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From the Guest Editors . . .

This issue should have something for everyone who works with young children. The authors of the articles address the benefits of play from several perspectives. Research supports the notion that children learn through play (Bredenkamp, & Copple, 1997; Bronson, 1995; Fein, & Rivkin, 1986; Fromberg, 1992). This learning is available to all children, regardless of their levels of development across domains, including children who are typically developing, English Language Learners, and children with disabilities. In an era of teacher accountability, it is imperative that teachers and other professionals find authentic ways to assess the learning that is occurring for children with and without disabilities, and play provides an authentic avenue for assessing and evaluating both from an educational and social viewpoint.

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This issue of PPP Connections is dedicated to S. Wali Abdi whose kind words and gentle spirit will always be with us. His love of play lives on through his work, including the last edition of PPP Connections for which he was the guest editor.

---Sandi Waite-Stupiansky, Managing Editor

The Role of Play in Assessing, Evaluating, and Intervening with Children with Developmental Delays

Laura Baylot Casey

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Play is an integral part of each child's life and it is through play children acquire many new skills and fine tune previously learned skills. Play not only serves as a recreational outlet for the child, but it also serves as an educational and social arena, too. For a typically developing child, play time is a time to explore, create, recreate, fantasize and practice social exchanges with peers and siblings. However, a child with a developmental disability plays differently than a typically developing child.

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), children with developmental delays exhibit deficits in one or more areas of adaptive functioning (APA, 2000). For example, the deficits may manifest themselves in the area or areas of communication, self-care, social, and leisure (Matson & Mulik, 1991). In addition, these children may also suffer from behavioral excesses such as self-injurious behavior, hitting others, kicking others, and overt noncompliance to teacher/parent requests, making play time less likely to be a time of social experimentation with peers or a time for the acquisition of new skills. According to Sigafos, Roberts-Pennel, and Graves (1999), "Given the importance of play to psychosocial development and the ubiquity of play in early childhood and early childhood education, deficits in play related skills will no doubt have serious negative consequences for the child's overall development" (p. 149). Because of the potential devastating impact from deficits in play, it is essential that assessments are conducted in a play environment, that the assessment drives the intervention and that an appropriate intervention is implemented as early as possible so as to minimize the developmental delays.

Early Intervention

Legally, Part C of IDEA requires that "to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate" (34 CFR §303.12(b)). By definition, natural environments mean "settings that are natural or normal for the child's age peers who have no disabilities" (34 CFR §303.18). In this statement from IDEA, we are charged with the task to provide early intervention services in settings that are natural and normal for typically developing peers which we know is often a play setting. In addition, this statement refers to early intervention and ultimately, early intervention is only as effective as the assessment data collected. Thus, if intervention is to take place in a "natural" environment, then it holds true that assessments should, too.

Assessment

Assessment is defined as "a process that involves collecting information about a student for the purpose of making decisions" (Pierangelo & Giuliani, 2009, p. 24). Historically, in the fields of special education and school psychology, the term is often referred to the process of making eligibility decisions. However, with the advent of IDEA (1997) and the reauthorization (2004), "assessment has a much broader purpose than eligibility decisions; the process must now provide functional information that directly relates to developing and monitoring appropriate interventions" (Kelly-Vance, Ryalls, & Glover, 2002, p. 170).

Traditionally, assessments take the form of standardized, norm-referenced tests; however, these types of tests have generated a great deal of buzz in the psychology, school psychology, special education, and early intervention fields. On one hand, these tests have been standardized, normed, and developed to reliably assess cognition, but on the other hand is the lingering comment that these tests are "at odds with the natural behavior and learning in both

normal and atypical early childhood development” (Bagnato & Neisworth, 1994, p. 91). Therefore, school psychologists and special educators are beginning to look toward alternative testing such as play-based assessment for preschool children suspected of having a disability.

Play Assessments

A typical play assessment would take place at the home or school setting in a room set up with developmentally appropriate toys and books. The assessment session may involve structured and unstructured play opportunities. The unstructured times are when a child is observed in spontaneous play with a caregiver or another adult. During this time there are no restrictions on environment, toys, or timing. Kelly-Vance and Ryalls (2008) refer to this time as a “nonfacilitated, freeplay situation with minimal direction” (p. 458). This unstructured setting would be a time to record the selection of toys the child plays with, the nature of play, and the appropriateness of play with the toys. For example, a child with autism spectrum disorder may spin the wheels on the toy car for minutes, while a child who is typically developing may push the car back and forth saying, “vroom, vroom.” It would also be a time to obtain some baseline data and conduct frequency counts, rates, or percentages of time engaged in appropriate play, time tantruming, or time unengaged or engaged in maladaptive behavior.

The assessment approach used during the structured component is one in which the adult takes an active role within a naturalistic play situation by suggesting certain tasks and making probing remarks in an effort to elicit particular responses from the child (Losardo & Notari-Syverson, 2001). In other words, the participant may facilitate play but does not directly instruct play. During the more structured time, the scorer might record information on compliance, latency to respond, receptive language, expressive language and intraverbal skills. Again, this is a time for obtaining baseline data through frequency counts, rates, or percentages of time engaged in appropriate and inappropriate play as well as time engaged in maladaptive behavior. In addition to conducting an assessment as described above, there are also

some well known structured play assessments models and methods such as *Transdisciplinary Play-Based Assessment* (Linder, 1993), Nicolich’s (1977) *Symbolic Play Scale*, and the *Play in Early Childhood Evaluation System* (PIECES) (Cherney, Kelly-Vance, Gill-Glover, Ruane, & Ryalls, 2003). In conclusion, the goal of play assessment is to gain a better understanding of the nature of play and differences between the observed child and the normative data on typically developing peers through the assessment of observed play behaviors, the type and nature of the language used and the interactions with the caregiver. Play assessment is primarily targeted at children birth to three and is an appropriate response to the charge set forth by IDEA in 1997 and again in 2004 to provide assessment in the “natural” environment. In addition, play assessment also provides data that are meaningful in terms of intervening with the child so that he or she can acquire the skills necessary to engage in appropriate play, symbolic play, and adaptive play with peers.

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GO Forth and Play

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In recent years, schools are increasingly challenged to accurately assess and provide effective programming for students with autism spectrum disorder (ASD). Differences in developmental philosophies, evaluation procedures, and teacher proficiency impact how programs provide strategies and instruction to meet individual needs of children with communication and social deficiencies. The focus of this article is to examine some of the complex issues facing professionals and schools working to best meet the needs of children with ASD. The article emphasizes the importance of play as a vehicle to assess, plan programs and to implement instructional strategies for children with ASD. Play-based assessment methods and play-based interventions are serious recommendations that demonstrate the potential to result in children's successful inclusion into the natural environment.

Prevalence, Eligibility, and Characteristics

Educational data underestimate the actual number of children with ASD because not every child is receiving services under the classification of "autism." However, the Centers for Disease Control and Prevention estimate around 35,000 children ages 3-5 and 224,000 children ages 6-21 receive special education services under the category of "autism" (CDC, 2006). The Individuals with Disabilities Education Improvement Act (IDEIA, 2004) mandates incorporating a broad range of assessment approaches to provide information about a child when making decisions regarding student eligibility into special education. Though assessment practices vary, no single recommendation has been made; rather, the type of assessment selected should be based on the multidisciplinary team's consideration of best practice.

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Autism and other related disorders including autism spectrum disorders, Asperger syndrome, and pervasive developmental disorders all share a neurological basis, yet definitive causes are still yet largely unknown. In the past, school-age children experiencing communication difficulty and acquiring/lacking social skills were often labeled as students with emotional disturbance, mental retardation, or as having a mental illness. Autism, more specifically, was initially referred to as infantile psychosis. The reauthorization of IDEA of 1990 added a legal definition of autism and provided more precise descriptions that included specific ways students are affected by the disorder. In general, however, ASD often impairs the student's ability to communicate, understand language, interact in play, develop and master social skills, and relate to others. Students with ASD often engage in repetitive activities and movement and have difficulty with changes in routine. Currently, there are many types of treatment and education programs designed to address the needs of children with ASD. However, an effective program for one student may not be effective for another student because approaches must be diversified among children with ASD since their needs range in severity. Treatment options are not always clearly defined and in educational assessment and planning, each individual child with ASD is unique in his/her ability to use language and in personal and social behavior (Werts, Culatta, & Tompkins, 2006).

Play-Based Assessment

Effective play-based assessment relies on the assessor's ability to evaluate children through social play and observation. Assessors must have adequate knowledge about the developmental sequence of play through the various stages: playing alone; playing alongside another child; playing with other children; and, engaging in cooperative social play. Assessment of children's cognitive play skills begins with functional muscular activities, followed by children's engagement in constructive play as they manipulate materials, then engagement in dramatic play taking on various roles, and finally playing games following rules (Mindes, 2007).

An excellent standardized early childhood assessment instrument is the *Battelle Developmental Inventory*, 2nd edition (LINC Associates, 2005). The Battelle has been standardized with a play-based format. Children engage in play, sometimes with an adult using materials and vocal prompts to illicit a wide array of behaviors. Categories assessed with the Battelle include adaptive behavior, personal social, receptive communication, expressive communication, motor skills, and cognitive skills. The evaluative instrument requires training to administrate, but after the training it is fairly easy for teachers to use (Riverside, 2005).

The *Child Observation Record* (COR), used by High/Scope programs, is another evaluative tool in which teachers observe children in play and natural environments that will be beneficial to assess the young child (2 ½ -6 years). COR training is essential to its use and may help assess children with ASD. Expressing choices, solving problems, engaging in complex play, cooperating in program routines, relating to adults and to other children, making friends with children, social problem solving, understanding and expressing feelings, pretending, understanding speech, and speaking are just some of the categories that would be of special interest when assessing young children with ASD (High/Scope, 1992).

Dykeman (2006) states that play-based assessment has provided a major role in helping to evaluate the social-emotional needs of children. Professionals working with children with special needs rely on a variety of materials and manipulative items to help them adequately assess areas of childhood functions: intelligence, cognition, speech and language, and fine and gross motor skills. Traditionally, play-based assessment has incorporated specific toy items and materials that ideally provide associative properties in identifying social-emotional behavior. For example, the use of caricatures that depict the family (i.e., parents, siblings) or puzzles that help to measure problem-solving skills are used. Carefully selected materials are used for evaluative purposes for areas such as soliciting verbalizations or require a child to engage in fine and gross motor skills.

Educational Programming

To provide instruction for children with ASD (Werts, Culatta, & Tompkins, 2006), education programs should emphasize developing language and social skills through play-based environments. More importantly, academic skills should be designed according to the individual student's level of cognitive and intellectual functioning. As research evolves, more precise and accurate methods of teaching children with autism are being designed. However, the critical area of need is in the area of social skills training. For instance, students with autism have great difficulty initiating and maintaining social contacts and interactions. Also, it is important to note that approximately 75 percent of students with ASD have co-occurring disabilities of cognitive deficits, along with language and social deficits, and need intense training in appropriate social settings such as play-based environments so they are able to transition into a variety of settings (i.e., school, home, community).

Program development should include a range of social skills interventions because they help students with ASD with cognitive, emotional, and social development (Bellini, Peters, Benner, & Hopf, 2007). Failing to include social skills interventions as part of the overall program may result in students with ASD experiencing anxiety, depression, and poor learning outcomes. Necessary social skills will help them initiate interactions and interpret body language and facial cues to participate in new environments and establishing meaningful relationships with others. In addition, Werts, Culatta, and Tompkins (2006) suggest that students with ASD develop language and social skills through behavioral strategies that equip the child to develop social and functional skills. Regardless of which programs are agreed upon by parents, teachers, and staff, the ultimate responsibility resides on the classroom teacher working directly with the students with ASD through systematic, ongoing assessments and play-based interventions.

Inclusion--The Moral Imperative

Many describe inclusion as a philosophy that values everyone, regardless of the differences

that individuals bring to the table (Renzaglia, Karvonen, Drasgow, & Stoxen, 2003). For those who promote inclusive practice, inclusion is equivalent to a moral imperative. Regardless of differences, in an inclusive environment, all students are welcome. Inclusive practice is grounded in the fundamental principles of equality, quality of life, and human rights (Nirje, 1993). Inclusion does not occur without careful consideration and deliberate support in child care settings, the child's classroom and community. Every activity in which the child with ASD engages must have as its aim, supporting the child wherever he/she is. Attention to the environment, planning for social play mates, planning around the child's dreams, teaching the child goal-directed and autonomous behaviors, and use of pro-social positive behavior supports are just a few of the considerations that must be included in the planning process. In order to ensure that all elements in a child's program have inclusion as their ultimate focus, careful attention must be given to prepare those who educate and care for children with ASD.

Focus on Teachers

During the last several years, teacher certification and training have come under increasing scrutiny. With the passage of the Individuals with Disabilities Education Improvement Act of 2004 and No Child Left Behind (2001), special education teachers and others who work with students with ASD are under tremendous pressure from multiple sources. It then becomes imperative that those who help educate young students possess the knowledge, skills and dispositions that will help them equip each child with whom they come in contact. Teachers need to be equipped with the specialized skills including training in play-based interventions that will help them meet the communication, socialization and behavioral needs of students. They need training that focuses on models that have been scientifically validated, such as TEACCH (Marcus, Schopler, & Lord, 2000). Teachers need multiple effective approaches so that they have a toolbox full of skills. Best practices, including the appropriate use of play as a teaching vehicle must be the focus of any program that addresses the complex needs of children. Finally, once in the

field, teachers need high quality professional development and technical assistance when needed.

Conclusion

While it is important to appropriately select assessment tools and programming recommendations for each individual child, the use of play-based assessment includes standardized tests, informal instruments, and anecdotal notes. Play is beneficial to the assessor and benefits the teacher in planning/monitoring instruction and evaluating the progress of a child with ASD. Use of play in assessing, programming, and implementing instruction is enhanced by maximizing natural learning settings, which yield more effective outcomes for children with ASD. Furthermore, because communication and social acquisition are critical, children with ASD need natural play environments to practice their skills and interact with others. This allows for greater opportunities to develop, generalize skills, and enhance learning. The authors believe that when effective and appropriate assessment and programming is accomplished, children with ASD will thrive and together we suggest as one voice, "GO Forth and Play!"

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Voice from the Field: Including Children With Special Needs in Play in an Early Childhood Classroom Setting.

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Josie comes into the classroom each morning, puts away her backpack, and heads straight for the dramatic play center. There she cooks breakfast and feeds the dolls. When Niyah tries to join her, Josie yells for Niyah to go away, and then resumes her activities. Niyah watches for a moment and then moves to another center.

The breakfast scenario is repeated daily with very little variation. Josie consistently rebuffs advances from other children to join her in the breakfast scenario. Ms. Cole notices this and is concerned that Josie's inability to allow other children into her play is inhibiting the development of her social play skills. After documenting Josie's play for two weeks, she decides to intervene.

Josie is a 4 ½ year old child with special needs who is in a pre-K classroom along with typically-developing children. Her teacher Ms. Cole has little background in special education and wonders how to best include Josie in classroom activities. Since most of the class time is devoted to "free play" in centers or outside, it is crucial that Ms. Cole takes a role in facilitating Josie's inclusion in group play scenarios.

The next morning Ms. Cole enters the dramatic play area as Josie is cooking. "Good morning, Josie. Yum, those pancakes sure smell good. I am so hungry. Do you think you could fix me some pancakes, too?" Josie looks up, surprised. She doesn't seem to know how to respond. Ms. Cole gets up, takes a mug from the shelf, and sits back down to drink her coffee. She smiles at Josie. "Those pancakes smell great – you must be a good cook!" Josie smiles shyly and puts a plate on the table. Ms. Cole thanks Josie for the pancakes and pretends to eat hungrily.

Children with special needs frequently are delayed in their social play skills. Often this

becomes more obvious as they enter classroom situations that put them in daily contact with typically-developing peers. Since Josie is comfortable in the dramatic play area, it is important for Ms. Cole to begin here, and to invite other children into Josie's play rather than forcing Josie to venture into other areas. Children with special needs are often more comfortable with adults than with other children, partly because adults have more advanced social skills and are able to enter play in non-threatening ways.

Ms. Cole repeats this scenario for several days, varying her script only slightly. After a week, Josie seems much more comfortable including Ms. Cole in this breakfast scenario and Ms. Cole decides to extend the play by inviting another child to join them. As she sits in the kitchen the next morning waiting for her pancakes, Ms. Cole notices Niyah watching from several feet away. "Niyah, Josie is making me some pancakes for breakfast. Are you hungry? Would you like some pancakes too?" When Niyah seems unsure, Ms. Cole pats the chair next to her at the table, smiles at Niyah, and then turns to Josie. "Josie, Niyah would love to have some of your wonderful pancakes. Do you think you could fix some for her, too?"

Ms. Cole chose Niyah for several reasons: Niyah had tried to join Josie in the breakfast scenario before, but had been rebuffed. Even so, Ms. Cole noticed that she was watching the breakfast scenario with interest. Also, Niyah was a fairly quiet but sociable girl with a younger sister and good verbal skills. Many children with special needs have delays in expressive language as well as social skills, and Ms. Cole knew that Niyah could be a good peer model for Josie in both ways. With Ms. Cole's guidance, Josie was able to accept Niyah into her play scenario. Ms. Cole and Niyah were able to help Josie extend her play, and eventually Niyah and Josie exchanged roles and even opened their play to include other children.

Children with special needs often need many kinds of support to progress in a general education classroom, including support in play situations. This support often starts with an accepting and compassionate classroom atmosphere which includes all children in all

activities, at their own level of participation. Ms. Cole was able to extend Josie's play in the breakfast scenario by starting slowly, modeling language, and building a relationship of trust before including other children in the play.

At the recent NAEYC conference in Dallas, play expert Elena Bodrova noted that play skills must be modeled and taught directly to children. For children with special needs to be included in the play of typical peers, two kinds of modeling must occur: the child with special needs must be taught how to extend her play and allow others to play with her, and the children who are typically developing must be taught how to include less socially competent children in their play.

As you watch a preschooler with a disability, you might notice certain behaviors. They may engage in solitary or parallel play. They may try to enter the group play of others in inappropriate ways such as by bulldozing their way in or grabbing preferred toys. They frequently have less-developed language skills than their typically-developing peers and need to be taught scripts for social play scenarios as well as social negotiation skills. They may have less-developed understanding of role play. It is the task of the teacher to model language and offer scripts as needed, and to encourage typical peers to respond appropriately.

At the same time, children with typically-developing social skills must be taught how to enter play in non-threatening ways, as well as how to invite other children into their own play. In doing this, she helps to lay the foundation for interacting skills that will last into adulthood (Heidemann and Hewitt). Ms. Cole modeled this as she built a relationship of trust with Josie. She first observed Josie, and then quietly took a role that included her in Josie's play without changing or challenging Josie's role. Only then was she able to help Niyah enter into Josie's play.

Children who are typically-developing can serve as peer models for children with special needs in many play situations. Ms. Cole modeled this role for Niyah as she invited her to join the breakfast

scenario. Later, as Josie learned to trust Niyah, they were able to play comfortably together in the dramatic play area, and Ms. Cole was able to back out of the play. Eventually Josie was able to enter into other dramatic play scenarios.

Two weeks later, Ms. Cole had been able to leave the breakfast club, as she now thought of it, to the girls. One morning she noticed that Josie was sitting in the rocking chair with one of the babies. Niyah was nearby on the phone and Ms. Cole heard her making an appointment to take the baby to the doctor. She approached the dramatic play area and asked the girls if they had already finished with breakfast. Josie shook her head and continued to rock her baby. Niyah hung up the phone and turned around. "No," she said. "Josie's baby is sick and we have to take him to the doctor." Josie nodded. Ms. Cole smiled at Josie rocking her baby and said "You must love your baby very much."

The teacher must model compassion and acceptance for all children, and must realize that some children will need more support than others. This support may consist of modeling, direct teaching, repetition, proximity, and/or peer buddies such as Niyah. The inclusion of children with special needs in such a classroom helps all children learn acceptance and compassion, and enriches their play and ultimately their socio-emotional, language, and cognitive development as well. As Heidemann and Hewitt state so beautifully, "If you can help these children play successfully, you are giving them a gift for life" (p. 6).

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**Dr. Ed Klugman wins the first
Patricia Nourot Award!**

At the 2008 PPP Annual Business meeting in Dallas, Texas, Lynn Cohen announced that Dr. Ed Klugman, without whose inspiration and wisdom the Play, Policy, and Practice Interest Forum would not exist, was the winner of the first Patricia Nourot Award. The award, in memory of Patricia, is to be given each year to the person who keeps her work on play moving forward. A plaque will be awarded to Ed at the Professional Development Institute in June, 2009. Congratulations Ed!



Check out our website!

Thanks to Sue Blandford, the webmaster for the PPP Interest Forum, you can access information about upcoming conferences and events, download the newsletters, and log in with questions and/or comments. The website address is <http://pppif.homestead.com>. NAEYC is updating the Community Practice websites that are available through the Members Only link at www.naeyc.org. You can join the PPP Interest Forum and other interest forums through this link.

Upcoming Events. . .

February 25-28, 2009 The Association for the Study of Play (TASP) Annual Conference, Brownsville, TX. Contact John Sutterby john.sutterby@utb.edu for more information.

June 14-17, 2009 The Professional Development Institute of NAEYC, Charlotte, NC. See www.naeyc.org for more information.

June 24-27, 2009 "Show-Me How to Play Again" 12th Annual Play Coaching Leadership Training, St. Louis, MO. Contact Patti Durkin pdurkin@fontbonne.edu for more information.

November 18-21, 2009 NAEYC Annual Conference, Washington, DC. The PPP Interest Forum is helping organize an event on behalf of children in Washington, DC. To become part of the PPP Interest Forum's efforts, contact Deb Lawrence dlawrence@seregionalkey.org. This will be an opportunity to let our elected officials know about the importance of investing in children.

November 19, 2009 The PPP Interest Forum will be joining the International Play Association U.S. (IPA-USA) in hosting a Play Social as part of the NAEYC annual conference. For more information, contact JC Boushh playitsafesigns@aol.com.

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