



**DEVELOPING COMPETENCIES OF SPECIAL NEEDS
CARE PROVIDERS ON SCIENTIFIC EVIDENCE-
BASED PRACTICES WITH TECHNOLOGY-
SUPPORTED TOOLS:
GERMANY 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	December 10, 2025
Author/s and Contributors	Exp.Hans GEDON RIEPE Exp.Serap RIEPE



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1.RESULTS OF THE NEEDS ANALYSIS FOR GERMANY

1.1 Descriptive Statistics

The data collected includes a total of 53 participants from two separate groups. The first group (N = 24) consists of caregivers, special education teachers, facility managers, child development specialists, and candidates, among others. The second group consisted of professionals/experts (N=29), 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=66)	
	N	%
Caregiver/Care providers staff for children with special needs	8	33.3
Social service organization manager	7	29.2
Non-governmental organization (NGO) representative	2	8.3
Child development specialist	4	16.7
Special education teacher	5	20.8
University students (relevant departments to children with special needs)	2	8.3
Other (please specify; staff or candidate relevant to children with special needs).	Variable	

Note: Additionally, data were collected from 53 professionals/ experts was not shown in this Table.

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 caregiver/care providers (33.3%), 5 special education teachers (20.8%), 2 university students who are relevant departments of children with special needs (8.3%), 4 child development specialists (16.7%), 2 non-governmental organization (NGO) representatives (8.3%), 7 facility managers (29.2%), and variable staff or candidates relevant areas to children with special needs under “other” category. (See Table 1). Additionally, data were collected from 29 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)	16 (66.7%)	9,08 (1.22)	12 (50.0%)	7,50 (2.50)	27 (93.1%)	9,55 (0.69)	15 (51.7%)	6,10 (3.10)
	1.2. Using Antecedent-Based (Prevention) Strategies (ABS)	15 (62.5%)	9,00 (1.35)	11 (45.8%)	7,42 (2.60)	26 (89.7%)	9,52 (0.74)	14 (48.3%)	6,00 (3.15)
	1.3. Teaching Alternative/Replacement Behaviors (ARB)	14 (58.3%)	8,92 (1.40)	10 (41.7%)	7,33 (2.65)	25 (86.2%)	9,48 (0.78)	14 (48.3%)	5,93 (3.20)
	1.4. Implementing Reinforcement (IR)	17 (70.8%)	9,25 (1.10)	10 (41.7%)	7,08 (2.80)	26(89.7 %)	9,62 (0.62)	15 (51.7%)	6,17 (3.05)
	1.5. Developing and Using Behavior Support Plan (BSP)	16 (66.7%)	9,08 (1.25)	12 (50.0%)	7,42 (2.45)	26 (89.7%)	9,55 (0.74)	15 (51.7%)	6,14 (3.12)



2. Supporting Communication, Speech, & Language Skills (CSL)	2.1. Eye contact (EC)	15 (62.5%)	8.79 (1.78)	11 (45.8%)	7.63 (2.15)	26 (89.7%)	9.45 (0.70)	13 (44.8%)	5.86 (3.24)
	2.2. Waiting skills (WS)	14 (58.3%)	8.63 (1.92)	10 (41.7%)	7.33 (2.32)	25 (86.2%)	9.38 (0.81)	14 (48.3%)	6.03 (3.28)
	2.3. Turn-taking (TT)	14 (58.3%)	8.67 (1.88)	10 (41.7%)	7.29 (2.38)	24 (82.8%)	9.31 (0.88)	12 (41.4%)	5.72 (3.22)
	2.4. Reciprocal conversation (RC)	15 (62.5%)	8.83 (1.72)	11 (45.8%)	7.67 (2.12)	26 (89.7%)	9.45 (0.70)	14 (48.3%)	5.97 (3.20)
	2.5. Imitation skills with/without objects (IM)	14 (58.3%)	8.58 (1.95)	10 (41.7%)	7.38 (2.28)	25 (86.2%)	9.34 (0.82)	13 (44.8%)	5.90 (3.25)
3. Early Literacy Skills (ELS)	3.1. Book Selection and Preparation Strategies (BSPS)	13 (54.2%)	8.50 (1.95)	10 (41.7%)	7.25 (2.30)	24 (82.8%)	9.10 (0.95)	11 (37.9%)	5.50 (3.20)
	3.2. Interactive Reading Strategies (IRS)	13 (54.2%)	8.58 (1.90)	10 (41.7%)	7.33 (2.25)	24 (82.8%)	9.17 (0.90)	12 (41.4%)	5.62 (3.18)
	3.3. Alphabet Knowledge and Phonological Awareness ELS/AKPA	12 (50.0%)	8.42 (2.00)	9 (37.5%)	7.17 (2.35)	23 (79.3%)	9.00 (1.05)	11 (37.9%)	5.45 (3.15)
	3.4. Print Awareness (PA)	12 (50.0%)	8.33 (2.05)	9 (37.5%)	7.08 (2.40)	22 (75.9%)	8.90 (1.10)	10 (34.5%)	5.35 (3.12)
	3.5. After Reading Skills (ARS)	13 (54.2%)	8.54 (1.98)	10 (41.7%)	7.29 (2.28)	23 (79.3%)	9.07 (0.97)	11 (37.9%)	5.55 (3.18)
4. Naturalistic Teaching (NT)	4.1. Following the Child's Lead (CL)	13 (54.2%)	8.50 (2.00)	9 (37.5%)	7.08 (2.50)	24 (82.8%)	9.10 (0.95)	11 (37.9%)	5.45 (3.20)
	4.2. Creating Communication Opportunities (CO)	15 (62.5%)	8.83 (1.75)	10 (41.7%)	7.42 (2.30)	26 (89.7%)	9.45 (0.70)	13 (44.8%)	5.86 (3.15)
	4.3. Modeling, Mand-Model and Expanding Language (MEL)	14 (58.3%)	8.75 (1.80)	10 (41.7%)	7.33 (2.35)	25 (86.2%)	9.38 (0.80)	13 (44.8%)	5.79 (3.20)
	4.4. Using Prompting and Time Delay (PTD)	13 (54.2%)	8.54 (1.98)	9 (37.5%)	7.17 (2.45)	24 (82.8%)	9.17 (0.93)	12 (41.4%)	5.62 (3.22)
	4.5. Embedding Teaching in Daily Routines (ET):	14 (58.3%)	8.67 (1.88)	10 (41.7%)	7.29 (2.38)	25 (86.2%)	9.31 (0.88)	13 (44.8%)	5.72 (3.20)
5. Activity-Based Learning (ABL)	5.1. Experiential learning (EL)	14 (58.3%)	8.75 (1.80)	10 (41.7%)	7.33 (2.35)	25 (86.2%)	9.38 (0.80)	13 (44.8%)	5.79 (3.20)
	5.2. Imitation (IM)	14 (58.3%)	8.67 (1.85)	10 (41.7%)	7.25 (2.40)	25 (86.2%)	9.34 (0.82)	13 (44.8%)	5.72 (3.22)
	5.3. Play together (PT)/Cooperative play	15 (62.5%)	8.92 (1.70)	11 (45.8%)	7.50 (2.20)	24 (82.8%)	9.24 (0.87)	13 (44.8%)	5.93 (3.15)
	5.4. Rhythmic-movement (RM) activities	13 (54.2%)	8.50 (1.95)	9 (37.5%)	7.00 (2.50)	23 (79.3%)	9.00 (1.05)	11 (37.9%)	5.45 (3.18)
	5.5. Associative learning (AL)	14 (58.3%)	8.79 (1.78)	10 (41.7%)	7.25 (2.35)	24 (82.8%)	9.17 (0.93)	12 (41.4%)	5.62 (3.20)
6. Activity Schedules (AS)	6.1. Task analysis (TA)	14 (58.3%)	8.54 (1.98)	11 (45.8%)	7.58 (2.10)	24 (82.8%)	9.10 (0.95)	12 (41.4%)	5.55 (3.18)
	6.2. Photographic task analysis (PTA)	13 (54.2%)	8.33 (2.05)	10 (41.7%)	7.38 (2.15)	23 (79.3%)	8.93 (1.07)	11 (37.9%)	5.41 (3.14)



	6.3. Preparing materials for creating photographic activity schedules (PAC)	13 (54.2%)	8.25 (2.08)	10 (41.7%)	7.29 (2.18)	23 (79.3%)	8.93 (1.07)	11 (37.9%)	5.34 (3.12)
	6.4. Teaching skills with activity schedules (TAS)	14 (58.3%)	8.63 (1.92)	11 (45.8%)	7.67 (2.08)	25 (86.2%)	9.28 (0.88)	13 (44.8%)	5.72 (3.22)
	6.5. Fading procedures to promote independence (FI)	13 (54.2%)	8.38 (2.02)	10 (41.7%)	7.46 (2.12)	25 (86.2%)	9.38 (0.80)	13 (44.8%)	5.79 (3.26)
7. Peer Tutoring (PT)	7.1. Mutual learning (ML)	15 (62.5%)	8.83 (1.75)	10 (41.7%)	7.17 (2.45)	25 (86.2%)	9.28 (0.84)	13 (44.8%)	5.86 (3.20)
	7.2. The child as a teacher (CT)	14 (58.3%)	8.75 (1.80)	9 (37.5%)	7.08 (2.50)	24 (82.8%)	9.17 (0.93)	12 (41.4%)	5.76 (3.22)
	7.3. Peer Imitation (PI)	15 (62.5%)	8.92 (1.70)	9 (37.5%)	7.00 (2.55)	24 (82.8%)	9.21 (0.90)	12 (41.4%)	5.83 (3.18)
	7.4. Social support (SS)	14 (58.3%)	8.88 (1.75)	11 (45.8%)	7.50 (2.20)	24 (82.8%)	9.24 (0.87)	13 (44.8%)	5.93 (3.15)
	7.5. Motivation in pairs or a small group (PSG)	14 (58.3%)	8.79 (1.82)	10 (41.7%)	7.08 (2.48)	24 (82.8%)	9.17 (0.93)	12 (41.4%)	5.69 (3.24)
8. Self-Determined (SD) Daily Life Skills	8.1. Choice-making (CM)	14 (58.3%)	8.67 (1.82)	11 (45.8%)	7.79 (2.00)	25 (86.2%)	9.21 (0.97)	12 (41.4%)	5.55 (3.20)
	8.2. Decision-making (DM)	14 (58.3%)	8.71 (1.80)	11 (45.8%)	7.83 (1.98)	25 (86.2%)	9.21 (0.97)	12 (41.4%)	5.55 (3.20)
	8.3. Goal setting (GS)	13 (54.2%)	8.58 (1.92)	10 (41.7%)	7.71 (2.05)	24 (82.8%)	9.10 (1.03)	11 (37.9%)	5.45 (3.15)
	8.4. Problem-solving (PS)	14 (58.3%)	8.79 (1.75)	11 (45.8%)	7.92 (1.92)	26 (89.7%)	9.38 (0.78)	13 (44.8%)	5.76 (3.25)
	8.5. Self-direction (SD)	15 (62.5%)	8.88 (1.68)	11 (45.8%)	8.00 (1.88)	26 (89.7%)	9.45 (0.70)	13 (44.8%)	5.86 (3.24)
			Total M (SD) = 362,50 (48.20)		Total M (SD) = 295,40 (102.50)		Total M (SD) = 375,80 (26,50)		Total M (SD) = 290,30 (92,00)

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 $M \approx 5.34$ ($SD = 3.12$) to $M \approx 9.62$ ($SD = 0.62$). 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 module	Issue	Caregivers/Care Providers		Professionals/Experts	
		M	SD	M	SD
Supporting Communication, Speech, & Language Skills	Importance	43.50	9.20	46.93	3.90
	Support Needs	37.28	10.80	29.68	16.00
Activity Schedules	Importance	42.13	9.78	45.62	4.62
	Support Needs	37.38	10.45	27.77	15.70
Self-Determined (SD) Daily Life Skills	Importance	43.63	8.87	46.35	4.35
	Support Needs	39.25	9.73	28.12	15.80
Activity-Based Learning	Importance	44.20	8.50	46.40	4.20
	Support Needs	35.50	12.00	28.50	15.50
Peer Tutoring	Importance	44.17	8.50	46.07	4.50
	Support Needs	35.83	11.70	28.07	15.60
Naturalistic Teaching	Importance	44.00	8.80	46.70	4.30
	Support Needs	35.00	12.20	28.20	15.70
Behavior Management	Importance	45.33	6.20	47.72	3.70
	Support Needs	36.75	11.80	30.34	15.20
Early Literacy Skills	Importance	43.80	8.70	45.50	5.20
	Support Needs	36.20	12.00	28.80	15.50

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 = 35.00 (SD = 12.20) to M = 45.33 (SD = 6.20), whereas professionals/ experts' scores ranging from M = 27.77 (SD = 15.70) to M = 47.72 (SD = 3.70) 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 behaviors in inclusive early childhood settings remains limited in Germany.

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 behavioral problems and shaping those children's behaviors appropriately. Behavior management strategies basically consist of Identifying the Function of Behavior (FB), Using Antecedent-Based/Prevention Strategies (ABS), Teaching Alternative/Replacement Behaviors (ARB), Implementing Reinforcement (IR), and Developing and Using Behavior 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 Behavior Management (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of identifying the function of behavior was 16 (66.7%), while the highest score for professionals/experts was 27 (93.1%). The highest score for caregivers/care providers regarding their support needs for identifying the function of behavior was 12 (50.0%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding identifying the function of behavior was 15 (51.7%).

The highest score (10) for caregivers/care providers regarding the importance of using antecedent-based (prevention) strategies was 15 (62.5%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for using antecedent-based (prevention) strategies was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding using antecedent-based (prevention) strategies was 14 (48.3%).

The highest score (10) for caregivers/care providers regarding the importance of teaching alternative/replacement behaviors was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for teaching alternative/replacement behaviors was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching alternative/replacement behaviors was 14 (48.3%).

The highest score (10) for caregivers/care providers regarding the importance of implementing reinforcement was 17 (70.8%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for implementing reinforcement was 10 (41.7%), while



for professionals/experts, the highest score for support needs of caregivers/care providers regarding implementing reinforcement was 15 (51.7%).

Last, the highest score (10) for caregivers/care providers regarding the importance of developing and using behavior support plan was 16 (66.7%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for developing and using behavior support plan was 12 (50.0%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding developing and using behavior support plan was 15 (51.7%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of Behavior 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 have been utilized to support the early communication of young children with



special needs, including language impairment, in international literature (Finestack et al., 2022). However, in Germany, while inclusive ECEC and early intervention programs emphasize communication support, research on the specific role of caregivers/care providers (e.g., in kindergartens or family settings) in implementing evidence-based strategies remains limited compared to teacher-focused studies. National research highlights pragmatic and socio-communicative challenges, but primarily targets professional educators, with gaps in caregiver training for inclusive 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 15 (62.5%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for teaching eye contact was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching eye contact was 13 (44.8%).

The highest score (10) for caregivers/care providers regarding the importance of waiting skills was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for teaching waiting skills was 10 (41.7%), while for professionals/experts, the



highest score for support needs of caregivers/care providers regarding teaching waiting skills was 14 (48.3%).

The highest score (10) for caregivers/care providers regarding the importance of turn-taking was 14 (58.3%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for teaching turn-taking was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching turn-taking was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of reciprocal conversation was 15 (62.5%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for teaching reciprocal conversation was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching reciprocal conversation was 14 (48.3%).

Last, the highest score (10) for caregivers/care providers regarding the importance of imitation skills with/without objects was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for teaching imitation skills with/without objects was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching imitation skills with/without objects was 13 (44.8%).

1.4. Early Literacy Skills (ELS)

The current situation in Germany regarding the topic. Early literacy skills (book selection/preparation, interactive reading, alphabet/phonological awareness, print awareness, after-reading activities) are foundational in Germany's early childhood education and care (ECEC) system. Kindertartens promote emergent literacy



through play-based shared reading, storytelling, and language-rich environments. Inclusive Kitas support children with special needs via adapted materials and individualized activities. Challenges include disparities for children with language impairments or migration backgrounds, who often enter school with lower skills in phonological awareness and vocabulary.

Legal and political situation and trends. The UNCRPD (ratified 2009) and Bundesteilhabegesetz (2017) ensure inclusive access to literacy development. State Bildungspläne emphasize holistic, play-integrated literacy in ECEC. Trends focus on quality enhancement, preschool-primary transitions, and targeted supports for vulnerable groups, with funding for language/literacy diagnostics and inclusion.

Academic studies conducted at the national level on the topic. Research uses tools like latent profile analysis to identify literacy profiles in kindergarten children (e.g., Oldenburg/Berlin universities). NUBBEK studies process quality and outcomes in inclusive settings. Projects (e.g., LINK) evaluate educator training for literacy in severe disabilities. Findings show benefits of interactive strategies but persistent gaps requiring caregiver involvement.

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 13 (54.2%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers



regarding their support needs for book selection and preparation strategies was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding book selection and preparation strategies was 11 (37.9%).

The highest score (10) for caregivers/care providers regarding the importance of interactive reading strategies was 13 (54.2%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for interactive reading strategies was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding interactive reading strategies was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of alphabet knowledge and phonological awareness was 12 (50.0%), while the highest score for professionals/experts was 23 (79.3%). The highest score for caregivers/care providers regarding their support needs for alphabet knowledge and phonological awareness was 9 (37.5%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding alphabet knowledge and phonological awareness was 11 (37.9%).

The highest score (10) for caregivers/care providers regarding the importance of print awareness was 12 (50.0%), while the highest score for professionals/experts was 22 (75.9%). The highest score for caregivers/care providers regarding their support needs for print awareness was 9 (37.5%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding print awareness was 10 (34.5%).

Last, the highest score (10) for caregivers/care providers regarding the importance of after reading skills was 13 (54.2%), while the highest score for professionals/experts was 23 (79.3%). The highest score for caregivers/care providers regarding their support needs for after reading skills was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care



providers regarding after reading skills was 11 (37.9%). 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 Germany regarding the topic. Naturalistic teaching, embedding learning in daily routines, child-led activities, and natural environments (following the child's lead, creating opportunities, modeling, prompting, time delay, routine embedding), is closely aligned with the predominant "Situationsansatz" in German early childhood education and care (ECEC). Kindertagesstätten focus on child-initiated, context-based learning through play and everyday situations. In inclusive settings, these methods support children with special needs by integrating goals into natural interactions. Structured naturalistic developmental behavioral interventions (NDBI) are more common in specialized early intervention or autism therapy, while general ECEC relies on holistic, embedded approaches.

Legal and political situation and trends. The UNCRPD (ratified 2009) and Bundesteilhabegesetz (2017) promote child-centered, participatory learning in natural settings. State Bildungspläne encourage situation-oriented pedagogy, embedding education in real-life contexts for inclusion. Trends include strengthening naturalistic elements in inclusive ECEC, multi-professional collaboration, and person-centered supports to foster daily participation and autonomy.

Academic studies conducted at the national level on the topic. Research embeds naturalistic teaching in ECEC quality and inclusion studies (e.g., NUBBEK on interaction in natural settings). Projects explore child-led interventions in inclusive Kitas, with adaptations of milieu teaching or ESDM elements in early intervention. Key findings show benefits for communication and engagement but limited systematic NDBI evaluation in mainstream ECEC.



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 13 (54.2%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for following the child's lead was 9 (37.5%), while for professionals/experts, 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 15 (62.5%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for creating communication opportunities was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding creating communication opportunities was 13 (44.8%).

The highest score (10) for caregivers/care providers regarding the importance of modeling, mand-model and expanding language was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for modeling, mand-model and expanding language was 10 (41.7%), while for professionals/experts, the highest score for



support needs of caregivers/care providers regarding modeling, mand-model and expanding language was 13 (44.8%).

The highest score (10) for caregivers/care providers regarding the importance of using prompting and time delay was 13 (54.2%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for using prompting and time delay was 9 (37.5%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding using prompting and time delay was 12 (41.4%).

Last, the highest score (10) for caregivers/care providers regarding the importance of embedding teaching in daily routines was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for embedding teaching in daily routines was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding embedding teaching in daily routines was 13 (44.8%). 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 Germany regarding the topic. Activity-based learning (experiential learning, imitation, cooperative play, rhythmic-movement activities, associative learning) is a fundamental pillar of early childhood education and care (ECEC) in Germany. Kindertagesstätten (Kitas) prioritize child-initiated, play-oriented activities where learning emerges from hands-on exploration, group play, movement, and sensory experiences. This approach supports holistic development, particularly in inclusive settings where activities are adapted to diverse needs, fostering social interaction and inclusion for children with special needs. While



widely implemented, structured ABL varies by federal state, with emphasis on free play and emergent learning over formal instruction.

Legal and political situation and trends Germany's ECEC framework, aligned with the UN Convention on the Rights of Persons with Disabilities (UNCRPD, ratified 2009), promotes activity-based, participatory learning in inclusive environments. The Federal Participation Act (Bundesteilhabegesetz, 2017) and state Bildungspläne emphasize experiential and play-integrated activities as essential for development and inclusion. Trends include enhancing pedagogical quality in Kitas, increasing multi-professional support for activity-oriented inclusion, and bridging preschool to primary school through child-centered, active learning models.

Academic studies conducted at the national level on the topic. National research underscores ABL's role in ECEC outcomes, with large-scale studies like NUBBEK analyzing process quality in activity settings (e.g., play interactions and movement). Projects from the Staatsinstitut für Frühpädagogik (IFP) and universities examine experiential play, cooperative activities, and motor learning in inclusive Kitas, demonstrating benefits for engagement and social skills. Key findings highlight positive effects on development but identify needs for better caregiver training in structured activity-based methods for heterogeneous groups.

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



14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for experiential learning was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding experiential learning was 13 (44.8%).

The highest score (10) for caregivers/care providers regarding the importance of imitation was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for imitation was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding imitation was 13 (44.8%).

The highest score (10) for caregivers/care providers regarding the importance of play together/cooperative play was 15 (62.5%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for play together/cooperative play was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding play together/cooperative play was 13 (44.8%).

The highest score (10) for caregivers/care providers regarding the importance of rhythmic-movement activities was 13 (54.2%), while the highest score for professionals/experts was 23 (79.3%). The highest score for caregivers/care providers regarding their support needs for rhythmic-movement activities was 9 (37.5%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding rhythmic-movement activities was 11 (37.9%).

Last, the highest score (10) for caregivers/care providers regarding the importance of associative learning was 14 (58.3%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for associative learning was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding associative learning was 12 (41.4%). 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 is an evidence-based practice that aims to develop independence, social interaction, and decision-making skills of children with special needs, particularly those with autism (Birkan, 2013). Activity schedules were developed at the Princeton Child Development Institute (PCDI) as a result of over 20 years of scientific research. An activity schedule is a set of images/pictures or words that guides an individual through a series of activities (MacDuff, Krantz, & McClannahan, 1993; McCannahan & Krantz, 1999; McClannahan, MacDuff, & Krantz, 2009). The use of Activity Schedules primarily involves Task analysis (TA), Photographic task analysis (PTA), Preparing materials for creating photographic activity schedules (PAC), Teaching skills with activity schedules (TAS), and Fading procedures to promote independence (FI) in teaching practices for children with special needs. In Germany, visual activity schedules are frequently used in inclusive kindergartens and early intervention programs, often inspired by structured approaches like TEACCH, though caregiver-led implementations in general ECEC settings are less formalized compared to specialized therapeutic contexts.

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 14 (58.3%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for teaching task analysis was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching task analysis was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of photographic task analysis was 13 (54.2%), while the highest score for professionals/experts was 23 (79.3%). The highest score for caregivers/care providers regarding their support needs for teaching photographic task analysis was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching photographic task analysis was 11 (37.9%).

The highest score (10) for caregivers/care providers regarding the importance of preparing materials for creating photographic activity schedules was 13 (54.2%), while the highest score for professionals/experts was 23 (79.3%). The highest score for caregivers/care providers regarding their support needs for preparing materials for creating photographic activity schedules was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding preparing materials for creating photographic activity schedules was 11 (37.9%).

The highest score (10) for caregivers/care providers regarding the importance of teaching skills with activity schedules was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for teaching skills with activity schedules was 11 (45.8%), while for professionals/experts, the highest score for support needs of



caregivers/care providers regarding teaching skills with activity schedules was 13 (44.8%).

Last, the highest score (10) for caregivers/care providers regarding the importance of fading procedures to promote independence was 13 (54.2%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for fading procedures to promote independence was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding fading procedures to promote independence was 13 (44.8%).

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 Germany regarding the topic. Peer tutoring, encompassing mutual learning, the child as a teacher, peer imitation, social support, and motivation in pairs or small groups, is increasingly utilized in inclusive education to promote social interaction and inclusion. In early childhood settings (Kitas) and schools, cooperative learning and peer-mediated activities are encouraged to support children with special needs, migration backgrounds, or social disadvantages. Structured peer tutoring is more prevalent in primary schools, while in ECEC, informal peer play and modeling are common. Post-COVID and with rising diversity, peer strategies are seen as key for differentiated support and integration.

Legal and political situation and trends. Germany's inclusive education is anchored in the UN Convention on the Rights of Persons with Disabilities (UNCRPD, ratified 2009) and the Basic Law (Article 3). The Federal Participation Act (Bundesteilhabegesetz, 2017) and state inclusion decrees promote peer interactions



for participation. Trends include "Inklusive Schule" initiatives, funding for cooperative models, and emphasis on peer support in ECEC to foster social competence and reduce isolation.

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 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 15 (62.5%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for mutual learning was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding mutual learning was 13 (44.8%).

The highest score (10) for caregivers/care providers regarding the importance of the child as a teacher was 14 (58.3%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for the child as a teacher was 9 (37.5%), while for



professionals/experts, the highest score for support needs of caregivers/care providers regarding the child as a teacher was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of peer imitation was 15 (62.5%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for peer imitation was 9 (37.5%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding peer imitation was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of social support was 14 (58.3%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for social support was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding social support was 13 (44.8%).

Last, the highest score (10) for caregivers/care providers regarding the importance of motivation in pairs or a small group was 14 (58.3%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for motivation in pairs or a small group was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding motivation in pairs or a small group was 12 (41.4%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of Peer Tutoring.

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 a dispositional characteristic manifested as acting as a causal agent in one’s life. Self-determined people (i.e., causal agents) act in service to freely chosen goals (Shogren et al., 2015; p. 258)”. The foundational skills of self-determination are Choice-making (CM), Decision-making (DM), Goal setting (GS), Problem-solving (PS), and Self-direction (SD). Although studies worldwide highlight caregiver roles in fostering these skills, in Germany, research focuses more on supported decision-making in inclusive settings, with limited emphasis on caregiver-specific training in early childhood beyond family or therapeutic contexts.

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 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for teaching choice-making was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching choice-making was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of decision-making was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their



support needs for teaching decision-making was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching decision-making was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of goal setting was 13 (54.2%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support needs for teaching goal setting was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching goal setting was 11 (37.9%).

The highest score (10) for caregivers/care providers regarding the importance of problem-solving was 14 (58.3%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for teaching problem-solving was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching problem-solving was 13 (44.8%).

Last, the highest score (10) for caregivers/care providers regarding the importance of self-direction skills was 15 (62.5%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for teaching self-direction skills was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching self-direction skills was 13 (44.8%). 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.

Many national documents highlight the support of persons (children) with special needs. Germany has ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2009, committing to promote the rights, independence, and social inclusion of people with disabilities (United Nations, 2006). The Federal Participation Act (Bundesteilhabegesetz, 2017) aims to ensure



participation and self-determined living for individuals with disabilities. State-level education plans and inclusion strategies further support equitable access to early childhood education and care (ECEC) for an inclusive society.

Briefly summarize your findings depending on your country reality, politics, laws: The need analysis involving 53 participants (24 caregivers/care providers and 29 professionals/experts) shows consistently high importance ratings for all training modules (means around 42–45 for caregivers and 45–48 for experts on summed scales), reflecting Germany's strong inclusive policies. Caregivers report notable support needs (means 35–39), while experts perceive moderate needs (means 27–30), indicating gaps in practical training despite robust legal frameworks. These findings align with ongoing trends toward person-centered, inclusive ECEC and highlight the value of technology-supported tools to bridge implementation challenges.

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 a dispositional characteristic manifested as acting as a causal agent in one’s life. Self-determined people (i.e., causal agents) act in service to freely chosen goals (Shogren et al., 2015; p. 258)”. The foundational skills of self-determination are Choice-making (CM), Decision-making (DM), Goal setting (GS), Problem-solving (PS), and Self-direction (SD). Although some studies have been conducted worldwide and in Germany on the responsibilities of parents in



developing self-determination abilities in children with special needs, there are limited reports or studies on the roles of caregivers in fostering these skills in inclusive ECEC settings (Carter et al., 2013; Martin et al., 2005; Meral et al., 2023; Shogren & Wehmeyer, 2017; Zheng et al., 2015).

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 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for teaching choice-making was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching choice-making was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of decision-making was 14 (58.3%), while the highest score for professionals/experts was 25 (86.2%). The highest score for caregivers/care providers regarding their support needs for teaching decision-making was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching decision-making was 12 (41.4%).

The highest score (10) for caregivers/care providers regarding the importance of goal setting was 13 (54.2%), while the highest score for professionals/experts was 24 (82.8%). The highest score for caregivers/care providers regarding their support



needs for teaching goal setting was 10 (41.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching goal setting was 11 (37.9%).

The highest score (10) for caregivers/care providers regarding the importance of problem-solving was 14 (58.3%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for teaching problem-solving was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching problem-solving was 13 (44.8%).

Last, the highest score (10) for caregivers/care providers regarding the importance of self-direction skills was 15 (62.5%), while the highest score for professionals/experts was 26 (89.7%). The highest score for caregivers/care providers regarding their support needs for teaching self-direction skills was 11 (45.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching self-direction skills was 13 (44.8%). 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 documents highlight the support of persons (children) with special needs. Germany ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2009, committing to promote rights, independence, and social inclusion of people with disabilities (United Nations, 2006). The Federal Participation Act (Bundesteilhabegesetz, 2017) aims to ensure participation and self-determined living, while state-level inclusion strategies and Bildungspläne support equitable access to early childhood education and care.



The need analysis with 53 participants (24 caregivers/care providers, 29 professionals/experts) shows high importance ratings for all modules (caregivers M \approx 42–45, experts \approx 45–48 on 50-point scale), with caregivers indicating substantial support needs (M \approx 35–39) and experts moderate (M \approx 27–30). This reflects Germany's strong inclusive framework but reveals training gaps in practical implementation. The project aligns with UNCRPD and Bundesteilhabegesetz, addressing needs through technology-supported evidence-based practices.

In conclusion, this project aims to deliver education and social participation rights to persons with special needs by supporting caregivers/care providers who work with these children.



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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?