



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

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# 1.TURKIYE'S NEED ANALYSIS RESULTS

## 1.1 Descriptive Statistics

The data collected includes a total of 119 participants from two separate groups. The first group (N = 66) consists of caregivers, special education teachers, and candidates, among others. The second group consisted of professionals/experts (N=53), such as academics working with children with special needs. Participants were asked two different questions regarding the training modules. First, the importance of regarding the submodule in teaching practice for children with special needs. Second, “support needs” in relation to regarding submodule. Both questions were directed at two separate groups: care givers/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 provider staff for children with special needs	10	14.9
Social service organization manager	0	0
Non-governmental organization (NGO) representative	1	1.5
Child development specialist	2	3
Special education teacher	21	31.3
University students (relevant departments to children with SEN)	13	19.4
Other (staff or candidate relevant to children with SEN).	20	29.9

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 givers/providers, service providers, and candidates who work directly with children with special needs. As summarized in Table 1, data were collected from 10 caregiver/care providers (14.9%), 21 special education teachers (31.3%), 19 university students who are relevant departments of children with special needs (19.4%), 2 child development specialist 2 (3%), 1 non-governmental organization (NGO) representative (1.5%), and 20 staff or candidate relevant areas to children with special needs under “other” category (29.9). (See Table 1). Additionally, data were collected from 53 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)	39 (61.9%)	9,26 (1.15)	22 (34.9%)	7,06 (3.18)	40 (76.9%)	9,48 (1.30)	37 (72.5%)	9,55 (1.00)
	1.2. Using Antecedent-Based (Prevention) Strategies (ABS)	40 (63.5%)	9,19 (1.35)	23 (36.5%)	7,52 (2.71)	36 (69.2%)	9,52 (.85)	33 (64.7%)	9,43 (1.00)
	1.3. Teaching Alternative/Replace ment Behaviors (ARB)	35 (55.6%)	8,97 (1.47)	21 (33.9%)	7,48 (2.74)	31 (59.6%)	9,50 (.70)	34 (65.4%)	9,48 (.93)
	1.4. Implementing Reinforcement (IR)	44 (69.8%)	9,40 (1.04)	20 (31.7%)	6,52 (3.40)	35 (67.3%)	9,60 (.63)	35 (67.3%)	9,60 (.63)



	1.5. Developing and Using Behavior Support Plan (BSP)	41 (65.1%)	9,26 (1.26)	25 (39.7%)	7,31 (2.29)	35 (68.6%)	9,53 (.83)	37 (72.5%)	9,57 (1.08)
2. Supporting Communication, Speech, & Language Skills (CSL)	2.1. Eye contact (EC)	45 (67.2%)	9,03 (1.81)	25 (37.3%)	7,09 (2.93)	35 (66%)	9,09 (1.47)	36 (67.9%)	9,19 (1.46)
	2.2. Waiting skills (WS)	39 (58.2%)	8,77 (1.85)	25 (37.3%)	6,92 (3.22)	33 (62.3%)	9,40 (.92)	38 (71.7%)	9,51 (.95)
	2.3. Turn-taking (TT)	34 (50.7%)	8,56 (1.90)	19 (28.4%)	6,59 (3.11)	33 (62.3%)	9,43 (.93)	35 (66%)	9,40 (1.02)
	2.4. Reciprocal conversation (RC)	41 (61.2%)	8,98 (1.49)	26 (38.8%)	7,41 (2.77)	38 (71.7%)	9,45 (1.06)	41 (77.4%)	9,53 (1.06)
	2.5. Imitation skills with/without objects (IM)	30 (44.8%)	8,65 (1.54)	20 (29.9%)	6,70 (2.91)	37 (71.2%)	9,33 (1.26)	39 (73.6%)	9,40 (1.21)
3. Early Literacy Skills (ELS)	3.1. Book Selection and Preparation Strategies (BSPS)	36 (57.1%)	8,84 (1.62)	23 (36.5%)	7,06 (3.32)	28 (55.8%)	8,98 (1.47)	32 (61.5%)	9,13 (1.32)
	3.2. Interactive Reading Strategies (IRS)	35 (55.6%)	8,89 (1.52)	23 (35.9%)	7,06 (3.16)	28 (53.8%)	9,02 (1.37)	33 (64.7%)	9,33 (1.07)
	3.3. Alphabet Knowledge and Phonological Awareness ELS/AKPA	34 (55.7%)	8,83 (1.70)	23 (37.1%)	6,90 (3.34)	24 (46.2%)	8,83 (1.51)	27 (51.9%)	9,10 (1.17)
	3.4. Print Awareness (PA)	32 (49.2%)	8,58 (1.77)	22 (33.8)	7,00 (3.13)	23 (44.2%)	8,63 (1.66)	27 (51.9%)	8,94 (1.57)
	3.5. After Reading Skills (ARS)	38 (59.4%)	8,95 (1.43)	29 (44.6%)	7,17 (3.26)	26 (50%)	8,92 (1.29)	32 (61.5%)	9,23 (1.14)
4. Naturalistic Teaching (NT)	4.1. Following the Child's Lead (CL)	33 (52.4%)	8,53 (1.93)	20 (32.3%)	6,57 (3.21)	25 (49%)	9,06 (1.15)	28 (53.8%)	9,04 (1.32)
	4.2. Creating Communication Opportunities (CO)	45 (72.6%)	9,36 (1.23)	22 (34.9%)	6,90 (3.17)	36 (69.2%)	9,46 (1.14)	36 (69.2%)	9,52 (.77)
	4.3. Modeling, Mand-Model and Expanding Language (MEL)	35 (56.5%)	9,00 (1.51)	19 (30.2%)	6,95 (3.10)	38 (73.1%)	9,48 (.98)	40 (76.9%)	9,62 (.82)
	4.4. Using Prompting and Time Delay (PTD)	33 (53.2%)	8,77 (1.52)	15 (24.6%)	6,47 (3.13)	30 (57.7%)	9,25 (1.02)	32 (62.7%)	9,25 (1.14)
	4.5. Embedding Teaching in Daily Routines (ET):	36 (58.1%)	9,07 (1.30)	19 (30.2%)	6,48 (3.42)	39 (75%)	9,60 (.82)	37 (71.2%)	9,38 (1.47)
5. Activity-Based Learning (ABL)	5.1. Experiential learning (EL)	40 (61.5%)	9,11 (1.39)	20 (32.3%)	7,28 (2.77)	37 (71.2%)	9,58 (.72)	37 (71.2%)	9,58 (.72)
	5.2. Imitation (IM)	37 (57.8%)	8,87 (1.59)	19 (30.2%)	6,84 (2.96)	35 (67.3%)	9,54 (.72)	36 (70.6%)	9,59 (.72)
	5.3. Play together (PT)/Cooperative play	40 (63.5%)	9,26 (1.22)	21 (33.3%)	6,92 (3.15)	31 (59.6%)	9,29 (1.01)	33 (63.5%)	9,38 (.91)



	5.4. Rhythmic-movement (RM) activities	36 (57.1%)	8,81 (1.73)	18 (28.6%)	6,23 (3.45)	25 (58.1%)	8,90 (1.36)	24 (46.2%)	8,90 (1.33)
	5.5. Associative learning (AL)	41 (65.1%)	9,23 (1.16)	20 (31.7%)	6,84 (3.25)	31 (59.6%)	9,19 (1.28)	31 (59.6%)	9,25 (1.25)
6. Activity Schedules (AS)	6.1. Task analysis (TA)	37 (56.1%)	8,92 (1.63)	24 (36.9%)	7,23 (3.03)	27 (50.9%)	9,02 (1.48)	32 (60.4%)	9,30 (1.23)
	6.2. Photographic task analysis (PTA)	33 (51.6%)	8,63 (1.91)	23 (34.8%)	6,98 (2.96)	26 (49.1%)	8,64 (1.73)	27 (51.9%)	8,79 (1.63)
	6.3. Preparing materials for creating photographic activity schedules (PAC)	33 (50%)	8,66 (1.85)	22 (33.3%)	6,82 (3.16)	27 (50.9%)	8,60 (2.04)	31 (58.5%)	8,77 (2.05)
	6.4. Teaching skills with activity schedules (TAS)	39 (59.1%)	8,75 (1.87)	25 (37.9%)	7,29 (3.03)	31 (58.5%)	8,91 (1.77)	32 (60.4%)	9,04 (1.61)
	6.5. Fading procedures to promote independence (FI)	32 (49.2%)	8,66 (1.78)	24 (36.4%)	7,35 (2.77)	35 (66%)	9,57 (.66)	36 (67.9%)	9,49 (.93)
7. Peer Tutoring (PT)	7.1. Mutual learning (ML)	38 (61.3%)	8,85 (1.82)	21 (33.3%)	6,81 (3.30)	27 (51.9%)	9,13 (1.10)	28 (53.8%)	9,15 (1.05)
	7.2. The child as a teacher (CT)	33 (52.4%)	8,79 (1.63)	19 (31.1%)	7,15 (2.89)	27 (51.9%)	9,12 (1.14)	27 (51.9%)	9,10 (1.14)
	7.3. Peer Imitation (PI)	37 (58.7%)	8,94 (1.74)	17 (27%)	6,61 (3.13)	27 (51.9%)	9,10 (1.15)	27 (52.9%)	9,14 (1.14)
	7.4. Social support (SS)	36 (57.1%)	9,02 (1.57)	25 (41%)	7,18 (3.13)	26 (50%)	9,19 (.99)	27 (51.9%)	9,23 (.96)
	7.5. Motivation in pairs or a small group (PSG)	35 (56.5%)	8,85 (1.86)	20 (31.7%)	6,48 (3.30)	27 (51.9%)	9,13 (1.15)	26 (50%)	9,02 (1.24)
8. Self-Determined (SD) Daily Life Skills	8.1. Choice-making (CM)	33 (50%)	8,71 (1.56)	23 (34.8%)	7,28 (2.70)	29 (54.7%)	9,23 (1.06)	28 (52.8%)	9,23 (1.05)
	8.2. Decision-making (DM)	39 (59.1%)	8,74 (1.93)	28 (42.4%)	7,58 (2.82)	29 (54.7%)	9,25 (.93)	29 (54.7%)	9,26 (.90)
	8.3. Goal setting (GS)	33 (50.8%)	8,72 (1.76)	26 (39.4%)	7,69 (2.66)	26 (49.1%)	9,19 (.92)	28 (52.8%)	9,17 (1.01)
	8.4. Problem-solving (PS)	35 (53%)	8,83 (1.73)	24 (36.4%)	7,37 (2.79)	33 (62.3%)	9,45 (.79)	33 (62.3%)	9,40 (.92)
	8.5. Self-direction (SD)	38 (57.6%)	9,09 (1.46)	27 (41.5%)	7,73 (2.64)	34 (64.2%)	9,36 (1.02)	33 (62.3%)	9,47 (.77)
		Total M (SD) = 358,28 (45.90)		Total M (SD) = 274,79 (105.12)		Total M (SD) = 369,34 (27,79)		Total M (SD) = 370,86 (28.97)	

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 item-based averages (SD) to see trends



regarding the importance and support needs of each submodule. 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  $M = 6.23$  ( $SD = 3.45$ ) to  $M = 9.62$  ( $SD = 0.82$ ). For almost every submodule, participants showed high trends indicating how important that submodule was to them and how much support they needed for each submodule (See Table 3).

**Table 3**

*Participants' Means (M) and Standard Deviations (SD) in Submodules*

Sub modules	Issue	Caregivers/ Care Providers		Professionals/Experts	
		M	SD	M	SD
Supporting Communication, Speech, & Language Skills	Importance	44,00	6,52	46,76	4,10
	Support Needs	34,53	13,00	47,01	4,49
Activity Schedules	Importance	43,59	7,11	44,73	6,44
	Support Needs	35,56	13,72	45,32	6,08
Self-Determined (SD) Daily Life Skills	Importance	44,17	7,31	46,47	3,88
	Support Needs	37,57	12,68	46,52	3,86
Activity-Based Learning	Importance	45,32	5,75	46,50	3,85
	Support Needs	33,94	14,62	46,72	3,85
Peer Tutoring	Importance	44,45	7,54	45,67	4,91
	Support Needs	34,43	14,42	45,72	5,04
Naturalistic Teaching	Importance	44,80	5,85	46,80	4,18
	Support Needs	33,15	15,27	46,86	4,38
Behavior Management	Importance	46,08	5,15	47,80	3,18
	Support Needs	35,68	13,79	47,59	3,62
Early Literacy Skills	Importance	44,40	6,77	44,38	6,25
	Support Needs	35,16	15,14	45,66	5,37



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 sub-module. A higher score indicates that each submodule has "severe importance" and "severe support needs". Although there is not a cut off score, each submodule's total mean (SD) scores, between 0 and 25 indicates moderate importance and support needs of the regarding submodule whereas between 25 and 50 indicates over moderate or severe importance and support needs. The scores of caregivers/care providers ranging from  $M = 33.15$  ( $SD = 15.27$ ) to  $M = 44.45$  ( $SD = 7.54$ ), whereas professionals/experts' scores ranging from  $M = 44.38$  ( $SD = 6.25$ ) to  $M = 47.80$  ( $SD = 3.18$ ) for importance and support needs (See Table 3). These results indicates that each subdomain "severely important for them" and "the caregivers severely need a professionals support". Given the findings that each subdomain 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 teacher 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 academic achievement. Children with special needs may have a wide range of needs and exhibit behavioral problems more than typically developing peers (Ram, 2014). Although, there are some studies examining how instructional support about behavioral management strategies to teachers of children with disabilities across literature (Gebbie et al., 2012; Ram, 2014), there is no study about how to caregivers manage challenging behaviors affecting teaching practices in Türkiye.



Given that children with special needs often lack access to a rich social environment and opportunities for social interaction, 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 39 (61.9%), while the highest score for professionals/experts was 40 (76.9%). The highest score for caregivers/care providers regarding their support needs for identifying the function of behavior was 22 (34.9%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding identifying the function of behavior was 37 (72.5%).

The highest score (10) for caregivers/care providers regarding the importance of using antecedent-based (prevention) strategies was 40 (63.5%), while the highest score for professionals/experts was 36 (69.2%). The highest score for caregivers/care providers regarding their support needs for using antecedent-based (prevention) strategies was 23 (36.5%), while for professionals/experts, the highest score for



support needs of caregivers/care providers regarding using antecedent-based (prevention) strategies was 33 (64.7%).

The highest score (10) for caregivers/care providers regarding the importance of teaching alternative/replacement behaviors was 35 (55.6%), while the highest score for professionals/experts was 31 (59.6%). The highest score for caregivers/care providers regarding their support needs for teaching alternative/replacement behaviors was 21 (33.9%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching alternative/replacement behaviors was 34 (65.4%).

The highest score (10) for caregivers/care providers regarding the importance of implementing reinforcement was 44 (69.8%), while the highest score for professionals/experts was 35 (67.3%). The highest score for caregivers/care providers regarding their support needs for implementing reinforcement was 20 (31.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding implementing reinforcement was 35 (67.3%).

Last, the highest score (10) for caregivers/care providers regarding the importance of developing and using behavior support plan was 41 (65.1%), while the highest score for professionals/experts was 35 (68.6%). The highest score for caregivers/care providers regarding their support needs for developing and using behavior support plan was 25 (39.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding developing and using behavior support plan was 37 (72.5%). Consequently, participants, through their responses, severely emphasized both the 'importance' and the 'support needs' of each subdomain of Behavior Management.

### **1.3. Supporting communication and language skills**



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. Those skills are the key to social participation and belonging, and are also essential for emotional well-being, self-confidence, independence, academic achievement, career planning, 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 and peers, plays a crucial role in developing these skills. Due to disadvantages such as developmental disabilities, in addition to the presence of children with disabilities in orphanages, 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 the national foundation, there is no study on the role of caregivers/care providers in supporting the communication and language skills of children with special needs. In Türkiye, only special education teacher training programs have qualified content to teach communication and language skills. Despite some research conducted in Türkiye showing that special education teachers use a range of strategies to teach communication and language skills to children with special needs (Diken, 2014; Yazici & McKenzie, 2020), there is a lack of studies on supporting caregivers who work with children with special needs in this area.

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 Communication, Speech, and Language Skills Support sub-modules (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of eye contact was 45 (67.2%), while the highest score for professionals/experts was 35 (66%). The highest score for caregivers/care providers regarding their support needs for teaching eye contact was 25 (37.3%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching eye contact was 36 (67.9%).

The highest score (10) for caregivers/care providers regarding the importance of waiting skills was 39 (58.2%), while the highest score for professionals/experts was 33 (62.3%). The highest score for caregivers/care providers regarding their support needs for teaching waiting skills was 25 (37.3%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching waiting skills was 38 (71.7%).

The highest score (10) for caregivers/care providers regarding the importance of turn-taking was 34 (50.7%), while the highest score for professionals/experts was 33 (62.3%). The highest score for caregivers/care providers regarding their support needs for teaching turn-taking was 19 (28.4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching turn-taking was 35 (66%).

Of the caregivers or care providers, 41 people (61.2%) gave reciprocal conversation the highest possible importance score of 10, while among professionals or experts, 38 people (71.7%) did the same. The highest score for caregivers/care providers regarding their support needs for teaching reciprocal conversation was 26



(38.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching reciprocal conversation was 41 (77.4%). Last, the highest score (10) for caregivers/care providers regarding the importance of imitation skills with/without objects was 30 (44.8%), while the highest score for professionals/experts was 37 (71.2%). The highest score for caregivers/care providers regarding their support needs for teaching imitation skills with/without objects was 20 (29.9%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching imitation skills with/without objects was 39 (73.6%). Consequently, participants, through their responses, severely highlighted both the 'importance' and the 'support needs' of each subdomain of the “Communication, Speech, and Language Skills Support”.

#### 1.4 Early literacy

Early literacy refers to the phase of written language acquisition in which children in kindergarten (K) and the first two grades learn the basic principles of reading and writing (Aaornoutse et al., 2005). The level of early literacy skills acquired under normal conditions is also decisive for the outcomes of the subsequent educational process. A longitudinal study found that verbal language skills and reading skills (phonological awareness, letter knowledge, word reading speed) in kindergarten influenced the performance of these skills in first grade (Aaornoutse et al., 2005). It is important to develop early literacy skills through early intervention in disadvantaged or disabled individuals who are relatively behind their peers. A meta-analysis found that children with ASD showed a large effect in listening and communicative and non-communicative skills, and a small effect in expressive communication. The intervention was reported to be 90% effective (Boyle, et al., 2019).



Studies related to early literacy in Turkey can be examined in broad lines within the framework of legislation, policy, and research. Legislation emphasizes supporting children's language development and creating literacy awareness in the planning of educational activities (MoNE/MEB, 2014). In key strategic documents, early literacy is not referred to as “reading and writing instruction” but as the most fundamental skill component of the primary school preparation process. In this context, the MEB 2024-2028 Strategic Action Plan (MoNE/MEB, 2024b), “Summer Schools” and “Mobile Classrooms” are included as legal objectives to increase the early literacy skills of children living in socio-economically disadvantaged communities, and access to a rich stimulating environment is stated as a strategic necessity. Within the scope of current program practices, the “2024 Turkey Century Education Curriculum Model” declared by MoNE/MEB (2024a) defines skills such as phonological awareness, writing awareness, and visual literacy as learning outcomes, rather than letter teaching, using a skills-based approach.

Çakıcı et al. (2021), in their study compiling 73 studies conducted in Turkey over the past 20 years, found that teachers did not consider themselves sufficiently equipped in early literacy and that they placed more emphasis on writing/drawing activities in their practices. Furthermore, it was observed that as the mother's education level increased, the children's phonological awareness and vocabulary performance also increased. On the other hand, it was noted that the programs implemented by MoNE/MEB mainly supported reading skills and were insufficient in supporting writing awareness and other areas of development. It was concluded that there is a lack of variety in materials and activities that support early literacy in the school environment. Alongside this study, it is also seen that work continues more specific topics, such as developing assessment tools or evaluating early literacy levels (e.g., Kargın, Ergül & Güldenoğlu, 2015; Tok & Canatar, 2025).

Early Literacy Skills basically include (1) book selection and preparation strategies,



(2) interactive reading strategies, (3) alphabet knowledge and phonological awareness, (4) print awareness, and (5) after reading skills.

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 sub-module of the Early Literacy Skills (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of 'book selection and preparation strategies' was 36 (57.1%), while the highest score for professionals/experts was 28 (55.8%). The highest score for caregivers/care providers regarding their support needs for 'book selection and preparation strategies' was 23 (36.5%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding 'book selection and preparation strategies' was 23 (36.5%).

The highest score (10) for caregivers/care providers regarding the importance of 'interactive reading strategies' was 35 (55.6%), while the highest score for professionals/experts was 28 (53.8%). The highest score for caregivers/care providers regarding their support needs for 'interactive reading strategies' was 23 (35.9%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding 'interactive reading strategies' was 33 (64.7%).

Among caregivers and care providers, 34 individuals (55.7%) gave a score of 10—the highest possible rating—on the importance of 'alphabet knowledge and phonological awareness'. For professionals or experts, 24 people (46.2%) awarded this top score. The highest score for caregivers/care providers regarding their support needs for 'alphabet knowledge and phonological awareness' was 23 (37.1%), while for



professionals/experts, the highest score for support needs of caregivers/care providers regarding `alphabet knowledge and phonological awareness` was 27 (51.9%).

The highest score (10) for caregivers/care providers regarding the importance of `print awareness` was 32 (49.2%), while the highest score for professionals/experts was 23 (44.2%). The highest score for caregivers/care providers regarding their support needs for `print awareness` was 22 (33.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `print awareness` was 27 (51.9%).

Last, the highest score (10) for caregivers/care providers regarding the importance of `after reading skills` was 38 (59.4%), while the highest score for professionals/experts was 26 (50%). The highest score for caregivers/care providers regarding their support needs for `after reading skills` was 29 (44.6%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `after reading skills` was 32 (61.5%). 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

Natural learning is a learning process that depends on the individual's interaction with their environment. The fundamental dynamics of this process are the individual's motivation to learn and their desire to engage in interaction. Naturalistic teaching is a teaching method inspired by natural learning. In this approach, teaching takes place within the child's daily routines, areas of interest, and natural interactions (Boyle, et al., 2019). Natural teaching methods are used to develop language, communication, and social skills in children with disabilities (Snyder, et al., 2015). These teaching practices have been considered evidence-based practices by the



National Autism Center (NAC) since 2015 and by the National Professional Center on Autism Spectrum Disorders (NPDC) since 2014.

According to the Special Education Services Directive in Turkey (MoNE/MEB, 2008), natural teaching is recommended as “intervention in a natural environment” in combination with the principle of the least restrictive environment in the education of individuals with special needs. In other words, it emphasizes that educational intervention should be carried out in the child’s natural living environment. The 2024 Turkey Century Education Model guidebook (MoNE/MEB, 2024a) emphasizes the need to implement natural teaching within a play-based approach. As an example of an academic study on this topic, Yetkin’s (2023) doctoral thesis examined the effectiveness of a natural teaching intervention program offered to parents of children with ASD via online coaching. The main finding of the study discussed was that parents showed significant progress in their qualified adult behavior levels and an increase in the frequency of using natural teaching strategies in the desired direction.

Naturalistic Teaching essentially involves (1) following the child’s lead, (2) creating communication opportunities, (3) modeling, Mand-model, and expanding language, (4) using prompting and time delay, and (5) embedding teaching in daily routines. 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 sub-module of the Naturalistic Teaching (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of ‘following the child’s lead’



was 33 (52.4%), while the highest score for professionals/experts was 25 (49%). The highest score for caregivers/care providers regarding their support needs for `following the child's lead` was 20 (32.3%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `following the child's lead` was 28 (53.8%).

The highest score (10) for caregivers/care providers regarding the importance of `creating communication opportunities` was 45 (72.6%), while the highest score for professionals/experts was 36 (69.2%). The highest score for caregivers/care providers regarding their support needs for `creating communication opportunities` was 22 (34.9%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `creating communication opportunities` was 36 (69.2%).

The highest score (10) for caregivers/care providers regarding the importance of `modeling, Mand-model, and expanding language` was 35 (56.5%), while the highest score for professionals/experts was 38 (73.1%). The highest score for caregivers/care providers regarding their support needs for `modeling, Mand-model, and expanding language` was 19 (30.2%), while for professionals/experts, the highest score for support needs of caregivers/ care providers regarding modeling, Mand-model, and expanding language` was 40 (76.9%).

Among caregivers and care providers, 33 individuals (53.2%) gave a top rating of 10 to the importance of using prompting and time delay. Similarly, 30 professionals or experts (57.7%) assigned this highest score. The highest score for caregivers/care providers regarding their support needs for `using prompting and time delay` was 15 (24.6%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `using prompting and time delay` was 32 (62.7%).

Last, the highest score (10) for caregivers/care providers regarding the importance of `embedding teaching in daily routines` was 36 (58.1%), while the



highest score for professionals/experts was 39 (75%). The highest score for caregivers/care providers regarding their support needs for `embedding teaching in daily routines` was 19 (30.2%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `embedding teaching in daily routines` was 37 (71.2%).

Consequently, participants, through their responses, severely highlighted both the 'importance' and the 'support needs' of each subdomain of Naturalistic Teaching.

### **1.6 Activity-based teaching**

Activity-based teaching is an educational approach that emphasizes practical, interactive learning experiences, enabling students to actively engage with the material and develop critical skills. This method is also carried out with a focus on using interactive, child-friendly learning tools that encourage self-directed learning. This approach allows children to progress at their own pace. In Turkey, activity-based teaching is an approach that is not explicitly included in the legislative and strategic context, but which supports the components mentioned in the definition above and forms the outline of modern teaching programs. The concept of "activity" is considered in conjunction with concepts and principles such as "learning by doing" and "skill acquisition." The primary goal is to ensure that students are active individuals who discover, interpret, and use knowledge, rather than passive recipients. In these lines, it can be commented that activity-based teaching in special education ensures that learning takes place in natural and meaningful contexts, increases motivation and participation, support multiple areas of development holistically, facilitate teacher-student-family interaction, allow for the individualization of acquired skills, and naturally encourage the generalization and transfer of learning. For these reasons, it is recommended by authorities in the field as an evidence-based practice. It mainly consists of (1) experiential learning, (2) imitation, (3) play together/cooperative play, (4) rhythmic-movement activities, and (5) associative learning.



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 sub-module of the Activity-Based Learning (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of 'experiential learning' was 40 (61.5%), while the highest score for professionals/experts was 37 (71.2%). The highest score for caregivers/care providers regarding their support needs for 'experiential learning' was 20 (32.3%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding 'experiential learning' was 37 (71.2%).

The highest score (10) for caregivers/care providers regarding the importance of 'imitation' was 37 (57.8%), while the highest score for professionals/experts was 35 (67.3%). The highest score for caregivers/care providers regarding their support needs for 'imitation' was 19 (30.2%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding 'imitation' was 36 (70.6%).

The highest score (10) for caregivers/care providers regarding the importance of 'play together/cooperative play' was 40 (63.5%), while the highest score for professionals/experts was 31 (59.6%). The highest score for caregivers/care providers regarding their support needs for 'play together/cooperative play' was 21 (33.3%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding 'play together/cooperative play' was 33 (63.5%).



The highest rating of 10 for the importance of `rhythmic-movement activities` was assigned by 36 caregivers/care providers (57.1%), while 25 professionals/experts (58.1%) awarded the same top score. The highest score for caregivers/care providers regarding their support needs for `rhythmic-movement activities` was 18 (28.6%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `rhythmic-movement activities` was 24 (46.2%).

Last, the highest score (10) for caregivers/care providers regarding the importance of `associative learning` was 41 (65.1%), while the highest score for professionals/experts was 31 (59.6%). The highest score for caregivers/care providers regarding their support needs for `associative learning` was 20 (31.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `associative learning` was 31 (59.6%). Consequently, participants, through their responses, severely highlighted 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 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. Although some studies and modules developed for the Ministry of



National Education demonstrate the effectiveness of activity programs (Birkan, 2013; Eliçin & Tunalı, 2016; Mone/MEB, 2008) and are used by some schools (e.g., Tohum Autism Foundation), there are no studies in Türkiye on activity schedules conducted with caregivers/care providers.

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 37 (56.1%), while the highest score for professionals/experts was 27 (50.9%). The highest score for caregivers/care providers regarding their support needs for teaching task analysis was 24 (36.9%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching task analysis was 32 (60.4%).

The highest score (10) for caregivers/care providers regarding the importance of photographic task analysis was 33 (51.6%), while the highest score for professionals/experts was 26 (49.1%). The highest score for caregivers/care providers regarding their support needs for teaching photographic task analysis was 23 (34.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching photographic task analysis was 27 (51.9%).

The highest score (10) for caregivers/care providers regarding the importance of preparing materials for creating photographic activity schedules was 33 (50%), while the highest score for professionals/experts was 27 (50.9%). The highest score for



caregivers/care providers regarding their support needs for preparing materials for creating photographic activity schedules was 22 (33.3%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding preparing materials for creating photographic activity schedules was 31 (58.5%).

The highest score (10) for caregivers/care providers regarding the importance of teaching skills with activity schedules was 39 (59.1%), while the highest score for professionals/experts was 31 (58.5%). The highest score for caregivers/care providers regarding their support needs for teaching skills with activity schedules was 25 (37.9%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching skills with activity schedules was 32 (60.4%).

Last, the highest score (10) for caregivers/care providers regarding the importance of fading procedures to promote independence was 32 (49.2%), while the highest score for professionals/experts was 35 (66%). The highest score for caregivers/care providers regarding their support needs for fading procedures to promote independence was 24 (36.4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding fading procedures to promote independence was 36 (67.9%).

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

Peer teaching is a student-centered approach where education is carried out from student to student (Zhang & Bayley, 2019). Peer teaching can be applied to different learning situations, and there are many different variations of forming learning pairs.



There are two different forms of implementation based on age groups. The first is based on pairing older or more experienced students with younger or lower-level students. The other is based on pairing different age groups or the same class or age groups. Peer teaching is characterized by specific roles, with one student taking on the role of tutor and the other student or students taking on the role of tutee (Şahin, 2014, 2018). This method has a number of positive effects, such as encouraging active learning, allowing education to be carried out at the individual learning pace, establishing social communication and trust among students, ensuring permanence in learning, and encouraging independent learning (Şahin, 2018, 2020).

In Turkey, this topic is positioned at the center of the inclusive education philosophy in the Special Education Services Regulation (MoNE/ MEB, 2008), not just as a “study method”. Also, the MoNE/MEB 2024-2028 Strategic Action Plan (MoNE/MEB, 2024) recommends establishing peer-tutoring mechanisms and implementing them as part of disability awareness initiatives in school environments. Peer Tutoring primarily includes (1) mutual learning, (2) the child as a teacher, (3) peer imitation, (4) social support, and (5) motivation in pairs or a small group.

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 sub-module of the Peer Tutoring (see Table 2). The highest score (10) for caregivers/care providers regarding the importance of ‘mutual learning’ was 38 (61.3%), while the highest score for professionals/experts was 27 (51.9%). The highest



score for caregivers/care providers regarding their support needs for `mutual learning` was 21 (33.3%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `mutual learning` was 28 (53.8%).

The highest score (10) for caregivers/care providers regarding the importance of `the child as a teacher` was 33 (52.4%), while the highest score for professionals/experts was 27 (51.9%). The highest score for caregivers/care providers regarding their support needs for `the child as a teacher` was 19 (31.1%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `the child as a teacher` was 27 (51.9%).

Among caregivers, 58.7% (37) rated the importance of `peer imitation` as 10, while 51.9% (27) of professionals did the same. The highest score for caregivers/care providers regarding their support needs for `peer imitation` was 17 (27%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `peer imitation` was 27 (52.9%).

The highest score (10) for caregivers/care providers regarding the importance of `social support` was 36 (57.1%), while the highest score for professionals/experts was 26 (50%). The highest score for caregivers/care providers regarding their support needs for `social support` was 25 (41%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `social support` was 27 (51.9%).

Last, the highest score (10) for caregivers/care providers regarding the importance of `motivation in pairs or a small group` was 35 (56.5%), while the highest score for professionals/experts was 27 (51.9%). The highest score for caregivers/care providers regarding their support needs for `motivation in pairs or a small group` was 20 (31.7%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding `motivation in pairs or a small group` was 26 (50%).



Consequently, participants, through their responses, severely highlighted both the 'importance' and the 'support needs' of each subdomain of Peer Tutoring.

### 1.9. Self-Determined (SD) Daily Life Skills

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

“Self-determination is 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 Türkiye on the responsibilities of parents in developing self-determination abilities in children with special needs, there are no county (Türkiye) reports or studies on the roles of caregivers in fostering these skills (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 ‘highly 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 33 (50%), while the highest score for professionals/experts was 29 (54.7%). The highest score for caregivers/care providers regarding their support needs for teaching choice-making was 23 (34.8%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching choice-making was 28 (52.8%).

The highest score (10) for caregivers/care providers regarding the importance of decision-making was 39 (59.1%), while the highest score for professionals/experts was 29 (54.7%). The highest score for caregivers/care providers regarding their support needs for teaching decision-making was 28 (42.4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching decision-making was 29 (54.7%).

The highest score (10) for caregivers/care providers regarding the importance of goal setting was 33 (50.8%), while the highest score for professionals/experts was 26 (49.1%). The highest score for caregivers/care providers regarding their support needs for teaching goal setting was 26 (39.4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching goal setting was 28 (52.8%).

The highest score (10) for caregivers/care providers regarding the importance of problem-solving was 35 (53%), while the highest score for professionals/experts was 33 (62.3%). The highest score for caregivers/care providers regarding their support needs for teaching problem-solving was 24 (36.4%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching problem-solving was 33 (62.3%).



Last, the highest score (10) for caregivers/care providers regarding the importance of self-direction skills was 38 (57.6%), while the highest score for professionals/experts was 34 (64.2%). The highest score for caregivers/care providers regarding their support needs for teaching self-direction skills was 27 (41.5%), while for professionals/experts, the highest score for support needs of caregivers/care providers regarding teaching self-direction skills was 33 (62.3%). 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. The National Action Plan for the Rights of Persons with Disabilities 2023-2025 has been declared by Ministry of Family and Social Policy of Türkiye (FSPM, 2023) in accordance with the 2030 Accessible Vision Document, aiming for an inclusive, equitable, sustainable, and better Turkey where the rights of individuals with disabilities are realized. In addition, Türkiye enacted Türkiye's Disability Act (TGNA (TBMM), 2005, amended 2014) aiming to ensure the rights of persons with special needs and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006; Türkiye's ratification of UNCRPD, 2008) aiming to promote the rights, independence, and social inclusion of people with disabilities (United Nations, 2021). 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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## 4.APPENDIX

### Forms A and B

#### SUPPORTING COMMUNICATION, SPEECH, & LANGUAGE SKILLS (CSL)

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

##### Form A. Care Providers Questions -

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

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

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

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

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

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

##### Form A. Care Providers Questions



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

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

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

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

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

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

**Form A. Care Providers Questions**

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

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

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

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

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



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

#### **Form A. Care Providers Questions**

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

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

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

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

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

**5. Imitation skills with/without objects (IM):** Imitation refers to having little interest in the behavior of others around them and rarely trying to imitate them. For example, imitation of acts with using objects (e.g., shaking a sleigh-bell, pushing a toy truck); imitating gestures and body movements (e.g., clapping, showing nose); imitating sounds and words (e.g., monkey, chicken sounds). - *Please rate/mark the following questions on a scale of 0 to 10, based on both level of your importance (0 = Not Important, 10 = Highly Important) and your support needs (0 = No Support Needed, 10 = High Support Required)!*

#### **Form A. Care Providers Questions**



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

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

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

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

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



## ACTIVITY SCHEDULES (AS)

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

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

### Form A. Care Providers Question

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

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

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

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

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

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



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

### **Form A. Care Providers Question**

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

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

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

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

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

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

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

### **Form A. Care Providers Question**



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

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

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

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

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

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

**Form A. Care Providers Question**

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

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

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



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

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

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

#### **Form A. Care Providers Question**

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

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

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

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

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



## SELF-DETERMINED (SD) DAILY LIFE SKILLS

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

### Form A. Care Providers Question

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

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

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

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

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

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

### Form A. Care Providers Question

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



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

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

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

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

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

**Form A. Care Providers Question**

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

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

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

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

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



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

**Form A. Care Providers Question**

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

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

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

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

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

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

**Form A. Care Providers Question**

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



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

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

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

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



## ACTIVITY-BASED LEARNING (ABL)

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

### Form A. Care Providers Question

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

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

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

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

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



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

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

### **Form A. Care Providers Question**

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

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

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

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

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

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



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

### **Form A. Care Providers Question**

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

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

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

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

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

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



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

### **Form A. Care Providers Question**

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

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

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

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

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

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

### **Form A. Care Providers Question**

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



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

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

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

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



## PEER TUTORING (PT)

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

### Form A. Care Providers Question

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

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

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

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

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

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



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

### **Form A. Care Providers Question**

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

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

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

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

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

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



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

### **Form A. Care Providers Question**

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

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

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

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

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

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



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

### **Form A. Care Providers Question**

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

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

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

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

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

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

### **Form A. Care Providers Question**



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

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

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

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

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



## NATURALISTIC TEACHING (NT)

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

### Form A. Care Providers Question

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

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

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

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

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

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

### Form A. Care Providers Question

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

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



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

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

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

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

### **Form A. Care Providers Question**

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

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

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

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

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

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

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



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

### **Form A. Care Providers Question**

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

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

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

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

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

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

### **Form A. Care Providers Question**

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

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

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



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

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



## **BEHAVIOR MANAGEMENT (BM)**

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

### **Form A. Care Providers Question**

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

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

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

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

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

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

### **Form A. Care Providers Question**

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



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

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

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

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

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

**Form A. Care Providers Question**

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

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

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

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

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

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



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

**Form A. Care Providers Question**

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

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

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

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

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

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

**Form A. Care Providers Question**

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

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



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

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

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



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

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

### **Form A. Care Providers Question**

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

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

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

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

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

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

### **Form A. Care Providers Question**

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



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

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

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

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

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

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

**Form A. Care Providers Question**

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

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

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

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

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



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

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

**Form A. Care Providers Question**

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

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

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

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

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

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

**Form A. Care Providers Question**

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

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



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

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

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