Great waiting for your turn!"

Reflection

- How did we help today?
- What was tricky?

6.6.2 Scenario 2: Helping Hands – Carrying and Sorting Together

Context and Background

Learning Concept: Cooperation strengthens social understanding and responsibility

Children aged 2–7 work in small groups with baskets or boxes filled with soft toys, balls, or classroom objects. Nearby shelves or mats show where items belong (by colour, picture, or shape).

Learning Objectives / Target Behaviours

- Social Communication Goals: Requesting help, thanking, and turn-taking.
- Developmental Focus: Teamwork, organisation, patience, emotional regulation

Conceptual Brief/ Visual Support Suggestions

- Sorting picture cards (toys, balls, books)
- Colour or shape matching visuals
- Turn-taking symbol
- Arrow pointing cues
- "Help please" and "Thank you" cards
- Teamwork icon
- Finished-area picture
- Item choice cards
- Star card
- Smiley face
- Emotion cards

Main Case

Children carry items together and place them in the correct spots. One child may hold the basket while another places items. Peers help by pointing, handing objects,

or reminding where things go. Children naturally practice cooperation, waiting, supporting, and celebrating when areas are tidy.

Differential Reinforcement

- DRO – Reinforce calm teamwork and staying with the task
- DRI – Reinforce helping behaviours instead of grabbing or pushing

Preventive Interventions

- Start with easy sorting (by colour only)
- Reduce the number of items if needed

Support Strategies

- Modelling: helping, simple instructions, praising.

Decision

Children choose:

- Which item to carry
- Where it goes
- Who will help next

Feedback

- "You carried it together!"
- "Great help to your friend!"

Reflection

- Who helped today?
- What was easy to carry?

6.6.3 Scenario 3: Build It Together – Bridge of Blocks

Context and Background

Learning Concept: Social problem-solving grows through shared challenges

Children sit in a small group with blocks or soft building materials. Two spaces (chairs, boxes, mats) represent sides of a "river" that needs a bridge.

Everyday Integration

Cooperative building can be easily incorporated into free play, construction corners, outdoor play with large blocks, or group problem-solving games. Children can work together to build towers, roads, houses, or obstacle paths, supporting one another by holding pieces, suggesting ideas, and fixing structures together. Caregivers can encourage teamwork by highlighting shared goals ("Let's build it together") and reinforcing helping behaviours when children support peers. When structures fall, adults can frame it as an opportunity for teamwork rather than a failure. These shared building experiences strengthen communication, resilience, cooperation, and problem-solving skills in playful, motivating ways that transfer naturally to other group activities.

Learning Objectives / Target Behaviours

- Social Communication Goals: Suggesting, requesting help, and encouraging peers
- Developmental Focus: Cooperation, resilience, communication, spatial thinking

Conceptual Brief/ Visual Support Suggestions

- Simple bridge picture
- Turn-taking cards
- Block size visuals
- Arrow placement cues
- Example bridge picture
- Emotion faces
- Finished bridge photo
- Teamwork symbol

- "Try again" card
- Two-choice block cards

Main Case

Children work together to build a bridge across the gap. One child may hold a block while another places it. Peers suggest where blocks go and help stabilise structures.

They practice problem-solving, cooperation, and encouragement when the bridge falls and is rebuilt.

Differential Reinforcement

- DRO – Reinforce calm cooperation and persistence
- DRI – Reinforce offering support instead of frustration

Preventive Interventions

- Begin with short gaps
- Use larger blocks for stability

Support Strategies

Modelling teamwork, prompts, and praise

Decision

Children choose:

- Which block goes next
- Who places it
- How to fix the bridge

Feedback with a star sticker or a thumbs-up card

- "You worked together to fix it!"
- "Great help, hold the block!"

Reflection

- What helped the bridge stay strong?

- Who helped today?

6.7 MOTIVATION IN PAIRS OR SMALL GROUPS

Learning is most effective when children feel motivated, supported, and connected to others. Working in pairs or small groups creates a natural environment where children encourage one another, share successes, and stay engaged in activities. Peer-supported motivation helps children persist, enjoy learning, and experience cooperation as a positive and meaningful part of everyday routines. This module uses teamwork to turn learning into a positive shared experience. Motivation increases when children work together toward a common goal. Group learning encourages persistence, enjoyment, and engagement while strengthening social bonds. For children with developmental difficulties, peer motivation reduces frustration and increases willingness to try.

Everyday Integration – scenario 1 - 3

Peer learning can be used throughout the day. Treasure hunts, group cleanup, building bricks, preparing snacks, puzzles, and completing movement challenges all offer opportunities for teamwork and mutual encouragement. Caregivers set clear group goals, celebrate effort, and reinforce persistence rather than speed or perfection. By consistently integrating cooperative challenges into everyday activities, children learn that effort is more enjoyable and successful when shared with other children. This approach supports inclusion, social skills, and positive learning for any child.

Learning Objectives

- Supporting young children aged 2–7 in developing social, communication and problem-solving skills.
- Promoting joint attention, turn-taking, imitation, and confidence.
- Participation in a safe and motivating environment.

- Fostering inclusion.
- Encouraging empathy, teamwork, and positive peer relationships.
- Strengthening both developmental skills and a sense of belonging within the group.
- Increasing motivation and engagement through peer-supported learning
- Encouraging active participation in pairs or small groups
- Supporting persistence, shared effort, and enjoyment during activities

Importance of the Skill for Children with SEN

Motivation is important, especially for children who may struggle with attention, confidence, or initiation. Working in pairs or small groups allows children to encourage and inspire one another. For children with special needs, peer-supported motivation reduces pressure and increases willingness to participate. Success seems helpful. Through simple activities and visual support, children experience learning as a whole-group process.

How to use Motivation in Pairs of Small Groups?

Tasks can be simplified, broken into steps, or enriched depending on the child. Learning through experimentation is implemented by embedding structured learning goals into playful, real-life activities. Care providers prepare the environment, select appropriate materials, and guide the child through exploration using modelling, prompts, reinforcement, and responsive interaction. Activities are flexible and can be adapted to the child's developmental level, sensory profile, communication abilities, motivation, and learning needs. Adults support learning by observing the child's interests, encouraging initiative, expanding communication, and providing feedback while allowing the child to lead the experience actively. Through natural, play-based, structured yet flexible scenarios, children learn through experience, interaction, and success—laying foundations for lifelong learning.

- Organise activities that are best completed together rather than individually
- Pair or group children intentionally to balance strengths and support cooperation.
- Use shared goals, simple challenges, and clear roles to maintain engagement.
- Encourage verbal and non-verbal peer encouragement
- Celebrate group achievements to reinforce motivation and confidence

Target Groups

Children aged 2–7, including children with SEN. Activities can be adapted by adjusting the level of structure, amount of prompting, sensory input, and communication demands.

- Children with Autism Spectrum Disorder (ASD) - supporting engagement, communication, imitation, and flexibility, these children benefit from predictability, clear structure, visual supports, and strong motivation.
- Children with developmental delay or disorder of intellectual development (supporting concrete learning and skill acquisition) benefit from task analysis, repetition, and immediate feedback.
- Children with attention/self-regulation difficulties (ADHD) benefit from movement, short tasks, and frequent reinforcement.
- Children at developmental risk or with language, attention, or sensory processing difficulties
- Young children in early childhood settings
- Children with low motivation or limited engagement
- Children with social or communication challenges
- Inclusive groups of children with and without disabilities

6.7.1 Scenario 1: Team Treasure Hunt

Context and Background

Learning Concept: Motivation increases through cooperation.

Hidden toys or picture cards around the room. Children search in pairs or small groups. Children look together, encourage each other, and celebrate each other's findings.

Everyday Integration

Motivational group learning can be part of treasure hunts, cleanup games, building projects, cooking activities, or completing simple challenges together.

Learning Objectives / Target Behaviours

- Social Communication Goals: Requesting help, celebrating, commenting.
- Developmental Focus: Engagement, persistence, teamwork.

Conceptual Brief/ Visual Support Suggestions

- Picture checklists
- Found/not found cards
- Progress charts
- Celebration cards
- Progress bars
- High-five pictures
- Choice cards
- Star cards
- Picture recap

Differential Reinforcement

- Reinforcing sustained participation rather than giving up.
- Reinforcing cooperative searching instead of wandering alone.

Preventive Interventions

- Beginning with easy-to-find items before harder ones.
- To modify the task, reduce the number of objects or simplify instructions.

Support Strategies

Use frequent encouragement, partial goals, and visual support.

Feedback

- Use positive feedback.
- Praise for group work and good cooperation.

Reflection

- Ask what was fun, what was difficult, what the children liked and what they did not like.

6.7.2 Scenario 2: Build the Big Tower – Team Challenge

Context and Background

Shared goals increase a group's motivation and persistence. Children sit in pairs or groups with soft blocks, cups, or stacking toys. A simple picture of a tall tower is shown as the shared goal. The task is to work together to build one tall tower rather than many small ones.

Everyday Integration

Team-building challenges can be used during the day. Children can work together to build towers, houses, roads, or anything else. They can use different materials, e.g., blocks, recycled materials, and toys. Caregivers give clear instructions and reinforce persistence when structures fall. They encourage children to rebuild it rather than give up.

Learning Objectives / Target Behaviours

- Social Communication Goals: Encouraging, requesting, and celebrating success.

- Developmental Focus: Persistence, cooperation, motor skills, and emotional regulation.

Conceptual Brief/ Visual Support Suggestions

- A picture or a photo of a tower to build
- Turn-taking cards
- "Try again" cards
- Progress charts
- Turn-taking symbols
- Rebuild cards
- Progress cards
- "Great work!" praise card
- Emotion faces

Main Case

Children choose blocks together and take turns building them. One child may hold the base while another places blocks higher. When the tower falls, children are encouraged to rebuild it together. We learn them to use positive feedback. We are positive about the effort, teamwork, and persistence.

Differential Reinforcement

- To encourage engagement, rebuilding, and participation. Examples:
  - Praise staying with the group after the tower falls
  - Reinforcing to try again rather than walk away
- Differential Reinforcement of Incompatible Behaviours (DRI): Reinforce cooperative behaviours that are incompatible with grabbing, competing, or building alone, such as:
  - Holding blocks for a peer
  - Waiting for turns
  - Encouraging teammates

Preventive Interventions

- Start with wide stable bases
- Use fewer blocks if needed

Support Strategies

- Encouragement, modelling teamwork, and visual goal reminders

Decision

Children choose:

- Which block goes next
- Who places it

Feedback with a star card or a high-five symbol

- "You kept trying together!"
- "Great helping hold the tower!"

Reflection

- What helped the tower grow tall?
- Who helped today?

6.7.3 Scenario 3: Finish the Path – Team Obstacle Adventure

Context and Background

Children work in pairs or small groups following a simple movement path made with mats, cones, hoops, or taped lines on the floor. The shared goal is for the whole team to complete the path together.

Everyday Integration

Cooperative movement paths can be incorporated into indoor play, playground activities, transition routines, and physical education time. Children can complete walking lines, stepping stones, hopping paths, or balance challenges together while waiting and helping one another. Caregivers can encourage children to finish

together by highlighting helping behaviours such as holding hands, waiting, and cheering peers. These shared movement tasks strengthen persistence, cooperation, and emotional regulation in an enjoyable, active way.

Learning Objectives / Target Behaviours

- Social Communication Goals: Cheering, requesting help, waiting for turns
- Developmental Focus: Persistence, cooperation, gross motor skills, self-regulation

Conceptual Brief/ Visual Support Suggestions

- Path sequence pictures
- Start/finish markers
- Team symbol card
- Step-by-step movement pictures
- "Wait for friend" card
- Finish-line celebration symbol
- Progress markers
- "We did it together!" card
- Movement choice cards
- Star strip
- Smiley face
- Path picture recap
- Emotion cards

Main Case

Children move along the path, helping each other step, crawl, or balance. One child may wait, hold a hand, or cheer a friend on. The caregiver encourages the group to finish together rather than rushing individually. Children celebrate as a team when everyone reaches the end.

Differential Reinforcement

- Differential Reinforcement of Other Behaviours (DRO): Reinforce sustained engagement, calm rebuilding, and continued participation instead of giving up or withdrawing after failure. Examples:
    - Praise staying with the group after the tower falls
    - Reinforcing trying again rather than walking away
- Differential Reinforcement of Incompatible Behaviours (DRI): Reinforce cooperative behaviours that are incompatible with grabbing, competing, or building alone, such as:
    - Helping with the blocks
    - Waiting for one's own turn
    - Encouraging teammates

Preventive Interventions

Begin with easy actions, such as placing a large base for the blocks. Success increases motivation to continue.

Task Modification

- Use modification (make it easier) if frustration appears
- Use visual support (pictograms) if needed.

Decision

Children need to decide which movement follows. They need to choose who will start the activity.

Feedback

- You were perfect as a group!
- Thank you for waiting!

Reflection

Discuss what was fun, what seemed difficult.

6.8 SUMMARY

The book presents peer tutoring as an appropriate approach to learning in early childhood for our target group. It emphasises that young children develop effectively through interaction. Imitation and shared experiences with peers are a natural approach. By using peer-mediated activities, we develop communication skills, social competencies, and emotional control. These activities build inclusion, particularly for children with special educational needs.

The activity book provides practical examples for caregivers. It is divided into five modules: **mutual learning, the child as a teacher, peer imitation, social support, and motivation.** Children work in pairs or small groups.

Our goal was to show how everyday routines and play-based activities can foster cooperation, independence, and positive peer relationships. Frequent cooperation activities throughout the day often have a greater developmental impact than isolated or long and difficult activities. Everyday situations, such as play, self-care, group tasks, and transitions, become natural learning opportunities. These shared experiences create a positive, inclusive environment where every child is valued as both a learner and a helper.

6.9 SELF-ASSESSMENT FOR CARE PROVIDERS

No	Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	I use group or pair activities to increase children's motivation.					
2	Children are encouraged to work toward shared goals.					
3	I support cooperation and communication between children.					
4	Activities are adapted to prevent frustration or overload.					
5	I give children time to observe before they imitate.					
	I use visual tools to track progress toward group goals.					
7	I encourage children to watch before trying an action.					
8	I encourage children to support and motivate each other.					
9	I use repetition to support learning through copying.					
10	I reflect with children on what helped them keep trying.					

6.10 THE CHAPTER EVALUATION AND REFLECTION

Scoring

Strongly disagree (5 points)

Disagree (4 points)

Neutral (3 points)

Agree (2 points)

Strongly agree (1 point).

Calculate Your Total Score

Comment on it

45 - 50 Points: Mastery level. You have an excellent understanding of the chapter and can apply it flexibly and effectively.

35 - 44 Points: Proficient level. You have a solid grasp of the key concepts. Practising and deepening some strategies will enhance your expertise.

25 -34 Points: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.

10 - 24 Points: Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

Reflection

Self-assessment for you

This checklist is not only an assessment tool but also a guide for developing your personal and professional growth in implementing activity-based learning approaches.

- Which strategies seem best for you?
- In which peer tutoring activities do you feel most confident in applying during daily routines?
- Which parts of the text require more studying, practice, or mentorship?

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THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Damla Altın, Ph.D.
Ahmet Fidan, Ph.D.
Baran Yaşar, Ph.D.

Self-Determined Daily Living Skills in Young Children with Special Educational Needs

UNIT NO: 7

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7 SELF-DETERMINED DAILY LIVING SKILLS IN YOUNG CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

7.1 PREFACE

For individuals with special educational needs, the path to independence does not begin in adulthood; This chapter, "Self-Determined (SD) Daily Living Skills in Young Children with Special Educational Needs," examines the critical intersection between Self-Determination Theory (SDT) and the practical acquisition of Activities of Daily Living (AD). Designed for those working within academic and professional frameworks, this content bridges the gap between complex psychological constructs like Causal Agency Theory and the natural learning environments of preschools and homes.

Historically, the education of young children with disabilities has often focused on obedience and completing tasks under the guidance of a caregiver. However, contemporary research emphasizes that teaching children to be the "causal agent" of their own actions significantly improves their quality of life. This means moving beyond mechanical abilities like dressing or eating, towards cognitive abilities such as making choices, solving problems when obstacles arise, and setting personal goals.

In this section, we examine the five fundamental pillars of self-determination: Choice Making, Decision Making, Goal Setting, Problem Solving, and Self-Management (sometimes will use to refer Self-Directiveness or Self-Direction). By using evidence-based strategies such as integrating assistive technologies like the Self-Determined Learning Model of Instruction (SDLMI, rebranded as Goal Time) and virtual reality (VR), practitioners can create environments that "support autonomy."

The purpose of this material is to provide educators, researchers, and advanced practitioners with tools to develop a child's internal locus of control. By empowering children to act consciously in their daily routines, we teach them not only how to live, but also how to manage their own lives.

7.2 THE MODULE CONTENT

Competencies-learning objectives	Description	Focus	Desired Outcome
Choice Making	Preference assessment, identifying internal vs. external locus of control.	Supporting child's agency	Shifting from practitioners/parents/caregiver motivated model to the personal interest, preferences, and initiative-based model
Decision Making	"If-Then" visual mapping, evaluating outcomes of personal choices.	Supporting child's agency	Teaching children to weigh options and anticipate outcomes
Goal Setting	Goal formulation, progress tracking, and outcome visualization.	Supporting child's agency	Set and track long and short-term goals.
Problem Solving	Scaffolding strategies, adaptive tool use (e.g., stools, modified utensils).	Supporting child's agency	Enabling children to identify an obstacle and generate solutions
Self-Management/Self-Direction	Visual schedules, self-monitoring checklists, and time-management aids.	Supporting child's agency	Using tools to help children initiate and complete tasks independently of adult prompts.

7.3 CHOICE MAKING

Learning Objective

Caregivers will learn to offer children opportunities to make choices, to support these choices in a structured and understandable way, and to clearly define children's preferences.

Why This Competency Is Important?

Individuals with special needs often have limited opportunities to make choices independently due to environmental constraints, expectations within the care context, and communication difficulties. This situation can limit the individual's opportunities to express themselves, develop a sense of control, and achieve autonomy in life (Rajaraman, Austin & Gover, 2023). Making choices is not merely an act of indicating a preference; it is also a behavioural process that contributes to the individual's interaction with their environment and increases their motivation to engage in daily tasks. Particularly in individuals with special needs, providing opportunities for meaningful choice increases the individual's participation in tasks and supports the development of appropriate communication behaviours (Houseworth et al., 2023). Furthermore, the ability to make choices is considered one of the fundamental components of an individual's self-determination and self-advocacy skills. This skill is critical for the person to be able to defend their own interests and make independent decisions in different areas of their life (Rajaraman et al., 2023). Therefore, starting with small choices in daily life (e.g., what clothes to wear, what food to choose), offering individuals meaningful choices positively affects behaviour regulation, preference formation, and individual motivation. It also enables the accurate assessment of an individual's preference patterns, the development of their communication repertoire, and the identification of reinforcers sensitive to educational objectives (Rajaraman et al., 2023).

Target Group

This competency is designed for caregivers of children aged **2-7 years** with ASD, developmental delays, ID, language difficulties, or emotional and sensory regulation challenges. The activities can be adapted based on the child's developmental level and communication abilities.

7.3.1 Scenario 1: "Clothing Choice"

Context

Home routine: Time to get ready and choose your outfit in the morning.

Learning objectives/Target behaviour

3. Describe the child's behaviour during clothing selection using clear and observable terms.
4. Describe how giving children's opportunities to choose their own clothes supports their decision-making skills.

The background/set up condition: Efe is a 5-year-old child diagnosed with ASD; he likes to dress himself in the mornings. However, his clothing choices are mostly made by the caregiving staff. In this situation, Efe refuses to get dressed, cries, and sometimes sits on the floor or refuses to touch his clothes. According to the caregivers' observations, these behaviours cause delays in the morning routine.

The main case

Shortly inciting incident. It is time for Efe to get ready and get dressed in the morning. The caregiver takes clothes out of the wardrobe without asking Efe which ones he would prefer and tries to dress him. Efe refuses to get dressed in this situation and cries. The caregiver thinks Efe is exhibiting problem behaviour related

to getting dressed. The morning routine stalls, getting ready is delayed, and the caregiver's entire attention is focused on Efe's reaction.

Conceptual Brief

In this scenario, Efe's refusal to get dressed does not mean that he does not want to get dressed. The underlying reason for Efe's behaviour is that he is not being offered choices regarding clothing selection. This is because Efe's behaviour occurs when the caregiver usually chooses his clothes in the morning. This situation limits Efe's need for autonomy and his ability to make choices. Efe's crying, sitting on the floor, or refusing to touch the clothes has functional consequences such as attracting the caregiver's attention and delaying the transition. As Efe is a child with an ASD diagnosis and communication difficulties, his limited expressive skills make it difficult for him to explain his feelings verbally. Since he cannot say, "I want to see options for clothes" or "I need help," he communicates his needs through his behaviour. This requires the caregiver to respond in a supportive and calm manner without misinterpreting his behaviour. The caregiver must first observe Efe's emotional state. In this situation, the caregiver needs to be calm and supportive. It is important for the caregiver to consider possible scenarios as to why the child does not want to wear clothes. In addition, the caregiver needs to observe whether this behaviour is exhibited with all clothes.

Decisions

Efe refuses to get dressed and is crying. How should the caregiver respond?

Option A: Urging Efe by saying, "Come on, get dressed now, you're late."
Option B: Offering a choice: "Would you like to wear the red T-shirt or the blue T-shirt?" and calmly waiting for their response.
Option C: Take the clothes out of the wardrobe and force Efe to wear them.

Feedback to participants

Option A: Efe's stress may increase, autonomy may not be supported, and problem behaviours may increase.

Option B: It enables Efe to express his preferences and make choices. Therefore, it supports his participation and autonomy.

Option C: It eliminates opportunities for communication and independence. Forcing Efe to wear clothes causes a decrease in his behaviour related to making choices in the future.

Assessment: The purpose of this scenario is to highlight the importance of giving children opportunities to make choices. Making choices supports children's ability to express themselves and become autonomous. This also contributes to reducing problem behaviours.

Intervention Example

Preparation Phase: The caregiver reduces stimuli that may distract the individual during the moment of choice (such as television, noise, or an open, cluttered wardrobe). Next, the caregiver prepares two pre-determined clothing items (e.g., two different sweaters) suitable for the weather.

Application Phase: The caregiver holds the clothing items at the individual's eye level in both hands, ensuring they do not touch each other. Then, the caregiver provides a clear and concise instruction: "Which one would you like to wear today?" At this stage, the caregiver avoids making extra explanations. After giving the instruction, the caregiver allows the individual at least 10-15 seconds to respond. During this time, the caregiver does not repeat the question or create pressure by waving the clothes, allowing the individual to process the information. If the child does not respond, the caregiver repeats the instruction and waits again. As soon as the child indicates a preference in any way (gaze, touch, pointing, or words), the caregiver verbally labels the choice: "Great, you chose the clothes you're going to wear!" The

caregiver then immediately begins to dress the child in the selected item. Ensuring the result of the choice happens instantly allows the individual to grasp the sense of control and the cause-and-effect relationship, reinforcing the idea: "I made a choice, and this happened."

Reflection and Assessment

4. How did the caregiver's attitude and behaviour influence the main reasons behind Efe's behaviour?
5. What might Efe be trying to express with his behaviour? For example, is it because he wants to wear a certain outfit or because he wants to make a choice?
6. How does offering choices support students' decision-making and communication skills?

7.3.2 Scenario 2: “Choosing a Game Activity”

Context

Home routine: Game event time

Learning Objectives / Target Behaviour

1. Describe the child's refusal to play in clear and observable terms.
2. Describe how offering children’s opportunities to choose play activities supports their decision-making skills

The Background / Set-Up Condition: Ali is a 5-year-old child with intellectual disability. Ali loves playing with Legos. However, when the caregiver offers a different play activity, Ali refuses to play. He throws the toys placed in front of him. The caregiver usually responds to Ali's behaviour by verbally prompting him not to throw the toys, using verbal cues such as “don't throw.”

The Main Case

After eating lunch, it is time for Ali's play activity. The caregiver places a puzzle in front of Ali to play with and says, “Go ahead and play.” Ali randomly throws the puzzle pieces around. Because of this, the play activity does not take place. The caregiver interprets Ali's behaviour as not wanting to play and ends playtime.

Conceptual Brief

Ali's refusal to play the game is not because he does not want to play, but rather because his game preference is not puzzles. Therefore, this behavior may stem from Ali's need to express his motivation or preferences regarding the game activity. When the caregiver interprets this behavior as “he does not want to play,” Ali's real need or message is misunderstood, and this can lead to inappropriate responses. First, the caregiver should remain calm in response to Ali's reaction. They should not try to force him to play. This is because not offering Ali any game options and trying to structure the process with only one option may be the reason for this behavior. When this situation is evaluated using the self-determination approach, Ali should be able to choose the game himself, and the caregiver should play a supportive role in this regard and offer Ali options related to games.

Decisions

Ali refuses to participate in the puzzle activity placed in front of him. What should the caregiving staff do in this situation?

Option A: You should insist that they play with the puzzle. And you should give instructions like, “Let's gather the scattered puzzle pieces together.”

Option B: Say, “Play the game, or else you won't be able to participate in game events again, he warned.

Option C: Offer Ali both puzzle and block building game options, giving him the opportunity to choose which one he would like to play.

Feedback to Participants

Option A: Insisting that Ali play with the puzzle and directing him to gather the scattered pieces disregards Ali's preferences and communication needs. This approach may increase stress and reinforce resistant behavior.

Option B: "A threatening tone of voice, such as "Play the game, or you won't be able to participate in game activities again," implies labeling behavior and applying pressure; Ali's message is unclear and may lead to escalation of the behavior.

Option C: Offering Ali both puzzle and block building game options and asking, "Which one would you like to choose?" supports his decision-making skills. This approach increases Ali's autonomy and participation and helps him understand behavior as a form of communication.

Assessment: The reason for Ali's behavior is not playing games but not being given the opportunity to make a choice. Option C allows the caregiver to offer Ali the opportunity to make a choice, supports his autonomy and participation, and helps him understand the behavior as a form of communication. This approach demonstrates that Ali has an autonomous right to make choices.

Intervention Example

Preparation Phase: The caregiver organizes the environment by removing unnecessary distractions from the play area. Instead of placing just a single toy in front of Ali, the caregiver prepares two pre-selected options: "Legos," which Ali loves very much, and the targeted new activity, "Puzzle." The caregiver sits face-to-face with Ali at the same level (on the floor or at the table) to signal that playtime has begun.

Application Phase: The caregiver holds both options at Ali's eye level, in both hands or on the table, with a clear space between them. They give a clear and simple instruction: "Ali, which one would you like to play with today?" The caregiver avoids negative instructions like "Don't throw" or "Be good" before anything

happens. After giving the instruction, they wait silently for 10–15 seconds to allow Ali to process the visual information and make a decision. The moment Ali makes a choice in any way (by reaching for the Legos, looking at the puzzle, or pointing with his finger), the caregiver immediately verbally affirms this choice: "Great! You chose to play with the Legos—let's build a tower!" If Ali chooses the puzzle (the activity he prefers less), the act of making a choice is reinforced simply because he made a choice.

Reflection and Assessment

1. What was Ali trying to express with his behavior?
2. How might labeling Ali as "challenging" or "uncooperative" affect future interactions?
3. Consider a recent situation where a child did not want to participate in an activity. How would you objectively describe this behavior?

7.3.3 Scenario 3: "Snack Selection"

Context: Home Routine: Snack time after returning home from school or the park.

Learning Objectives / Target Behaviors

1. Describe the child's reaction to an unwanted situation using objective terms.
2. Analyze how offering the child a "choice" instead of placing something directly in front of them reduces objection behaviors.

Background / Prerequisites

Lara is a 4-year-old child diagnosed with OSB. She has sensitivity to certain textures (sensory sensitivity) and is very attached to her routines. She generally likes to eat apples but may sometimes request a different fruit depending on her current sensory needs. Caregivers have observed that Lara sometimes pushes her plate away during mealtimes.

Main Case

The beginning of the incident It is snack time. The caregiver, thinking, "Lara likes apples," slices an apple, places it on a plate, and sets it in front of Lara. As soon as Lara sees the plate, she pushes it away forcefully with her hand, gets off her chair, and starts crying in front of the kitchen door. The caregiver tries to get Lara to sit back down at the table, saying, "You ate it happily just yesterday—why are you doing this now?" Meanwhile, Lara covers her ears with her hands. Conceptual Summary In this scenario, Lara pushing the plate away may not necessarily mean she doesn't want to eat the fruit. Lara might simply not want the texture of the apple at that moment, or she might be reacting because she wasn't included in the process. The lack of another fruit option could be said to have triggered this behavior.

Decisions

Lara pushed her plate away and is crying. How should the caregiver respond?

Option A: "Please behave. Look at the nice apple slices I cut for you. If you don't finish, we can't go to the park."

Option B: Set the plate aside and wait a moment, then show two different fruits (e.g., an apple and a banana) and ask, "Do you want an apple or a banana?" (Presenting Visual Options)

Option C: Say, "You'll eat it when you're hungry anyway," and leave Lara alone in the kitchen.

Feedback for Participants

Option A: Links the child's motivation to an external (park reward) process rather than an internal one and does not alleviate her sensory distress.

Option B: (Correct Approach) Gives Lara the sense that she is in control. Visual support (showing the fruits) aids auditory processing speed and supports her autonomy.

Option C: Ignores Lara's communication efforts and may create a sense of insecurity.

Evaluation: This scenario demonstrates that "offering choices" is not merely a preference but also a preventive intervention (proactive strategy) that helps avert crises.

Intervention Example

Preparation Phase: The caregiver organizes the stimuli in the kitchen before snack time. If the TV is on, they turn it off, or if a kitchen appliance is making noise, they turn it off. Instead of placing a random plate in front of Lara, the caregiver prepares visual cards featuring two different snacks available at home that Lara can eat and presents the cards to Lara (for example, an apple and a package of crackers, or an apple and a banana).

Application Phase: The caregiver holds the options at Lara's eye level, in both hands, or on the table with space between them. They give a clear and direct instruction: "Which one would you like as a snack?" The caregiver avoids making extra comments like "Look, the apple is full of vitamins" or "You had crackers yesterday" that might confuse Lara. After giving the instruction, the caregiver waits silently for 10–15 seconds to allow Lara to see the options and make a decision. During this time, they do not wave the plate toward Lara or create pressure by repeating the question. If Lara does not make a choice, the caregiver repeats the instruction once more with the same calmness. The moment Lara extends her hand, points with her finger, looks at the snack, or verbally selects one, the caregiver immediately confirms this choice. The caregiver then promptly offers the selected snack to Lara or places it on her plate.

Reflection and Assessment

1. How might the caregiver's assumption that "Lara likes apples" have prevented them from seeing Lara's needs in that moment?

2. Could Lara pushing her plate away and covering her ears be a sign of sensory overload?

3. Why is offering limited choices (2 options) more effective than asking an open-ended question like "What would you like to eat?"

7.4 DECISION MAKING

Learning Objective

Caregivers will learn the importance of offering children's opportunities to make choices and decisions. In this process, they will provide the child with different options, enabling them to demonstrate decision-making behavior. The goal is to understand how decision-making skills support the child's autonomy, communication skills, problem-solving ability, and motivation to participate in tasks.

Why This Competency Is Important?

Teaching decision-making skills to individuals with special needs plays a critical role in the development of cognitive functions, self-determination, and independent living skills (Wehmeyer, 2004; Rajaraman, Austin & Gover, 2023). This is because, in the decision-making process, children learn to evaluate the relationship between options and outcomes; this is important not only for academic success but also for solving problems encountered in daily life. Research (Rajaraman et al., 2023; van der Plas, Mason & Happé, 2023) has shown that decision-making opportunities increase children's ability to take responsibility, predict outcomes, and act independently. Furthermore, it is emphasized that decision-making skills are closely related to emotional regulation and social decision-making processes (van der Plas, Mason & Happé, 2023). Additionally, decision-making skills are seen as a necessary competency for increasing children's participation in daily life tasks and problem-solving skills. In conclusion, it is evident that teaching children decision-making skills and supporting these skills serves many areas of development. Furthermore, it can be said that decision-making skills empower children in areas such as autonomy and independent living.

Target Group

This competency is designed for caregivers of children aged 2-7 years with ASD, developmental delays, ID, language difficulties, or emotional and sensory regulation challenges. The activities and examples can be adjusted to match the child's abilities, communication skills, and specific daily routines.

7.4.1 Scenario 1: "Morning Routine Choice"

Context

Ali is in an independent living skills class. He is learning to organize his tasks on his own during his morning routine.

Learning Objectives/Target Behavior

1. Enable the child to use their decision-making skills by expressing their own preferences.
2. Teach the evaluation of options and consideration of possible outcomes during the decision-making process.

The Background/Set-Up Condition: Ali is a 7-year-old child diagnosed with ASD. Ali's cognitive and social development is at a good level. Ali performs some tasks in the morning, such as tidying his room and preparing his bag. As part of the daily routine, the caregiver sometimes asks Ali to tidy his room first and sometimes to prepare his bag first. Ali experiences indecision about which task to do first in this situation. This delays the tasks Ali needs to complete.

The Main Case

During the morning routine, while Ali is packing his bag, the caregiver instructs Ali to "tidy up your room and then pack your bag." The day before, the caregiver had also asked him to pack his bag first. Faced with this situation, Ali was unsure about what to do first. Seeing that Ali did nothing, the caregiver interpreted this as Ali not wanting to do his tasks.

Conceptual Brief

Ali's failure to act in accordance with the instructions given is not because Ali does not want to perform these tasks. This is because Ali is a child who can perform these tasks independently. As seen in the example case, Ali first decided to pack his bag. When a situation arose contrary to his own decision, he did not perform the tasks in question. The caregiver should first remain calm in response to Ali's reaction. They should wait for Ali to decide whether to tidy his room or pack his bag first. When this situation is evaluated using the self-determination approach, Ali should be able to choose his own games, and the caregiver should play a supportive role in this regard.

Decisions

When instructions are given to caregiver Ali, it is observed that Ali does not perform his duties. How should caregiver Ali's behavior be interpreted?

Option A: Ali's behavior is a reaction to his decision being ignored; failure to support his right to choose may reduce future cooperation.

Option B: Ali did not comply with the directive because he did not want to perform the assigned tasks and did not want to take responsibility.

Option C: Ali's behavior is random and not related to the right to choose.

Feedback to Participants

Option A: Offering Ali two choices, such as "Would you like to pack your bag first or tidy your room first?", supports his decision-making skills. This approach strengthens Ali's self-determination skills, increases cooperation, and helps him understand behavior as a form of communication.

Option B: Insisting that Ali "clean his room first" and expecting him to change his choice ignores Ali's need to make decisions. This approach conveys the message that control lies entirely with the adult and may increase resistance behavior.

Option C: Thinking that Ali's reaction is random and ignoring this behavior does not meet Ali's need for autonomy; in the long run, it may lead to more defiant behavior.

Assessment: When the options are evaluated, it is seen that the correct answer is option A. This is because this option supports autonomy skills by leaving the decision-making option to the child. This option also increases cooperation and reduces the likelihood of problem behavior.

Intervention Example

Preparation Phase: The caregiver prepares two visual cards for Ali that read “Clean My Room” and “Pack My Bag.” A “Before/After” template is placed beneath these cards. This visual aid helps Ali transform the confusion in his mind into a concrete plan.

Application Phase: When Ali begins his morning routine and shows signs of indecision (freezing, hesitation), the caregiver intervenes:

Stay Calm: The caregiver does not pressure Ali or raise their voice.

Offer Options: The caregiver shows Ali the visual cards and asks: "Ali, which one would you like to start your day with today? Do you want to tidy your room first, or pack your bag first?”

Waiting Period: Ali is given at least 15 seconds to process the information and consider his own preference. The caregiver does not make the decision for Ali during this time. When Ali selects a card and places it in the “First” section, the caregiver affirms this decision: “That’s a great plan! You’ve decided to pack your bag first today. That’s your choice.” In this process, Ali takes on the role of an individual organizing his own morning, rather than someone simply following an external command. This approach boosts Ali’s motivation while eliminating power struggles between him and the caregiver.

Reflection and Assessment

1. Why didn't Ali perform the duties he normally performs?

2. What was Ali trying to say by not following the instructions?
3. What can you do to support a child's decision-making behavior in a similar situation?

7.4.2 Scenario 2: "Choosing Colored Pencils"

Context

Free time activity: Starting an art activity after class.

Learning Objectives/Target Behavior

Support the child in making a decision from among the options presented. Objectively observe and describe the child's decision-making behaviour. Understanding how the caregiver's supportive approach increases the child's autonomy and participation.

The Background/Set-Up Condition: Elif is a 7-year-old child with mild intellectual disability. She loves to paint. Elif prefers to paint during free time activities as part of her daily routine. Usually, the caregiver selects the crayons and gives instructions such as "now take this color and color this area with it." In this situation, Elif often remains passive or does not want to color. However, when the caregiver does not intervene in the color selection, Elif continues to color with the crayon she has chosen.

The Main Case

After completing her homework, Elif moves on to the free-time activity of coloring. The caregiver brings coloring pencils for Elif to use. Although Elif points to the coloring pencils with her hand, the caregiver gives her a pencil of their own choosing. However, Elif does not want to color. At first, the caregiver assumes Elif does not want to color. She then observes Elif without intervening. After waiting a while, Elif touches a few crayons, picks one up, starts coloring, and says to the

caregiver, “This is my friend's favorite color. That's why I chose it.” When the caregiver says, “Okay, good job,” Elif is happy and continues coloring.

Conceptual Brief

In this scenario, Elif's behavior of first refusing the painting activity and then starting it should be understood as an expression of communication and preference. Because Elif did not want to paint when the caregiver gave her the crayon they had chosen; she waited to choose the crayon she preferred and then started painting by implementing her own decision. This behavior is an indication of decision-making and self-determination skills. Elif's verbal explanation, “This color is my friend's favorite color. That's why I chose it,” shows that she expressed her choice and its reason in a social context through her behavior. The caregiver's non-interference, observation, and subsequent positive feedback (“Good job!”) supports Elif's autonomy and increases her motivation.

Decisions

When the caregiver colors for Elif, it is observed that Elif does not perform her tasks. However, it has been seen that Elif continues to paint when she decides on the color herself. How should the caregiver's behavior be interpreted?

Option A: Elif's behavior is random and not related to choice.

Option B: Elif's behavior is because she doesn't want to cooperate.

Option C: Elif's behavior is a reaction to her decision being ignored. When deciding on her favorite color, she has made a connection to a situation that is important to her.

Feedback to Participants

Option A: Thinking that Elif's reaction is random and disregarding this behavior does not meet Elif's need for autonomy and leads her to exhibit avoidance behavior from the current activity.

Option B: After Elif decided on the color she wanted, she responded positively to the caregiver's reactions (such as praise). This eliminates the situation where she did not want to cooperate.

Option C: Elif produced this reaction because she did not decide on the color selection. However, when she was allowed to decide on the color selection herself, her motivation increased and she completed the activity.

Assessment: When the options are evaluated, it is seen that the correct answer is option C. This is because this option supports autonomy skills by leaving the decision-making option to the child. This option also increases cooperation and reduces the likelihood of problem behavior.

Intervention Example

Preparation Phase: The caregiver reduces stimuli that may distract the child during the moment of choice (such as television, noise, or clutter from other materials on the table) before the free-time activity begins. After the child completes their homework, the caregiver prepares two or three different colored pencils (e.g., red and blue) that are pre-determined and likely to interest the child for their coloring activity.

Application Phase: The caregiver holds the pencils at the child's eye level, ensuring they do not touch each other, or lines them up side-by-side on the table. Then, the caregiver provides a clear and concise instruction: "Which color would you like to use for coloring today?" At this stage, the caregiver avoids making extra explanations or using directive prompts like "Come on, take the blue one" to prevent the child from becoming passive. After giving the instruction, the caregiver allows the child to respond at least 10-15 seconds. During this time, the caregiver does not repeat the question or create pressure by waving the pencils; they allow the child to examine the pencils and process their own internal reasons for a choice. If the child does not respond, the caregiver calmly repeats the instruction and waits again.

As soon as the child indicates a preference in any way (touching a pencil, picking it up, or expressing it verbally), the caregiver verbally labels and confirms the choice:

"Great, you chose the pencil you're going to color with yourself!" The caregiver then immediately allows the child to start coloring with the selected pencil. Ensuring the result of the choice (coloring with the chosen color) happens instantly allows the child to grasp a sense of autonomy, a feeling of control, and the cause-and-effect relationship, reinforcing the idea: "I made a choice, and this happened."

Reflection and Assessment

1. Why didn't Elif do the coloring activity?
2. What was Elif trying to express by rejecting the color offered to her?
3. What can you do to support a child's decision-making behavior in a similar situation?

7.4.3 Scenario 3: “Deciding on an After-School Routine”

Context: After-School Routine: Planning the order of tablet time and homework.

Learning Objectives / Target Behaviors

1. Help the child analyze the timing difference between two different options and its effect on their energy level in the evening.

2. Decide on the order of the established routines and develop the child’s decision-making skills.

Background / Prerequisites Kaan (8) must make a decision between using the tablet and doing homework when he comes home from school. The caregiver expects Kaan to make a decision not only based on “what he wants to do” but also by considering the consequences of his choice.

Main Case

The Beginning of the Story Kaan comes home from school. He has until dinner to make a decision. The caregiver presents the options:

Option 1: If he plays on the tablet now, he will do his homework after dinner.

Option 2: If he does his homework now, he will play on the tablet after dinner.

At first, Kaan immediately asks for his tablet. The caregiver opens an evaluation chart, saying, "The choice is yours, but you need to think about the consequences."

Conceptual Summary When Kaan says, "Tablet now," he knows that if he chooses that option, he'll have to do his homework after dinner, but if he does his homework now, he'll be able to play on the tablet after dinner. However, when making these choices, he is expected to consider and accept the consequences.

Conceptual Brief

When Kaan says, "Tablet now," he knows that he needs to do his homework after dinner, and that if he does his homework now, he'll be able to play games on the tablet after dinner. However, when making these choices, he is expected to consider the consequences and accept them.

Decisions

Kaan says, "I want to play on the tablet now." How should the caregiver guide him?

Option A: "No, you have to finish your homework first; that's the rule." (Authoritarian approach)

Option B: Present Kaan with an "Energy and Time Chart" to visualize how each choice will make him feel by 8:00 PM and let him decide. (Appropriate Approach)

Option C: Give Kaan the tablet, but if he doesn't do his homework after dinner, ban the tablet the next day. (Punishment-based approach)

Feedback to Participants

Option A: Insisting on a rigid rule like "No, homework first, that's the rule" represents an authoritarian approach. This ignores Kaan's need for autonomy and fails to teach him the logical relationship between his choices and their outcomes. In the long run, this may increase resistance and decrease his motivation to cooperate.

Option B: Presenting Kaan with an "Energy and Time Chart" allows him to visualize how each choice will feel at 8:00 PM. By leaving the final decision to him, the caregiver supports Kaan's decision-making skills and self-determination. This approach increases his internal motivation and helps him respond positively to the routine because he feels in control of his own schedule.

Option C: Giving the tablet immediately and threatening a ban the next day if the homework isn't done is a punishment-based approach. While this might solve the immediate problem, it does not help Kaan understand the natural consequences of his actions. Instead of learning to manage his time, Kaan may exhibit avoidance behavior or perform tasks only out of fear of punishment rather than a sense of responsibility.

Intervention Example

Preparation Phase: The caregiver places a two-column table in front of Kaan. The table has the headings "My Choice" and "What Happens After Dinner?"

Application Phase: The caregiver draws a map of both paths together with Kaan. The caregiver says, "Kaan, here are the paths for both options. If you choose the top path, your homework will be waiting for you after dinner. If you choose the bottom path, a game will be waiting for you after dinner. Which outcome do you prefer?" and waits silently for 15 seconds. Regardless of which option Kaan chooses (even if he chooses Scenario A), the caregiver validates this decision: "I understand; you've chosen to play a game on the tablet and put off your homework for later. Let's make that our plan." Kaan's decision-making skills are reinforced not because he "did the right thing," but because he was able to "manage the outcome."

Reflection and Assessment

In a similar situation, what can you do to encourage a child to make decisions (and think about the consequences)?

7.5 GOAL SETTING (GS)

Learning Objective

Caregivers will learn to recognize that specific goals consistently lead to higher performance. They will support functional goal setting and actions to help children with SEN achieve their goals.

Why This Competency Is Important?

Traditional and common special education practices for young children with SEN are generally based on intensive adult guidance and external motivation and reinforcement. Consequently, children become more dependent on external motivation and reinforcement, especially to complete challenging tasks. This leads to dependence on adults for task completion and also harms their autonomy. Practical goal setting for young children helps them connect their goals to the actions needed to achieve them. Teaching children to set goals and supporting their skills to achieve them can help reduce their dependence on adults/caregivers, foster a sense of accomplishment, and strengthen their autonomy.

Target Group

This competency is designed for caregivers of children aged **2-7 years** with ID, developmental delays, language difficulties, or emotional and sensory regulation challenges, including ASD. Possible goals and related support can be adapted based on the child's current needs and performances.

7.5.1 Scenario 1: "Keeping the Wardrobe Organised"

Context

Home routine: Time to change clothes

Learning objectives/Target behaviour

5. Caregiver recognizes the cause of the un-organized wardrobe is the lack of categorization and placement goal and related skills.

6. Supporting child's specific and achievable goal setting and related skills regarding keeping wardrobe organized.

The background/ set up condition: Serra is a 7-year-old child with Down Syndrome, who has difficulties in the keeping their wardrobe organized. The main reason for the problem is that Serra didn't put her clothes in the designated area or boxes. As a result, she struggles to find the clothes she needs, leading to a more cluttered wardrobe.

The main case

At 7:30 pm., Serra is changing her clothes before the going to the school. Caregiver enters the room and says, "Time to go to the school. Have you not gotten dressed yet? Why is your wardrobe so messy?". Serra panics and quickly gets dressed. She haphazardly places her clothes in inappropriate places. The caregiver warns her, "If you do this, your wardrobe will always be messy. You cannot easily your clothes". In this scenario, Serra's messy wardrobe results from her failure to follow the specific, concrete behaviours required in her dressing routine. Although Serra aims to keep her wardrobe tidy, she is unable to achieve her goal because she hasn't followed the necessary steps to organise her wardrobe in previous dressing sessions. Recognising this provides the right perspective for the caregiver to support Serra in setting concrete, achievable goals.The first step in caregiver-assisted goal setting might be for the caregiver to identify and adhere to small, concrete goals that help the child maintain their wardrobe during dressing routines. The aim here is for the child to achieve functional goals sequentially, thereby maintaining the conditions for subsequent steps—in other words, eliminating situations that hinder goal achievement. It allows the child to recognise the relationship between their goals, behaviours, and the current situation/outcome. This approach can ensure the child appropriately completes the necessary behaviours for maintaining their wardrobe.

Intervention

The caregiver, taking into account Serra's age, wardrobe compartments, and clothing, determines concrete steps to keep the wardrobe tidy (folding pyjamas, hanging shirts, putting socks in the drawer, etc.). These steps are written with accompanying images and pasted on the inside of the wardrobe door. During the intervention phase, Serra manages the process independently by reviewing the step list posted on the wardrobe door after each dressing routine. The caregiver does not directly intervene in this process; instead, at an appropriate time during the day, they ask Serra questions such as, "How was your day? Is your wardrobe tidy? Did you put your clothes in the right place?" If Serra reaches her goal, the caregiver supports her in achieving it by asking questions such as, "Well done, you did a great job! Wasn't it nicer and easier for you this way? How did you feel when your wardrobe was tidy?" If she doesn't reach it, they discuss together why she couldn't reach it and which step she struggled with, preparing for the next routine. As Serra begins to perform the steps consistently, the caregiver gradually reduces their support and only asks or checks if her wardrobe is tidy. In the final stage, Serra completes the routine completely independently, without looking at the visual list. Finally, Serra can remove the visual list from her wardrobe.

Reflection and Assessment

1. What strategies did the caregiver use to help Serra set and achieve her goal?
2. Consider the potential outcomes of the caregiver supporting Serra in setting and achieving goal.

7.5.2 Scenario 2: “Brushing Teeth Twice a Day”

Context

Home routine: Brushing teeth morning and night

Learning Objectives / Target Behaviour

1. The caregiver realises that the reason for irregular brushing is not due to being an "inattentive or stubborn child," but rather a lack of goals and skills related to the steps of the tooth brushing routine.

2. To support the child in setting concrete goals for brushing teeth twice a day and developing related skills.

The Background / Set-Up Condition: Tuna is a 6-year-old boy with ADHD who has difficulty maintaining a consistent toothbrushing habit. The root cause of the problem is that Tuna either skips brushing altogether or doesn't brush for long enough. The results regarding dental health risks make the routine a daily source of conflict.

The Main Case

At 9:00 Tuna is putting on her pyjamas before bedtime. The caregiver enters the room. Entering the room, the caregiver says, "Tuna, did you brush your teeth?" Tuna looks the caregiver and shook his head. Caregiver says "It's the same thing every night! Why don't you ever remember?" Tuna nervously goes to the bathroom and returns within seconds. The caregiver says, "You can't brush your teeth in such a short time." "You're so careless, your teeth will rot if you keep doing this!" he warns.

In this scenario, Tuna's inability to maintain a toothbrushing routine stems from her failure to remember to brush teeth in morning and before bedtime. Moreover, during brushing teeth he cannot continue the steps enough, possibly due to ADHD. Tuna wants to brush his teeth twice a day with enough time. But he does not remind himself to brush, and set clear goals and a sequence of steps regarding when, how, and for how long he should brush have not been established. Recognising this situation allows the caregiver to gain the right perspective, which is possible to support Tuna by setting concrete and achievable goals and using a reminder. The

first step in caregiver-assisted goal setting could be to use a reminder for the goal of brushing teeth twice a day—after breakfast and before bedtime—. Second, caregiver support Tuna to set goal including small and concrete steps, and support these steps with visuals. This approach allows the child to realise the relationship between his behaviour and the results (regular brushing = healthy teeth).

Intervention

The caregiver, taking into account Tuna's age and specific circumstances such as attention and memory difficulties stemming from ADHD, determines the necessary concrete steps for a toothbrushing routine with Tuna (such as picking up the brush, applying toothpaste, brushing for 2 minutes, rinsing the mouth, putting the brush back). These steps are written down with accompanying visuals and posted near the sink, for example, on the edge of the mirror. In addition, the toothbrush and toothpaste are left in a visible place near Tuna's clothes or bed in the morning so that they remember to brush their teeth. During the intervention phase, Tuna manages the process independently by looking at the step list in the morning and before bedtime. The caregiver does not directly intervene in the process; instead, at an appropriate moment, she/she asks Tuna questions such as, "Did you brush your teeth this morning? Were you able to follow the steps?" If Tuna reaches their goal, the caregiver supports them in reaching their goal by asking questions such as, "Well done, you did a great job! How do you feel when your teeth are clean?" If Tuna can't reach a task, they discuss together why it was difficult and prepare for the next routine. As Tuna begins to perform the steps consistently, the caregiver gradually reduces assistance, only asking or checking if they have brushed their teeth. In the final stage, Tuna completes the routine completely independently without looking at the visual list. Eventually, Tuna can eliminate the visual list.

Reflection and Assessment

1. What strategies did the caregiver use to help Tuna set and achieve his toothbrushing goal?

2. Evaluate the potential long-term consequences of the caregiver supporting Tuna in this routine.

7.5.3 Scenario 3: “Completing Homework Daily”

Context

Home routine: Homework time after school

Learning objectives/Target behaviour

1. The caregiver realises that the reason for incomplete homework is not due to the child being "lazy or unwilling" or disability(ies), but rather a lack of goals and skills related to the steps of the homework routine.

2. To support the child in setting concrete goals for completing homework regularly each day and developing the relevant skills.

The background/set up condition: Selim is a 9-year-old boy with ID who has difficulty organising himself and completing his homework regularly. The root of the problem is that Selim doesn't know how to start his homework, how long he should study, or that the homework process isn't broken down into specific steps. As a result, homework is either left unfinished or not done at all, becoming a source of stress most evening.

The main case

At 5:00 PM, Selim comes home from school, changes his clothes, eats his snack, and plays with friends. After these activities, children have homework time. The caregiver starts homework time for children by checking and explaining the tasks. Twenty min after, the caregiver enters the hall and says, "Selim! What about your homework?” Selim says, I cannot start, because I do not know where can I begin.” Caregiver says, “I explained you. It's the same thing every day, you have no responsibility!" Selim nervously reaches for his workpapers, takes out her notebook,

but sits there unsure of what to do. The caregiver adds, "If you're so lazy, you won't succeed at school. Hurry up and finish it!" In this scenario, Selim's inability to maintain her homework routine stems from her lack of internalisation of the concrete, sequential steps required for this process. Even though Selim wants to do her homework, he hasn't formed a clear goal including the steps to start with, how long to work, and what to do when he finishes. Recognising this situation helps the caregiver gain the right perspective. Instead of associating the current situation with Selim's personality traits and ID, it's possible to support his by breaking down his homework routine into concrete, achievable goals/steps. The first step in caregiver-supported goal setting could be to establish a routine for homework time after a specific rest period following school, breaking the homework process into small, concrete steps and supporting them smart notes and visuals. This approach allows the child to understand the small steps/goals reach him the desired end. The result of regular homework contributes to the self-efficacy, better learning and success). Consequently, he will have more internal motivation, and need less external motivation and caregiver pressure in the future.

Intervention

The caregiver, taking into account Selim's age and specific difficulties with organisation and initiation due to his intellectual disability, determines the necessary concrete steps for the homework routine together with Selim (such as taking out the homework notebook, starting the first task, answering questions, moving on to the next lesson, asking the caregiver for approval when finished). These steps are written down with visuals and short notes and posted in Selim's workspace. A visual reminder indicating that homework time begins after a certain rest period after returning from school is also added to the routine. During the intervention phase, Selim manages the process independently each day by looking at the step list at homework time. The caregiver does not directly intervene in the process; instead, at an appropriate moment, she asks Selim questions such as, "Were you able to

complete your homework today? Which steps did you follow?" If Selim reaches his goal, the caregiver supports him in reaching his goal by asking questions such as, "Well done, you did a great job! How do you feel when you finish your homework on your own?" If he does not reach it, they discuss together why he did not reach it and which step he struggled with, preparing for the next routine. As Selim begins to perform the steps consistently, the caregiver gradually reduces support, only asking or checking if he has completed his assignments. In the final stage, Selim completes the routine completely independently without referring to the visual list. Eventually, Selim can remove the visual list from his workspace.

Reflection and Assessment

1. What strategies did the caregiver use to help Selim set and achieve her homework goal?

2. Evaluate the potential long-term consequences of the caregiver supporting Selim in this routine.

7.6 PROBLEM SOLVING (PS)

Learning Objective

Caregivers will learn to support students in recognising problems, generating alternative solutions, evaluating the consequences, and choosing the most appropriate solution, while developing self-regulation and independent problem-solving skills through adult guidance during this process.

Why This Competency Is Important

Traditional and common special education practices for young children with SEN are generally based on intensive adult guidance and options in case of problems lived in daily life and academic learning experiences. Consequently, children become more dependent on guidance and options presented by adults. Problem-solving skills form the basis for children to cope with obstacles they encounter in both learning and daily life. This skill, acquired at an early age, lays the groundwork for the

development of self-determination and self-regulation. Children with SEN, in particular, require more planned and targeted adult support to acquire these skills.

Target Group

Children in preschool and early elementary education (5–9 years), especially those with SEN such as learning disabilities, intellectual disabilities, or speech and language difficulties, need structured support to develop problem-solving skills.

7.6.1 Scenario 1: "Opening a Box"

Context

Class Activity: Art and Craft Time

Learning objectives/Target behaviour

1. The caregiver recognises that the child's inability to open a box or bag is an opportunity to develop problem-solving skills; instead of immediately helping/intervening, they choose to support the child.
2. The caregiver guides the child to describe (define) the problem they are currently experiencing, identify alternative solutions, and choose the most appropriate solution, reviewing/evaluating the option after the skill is completed.

The background/ set up condition: Ali is a 6-year-old child with learning disabilities who lives in a day-care centre. He has difficulty asking for help when faced with an obstacle in art and craft activities, easily gives up or becomes frustrated when he cannot complete the task independently, and sometimes exhibits behaviours such as harming objects or himself.

The main case

During an art activity, Ali tries to open a box containing paints but fails. He becomes increasingly frustrated, slams the box down on the table, and says, "I can't do it." The caregiver notices this and immediately opens the box, saying, "Here, I'll open it for

you. Now you can start painting." In this scenario, the child's frustration and avoidance behaviour stem from the fact that their coping strategies for dealing with obstacles are not yet developed. When caregivers immediately remove the obstacle for the child, the child misses the opportunity to recognise the problem, generate a solution, and experience the feeling of accomplishment that comes from solving it on their own. Instead, guiding the child through a simple problem-solving process—defining the problem, considering possible solutions, trying them, and evaluating the result—lays the foundation for independent problem-solving competence and self-regulation. They are especially important for children with SEN in care settings where opportunities for autonomy and skill development must be consciously created.

Intervention

When the caregiver notices that Ali cannot open the box and is frustrated, instead of immediately intervening, they go to Ali and calmly ask, "What happened? What's the problem?" They allow Ali to define the problem; if necessary, they support the process with short, guiding questions such as, "Are you trying to open the box?" Then, the caregiver guides Ali to find a solution with questions such as, "What can we do to open this? Can you try something else?" While Ali suggests or tries different ways, the caregiver observes the process and only gives simple hints when necessary. When the box is opened, the caregiver reinforces Ali's success by saying, "Well done! You were able to open the box yourself. You solved the problem yourself. How do you feel?" As similar situations are repeated (opening/closing the box, opening/closing the pencil case and bag, etc.), the caregiver offers guidance/support to encourage Ali to follow similar methods and aims for generalisation. For this purpose, the caregiver provides support only as needed and gradually reduces it. In the final stage, when Ali encounters an obstacle, he can identify the problem, generate solutions, and independently implement the most appropriate one.

Reflection and Assessment

1. What strategies did the caregiver use to help Ali open the box?
2. Evaluate the potential impact of this approach on Ali's problem-solving skills in the future.

7.6.2 Scenario 2: "Lost Item"

Context

Morning routine at daycare: Getting ready for school

Learning objectives/Target behaviour

1. The caregiver recognises that the child's inability to find their shoes is an opportunity to develop problem-solving skills; instead of immediately solving the problem for the child, they involve the child in the process.
2. Supporting the child in identifying the problem, generating possible solutions, choosing the most appropriate course of action with adult guidance, and reviewing the results.

The background/ set up condition: Ada is a 7-year-old girl with speech difficulties who lives in a day-care centre. Because she has difficulty expressing herself verbally, she struggles to explain problems to her caregiver or friends, often reacting with crying or freezing up.

The main case

During morning school preparations, Ada cannot find her shoes. She looks around, cannot say anything, sits down, and begins to cry. The caregiver arrives, sees the situation, says, "Can't find your shoes? Let me find them," and does. The caregiver dresses Ada and says, "Come on, it's getting late, hurry up, don't be late for school."

In this scenario, the caregiver solves it on the child's behalf, and prevents the child from participating in the process. Children with speech and language difficulties

may enter a cycle of helplessness, dependence, and non-speech/language use when they cannot express themselves verbally. However, the problem-solving process does not have to rely solely on verbal communication; the child can be involved using alternative communication methods, such as gestures, visuals, or pointing. The caregiver guides Ada with simple, concrete questions such as "What happened?" "Where might your shoe be?" or, with visual aids, prepares the ground for the child to recognise the problem, consider possible locations, and try a solution. This approach strengthens children with speech and language difficulties' problem-solving and self-regulation capacities while also supporting their communication skills.

Intervention

When the caregiver notices that Ada can't find her shoe and is crying, instead of immediately intervening, they go to Ada and ask, "What happened? What's the problem?" using gestures and facial expressions. They allow Ada to express the problem; if necessary, they support the process with short, guiding questions such as "Are you looking for your shoe?" or by pointing. Then, the caregiver guides Ada to find a solution with concrete and short questions such as, "Where could your shoe be? Have you tried looking somewhere else?" While Ada points to possible locations or searches, the caregiver observes the process and only gives simple hints when necessary. When the shoe is found, the caregiver reinforces Ada's success by saying, "Well done! You found your shoe yourself. You solved the problem yourself. How do you feel?" As similar situations recur (lost items, missing clothing, etc.), the caregiver offers guidance/support to encourage her to use similar methods and aims for generalisation. For this purpose, the caregiver provides support only as needed and gradually reduces it. In the final stage, when Ada encounters an obstacle, she can identify the problem, generate solutions, and independently implement the most appropriate one.

Reflection and Assessment

1. What alternative communication methods can be used to involve a child with a speech-language difficulty in the problem-solving process?
2. Evaluate the potential impact of this approach on both Ada's problem-solving and communication skills.

7.6.3 Scenario 3: "Sharing a Toy"

Context

Childcare: Free Play Time

Learning Objectives/Target Behavior

1. The caregiver recognises that two children with SEN wanting the same toy presents an opportunity to develop problem-solving skills; instead of immediately making decisions on behalf of the children, the caregiver involves both in the problem-solving process.
2. Supporting both children in identifying the problem, generating alternative solutions, choosing the most appropriate solution with adult guidance, and reviewing the results.

The Background/ Set-Up Condition: Ege is a 6-year-old child with speech and language difficulties residing in the childcare facility. Because he struggles to express himself verbally, he has difficulty conveying his feelings and desires in conflict situations, often reacting with behaviours such as crying. Can is a 7-year-old child with autism spectrum disorder (ASD) residing in the same childcare facility. He experiences difficulties with social interaction and sharing, and struggles with waiting and taking turns. Sudden interventions or rule impositions can increase Can's anxiety and lead to behavioural problems.

The Main Case

During free play, Ege wants to take the red car in the playroom. However, at the same time, Can also reaches for the car. The two-start pulling the car apart. Ege starts crying, and Can starts shouting. The caregiver hears the noise, comes in, sees the situation, and says, "Ege saw it first, let him have it," giving the car to Ege. Turning to Can, she says, "You can play with it after Ege. Now, let's both play with another toy."

In this scenario, while the caregiver temporarily giving the car to Ege ends the conflict, it may reinforce the children's sense of injustice. On the other hand, offering to play with Can may create a new problem for Ege; Ege may want to play with the caregiver. In this situation, where both children have SEN, the caregiver must consider their distinct communication needs and include both in the process. For Ege, who has speech and language difficulties, gestures, pointing, and visual aids can facilitate the problem-solving process, while for Can, who has been diagnosed with ASD, concrete alternatives and short guiding questions can be helpful. By involving both children in the process and asking questions like "What's the problem?", "What can we do?" and, by offering a concrete alternative by taking a second car from the shelf, the caregiver helps the children both recognise the problem and solve it themselves. This approach significantly contributes to the development of both children's social skills and self-regulation in daily life.

Intervention

When the caregiver notices that Ege and Can both want the same toy and are in conflict, instead of immediately intervening, they approach both children calmly. Using gestures and signs for Ege, who has a speech impediment, and short, concrete questions for Can, who has an ASD diagnosis, they ask, "What happened? What's the problem?" The caregiver allows both children the opportunity to express the problem. Then, the caregiver takes a second car from the shelf and says, "Look, there's another car here. One of you can take this one, and you can take the other one. What do you think?" thus offering both children a concrete alternative and

encouraging them to make a choice. When the children reach a solution, the caregiver reinforces their success by saying, "Well done! You solved the problem together. Is this better?" As similar situations recur (sharing different toys, waiting in line, etc.), the caregiver provides guidance/support to encourage them to follow similar approaches and aims for generalisation. For this purpose, the caregiver provides support only as needed and gradually reduces it. In the final stage, when both children encounter a conflict, they can identify the problem, generate solutions, and independently implement the most appropriate one.

Reflection and Assessment

1. What difference does it make for the caregiver to involve both children in the problem-solving process?
2. Evaluate the potential impact of this approach on both Ege's and Can's social skills and problem-solving capacity.

7.7 SELF-MANAGEMENT (SM)

Learning Objective

Caregivers will learn how to apply self-management strategies in children's learning processes promotes greater agency. They will also learn how to support children's daily living skills using self-management strategies.

Why This Competency Is Important?

Self-management skills are essential across all stages of life. It is neither appropriate nor sustainable for others to continuously make decisions on behalf of an individual. When children rely solely on external guidance, they may struggle to develop agency, self-regulation, and a sense of responsibility for their own actions. Supporting self-management from an early age enables children to take an active role in directing their own behavior, make informed choices, and monitor their progress.

These skills not only foster autonomy and self-confidence but also contribute to long-term success in academic, social, and daily life contexts.

Target Group

This competency is designed for caregivers of children aged **2-7 years** with ID, developmental delays, language difficulties, or emotional and sensory regulation challenges, including ASD. Possible goals and related supports can be adapted based on the child's current needs and performances.

7.7.1 Scenario 1: "Toy Clean-Up Time"

Case

Cemre, a 4-year-old child, transitions to another activity without cleaning up her toys after playtime. When she is asked to tidy up, she requires adult guidance each time because she does not know where to place each toy. Additionally, this confusion leads to frustration and reluctance toward cleaning up. To address this, her caregiver decides to use self-management strategies to help Cemre learn how to organize her toys with minimal adult assistance.

Context and Setting

There is no need to design a separate instructional session to teach toy clean-up skills based on self-management strategies. The intervention can be implemented naturally within daily routines.

Intervention

The caregiver aims to teach a child with disabilities—who tends to leave toys scattered and has difficulty organizing them—to clean up toys at the end of playtime using self-management strategies. The goal is for the child to learn where each toy belongs by following a self-monitoring chart. First, the materials required for instruction are prepared (toy boxes, self-monitoring charts, and stickers). These materials include labeled toy boxes, a self-monitoring chart with visual antecedent cues, and stickers. Each toy box must display a visual indicating which type of toy

belongs in that box (e.g., Figure 1). The self-monitoring chart should consist of corresponding images or photographs of these boxes (e.g., Figure 2). To help the child track completed steps, stickers (e.g., Figure 3) large enough to cover each corresponding image on the chart are used.

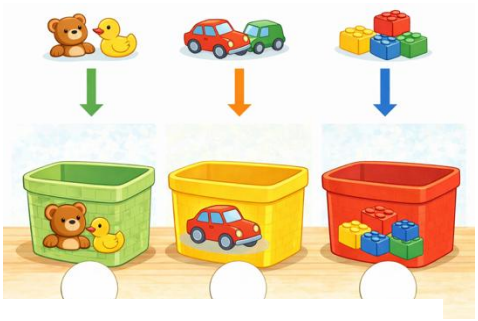

Figure 26. *Self-monitoring chart*

Figure 27. *Toys' boxes*

Figure 25. *Stickers*

1.Goal Setting

Initially, the aim is to develop Cemre's awareness of the importance of cleaning up her toys. The caregiver facilitates Cemre's participation by asking developmentally appropriate and simple questions. For example, the caregiver asks, *"What happens when our toys are left on the floor after we finish playing?"***.** If Cemre does not respond, the caregiver provides a prompt such as, *"We might step on them and hurt our feet, right?"*The caregiver then continues, *"If toys are left on the floor, they might get damaged. Look, someone stepped on this toy when it was on the floor and it broke,"* and shows a broken toy as an example. Next, the caregiver asks, *"So what can we do to protect both our feet and our toys?"* The caregiver continues guiding Cemre with questions until she provides a response related to cleaning up the toys. Afterward, the caregiver says, *"Shall we make it our goal to put the toys into these boxes? What do you think?"* Once Cemre responds positively, the process moves to the next phase. At this stage, it is important that the caregiver does not directly provide all answers in the form of instructions but instead enables Cemre to reach the intended awareness through responding to guided questions.

2.Planning

The caregiver creates curiosity by asking, *"There are a lot of toys. It might be confusing to clean them up like this. There's a fun and easy way to do it. Would you like to see?"*. Then, the caregiver introduces the chart and says, *"Look, there is a section here for each type of toy. When you finish collecting the appropriate toys, you can place a sticker in the empty circle below."*. The caregiver asks, *"Which one would you like to start with?"* and encourages Cemre to select a toy category from the chart. The caregiver then says, *"Let me show you how to do one so you can understand better,"* and models the behavior by taking one toy from the selected category and placing it into the appropriate box. The caregiver continues, *"After we collect all the toys of this type (for example, cars), I will place a sticker like this in the circle on the chart,"* and then proceeds to the next step.

3. Implementation and Evaluation

The caregiver says, *"Okay Cemre, shall we start? 3-2-1 go!"* Cemre begins collecting the toys from the selected category (e.g., cars) and places them into the corresponding box. During this phase, the caregiver also participates by collecting the same type of toys alongside Cemre. Once Cemre completes collecting the toys, the caregiver says, *"Great! Which sticker would you like?"* and encourages Cemre to place the chosen sticker in the corresponding circle on the chart. The caregiver then asks Cemre to select another toy category from the chart, and the same process is repeated. After all toys have been collected and all stickers have been placed on the chart, the caregiver asks, *"Are all the circles on the chart completed?"* and *"Are all the toys collected?"* Finally, the caregiver reinforces Cemre's achievement by saying, *"We did it all, great job! Let's give ourselves a round of applause,"* encouraging Cemre to self-reinforce her behavior.

Reflection and Assessment

1. Why does Cemre not attempt to tidy up her toys independently without any prompting prior to the intervention?

2. In this scenario, which of the four self-management strategies (antecedent cue, self-monitoring, self-evaluation, and self-reinforcement) does the caregiver support Cemre in using, and in what ways?
3. In your opinion, what might have been the possible outcomes if the caregiver had taught Cemre to tidy up her toys solely through modeling, instead of using a self-monitoring chart?

7.7.2 Scenario 2: "Puzzle Completion"

Case

Ali, a 5-year-old child, has difficulty identifying the correct placement of puzzle pieces during puzzle activities. As a result, he quickly loses interest and abandons the task before completing it. Therefore, his caregiver decides to use self-management strategies to help Ali complete the puzzle with minimal or no adult guidance.

Context and Setting

There is no need to design a separate instructional session for teaching puzzle completion based on self-management strategies. The intervention can be implemented during regular playtime in an environment with minimal distractions.

Intervention

The caregiver aims to teach puzzle completion skills using self-management strategies for a child who tends to leave puzzles unfinished and experiences difficulty completing them. The overarching goal is for the child to regulate and direct their own behavior in a self-directed manner throughout the task, using a visual reference of the completed puzzle. Initially, the necessary instructional materials are prepared, including the puzzle itself (e.g., Figure 4) and a reference image depicting the completed version (e.g., Figure 5). In addition, a preferred activity is arranged as a form of self-reinforcement (e.g., watching a cartoon on a tablet for five minutes). The reference image is positioned on the table during the

activity, enabling the child to match and place puzzle pieces based on the visual model. Through this arrangement, the child is supported in engaging in self-directed behavior, completing the puzzle by relying on the reference image rather than external guidance.

Figure 29. *Puzzels*

Figure 28. *Reference image*

The caregiver utilizes self-determination-based and self
Ali by following three sequential phases: (1) goal setting, (2) planning, and (3) implementation and evaluation. The process for each phase is described below:

1. Goal Setting

Initially, the aim is to develop Ali's awareness of completing the puzzle. To achieve this, the caregiver guides Ali by asking curiosity-arousing questions. For example, the caregiver may ask, *"I wonder what happens when we put these pieces together?"***.** Once Ali shows willingness to engage in the puzzle activity (or at least does not refuse), the process proceeds to the next phase.

2. Planning

The caregiver asks, *"The puzzle pieces are scattered. How can we find where these pieces belong?"*. If Ali provides a correct verbal response or begins placing the pieces appropriately, the caregiver does not provide further intervention, thereby supporting independence. If Ali does not respond, the caregiver continues with guiding questions. For example, the caregiver may pick up a puzzle piece and ask, *"Do you think this picture exists on the puzzle board?"* If Ali responds correctly, no

additional support is provided. If not, the caregiver models the strategy by saying, *"Now I will look for the same picture on the puzzle board… oh, here it is! I will place it right here,"* and then asks, *"Would you like to try it as well?"*

3.Implementation and Evaluation

The caregiver waits for Ali to place all the puzzle pieces one by one. If Ali places a piece incorrectly, the caregiver does not directly correct it but instead asks guiding questions such as: *"Which picture do you think this piece matches?" or "Do you think it belongs here, or might it fit better somewhere else?"***.** The goal is to help Ali recognize and correct his own errors by using the reference visual.

After the puzzle is completed, the caregiver evaluates the process by asking questions such as: *"Did we complete the puzzle?"* or *"What do you think about the picture we created?"* At the end of the activity, Ali engages in **self-reinforcement** by participating in a pre-determined preferred activity.

Reflection and Assessment

1. Why does Ali lose interest in the puzzle activity so quickly?
2. In this scenario, which of the four self-management strategies (antecedent cue, self-monitoring, self-evaluation, and self-reinforcement) does the caregiver support Ali in using, and how?
3. Instead of providing direct assistance at every stage of instruction, what kind of guiding questions does the caregiver ask Ali?

7.7.3 Scenario 3: "Bedtime Routine"

Case

Elif, a 4-year-old child, tends to engage in other activities when it is time to sleep and requires continuous adult guidance to initiate and maintain her bedtime routines. This situation results in insufficient sleep and leads to an increase in problem

behaviors during the day. Therefore, her caregiver decides to use self-management strategies to help Elif carry out her bedtime routine with minimal adult guidance.

Context and Setting

There is no need to design a separate instructional session for teaching bedtime routines based on self-management strategies. The intervention can be implemented within the daily evening routine, in the child's sleeping environment.

Intervention

The caregiver establishes a system based on self-management strategies for Elif, who has difficulty initiating and maintaining her bedtime routine. The goal is for the child to regulate and direct her own behavior in a self-directed manner throughout the bedtime routine, following its steps with minimal reliance on adult guidance. First, the necessary arrangements for instruction are made. Items related to the bedtime routine (e.g., pajamas, toothbrush and toothpaste, and a book) are placed within easy reach of the child, either on or near the bed or on a shelf at the child's height located close to the bed (e.g., Figure 6). To establish a consistent daily routine, a fixed "bedtime routine area" is designated for these materials, and the items are arranged sequentially to support self-monitoring. No items other than those required for the bedtime routine should be present in this area. In addition, stories emphasizing the importance of bedtime routines are prepared.

Figure 30. *Bedtime routine area*

The caregiver utilizes self-determination-based and self-management strategies with Elif by following three sequential phases: (1) goal setting, (2) planning, and (3) implementation and evaluation. The process for each phase is described below:

1. Goal Setting

In practices based on the self-determination approach, the aim is to provide minimal guidance and to support the child in acting according to her own will. Therefore, for Elif to independently and willingly carry out her bedtime routines without coercion, it is important for her to understand the value of healthy sleep. Before implementing any bedtime routine, the caregiver may read stories that emphasize the importance of bedtime routines for healthy sleep and discuss these stories with the child. After reading and discussing the story, the caregiver asks, *"Would you like to get ready for bed like the character in the story?"* In this way, Elif forms her own goal related to completing the bedtime routine.

2. Planning

The caregiver provides an antecedent cue by saying, *"It's bedtime for Elif!"* and directs her attention to the activity. Then, the caregiver says, *"Look, here are the things we do before going to bed, just like in the story. How do you think we can do these?"*. If Elif responds correctly and initiates appropriate actions, the caregiver does not intervene, thereby supporting independence. If she does not respond, the caregiver provides a model by saying, *"Let me show you how to do it,"* and demonstrates each step by taking the relevant item from each compartment and performing the corresponding action. Additionally, the caregiver ensures that Elif selects variable items such as pajamas or books herself, thereby supporting her autonomy and engagement in the process.

3. Implementation and Evaluation

In this phase, Elif completes the routine by using the materials in the compartments sequentially. As each step is completed, the corresponding compartment becomes

empty. This allows Elif to visually monitor her own progress. Instead of giving direct instructions, the caregiver supports the process with guiding questions such as: *"What is next?" or "What is left in the box?"*. When all compartments are empty, the caregiver says, *"The box is completely empty. Are you ready for bed now?"* The routine is completed by reading the book selected by Elif.

Reflection and Assessment

1. Why does the caregiver aim to support Elif's learning of a bedtime routine through self-management strategies?
2. During instruction, which of the four self-management strategies (antecedent cue, self-monitoring, self-evaluation, and self-reinforcement) does the caregiver support Elif in using, and in what ways?
3. What types of environmental and material arrangements has the caregiver made to help Elif acquire a bedtime routine skill based on self-management strategies?

7.8 SUMMARY

In the field of special education and early childhood development, teaching self-determination skills is a transformative process that shifts the focus from managing a child's behavior to strengthening their personal autonomy. By systematically teaching skills such as choice-making, decision-making, goal-setting, problem-solving, and self-management, educators and practitioners provide individuals with the tools they need to act as "causal agents" in their own lives.

The development of autonomy begins with Choice-Making. This is the most basic skill, involving expressing a preference between two or more options. In early childhood, this is usually taught through naturalistic methods; for example, offering a child two different shirts to wear or two different snacks to eat. By making choices, children learn that their actions have an immediate impact on their environment and develop an early sense of control.

As the child matures, the focus shifts to decision-making. While making a choice is about preference, decision-making is a more complex cognitive process that requires weighing alternatives and anticipating outcomes. Effective teaching involves teaching children to gather information, identify the "pros and cons," and understand the "if-then" nature of their actions. For example, deciding to wear a raincoat because it's raining demonstrates an understanding of how a particular decision prevents a negative outcome (getting wet).

Goal setting provides a roadmap for deliberate action. It involves defining the desired future state and the steps needed to achieve it. A very effective framework for this is for children to ask themselves, "What is my goal?" and "What is my plan?" This is the Self-Determined Learning Model of Instruction (SDLMI) rebrandred as Goal Time, where students are encouraged to ask questions like this. Goal setting teaches perseverance and allows children to track their own progress, which significantly boosts self-confidence.

Another topic closely related to goal setting is problem-solving. Obstacles are inevitable in daily routines; Problem-solving training teaches individuals to identify these obstacles and develop adaptive solutions. Instead of the educator immediately solving a child's problem (for example, reaching a high shelf), the child is encouraged to think: "What is the problem and what can I do?" This reduces "learned helplessness" and encourages the child to seek out a stool, tool, or assistance to overcome the obstacle.

The ultimate synthesis of these skills is Self-Management. A self-directed individual can monitor, evaluate, and manage their own thoughts and actions toward a goal without constant adult guidance. This is often supported by contemporary technologies such as visual checklists, self-monitoring charts, or Virtual Reality (VR), which provides safe practice in simulated environments.

In conclusion, collectively, these five skills form the foundation of social inclusion and long-term quality of life. By moving beyond rote task completion and focusing on the cognitive processes behind actions, we empower children with special educational needs to navigate a complex world with dignity and independence. The ultimate goal of self-determination training is to transform an individual who is dependent on care into an individual who actively manages their own destiny.

7.9 SELF-ASSESMENT FOR CAREGIVERS/ CAREPROVIDERS

No	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
1	I can teach choice making skills					
2	I can explain the philosophy or core idea behind the choice making concept					
3	I can teach decision making skills					
4	I can explain the philosophy or core idea behind the decision-making concept.					
5	I can teach the goal setting skills					
6	I can explain the philosophy or core idea behind the goal setting concept					
7	I can teach the Problem-Solving skills					
8	I can explain the philosophy or core idea behind the problem-solving concept					
9	I can teach self-direction skills					
10	I can explain the philosophy or core idea behind the self direction concept					

7.10 THE CHAPTER EVALUATION AND REFLECTION

Scoring

Strongly disagree is 5 points; disagree is 4 points; neutral is 3 points; Agree is 2 points; Strongly agree is 1 point.

Calculate Your Total Score and comment on it:

-45-50 Points: Mastery level. You have an excellent understanding of the chapter and can apply them flexibly and effectively.

-35-44 Points: Proficient level. You have a solid grasp of the key concepts. Practicing and deepening some strategies will enhance your expertise.

-25-34 Points: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.

-10-24 Points: Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

7.11 REFERENCES

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THE SPECIAL EDUCATION ACTIVITY BOOK FOR CAREGIVERS

Ayşe Nur KART Ph.D.
Mehmet KART Ph.D.

Emergent Literacy and Dialogic Shared Reading

UNIT NO: 8

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8 EMERGENT LITERACY AND DIALOGIC SHARED READING

8.1 PREFACE

Emergent literacy development supports the children's future reading success, language advancement and academic involvement. Children's first experiences with books, sounds, print, and responsive interaction affect how they learn language and literacy long before they start school. Studies on dialogic shared reading (DSR) indicate that children acquire more knowledge when adults engage them as collaborators (encouraging participation, responding to the child's lead, and co-constructing meaning) rather than reading the text in an old fashion without interaction (Cabell et al., 2019; Hargrave & Sénéchal, 2000). DSR is one of the best and easiest ways to help young children prepare to learn to read and write. When reading is interactive instead of passive, children are more likely to use print, sounds, vocabulary, and meaning in ways that help them become better readers in the long term (Justice & Ezell, 2002). DSR emphasizes that children should be active participants by asking questions, expanding on what they hear, and providing meaningful feedback. This makes them active learners rather than just passive listeners.

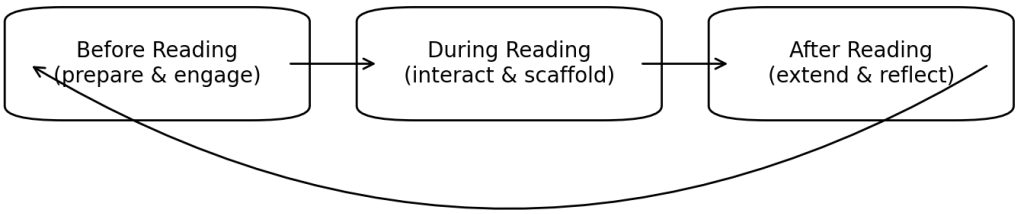

Figure 31. *Dialogic Shared Reading (DSR) Cycle*

DSR is crucial for children with special educational needs to acquire language and emergent literacy skills (Bean et al., 2020). In addition to DSR strategies, the unit explains to support alphabet knowledge and phonological awareness by integrating Visual Phonics (VP) and picture mnemonics. These multisensory teaching approaches can help children associate speech sounds with hand cues and semantic elaborators that are especially helpful for those children who need additional support to understand sound-letter relationships (Birsh & Carreker, 2018; Gardner et al., 2013; Kart, 2023). This highlights the importance of differentiated and individualized support for future success.

This activity book is aimed to help caregivers, teachers, parents and other professionals on the use of interactive, evidence based DSR strategies with children aged 2 to 7, especially for children those with special needs, diverse developmental profiles and life experiences. This unit utilizes ideas from DSR, emergent literacy intervention research, and inclusive education frameworks to offer practical advice that can be used in homes, institutions, and schools. There are five core skills that compress the unit. These are key components of dialogic shared reading: (1) book selection and preparation, (2) DSR strategies, (3) alphabet knowledge and phonological awareness, (4) print awareness, and (5) after-reading skills.

Each competency is introduced with explicit learning objectives and exemplified through practical scenarios based on basises of applied behavioral analysis, social communication intervention, and pivotal response treatment. The scenarios aim to demonstrate the diversity of children, such as those who are deaf or hard of hearing, visually impaired, have autism spectrum disorder, attention deficit hyperactivity disorder, intellectual disability, language delay, immigrant background, or live in an institution. Rather than presenting rigid teaching scenarios, this activity book emphasizes sensitive decision-making, responsiveness to children's cues, and flexible adaptation to individual needs. By turning daily reading into interactive learning experiences, caregivers and professionals can create inclusive

literacy environments that welcome all children and help them on their way to becoming good readers (Batista Rocha & da Mota, 2023; Justice et al., 2016).

8.2 THE MODULE CONTENT

Competencies-Learning Objectives	Description	Focus	Desired Outcome
1. Book Selection and Preparation	Selecting developmentally appropriate books, preparing materials before reading, and creating interest prior to DSR.	Developmental appropriateness, interest-based book selection, environmental preparation, and choosing books aligned with the target sound.	Being able to introduce the book in a way that captures the child's attention, organize the reading environment, and select appropriate books and target sounds.
2. Dialogic Shared Reading (DSR) Strategies	Using DSR strategies to actively engage children during book reading.	Applying DSR techniques (PEER and CROWD), encouraging child participation, turn-taking, and responsive adult feedback.	Being able to facilitate interactive reading by prompting, expanding, and reinforcing children's verbal and nonverbal responses.
3. Alphabet Knowledge and Phonological Awareness	Supporting alphabet knowledge and phonological awareness within DSR activities.	Letter–sound correspondence, phonological awareness skills (e.g., initial sound, syllables), and integration of VP and picture mnemonics.	Being able to support children's awareness of sounds and letters through multisensory strategies embedded in DSR experiences.

4. Print Awareness Skills	Developing children's understanding of print concepts during DSR.	Print referencing, book concepts (e.g., cover, title, direction of print), and linking spoken language to written text.	Being able to draw children's attention to print, model how print works, and support early understanding of written language during DSR.
5. After-Reading Skills	Using after-reading activities to support comprehension, language use, and early narrative skills.	Retelling, sequencing events, discussing story meaning, and connecting the story to the child's experiences through structured follow-up activities.	Retelling, sequencing events, discussing story meaning, and connecting the story to the child's experiences through structured follow-up activities.

8.3 BOOK SELECTION AND PREPARATION

This competency focuses on supporting caregivers and practitioners in selecting developmentally appropriate books and preparing the reading environment before reading. Learning objectives acknowledge that children's engagement during DSR is greatly influenced by what happens before the reading, emphasizing the importance of planning and decision-making. Book selection and preparation are especially important for children with special educational needs or those at risk for reading difficulties because these children might experience challenges with attention, motivation or communication. Selecting books that are appropriate to the child's age, interests, and target skills, and creating a supportive reading environment, can help to maintain child's interest and increase their likelihood of participation (Cabell et al., 2019). The way a book is presented can transform the entire reading experience by supporting children to interact and share.

This competency includes three scenarios aligned with the learning objectives. The scenarios are based on the ideas of (i) applied behavioral analysis, (ii) social communication intervention, and (iii) pivotal response treatment. The scenarios highlight both preventative and interventional strategies, such as setting the environment, engaging people, and providing opportunities for them to talk to and pay attention to each other. Strategies can be modified for each child's unique needs. These examples demonstrate how diverse theoretical ideas can help people make decisions in real-life DSR cases at home and at school.

8.3.1 Scenario 1: Which book should we start with?

Context

Adult-guided DSR activities with a 4-year-old child who has limited attention span and delayed language development.

Learning objectives / target behaviors

1 Increase the child's participation in DSR by promoting choice-making before reading starts.

2 Encourage the child to take initiative and pay attention by aligning book selection with the child's interests.

The background/set up condition:

Mert is a 4-year-old child with a language development delay and inattention. He likes playing with toy cars and looking at colorful pictures, but he often loses interest when activities are presented with adult guidance. To prepare for the session, the caregiver selects two developmentally appropriate picture books in advance: one featuring animals and one featuring vehicles. The reading space is arranged on the floor in a quiet area of the room. A few preferred toy cars remain visible in the environment.

The main case

Shortly inciting incident

Mert and his caregiver sit together on the carpet. The caregiver puts both books in front of Mert and says, "Let's read." Mert looks at the books for a moment, then he sees a toy car nearby and starts rolling it back and forth. He does not reach for either book or does not look the caregiver in the eye.

Conceptual brief

When children feel involved, interested, and supported from the start of the book reading activity, they are more likely to participate. Providing children choices and paying attention to their interests can make them more motivated, focused, and willing to participate. Encouraging engagement at this early stage helps keep kids interested and sets the stage for positive interactions during reading.

Decisions

What should the caregiver do at this moment?

Option A: The caregiver picks one of the books and starts to read it out loud, hoping the child will be interested when the story starts.

Option B: The caregiver points to both books and asks, "Which book do you want to read? Then wait for the child to answer by speaking or pointing.

Option C: "We are reading now." "Put the toy away and sit here."

Justification: Which choice will best help the child stay interested and want to read with adults? Why might the other choices make the child less interested or more resistant?

Feedback to participants

Option A: The caregiver makes the decision without involving the child. The child may continue to disengage, reinforcing avoidance of shared reading.

Option B: The caregiver gives the child a meaningful choice and gives them time to respond to get them involved in the activity. This makes it more likely that they will pay attention, start something, and get involved together.

Option C: Removing the toy without offering an alternative may increase frustration and reduce the child's motivation to participate.

Assessment: Option B is the best answer. Before DSR begins, supporting the child's choice and interests encourages them to get involved and helps create a positive DSR experience.

Reflection and assessment

1. How does giving a child a choice before reading together affect how much they pay attention and how much they participate?

2. Think of a child you work with who doesn't like to read with others very often. What kind of things do you do that could help the child choose a book?

3. How could this strategy be changed for a child who doesn't talk yet (for example, by letting them point, look, or reach)?

8.3.2 Scenario 2: Preparing the reading environment

Context

A caregiver and a 5-year-old child with autism spectrum disorder who has trouble paying attention and controlling senses during DSR session.

Learning objectives / target behaviors

1. Set up the physical environment ahead of time so that the child can pay attention and regulate senses during DSR session.
2. Get ready for reading by setting up the materials and setting ahead of time. This will help keep them from getting distracted and losing interest.

The background/set up condition:

Ege is a 5-year-old boy who has autism spectrum disorder. He likes looking at books with bright pictures, but he often gets distracted by objects in the room, like toys, shelves, or other things. Ege often stood up, touched things nearby, or left the area shortly after the caregiver introduced the book in the past. The caregiver plans to read a picture book that focuses on a certain sound during today's reading session. Numerous toys are visible on the floor, and the TV is turned on in the background.

The main case

Shortly inciting incident

The caregiver and Ege sit on the floor together to start reading. The caregiver opens the book and says, "Let's read." Ege looks away from the book as soon as it is opened and he reaches for a toy that is close by. He doesn't pay attention to the book. This moment is a great opportunity to teach something important before DSR starts.

Conceptual brief

Environmental factors have a major effect on how much children want to participate in DSR activity. Setting up the room ahead of time by removing distractions and organizing materials helps children pay attention.

Decisions

What should the caregiver do in this case?

Option A: The caregiver starts reading out loud without changing the room, hoping the child will slowly pay more attention to the book.

Option B: The caregiver stops the activity, turns off the TV, moves toys that might be distracting out of reach, sets up the seating so the child is facing the book, and then brings the book back.

Option C: The caregiver keeps reading while telling the child to "look at the book" and "sit still" over and over.

Justification*:* Which choice best helps the child's focus by taking care of environmental factors before reading starts? Why might verbal reminders alone be ineffective in this situation?

Feedback to participants

Option A: Reading without adjusting the environment may result in continued distraction and disengagement.

Option B: Reducing distractions and arranging the environment supports attention and helps the child focus on the DSR activity.

Option C: Verbal reminders may increase frustration and do not change the environmental conditions that interfere with attention.

Assessment: The most effective response is Option B. Preparing the environment before DSR begins reduces competing stimuli and creates conditions that support engagement and shared attention.

Reflection and assessment

1. What environmental distractions most often interfere with DSR in your setting?

2. How could you prepare the reading area in advance to support your child's attention?

3. How might environmental preparation look different for children with different sensory or attention needs?

8.3.3 Scenario 3: Introducing the book together

Context

DSR session in an institutional care setting with a caregiver and a 6-year-old child with mild intellectual disability who uses limited spoken language and relies on gestures, facial expressions, and eye gaze to communicate.

Learning objectives / target behaviors

1. Support shared attention and interaction by introducing the book in a responsive and interactive way.
2. Encourage the child's communicative attempts (verbal and nonverbal) during the initial moments of DSR.

The background/set up condition:

Ahmet is a 6-year-old child diagnosed with mild intellectual disability and living in institutional care. He figures out basic language and utilizes a few words to communicate, but generally relies on pointing, looking, gestures, and facial expressions to show interest. In previous sessions, the caregiver would often open the book and start reading aloud without engaging Ahmet. For today's session, the caregiver is choosing a picture book with clear illustrations and a simple story. The reading area is arranged to prevent the children from being distracted.

The main case

Shortly inciting incident

The caregiver sits down next to Ahmet and holds the book so that they can both see the cover. She shows the cover and says, "Let's read this book together." Ahmet looks at the picture closely, smiles, and points to one of the characters without saying anything. This is a critical time to teach before reading begins.

Conceptual brief

Starting a DSR by introducing a book helps everyone pay attention and talk to each other right away. When caregivers respond to a child's gestures, eye gaze, or facial expressions, they understand that these are ways the child is trying to communicate with them. This method encourages children to get involved and sets the stage for interaction during the whole DSR session.

Decisions

What should the caregiver do at this moment?

Option A: The caregiver starts reading the text immediately and doesn't pay attention to the child's pointing.

Option B: The caregiver follows the child's point of view, names what the child is looking at, and then waits for a response (for example, "You're pointing to the boy"). The boy seems happy. What do you notice?”

Option C: The caregiver tells the child to “say the word” and repeats the label numerous times without stopping.

Justification: Which option best promotes shared attention and fosters the child's communication efforts in a constructive and respectful manner?

Feedback to participants

Option A: Ignoring the child’s gesture may reduce opportunities for interaction and discourage further communication.

Option B: Responding to the child's gesture, expanding the message, and allowing wait time supports shared attention and communication.

Option C: Pressuring the child to speak may increase frustration and limit engagement.

Assessment: Option B is the best answer. Responding to the child's attempts to communicate and giving them time to interact fosters shared attention and meaningful participation in DSR.

Reflection and Assessment

1. What do you usually do when a child talks to you with gestures?

2. Why should we think of nonverbal behaviors as meaningful communication?

3. How could this method help children in institutional care who don't have many chances to use language?

8.4 DIALOGIC SHARED READING STRATEGIES

This competency is about informing caregivers and professionals to DSR strategies that support children's language development. Instead of reading a book from beginning to end without talking to each other, DSR focuses on talking to each other, taking turns, and paying attention to each other while reading. When adults encourage children to participate and respond in helpful ways, DSR helps them learn new words, understand what they read, and stay interested. For children in institutional care, those with special needs, and those with language difficulties, interaction frequently requires deliberate structuring. (Cabell et al., 2019; Hargrave & Sénéchal, 2000).

DSR strategies are especially significant for children with special educational needs between the ages of 2 and 7. These children might join in passively or demonstrate restricted communication during reading unless interaction is intentionally supported. Caregivers can use variable strategies to ensure children

respond, initiate conversations, and maintain their interest during DSR. This competency is grounded in DSR and explicitly incorporates the PEER sequence (Prompt–Evaluate–Expand–Repeat) and CROWD questioning strategies (Completion, Recall, Open-ended, Wh-questions, and Distancing). Through these strategies, caregivers prompt children to participate, acknowledge and expand their responses, and encourage repeated engagement with language and meaning. Both verbal and nonverbal responses (e.g., pointing, eye gaze, gestures) are treated as meaningful communication. The table below give examples to strategies.

Table 5 *DSR Core Strategies (I)*

Step	Caregiver action	Purpose
P – Prompt	Ask a question or invite the child to respond	Initiates participation
E – Evaluate	Acknowledge the child's response (verbal or nonverbal)	Confirms communication attempt
E – Expand	Add information or model a richer response	Builds language and meaning
R – Repeat	Encourage the child to repeat or re-engage	Reinforces learning

Table 6 *DSR Core Strategies (II)*

Type	Example	When to use
C – Completion	"The butterfly is flying and …"	For familiar or repetitive texts
R – Recall	"What did the butterfly do before?"	After reading a page or section
O – Open-ended	"What is happening in this picture?"	To encourage longer responses
W – Wh-questions	"Why is the butterfly happy?"	To support comprehension
D – Distancing	"Have you ever seen a butterfly like this?"	To connect to the child's experience

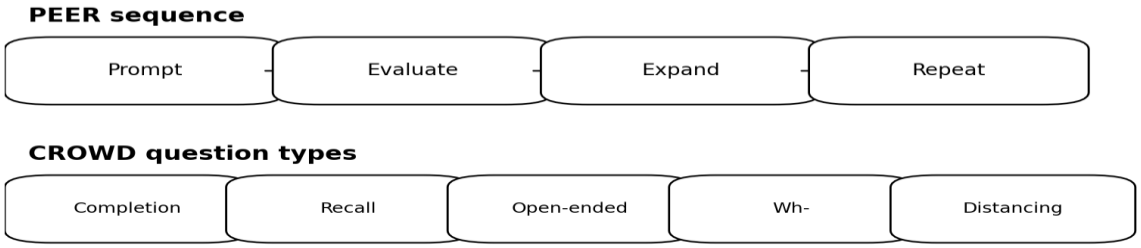

Figure 32. *Overview of strategies*

Three scenarios are presented under this competency, aligned with its learning objectives. The scenarios are written on the basis of the principles of (i) applied behavioral analysis, (ii) social communication intervention, and (iii) pivotal response treatment. Across the scenarios, caregivers are guided to apply PEER and CROWD strategies in developmentally appropriate ways, adapting prompts and responses to individual child characteristics and needs.

8.4.1 Scenario 1: Prompting participation

Context

DSR session in an institutional care setting with a caregiver and a 5-year-old child with hearing loss who uses spoken language supported by visual cues and gestures.

Learning objectives / target behaviors

1. Support the child's language development during DSR by prompting responses.
2. Encourage the child to respond to prompts using verbal and nonverbal communication.

The background/set up condition:

Yusuf is a 5-year-old child with hearing loss living in institutional care. He uses hearing technology and understands simple spoken language when supported with visual cues. Yusuf and the caregiver sit side-by-side so they can both see the book freely. The caregiver plans to pause on each page and ask Yusuf to participate.

The main case

Teaching moment

The caregiver pauses after reading the first page and points to the picture on the page.

Caregiver (Prompt): "What is going on here?" Yusuf glances at the photo. He pauses for a moment, points to the picture and says, "A dog." This moment offers a wonderful opportunity to support communication.

Caregiver response (using PEER within the interaction)

Evaluate: "Yes, a dog."

Expand: "The dog is running. The dog is running fast."

Repeat (Invite): "Yes, the dog is running. What is the dog doing?"

The caregiver waits and looks at Yusuf expectantly, giving him time to respond. Yusuf looks at the picture again and says, "It's running." The caregiver smiles and nods, reinforcing Yusuf's participation.

Decision point

What should the caregiver do to maintain the interaction?

A) Approve the child's response, add more information, and invite the child to respond again.

B) Correct the answer by showing how to say a full sentence and then keep reading.

C) Ask the same question without adding new information.

In this case, A is the best answer.

Why option A is most effective

- The caregiver thinks that Yusuf's answer is a meaningful way to communicate.
- The caregiver shows how to use more complicated language by adding information.
- The caregiver encourages to take turns speaking by asking them to interact again.

Why the other options are less effective

Option B: Modeling is useful, but reading right away makes it harder to join in.

Option C: Asking the same question repeatedly without adding anything new can make children less motivated and may not help them learn a new language skill.

Conceptual brief

Children with hearing impairments may answer with one word, during early DSR experiences. Broadening these answers as meaningful communication promotes language growth and maintain engagement. Pausing, using visual support,

and allowing wait time to help the child process information and participate more.

Assessment: Using PEER strategies within DSR supports Yusuf's participation and helps shift him from a passive listener to an active partner in the reading process.

Reflection and Assessment

1. How did acknowledging Yusuf's response affect his willingness to participate?

2. Which types of questions helped Yusuf respond most easily?

3. How can PEER be used to support children with hearing loss who rely on visual cues or gestures?

8.4.2 Scenario 2: Expanding what the child says

Context

DSR session in an institutional care setting with a caregiver and a 6-year-old child at risk of reading difficulties due to family disruption, who uses short verbal responses and gestures during communication.

Learning objectives / target behaviors

1. Support the child's expressive language by expanding single-word or short responses during DSR.

2. Encourage turn-taking and sustained interaction by responding meaningfully to the child's communication attempts.

The background/ set up condition:

Zeynep is a 6-year-old child living in institutional care following family disruption. She doesn't have a diagnosed disability, but she has had inconsistent care and not many chances for extended language interaction. In previous DSR sessions, Zeynep usually gave short answers to the questions, and the caregiver continued reading without adding to her answers. For today's session, the caregiver and Zeynep chose a picture book that allows her to talk about the actions, emotions, and motivations of the characters.

The main case

Teaching moment

The caregiver reads the butterfly wants to be big and is looking at a huge cake.

Caregiver (Prompt, open-ended): "Why does the butterfly want to be big?"

Zeynep: "Cake."

Zeynep smiles but she doesn't say anything else. This moment represents a great opportunity to broaden the child's response and increase interaction.

Decision point

What should the caregiver do to support language expansion and continued conversation?

A) Acknowledge the response and move on to the next page.

B) Broaden the child's response by adding meaning and ask him to get back into the conversation.

C) Ask the same question with raised emphasis to promote a longer answer.

Most effective response in this context: B

Why option B is most effective

- The caregiver considers the child's response, even if brief, as meaningful communication.
- By expanding on the response, the caregiver offers a richer language model without putting pressure on the child.
- Inviting the child to interact again supports turn-taking and emotional security in interaction.

Why the other options are less supportive

Option A: Moving too quickly means missing chances to support expressive language and build connections.

Option C: Repeating the same question without expanding on it can increase pressure and less likely to want to participate.

Conceptual brief

Children who have experienced family problems might not talk much even if they don't have a diagnosed disability. Making responses more general makes the interaction more welcoming, where the child feels heard and encouraged to join in. Expansion helps both language development and emotional connection.

Implementation within the session

- Prioritize expansion over correction.
- Be careful when using "Who, what, where" and open-ended questions.
- Understand that short spoken answers, gestures, and facial expressions are all forms of communication.

Assessment: Using PEER strategies with an emphasis on expand supports expressive language development and helps at-risk children engage more confidently.

Reflection and Assessment

1. How did expanding Zeynep's response affect her willingness to continue interacting?

2. What signs suggested that Zeynep felt comfortable participating?

3. How can expansion support children who are at risk due to family-related factors?

8.4.3 Scenario 3: Asking the right kind of questions

Context

DSR session with a caregiver and a 3-year-old child with low vision, who communicates verbally but benefits from structured support during interaction.

Learning objectives/ target behaviors

1. Support the child's comprehension and expressive language by selecting appropriate CROWD question types during DSR.
2. Encourage sustained interaction by matching question type to the child's engagement level.

The background/ set up condition:

Emir is a 3-year-old child with low vision living in institutional care. Emir likes picture books and can answer simple questions, but he may lose interest if the questions are too demanding or repetitive. During DSR sessions, the caregiver kept asking Emir "Who, what, where, where" questions, which sometimes made him stop answering. The caregiver plans to use CROWD strategies to change the kinds of questions they asked based on how Emir answered and paid attention.

The main case

Teaching moment

The caregiver is reading a page with pictures of some people preparing for a picnic.

Caregiver (open-ended): "What do you see in this picture?"

Emir: "They're eating."

Emir looks at the picture for a moment and then turns away. This is a great time to change the type of question to help the conversation.

Decision point

How should the caregiver respond to maintain and get even better in the interaction?

A) Ask a question right away, like, "Why are they eating outside?"

B) To get a longer answer, ask the same open-ended question again.

C) Use a completion or recall cue, and then ask a question like, "Why?"

The most supportive response in this context: C

Why option C is most effective

- Emir's answer shows that he understands some of it but isn't very interested.
- Using a simpler CROWD question (Completion or Recall) promotes success and maintains interaction.
- Moving slowly to a "Why?" question lowers stress and helps people understand.

Why the other options are less supportive

Option A: Asking questions are helpful but immediately asking limits the child's opportunity for engagement.

Option B: Asking the same question repeatedly and not adding anything to it can reduce motivation and may not help language development.

Conceptual brief

It's just as important to choose the right type of question during DSR as it is to ask the question. With CROWD strategies, caregivers can change how they prompt based on how the child responds and participates. Starting with easier prompts and slowly raising the cognitive demand encourages participation, and good communication.

Implementation within the session

- Start with open-ended questions to invite participation.
- Move to completion or recall questions when engagement decreases.
- Use "who, where, how" questions once the child is engaged again.
- Observe the child's cues and adjust the question type accordingly.

Assessment: Using PEER and CROWD strategies helps caregivers maintain engagement, support understanding, and encourage expressive language.

Reflection and self-assessment

1. How did different type of questions affect Emir's participation?

2. Which CROWD strategies were most effective for this child?

3. How can question difficulty be adjusted for children with different needs or at-risk backgrounds?

8.5 ALPHABET KNOWLEDGE AND PHONOLOGICAL AWARENESS

This competency focuses on supporting children's alphabet knowledge and phonological awareness within DSR activities. Phonological awareness and knowledge of the alphabet are two fundamental skills for early literacy. Many children particularly those with hearing loss, language delay, developmental disabilities, or limited literacy exposure can benefit from intentional supports that make sounds and letters easy to see and remember (Birsh & Carreker, 2018; Gardner et al., 2013; Kart, 2023). Instead of teaching letters and sounds separately, this competency emphasizes how to naturally include sound-based lessons into meaningful reading activities. Caregivers can create repetitive and significant opportunities for children to notice, hear, see, and produce sounds and letters in context during DSR.

This competency underlines major components of early phonological development, including letter–sound correspondence, awareness of initial sounds, syllables, and sound patterns in words. Strategies such as VP and picture mnemonics are integrated into DSR to help children who get advantage from visual, tactile, and kinesthetic learning. These supports are particularly beneficial for children who have restricted access to auditory information or who need additional scaffolding to learn to sounds in language.

Visual Phonics and Picture Mnemonics: Supporting Sounds and Letters in DSR

VP and picture mnemonics are multisensory strategies that support children's understanding of sounds and letters by making them visible, meaningful, and memorable. These strategies are especially effective for young children, children with special educational needs, and children at risk for reading difficulties who benefit from visual, tactile, and movement-based learning.

Visual Phonics

VP uses hand cues to represent speech sounds. Each sound is paired with a specific visual movement that reflects how the sound is produced. During DSR, caregivers can use VP cues to draw attention to target sounds in words, helping children connect what they see, hear, and feel. VP is particularly helpful for:

- Children with hearing loss
- Children with language delays
- Children who need additional support to attend to sounds in spoken language
- All struggling early readers

Importantly, VP is not used as a separate instruction. Instead, it is embedded naturally into DSR when a target sound appears in the story.

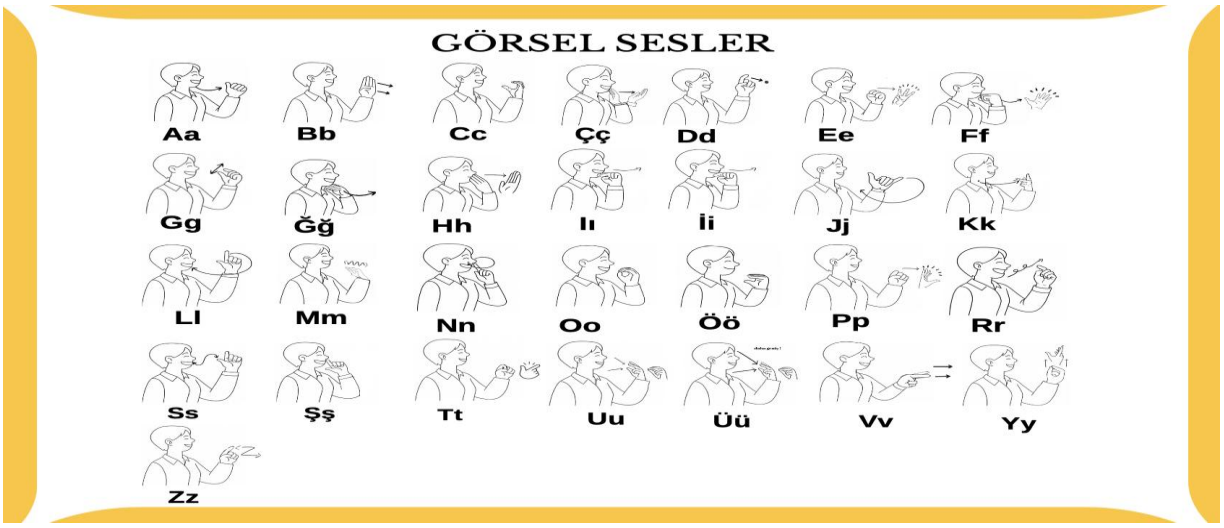

Figure 33. *Visual Phonics Hand Cues for Turkish Language*

Picture Mnemonics

Picture mnemonics support letter-sound matching by associating letters with meaningful images that begin with the target sound (e.g., a letter paired with a familiar object or character such as monkey for m). These visual aids support children to remember and notice letters and sounds by associating them with concrete, familiar concepts. Picture mnemonics are particularly useful for:

- Supporting memory and recall
- Increasing motivation and interest
- Helping children associate abstract symbols (letters) with meaningful sounds

During DSR, picture mnemonics can be shortly introduced when the target letter or sound appears in text or images.

Using these strategies together

When VP and picture mnemonics are used together in DSR:

- Children receive consistent multisensory input
- Sound-letter associations become clearer and more engaging
- Learning is supported without interrupting the flow of the story

Caregivers are encouraged to keep these aids short, responsive, and enjoyable by following the child's attention and interest rather than forcing repetition.

Figure 35. *Picture Mnemonics for Turkish Alphabet*

Key reminder for caregivers

The aim is not sound production or letter naming, but to raise awareness, attention, and positive interaction with sounds and letters during reading.

8.5.1 Scenario 1: Noticing the first sound

Context

DSR session conducted in an institutional care setting with a 6-year-old child with hearing loss who benefits from visual and multisensory support during language activities with a caregiver.

Learning objectives / target behaviors

1. To support the child's awareness of the first sounds of words during DSR.

2. To help the child notice and pay attention to target sounds using visual and gestural cues.

The background / set-up condition

Ali is a 6-year-old child with hearing loss living in institutional care. He uses hearing technology and figures out simple spoken language when supported by visual cues.

For today's session, the selected picture book contains numerous words that start with the same target sound (e.g., words beginning with /b/). Before reading, the caregiver decides to focus on only one target sound and plans to introduce it using VP when it appears naturally in the story.

The main case (teaching moment)

The caregiver begins to read the story. A large picture of a ball appears on one page. The caregiver stops and points to the picture.

Caregiver: "Look, this is a ball."

The caregiver makes the first sound slowly while also using the VP hand cue for /b/.

Caregiver: "/b/… ball."

Ali looks at the caregiver's hand motion and then back at the picture. This moment represents a great opportunity to promote preliminary sound awareness during DSR.

Decision point

How can the caregiver help Ali keep paying attention to the first sound?

A) Ask Ali to repeat the sound numerous times until it is generated completely.

B) Acknowledge Ali's attention, quickly repeat the sound with the gesture, and keep reading.

C)Disregard the sound moment and concentrate only on naming the picture.

Most supportive response in this context: B

Why option B is most effective

- The caregiver briefly and clearly points out the sound without breaking up the reading flow.
- VP gives the sound a visual representation.
- Continuing the story keeps the interaction natural and motivating.

Model interaction (sound awareness embedded)

Caregiver: "Yes, ball. /b/… ball." (Repeats the VP cue once.)

The caregiver then turns the page and continues reading. Later in the story, another word with the same initial sound appears.

Caregiver: "Look! Bear. /b/… bear." (Uses the same hand cue.)

Ali smiles and mimics part of the gesture by moving his hand slightly. The caregiver nods and continues reading.

Why the other options are less supportive

Option A: Requiring repeated production can increase pressure and decrease participation.

Option C: Disregarding sound chances limits the child's awareness of sound-letter patterns.

Conceptual brief

Early sound awareness develops when children are given repetitive, significant chances to realize sounds in context. Using VP during DSR helps children with hearing loss associate sounds with visual movement, fostering attention and memory without disrupting the story.

Implementation within the session

- Choose one target sound per reading session.
- Use VP only when the sound appears natural.
- Keep sound cues short and fun.
- Consider imitation or attention as successful engagement.

Assessment

Integrating early sound awareness into DSR using VP fosters early phonological development while maintaining engagement and enjoyment.

Reflection and self-assessment

1. How did using Visual Phonics affect the child's attention to the sound?

2. What were the signs that indicated the child noticed the first sound?

3. How can this strategy be adapted for children who do not imitate gestures?

8.5.2 Scenario 2: Playing with syllables in the story

Context

A DSR session with a 5-year-old child in an institutional care setting who is at risk due to family problems, enjoys movement, and benefits from rhythmic and multisensory activities.

Learning objectives / target behaviors

1. To support the child's awareness of syllables in spoken words during DSR.

2. To encourage active participation by utilizing rhythm, clapping, or simple body movements during reading.

The background / set-up condition

Can is a 5-year-old child living in institutional care due to family problems. He has no diagnosed disability but exhibits attentional problems during seated activities. Can enjoys songs, clapping, and movement-based play. He would become bored after listening for a short time during reading sessions unless it involved movement. The caregiver picks a picture book for today's session that has words that are familiar and have more than one syllable. The caregiver plans to underline syllables shortly using clapping and rhythmic cues while continuing the flow of the story.

The main case (teaching moment)

When reading a page that has a butterfly on it, the caregiver stops and points to the picture.

Caregiver: "This is a butterfly," said the caregiver.

The caregiver says the word slowly and claps softly for each syllable.

Caregiver: "but–ter–fly," said the caregiver.

Can watches the caregiver's hand movements and smiles. This moment represents a great opportunity to promote syllable awareness.

Decision point

How should the caregiver continue to support Can's awareness of syllables?

A) Ask Can clap the syllables several times until they are perfectly matched.

B) Invite a clap or tap once, then continue reading.

C) Skip the syllable activity and focus solely on formal naming.

The most supportive answer in this context: B

Why option B is most effective

- It encourages participation without making the activity feel like a lesson.
- A clap helps kid pay attention while still making reading fun.

- The movement helps Can stay interested and elaborate.

Why the other options are less supportive

Option A: Making children clap over and over again could reduce motivation and engagement.

Option C: Not taking advantage of syllable opportunities makes it harder to develop phonological awareness.

Conceptual brief

Children develop syllable awareness when they hear words as rhythmic parts. Children can learn how to break words down into parts by clapping, tapping, or moving their bodies. Adding these experiences to DSR helps with syllable awareness while also making the interaction enjoyable and meaningful.

Implementation within the session

- Choose familiar words with clear syllable structure.
- Use basic movements such as clapping or tapping.
- Accept imperfect attempts as successful engagement.
- Keep syllable play short and integrate it into natural reading flow.

Assessment

Using rhythm and movement during DSR helps children aware of syllables.

Reflection and self-assessment

1. How did movement affect the child's participation during DSR?

2. What words were the easiest for the child to clap or tap?

3. What changes can be made to syllable activities for kids who don't like to move a lot?

8.5.3 Scenario 3: Connecting letters, sounds, and pictures

Context

A DSR session with a 6-year-old child with ADHD and her caregiver using picture mnemonics during early reading and writing activities.

Learning objectives / target behaviors

1. To support the child for the connection between letters and their corresponding sounds during the DSR.

2. To help the child associate letters, sounds, and meaningful visuals using picture mnemonics.

The background / set-up condition

Elif is a 6-year-old girl with ADHD who likes quick, fun interactions and responds well to visual memory aids. Elif knows some letters, but she doesn't always connect them to their sounds unless visual aids are provided. For today's session, the book with a lot of words that start with the same letter was chosen. The caregiver also makes a simple picture mnemonic for the target letter, like a well-known object or character whose name starts with the same sound.

The main case (teaching moment)

While reading, the caregiver comes to a page where the word "ball" appears next to a large illustration. The caregiver pauses and points to the first letter in the word.

Caregiver: "This word starts with B."

The caregiver shows the picture mnemonic that goes with the letter B.

Caregiver: "B says /b/. Ball starts with /b/."

Elif glances at the letter, then at the picture mnemonic, and then back at the word. This moment represents a great opportunity to promote letter–sound correspondence within DSR.

Decision point

How can the caregiver continue to promote Elif's understanding?

A) Ask Elif to name the letter and produce the sound numerous times.

B) Use the picture mnemonic to quickly go over the letter-sound connection again, then continue reading.

C) Don't focus on the letters; just go back to reading the story.

Most supportive response in this context: B

Why option B is most effective

- The caregiver strengthens the connection between letters and sounds without stopping to read the story.
- The picture mnemonic makes a meaningful connection between the letter and the sound.
- Continuing the story keeps children engaged and motivated.

Why the other options are less supportive

Option A: Asking to name or produce something repeatedly can make the child feel stressed and disengaged.

Option C: Missing the chances of the child's exposure to letter–sound patterns.

Conceptual brief

Children learn to match letters and sounds when they encounter meaningful links between letters, sounds, and familiar images. Pictorial mnemonics help kids who benefit from visual learning. Adding these links supports learning while still enjoying the story.

Implementation within the session

- Choose a target letter-sound pair for each session.
- Briefly introduce the picture mnemonic.
- Repeat the connection naturally when the letter appears again.
- Accept pointing, looking, or smiling as indicators of learning.

Assessment

Using picture mnemonics within DSR supports letter–sound correspondence and helps children build early alphabet knowledge in a meaningful and engaging way.

Reflection and self-assessment

1. How did the picture mnemonic support the child's attention to the letter and sound?
2. What signs showed that the child noticed the letter–sound connection?

3. How can picture mnemonics be adapted for different letters or children's interests?

8.6 PRINT AWARENESS SKILLS

This competency focuses on supporting children's awareness of print concepts during DSR. Print awareness includes understanding how print works, such as recognizing the front and back of a book, knowing where to start reading, noticing that print carries meaning, and understanding the directionality of text. Print awareness does not develop automatically for many children with special educational needs or children at risk, including children with hearing loss, developmental delays, or those living in institutional care. These children may focus primarily on pictures and overlook print unless caregivers intentionally draw attention to it in meaningful ways. During DSR, caregivers can support print awareness with strategies such as briefly pointing to print, naming print features, and linking print to speech. These strategies can increase children's attention to written language (Justice & Ezell, 2004).

This skill focuses on naturally including print-focused moments in DSR instead of teaching print concepts through separate lessons. Strategies include pointing to words while reading, commenting on print features, inviting the child to interact with the book (e.g., turning pages), and modeling how print conveys meaning. Both verbal and nonverbal responses are valued as indicators of learning. Three scenarios are presented under this competency, aligned with its learning objectives. The scenarios are written on the basis of the principles of (i) applied behavioral analysis, (ii) social communication intervention, and (iii) pivotal response treatment. Across the scenarios, caregivers are guided to support print awareness responsively, follow the child's interest, and create opportunities for shared attention to print during reading.

8.6.1 Scenario 1: Where do we start reading?

Context

DSR session in an institutional care setting with a caregiver and a 4-year-old child at risk due to limited early literacy experiences, who enjoys handling books but has little awareness of print direction.

Learning objectives / target behaviors

1. Support the child's understanding of basic book orientation (front/back, where reading begins).

2. Increase awareness of print directionality by modeling where to start reading and how print moves across the page.

The background / set-up condition

Mert is a 4-year-old boy who likes to hold books, turning pages quickly, and look at the pictures. Mert often opened the book at random, either from the front or upside down, and focused mostly on the pictures. He wasn't aware of where the reading started or how the text was laid out on the page. Before they start reading, the caregiver plans to quickly go over the book's orientation and show him how to read the text naturally, without turning the activity into a lesson.

The main case (teaching moment)

"This is the front of the book," says the caregiver. She points to the title and then slowly turns the book over. "And this is the back," she says. Mert smiles and touches the cover. Then, the caregiver opens the book to the first page and points to the top left corner. "We start reading from here," says the caregiver. As she reads the first line of text, she slowly moves her finger from left to right. Mert watches the caregiver's finger move across the page. This moment promote print awareness.

Decision Point

How can the caregiver continue to support Mert's awareness of written text?

A) Ask Mert to repeat the words "back" and "front" many times.

B) Continue reading, occasionally pointing to where the reading starts on each page.

C) Focus only on the pictures and avoid indicating to the written text.

The best answer in this context: B

Why option B is the most effective:

- The caregiver is modeling written text concepts naturally and repeatedly.
- Pointing to the written text supports development without interrupting the flow of the story.
- Reading remains fun, and child centered.

Why the other options are less supportive

Option A: Without context, print concepts may seem abstract.

Option C: Ignoring print concepts limits opportunities to develop print awareness.

Conceptual brief

Understanding how books are organized is the first step for print awareness. Children learn that print has a meaning and structure when adults show them where to start reading and how print moves across the page. These concepts are best acquired through repeated exposure in meaningful reading experiences.

Implementation within the session

- Mention about the front and back of the book.
- Use finger tracking while reading.
- Avoid questioning or testing the child.
- Consider looking, pointing, or touching as signs of learning.

Assessment

Integrating print concepts into DSR supports early print awareness without disrupting the child's enjoyment of book reading.

Reflection and self-assessment

1. How did modeling print direction affect the child's attention?

2. What were the signs that indicated the child noticed where reading began?

3. How can this strategy be adapted for children who choose to turn pages rapidly?

8.6.2 Scenario 2: Print has meaning

Context

The five year old child is at risk due to limited early literacy experience, likes listening to stories, but concentrates principally on pictures.

Learning objectives / target behaviors

1. Support the child's understanding that print represents spoken language.

2. Increase awareness of the connection between spoken words and written text during DSR.

The background / set-up condition

Ece is a 5-year-old child living in institutional care. She likes to listen to stories and look at pictures, often commenting on illustrations and characters. She seemed to think that pictures were the most significant source of meaning. The caregiver will sometimes point to certain words while reading aloud to make it clear that the words are coming from the text.

The main case (teaching moment)

The caregiver starts to read a page out loud. "The cat is sleeping," said the caregiver. The caregiver gently indicates every word in the sentence as she reads. Ece looks at

the picture of the cat for a moment before turning her head to the caregiver's finger moving across the text. This moment represents a great opportunity to help Ece to comprehend that print carries meaning.

Decision point

How can the caregiver maintain to promote Ece's print awareness?

A) Tell Ece to read the words out loud or say the letters.

B) Keep reading and trace the words as you say them.

C) Stop pointing to the print and only concentrate the picture.

Most supportive response in this context: B

Why option B is most effective

- The caregiver reinforces the connection between spoken words and printed text.
- Pointing to words keeps the focus on meaning.
- Reading remains natural and enjoyable.

Why the other options are less supportive

Option A: Asking the child to read or name letters might cause frustration and take their attention away from the meaning.

Option C: Ignoring the print restricts chances for understanding how print works.

Conceptual brief

Comprehending that print carries meaning is a crucial step in initial literacy development. When caregivers read aloud and point to words, they indicate children that spoken language has a written form. These small, repeated moments build basic print awareness over time.

Implementation within the session

- Point to entire words, not individual letters.
- Use simple phrases such as "These words tell the story."

- Keep moments focused on print short and natural.
- Consider eye contact, pointing, or touching print as indicators of learning.

Assessment

Incorporating written language-speech connections into the DSR helps children comprehend that print represents spoken language.

Reflection and self-assessment

1. How did pointing to words affect the child's attention to the written text?

2. What were the signs that the child noticed the connection between written text and speech?

8.6.3 Scenario 3: Let the child handle the book

Context

A DSR session with a 4-year-old child in institutional care who has limited early literacy experiences and enjoys physical interaction with books.

Learning objectives / target behaviors

1. To support the child's print awareness by encouraging active interaction with the book (e.g., turning pages, holding the book).

2. To increase understanding of reading direction and sequence through hands-on participation.

The background / set-up condition

Arda is a 4-year-old child living in institutional care. He enjoys touching books, quickly turning pages, and pointing to pictures. Arda would often turn pages quickly in past DSR sessions without paying attention to the print or the story. The purpose is not to correct page turning, but to support Arda's understanding that books follow a sequence, and that print is read in a certain way.

The main case (teaching moment)

At the beginning of the session, the caregiver places the book in front of Arda.

Caregiver: "You can hold the book."

Arda immediately opens the book and turn pages, the caregiver responds:

Caregiver: "Oh, you turned the page."

She slowly returns to the previous page.

Caregiver: "We read this page first."

She briefly points to the text and begins to read. Arda follows along and then puts his hand on the page. This moment offers a significant opportunity to develop print awareness through active participation.

Decision point

How should the caregiver respond to Arda's page turning behavior?

A) To avoid distraction, the caregiver should control all page-turning.

B) The caregiver should allow Arda to turn pages freely without guidance.

C) The caregiver should guide Arda's participation by approving his actions and modeling the page order.

The most supportive answer in this context: C

Why option C is most effective

- The caregiver provides a structure while valuing the child's initiative.
- Sequence modeling supports understanding without limiting participation.
- The child remains as an active participant in the reading process.

Why the other options are less supportive

Option A: Removing control lower motivation and restricts learning chances.

Option B: Lack of guidance can hinder book concepts and print direction.

Conceptual brief

Print awareness is reinforced when children actively use books. Turning pages, holding the book, and touching the print helps children understand that books have structure. Guidance allows children to explore as they learn how reading works.

Implementation within the session

- Invite the child to hold and turn pages.
- Comment on actions rather than correcting immediately.
- Model where reading begins on each page.
- Follow the child's interest while maintaining structure.

Assessment

Allowing children to handle the book during DSR supports print awareness, engagement, and understanding of how books work.

Reflection and self-assessment

1. How did sharing control of the book affect the child's engagement?

2. What signs showed that the child noticed page order or print direction?

8.7 AFTER-READING SKILLS

This competency focuses on supporting children's language, comprehension, and emergent literacy skills after reading through meaningful follow-up interactions. After-reading activities provide opportunities to revisit the story, deepen understanding, and encourage children to express ideas, recall events, and make connections beyond the book. After-reading activities help children consolidate meaning, practice new vocabulary, and build narrative skills such as sequencing and retelling. For children with limited language and literacy opportunities (e.g., institutional care) or attention needs (e.g., ADHD), short, structured extensions can make comprehension visible and strengthen learning (Biggs et al., 2023). This competency emphasizes developmentally appropriate after-reading practices such as retelling key events, answering and asking questions, connecting the story to

personal experiences, engaging in simple play-based extensions, and using visual supports (e.g., pictures, props, story maps). These activities are not intended as tests of comprehension but as opportunities for shared meaning-making and communication.

This competency fosters caregivers to see after-reading time as an enhancement of DSR rather than a separate task. You can change the strategies based on the child's age, communication level, and individual needs. Both verbal and nonverbal responses are important, and the focus is on keeping the interaction positive, engaging, and fun. Three scenarios are presented under this competency, aligned with its learning objectives. The scenarios are written on the basis of the principles of (i) applied behavioral analysis, (ii) social communication intervention, and (iii) pivotal response treatment. Across the scenarios, caregivers are guided to support comprehension and expression through responsive prompting, expansion of the child's ideas, and motivation-based strategies that follow the child's interests.

8.7.1 Scenario 1: Talking about what happened

Context

After-reading interaction following a DSR session in an institutional care setting with a caregiver and a 5-year-old child at risk due to restricted basic language experiences.

Learning objectives / target behaviors

1. Support the child's ability to recall and retell key events after reading.

2. Encourage expressive language and sequencing through guided prompts.

The background / set-up condition

Deniz is a 5-year-old child living in institutional care. He enjoys listening to stories and looking at pictures but often struggles to talk about what happened after a book is finished. In previous sessions, after reading usually ended with closing the book,

and Deniz was rarely invited to revisit or talk about the story. The caregiver plans to keep the book open after finishing the story and use the pictures as visual aids to help Deniz remember and retell key events.

The main case (teaching moment)

After reading the book, the caregiver partially closes the book, leaving it visible.

Caregiver: "We've finished the story."

She stops for a moment and then opens the book back up to the first page.

Caregiver: "Let's talk about what happened."

She points to the first photo.

Caregiver (Prompt – Recall): "Who was in the story?"

Deniz: "Boy."

This moment represents a great opportunity to foster story recall and retelling.

Decision point

How can the caregiver react to help Deniz's recall and participation?

A) Fix the answer and ask for a more complete response.

B) Acknowledge the response, broaden it, and ask Deniz to keep going.

C) Go on to the next task right away without revisiting the story.

Most supportive response in this context: B

Why option B is most effective

- The caregiver accepts Deniz's answer as significant involvement.
- Expending on the response makes the language richer without putting pressure.
- •Asking Deniz to keep going helps with turn-taking and sequencing.

Model İnteraction

Evaluate: "Yes, a boy."

Expand: "There was a boy in the story."

Invite / Prompt: "What did the boy do?" The caregiver waits.

Deniz: "He run."

Caregiver (Expand): "Yes, he ran. The boy ran to the park."

The caregiver turns the page and moves to the next picture.

Caregiver: "And then?"

Deniz looks at the picture and says, "Play." The caregiver smiles and continues the interaction.

Why the other options are less supportive

Option A: Asking corrections can reduce confidence and willingness to participate.

Option C: Skipping recall restricts chances for comprehension and expressive language growth.

Conceptual brief

Post-reading activities supports understanding, memory, and expressive language. Children benefit from visual cues, simple directions, and responsive expansion when retelling stories. The aim is not perfect recall, but shared meaning and communication.

Implementation within the session

- Keep the book open and visible after reading.
- Use recall and open-ended prompts.
- Accept partial or brief responses.
- Support sequencing with phrases like "and then…"

Assessment

Guided recall and retelling after reading help children strengthen comprehension and expressive language while maintaining positive interaction.

Reflection and self-assessment

1. How did using pictures support the child's recall?

2. Which prompts helped the child respond most easily?

3. How can retelling be supported for children who use very limited spoken language?

8.7.2 Scenario 2: Making connections

Context

A caregiver and a 6-year-old child at risk due to family disruption, who benefits from emotionally supportive and relational interactions.

Learning objectives / target behaviors

1. Support the child's ability to connect story events to personal experiences.

2. Encourage expressive language and emotional engagement through experience-based prompts.

The background / set-up condition

Elvan is a 6-year-old child living in institutional care because of poverty. She listens attentively to stories and can recall basic events but rarely talks about her own experiences unless prompted. After reading, Elvan often becomes quiet and waits for the next activity. The goal is to promote meaningful conversation, not to reveal comprehensive or emotionally troublesome answers. After finishing the story, the caregiver help Elvan connect the events in the book to her own life.

The main case (teaching moment)

After the story is over, the caregiver leaves the book open to a page with a picture of the main character looking happy. "The boy looks happy here," the caregiver said. She stops and stares at Elvan. "Have you ever felt that happy?" asked the caregiver.

Elvan glances at the picture and then at the caregiver. She nods and says, "Yes," after a brief pause. This moment fosters story-to-self connections.

Decision point

How can the caregiver respond to foster communication?

A) Ask Elvan to explain her experience in elaboration.

B) Acknowledge the answer and give an optional follow-up question.

C) Move on to the subsequent task to avoid sentimental argument.

Most supportive response in this context: B

Why option B is most effective

- The caregiver respects Elvan's comfort zone.
- Expanding supports language development.
- Optional follow-up supports participation while protecting emotional safety.

Why the other options are less supportive

Option A: Asking for explanations might be too personal or overwhelming.

Option C: Avoiding connection decreases the chance for participation.

Conceptual brief

Connecting stories to personal experiences increases understanding and improves emotional development. For children at risk, these moments should be handled with sensitivity, allowing the child to share at their own comfort level.

Implementation within the session

- Use minimal distanced cues.
- Accept short verbal responses or nonverbal cues.
- Keep follow-up questions optional.
- Maintain a supportive tone.

Assessment

Post-reading interactions support comprehension, expressive language, and emotional engagement without overwhelming the child.

Reflection and self-assessment

1. How did relating the story to personal experience affect engagement?

2. What were the signs that the child felt comfortable responding?

3. How can distanced prompting be adapted for children with different needs?

8.7.3 Scenario 3: Ending story with multisensory activities

Context

A 5-year-old child who has limited language development and benefits from hands-on and sensory activities.

Learning objectives / target behaviors

1. To support comprehension and expressive language by expanding the story through multisensory activities.

2. To encourage active participation and interaction using visual, tactile, and movement-based materials.

The background / set-up condition

Kerem is a 5-year-old boy who likes to listen stories but often gets bored when the reading is done. Kerem enjoys follow-up activities that involve moving, objects, or hands-on materials. The caregiver is planning a simple multisensory activity based on the story for today's session. The goal is to help Kerem not only tell the main parts of the story again but also review them by doing.

The main case (teaching moment)

After finishing the story, the caregiver places a small basket on the table containing accessories related to the book such as toy characters, textured objects, or pictures.

Caregiver: "Let's play with the story." She pulls out a small figure representing the main character.

Caregiver: "This is the child in the story."

Kerem reaches into the basket and pulls out another object.

Kerem: "A ball. Kerem smiles and rolls the ball across the table. This moment offers an opportunity to improve story comprehension through multisensory activities.

Decision Point

How should the caregiver respond to meaningfully expand on the story?

A) Ask Kerem to retell the entire story before playing.

B) Engage in the game, name the actions, and relate them to the story events.

C) Allow free play without referring to the story.

The most supportive response in this context: B

Why option B is the most effective

- The caregiver directly relates the play actions to the story.
- Language is naturally modeled within the activity.
- Participation and understanding are simultaneously supported.

Caregiver (Expand): "Yes, he played and ran."

The caregiver follows Kerem's lead and continues to name the actions and relate them to the story.

Why the other options are less supportive

Option A: Requiring a full retrieval before play might decrease motivation.

Option C: Free play without connection limits the reinforcement of story comprehension.

Conceptual brief

After-reading activities that use more than one sense help children remember and understand the story better through action, touch, and movement. These activities are particularly effective for children who benefit from hands-on learning and might find only verbal recall difficult. Integrating language into play supports understanding and expressive language in a natural, enjoyable way.

Implementation within the session

- Use materials that are easy to understand and are related to the story.
- Name actions and objects while playing.
- Stay connected to the story while following the child's interests.
- Make sure the activity is fun and flexible.

Assessment

Adding multisensory activities to stories supports comprehension, engagement, and expressive language while making after-reading time rich and fun.

Reflection and self-assessment

1. How did multisensory materials affect the child’s interest after reading?

2. Which play actions helped children comprehend the story the best?

3. How can multisensory extensions be changed for diverse stories or materials?

8.8 SUMMARY

This activity book offered an evidence-based methodology for supporting emergent literacy development through DSR for children aged 2 to 7. DSR can go from being a passive activity to an active learning routine at home, in preschool, and in institutional care contexts when caregivers and professionals encourage participation, pay attention to the child's cues, and add teaching strategies without disrupting the story. Research on DSR highlights that children's language and emergent literacy outcomes improve when adults use purposeful prompts, expansions, and turn-taking to build meaning collaboratively (Cabell et al., 2019; Hargrave & Sénéchal, 2000).

This unit emphasized five competencies that support a consistent "pre-reading-during reading -post-reading" routine. First, book selection and preparation increase the likelihood of a child's engagement from the start. Choosing books appropriate to their developmental level and interests, setting the environment, and offering choices can reduce avoidance and create a positive foundation for joint attention. Second, DSR strategies (PEER and CROWD) help children develop language comprehension. Acknowledging nonverbal communication and providing waiting time is particularly important for children with special educational needs.

Third, alphabet knowledge and phonological awareness were addressed through multisensory teaching tools such as VP and picture mnemonics. These tools can make sound-letter relationships more accessible, particularly for children who need additional support in paying attention to speech sounds (Birsh & Carreker, 2018; Gardner et al., 2013). Fourth, print referencing such as pointing to book components, tracing lines of print, and underlining repetitive words, helps children learn how to pay attention to print without making reading a lesson (Justice & Ezell, 2004). Eventually, after-reading activities through brief, structured extensions such as retelling, sequencing, and distancing prompts unite story to children's experiences.

These follow-up routines help make the meaning stronger, improve narrative skills, and broaden to vocabulary knowledge. The scenarios were purposefully made different to reflect real-life learners, such as children with low vision, hearing loss, ADHD, autism, mild intellectual disability, language delay, a background of poverty, or living in an institution. The main point is that DSR works best when it is not a set script but a flexible practice. Caregivers and professionals can create inclusive, fun reading routines that help every child's emergent literacy journey by following children's lead and using evidence-based strategies consistently.

8.9 SELF-ASSESSMENT FOR CAREPROVIDER

Instructions: Please read each statement carefully and let us know how much you agree with it based on your current knowledge and practice.

No	Items	1 2 3 4 5
Book Selection and Preparation		
1	I can choose books that are appropriate for the child's age, communication level, interests, and learning needs.	☐☐☐☐☐
2	I can set up the reading environment and introduce a book in ways that increase engagement before reading begins.	☐☐☐☐☐
Dialogic Shared Reading Strategies		
3	I can use DSR strategies such as prompting, expanding responses, and encouraging turn-taking to actively engage children during shared reading.	☐☐☐☐☐
4	I can adjust my questions (e.g., using different CROWD question types) based on the child's level of engagement and communication.	☐☐☐☐☐
Alphabet Knowledge and Phonological Awareness		
5	I can support children's awareness of sounds, syllables, and letters naturally within DSR activities.	☐☐☐☐☐
6	I can integrate multisensory strategies (e.g., visual phonics and picture mnemonics) to support sound–letter learning in meaningful contexts.	☐☐☐☐☐
Print Awareness		
7	I can help children understand basic print concepts, such as where reading begins and how print moves across the page.	☐☐☐☐☐
8	I can draw children's attention to print in natural ways while maintaining their interest in the story.	☐☐☐☐☐
After-Reading Skills		
9	I can support children's comprehension by revisiting stories through recall, discussion, and shared reflection after reading.	☐☐☐☐☐
10	I can extend DSR through play-based or multisensory follow-up activities that reinforce story meaning and language use.	☐☐☐☐☐

Likert Scale

1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree

8.10 THE CHAPTER EVALUATION AND REFLECTION

Scoring

Strongly disagree is 5 points; disagree is 4 points; neutral is 3 points; Agree is 2 points; Strongly agree is 1 point.

Calculate Your Total Score and comment on it:

-45-50 Points: Mastery level. You have an excellent understanding of the chapter and can apply them flexibly and effectively.

-35-44 Points: Proficient level. You have a solid grasp of the key concepts. Practicing and deepening some strategies will enhance your expertise.

-25-34 Points: Developing level. You are beginning to understand the core principles. Focus on the items you did not mark "Agree" or "Strongly Agree" to strengthen your knowledge.

-10-24 Points: Beginning Level. You are at the start of your learning journey. This checklist clearly indicates the foundational areas for your continued study.

8.11 REFERENCES

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