

# WHAT CAN WE LEARN FROM EVALUATION OF INDIVIDUAL EDUCATION PLANS FOR CHILDREN AT RISK IN EARLY CHILDHOOD EDUCATION?

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**Abstract** The purpose of the study is to evaluate the specifics and quality of individual education plans for children at risk, especially children with special education needs in ECE in Slovenia, although some specifics of individual education plans for other groups are also presented. The analysis of 39 IEPs in kindergartens at primary schools indicate that the professional assessment of the child's functioning is not written according to the domains of the Curriculum, that the number of goals in the IEPs is distinctly small, the role of the ECE teacher is not clearly defined, parents' participation is weak and IEP evaluations are all qualitative, with low measurability. Improvements are needed in terms of individualisation, better preparation of IEP, improvement of teachers' and parents' role and more quantitative evaluations.

**Keywords:**

individualization  
plan,  
individualization in  
education,  
children with  
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## 1 Introduction

The inclusion has stimulated interest and the need to individualise education. Individualizing early childhood education for immigrant children, children with special needs, and other children at risk is one of the way to ensure that all children receive the best possible education and reach their full potential (Bondie, Dahnke and Zusho, 2019; Lindner and Schwab, 2020, Rakap, 2015; Vandenbroeck, 2007).

Early childhood education is important for children at risk because it can provide them with the skills they need to be successful in school and later in life, it helps children develop resilience and problem-solving skills, and it provides them with the structure and support they need in order to succeed (Heckman, 2011; Britto et al., 2017). Early childhood education can also support children at risk to develop their emotional skills, to interact appropriately with others, and to make good decisions (Anghel and Lupu, 2014; Kouider et al., 2014). Finally, early childhood education can help children from disadvantage groups to develop a sense of belonging and connectedness within their community, helping them to become productive members of society (Phillips et al., 2017; Ladd, 2017).

When individualized education is provided, it takes into account the child's cultural background, special educational needs, social background and other factors that may be impeding their progress. This allows the child to receive an education that is tailored to their specific needs and helps them to learn more effectively (Pretti-Frontzak and Bricker, 2000). Individualized education also helps to reduce the achievement gap between different groups of children, ensuring that all children have an equal opportunity to succeed. With the introduction of the individualised curriculum, the education sector has answered the question of how to work with children from disadvantage groups (Pretti-Frontzak and Bricker, 2004; Phillips et al. 2017).

Individualization in early childhood education is the practice of tailoring instruction and activities to the unique needs and interests of each child. This includes adapting the physical environment, materials, content, and teaching strategies to allow each child to learn and develop at their own pace (Sanchez-Ferreira et al., 2013). It also involves providing activities and experiences that are meaningful to each individual child. Examples of individualized instruction in early childhood education include

providing differentiated instruction, adaptation in learning and teaching, working in small groups, and providing opportunities child's optimal development (IEP, 2001).

The individualized education plan (IEP) is also a key component of the educational process for children with special needs in Slovenian kindergartens, as it is in many other nations. IEP for children with special needs in Slovenia are obligatory. In a formal sense, it refers to the document that is created after the National Education Institute issues its official certification of the child's placement in the proper educational program for children with special needs. Procedures for supporting children with special needs in all levels of education, from preschool to upper secondary, are governed by the Placement of Children with Special Needs Act (ZUOPP, 2007, 2011). The Placement of Children with Special Needs Act in Slovenia permits the official inclusion of children with special needs in regular education programs with additional expert professional support and educational process adaptation, which should assist these children in reaching the same standards of knowledge as their peers without special needs (Magajna et al., 2008; ZUOPP, 2011).

For immigrant children in early childhood education in Slovenia, IEP are suggested, but not obligatory. In order to adapt the educational process for immigrant children in ECE, it is necessary to form a professional team, and prepare an individual programme for the child, which can be used to monitor the child's progress (Smernice za vključevanje otrok priseljencev v vrtce in šole, 2012). Goals are set according to the expected progress of the child in each school year or semester. The goals in IEP for immigrant children can be related to child's empowerment in the field of communication skills in non-verbal and verbal interactions; in mother tongue and the teaching language; self-regulation and development of social skills; development of child's abilities in all areas (children's physical, motor, speech, cognitive, social, emotional, moral development); development of child's strengths; monitoring progress based on developmental milestones and individual characteristics of the child and gradual integration of the child and family into the local environment (Vključevanje priseljencev v slovenski vzgojno-izobraževalni sistem, 2017).

The annual IEP is a document developed by the professionals in the kindergarten or other educational institution (teacher, special education teacher, counsellor, principal) as well as other important IEP team participants, including the child and his or her caregivers, usually parents (ZUOPP, 2011). Each team member should reflect on the decisions taken by the IEP team on the child's education requirements and how they will be met as part of the process of developing the IEP. The IEP process involves cooperation between all parties in key steps, including the evaluation of the child, determining the child's needs, talking about standards or milestones, addressing social and emotional development and other crucial areas for the best possible development, and finally defining annual goals, accommodations, and supplemental aids for carrying out the IEP during the academic year (Opara, 2015; WDPI, 2010). IEP revisions, discussion of the child's progress toward goals in daily practice, and review at least once or twice a year are all part of the continuous IEP process (Bateman & Linden, 2006; Kavkler, 2011; Magajna et al., 2008; Pulec Lah, 2005).

However, research on the individualization of services for young children with special needs has acknowledged the significance of developing high-quality IEP goals and objectives, it has been found that these documents are often poorly written (Boavida et al. 2010; Pretti-Frontczak and Bricker 2000; Sanches-Ferreira et al. 2013). In Slovenian national evaluation study related to various additional professional support for children with special needs (Vršnik Perše et al., 2016; Licardo, Košir and Vršnik Perše, 2017) evaluation of IEP results reveal that in elementary school 32,2% of IEPs assessment of functional performance and academic achievement is too general or inadequate and needs some improvements. Conceptualization of students special needs is mainly constructed on academic weaknesses with poor understanding of disabilities and possible opportunities which might be used in education process (due to different disabilities) (Martin et al., 2004). Another critical issue in IEPs in collaboration with parents. Vršnik Perše et al. (2016) found that from IEP descriptions it is evident that some collaboration with parents during the IEP process exists; however, there is little evidence of active participation of parents in planning, implementing, and evaluating IEPs. Other authors also argue truly meaningful parent participation continues to be more exception than the rule (Heatherington et al., 2010; Spann et al., 2003). Further, assessment of quality indicators for goals, strategies, and methods indicated that some teachers and other professionals who write these goals still need general instruction about planning and

writing them, because differences in quality of the goal descriptions are quite noticeable. In some cases, goals are written precisely, transparently, and reflective of measurement and scheduling, while in other cases goals are too general, impossible to evaluate, or even senseless (Vršnik Perše et al., 2016). In IEPs evaluations there is also evident that qualitative IEP evaluations prevail, which also indicates the lack of measurability (Boavida et al., 2014; Ruble et al., 2010, Sanches-Ferreira et al., 2013).

## **2 Method**

### **2.1 The aim of the study**

The aim of this research is to analyse the quality and characteristics of IEPs for children with special needs in ECE. More specifically, the aim is to find out whether the expert assessment of the child's functioning is written according to the activity areas of the Kindergarten Curriculum, how many people on average make up an expert team, what is the scope of the IEPs, what is the role of the educator in IEP, the extent to which the child's disabilities or deficits are recorded, how the objectives are defined, if IEPs include parental involvement, and how many IEPs include an evaluation.

### **2.2 Data collection**

The research sample of document analysis consists of 39 IEPs in kindergartens at primary schools, which were obtained within the framework of the National Evaluation Study entitled Evaluation of different forms of additional professional support granted to children in accordance with the Act on Guidance for Children with Special Needs (Vršnik Perše et al., 2016) with the permission of the research leader, assoc. prof. dr. Tina Vršnik Perše. All IEPs belong to preschool children with special needs. All the children from whom we obtained IEPs were included in a programme for preschool children with adapted implementation and additional professional support.

### 2.3 The instrument

The instrument used was check-list made for the purpose of this study with scale 0 = no, 1 = yes in most of the variables. The check list included variables related to assessment of child functioning according to kindergarten curriculum learning domains, assessment of written adaptations in IEP according to child special needs, assessment of collaboration with parents in IEP, definition of child's special needs, assessment of written objectives, assessment of type and number of objectives, the length of the IEP by page and assessment of evaluation.

### 2.4 Analysis

The data obtained from the IEP analysis were processed using SPSS, analysed at the level of descriptive statistics.

## 3 Results

From the reviewed and analysed IEPs, we have found that in the creation of a child's IEP, the expert group is most often composed of the following persons: the headmaster of the kindergarten, the child's teacher and teacher assistant, a special educator, a counsellor, a speech and language therapist, a psychologist, a sign language therapist, a physiotherapist, etc. In some cases, it is stated that a member of the expert group is also the child's assistant (in cases of children with visual impairments and autistic children). In all IEP cases where team members are listed, the parents are also listed as team members. The average number of the IEP expert group is four members.

**Table 1: The assessment of child functioning according to kindergarten curriculum learning domains**

	f	f %
No	33	84,62
Yes	6	15,38
Total	39	100,00

When analysing all 39 IEPs, we found that in most cases the professional assessment of the child's functioning is written in a descriptive form. The descriptive forms make it possible to identify the child's areas of strength and weakness and the

difficulties he or she is facing. Expert assessments of a child's functioning vary according to the disorder the preschool child has. Only 15 % of IEP had an assessment of child functioning according to curriculum learning domains. If the assessment of the child's functioning is written according to the areas of the Kindergarten Curriculum, the teacher can more easily see from the IEP the child's deficit in each area and encourage the child's development in the activity areas. However, in the pre-school period, it is also important to have a global assessment of the child's functioning, from which the child's characteristics, strengths, weaknesses, abilities, skills, etc. can be seen. By assessing the child's functional areas, we are both assessing and identifying the individual's abilities. The assessment must be holistic, which means that we need to take into account the bio-physiological, psychological and social aspects of functioning. Assessment should not be finite because the child is always changing. We therefore suggest that it would be good for professionals to write in the IEP a global assessment of the child's functioning and a professional assessment of the child's functioning according to the domains of the Kindergarten Curriculum.

**Table 2: The written adaptations in IEP according to child special needs**

	f	f %
No	5	12,8
Yes	34	87,2
Total	39	100,0

The table shows that 34 (87.2%) IEPs have adaptations, and 5 (12.8%) IEPs have no records related to adaptations. The adaptations vary according to the child's special needs. In most of the IEPs analysed, the adaptations are divided into areas of adaptation: spatial adaptations, organisational adaptations, personnel adaptations, time adaptations, adaptations to the methods and forms of work, and adaptations to the implementation of the learning domains according to the Kindergarten Curriculum (1999). In some cases, the adaptations are followed by the provision of the equipment and facilities needed by the child. The result suggests that improvements are needed in this area in order to ensure that every IEP has written adaptations written, as this ensures that the child's educational work is individualised.

**Table 3: The role of the teacher in IEP is defined**

	f	f %
No	25	64,10
Yes	14	35,90
Total	39	100,00

From the table we can see that the role of the educator is defined in only 14 (35.90%) of the analysed IEPs. In the analysed IEPs that have the role of the educator, the most frequently stated role of the educator is to coordinate the work of the team, to convene team meetings, to lead the ongoing evaluation of the child, to cooperate with parents and other professionals, to participate in the elaboration of the IEP, to lead the ongoing evaluation of the child's progress, and to participate in the planning and implementation of the additional professional support. In 25 (64.10%) of the IEPs, the role of the educator is not defined.

The data suggest that educators still play an insufficient role in the creation and management of IEPs. Interestingly, a survey (Vršnik Perše et al., 2016) shows that the vast majority (94.6%) of teachers are invited to the expert team meetings. This figure is not entirely consistent with our analysis and may suggest that teachers are more formally present at meetings, as their role in the IEP is often not defined, as we found in our analysis.

In our opinion, ECE teachers are the persons who know the child best next to the parents. They are the ones who know the child's peculiarities, deficits, strengths and weaknesses best, as they also spend a lot of time with the child. The teacher is the person who, out of all the members of the team, knows the child's family environment best, apart from the parents. Teachers are an important source of information for the team or professionals, as they can view some situations more objectively than the child's parents. Therefore, we believe that teachers should play a greater role in the creation and management of the IEP, as is evident from the results in our sample.

**Table 4: The collaboration with parents in IEP is defined**

	f	f %
No	12	30,77
Yes	27	69,23
Total	39	100,00



The results show that parents are involved in the preparation of 27 (69.23%) of the IEPs analysed. In the analysed IEPs where parental involvement is mentioned, the task, role and method of parental involvement are the most frequently mentioned. The role of parents is to cooperate with the kindergarten and the members of the expert group and to attend team meetings, which are usually planned in advance. Parents share their observations and provide important information about their child's progress with the team. Parents have the opportunity to communicate daily with the teacher when their child arrives at or leaves the kindergarten, during the afternoon talk time and at parent-teacher conferences. For the necessary meeting of the expert group, the expert group shall adapt to the parents' working hours. The professionals provide support to the parents in the following areas: informing them about the child's progress, highlighting the child's positive qualities, encouraging the parents to read a lot with the child, play with the child, involve the child in the home environment, advising them to involve the child in various activities, etc. (Curriculum Guidelines, 2003). 12 (30.77%) of the IEPs do not specify how the cooperation with parents will take place, which is concerning.

**Table 5: The child disabilities, disorders of deficits are defined**

	f	f %
No	4	10,26
Yes	35	89,74
Total	39	100,00

The results show that 35 (89.74%) of the IEPs record the child's disorders or deficits. In the IEPs where disabilities are mentioned, we can see that the most frequently mentioned disabilities are: mild/severe speech-language disorders, child with long-term illness, child with visual impairment, child with autistic disorder, mild/severe physical disability, child with mild hearing loss and mild/severe intellectual disability. In those cases where the disability is not defined (10,26%), there is a possibility that the type of disability has not yet been determined by professionals. Alternatively, it can be assumed that the person who prepared up the IEP did not include this information in the record, which can be interpreted as a professional error. However, we assume that the reason for the absence of a record is mainly due to the unclear diagnosis which might often be the case in ECE.

**Table 6: The goals of IEP are defined**

	f	f %
No	8	20,51
Yes	31	79,49
Total	39	100,00

When analysing the goals, we first investigated how many IEPs have written goals and how many IEPs have no goals. There are 8 (20.51%) IEPs that do not have a single objective or goal and 31 (79.49%) IEPs that have at least one type of objective. During the analysis, it was found that the most frequently written goals in the IEPs are general, operational and goals in selected areas of the Kindergarten Curriculum (1999).

**Table 6: The types of goals in IEP**

	f	f %
General goals	19	40,43
Concrete goals	5	10,64
Goals by curriculum learning domains	8	17,02
Classification of goals by Bloom taxonomy	15	31,91
Total	47	100,00

The table shows that among the 31 IEPs with goals, 19 (40.43%) have general goals, 5 (10.64%) have concrete/operational goals, 8 (17.02%) have goals by curriculum learning domains and 15 (31, 91%) of IEPs are those where the goals are written according to the Bloom's classification of learning goals, which include cognitive, emotional-motivational, psychomotor goals (Ivanuš Grmek and Javornik Krečič, 2011). From these results, we can conclude that operational or concrete goals should also be recorded in the IEPs, as they appear rarely.

Further analysis of the number of goals in each IEPs showed that 3 IEPs (7.69%) have 3 goals, 10 IEPs (25.64%) have 2 goals and 18 IEPs (46.15%) have only one objective. In 8 IEPs (20.51%), there are no goals. These results suggest that the number of goals in the IEP is distinctly small, given that the IEP is written to work with a child for at least half a year or for the whole school year. The analysis shows that the IEPs are very weak in terms of goals.

**Table 7: The length of the IEP by page**

	f	f %
0 to 5 pages	11	28,21
6 to 10 pages	15	38,46
11 to 15 pages	10	25,64
16 to 20 pages	3	7,69
Total	39	100,00

Analysis show that 11 (28.21%) IEPs have 0 to 5 pages, 15 (38.76%) IEPs have 6 to 10 pages, 10 (25.64%) IEPs have 11 to 15 pages and only 3 (7.69%) IEPs have 16 to 20 pages. IEPs that are too large are not transparent and make it difficult to evaluate them, and IEPs that are only a few pages long are not of good quality because they do not contain all the necessary information and are not very efficient in support of the professionals who are working with the child.

**Table 8: The evaluation of the IEP is defined**

	f	f %
No	15	38,46
Yes, but not included	22	56,41
Yes (included in IEP)	2	5,13
Total	39	100,00

The results show that in 15 (38.46%) of the IEPs there is no evaluation, or no evaluation exists. In 22 (56.41%) IEPs it is mentioned that an evaluation exists but is not attached. Most of the IEPs state that an evaluation will take place, either at the end of the school year, written by a special educator or presented to parents. We found that only 2 (5.13%) of the IEPs had an evaluation included. The evaluations are summative, as they are written at the end of the school year and record all the achievements of the child during the school year.

We believe that evaluation is crucial and should be done for every IEP, and therefore we estimate that the 38% of IEPs without evaluation is too high to be satisfied with this result. This is particularly so because the sample of IEPs we analysed was not random but was sent from the kindergartens for analysis by the commissioning authority of the evaluation study, which is the Ministry of Education. We assume that the educators sent the IEPs that they considered to be good or the best among those available. In fact, much of the data we obtained from the analysis is worrying, as it points to weak areas of IEP in ECE, such as inadequate recording of goals,

weak participation of educators who do not have a clearly defined role, low parental involvement and weak evaluations.

#### **4 Discussion**

The research showed that the majority (89.7%) of children have defined disorders or deficits in the IEPs. We found that the majority of IEPs (87.2%) have written adaptations that the child needs. The professional team consists of 4 persons on average. These are most often a special educator, a speech and language therapist, a psychologist and a parent. This finding is promising as each professional assesses the child based on his/her experience and knowledge, which contributes to a better treatment of the child and may result in a better IEP.

We found that in most IEPs, the professional assessment of the child's functioning is not written according to the domains of the Curriculum, which is considered to be the basic professional document for the field of early childhood education. Most IEPs contain a global assessment of the child's functioning, which includes areas of strength and weakness, information about the child's family environment and the child's functioning in the community. We therefore recommend that professionals include a professional assessment of the child's functioning as a whole as well as a professional assessment of the child's functioning in accordance with the areas of the Kindergarten Curriculum in the IEP.

Regarding adaptations of pedagogical process and other adaptations written in the IEPs, the result indicate that improvements are needed in this area in order to ensure that every IEP has written adaptations, as this ensures that the child's educational work is individualised.

We also found that most IEPs have written goals, although there are very few specific goals in the IEP. It is concerning that 20.51% IEPs do not have a single objective or goal and 31 (79.49%) IEPs have at least one type of objective. These results suggest that the number of goals in the IEP is distinctly small, given that the IEP is written to work with a child for at least half a year or for the whole school year. The analysis shows that the IEPs are very weak in terms of goals.

Experts most commonly use two types of goals, namely general goals and goals that are written according to the Bloom's classification of learning goals. We can conclude that operational or concrete goals should also be recorded in the IEPs, as they appear rarely.

It is a matter of concern that 64.1% of the IEPs do not include the role and tasks of the ECE teacher. Since they are able to evaluate some events more objectively than the child's parents, teachers are a valuable source of information for the IEP team. The outcomes in our sample support our belief that teachers should have a bigger role in the development and implementation of the IEP.

We also found that only 30.7% of the IEPs contain the signature of the parent, which is very low and indicates that parent's role in IEP is more formal and not in terms of active participants.

We found that only 2 (5.13%) of the IEPs had an evaluation included. Evaluation is crucial and should be done for every IEP, and therefore we estimate that the 38% of IEPs without evaluation is concerning. This is especially true considering that the sample of IEPs we examined wasn't chosen at random; rather, the kindergartens handed them for purpose of national evaluation study. We presume that the teachers sent the IEPs that they thought were the finest or the most effective ones that were offered. In fact, a large portion of the data we gathered from the research is alarming because it highlights IEP in ECE weak spots such poor goal recording, weak participation of educators without a clearly defined role, low parental involvement, and weak evaluations.

Although the results of the study cannot be generalised, we believe that improvements are needed in the field of early childhood education in terms of individualisation and IEP records. Teachers should be given a greater role in the creation of IEPs and also have their role stated in all IEPs, because teachers are a valuable source of information that can contribute to better IEPs, but at the same time there is a need for professional training of all persons involved in team work with a child with special needs in the planning, implementation and evaluation of IEPs, because there are shortcomings in various areas, and it seems that the IEP in Slovenian ECE system is still not a living document that really monitors the child

and his/her progress, but is mainly a formality to meet the requirements of the legislation.

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