



DEVELOPING COMPETENCIES OF SPECIAL NEEDS CARE PROVIDERS ON SCIENTIFIC EVIDENCE-BASED PRACTICES WITH TECHNOLOGY-SUPPORTED TOOLS: CZECHIA NEEDS ASSESSMENT REPORT

2025-1-TR01-KA220-HED000349859





PROJECT INFORMATION	
Project Title	Developing Competencies of Special Needs Care Providers on Scientific Evidence-Based Practices with Technology-Supported Tools
Project Reference Number	2025-1-TR01-KA220-HED000349859
Project Start Date	October 01, 2025
Project Acronym	CCforSEN
Coordinator	Duzce University
Partner Organisations	Gedonsoft- GS Masaryk University –MU Sakarya University – SU
Project Duration	24 Months
DOCUMENT IDENTIFICATION	
Document Title	Need Analysis Report
Type of Document	Modular Curriculum
Language	English
Dissemination Level	Public – Publishable
Date Released	
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1-RESULTS OF THE NEEDS ANALYSIS FOR CZECHIA



1.1 Descriptive Statistics

The data collected includes a total of 50 participants from two separate groups. The first group (N = 25) consists of caregivers, such as speech therapist, social workers, special education teachers and preschool teachers, teaching assistants, child development specialists, and candidates, among others. The second group consisted of professionals/experts (N=25), such as academics working with children with special needs. Participants were asked two different questions regarding the training modules. First, the importance of the submodule in teaching practice for children with special needs. Second, “support needs” in relation to the submodule. Both questions were directed at two separate groups: care providers working directly with children with special needs, as well as special education teachers and professionals or experts, such as academicians studying in the special education area or relevant departments. All data were collected by using Google Forms. Form A for care providers and service providers for children with special needs and Form B for professionals/experts in relevant disciplines.

Table 1

Descriptive Statistics of Participants

Participants	Caregivers/Care providers (N=25)	
	N	%
Speech therapist	2	8
Social workers	4	16
Preschool teacher	5	20
Child development specialist	2	8
Special education teacher	8	32
University students (relevant departments to children with special needs, teaching assistant, occupational therapist)	4	16
Other (please specify; staff or candidate relevant to children with special needs).	Variable	

Data was collected from a total of 50 respondents, however, data from 25 specialists/experts was not included in Table 1.

The primary data collected for this project, aligned with the project's need analysis, were gathered from care providers, service providers, and candidates who work directly with children with special needs. As summarized in Table 1, data were collected from 8 special education teachers (32%), 5 preschool teachers (20%), 4 social workers (16%), 4 teaching assistant (16%) and 2 speech therapist and child development therapist (both 8%), and variable staff or candidates relevant areas to children with special needs under “other” category. (See Table 1). Additionally, data were collected from 25 professionals/experts (100%) to gather their opinions on the ‘importance’ of training modules and the ‘support needs of care providers’ in relation to these modules. In this report, it reported the participants response descriptive data. It can be seen in Table 2. The data are reported below under relevant subheadings.

Table 2

Care Providers and Professionals/Experts’ Opinions on the Importance and the Support Needs of the Modules

Training Modules	Submodules	Caregivers/ Care Providers				Professionals/ Experts			
		Importance		Support Needs		Importance		Support Needs	
		f & (%)	M (SD)	f & (%)	M (SD)	f & (%)	M (SD)	f & (%)	M (SD)
1. Behavior Management (BM)	1.1. Identifying the Function of Behavior (FB)	13 (52%)	9.36 (0.7)	5 (20%)	7.08 (2.44)	11 (44%)	8.96 (1.24)	8 (32%)	8.12 (2.1)
	1.2. Using Antecedent-Based Strategies (ABS)	16 (64%)	9.45 (0.83)	5 (20%)	6.92 (2.46)	11 (44%)	8.88 (1.66)	6 (24%)	7.96 (2.31)
	1.3. Teaching Alternative/Replacement Behaviors (ARB)	15 (60%)	9.32 (0.94)	4 (16%)	7.32 (2.03)	11 (44%)	8.64 (1.86)	6 (24%)	7.84 (2.4)
	1.4. Implementing Reinforcement (IR)	15 (60%)	9.32 (0.9)	4 (16%)	7.52 (1.89)	11 (44%)	8.84 (1.34)	7 (28%)	8.2 (2.14)
	1.5. Developing and Using Behavior Support Plan (BSP)	13 (52%)	9.04 (1.09)	4 (16%)	7.24 (2.04)	8 (32%)	8.4 (1.68)	5 (20%)	7.56 (2.36)



2. Supporting Communication, Speech, & Language Skills (CSL)	2.1. Eye contact (EC)	13 (52%)	9.12 (1.23)	6 (24%)	6.92 (2.39)	13 (52%)	7.64 (1.82)	3 (12%)	9.08 (1.28)
	2.2. Waiting skills (WS)	10 (40%)	8.96 (1.13)	3 (12%)	6.72 (2.18)	11 (44%)	7.52 (1.82)	3 (12%)	9 (1.22)
	2.3. Turn-taking (TT)	10 (40%)	8.92 (1.38)	4 (16%)	6.4 (2.61)	11 (44%)	7.72 (1.86)	4 (16%)	8.64 (1.52)
	2.4. Reciprocal conversation (RC)	9 (36%)	8.96 (1.01)	2 (8%)	6.4 (2.36)	9 (36%)	8.64 (1.52)	4 (16%)	7.52 (2.04)
	2.5. Imitation skills with/without objects (IM)	13 (52%)	9.24 (0.87)	1 (4%)	6.24 (2.43)	10 (40%)	8.72 (1.62)	4 (16%)	7.4 (2.34)
3. Early Literacy Skills (ELS)	3.1. Book Selection and Preparation Strategies (BSPS)	7 (28%)	8.62 (1.05)	2 (8%)	6.04 (2.91)	4 (16%)	8.08 (1.35)	3 (12%)	7.2 (2.08)
	3.2. Interactive Reading Strategies (IRS)	9 (36%)	8.87 (0.94)	3 (12%)	7.08 (2.16)	5 (20%)	8.28 (1.33)	3 (12%)	7.58 (1.86)
	3.3. Alphabet Knowledge and Phonological Awareness ELS/AKPA	6 (24%)	8.54 (1.17)	0	6.2 (2.3)	7 (28%)	8.24 (1.61)	6 (24%)	7.88 (1.83)
	3.4. Print Awareness (PA)	5 (20%)	8.33 (1.16)	2 (8%)	6.75 (2.43)	4 (16%)	7.68 (1.95)	4 (16%)	7.36 (2.11)
	3.5. After Reading Skills (ARS)	6 (24%)	8.41 (1.05)	1 (4%)	6.62 (1.95)	5 (20%)	8.28 (1.1)	4 (16%)	7.32 (2.28)
4. Naturalistic Teaching (NT)	4.1. Following the Child's Lead (CL)	12 (48%)	8.88 (1.36)	1 (4%)	5.56 (2.48)	9 (36%)	8.4 (1.97)	1 (4%)	6.6 (2.16)
	4.2. Creating Communication Opportunities (CO)	12 (48%)	9.12 (1.11)	1 (4%)	5.52 (2.8)	12 (48%)	8.96 (1.42)	3 (12%)	7.08 (2.14)
	4.3. Modeling, Mand-Model and Expanding Language (MEL)	13 (52%)	9.29 (0.95)	3 (12%)	5.79 (2.63)	7 (28%)	8.66 (1.4)	3 (12%)	7.28 (2.24)
	4.4. Using Prompting and Time Delay (PTD)	8 (32%)	8.64 (1.31)	4 (16%)	6.44 (2.64)	7 (28%)	8.56 (1.35)	7 (28%)	7.52 (2.48)
	4.5. Embedding Teaching in Daily Routines (ET):	9 (36%)	8.8 (1.38)	2 (8%)	5.43 (2.82)	15 (60%)	9.32 (1.02)	4 (16%)	6.8 (2.32)
5. Activity-Based Learning (ABL)	5.1. Experiential learning (EL)	6 (24%)	8.56 (1.38)	0	5.56 (2.41)	4 (16%)	8.91 (0.66)	2 (8%)	7.64 (1.62)
	5.2. Imitation (IM)	11 (44%)	9 (1.25)	3 (12%)	6.24 (2.6)	8 (32%)	9.04 (0.84)	2 (8%)	7.68 (1.77)
	5.3. Play together (PT)/Cooperative play	10 (40%)	8.68 (1.74)	1 (4%)	5.8 (2.41)	8 (32%)	8.95 (0.95)	2 (8%)	7.36 (1.95)
	5.4. Rhythmic-movement (RM) activities	10 (40%)	9 (1.04)	0	5.24 (2.89)	9 (36%)	8.92 (1.07)	3 (12%)	7 (2.48)
	5.5. Associative learning (AL)	10 (40%)	8.88 (1.23)	3 (12%)	6.4 (2.46)	7 (28%)	8.68 (1.37)	5 (20%)	8.04 (2.03)



6. Activity Schedules (AS)	6.1. Task analysis (TA)	13 (52%)	9.2 (0.95)	2 (8%)	6.56 (2.27)	9 (36%)	8.48 (1.5)	5 (20%)	7.68 (1.84)
	6.2. Photographic task analysis (PTA)	11 (44%)	8.92 (1.44)	1 (4%)	6.79 (1.99)	10 (40%)	8.48 (1.75)	2 (8%)	7.36 (1.77)
	6.3. Preparing materials for creating photographic activity schedules (PAC)	9 (36%)	8.72 (1.2)	5 (20%)	6.8 (2.53)	7 (28%)	8.6 (1.15)	3 (12%)	7.48 (1.85)
	6.4. Teaching skills with activity schedules (TAS)	9 (36%)	8.8 (1.15)	3 (12%)	6.8 (2.34)	5 (20%)	8.52 (1.26)	2 (8%)	7.08 (1.77)
	6.5. Fading procedures to promote independence (FI)	15 (60%)	9.44 (0.76)	2 (8%)	6.08 (2.49)	9 (36%)	8.87 (1.22)	4 (16%)	7.52 (2.02)
7. Peer Tutoring (PT)	7.1. Mutual learning (ML)	10 (40%)	8.44 (2.16)	1 (4%)	5.54 (2.39)	7 (28%)	9 (0.76)	5 (20%)	8.08 (1.77)
	7.2. The child as a teacher (CT)	10 (40%)	8.44 (2.1)	2 (8%)	5.66 (2.77)	6 (24%)	8.6 (1.25)	2 (8%)	7.6 (1.77)
	7.3. Peer Imitation (PI)	6 (24%)	8.32 (2.13)	3 (12%)	5.76 (3.07)	7 (28%)	8.52 (1.41)	2 (8%)	7.16 (1.99)
	7.4. Social support (SS)	10 (40%)	8.64 (2.09)	2 (8%)	5.91 (2.76)	9 (36%)	8.96 (1.05)	3 (12%)	7.68 (1.81)
	7.5. Motivation in pairs or a small group (PSG)	8 (32%)	7.96 (2.49)	2 (8%)	6 (2.66)	7 (28%)	8.56 (1.52)	2 (8%)	7.04 (2.26)
8. Self-Determined (SD) Daily Life Skills	8.1. Choice-making (CM)	12 (48%)	9.29 (0.85)	3 (12%)	6.44 (2.59)	10 (40%)	8.96 (1.2)	3 (12%)	7.76 (1.8)
	8.2. Decision-making (DM)	10 (40%)	9 (1.32)	3 (12%)	6.24 (2.75)	9 (36%)	8.87 (1.29)	4 (16%)	7.52 (2.04)
	8.3. Goal setting (GS)	11 (44%)	9.2 (0.95)	2 (8%)	6.12 (2.58)	7 (28%)	8.56 (1.58)	2 (8%)	7.64 (1.84)
	8.4. Problem-solving (PS)	10 (40%)	9.2 (0.77)	3 (12%)	6.32 (2.7)	10 (40%)	8.92 (1.03)	5 (20%)	8.16 (1.65)
	8.5. Self-direction (SD)	9 (36%)	8.84 (1.24)	1 (4%)	6 (2.44)	10 (40%)	9.04 (0.93)	4 (16%)	7.72 (1.88)
			Total M (SD) = 355,72 (48.75)		Total M (SD) = 252,45 (99.05)		Total M (SD) = 335,468 4 (54,71)		Total M (SD) = 305,14 (72,72)

Note: The highest score (*f*) and percentage are shown.

In addition to frequencies and percentages and mean and standard deviation, data can also be analyzed according to module-based averages (SD) to see trends regarding the importance and support needs of each training module. Participants



rated their opinions on the "importance" and "support needs" for each sub-module on a scale from a minimum of 0 (insignificant) to a maximum of 10 (highest). The participants' mean (SD) scores for importance and support needs ranged from $M \approx 7.96$ ($SD = 2.49$) to $M \approx 9.45$ ($SD = 0.83$). For almost every module, participants showed high trends indicating how important that module was to them and how much support they needed for each submodule (See Table 3).

Table 3

Participants' Means (M) and Standard Deviation (SD) in Submodules.

Sub modules	Issue	Caregivers/Care Providers		Professionals/Experts	
		M	SD	M	SD
Supporting Communication, Speech, & Language Skills	Importance	43,72	3,88	43,72	6,99
	Support Needs	35,40	10,37	39,68	10,55
Activity Schedules	Importance	45,04	4,84	44,72	5,39
	Support Needs	32,36	11,22	37,80	8,61
Self-Determined (SD) Daily Life Skills	Importance	41,44	9,28	40,56	5,27
	Support Needs	31,04	11,97	37,04	8,47
Activity-Based Learning	Importance	43,84	5,66	43,56	5,96
	Support Needs	27,76	11,73	35,00	9,20
Peer Tutoring	Importance	43,76	5,52	43,44	4,96
	Support Needs	29,40	11,04	37,44	7,95
Naturalistic Teaching	Importance	44,56	4,60	42,60	5,59
	Support Needs	32,56	10,13	37,12	7,42
Behavior Management	Importance	41,88	9,81	43,64	5,09
	Support Needs	27,96	12,65	37,28	7,99
Early Literacy Skills	Importance	44,36	4,79	44,00	5,91
	Support Needs	30,60	11,83	38,80	8,31

In the online survey, participants were asked about the "importance" and "support needs" for 8 training modules and 5 sub-modules within each training module. A participant can receive a minimum of 0 and a maximum of 50 points for each module group. A higher score indicates that each module has "severe importance" and "severe support needs". Although there is not a cut off score, each module's total mean (SD) scores, between 0 and 25 indicates moderate importance and support needs of the regarding module whereas between 25 and 50 indicates over moderate



or severe importance and support needs. The scores of caregivers/care providers ranging from $M = 41.44$ ($SD = 9.28$) to $M = 45.04$ ($SD = 4.84$), whereas professionals/experts' scores ranging from $M = 40.56$ ($SD = 5.27$) to $M = 44.72$ ($SD = 5.27$) for importance and support needs (See Table 3). These results indicate that each module is “severely important for them” and “the caregivers severely need professional support”. Given the findings that each module is extremely important for participants and that caregivers/care providers are in serious need of professional support, the training modules of the project promise to meet this demand.

1.2. Behavior Management (BM)

Children's disruptive or challenging behavior is a significant factor in the development of caregiver stress and burnout (Gebbie et al., 2012). Furthermore, it poses a significant barrier to social inclusion for children with or without special needs, and it lowers developmental outcomes. Children with special needs may exhibit behavioral problems more frequently than typically developing peers (Ram, 2014). Although there are studies examining behavioral management strategies for professionals working with children with disabilities (Gebbie et al., 2012; Ram, 2014), research on how caregivers manage challenging behaviours in inclusive early childhood settings remains limited in The Czech Republic.

Given that children with special needs often lack access to rich social environments and interaction opportunities, it is crucial to understand the roles caregivers play in mitigating significant behavioural problems and shaping those children's behaviours appropriately. Behaviour management strategies basically consist of Identifying the Function of Behaviour (FB), Using Antecedent-Based/Prevention Strategies (ABS), Teaching Alternative/Replacement Behaviours (ARB), Implementing Reinforcement (IR), and Developing and Using Behaviour Support Plan (BSP).



In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10 means 'highly or crucially important' and 'high or crucial support needs' for each subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the sub-modules of Behaviour Management (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of identifying the function of behaviour was 13 (52%), while the highest score for professionals/experts was 1 (44%). The highest score for caregivers/care providers regarding their support needs for identifying the function of behaviour was 5 (20.0%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding identifying the function of behaviour was 8 (32%).

The highest score (10) for caregivers/care providers regarding the importance of using antecedent-based (prevention) strategies was 16 (64%), while the highest score for professionals/experts was 11 (44%). The highest score for caregivers/care providers regarding their support needs for using antecedent-based (prevention) strategies was 5 (20%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding using antecedent-based (prevention) strategies was 6 (24%).

The highest score (10) for caregivers/care providers regarding the importance of teaching alternative/replacement behaviours was 15 (60%), while the highest score for professionals/experts was 11 (44%). The highest score for caregivers/care providers regarding their support needs for teaching alternative/replacement behaviours was 4 (41.7%), while for professionals/experts, the highest score for



support needs of caregivers/care providers regarding teaching alternative/replacement behaviours was 6 (48.3%).

The highest score (10) for caregivers/care providers regarding the importance of implementing reinforcement was 15 (60%), while the highest score for professionals/experts was 11 (44%). The highest score for caregivers/care providers regarding their support needs for implementing reinforcement was 4 (16%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding implementing reinforcement was 7 (28%).

Last, the highest score (10) for caregivers/care providers regarding the importance of developing and using behaviour support plan was 13 (52%), while the highest score for professionals/experts was 8 (32%). The highest score for caregivers/care providers regarding their support needs for developing and using behavior support plan was 4 (16%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding developing and using behaviour support plan was 5 (20%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of Behaviour Management.

1.3. Supporting Communication, Speech, & Language Skills (CSL)

Communication and language skills are among the most prominent foundational skills in developmental areas for both typically developing children and those with special needs. Receptive and expressive language skills encompass more than just speaking and listening. These skills are the key to social participation and belonging, and are also essential for emotional well-being, self-confidence, independence, academic achievement, and numerous critical life stages (Morreale et al., 2017). Early childhood is the most critical stage for the development of communication and language skills. Ecological support from the immediate environment, particularly



from parents, peers, and caregivers, plays a crucial role in developing these skills. Due to disadvantages such as developmental disabilities, migration backgrounds, or social vulnerability, caregivers must assume primary responsibility for supporting the development of communication and language skills.

Several studies have demonstrated that caregiver-implemented interventions are effective in supporting the early communication development of young children with special needs, including children with language impairment, as documented in international literature (Finestack et al., 2022). However, in the Czech Republic, although inclusive early childhood education and care (ECEC) and early intervention programmes emphasize the support of communication and language development, research focusing specifically on the role of caregivers and care providers (such as those working in kindergartens or family-based settings) in implementing evidence-based communication strategies remains limited compared to teacher-focused studies. National research primarily highlights pragmatic and socio-communicative challenges from the perspective of professional educators and specialists, revealing a gap in systematic training and support for caregivers working in inclusive early childhood settings.

In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10 means 'highly or crucially important' and 'high or crucial support needs' for each subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the Supporting Communication, Speech, & Language Skills sub-modules (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of eye contact was 13 (52%), which was also the highest score among professionals/experts



at 13 (52%).). The highest score for caregivers/care providers regarding their support needs for teaching eye contact was 6 (24%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching eye contact was 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of waiting skills was 10 (40%), while the highest score for professionals/experts was 11 (44%). The highest score for caregivers/care providers regarding their support needs for teaching waiting skills was 3 (12%), as was the case for professionals/experts, where the highest score for caregivers/care providers' support needs in teaching waiting skills was also 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of turn-taking was 10 (40%), while the highest score for professionals/experts was 11 (40%). The highest score for caregivers/care providers regarding their support needs for teaching turn-taking was 4 (16%), and the same score was recorded for professionals/ experts, where the highest score for support needs of caregivers/ care providers regarding teaching turn-taking was also 4 (16%).

The highest score (10) for caregivers/care providers regarding the importance of reciprocal conversation was 9 (36%), and the highest score for professionals/experts was also 9 (36%). The highest score for caregivers/care providers regarding their support needs for teaching reciprocal conversation was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/ care providers regarding teaching reciprocal conversation was 4 (16%).

Last, the highest score (10) for caregivers/care providers regarding the importance of imitation skills with/without objects was 13 (52%), while the highest score for professionals/experts was 10 (40%). The highest score for caregivers/care providers regarding their support needs for teaching imitation skills with/without objects was 1 (4%), while for professionals/experts, the highest score for support



needs of caregivers/care providers regarding teaching imitation skills with/without objects was 4 (16%).

1.4. Early Literacy Skills (ELS)

The current situation in the Czech Republic. This highlights the importance of Early literacy skills in early childhood education and care (ECEC). These skills include selecting and preparing books, engaging in interactive shared reading, developing phonological and print awareness, and carrying out post-reading activities.

Kindergartens primarily promote emergent literacy through play-based activities, shared reading, storytelling and creating language-rich learning environments.

Inclusive early childhood settings support children with special educational needs by providing adapted materials, personalised activities and targeted communication support. Despite these efforts, challenges persist, particularly for children with language impairments and those from non-native backgrounds, who may start primary school with lower levels of phonological awareness and limited vocabulary.

Legal and political situation and trends. The UN Convention on the Rights of Persons with Disabilities (ratified by the Czech Republic in 2009) together with the Education Act (Act No. 561/2004 Coll.) and related legislation, particularly Decree No. 27/2016 Coll., ensure inclusive access to education, including literacy development. The Framework Educational Programme for Preschool Education (FEP PE) emphasizes holistic child development and play-based, integrated approaches to emergent literacy in early childhood education and care (ECEC). Current trends, reflected for example in the Education Policy Strategy of the Czech Republic 2030+, focus on quality enhancement in preschool education, smoother transitions between preschool and primary education, and targeted support for vulnerable groups. These priorities are supported by public funding for language and literacy diagnostics, support measures, and inclusive practices in early education.



Academic studies conducted at the national level on the topic. Research in the Czech Republic examines early literacy development using a range of quantitative and qualitative approaches, including standardized developmental assessments and longitudinal analyses of preschool children's language and emergent literacy skills (e.g. Charles University; Masaryk University; see Wildová & Kropáčková, 2015; Mikulajová et al., 2018). National monitoring and research activities conducted by the Czech School Inspectorate focus on process quality and learning outcomes in early childhood education and care (ECEC), including inclusive preschool settings (Czech School Inspectorate, 2022). Applied research and development projects implemented by institutions such as the National Pedagogical Institute (NPI) evaluate teacher education and professional development related to language and literacy support, including provision for children with special educational needs (NPI, 2021). Overall findings demonstrate the positive impact of interactive, play-based, and dialogic strategies on early literacy development, while also identifying persistent disparities related to socio-economic background, language disadvantage, and disability, highlighting the importance of systematic cooperation with families and caregivers (OECD, 2020; Czech School Inspectorate, 2022).

In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10 means 'highly or crucially important' and 'high or crucial support needs' for each subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the Early Literacy Skills sub-modules (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of book selection and



preparation strategies was 7 (28%), while the highest score for professionals/experts was 4 (16%). The highest score for caregivers/care providers regarding their support needs for book selection and preparation strategies was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding book selection and preparation strategies was 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of interactive reading strategies was 9 (36%), while the highest score for professionals/experts was 5 (20%). The highest score for caregivers/care providers regarding their support needs for interactive reading strategies was 3 (12%), as was the case for professionals/experts, where the highest score for caregivers/care providers' support needs in the area of interactive reading strategies was also 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of alphabet knowledge and phonological awareness was 6 (24.0%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for alphabet knowledge and phonological awareness was 0(0%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding alphabet knowledge and phonological awareness was 6 (24%).

The highest score (10) for caregivers/care providers regarding the importance of print awareness was 5 (20.0%), while the highest score for professionals/experts was 4 (16%). The highest score for caregivers/care providers regarding their support needs for print awareness was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding print awareness was 4 (16%).

Last, the highest score (10) for caregivers/care providers regarding the importance of after reading skills was 6 (24%), while the highest score for professionals/experts was 5 (20%). The highest score for caregivers/care providers



regarding their support needs for after reading skills was 1 (4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding after reading skills was 4 (16%). Consequently, participants, through their responses, severely highlighted both the 'importance' and the 'support needs' of each subdomain of Early Literacy Skills.

1.5. Naturalistic Teaching (NT)

The current situation in the Czech Republic regarding the topic. Naturalistic teaching approaches—embedding learning in daily routines, child-led activities, and natural environments (e.g. following the child's lead, creating learning opportunities, modeling, prompting, time delay, and routine embedding) are closely aligned with the principles underpinning early childhood education and care (ECEC) in the Czech Republic. These approaches correspond with the holistic, child-centred orientation of the Framework Educational Programme for Preschool Education (FEP PE), which emphasizes play-based, experience-oriented learning embedded in everyday situations (MEYS, 2021). Czech kindergartens typically focus on child-initiated activities and context-based learning through play and daily routines rather than on highly structured instructional models. In inclusive preschool settings, naturalistic teaching strategies are used to support children with special educational needs by integrating individualized goals into naturally occurring interactions and activities (MEYS, 2016; NPI, 2021). More structured naturalistic developmental behavioral interventions (NDBI) are primarily implemented within specialized early intervention services or clinical contexts, particularly in the support of children with autism spectrum disorder, while mainstream ECEC settings predominantly rely on holistic, embedded pedagogical approaches (Mikulajová et al., 2018; OECD, 2020).

Legal and political situation and trends. The UN Convention on the Rights of Persons with Disabilities (ratified by the Czech Republic in 2009) together with national education legislation, particularly the Education Act (Act No. 561/2004 Coll.)



and Decree No. 27/2016 Coll., promotes child-centred, participatory learning approaches within inclusive educational settings. The Framework Educational Programme for Preschool Education (FEP PE) encourages a holistic, experience-based and situation-oriented pedagogy, embedding learning in real-life contexts, everyday routines, and play in order to support inclusion and active participation of all children (MEYS, 2021). Current policy trends, reflected for example in the Education Policy Strategy of the Czech Republic 2030+, emphasize strengthening naturalistic and inclusive approaches in early childhood education and care (ECEC), enhancing multi-professional collaboration among educators and support services, and providing individualized, child-centred support measures aimed at fostering children's daily participation, autonomy, and well-being (MEYS, 2020; NPI, 2021).

Academic studies conducted at the national level on the topic. In the Czech Republic, research on early childhood education and care (ECEC) addresses naturalistic teaching primarily within studies on educational quality, interaction, and inclusion in preschool settings (e.g. Czech School Inspectorate; Charles University; see Wildová & Kropáčková, 2015; Czech School Inspectorate, 2022). Applied research and development projects explore child-led and context-based interventions in inclusive kindergartens, while selected elements of milieu teaching or Naturalistic Developmental Behavioral Interventions (NDBI), such as ESDM-inspired practices, are mainly implemented and studied within early intervention and specialized services rather than mainstream ECEC (Mikulajová et al., 2018; NPI, 2021). Findings indicate positive effects on children's communication and engagement, alongside a lack of systematic evaluation of structured NDBI approaches in regular preschool settings (OECD, 2020).

In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10



means 'highly or crucially important' and 'high or crucial support needs' for each subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the sub-modules of Naturalistic Teaching (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of following the child's lead was 12 (48%), while the highest score for professionals/experts was 9 (36%). The highest score for caregivers/care providers regarding their support needs for following the child's lead was 1 (4%), as was the case for professionals/experts, where the highest score for support needs of caregivers/care providers regarding following the child's lead was 11 (37.9%).

The highest score (10) for caregivers/care providers regarding the importance of creating communication opportunities was 12 (48%), as was the case for professionals/experts, where the highest score was 12 (48%). The highest score for caregivers/care providers regarding their support needs for creating communication opportunities was 1 (4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding creating communication opportunities was 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of modeling, mand-model and expanding language was 13 (52%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for modeling, mand-model and expanding language was 3 (12%), as was the case for professionals/experts, where the highest score for caregivers/care providers' support needs in the area of modeling, mand-model and expanding language was 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of using prompting and time delay was 8 (32%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers



regarding their support needs for using prompting and time delay was 4 (16%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding using prompting and time delay was 7 (28%).

Last, the highest score (10) for caregivers/care providers regarding the importance of embedding teaching in daily routines was 9 (36%), while the highest score for professionals/experts was 15 (60%). The highest score for caregivers/care providers regarding their support needs for embedding teaching in daily routines was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding embedding teaching in daily routines was 4 (16%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of Naturalistic Teaching.

1.6. Activity-Based Learning (ABL)

The current situation in the Czech Republic regarding the topic: Activity-based learning (experiential learning, imitation, cooperative play, rhythmic and movement-based activities, and associative learning) represents a core principle of early childhood education and care (ECEC) in the Czech Republic. Kindergartens emphasize child-initiated, play-oriented activities in which learning emerges through hands-on exploration, social interaction, movement, and sensory experiences, in line with the Framework Educational Programme for Preschool Education (FEP PE) (MEYS, 2021). This approach supports holistic child development and is particularly important in inclusive settings, where activities are flexibly adapted to diverse abilities and needs, promoting participation, social interaction, and inclusion of children with special educational needs (MEYS, 2016; NPI, 2021). While activity-based learning is widely implemented across preschool education, it is typically embedded in free play and everyday routines rather than delivered through highly structured or formal instructional models (OECD, 2020).



Legal and political situation and trends The Czech Republic's early childhood education and care (ECEC) framework, aligned with the UN Convention on the Rights of Persons with Disabilities (UNCRPD, ratified in 2009), promotes activity-based, participatory learning within inclusive educational environments. National legislation, particularly the Education Act (Act No. 561/2004 Coll.) and Decree No. 27/2016 Coll., together with the Framework Educational Programme for Preschool Education (FEP PE), emphasizes experiential, play-based, and movement-oriented activities as fundamental to children's development and inclusion (MEYS, 2016; MEYS, 2021). Current policy trends, reflected in the Education Policy Strategy of the Czech Republic 2030+, focus on strengthening pedagogical quality in kindergartens, expanding multi-professional support for activity-oriented inclusive practices, and supporting smooth transitions from preschool to primary education through child-centred and active learning approaches (MEYS, 2020; NPI, 2021).

Academic studies conducted at the national level on the topic. In the Czech Republic, national research highlights the role of activity-based learning (ABL) in early childhood education and care (ECEC) outcomes, primarily within studies focusing on pedagogical quality, play, movement, and social interaction in preschool settings. Large-scale monitoring and research activities conducted by the Czech School Inspectorate analyze process quality in kindergartens, including play-based interactions, cooperative activities, and movement-oriented learning as key components of children's development (Czech School Inspectorate, 2022). University-based research, particularly from Charles University and Masaryk University, examines experiential play, cooperative learning, and motor and rhythmic activities in inclusive preschool education, demonstrating positive effects on children's engagement, social skills, and overall development (Wildová & Kropáčková, 2015; Mikulajová et al., 2018). Applied research and development projects coordinated by the National Pedagogical Institute (NPI) further explore activity-based and inclusive practices, while findings consistently point to the need for more systematic



professional training and methodological guidance for educators in implementing structured activity-based approaches with heterogeneous groups of children (NPI, 2021; OECD, 2020).

In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10 means 'highly or crucially important' and 'high or crucial support needs' for each subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the sub-modules of Activity-Based Learning (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of experiential learning was 6 (24%), while the highest score for professionals/experts was 4 (16%). The highest score for caregivers/care providers regarding their support needs for experiential learning was 0 (0%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding experiential learning was 2 (8%).

The highest score (10) for caregivers/care providers regarding the importance of imitation was 11 (44%), while the highest score for professionals/experts was 8 (32%). The highest score for caregivers/care providers regarding their support needs for imitation was 3 (12%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding imitation was 2 (8%).

The highest score (10) for caregivers/care providers regarding the importance of play together/cooperative play was 10 (40%), while the highest score for professionals/experts was 8 (32%). The highest score for caregivers/care providers regarding their support needs for play together/cooperative play was 1 (4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding play together/cooperative play was 2 (8%).



The highest score (10) for caregivers/care providers regarding the importance of rhythmic-movement activities was 10 (40%), while the highest score for professionals/experts was 9 (36%). The highest score for caregivers/care providers regarding their support needs for rhythmic-movement activities was 0 (0%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding rhythmic-movement activities was 3 (12%).

Last, the highest score (10) for caregivers/care providers regarding the importance of associative learning was 10 (40%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for associative learning was 3 (12%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding associative learning was 5 (20%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of Activity-Based Learning.

1.7. Activity Schedules (AS)

Activity Schedules are an evidence-based practice aimed at promoting independence, social interaction, and decision-making skills in children with special educational needs, particularly children with autism spectrum disorder (Birkan, 2013). Activity schedules were originally developed at the Princeton Child Development Institute (PCDI) based on more than two decades of systematic research. An activity schedule typically consists of a sequence of pictures, photographs, symbols, or written cues that guide an individual through a series of activities (MacDuff, Krantz, & McClannahan, 1993; McClannahan & Krantz, 1999; McClannahan, MacDuff, & Krantz, 2009). Their implementation involves structured instructional components such as task analysis (TA), photographic task analysis (PTA), preparation of materials for photographic activity schedules (PAC),



systematic teaching of schedule use (TAS), and fading procedures to promote independent functioning (FI).

In the Czech Republic, visual activity schedules are commonly used in early intervention services, special education settings, and autism-specific support programmes, often influenced by structured approaches such as TEACCH. In inclusive kindergartens, activity schedules are applied more flexibly as part of individualized support measures for children with special educational needs, particularly to support daily routines, transitions, and participation in group activities. However, their use in mainstream early childhood education and care (ECEC) settings is generally less standardized and more practitioner-driven than in specialized therapeutic or early intervention contexts, with limited systematic evaluation and formalized training for educators (MEYS, 2016; NPI, 2021).

In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10 means 'highly or crucially important' and 'high or crucial support needs' for each subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the sub-modules of Activity Schedules (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of task analysis was 13 (52%), while the highest score for professionals/experts was 9 (36%). The highest score for caregivers/care providers regarding their support needs for teaching task analysis was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching task analysis was 5 (20%).

The highest score (10) for caregivers/care providers regarding the importance of photographic task analysis was 11 (44%), while the highest score for



professionals/experts was 10 (40%). The highest score for caregivers/care providers regarding their support needs for teaching photographic task analysis was 1 (4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching photographic task analysis was 2 (8%).

The highest score (10) for caregivers/care providers regarding the importance of preparing materials for creating photographic activity schedules was 9 (36%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for preparing materials for creating photographic activity schedules was 5 (20%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding preparing materials for creating photographic activity schedules was 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of teaching skills with activity schedules was 9 (36%), while the highest score for professionals/experts was 5 (20%). The highest score for caregivers/care providers regarding their support needs for teaching skills with activity schedules was 3 (12%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching skills with activity schedules was 2 (8%).

Last, the highest score (10) for caregivers/care providers regarding the importance of fading procedures to promote independence was 15 (60%), while the highest score for professionals/experts was 9 (36%). The highest score for caregivers/care providers regarding their support needs for fading procedures to promote independence was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding fading procedures to promote independence was 4 (16%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of the Activity Schedules.



1.8. Peer Tutoring (PT)

The current situation in the Czech Republic regarding the topic. Peer tutoring approaches—encompassing mutual learning, the child as a teacher, peer imitation, social support, and motivation in pairs or small groups—are increasingly recognized in inclusive education in the Czech Republic as a means of fostering social interaction and participation. In early childhood education and care (ECEC) settings as well as in primary schools, cooperative learning, peer-assisted activities, and mixed-ability group work are encouraged to support children with special educational needs, children from socially disadvantaged backgrounds, and children with different first languages (MEYS, 2021; OECD, 2020). While more structured forms of peer tutoring are primarily implemented at the primary school level, peer-mediated learning in ECEC typically takes the form of informal peer play, modeling, and cooperative activities embedded in everyday routines and play-based contexts (Wildová & Kropáčková, 2015). In the post-COVID context and in response to increasing diversity in preschool classrooms, peer-based strategies are increasingly viewed as an important tool for differentiated support, social integration, and the rebuilding of peer relationships (Czech School Inspectorate, 2022; NPI, 2021).

Legal and political situation and trends. Inclusive education in the Czech Republic is grounded in the UN Convention on the Rights of Persons with Disabilities (UNCRPD, ratified in 2009) and in national constitutional and legislative principles of equal access to education. The Education Act (Act No. 561/2004 Coll.) and related regulations, particularly Decree No. 27/2016 Coll., promote inclusive practices that support social participation, cooperation, and peer interaction for all children. The Framework Educational Programme for Preschool Education (FEP PE) explicitly emphasizes social learning, cooperation among children, and peer relationships as key elements of early childhood development and inclusion (MEYS, 2021). Current policy trends, reflected in initiatives such as the Education Policy Strategy of the Czech Republic 2030+, focus on strengthening inclusive education



across all levels, supporting cooperative and peer-based learning models, and enhancing social competence in early childhood education and care (ECEC) as a means of reducing exclusion and social isolation (MEYS, 2020; NPI, 2021).

Academic studies conducted at the national level on the topic. National research demonstrates positive effects of peer tutoring on social and academic outcomes in inclusive settings (e.g., studies from universities in Potsdam and Dortmund on peer-mediated interventions for autism). Evaluations of cooperative learning highlight reduced isolation and improved interactions, with major works focusing on heterogeneous groups and teacher facilitation needs.

In the Czech Republic, research shows that peer-mediated and cooperative learning approaches positively affect social participation and learning outcomes in inclusive settings. University-based studies and national evaluations highlight improved peer interactions and reduced social isolation in heterogeneous groups, while also emphasizing the importance of teacher facilitation and targeted professional support for effective implementation (Wildová & Kropáčková, 2015; Czech School Inspectorate, 2022; OECD, 2020).

In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10 means 'highly or crucially important' and 'high or crucial support needs' for each subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the sub-modules of Peer Tutoring (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of mutual learning was 10 (40%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for mutual learning was 1



(4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding mutual learning was 5 (20%).

The highest score (10) for caregivers/care providers regarding the importance of the child as a teacher was 10 (40%), while the highest score for professionals/experts was 6 (24%). The highest score for caregivers/care providers regarding their support needs for the child as a teacher was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding the child as a teacher was 2 (8%).

The highest score (10) for caregivers/care providers regarding the importance of peer imitation was 6 (24%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for peer imitation was 3 (12%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding peer imitation was 2 (8%).

The highest score (10) for caregivers/care providers regarding the importance of social support was 10 (40%), while the highest score for professionals/experts was 9 (36%). The highest score for caregivers/care providers regarding their support needs for social support was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding social support was 3 (12%).

Last, the highest score (10) for caregivers/care providers regarding the importance of motivation in pairs or a small group was 8 (32%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for motivation in pairs or a small group was 2 (8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding motivation in pairs or a small group was 2 (8%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of Peer Tutoring.



1.9. Self-Determined (SD) Daily Life Skills

Developing self-determination skills in children with intellectual and developmental disabilities (IDD) is a crucial factor in their outcomes in daily life, social life, school life, and post-school years (Meral et al., 2022). Self-determination should be seen not only as a skill, but also as a crucial element for children with special needs to develop their human dignity. Especially during early childhood, parents or primary caregivers play a crucial role in developing self-determination in children with special needs (Palmer et al., 2013).

Self-determination is understood as the ability to act as a causal agent in one's own life and to pursue freely chosen goals (Shogren et al., 2015). Core self-determination skills include choice-making, decision-making, goalsetting, problem-solving, and self-direction. In the Czech Republic, self-determination is implicitly supported through inclusive education policies and child-centred principles in early childhood education and care (ECEC), particularly within the Framework Educational Programme for Preschool Education, which emphasizes autonomy, participation, and active involvement of children (MEYS, 2021; *Act No. 108/2006 Coll., on Social Services, Czech Republic, 2006*). While Czech research and policy documents acknowledge the importance of family involvement and individual support for children with special educational needs, there is limited empirical evidence focusing specifically on the role of ECEC caregivers in systematically fostering self-determination skills in inclusive preschool settings (Wildová & Kropáčková, 2015; Czech School Inspectorate, 2022).

In the need analysis of this project, both participants, consisting of caregivers/care providers and professionals/experts, were requested to rate each question, asking about 'importance' and 'support needs' separately between 0 and 10. In the interpretation, 0 means 'not important' and 'no support needs' whereas 10 means 'highly or crucially important' and 'high or crucial support needs' for each



subdomain. In Table 2, the most highly rated answer (10) from participants, who rated their responses on a scale of 0 to 10, is shown (See Table 2).

Participants assessed the 'importance' and 'support needs' separately in each of the Self-Determined (SD) Daily Life Skills sub-modules (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of choice-making was 12 (48%), while the highest score for professionals/experts was 10 (40%). The highest score for caregivers/care providers regarding their support needs for teaching choice-making was 3 (12%), for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching choice-making was also 3 (12%).

The highest score (10) for caregivers/care providers regarding the importance of decision-making was 10 (40%), while the highest score for professionals/experts was 9 (36%). The highest score for caregivers/care providers regarding their support needs for teaching decision-making was 3 (12%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching decision-making was 4 (16%).

The highest score (10) for caregivers/care providers regarding the importance of goal setting was 11 (44%), while the highest score for professionals/experts was 7 (28%). The highest score for caregivers/care providers regarding their support needs for teaching goal setting was 2 (8%), for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching goal setting was also 2 (8%).

The highest score (10) for caregivers/care providers regarding the importance of problem-solving was 10 (40%), while the highest score for professionals/experts was 10 (40%). The highest score for caregivers/care providers regarding their support needs for teaching problem-solving was 3 (12%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching problem-solving was 5 (20%).



Last, the highest score (10) for caregivers/care providers regarding the importance of self-direction skills was 9 (36%), while the highest score for professionals/experts was 10 (40%). The highest score for caregivers/care providers regarding their support needs for teaching self-direction skills was 1 (4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching self-direction skills was 4 (16%). Consequently, participants, through their responses, severely highlighted both the 'importance' and the 'support needs' of each subdomain of the Self-Determined (SD) Daily Life Skills.

2.CONCLUSION

Many national policy and legislative documents in the Czech Republic highlight the support of persons (children) with special needs. The Czech Republic ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2009, thereby committing to the promotion of human rights, independence, and social inclusion of persons with disabilities (United Nations, 2006). The principles of inclusive education and equal access to support are further reflected in national legislation, particularly in the Education Act (Act No. 561/2004 Coll.), which emphasizes the right of children with special educational needs to appropriate support measures, as well as in the Social Services Act (Act No. 108/2006 Coll.), which promotes social inclusion and participation of persons with disabilities.

The needs analysis conducted with 50 participants (25 caregivers/care providers and 25 professionals/experts) shows high importance ratings for all modules (caregivers $M \approx 41-45$ experts $\approx 41-45$ on a 50-point scale). Caregivers reported substantial support needs ($M \approx 35-39$), while experts indicated moderate support needs ($M \approx 28-30$). These findings reflect the Czech Republic's commitment to inclusive education and social participation, while also revealing existing gaps in professional training and practical implementation. The project aligns with the principles of the UNCRPD



and relevant national inclusion strategies, addressing identified needs through technology-supported, evidence-based practices.

In conclusion, this project aims to promote educational and social participation rights of persons with special needs in the Czech Republic by supporting caregivers and care providers who work with these children.



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4.APPENDIX

Forms A and B

SUPPORTING COMMUNICATION, SPEECH, & LANGUAGE SKILLS (CSL)

1. Eye contact (EC): Eye contact means struggling to make and sustain it. For example, difficulties looking at someone and maintaining eye contact. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Questions -

CSL/EC.1. How important is eye contact skill for communication, speech, & language skills of children with special needs?

CSL/EC.2. How much support do you need from specialists in teaching eye contact skills to children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Questions

CSL/EC.3. How important is teaching eye contact skills for the communication, speech, & language skills of children with special needs?

CSL/EC.4. How much support do care providers need from specialists in teaching eye contact skills to children with special needs?

2. Waiting skills (WS): Some children struggle waiting, waiting his/her turn, waiting reciprocal conversation. For example, waiting stimuli/antecedent (instruction). - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Questions



CSL/WS.1. How important is waiting skills for communication, speech, & language skills of children with special needs?

CSL/WS.2. How much support do you need from specialists in teaching waiting skills to children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Questions

CSL/WS.3. How important is teaching waiting skills for the communication, speech, & language skills of children with special needs?

CSL/WS.4. How much support do care providers need from specialists in teaching waiting skills to children with special needs?

3. Turn-taking (TT): Turn-taking is the act of acting taking turns in a situation or conversation. For example, taking one's turn in conversation, play, or other forms of interaction. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Questions

CSL/TT.1. How important is turn-taking skills for communication, speech, & language skills of children with special needs?

CSL/TT.2. How much support do you need from specialists in teaching turn-taking skills to children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Questions

CSL/TT.3. How important is teaching turn-taking skills for the communication, speech, & language skills of children with special needs?

CSL/TT.4. How much support do care providers need from specialists in teaching turn-taking skills to children with special needs?



4. Reciprocal conversation (RC): Reciprocal conversation involves responding to social cues, sharing attention, turn-taking in conversations, and displaying appropriate social behaviors. For example, the natural back-and-forth flow in communication. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Questions

CSL/RC.1. How important is reciprocal conversation skills for communication, speech, & language skills of children with special needs?

CSL/RC.2. How much support do you need from specialists in teaching reciprocal conversation skills to children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Questions

CSL/RC.3. How important is teaching reciprocal conversation skills for the communication, speech, & language skills of children with special needs?

CSL/RC.4. How much support do care providers need from specialists in teaching reciprocal conversation skills to children with special needs?

5. 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 using objects (e.g., shaking a sleigh-bell, pushing a toy truck); imitating gestures and body movements (e.g., clapping, showing nose); imitating sounds and words (e.g., monkey, chicken sounds). - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Questions



CSL/IM.1. How important is imitation skills with/without objects for communication, speech, & language skills of children with special needs?

CSL/IM.2. How much support do you need from specialists in teaching imitation skills with/without objects to children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Questions

CSL/IM.3. How important is teaching imitation skills with/without objects for the communication, speech, & language skills of children with special needs?

CSL/IM.4. How much support do care providers need from specialists in teaching imitation skills with/without objects to children with special needs?



ACTIVITY SCHEDULES (AS)

An activity schedule is a set of pictures or words that cue the child to do a set of activities in sequence. Getting your child to use an activity schedule may promote independence and teach self-management skills (pattan.net, 2025).

1. Task analysis (TA): Task analysis means creating a detailed list of broken-down steps or behaviors to help the learner complete a complex or chained task. For example, a toothbrushing task analysis involves describing each step of the skill in detail. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

AS/TA.1. How important is learning task analysis for using activity schedules to children with special needs?

AS/TA.2. How much support do you need from specialists in teaching task analysis for using activity schedules to children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question

AS/TA.3. How important is learning task analysis for using activity schedules to children with special needs?

AS/TA.4. How much support do care providers need from specialists in teaching task analysis for using activity schedules to children with special needs?

2. Photographic task analysis (PTA): Photographic task analysis allows educators to break down complex skills into manageable steps using images that illustrate each step of the task analysis. For example, a photographic analysis of a toothbrushing task illustrates each step of the skill with pictures. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10*



= Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!

Form A. Care Providers Question

AS/PTA.1. How important is learning photographic task analysis for preparing activity schedules to children with special needs?

AS/PTA.2. How much support do you need from specialists in teaching photographic task analysis for preparing activity schedules to children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question

AS/PTA.3. How important is learning photographic task analysis for preparing activity schedules to children with special needs?

AS/PTA.4. How much support do care providers need from specialists in teaching photographic task analysis for preparing activity schedules to children with special needs?

3. Preparing materials for creating photographic activity schedules (PAC):

Photographic activity schedules include a series of pictures (or words) that prompt an individual to engage in a particular set of behaviors. For example, a photographic activity schedule for wearing a coat consists of an A5 folder, transparent files, backdrop cardboard, transparent plastic badge holder, touch and close tape fastener, and pictures showing each step of the skills step by step. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question



AS/PAC.1. How important is learning the preparation materials for creating photographic activity schedules for children with special needs?

AS/PAC.2. How much support do you need from specialists in learning the preparation materials for creating photographic activity schedules for children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Question

AS/PAC.3. How important is learning the preparation materials for creating photographic activity schedules for children with special needs?

AS/PAC.4. How much support do care providers need from specialists in learning the preparation materials for creating photographic activity schedules for children with special needs?

4. Teaching skills with activity schedules/TAS (e.g., self-care, feeding, pre-academic, fine motor so on): The goal of using activity schedules to teach skills is to eventually teach individuals to perform a series of activities or tasks without any need. For example, washing hands by using activity schedules without anybody support. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

AS/TAS.1. How important is teaching skills with activity schedules to children with special needs?

AS/TAS.2. How much support do you need from specialists in teaching skills with activity schedules to children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question



AS/TAS.3. How important is teaching skills with activity schedules to children with special needs?

AS/TAS.4. How much support do care providers need from specialists in teaching skills with activity schedules to children with special needs?

5. Fading procedures to promote independence (FI): Fading procedures involve reducing the level of assistance required to complete a task or activity. For example, fading scripts or pictures showing each step of an activity schedule ends with the independent performance of the skill. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

AS/FI.1. How important is applying the fading procedures to promote independence for children with special needs?

AS/FI.2. How much support do you need from specialists in learning fading procedures to promote independence for children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question

AS/FI.3. How important is learning fading procedures to promote independence for children with special needs?

AS/FI.4. How much support do care providers need from specialists in fading procedures to promote independence for children with special needs?



SELF-DETERMINED (SD) DAILY LIFE SKILLS

1. Choice-making (CM): Choice-making means deciding what one wants from among two or more things or possibilities. For example, choosing a meal from menu, not anybody choose for her/his. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

SD/CM.1. How important is teaching choice-making skills to promote self-determination of children with special needs?

SD/CM.2. How much support do you need from specialists in teaching choice-making skills to promote self-determination of children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question

SD/CM.3. How important is teaching choice-making skills to promote self-determination of children with special needs?

SD/CM.4. How much support do care providers need from specialists in teaching choice-making skills to promote self-determination of children with special needs?

2. Decision-making (DM): Decision making (or supported decision-making) means having the ability to make decisions on matters that affect a person's life. For example, deciding a profession, health care or financial matters. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

SD/DM.1. How important is teaching decision-making skills to promote self-determination of children with special needs?



SD/DM.2. How much support do you need from specialists in teaching decision-making skills to promote self-determination of children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question

SD/DM.3. How important is teaching decision-making skills to promote self-determination of children with special needs?

SD/DM.4. How much support do care providers need from specialists in teaching decision-making skills to promote self-determination of children with special needs?

3. Goal-setting (GS): Goal-setting means that a person engages in thoughts, feelings, and behaviors to achieve the go. For example, taking active steps to achieve the desired weight, such as following a diet regimen, exercising, and ensuring quality sleep. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

SD/GS.1. How important is teaching goal-setting skills to promote self-determination of children with special needs?

SD/GS.2. How much support do you need from specialists in teaching goal-setting skills to promote self-determination of children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question

SD/GS.3. How important is teaching goal-setting skills to promote self-determination of children with special needs?

SD/GS.4. How much support do care providers need from specialists in teaching goal-setting skills to promote self-determination of children with special needs?



4. Problem-solving (PS): Problem-solving means knowing how to deal with obstacles while moving toward goals. For example, finding a solution for where and how to buy food, drinks, and kitchenware for someone who has just moved into the house. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

SD/PS.1. How important is teaching problem-solving skills to promote the self-determination of children with special needs?

SD/PS.2. How much support do you need from specialists in teaching problem-solving skills to promote self-determination of children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Question

SD/PS.3. How important is teaching problem-solving skills to promote the self-determination of children with special needs?

SD/PS.4. How much support do care providers need from specialists in teaching problem-solving skills to promote self-determination of children with special needs?

5. Self-direction (SD): Self-direction means being able to make your own decisions and organize your own work without having others tell you what to do. For example, completing tasks with little or no support depending on the daily routine. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

SD/SD.1. How important is teaching self-direction skills to promote self-determination of children with special needs?



SD/SD.2. How much support do you need from specialists in teaching self-direction skills to promote self-determination of children with special needs?

Form B. Academic Professionals/Staffs; Special Education Professionals Question

SD/SD.3. How important is teaching self-direction skills to promote self-determination of children with special needs?

SD/SD.4. How much support do care providers need from specialists in teaching self-direction skills to promote self-determination of children with special needs?



ACTIVITY-BASED LEARNING (ABL)

1. Experiential learning (EL): Experiential learning is based on the assumption that children learn best through their own activity – by trying, manipulating, experimenting and directly experiencing. In children aged 2-7 years, especially those at risk of developmental delays, it strengthens motivation, understanding of the task, and the ability to engage in the activity. This module focuses on activities in which the child tries something on their own, repeatedly manipulates objects, experiences the result of their action and can rely on natural feedback. Experiential learning thus supports the development of attention, motor skills, basic problem-solving, and social involvement in simple group activities. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

ABL/EL.1. How important is choosing play activities that encourage the child's active involvement and direct cooperation with peers?

ABL/EL.2. How much support do you need from specialists in arranging activities that allow children to acquire new skills through direct experience (e.g., group games, manipulation of objects)?

Form B. Academic Professionals/Staff; Special Education Professionals Question -

ABL/EL.3. How important is choosing play activities that encourage the child's active involvement and direct cooperation with peers?

ABL/EL.4. How much support do care providers need from specialists in arranging activities that allow children to acquire new skills through direct experience (e.g., group games, manipulation of objects)?



2. Imitation (IM): Imitation is an early learning strategy in which a child observes the behavior of others and attempts to replicate it. It includes imitation of movements, work with objects, gestures, facial expressions or vocal expressions. For children aged 2-7, especially those at risk of developmental delays, it supports attention, social learning, language development, and involvement in joint activities. Imitation is the basis for the development of shared attention, communication and social interaction.

- Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!

Form A. Care Providers Question

ALT/IM.1. How important is teaching imitation strategies (modelling, demonstration, mirroring behavior) in your professional practice?

ABL/IM.2. How much support do you need from specialists in teaching imitation strategies (modelling, demonstration, mirroring behavior) in your professional practice?

Form B. Academic Professionals/Staff; Special Education Professionals Question -

ABL/IM.3. How important is teaching imitation strategies (modelling, demonstration, mirroring behavior) in the development of children aged 2-7 years, especially children with developmental or social risk?

ABL/IM.4. How much support do care providers need from specialists in teaching imitation strategies (modelling, demonstration, mirroring behavior) in the development of children aged 2-7 years, especially children with developmental or social risk?

3. Play together (PT)/C ooperative play: We map naturally functioning peer situations and social learning. Playing together creates natural peer situations in which children imitate the behavior of others, learn social rules, communication and



the basics of cooperation. For children aged 2-7, especially those with developmental risks, it serves as a key tool for social learning, supporting shared attention, mutual understanding, and the ability to function in a team. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

ABL/PT.1. How important is playing together for the overall development of the child in your professional practice?

ABL/PT.2. How much support do you need from experts (e.g., selection of appropriate activities, professional consultations, workshops) to support children to successfully engage in shared play?

Form B. Academic Professionals/Staff; Special Education Professionals Question

ABL/PT.3. How important is playing together for the overall development of the children with special needs?

ABL/PT.4. How much support do care providers need from specialists (e.g., selection of appropriate activities, professional consultations, workshops) in supporting children to successfully engage in shared play?

4. Rhythmic-movement (RM) activities: We identify needs in the field of methodology and materials. Rhythmic and movement activities include games, rhymes, movements to the rhythm, dance elements or simple melodic-motor patterns. In children aged 2-7 years, they support language development, communication, motor skills, social interaction, and emotional regulation. For children with developmental or social risk, these activities are essential because stable rhythm, movement repetition and musical stimuli facilitate learning and involvement in a group. - *Please rate/mark the following questions on a scale of 0 to 10,*



based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!

Form A. Care Providers Question

ABL/RM.1. How important is use rhythmic or movement games (e.g., rhymes, clapping to the rhythm, dance elements) for children with special needs in your professional practice?

ABL/RM.2. How much support do you need from experts in using rhythmic or movement games (e.g., rhymes, clapping to the rhythm, dance elements) for children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Question

ABL/RM.3. How important is use rhythmic or movement games (e.g., rhymes, clapping to the rhythm, dance elements) for children with special needs?

ABL/RM.4. How much support do care providers need from experts in using rhythmic or movement games (e.g., rhymes, clapping to the rhythm, dance elements) for children with special needs?

5. Associative learning (AL): Associative learning refers to the establishment of a connection between two stimuli or events. For example, a child may learn to clean his room regularly if he receives praise or a reward every time. In other words, if correct behavior is reinforced, that behavior will be maintained. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

ABL/AL.1. How important is use associative learning for children with special needs in your professional practice?



ABL/AL.2. How much support do you need from experts in using associative learning strategies for children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Question

ABL/AL.3. How important is use associative learning for children with special needs?

ABL/AL.4. How much support do care providers need from experts in using associative learning for children with special needs?



PEER TUTORING (PT)

1. Mutual learning (ML): Mutual learning involves situations where children pass on skills to one another, show progress, comment on each other's activities, or offer each other simple advice. In children aged 2-7 years, including those with social or developmental disabilities, it supports the development of speech, communication, cooperation, and the ability to assume the roles of both "learner" and "teacher". The module monitors the conditions that enable safe, motivating and effective peer learning, and identifies support needs for both caregivers and professionals. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

PT/ML.1. How important is the use of strategies to support the development of cooperation among children (e.g., joint games, task sharing, helping each other, the role of "teacher" among children) in your professional practice?

PT/ML.2. How much support do you need from experts in using peer tutoring strategies to support the development of cooperation among children in your professional practice?

Form B. Academic Professionals/Staff; Special Education Professionals Question

PT/ML.3. How important is use peer tutoring strategies to support the development of cooperation among children?

PT/ML.4. How much support do care providers need from experts in using peer tutoring strategies to support the development of cooperation among children?

2. The child as a teacher (CT): We start from the assumption that cooperation is a means of learning. The module focuses on situations where a child naturally takes on the role of a "teacher" – showing progress, guiding another child, correcting them,



offering help, or modelling behavior. These situations strengthen the development of speech, communication, self-concept, social competence and peer relationships. For children aged 2-7, especially those at developmental risk, it is essential to structure the environment appropriately so that they can participate in the role of teacher without feeling overwhelmed, uncertain, or experiencing communication barriers. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

PT/CT.1. How important is the use strategies that support situations where children can learn from each other (e.g., pair work, modelling roles, structured mini-tasks) in your professional practice?

PT/CT.2. How much support do you need from professionals in using strategies that support situations where children can learn from each other by taking on the role of 'teacher' (linguistic, social, emotional, attentional)?

Form B. Academic Professionals/Staff; Special Education Professionals Question

PT/CT.3. How important is the use strategies that support situations where children can learn from each other (e.g., pair work, modelling roles, structured mini-tasks)?

PT/CT.4. How much support do care providers need from professionals in using strategies that support situations where children can learn from each other by taking on the role of 'teacher' (linguistic, social, emotional, attentional)?

3. Peer Imitation (PI): Imitation is one of the most natural learning mechanisms in children aged 2 to 7 years. Children learn by observing others, repeating simple and more complex steps, and internalizing behavior patterns. For children at developmental risk, imitation is a key means of developing speech, communication, social behavior, play skills and adaptive competencies. The module examines how



children spontaneously use imitation, the opportunities and barriers they encounter, and the support caregivers and professionals need to integrate it effectively. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

PT/PI.1. How important is the learning through peer imitation in supporting children's participation and development in play or group activities?

PT/PI.2. How much support do you need from professionals in using peer imitation learning among children?

Form B. Academic Professionals/Staff; Special Education Professionals Question

PT/PI.3. How important is the learning through peer imitation in supporting children's participation and development in play or group activities?

PT/PI.4. How much support do care providers need from professionals in using peer imitation learning among children?

4. Social support (SS): Peer teaching helps to develop social competences / build social competencies. Social support in peer teaching is based on the fact that children learn more effectively when skills are passed on to them by a peer or when they work together in a smaller group. This form of interaction strengthens social competencies, including sharing, taking turns, understanding others, verbal communication, and the ability to maintain social contact. For children aged 2-7 years, especially those with social disadvantage or developmental risk, peer teaching helps build confidence in communication, promotes the initiation of interaction, and creates a safe space for practicing social skills through the peer model. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance*



(0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!

Form A. Care Providers Question

PT/SS.1. How important is the peer tutoring to increase self-confidence and social competence of socially disadvantaged children?

PT/SS.2. How much support do you need from professionals in using peer tutoring to increases self-confidence and social competence of socially disadvantaged children?

Form B. Academic Professionals/Staff; Special Education Professionals Question

PT/SS.3. How important is the peer tutoring to increase self-confidence and social competence of socially disadvantaged children?

PT/SS.4. How much support do care providers need from professionals in using peer tutoring to increases self-confidence and social competence of socially disadvantaged children?

5. Motivation in pairs or a small group (PSG): Working in pairs or small groups helps motivate children aged 2-7 by allowing them to solve tasks together, share successes, and support one another. This approach to learning fosters active involvement, cooperation, social skills, and natural reinforcement of motivation through peer interaction. For children with social disadvantages or developmental difficulties, group work can catalyze motivation and enhance the effectiveness of learning. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question



PT/PSG.1. How important is the working together in pairs or small groups to increase the child's motivation to be active and learn?

PT/PSG.2. How much support do you need from professionals in working together in pairs or small groups to increase the child's motivation to be active and learn?

Form B. Academic Professionals/Staff; Special Education Professionals Question

PT/PSG.3. How important is the working together in pairs or small groups to increase the child's motivation to be active and learn?

PT/PSG.4. How much support do care providers need from professionals in working together in pairs or small groups to increase the child's motivation to be active and learn?



NATURALISTIC TEACHING (NT)

1. Following the Child's Lead (CL): The care provider observes and joins the child's interests during play or daily routines - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

NT/CL.1. How important is following the child's lead during natural play and activities?

NT/CL.2. How much support do you need in learning to follow the child's lead effectively?

Form B. Academic Professionals/Staff; Special Education Professionals Question

NT/CL.3. How important is following the child's lead during natural play and activities?

NT/CL.4. How much support do care providers need from experts in learning to follow the child's lead effectively?

2. Creating Communication Opportunities (CO): The care provider arranges the environment or activities to encourage communication initiation. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

NT/CO.1. How important is creating opportunities for the child to initiate communication?

NT/CO.2. How much support do you need in learning to create opportunities for the child to initiate communication?



Form B. Academic Professionals/Staff; Special Education Professionals Question

NT/CO.3. How important is creating opportunities for the child to initiate communication?

NT/CO.4. How much support do care providers need from experts in learning to create opportunities for the child to initiate communication?

3. Modeling, Mand-Model and Expanding Language (MEL): The care provider models target words or phrases and expands on the child's verbal or nonverbal communication. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

NT/MEL.1. How important is modeling and expanding language during interactions?

NT/MEL.2. How much support do you need in modeling and expanding language during interactions?

Form B. Academic Professionals/Staff; Special Education Professionals Question

NT/MEL.3. How important is modeling and expanding language during interactions?

NT/MEL.4. How much support do care providers need from experts in modeling and expanding language during interactions?

4. Using Prompting and Time Delay (PTD): The care provider uses prompts and strategic pauses to encourage independent communicative responding and initiating.

- *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your*



importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!

Form A. Care Providers Question

NT/PTD.1. How important is using prompting and time delay to encourage communication or actions?

NT/PTD.2. How much support do you need in using prompting and time delay to encourage communication or actions?

Form B. Academic Professionals/Staff; Special Education Professionals Question

NT/PTD.3. How important is using prompting and time delay to encourage communication or actions?

NT/PTD.4. How much support do care providers need from experts in using prompting and time delay to encourage communication or actions?

5. Embedding Teaching in Daily Routines (ET): The care provider integrates teaching opportunities naturally within daily caregiving and play activities. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

NT/ET.1. How important is embedding teaching in everyday routines (mealtime, play, dressing, etc.)?

NT/ET.2. How much support do you need in embedding teaching within daily routines?

Form B. Academic Professionals/Staff; Special Education Professionals Question



NT/ET.3. How important is embedding teaching in everyday routines (mealtime, play, dressing, etc.)?

NT/ET.4. How much support do care providers need from experts in embedding teaching within daily routines?



BEHAVIOR MANAGEMENT (BM)

1. Identifying the Function of Behavior (FB): The care provider observes and analyzes behavior to determine its function (e.g., escape, access). - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

BM/FB.1. How important is identifying the function of challenging behaviors for supporting children with special needs?

BM/FB.2. How much support do you need in identifying the function of challenging behaviors for supporting children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Question

BM/FB.3. How important is identifying the function of challenging behaviors for supporting children with special needs?

BM/FB.4. How much support do care providers need from experts in identifying the function of challenging behaviors for supporting children with special needs?

2. Using Antecedent-Based (Prevention) Strategies (ABS): The care provider organizes the environment and routines to reduce triggers and prevent challenging behaviors (CB) before they occur. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

BM/ABS.1. How important is using antecedent-based (prevention) strategies to reduce challenging behaviors?



BM/ABS.2. How much support do you need in using antecedent-based (prevention) strategies to reduce challenging behaviors?

Form B. Academic Professionals/Staff; Special Education Professionals Question -)

BM/ABS.3. How important is using antecedent-based (prevention) strategies to reduce challenging behaviors?

BM/ABS.4. How much support do care providers need from experts in using antecedent-based (prevention) strategies to reduce challenging behaviors?

3. Teaching Alternative/Replacement Behaviors (ARB): The care provider teaches an appropriate replacement behavior that serves the same function as challenging behaviors. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

BM/ARB.1. How important is teaching alternative/replacement behaviors to children with challenging behaviors?

BM/ARB.2. How much support do you need in teaching alternative/replacement behaviors to children with challenging behaviors?

Form B. Academic Professionals/Staff; Special Education Professionals Question -

Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!

BM/ARB.3. How important is teaching alternative/replacement behaviors to children with challenging behaviors?

BM/ARB.4. How much support do care providers need from experts in teaching alternative/replacement behaviors to children with challenging behaviors?



4. Implementing Reinforcement (IR): The care provider selects and delivers reinforcement strategically to increase desired behaviors. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

BM/IR.1. How important is using reinforcement effectively to increase positive behaviors?

BM/IR.2. How much support do you need in identifying and delivering effective reinforcement?

Form B. Academic Professionals/Staff; Special Education Professionals Question -

BM/IR.3. How important is using reinforcement effectively to increase positive behaviors?

BM/IR.4. How much support do care providers need from experts in identifying and delivering effective reinforcement?

5. Developing and Using Behavior Support Plan (BSP): The care provider creates and follows a structured plan that includes function, prevention, teaching, and reinforcement components. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

BM/BSP.1. How important is developing and using behavior support plans consistently?

BM/BSP.2. How much support do you need in developing and using behavior support plans consistently?



Form B. Academic Professionals/Staff; Special Education Professionals Question

BM/BSP.3. How important is developing and using behavior support plans consistently?

BM/BSP.4. How much support do care providers need from experts in developing and using behavior support plans consistently?



EMERGENT/EARLY LITERACY SKILLS (ELS): INTERACTIVE BOOK READING

1. Book Selection and Preparation Strategies ELS/BSPS: book selection and preparation skills include selecting age-appropriate books, preparing before reading, and creating interests. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

ELS/BSPS.1. How important is the book selection and preparation strategies for supporting children with special needs' emergent literacy skills?

ELS/BSPS.2. How much support do you need from specialists in choosing and preparing books for interactive reading with children with special needs?

Form B. Academic Professionals/Staff; Special Education Professionals Question

ELS/BSPS.3. How important is teaching book selection and preparation skills for developing children with special needs' emergent literacy skills?

ELS/BSPS.4. How much support do care providers need from specialists in selecting and preparing books for interactive reading?

2. Interactive Reading Strategies (ELS/IRS): Interactive reading strategies refers to encourage participation, asking open-ended questions, responding, and expanding. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

ELS/IRS.1. How important is using interactive reading strategies for improving children with special needs' emergent/early literacy skills?



ELS/IRS.2. How much support do you need from specialists in applying interactive reading strategies during storybook reading?

Form B. Academic Professionals/Staff; Special Education Professionals Question

ELS/IRS.3. How important is teaching interactive reading strategies (e.g., CROWD, PEER) for enhancing children with special needs' emergent/early literacy skills?

EIBR/IRS.4. How much support do care providers need from specialists in implementing interactive reading strategies?

3. Alphabet Knowledge and Phonological Awareness ELS/AKPA: Alphabet

knowledge and phonological awareness means the relationship between letters and sounds. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

ELS/AKPA.1. How important are children with special needs' alphabet knowledge and phonological awareness skills during interactive reading?

ELS/AKPA.2. How much support do you need from specialists in teaching alphabet knowledge and phonological awareness skills to children with special needs during interactive reading?

Form B. Academic Professionals/Staff; Special Education Professionals Question -

ELS/AKPA.3. How important is teaching alphabet knowledge and phonological awareness skills to children with special needs during interactive reading?

ELS/AKPA.4. How much support do care providers need from specialists in teaching alphabet knowledge and phonological awareness skills to children with special needs?



4. Print Awareness ELS/PA: Print Awareness refers to understand that print has meaning and knowing how books and written words are organized and used. -

Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!

Form A. Care Providers Question

ELS/PA.1. How important are print awareness skills for emergent literacy skills of children with special needs?

ELS/PA.2. How much support do you need from specialists in establishing print awareness skills in children with special needs during interactive reading?

Form B. Academic Professionals/Staff; Special Education Professionals Question -

ELS/PA.3. How important is print awareness for improving children with special needs' emergent literacy skills?

ELS/PA.4. How much support do care providers need from specialists in teaching print awareness to children with special needs during interactive book reading?

5. After Reading Skills (ELS/AR): After reading skills refers to activities done after reading, such as retelling, summarizing, sequencing events, or discussing the story's message. - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

Form A. Care Providers Question

ELS/AR.1. How important is the after-reading skills for supporting children with special needs' emergent/early literacy skills?

ELS/AR.2. How much support do you need from specialists in applying after reading activities for children with special needs?



Form B. Academic Professionals/Staff; Special Education Professionals Question

ELS/AR.3. How important is teaching after reading skills for improving children with special needs' emergent/early literacy skills?

ELS/AR.4. How much support do care providers need from specialists in implementing after-reading activities effectively?