

UNIVERSITY OF BELGRADE - FACULTY OF SPECIAL
EDUCATION AND REHABILITATION

EUROPEAN ASSOCIATION OF SERVICE PROVIDERS FOR
PERSONS WITH DISABILITIES

THE EUROPEAN ASSOCIATION ON EARLY
CHILDHOOD INTERVENTION

Eurlyaid Conference 2017

**Early Childhood Intervention:
For meeting sustainable
development goals of the
new millennium**

BOOK OF ABSTRACTS

*Belgrade, Serbia
October, 6 - 8th 2017*



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Intervencije u ranom detinjstvu: u susret ispunjavanju ciljeva održivog razvoja novog milenijuma

Belgrade, October 6 – 8, 2017

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Scientific Program Overview

Program naučnog skupa

<i>Friday / Petak, 06.10.2017.</i>		
11.00 – 14.00	Registration/Registracija	
14.00 – 14.30	Opening ceremony/Svečano otvaranje	
Plenary session 1/Plenarna predavanja 1 Chair/Moderator: Vera Ilanković		
14.30 – 15.15	What science tells us about our work with families in early childhood intervention/Šta nam nauka govori o našem radu sa porodicama tokom intervencija u ranom detinjstvu	Marilyn Espe-Sherwindt <i>Family Child Learning center, Akron Children's Hospital & Kent State University, Ohio, USA</i>
15.15 – 16.00	Early childhood inclusion: Strengthening the foundations of lifelong learning/Inkluzija u ranom detinjstvu: jačanje osnova celoživotnog učenja	Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i>
Coffee break/Pauza za kafu		
16.15-18.30	Plenary session 2/Plenarna predavanja 2	
16.15 – 17.00	Family experiences of early care and education for young children born prematurely/Porodična iskustva u brizi i vaspitno-obrazovnoj podršci prevremeno rođene dece	Carolyn Blackburn <i>School of Education and Social Work, Birmingham City University, United Kingdom</i>
17.00 – 17.45	Participation as ultimate goal for early intervention services/ Participacija kao krajnji cilj usluga rane intervencije	Britta Gebhard <i>University of Applied Sciences, Nordhausen, Germany</i>
17.45 – 18.30	Early intervention and mental health/Rana intervencija i mentalno zdravlje	Nenad Rudić <i>Institute of Mental Health, Serbia</i>
Welcome cocktail reception/Koktel dobrodošlice		
18.30 – 19.00	Poster presentations (Video beam)/Poster prezentacije (video bim)	

Motor balance assessment tests for children with disabilities/Testovi za procenu ravnoteže kod dece sa smetnjama u razvoju	Milosav Adamović, Fadilj Eminović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Saša Radovanović <i>University of Belgrade – Institute for Medical Research, Serbia</i> Ljubica Konstantinović <i>University of Belgrade – Faculty of Medicine, Serbia</i> Miodrag Stošljević <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
How to bridge the gap between theory and practice in early childhood intervention?/Kako premostiti jaz između teorije i prakse u intervencijama u ranom detinjstvu?	Marianne Irmeler <i>Haus Mignon, Hamburg, Germany</i>
Promoting quality in early intervention - Key principles/Promovisanje kvaliteta u ranoj intervenciji - ključni principi	Katjuša Koprivnikar <i>IRIS, Centre for education, rehabilitation, inclusion and counseling for the Blind and Partially Sighted, Ljubljana, Slovenia</i>
Evaluation of children's fine motor skills tests/ Procena fine motorike kod dece	Ines Pašti <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
Early intervention is still a project/Rana intervencija je još uvek projekat	Arnela Pašalić, Almina Hajduk, Enisa Mrkonjić, Amra Saletović, Maida Redžić <i>Center for Education and Rehabilitation Vladimir Nazor, Sarajevo, Bosnia and Herzegovina</i> Aida Šljivo <i>SOS Children's Village, Sarajevo, Bosnia and Herzegovina</i> Inga Bišćević <i>University of Herzegovina, Mostar, Bosnia and Herzegovina</i>
Early intervention in a school for visually impaired children/Rana intervencija u školi za decu sa oštećenjem vida	Danijela Petković <i>School for Students with Impaired Vision "Veljko Ramadanović", Zemun, Serbia</i>
Early mathematical skills in children with difficulties in mental development/Rane matematičke veštine kod dece sa teškoćama u mentalnom razvoju	Aleksandra Đurić-Zdravković, Mirjana Japundža-Milisavljević, Sanja Gagić <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
Parents and families of children with disability as a factor of successful early intervention/Roditelji i porodica deteta sa ometenošću kao faktor uspešnosti rane intervencije	Sanja Dimoski, Vesna Radovanović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>

Differences between boys and girls in developmental areas/Razlike u razvojnim oblastima između dečaka i devojčica	Magdalena Perić <i>Kindergarden Mostar, Bosnia and Herzegovina</i> Rea Fulgosi Masnjak <i>University of Zagreb, Faculty of Education and Rehabilitation Sciences, Croatia</i>
Early intervention: needs and satisfaction of parents/Rana intervencija: potrebe i zadovoljstvo roditelja	Daniela Dimitrova-Radojichikj, Natasha Chichevska-Jovanova <i>University Ss. Cyril and Methodius, Faculty of Philosophy, Institute of Special Education and Rehabilitation, Skopje, Macedonia</i>
Working with refugee families in early intervention: Do we develop autonomy or do we create dependency?/Rad sa izbegličkim porodicama u ranoj intervenciji: Da li razvijamo autonomiju ili stvaramo zavisnost?	Janair Moreira Linden <i>PhD student in Child Studies, University of Minho – Portugal</i> Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i> Margarita Cañadas Pérez <i>Catholic University of Valencia, Department of Psychology and Education Sciences, Spain</i>
How do parents evaluate their child's development?/Kako roditelji procenjuju razvoj svog deteta?	Špela Golubović, Sanela Slavković, Sanja Čakić, Dejan Nestorov <i>University of Novi Sad - Medical Faculty, Special Education and Rehabilitation Department, Serbia</i>
19.00 – 20.00 EURLY AID General Assembly / Generalna skupština Evropske Asocijacije za ranu intervenciju	

Saturday / Subota, 07.10.2017.

Presentations of good practice in different countries/
Prezentacija dobre prakse u različitim zemljama
Chair/Moderator: Sanja Đoković

9.00 – 9.30	Early childhood intervention in Ukraine: challenges and successes/ Intervencije u ranom detinjstvu u Ukrajini: izazovi i uspesi	Anna Kukuza <i>CF Early Intervention Institute, Ukraine</i> Tetyana Mishchuk <i>Department of Early Intervention, Children's Rehabilitation Center "Dzherelo", Lviv, Ukraine</i>
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9.30 –10.00	The Karlstad model; family centered language intervention in the Nordic countries/Karlsad model; porodično usmerene jezičke intervencije u nordijskim zemljama	Iréne Johansson <i>The Karlstad Model, Sweden</i>
Coffee break/Pauza za kafu		
10.15 –10.45	General information about early childhood system in the Czech Republic/Opšte informacije o sistemu rane intervencije u Češkoj Republici	Dagmar Machová, Jana Hunáková <i>Středisko rané péče EDUCO Zlín, Czech Republic</i>
10.45 –11.15	Situation analysis of early intervention in Republic of Serbia/ Analiza stanja rane intervencije u Republici Srbiji	Hollie Hix Small <i>Portland University, Graduate School of Education, USA</i> Snežana Ilić <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
11.15 – 11.45	Presentation of European Association of Service Providers for Persons with Disabilities (EASPD)/ Prezentacija Evropskog udruženja pružalaca usluga za osobe sa invaliditetom (EASPD)	Vasilka Dimoska <i>EASPD Board member, Macedonia</i>
Lunch/Ručak		
14.00 – 17.15	Workshops/Radionice	
14.00 –15.30	Individualized family service plan/ Individualizovani plan porodičnih usluga	Margarita Cañadas Pérez <i>Catholic University of Valencia, Department of Psychology and Education Sciences, Spain</i> Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i>
	Hunting the power of everyday routines. Illustrations from mealtime/ Značaj svakodnevnih obrazaca hranjenja dece. Ilustracije tokom sprovođenja obroka	Ena Caterina Heimdahl <i>Department of Complex Learning Difficulties, Statped Southwest, Oslo, Norway</i>
Coffee break/Pauza za kafu		

	Developing functional goals in early childhood intervention/ Razvijanje funkcionalnih ciljeva u intervencijama u ranom djetinjstvu	Tânia Boavida <i>Instituto Universitario de Lisboa, Portugal</i>
15.45 – 17.15	Exploring the concepts of “professional love” and emotions in the caring professions: What does professional love mean in early childhood intervention and how do we balance professional love with safeguarding children and families?/Istraživanje koncepta „profesionalne ljubavi“ i emocija u profesijama pružanja nege: Šta profesionalna ljubav znači u intervencijama u ranom djetinjstvu i kako da uravnotežimo profesionalnu ljubav sa zaštitom dece i porodica?	Carolyn Blackburn <i>Birmingham University, Faculty of Health, Education and Life Sciences, United Kingdom</i>
Coffee break/Pauza za kafu		
17.30 – 19.00	PARALLEL SESSIONS/PARALELNE SESIJE	
Parallel sessions 1/Paralelna sesija 1 Assessment and intervention for children with disabilities Procena i intervencije za decu sa smetnjama u razvoju Chair/Moderator: Gordana Odović, Vesna Vučinić		
17.30 – 17.40	Adults’ interactive behaviors and engagement of children with disabilities in inclusive preschool settings/ Interaktivna ponašanja odraslih i uključivanje dece sa smetnjama u razvoju u inkluzivno predškolsko okruženje	Cristiana Guimarães, Vera Coelho, Ana Isabel Pinto, Catarina Grande <i>Faculty of Psychology and Educational Sciences of Porto University, Portugal</i>
17.40 – 17.50	Infant temperament as modulator of parental characteristics in families with early childhood needs/ Temperament bebe kao modulator roditeljskih karakteristika u porodicama koje zahtevaju podršku	Encarnación Hernández-Perez, María Cristina Sánchez López, Francisco Alberto García Sánchez, José Antonio Rabadán Rubio, Javier Fenollar Cortés <i>Universidad de Murcia, Spain</i>
17.50 – 18.00	Video-supported assessment as a method of bridging together families and caregivers with professionals/Video procena kao metod povezivanja porodica i negovatelja sa stručnjacima	Ena Caterina Heimdahl <i>Department of Complex Learning Difficulties, Statped Southwest, Oslo, Norway</i> Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i>

18.00 – 18.10	Perceptions of early intervention professionals and parents about the use of Ages and Stages Questionnaires in Portugal/ Percepcija roditelja i stručnjaka u ranoj intervenciji o upotrebi Upitnika o uzrastu i razvojnim etapama u Portugalu	Rita Laranjeira, Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i>
18.10 – 18.20	Responding to disabilities in young children while teaching societal norms and requirements/ Zadovoljavanje posebnih potreba male dece kroz učenje društvenih normi i zahteva	Griffiths Matthew <i>College of Science and Technology, School of Science & Technology, England, UK</i>
18.30 – 18.40	Introducing parental screening tool in Croatia/Uvođenje skrininga za roditelje u Hrvatskoj	Ksenija Romstein <i>University of Osijek, Faculty of Education, Croatia</i> Ljiljana Pintarić Mlinar, Daniela Bratković, Jana Šuper <i>University of Zagreb, Faculty of Education and Rehabilitation Sciences, Croatia</i>
18.40 – 18.50	Identification of speech-language disorder as symptom of psychomotor retardation: precondition for early kindergarten intervention/Identifikacija govorno-jezičkog poremećaja kao simptoma psihomotorne zaostalosti: preduslov za rane intervencije u vrtićima	Mirjana Nikolić, Gordana Mijailović <i>Preschool Teacher Training and Business Informatics College of Applied Studies, Sirmium, Sremska Mitrovica, Serbia</i> Veronika Katrina-Mitrović <i>General Hospital, Department of Psychiatry, Loznica, Serbia</i>
18.50 – 19.00	Assessment of the level of play development and play facilitation in blind and visually impaired young children/Procena stepena razvoja igre i podsticanje igre kod male dece oštećenog vida	Zorica Vladislavljević <i>The School for Students with Impaired Vision "Veljko Ramadanović", Zemun, Serbia</i>
19.00 – 19.10	Visual stimulation methods for children with prenatal brain damage/Metode vizuelne stimulacije za decu sa prenatalnim oštećenjem mozga	Sonja Alimović <i>University of Zagreb, Faculty of Education and Rehabilitation Sciences, Croatia</i>

Parallel sessions 2/Paralelna sesija 2
 Strategies and challenges in early intervention system
 Strategije i izazovi u sistemu rane intervencije
 Chair/Moderator: Monica Ingemarsson, Danijela Ilić Stošović

17.30 – 17.40	Early childhood intervention practices in the state of São Paulo, Brazil/Intervencije u ranom detinjstvu u državi Sao Paulo u Brazilu	Bruna Pereira Ricci Marini <i>Universidade Federal de São Carlos, Brazil</i> Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i> Patrícia Carla de Souza Della Barba <i>Universidade Federal de São Carlos, Brazil</i>
17.40 – 17.50	System of early intervention in Turkey/Sistem rane intervencije u Turskoj	Dogru S. Sunay Yildirim <i>Dokuz Eylul University, Izmir, Turkey</i>
17.50 – 18.00	Exploring innovative approaches to post graduate education in early intervention for children with disabilities and their families/ Istraživanje inovativnih pristupa postdiplomskom obrazovanju iz oblasti rane intervencije za decu sa smetnjama u razvoju i njihovih porodica	Clare Carroll <i>Trinity College Dublin, Ireland</i> Miriam Twomey <i>National University of Ireland Galway, Ireland</i>
18.00 – 18.10	Effectiveness of self-education of parents in reducing externalizing problems in preschool children/ Efikasnost samoedukacije roditelja u redukciji eksteralizovanih problema kod dece predškolskog uzrasta	Vesna Žunić-Pavlović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Miroslav Pavlović <i>Institute for Improvement of Education, Serbia</i> Nenad Glumbić, Goran Jovanić <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
18.10 – 18.20	Leading the transformation process to a family-centered early intervention approach in the principality of Andorra/ Vođenje procesa transformacije ka porodično orijentisanom pristupu ranoj intervenciji u Andori	Carolina Pastor, Montse Seivane <i>Impuls Early Intervention Service, Escola Especialitzada Nostra Senyora de Meritxell, Santa Coloma, Andorra</i> Margarita Cañadas Pérez <i>Catholic University of Valencia, Department of Psychology and Education Sciences, Spain</i>

18.20 – 18.30	Monitoring child development in Brazil: perspectives on inter-sectoriality/Praćenje razvoja dece u Brazilu: perspektive intersektorskog pristupa	Larissa Vendramini Nucci <i>Universidade Federal de São Carlos, Brazil</i> Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i> Patrícia Carla de Souza Della Barba <i>Universidade Federal de São Carlos, Brazil</i>
18.30 – 18.40	Occupational therapy focused functional activities in early childhood to reduce sedentary lifestyles: could this be a combating factor for obesity in early childhood?/Okupaciona terapija fokusirana na funkcionalne aktivnosti u ranom detinjstvu u cilju smanjenja sedatornog načina života: može li ovo biti činilac borbe protiv gojaznosti u ranom detinjstvu?	Patrick Hynes <i>University College Cork, Ireland</i>
18.40 – 18.50	Participation of pre-school children in home and community activities/Učešće dece predškolskog uzrasta u kući i u zajednici	Sofia Guichard, Catarina Grande <i>University of Porto, Faculty of Psychology and Educational Sciences, Portugal</i>
18.50 – 19.00	A baby with cerebral visual impairment: case study/Beba sa cerebralnim oštećenjem vida: studija slučaja	Tatjana Petrovic Sladetić, Snježana Seitz <i>Day Care Centre "Mali dom", Zagreb, Croatia</i>
Parallel sessions 3/Paralelna sesija 3 Team around a child and family in early childhood intervention Tim oko deteta i porodice u sistemu rane intervencije Chair/Moderator: Britta Gebhard, Marija Anđelković		
17.30 – 17.40	An example of a multidisciplinary approach to a child in the system of early intervention/Primer multidisciplinarnog pristupa detetu u sistemu rane intervencije	Nikolina Horvat, Karolina Blagović, Anamarija Varga <i>Association for Early Childhood Intervention at Medjimurje (MURID), Croatia</i>
17.40 – 17.50	Characterization of the families participation in the local intervention teams/Karakterizacija učestvovanja porodica u lokalnim timovima za ranu intervenciju	Marta Joana de Sousa Pinto <i>Politécnico do Porto, Escola Superior de Saúde, Portugal</i> Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i>

17.50 – 18.00	From the periphery to the center of the family/Od periferije do središta porodice	Franciska Cañete Torralbo <i>Early Intervention Service Sidi, Málaga, Spain</i> Margarita Cañadas Pérez <i>Catholic University of Valencia, Department of Psychology and Education Sciences, Spain</i>
18.00 – 18.10	Community participation and family quality of life – a comparative study of children with cerebral palsy and children with typical development / Učešće u zajednici i kvalitet života porodice – komparativna studija dece sa cerebralnom paralizom i dece tipičnog razvoja	Milena Milićević <i>Institute of Criminological and Sociological Research, Belgrade, Serbia</i> Goran Nedović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Violeta Bogdanović-Šutković <i>Fifth School of Economics “Rakovica”, Belgrade, Serbia</i>
18.10 – 18.20	Communicational standpoint selection in rehabilitator – parent relation/Odabir komunikacionog pristupa u odnosu između defektologa i roditelja	Nikola Babić <i>Higher Education School of Professional Health Studies in Belgrade, Serbia</i> Danka Radulović, Snežana Nikolić <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
18.20 – 18.30	Evaluation of support programs for young fathers/Evaluacija programa podrške za mlade očeve	Marina Kovačević-Lepojević, Milica Kovačević, Marija Maljković <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
18.30 – 18.40	Chronic sorrow in parents of disabled children/Hronična tuga kod roditelja dece sa smetnjama u razvoju	Luka Mijatović, Dragana Stanimirović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Irena Korićanac <i>University Children’s Hospital, Belgrade, Serbia</i>
18.40 – 18.50	Professionals’ perception of the implementation process of family-centered practices in early attention/Stručno viđenje procesa implementacije porodično usmerenih aktivnosti u ranoj intervenciji	Claudia Tatiana Escorcía Mora, Gabriel Martínez Rico <i>Catholic University of Valencia, Campus Capacitas, Center of Early Attention l’Alquería, Spain</i> Margarita Cañadas Pérez <i>Catholic University of Valencia, Department of Psychology and Education Sciences, Spain</i>

18.50 – 19.00	Using piccolo to promote positive parenting that leads to better outcomes in children with disabilities and improves the emotional well-being of families/ Piccolo u službi promovisanja pozitivnog roditeljstva koje vodi ka boljim ishodima kod dece sa smetnjama u razvoju i poboljšava emocionalno blagostanje porodice	Rosa M. Vilaseca, Magda Rivero, Fina Ferrer <i>Universitat de Barcelona, Barcelona, Spain</i> María-José Cantero, Esperanza Navarro-Pardo <i>Universitat de València, València, Spain</i> Clara Valls-Vidal <i>Universitat Abat Oliba CEU, Barcelona, Spain</i> Carolina Pastor <i>Center for Early Intervention, Serveid' Estimulació Precoç Impul, Escola Especialitzada Nostra Senyora de Meritxell, Santa Coloma, Andorra</i> Aroa Gómez <i>Center for Infant Development and Early Intervention, Corporació Sanitària Parc Taulí, Hospital de Sabadell, Sabadell, Spain</i>
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Sunday / Nedelja, 08.10.2017.

10.00 – 13.00	Parallel sessions/Paralelne sesije	
Parallel sessions 1/Paralelna sesija 1 Assessment and intervention for children with disabilities Procena i intervencije za decu sa smetnjama u razvoju Chair/Moderator: Mile Vuković, Irena Stojković		
10.00 – 10.10	Instruments for motor development assessment in early childhood/ Instrumenti za procenu motoričkog razvoja u ranom detinjstvu	Ivana Sretenović, Goran Nedović, Dragan Rapaić, Vesna Radovanović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
10.10 – 10.20	Intellectual functioning in autism spectrum disorder: cognitive profile and assessment recommendations/ Intelektualno funkcionisanje kod spektra autističnih poremećaja: kognitivni profil i preporuke za procenu	Zorana Jolić Marjanović <i>University of Belgrade – Faculty of Philosophy, Serbia</i>
10.20 – 10.30	Verbal short-term and working memory in preschool children/ Verbalna kratkoročna i radna memorija kod dece predškolskog uzrasta	Nataša Buha, Milica Gligorović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Jelena Obradović <i>Primary School "Vuk Karadžić", Čuprija, Serbia</i>

10.30 – 10.40	Characteristics of language impairment and recovery of language abilities in children with traumatic brain injury/Karakteristike jezičkih poremećaja i oporavak jezičkih sposobnosti kod dece sa traumatskom povredom mozga	Mile Vuković <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
10.40 – 10.50	Predictors of quality of life of families with children with cerebral palsy - implication for early intervention/ Prediktori kvaliteta života porodica sa detetom s cerebralnom paralizom - implikacije za ranu intervenciju	Milena Milićević <i>Institute of Criminological and Sociological Research, Belgrade, Serbia</i> Goran Nedović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
10.50 – 11.00	Quality of life associated with visual state of children from three to seven years of age/Kvalitet života povezan sa stanjem vida dece uzrasta od tri do sedam godina	Marija Anđelković, Vesna Vučinić <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Aikaterini Tavoulari <i>University of Birmingham, United Kingdom</i>
11.00 – 11.10	Early intervention of children with developmental coordination disorders/Rana intervencija kod dece sa razvojnim poremećajem koordinacije	Snežana Nišević <i>Primary School “Boško Buha”, Belgrade, Serbia</i> Snežana Nikolić, Danijela Ilić-Stošović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
11.10 – 11.20	The importance of oral-facial motor movements for children speech development/Značaj orofacijalnih motornih pokreta za govorni razvoj deteta	Nada Dobrota Davidović, Jadranka Otašević <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
Coffee break/Pauza za kafu		
11.50 – 12.00	Semantic categorization in preschool children/Semantička kategorizacija kod dece predškolskog uzrasta	Milica Gligorović, Nataša Buha <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Jelena Obradović <i>Primary School “Vuk Karadžić”, Čuprija, Serbia</i>
12.00 – 12.10	Total physical response method in teaching foreign languages to dyslexic children/Metoda totalnog fizičkog odgovora u nastavi stranog jezika za decu sa disleksijom	Maja Cvijetić, Dejan Savičević <i>Preschool Teacher Training and Business Informatics College of Applied Studies, Sirmium, Sremska Mitrovica, Serbia</i>

12.10 – 12.20	Treatment options for children with attention deficit hyperactivity disorder (ADHD)/Opcije tretmana za decu sa deficitom pažnje i hiperaktivnošću (ADHD)	Danka M. Radulović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
12.20 – 12.30	Vocabulary development in children with speech and language disorders and children of typical language development: preliminary examination/Razvoj vokabulara kod dece sa govorno-jezičkim poremećajima i dece tipičnog razvoja: preliminarno ispitivanje	Bojana Vuković <i>University of East Sarajevo, Medical Faculty, Foča, Bosnia and Herzegovina</i> Mile Vuković <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i> Slađana Čalasan <i>University of East Sarajevo, Medical Faculty, Foča, Bosnia and Herzegovina</i>
12.30 – 12.40	Risk factors of speech and language pathology in children on early intervention program; Croatia experience/Faktori rizika govorno-jezičke patologije kod dece u programu rane intervencije; iskustva iz Hrvatske	Antonija Blaži, Iva Huber, Marina Pipek <i>Logopedski kabinet Blaži, Zagreb, Croatia</i>
12.40 – 12.50	Auditory development of preterm babies: early age evaluation criteria/Auditivni razvoj prevremeno rođenih beba: kriterijumi za procenu na ranom uzrastu	Mina Nikolić, Sanja Ostojić-Zeljковиć, Svetlana Slavnić <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
Parallel sessions 2/Paralelna sesija 2 Strategies and challenges in early intervention system Strategije i izazovi u sistemu rane intervencije Chair/Moderator: Britta Gebhard, Jasmina Maksić		
10.00 – 10.10.	Quality of early intervention services under family's perception/Kvalitet službi rane intervencije iz ugla porodice	Rosa Fernandez <i>University of Minho, Braga, Portugal</i> Ana Maria Serrano <i>Institute of Education, Center of Research on Education, University of Minho, Portugal</i> Robert A. Mc William <i>Special Education Department, University of Alabama, Tuscaloosa, USA</i> Margarita Cañadas Pérez <i>Catholic University of Valencia, Department of Psychology and Education Sciences, Spain</i>

10.10 – 10.20	Sensitization of the social environment in kindergartens as one of the fundamental principles of work in early intervention in children with visual impairments/ Senzitizacija socijalnog okruženja u vrtićima kao jedan od osnovnih principa rane intervencije kod dece sa oštećenjem vida	Mateja Maljevac, Dragana Žunić <i>Center IRIS, Ljubljana, Slovenia</i>
10.20 – 10.30	Transition and support programs for preschool and school children/ Programi tranzicije i podrške za decu predškolskog i školskog uzrasta	Maja Baksa, Silvija Pucko <i>Association for Early Childhood Intervention at Medjimurje (MURID), Croatia</i>
10.30 – 10.40	A qualitative examination of family-centered practice in early childhood: intervention in the United States/ Kvalitativno ispitivanje porodično orijentisane prakse u ranom detinjstvu: intervencije u Sjedinjenim Američkim Državama	Marilyn Espe-Sherwindt <i>Family Child Learning center, Akron Children's Hospital & Kent State University, Ohio, USA</i> Adile Emel Sardohan Yıldırım <i>University of Ankara, Faculty of Educational Sciences, Department of Special Education, Turkey</i>
10.40 – 10.50	Effects of early intervention on neurodevelopmental outcomes in toddlers/ Uticaj rane intervencije na ishode neurološkog razvoja kod male dece	Valentina Matijević, Marija Kraljević, Bernarda Barbarić <i>Clinical Department of Rheumatology, Physical Medicine and Rehabilitation, Sestre milosrdnice, University Hospital Centre, Zagreb, Croatia</i>
10.50 – 11.00	Examining the process of strengthening families of children with multiple disability via family centered education model/ Ispitivanje procesa za osnaživanje porodica višestruko ometene dece kroz porodično orijentisan edukativni model	Adile Emel Sardohan Yıldırım <i>University of Ankara, Faculty of Educational Sciences, Department of Special Education, Turkey</i> Gönül Akçamete <i>Near East University, Cyprus</i>
11.00 – 11.10	Building system of early intervention: from nothing, through center based, toward home based/ Sistem građenja rane intervencije: ni od čega, preko centra, ka domu	Silvija Pucko, Marija Repalust <i>Association for Early Childhood Intervention at Medjimurje (MURID), Croatia</i>

11.10 – 11.20	Children with autism spectrum in the system of social welfare in Republic of Srpska/Deca sa spektrom autističnih poremećaja u sistemu socijalne zaštite u Republici Srpskoj	<p>Slađana Malešević <i>Centre of Social Welfare, Mrkonjić Grad, Republic of Srpska, Bosnia and Herzegovina</i></p> <p>Mira Ćuk <i>University of Banja Luka, Republic of Srpska, Bosnia and Herzegovina</i></p>
Coffee break/Pauza za kafu		
11.50 – 12.00	Adaptation of preschool life skills scale improved for preschool children from Turkish to English/ Adaptacija skale za procenu predškolskih životnih veština, unapređene za decu predškolskog uzrasta sa turskog na engleski	<p>Yakup Yildirim, Zeynep Fulya Temel <i>Department of Early Childhood Education, Gazi University at Ankara, Turkey</i></p> <p>Monica Miller Marsh <i>Department of Early Childhood Education, Kent State University at Kent, Ohio, USA</i></p>
12.00 – 12.10	System of early intervention: the new Slovenian law/Sistem rane intervencije: novi slovenački zakon	<p>Nevenka Zavrl <i>Community Health Centre, Ljubljana, Slovenia</i></p> <p>Jasna Murgel <i>Deputy of the National Assembly of Republic of Slovenia, Slovenia</i></p>
12.10 – 12.20	Children's engagement and complexity of activities in inclusive preschool settings/Dečja uključenost i složenost aktivnosti u inkluzivnom predškolskom okruženju	<p>Vera Coelho, Ana I. Pinto, Catarina Grande, Cristiana Guimarães <i>Faculty of Psychology and Educational Sciences of Porto University, Portugal</i></p>
12.20 – 12.30	Improvement of early intervention system for children and parents of children with disabilities in the Zenica-Doboj canton/Unapređenje sistema rane intervencije za decu sa smetnjama u razvoju i njihove roditelje u Zeničko-Dobojskom kantonu	<p>Dženana Čolaković <i>JU Centre for Children and Adults with Special Needs, Zenica, Bosnia and Herzegovina</i></p> <p>Haris Memišević <i>University of Sarajevo, Faculty of Education, Bosnia and Herzegovina</i></p> <p>Arnela Pašalić <i>Centre for Education and Rehabilitation "Vladimir Nazor", Sarajevo, Bosnia and Herzegovina</i></p>
12.30 – 12.40	Strategies and challenges in early intervention program at Day Care Centre "Mali dom" Zagreb/ Strategije i izazovi u programu rane intervencije u Dnevnom centru za rehabilitaciju dece i mladeži "Mali dom" Zagreb	<p>Jasminka Gagula, Ana Validžić, Ana Požgaj, Snježana Seitz, Ivana Slavinić <i>Day Care Centre "Mali dom", Zagreb, Croatia</i></p>

12.40 – 12.50	Policy of improving early child development in Republic of Srpska/ Politika unapređenja ranog razvoja dece u Republici Srpskoj	Ljubo Lepir, Draško Gajić <i>University of Banja Luka, Faculty of Political Science, Republic of Srpska, Bosnia and Herzegovina</i>
Parallel sessions 3/Paralelna sesija 3 Team around a child and family in early childhood intervention Tim oko deteta i porodice u sistemu rane intervencije Chair/Moderator: Monica Ingemarsson, Snežana Ilić		
10.00 – 10.10.	Early intervention experience of parents of children with disabilities, developmental and social risk/ Iskustvo rane intervencije roditelja dece sa smetnjama u razvoju i deci sa razvojnim i socijalnim faktorima rizika	Marija Repalust <i>Association for Early Childhood Intervention at Medjimurje (MURID), Croatia</i>
10.10 – 10.20	The Outcome of Cochlear Implant Programming through Tele-Audiology/Ishod teleaudiološkog programiranja kohlearnog implanta	Mohamed Wael Mohamed Mustafa <i>South Valley University, Faculty of Medicine, Audiology and Vestibular Department, Qena, Egypt</i>
10.20 – 10.30	Several families with a blind baby that resemble each other/Nekoliko porodica sa slepom bebom koje liče jedna na drugu	Dragana Stanimirović <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
10.30 – 10.40	Encouraging social competence of children without parental care/Podsticanje socijalne kompetentnosti dece bez roditeljskog staranja	Marija Jelić, Irena Stojković <i>University of Belgrade – Faculty of Special Education and Rehabilitation, Serbia</i>
10.40 – 10.50	Support to families of children with disabilities during early childhood/ Podrška porodicama dece sa smetnjama u razvoju tokom ranog detinjstva	Marinela Šćepanović <i>Society of Defectologists of Vojvodina, Novi Sad, Serbia</i>
10.50 – 11.00	The competences of preschool inclusive teachers/Kompetencije vaspitača u inkluzivnom okruženju	Marta Dedaj <i>School of Professional Studies for Educators and Business Informatics Sirmium, Sremska Mitrovica, Serbia</i> Snežana Nikolić, Tamara Radojčić <i>Special Primary school “Milan Petrović”, Novi Sad, Serbia</i>

11.00 – 11.10	Correlates of parental attitudes linked to inclusion/exclusion of their children with visual impairment in early intervention/Korelati roditeljskih stavova povezani sa uključivanjem/isključivanjem njihove dece sa oštećenjem vida u ranoj intervenciji	<p>Snežana Nikolić <i>Special Primary School "Milan Petrović", Novi Sad, Serbia</i></p> <p>Marta Dedaj <i>School of Professional Studies for Educators and Business Informatics Sirmium, Sremska Mitrovica, Serbia</i></p> <p>Jelena Berklović <i>Clinical Center Vojvodina, Department of Ophthalmology, Novi Sad, Serbia</i></p> <p>Tamara Radojčić <i>Special Primary School "Milan Petrović", Novi Sad, Serbia</i></p>
12.00 – 13.00	<ul style="list-style-type: none"> • Conference closing and conclusions Zatvaranje Konferencije i zaključci • Meeting of the Scientific and Organizational Committee Sastanak Programskog i Organizacionog odbora 	

PLENARY LECTURES

PLENARNA PREDAVANJA

WHAT SCIENCE TELLS US ABOUT OUR WORK WITH FAMILIES IN EARLY CHILDHOOD INTERVENTION

Marilyn Espe-Sherwindt¹
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Akron Children's Hospital & Kent State University, Ohio, USA*

Relationships matter in early childhood intervention. “Children learn and develop in the context of relationships with others. When children experience warm, responsive, and secure relationships it builds their confidence, sense of identity and trust in the world” (Kids Matter, Australian Early Childhood Mental Health Initiative, www.kidsmatter.edu.au). Science has demonstrated that responsive, “serve and return” relationships between a child and caregivers promote the healthy development of the child’s brain architecture. But families also learn and develop in the context of relationships with others. If we define early childhood intervention as “the different types of parenting supports provided by early childhood practitioners and other social network members that provide parents the time and energy, and knowledge and skills, to engage their children in everyday child learning opportunities that promote and enhance both child and parent confidence and competence” (Dunst & Espe-Sherwindt, 2017, p. 831), it is not only the child-caregiver relationship that matters, but also the relationship between families and early childhood intervention professionals. Multiple studies from the field of early childhood intervention, together with research from the field of social neuroscience, have identified evidence-based strategies for working with families that can build their brain architecture, i.e., strategies that can build the family’s feelings of competence and self-efficacy, their sense of identity and quality of life, and their confidence about the future.

Key words: relationships, families, early childhood intervention, evidence-based strategies, social neuroscience

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EARLY CHILDHOOD INCLUSION: STRENGTHENING THE FOUNDATIONS OF LIFELONG LEARNING

Ana Maria Serrano¹
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Over the past decades attention to Early Childhood Education and Care (ECEC) has increased in Europe. The education ministers assigned a high priority to the goal of improving access to and quality in ECEC. The European Commission's recent Proposal for Key Principles of a Quality Framework for Early Childhood Education and Care (European Commission, 2014), endorsed in the first of its ten statements that ECEC institutions should be "accessible and affordable for all children and families" (p.20). Generally, these ten statements emphasize that there is a major responsibility on national, regional and local authorities to provide inclusive ECEC services of high quality, available to all.

Social and educational inclusion presupposes the development of practices that go beyond the presence of children with special needs in natural environments. The evidence based practice for children with special needs, the International Classification on Disability (ICF) from WHO, as well as inclusive education empathize the importance of active participation of children in their natural environments to guarantee authentic learning and development.

Child care and preschool institutions should be able to answer to the needs of each child rather than the child fit the program. An appropriate adaptation of ongoing activities can maximize children's participation, and participation in developmentally appropriate activities is assumed to increase opportunities for child development and learning. The challenge for educators is to determine the appropriate degree of support required for an individual child concerning either specific behaviors or specific contexts for maximizing children's active participation and consequently providing opportunities for learning, well-being and development. So adults in early childhood education play an important role on understanding and evaluating child functioning within natural contexts and routines, moreover families are the most important partners in this process and their active participation is essential.

Key words: ECEC, children with special needs, lifelong learning

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FAMILY EXPERIENCES OF EARLY CARE AND EDUCATION FOR YOUNG CHILDREN BORN PREMATURELY

Carolyn Blackburn¹
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This presentation discusses a study that explored family experiences of having a child born prematurely. The study involved an online survey to which 209 parents responded. Thirteen parents also participated in a semi-structured interview. Analysis of the online survey data suggests that parents would like the early childhood workforce to know more about the emotional and developmental impact of premature birth, especially in relation to developmental norms and expectations. This includes the health professionals working in hospitals and organisers of parent and toddler groups and other parents that visit them in order to reduce pressure on parents for their child to conform. In particular, they would like more training for health professionals such as Health Visitors about the socio-emotional needs of children and families when children are born prematurely so that parents do not feel pressured. Findings from interviews with parents (including 12 mothers and 1 father) will be presented in this paper for the first time.

Key words: premature birth, families, children, special educational needs, training

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PARTICIPATION AS ULTIMATE GOAL FOR EARLY INTERVENTION SERVICES

Britta Gebhard¹

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The introduction of the International Classification of Functioning, Disabilities and Health (ICF) of the World Health Organization (WHO) in 2001 made social participation as a major rehabilitation outcome and the ultimate goal of early intervention services. A shift from traditional functional impairment measures such as strength measures or assessments of walking distance occurred, since they do not necessarily represent participation in activities of daily life. Goal definition on the basis of daily activities, individual interests and capacities of the child and its family are central for early intervention services. In our days, there is a lack of participation measurements for young children and the context conditions in which they develop. The aim of the presentation is to illustrate the underlying theoretical concept of participation from an international discursive perspective and its implication for goal setting and diagnostic processes in early intervention services. Basic considerations for early interventions services will be developed.

Key words: participation, early intervention, goal-setting, ICF-CY, measurement

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EARLY CHILDHOOD INTERVENTION AND MENTAL HEALTH

Nenad Rudic¹

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Care for early development and mental health of young children are inseparable. Early intervention programs have unique opportunities to promote infant mental health. As early development makes its way integrating inner capacities of a child and outer influences, following paths of general laws of development, individual solutions creates realities and subjectiveness that are unique for each child. Infant mental health focuses on the social and emotional development of the child within the context of relationships with caregivers. Research shows the importance of early relationships on overall development, especially on early cognitive, social and emotional development and mental health of children. Parents and children create unique system of bidirectional influences shaping the inner subjective experiences of both partners. Care for development and mental health of young child cannot be fully separated from care for parents. It is especially true when there are significant difficulties in the early social-emotional development, as in the cases of possible autism spectrum disorders in very young children. Heightened and prolonged levels of stress of parents are present with possible negative influences on mental health and capacity to be fully engaged in developmentally appropriate and mental health protective interactions with a child. It influences the nature of the relationship with other persons within a helping process. The inclusion of mental health concepts contribute to the development of child and family centered approaches and partnership models in the field of early intervention. It makes way to the necessary individualization and sensitiveness for the subjective experiences of the child and family during the process of early intervention.

Key words: mental health, early intervention, family, partnership

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PRESENTATION OF GOOD PRACTICE
IN DIFFERENT COUNTRIES

PREZENTACIJA DOBRE PRAKSE U
RAZLIČITIM ZEMLJAMA

EARLY CHILDHOOD INTERVENTION IN UKRAINE: CHALLENGES AND SUCCESSES

Anna Kukuruza¹

Early Intervention Institute, Kharkiv, Ukraine

Tetyana Mishchuk

*Department of Early Intervention,
Children's Rehabilitation Center Dzherelo, Lviv, Ukraine*

Research subject: The presentation will provide information on the development of Early Intervention in Ukraine.

Method: The research is aimed to discuss one of the major challenges today, i.e. the change of the parents-specialists relationship paradigm. How do parents and specialists perceive the family-centered approach? How should the transition from the expert model to the partnership model be made? What are the ways to replace treatment with self-management? How do we facilitate the parents' active position and capacity building to encourage them to create changes in society and increase the change momentum?

Results: The presentation will give an overview of the current status of the above-mentioned issues and ways to address them.

Conclusion: The statement will be followed by a Q&A session and a discussion with the participants of the section.

Key words: early intervention, parent-specialists relationship paradigm, family-centered approach, partnership model

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THE KARLSTAD MODEL; FAMILY CENTERED LANGUAGE INTERVENTION IN NORDIC COUNTRIES

Iréne Johansson¹
The Karlstad Model, Sweden

Research subject: The Swedish welfare system is based on the principles of equal value and equal rights. Children with disabilities are entitled to support based on their needs and support should be granted if and when their parents request it. Early Childhood Intervention is, however, faced with new challenges due to a rapidly changing world with demands for flexibility, variability and ever increasing knowledge of language deficiencies and language intervention. Intervention models with individual adapted solutions are vital for meeting the diverse needs of children and their families, as well as the necessity to focus the responsibilities. Those supporting the children do not necessarily possess the level of skill needed to ensure the children with high quality intervention.

Method: The paper is aimed to present the Karlstad model of Early Childhood Intervention.

Results: The Karlstad Model is the antithesis of clinically based early intervention. It is a family-centered model (its key focus being the child and the family) built upon partnership. The parents invite people who they see as significant others to the child, such as relatives, neighbors, friends, teachers and experts. Membership of the group is voluntary, and based on democratic principles – all the members are equal, and their different experiences and competencies have equal status. Together they forward the shared ideas, strategies and commitments with the ultimate goal of independent living and active participation in social life for the child.

Conclusion: Empowerment and long-term perspective are the key principles in the model beside the principles of proximal development, structure, continuity and AAC. The Karlstad model has been in use in the Nordic countries since early 1980s.

Key words: Karlstad Model, language intervention, family-center, empowerment

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GENERAL INFORMATION ABOUT EARLY CHILDHOOD SYSTEM IN THE CZECH REPUBLIC

Dagmar Machová¹, Jana Hunáková
Early Childhood Intervention Centre, Zlin, Czech Republic

Research subject: The paper aims to provide general information about the Early Childhood Intervention Centre EDUCO in Zlin.

Method: By discussing the main problems of early childhood intervention, the past and the present of the Centre is presented. The result of Project 'Professionalization' and its content – development on international level, of partnerships specifically with Sozial-und HeilpädagogischesFörderungs Institute Steiermarks (SHFI) is also presented.

Results: The results refer to practical knowledge received from SHFI in the field of NGO management, strategic planning as well as the practices of family– centered early childhood intervention services.

Conclusion: International cooperation and consequent transfer of good practices are regarded as a big opportunity for enhancement of ECI direct care with a strong focus on specific needs of families with disadvantaged children.

*Key words: Early childhood intervention services,
Centre EDUCO, SHFI*

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SITUATION ANALYSIS OF EARLY INTERVENTION IN REPUBLIC OF SERBIA¹

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Early Childhood Intervention (ECI) services help ensure fulfilment of internationally mandated rights, strengthen inclusive societies, and support children and families. This situation analysis, jointly supported by the Early Childhood Program of Open Society Foundations and UNICEF Serbia, examined the status of ECI services in Serbia. The analysis was part of a project to identify opportunities for the development of ECI in the country. A primarily quantitative, mixed-method approach documented existing ECI infrastructure and service provision. Data were collected from a focus group with parents, field observations, and interviews with key stakeholders belonging to Health, Education, and Social Welfare sectors, advisory board meetings, and a survey completed by professionals serving children with disabilities (e.g., teachers, medical professionals, therapists) and a survey completed by parents of children with disabilities. 184 parents and 416 professionals participated. Professionals and parents agreed parents are often the first to suspect the child has developmental needs. Over half of parents and professionals indicated pediatricians should screen children for delays. There was less agreement on who should assess and serve children. Systemic barriers include lack of time, high caseloads, insufficient human resources, cost, and attitudes toward children with disabilities. Existing infrastructure and disciplines, university programs and emerging training on ECI, patronage nursing, pediatric, and developmental counseling unit services, preschool institutions, and amenable policies and legislation may facilitate the development of ECI services. A shift from a medical to a social and interdisciplinary or transdisciplinary service delivery approach through the Routines-Based Intervention (RBI) model; cross-sector alignment and agreements with program standards and quality indicators; and clear protocols and standardized practices will improve existing services. Piloting ECI services delivered through home visits, at centers, and within inclusive preschools will guide subsequent service development. A financial and efficiency analysis will inform caseloads and service intensity and duration. Parents and professionals need opportunities to learn about contemporary, evidence-based ECI practices.

Key words: early intervention, situation analysis, children with disability

1 The opinions expressed in this Situation Analysis are those of the authors and do not necessarily reflect the policies or views of the Open Society Foundations or UNICEF.

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PRESENTATION OF EUROPEAN ASSOCIATION
OF SERVICE PROVIDERS FOR PERSONS WITH
DISABILITIES (EASPD)

PREZENTACIJA EVROPSKOG UDRUŽENJA
PRUŽALACA USLUGA ZA OSOBE SA
INVALIDITETOM

PRESENTATION OF EUROPEAN ASSOCIATION OF SERVICE PROVIDERS FOR PERSONS WITH DISABILITIES (EASPD)

Vasilka Dimoska¹

EASPD Board Member, Chair of the IG Early Intervention

Introduction

The Republic Center for Support of persons with Intellectual Disability – PORAKA is a civil, parents, national non-profit disability organization, which represents the rights and interests of more than 20000 persons with intellectual disability in the Republic of Macedonia. In the past 50 years, the Republic Center – PORAKA as an organization of persons with intellectual disability in the Republic of Macedonia has implemented numerous initiatives towards an inclusive society, where all persons with intellectual disability and their families can achieve a fulfilling life. As a network of local organizations across the country, led by devoted professionals and parents of persons with intellectual disability, the Republic center – PORAKA contributes to the creation of all important laws, policies and programs in the Republic of Macedonia that refer to human rights of persons with intellectual disability and their realization on national and local level. A large number of successfully implemented program tasks, special programs, projects and services, speak about the acting and functioning of the Republic Center – PORAKA as an important stakeholder in the process of equalization of opportunities for persons with intellectual disability.

WHAT is EASPD – European Association of Service Providers for Persons with Disability

EASPD, a non-profit NGO in the disability sector, promotes the views of over 15000 social services and their umbrella associations. There are over 80 million people with a disability throughout Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems. To increase the impact upon the EU's policy-making process and thus represent the interests of the members, EASPD is involved in a variety of initiatives, organisations and working groups. Within the EASPD structure, there are Standing Committees on: Education, Inclusive living, Employment and Policy Impact. Also, Interest Groups on: Person Centered Technologies, Work Force Development and Human Resources, Arts and Culture, and since 2014 Interest Group on Early Intervention.

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Why Interest Group on Early Intervention?

In order to build an effective inclusive society, persons with disabilities have to be included in every step of their lives. From the very early stages of life, we must build on the capabilities, skills and resources of the persons and their family, not their deficits. Since 2014, EASPD has launched an Interest Group on Early Intervention, to join the existing groups on education and employment and cover the whole life-span. The Interest Group on Early Intervention (IG ECI) promotes the right of every child and his/her family to receive the support they might need. A Core Group, consisting of regular attendees to the interest group's meetings who are willing to work towards the goals of this action plan, ensures the continuity and coherence of the work and vision of the interest group. In April 2016, in partnership with Alliance of Organizations for People with Disabilities from Moldova (AOPD), EurllyAid, Zero Project, the Austrian Federal Ministry of Labour, Social Affairs and Consumer Protection, UUNICEF Moldova, SOIR Moldova and Inclusion Europe, EASPD organized Annual Conference in Moldova, "Growing together: from grassroots initiatives to national strategies in early-childhood intervention". At the end of a two-day successful conference, EASPD Statement on Early Childhood Intervention was adopted. Following the EASPD "Reaching Out" strategy focused on 3 main areas: IMPACT, INOVATION, INFORMATION, the IG on Early Intervention has prepared a Work Plan for 2017. As a European network, EASPD aims to maintain and further develop partnerships, alliances and cooperation over the next few years in order to influence and improve the current situation in disability sector throughout Europe.

Key words: The Republic Center for Support of persons with Intellectual Disability – PORAKA, European Association of Service Providers for Persons with Disability –EASPD, Interest Group on Early Intervention

PARALLEL SESSIONS I
ASSESSMENT AND INTERVENTION FOR
CHILDREN WITH DISABILITIES

PARALELNA SESIJA I
PROCENA I INTERVENCIJE ZA DECU SA
SMETNJAMA U RAZVOJU

ADULTS' INTERACTIVE BEHAVIORS AND ENGAGEMENT OF CHILDREN WITH DISABILITIES IN INCLUSIVE PRESCHOOL SETTINGS

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Research subject: Bio-ecological and transactional models (Bronfenbrenner, 2005; Sameroff, 2010) highlight the importance of interactions in the proximal environments for child development, particularly during the first years. Along with parents, teachers are the adults who spend more time with children, and several studies have shown the impact of teacher-child interactions in children's engagement, school-readiness and emotional adjustment (Cadima et al., 2014; Williford, et al., 2013; Merrit, et al., 2012).

Method: This study aimed to: (a) analyze differences in adults' behaviors in inclusive preschool classrooms, as a function of their educational status: teacher or teacher assistant, and (b) investigate whether adults' tone and level of instruction (LOI) in inclusive classrooms were associated with the engagement of children with disabilities. The participants were 42 teachers, 55 assistants, and 42 children with disabilities. Data was collected using Child Observation in Preschools (Farran & Anthony, 2014) and Teacher Observation in Preschools (Bilbrey, et al., 2014).

Results: The results showed that adults' role in the classroom influences their behaviors and tasks, namely: teachers spend more time than assistants in instruction, $t(95)=12.10$, $p<0.01$, and administrative tasks, $t(95)=4.08$, $p<0.01$; whereas assistants spent more time in managerial tasks, $t(95)=-5.53$, $p<0.01$, monitoring, $t(95)=-4.24$, $p<0.01$, or doing no task at all, $t(95)=-0.10$, $p<0.01$. Additionally, teachers tend to talk and interact more with children (60% of time), while assistants spent less than 40% talking to children. Significant differences were also found between teachers and assistants' tone and level of instruction (LOI), with teachers engaging in interactions with higher LOI and more pleasant tone. These two adults' interaction behaviors were positively associated with higher levels of engagement presented by children with disabilities.

Conclusion: Showing that adults higher LOI and more pleasant tones impact children's engagement, this study highlights the importance of developing training for teachers, especially assistants' in-service training to promote more effective interactions with children with disabilities.

Keywords: teacher-child interaction; adult's educational status, child engagement, inclusive preschool settings

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INFANT TEMPERAMENT AS MODULATOR OF PARENTAL CHARACTERISTICS IN FAMILIES WITH EARLY CHILDHOOD NEEDS

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Research Subject: Influence of family system exerted on the psychological child development should not be conceptualized as a unidirectional effect of child's or parents' characteristics. Paternal-filial interaction starts from birth of a new member of a family and it forges an interactive bidirectional relationship.

Methods: Four hundred six parents (233 mothers and 173 parents) between the ages of twenty and sixty-four, with children with Early Childhood Intervention needs, collaborated in this research. Infant Behavior Questionnaire (IBQ) was applied to assess the temperament of 3-18 months-old children, and Adult Temperament Questionnaire was used to assess adult temperament dimensions.

Results: Dimensions that assessed adult temperament correlated with those that measured infant temperament.

Conclusions: Children aged between 3 and 18 months, who had Early Childhood needs, modulated their behavior according to the attitudes of their mothers.

Key words: early childhood interventions, adult temperament, infant temperament, family system, Paternal-filial interaction

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VIDEO-SUPPORTED ASSESSMENT AS A METHOD OF BRIDGING TOGETHER FAMILIES AND CAREGIVERS WITH PROFESSIONALS

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Research subject: Many professionals use video. Many parents take video of their child with mobile and other devices. Video-supported assessment is an instrument that may contribute to real participation, decision-making and empowerment of parents and caregivers for children with a low level of functioning.

Method: The aim of the study was to: (a) underline the importance of full participation of caregivers in the assessment process, and (b) evaluate an assessment instrument that facilitates parents to participate in the assessment of their child. We are concerned about bringing the parents and the professionals together in a way that they can understand how they can use the clips in order to develop a deeper understanding of their child behavior. All this is in their own pace and in their own language. We believe that.

Results: We described a three-step analysis of a video taken of a parent interacting with a child: 1) to chart what is observed in the video, such as the facial expressions of both parent and child; 2) to reflect on the parent-child interaction seen in the video; and 3) to intervene by creating an intervention tool based on the combined information gathered in the first two steps. We tried to stay on a clip long enough and analyze it. We tried to put maximum energy into meeting the child in more activities than just the recorded activity.

Conclusion: Parent participation in the child assessment process works to improve parent-child interaction while building a sense of competence, self-efficacy and empowerment in the parents, who often feel that they have lost control of their child to the health or pedagogical care system.

Key words: parents participation, professionals' engagement, video analysis

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PERCEPTIONS OF EARLY INTERVENTION PROFESSIONALS AND PARENTS ABOUT THE USE OF AGES AND STAGES QUESTIONNAIRES IN PORTUGAL

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Research subject: Developmental screening instruments must allow identifying children in need of a more specific assessment, those who need no support and those who need to be monitored through periodic monitoring. ASQ is a screening tool that promotes family involvement, in conjunction with health and education professionals, to identify developmental problems in children and, at the same time, create opportunities for the promotion of new skills. In Portugal, this instrument was standardized and adapted for children population and is called ASQ-PT.

Method: The study uses a qualitative methodology with the aim of understanding the perceptions on the instrument use of parents and professionals working at the Portuguese Early Intervention Local teams.

Results: We intend to carry out a qualitative study in Portugal to understand the perceptions of Early Intervention, Health and Education professionals and parents about the use of the ASQ-PT for screening and collaboration of parents in this process, to sensitize professionals to use the instrument, collaborate with families in the screening, and understand the impact of ASQ-PT filling by parents in the knowledge about their child and collaboration with the professionals. Participants in the study will be professionals from three Early Intervention Local Teams, health and education professionals and parents of children screened with ASQ-PT.

Conclusion: We will introduce the ASQ-PT to the professionals and families in the Local Early Intervention Teams in order to understand the perception of its use intending the future adoption of the instrument for screening by our National Early Intervention System, focusing on the advantages and disadvantages of its use and its power to empower parents, actively involving them and giving them new knowledge to promote their children development. We will also present the instrument to health and education professionals, since these professionals have responsibility in the process of early detection / identification of children for the Early Intervention System.

Key words: early intervention, development screening, eligibility, family's empowerment

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RESPONDING TO DISABILITIES IN YOUNG CHILDREN WHILE TEACHING SOCIETAL NORMS AND REQUIREMENTS

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Research subject: Early education begins the process of preparing all children for their adult lives and the whole range of their future roles as adults through the inculcation of social norms. This paper explores: the tensions between the recognition and valuing of difference and disability and the requirements for beginning the teaching of compliance with the social norms; how these tensions are manifested in early education systems; suggestions as to how these tensions can be addressed to achieve the best outcomes for all our children.

Method: The research aims to discuss the modern inclusive education theory in early age education that promotes the concepts of differentiated teaching and learning to respond to individual differences.

Results: The main results refer to: reasonable exemption from the norms of age appropriate behaviour; How much latitude is helpful for the child with a disability; what can, and should, teachers and other children tolerate, and what not; approaches for children whose behaviour is outside reasonable expectations.

Conclusion: In preschool provision, we learn many of the social norms of our society and the social norms for school and behaviour with peers. The adult world will be the same for all our children. There is no 'special' section for most people with a disability or any other difference and so learning and growing up with other children is the best preparation for the future, including the acquisition of a range of social norms. So how far, and in what ways, should children with special educational needs, including those caused by a disability or social or emotional difficulties, be required to comply with the behaviour expected of all the other children and frameworks of conformity to social norms?

Key words: disability, social norms, expectations

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INTRODUCING PARENTAL SCREENING TOOL IN CROATIA

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Research subject: The need to introduce research findings about the importance of prenatal and early childhood experiences into practice certainly presents great challenge for professionals, communities and national policy. Creating an environment which meets children's needs represents the best form of respecting their rights for which early screening, diagnostics and adequate intervention plays a crucial role. In Croatia, however, there is still no standardized screening instrument widely applied, although data suggests that the use of developmental surveillance as pediatricians' common method alone leads to a low detection rate, missing out up to 45 percent of children who might benefit from early intervention (Aylward, 2009).

Method: The paper aims to present and critically evaluate Croatia experience in introducing parental screening tools within early childhood intervention.

Results: A year ago we started to prepare teams of experts for locally conducted trial studies, eventually aiming to conduct a national standardization study using ASQ 3 (Squires, Bricker, 2009). These were 19 months intervals screening questionnaires aimed to be completed by parents; each of the intervals included 30 items organized in five domains: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal Social). The aim of the presented part of the study is to show the psychometric properties of the screening tool (internal consistency of eight questionnaires 22-, 30-, 33-, 36-, 42-, 48-, 54 and 60 month intervals), with Cronbach's alphas varied between .63 and .86. However, we were also looking for answers to several study questions in order to determine to what extent preschool teachers (N=21) were able to screen the children (N=97), how they perceived the importance of its use, and what their experiences in communicating with parents were.

Conclusion: The parental feedback suggests there are certain concerns about time, cost and social context issues influencing the optimal understanding of the importance of early screening.

Key words: importance of early screening, ASQ 3 – parent screening tool

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IDENTIFICATION OF SPEECH-LANGUAGE DISORDER AS SYMPTOM OF PSYCHOMOTOR RETARDATION: PRECONDITION FOR EARLY KINDERGARTEN INTERVENTION

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Research subject: Early identification of children with speech impairment, with the estimation of the etiology of the disorder and its relationship to other relevant aspects of development: cognitive, motor and socio-emotional, is of utmost importance within early intervention. Although the disorder of receptive and expressive language skills is often the only symptom that parents and preschool teachers recognize in the early stages of development, many children with delays in language development have simultaneous delays in other aspects of development, which is transferred into a behavioral plan. However, the relationships between different aspects of development and speech development are very complex, and their measurement and observation are extremely demanding.

Method: This paper presents a case study of a child whose delay in speech-language development was identified when the child enrolled the kindergarten. The aim of the paper is twofold: 1) to present data collection techniques in the process of identifying the disorder; 2) to present a team approach in early intervention.

Results: By applying a semi-structured interview and a questionnaire with a mother, the observation of a child by a psychologist, a physician and a special educator with the systematic observation in a teaching group conducted by the preschool teacher, the following facts were stated: difficulties in understanding, verbalization and communication, limited attention capacity, impulse control, self-control and emotional modulation. There were difficulties in following and adhering to the rules, as well as a significant motor and cognitive deficit. Speech-language disorder is therefore only one of the symptoms of delayed psychomotor development, and intervention in the preschool institution required additional support in all relevant aspects of development, with the involvement of competent experts and co-operation with the mother.

Conclusion: Holistic approach to child development in the process of identifying speech-language disorder is a significant precondition for adequate early intervention

Key words: speech-language disorder, delayed psychomotor development, early intervention, team approach

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ASSESSMENT OF THE LEVEL OF PLAY DEVELOPMENT AND PLAY FACILITATION IN BLIND AND VISUALLY IMPAIRED YOUNG CHILDREN

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Research subject: Within five years of the First Steps project implementation, in co-operation with VISIO, specialists in typhology from the School for Students with Impaired Vision “Veljko Ramadanović” have been trained to work with visually impaired children (VI / MDVI) from birth to 6 years of age. By applying modern methods, the specialists perform the necessary assessments, both of the child’s and parental needs, as well as, the evaluation of the treatment procedure.

Method: The paper aims to present the examples of assessment of the play level in blind and visually impaired pre-school children by applying a special instrument: PDS– BI Scale.

Results: Using the Video Interactive Guidance analysis, play is assessed at four levels and several sub-levels of play development. The scale distinguishes two consecutive stages in senzopathicplay.

Conclusion: On the basis of the assessment, we are able to encourage the development of children’s play, providing the necessary adjustments. Facilitation of play activities should be related to all aspects of games.

Key words: VI / MDVI children of early age, Scale to assess play development, VIG, typhology specialists in early intervention, facilitation of play

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VISUAL STIMULATION METHODS FOR CHILDREN WITH PRENATAL BRAIN DAMAGE

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Research subject: Children with prenatal brain damage often have difficulties in visual functioning caused by damage of posterior visual pathway. Knowing the sensitive periods and the possibility of visual function recovery during the first years of life, we carried out the visual stimulation program with 90 children with prenatal brain damage. The goal and method of visual stimulation were designed according to the results of functional vision assessment for each child.

Method: The aim of this study was to analyze the methods of visual stimulation for habilitation of visual functions in children with prenatal brain damage. The methods we used during one year were described through four categories; with regard to the stimulus we used (bright lights, materials under the UV light, specially designed visual targets and everyday materials). We used descriptive statistics in order to describe the prevalence of visual stimulation methods we used. Furthermore, we analyzed the correlation (Spearman's rank correlation) of the method we used with the diagnosis of the brain damage, age and prematurity.

Result: The results have shown that most of the children were stimulated with objects from everyday activities used to improve specific visual functions and that method of visual stimulation correlated significantly with the diagnosis of prenatal brain damage ($p=0.001$)

Conclusion: Methods of visual stimulation were described through four groups in relation to the stimuli we used (light and lighting objects, visual targets under the UV light, specially designed visual targets, objects from everyday activities). On the basis of the obtained findings, we can conclude that the stimuli we should use in visual stimulation program depend on the diagnosis of prenatal brain damage.

Key words: visual stimulation, prenatal brain damage, early intervention, sensitive periods

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INSTRUMENTS FOR MOTOR DEVELOPMENT ASSESSMENT IN EARLY CHILDHOOD

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Research subject: Although motor development takes place in a certain and predictable order, each child develops at a rate that is characteristic of him. Childhood is a period of intense motor development, so it is important to identify children who are at risk for motor disorders, on time. Early identification and appropriate intervention can lead to an improvement of the child's overall development and can lead to better long-term functional outcomes.

Method: The aim of this paper was to review the available literature, to extract and display instruments for the assessment of motor development that are commonly used in children who have developmental motor delay. The literature review was conducted by searching electronic databases available through the Serbian Library Consortium for Coordinated Acquisition. For the purpose of this paper, six instruments for assessing motor development are presented. The largest number of instruments are considered as observational scales, but most of them involve interaction with the child in order to use the standardized approach so an adequate result can be received. It is recommended that the assessment of children with motor disorders focuses on the use of functional tests in order to put the emphasis on treatment programs from which both the child and his family will benefit. Featured instruments of motor development assessment may be useful in determining the goals of treatment and planning a therapy.

Conclusion: For children with motor disorders there are two basic types of functional assessment. The first is the assessment of motor development, which includes qualitative and quantitative assessment of motor function and motor performance. The second type is the assessment of general adaptive or independent functioning, i.e. measuring the ability of a child to function in activities of daily living. Depending on the purpose of their use, there are predictive, discriminative and evaluative tests.

Key words: functional assessment, motor development, instruments of assessment

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INTELLECTUAL FUNCTIONING IN AUTISM SPECTRUM DISORDER: COGNITIVE PROFILE AND ASSESSMENT RECOMMENDATIONS

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Research subject: A number of studies show that cognitive profile of children with autism spectrum disorder (ASD) is characterized by strengths in nonverbal and weaknesses in verbal intelligence. However, verbal-nonverbal IQ split is not present in all children with ASD, implying that their cognitive profile is more heterogeneous than traditionally assumed.

Method: The paper aims to critically analyze and discuss the main questions on assessing intellectual functioning in children with autism spectrum disorder, as well as, their cognitive profile.

Results: Recent findings, established under the Cattell-Horn-Carroll (CHC) ability framework, suggest that children with ASD display consistent weaknesses in processing speed and working memory, and strengths in visualization and quantitative reasoning, while the performance on fluid and crystallized tests depends on the task content presentation (verbal / nonverbal) and the current level of child's language development. These uneven cognitive profiles, along with typically present difficulties with attention, social interactions, and language understanding, pose serious challenges for common practices in cognitive assessment.

Conclusion: Thus, when assessing intellectual functioning of children with ASD, practitioners need to turn to individualized assessment approach that will account for possible ASD related delays in cognitive, language, and social skills development.

Key words: autism spectrum disorder, intellectual functioning, cognitive profile, cognitive assessment

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VERBAL SHORT-TERM AND WORKING MEMORY IN PRESCHOOL CHILDREN

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Research subject: Having in mind that short-term and working memory are strong predictors of development of problem-solving skills, vocabulary, as well as calculation skills, reading and comprehension, the aim of this research is to determine developmental trend of verbal short-term and working memory in preschool children.

Method: The sample consisted of 75 children with typical development, between 4 and 6.11 years of age ($M=5.052$, $SD=0.814$), distributed into three equal age groups. There were 39 (52%) boys and 36 (48%) girls. Verbal short-term memory and working memory were assessed by span tasks. Short-term memory was assessed by Digit span forward, while working memory was assessed by Digit span backward. The number of correct responses and the achieved level-span were recorded.

Results: Analysis of the results revealed a statistically significant correlation between age and verbal short-term ($r=0.503$) and working memory span ($r=0.639$). The results of analysis of variance showed that age was a significant factor of short-term memory score ($p\leq 0.000$; partial $\eta^2=0.251$) and span ($p\leq 0.000$; partial $\eta^2=0.250$), as well as working memory score ($p\leq 0.000$; partial $\eta^2=0.451$) and span ($p\leq 0.000$; partial $\eta^2=0.403$). Post hoc analysis revealed that significant developmental progress in short-term memory occurred after sixth year of age ($p=0.028$). In the domain of verbal working memory, developmental changes were more pronounced, and they were present in every age group ($p=0.004-0.000$).

Conclusion: Knowing the developmental trend of verbal short-term and working memory on span tasks can enable early detection of children with developmental delay and timely implementation of the stimulation program.

Key words: verbal short-term memory, verbal working memory, span tasks, preschool children

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CHARACTERISTICS OF LANGUAGE IMPAIRMENT AND RECOVERY OF LANGUAGE ABILITIES IN CHILDREN WITH TRAUMATIC BRAIN INJURY

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Research subject: Traumatic brain injuries (TBI) are the most common type of acquired brain injury in children. Sustaining a TBI in childhood has been found to cause persistent and complex cognitive impairments, including chronic language disorders. Language disorders may be manifested in all linguistic domains: phonology, vocabulary, syntax, morphology and semantics. Higher-order language is also impaired in TBI, including discourse skills and understanding of non-literal concepts. Considering the varied and often widespread nature of brain white matter damage, the neural correlates of language impairments after TBI remain elusive.

Method: In this work, we discuss the acquired language disorders after acquired pediatric brain trauma. The language impairment characteristics across different linguistic domain, as well as impairment discourse skills are described. We also discuss language impairment in relation to co-morbidity.

Results: The factors which affect language outcome are presented in this study, as well as the nature of residual language deficits. The correlation between language impairment and severity of brain injury is pointed out. It is showed that language ability is compromised in the years after pediatric TBI. Chronic language impairments more frequently appear in children with moderate and severe brain injury in comparison to children with mild injury.

Conclusion: Children with language impairment who have dysarthria or deficits in executive functions have a higher risk for poor language outcome compared to the children without this co-morbidity. Children with acquired brain injury need assessment, detection and management of language impairments during the acute phase in order to optimize longer-term functional recovery.

Key words: children, acquired language impairment, traumatic brain injury, recovery

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PREDICTORS OF QUALITY OF LIFE OF FAMILIES WITH CHILDREN WITH CEREBRAL PALSY – IMPLICATION FOR EARLY INTERVENTION

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Research subject: During the last two decades, families have been increasingly encouraged to take continuous care of their child with cerebral palsy. Consequently, the way of changing of family life and its quality has become a research subject in disability studies.

Method: The aim of this study was to explore the impact of child, family, environment and service support characteristics as potential predictors on the quality of life in families with children with cerebral palsy residing in the Republic of Serbia. The sample was recruited using convenience sampling and consisted of 110 families of children with cerebral palsy, of both genders, between 7 and 18 years of age ($M=12,67$, $SD=3,41$). A hierarchical multiple regression was calculated to predict family quality of life based on four sets of independent variables. Child and family characteristics, frequency and magnitude of perceived physical, attitudinal, and policy barriers, and parental perceptions and experiences with professional support were included.

Results: Child's challenging behavior was one of the strongest predictors of the quality of family life, $b=-.29$, $t(106)=-3.18$, $p<.01$. The household income also accounted for a significant proportion of unique variance in predicting the quality of family life, $b=-.21$, $t(106)=-2.17$, $p<.05$. Moreover, household income was no longer a significant predictor when the extent of challenging behavior exhibited by the child and the magnitude of perceived environmental barriers entered the regression model. The results confirm that household income and perceived everyday care-giving difficulties are associated with the reduced quality of family life.

Conclusion: The conclusion underlines the importance of the environment in improving the quality of family life. However, the reinforcing intervention in the domain of environmental barriers could contribute to the quality of family life by overcoming the lower income and behavioral problems.

Key words: quality of family life, cerebral palsy, predicting, environmental impact

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QUALITY OF LIFE ASSOCIATED WITH VISUAL STATE OF CHILDREN FROM THREE TO SEVEN YEARS OF AGE

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Research subject: Visual impairment, along with social factors, can lead to developmental difficulties and can slow down the acquisition of daily life skills. Due to losing the picture of “a perfect child”, parents of children with visual impairment may lose self-confidence, which has a negative impact on the quality of family life.

Method: The aim of this paper was to determine the quality of life associated with visual impairment in children from three to seven years of age. Children’s Visual Function Questionnaire (CVFQ) was used in this research. The questionnaire included questions related to the child’s vision and health, the influence of visual state on the child’s activities, parent’s reactions to difficulties related to the child’s visual and social functioning. The questions were divided into four subtests: Competence, Personality, Family Impact and Treatment Difficulty. The questionnaire was completed by 46 parents (29 mothers and 17 fathers) of children with visual impairment from three to seven years of age. Most children had a mild form of visual impairment (28; 60.9%), ten had low vision (21.7%), and eight were blind (17.4%).

Result: Descriptive statistics used in data processing were the following: arithmetic mean, standard deviation, minimum and maximum score. The significance of differences in achievements on the applied questionnaire was tested by the analysis of variance (ANOVA). It was determined that age, causes of visual impairment, and the degree of the impairment did not have a significant influence on the quality of life of these children and their parents. Time of onset of visual impairment had an impact on the quality of life and performing daily activities ($p=0.027$), as well as the presence of multiple disabilities ($p=0.017$). Unemployed mothers, compared to employed ones, significantly better evaluated visual functioning of their children ($p=0.012$).

Conclusion: The process of early intervention should be preceded by the evaluation of the child’s development and family needs. It should be focused on the family, family concerns and priorities.

Key words: visual functioning, quality of life, family, child with visual impairment

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EARLY INTERVENTION OF CHILDREN WITH DEVELOPMENTAL COORDINATION DISORDERS

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Research subject: This research focuses on developmental coordination disorders in primary school children and aims to highlight the need for early intervention in children with this disorder. The prevalence of developmental coordination disorders and the presence of associated difficulties in academic skills were analyzed. The tendency of spontaneous maturing in overcoming the disorder in light of importance of the involvement in early intervention program was discussed.

Method: The sample consisted of 331 pupils of both sexes, between 7.3 and 11 years of age, with no neurological deficits, psychiatric disorders, somatic or sensory impairments, and of average and above average intellectual capacity. The Protocol of motor functioning was used to establish developmental coordination disorder and the Protocol for basic academic skills evaluation was used to determine the quality of writing, reading and numeracy.

Results: In 5.1% of the sample a motor disorder was found ($SD < 2$) and 11.5% manifested elements of the disorder ($SD < 1$). Coordination disorder was equally present at different ages and the associated difficulties in academic skills were manifested at all ages with varying distribution and complexity. Two students were included in the preschool program of professional support while eight were supported in learning by a school teacher, and nine through developmental rehabilitation by a special educator.

Conclusion: Based on the prevalence of the disorder at early school age, it is very important to include these children in early intervention programs in various areas in order to prevent the disorder, alleviate the difficulties and prevent secondary disorders.

Key words: developmental coordination disorder, academic skills, early intervention

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THE IMPORTANCE OF ORAL-FACIAL MOTOR MOVEMENTS FOR CHILDREN SPEECH DEVELOPMENT

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Research subject: The research aimed to determine the indicators which could be used for early detection of possible articulation disorders (speech disorders), and based on which children could be timely included in the appropriate preventive programmes.

Method: The basic method of the research was an experimental design with two parallel groups: the experimental group consisting of 30 children who had an articulation disorder diagnosed and the control group consisting of 30 children with normally developed speech – articulation. The observed indicator was the development of oral-facial motor movements (if the child can perform the movement shown to him / her or not). In order to establish the quality of the developed movement and the intensity of the present disorder, we used the standardized oral praxis assessment test. The test consists of 21 items. Each item represents one motor movement (of the oral-facial region), which the child should repeat after the movement has been demonstrated by a speech therapist.

Results: The average number of correctly / well-made movements in the control group was larger ($M=19.6\pm 2.20$) in comparison with the experimental group ($M=18.1\pm 3.64$). At item no. 8 (Put the tongue between the teeth and lower lip), the movement existed in all control group subjects (100%), while it did not exist in 20% of the experimental group subjects, and it existed partially in 3.3% of the subjects, which means there was a statistically significant difference between the two examined groups ($\chi^2=7.92$, $p<0.05$). There was also a statistically significant difference regarding the possibility to make tongue movements, item no. 18 ($\chi^2=10.17$, $p<0.01$). This movement existed in 93.3% of the control group subjects and in 60% of the experimental group subjects.

Conclusion: Motor movements of oral-facial region are significantly worse in children with articulation disorders in comparison with the children with normal / good articulation.

Key words: oral-facial region, speech, articulation development

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SEMANTIC CATEGORIZATION IN PRESCHOOL CHILDREN

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Research subject: During the developmental period, a child forms categories based on similarities and differences; at first according to perceptual properties of objects, and later according to semantic relations among the concepts. These relations can be based on thematic or taxonomic relations. According to the results of some researches, transition from thematic to taxonomic categorization occurs around seven years of age, while results of other studies indicate that taxonomic relations emerge earlier, between the ages of four and five.

Method: The aim of this research is to determine the developmental trend of semantic categorization in preschool children. The sample consisted of 75 children with typical development, between 4 and 6.11 years of age ($M=5.052$, $SD=0.814$). There were 39 (52%) boys and 36 (48%) girls distributed into three equal age groups. Data on age and preschool level were obtained by analyzing the records of the preschool pedagogical-psychological service. Categorization was assessed by applying the tasks of free classification and initial categorical flexibility, in which it was needed to independently sort concepts according to the selected criteria; multiple-choice tasks, in which it was needed to choose a response from the group of offered possibilities; and elimination tasks, in which it was required to identify the element that did not belong to the group. Performance was recorded, as well as the type of responses.

Results: By applying multivariate analysis of variance it was found that age was a significant factor of total achievement on categorization tasks ($p \leq 0.000$), explaining 31% of variability. Statistically significant relation was determined between age and categorization ability in the domain of initial categorical flexibility ($p=0.050$) and implementation of perceptive ($p=0.012$), thematic ($p=0.005$) and taxonomic ($p \leq 0.000$) approach to categorization. Post hoc analysis revealed that significant difference in establishing taxonomic relations occurred between the ages of four and five ($p=0.046$).

Conclusion: According to the results of our research, taxonomic relations among concepts start being established between the fourth and the fifth year of age, which can represent a guideline for activity programming for preschool age-children.

Key words: thematic categorization, taxonomic categorization, preschool children

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TOTAL PHYSICAL RESPONSE METHOD IN TEACHING FOREIGN LANGUAGES TO DYSLEXIC CHILDREN

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Research subject: This paper deals with the problem of teaching English language to primary school children who have been diagnosed with dyslexia.

Method: The aim of this research is to investigate positive effects of Total Physical Response method in teaching a foreign language to dyslexic children. The authors of the paper believe that second language learning and teaching should follow the natural process of language learner and therefore recommend combination of verbal and motor activities based on Stephen Krashen's Natural Approach and James Asher's Total Physical Response method. The survey was conducted on the sample of four dyslexic children of the second grade of primary school during six months. The students attended English classes in a private school twice a week and followed the instructions according to the principle of Total Physical Response. They acquired language through motor movements. As opposed to the majority of second language teaching methods that favor left-brain learning, Total Physical Response focused on the learning process of the right-brain. Language production, represented by the left hemisphere, was to follow naturally after sufficient right hemisphere learning accomplishment.

Results: Students' English language knowledge was assessed by KET test at the initial and final testing. The results of Wilcoxon test and Z scores indicated statistical significance at the level $p=0.05$. Teaching supported by kinesthetic-tactile activities caught dyslexic students' attention, interest and made the information more likely to be remembered.

Conclusion: Movement supported remembering. Repetition helped memory associations to become stronger and more easily recalled. Therefore, kinesthetic learning is strongly recommended.

Key words: natural approach, second language acquisition, dyslexia, motor activity

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TREATMENT OPTIONS FOR CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

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Research subject: An increasing number of children with ADHD and evidence that in one third of cases it progresses into delinquency, means that early intervention is necessary. However, the complex nature of ADHD syndrome and often the presence of co-morbid disorders make it more difficult to find appropriate forms of treatment for children with ADHD and create the need for interventions aimed at their parents, teachers and broader social environment.

Method: Although many types of treatment are applied, their effectiveness is rarely evaluated. Thus, in this paper we consider the interventions related to direct work with children and with their parents and teachers that have a preliminary empirical support.

Results: Treatment of ADHD does not mean cure in medical sense, but reduction of symptoms of attention deficit, impulsivity and hyperactivity, and improvement in the aspects of emotional and behavioral functioning of children. The most common approaches to the treatment are cognitive and behavioral, or their combination; individual and group forms of psychotherapy and counseling, and training in family and school environment are also applied; and pharmacotherapy in psychiatric practice.

Conclusion: In planning treatment, beside considering child's and family's strengths and weakness, we ought to take into account: the child's age and development level, the most salient areas of deficit that cause difficulties in adjustment and development, pervasiveness of symptoms and their situation variability and co-existing disorders. In general, multi-method approach and the presence of integrative interventions in different environments enable the best results.

Key words: ADHD, children, parents, teachers, treatment

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VOCABULARY DEVELOPMENT IN CHILDREN WITH SPEECH AND LANGUAGE DISORDERS AND CHILDREN OF TYPICAL LANGUAGE DEVELOPMENT: PRELIMINARY EXAMINATION

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Research subject: Vocabulary development is a dynamic process that changes with age, both in quantity and quality. In addition to age, the dynamics of the vocabulary may be affected by other factors such as the environment, intellectual abilities and parent's education. The aim of this paper was to determine the effect of age on vocabulary development in children with the disorder of speech and language development and children with typical language development.

Methods: The sample consisted of 362 children of both sexes, 5 to 7 years of age. Using Articulation Screening Test and the Test strip tale, we isolated a sub-sample of 32 children with speech and language disorders, who made the experimental group. According to this, the control group comprised 32 children matched by age and sex. The examinees were divided into three age categories. Vocabulary development was estimated by the Semantic test and the Vocabulary test. The research was conducted in kindergartens and schools in Foca in 2016.

Results: When it comes to the total score, there was no statistically significant difference between different age groups on the Semantic test in the experimental group. However, the comparison of the total score on the Vocabulary test, using ANOVA showed significant differences between the examinees five (54.50 ± 3.50) and six (72.23 ± 3.26) ($p = 0.001$), six and seven (88.00 ± 4.35) ($p = 0.001$), and five to seven years of age ($p = 0.001$), while elder age categories showed significantly higher value compared to younger categories. On the other hand, in the control group there was no statistically significant difference in the total score on the Semantic, or on the Vocabulary test, between different age groups.

Conclusion: Using the Vocabulary test, it was found that age significantly affected the development of vocabulary in children with disorders of speech and language development, while in the control group that effect was not established. The results suggest the need to examine the development of vocabulary on a larger sample within age categories.

Key words: expressive, age, children, speech and language development disorder, typical language development

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RISK FACTORS OF SPEECH AND LANGUAGE PATHOLOGY IN CHILDREN ON EARLY INTERVENTION PROGRAM; CROATIA EXPERIENCE

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Research subject: Various factors may cause deviations in children's early communication and speech and language development. The aim of the study was to examine the most frequent risk factors in speech and language pathology in the children included in the program of early intervention.

Method: The sample consisted of 65 children (CA= 1;06 to 3; 11 years) involved in the program of early intervention at Logopedski kabinet Blazi (Private practice of speech and language pathology) during 2016. The collected data also included age, gender and evidence about who refers the child to the early intervention program.

Results: The most frequent risk factor refers to complications at birth ending in premature birth, induced birth, C-section or vacuum extraction. Consequently 40% of newborns end up with having some form of perinatal infection, intracranial bleeding, hypoxia or asphyxia. Other risk factors refer to complications in pregnancy, positive family history of difficulties in communication and speech-language development and postpartum complications occurring within the first 3 months of life such as newborn jaundice, dystonic syndrome, infections. A lot of children included in the intervention program were between the ages of 2;00 and 3;00. As much as 80% of the parents included their child motivated by self-interest due to concerns about communication and speech and language development.

Conclusion: The study confirms the literature references to risky pregnancy with complications at birth and a positive family history of risk factors that require inclusion in the early intervention program. The data shows that Croatia needs to make further efforts to raise awareness among experts (pediatricians) about the risk factors for deviations in communication and linguistic development and the need for early intervention.

Key words: risk factors, early intervention, language development

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AUDITORY DEVELOPMENT OF PRETERM BABIES: EARLY AGE EVALUATION CRITERIA

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Research subject: A significant progress in neonatal care for preterm babies in recent decades has tremendously improved the survival rate of extremely and considerably premature babies. On the other hand, it has increased the rate of sensory deficits and developmental disorders that can be observed in early childhood.

Method: The objective of the study was to establish evaluation criteria for auditory development of preterm babies at an early age. Investigation was conducted longitudinally in order to follow-up auditory development of preterm babies during the first year of life. The LittleEars® auditory questionnaire was used for evaluation of auditory behavior in babies in pre-verbal phase. The sample in the study consisted of 150 preterm babies, whose auditory development was monitored at the Institute for Neonatology in Belgrade.

Results: The results of the study have shown a significant impact of gestational age at birth on auditory development of preterm babies. Babies born in later pregnancy have shown better auditory performance at all ages as compared to earlier preterm newborns. The analysis of auditory development in function of corrected and chronological age has shown that correction factor of + 0.39 points for starting point should be applied for each week of gestation and +0.41 points should be added to the timeline during the first year of life of premature babies.

Conclusion: According to the obtained results, preterm babies could be expected to achieve age appropriate auditory performance during the second year of life. The expected trend of auditory development becomes stable after 12 months of age, so only partial correction should be applied. Between 15 and 18 months of age prematurely born babies should achieve milestones of the term babies. Defining evaluation criteria for auditory development of preterm babies is extremely important in order to avoid delayed diagnosis of deviation from typical auditory development.

Key words: auditory development, preterm babies, hearing impairment, early detection, early intervention

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PARALLEL SESSIONS II
STRATEGIES AND CHALLENGES IN EARLY
INTERVENTION SYSTEM

PARALELNA SESIJA II
STRATEGIJE I IZAZOVI U SISTEMU
RANE INTERVENCIJE

EARLY CHILDHOOD INTERVENTION PRACTICES IN THE STATE OF SÃO PAULO, BRAZIL

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Research subject: Despite the recognition of the systemic, ecological and family-centered model, as the one that produces better effects, in Brazil, the Early Intervention practices appear to develop focused on the needs of children, prioritizing interventions guided by their problems and developed from a rehabilitative model. It is also noted that, the scientific literature is scarce, which points to the need for further research. In this context, this study aimed to identify practices developed by the Early Intervention services for children from zero to five years of age, in the state of São Paulo, Brazil.

Method: The study was developed in two stages: identification and characterization of early intervention services and identification of the developed early intervention practices. Data were collected through questionnaires (first stage) and interview (second stage). Descriptive statistics and content analysis methodology, in the thematic analysis mode, were used for data analysis.

Results: The results indicate that Early Intervention practices remain being developed within the rehabilitation model, geared to the deficits presented by the children. The participation of families in the services proved to be limited because of the hegemonic role played by professionals in relation to the intervention process. It also revealed the existence of differences between the recommended practices in the child care networks and those that are developed by the services. Regarding the existence of practices implemented in the natural context, the results showed that these have been limited to observations and guidelines.

Conclusion: Finally, the study identified a number of gaps in the process of training and continuing education of professionals that worked in Early Intervention. These results point to practices similar to those described in studies in countries such as Peru and Spain, and those identified in the United States and Portugal before the restructuring of their services. From these results, the need to transpose this care paradigm is discussed, which can only be achieved with investments ranging from professional training and qualification to the elaboration, implementation and evaluation of public policies aimed at directing Early Intervention practices.

Key words: early childhood intervention, family, practices, child development

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SYSTEM OF EARLY INTERVENTION IN TURKEY

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Research subject: Special Education is the training that is implemented in the environment which is suitable for the disabled children through the help of qualified personnel and special development program.

Method: The purpose of this paper is to describe the structure of special education and early intervention system in Turkey and current developments within the early intervention field. The topics include a brief history of early intervention services, an overview of special education laws and regulations, as well as a summary of efforts around inclusion in early childhood and current directions in kindergarten.

Results: We conclude by noting several challenges in the ongoing improvement of the quality of early intervention system in Turkey. Preschool education of children with special needs in Turkey preschool education is an obligation for 32-72 months old children whose requirements for special education are defined. There is equality of opportunity in education.

Conclusion: This article presents the developments and current status of early intervention education in Turkey.

Key words: special education, kindergarten, early intervention

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EXPLORING INNOVATIVE APPROACHES TO POST GRADUATE EDUCATION IN EARLY INTERVENTION FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES

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Research subject: Recent developments in the field of Early Intervention have acknowledged the development of family centeredness (Dunst and Espe-Scherwindt, 2016) and the benefits of a trans-disciplinary approach as an effective tool in facilitating this concept. Trans-disciplinary models of practice support a more family centred, coordinated and integrated approach to meeting the needs of children with disabilities and their families. In an approach to developing optimal team practices in Ireland, there are challenges facing trans-disciplinary approaches (King et al, 2009). Imms et al. (2016) suggest a new model focusing on participation and engagement as a process and a product of health and education services when supporting children with disabilities.

Method: This paper draws on innovative approaches to post graduate education designed to move from traditional teaching models to twenty first century pedagogical innovation. We adopted a trans-disciplinary approach to an innovative Summer School as part of the approach to addressing inequities in policy and practice relating to supporting young children with disabilities and their families. Five disciplines were included in the instruction team in the approach to a weeklong summer school in fulfillment of the Master's Degree in Education in Early Intervention. On the fourth day, the instruction team facilitated simulation through scenarios by demonstrating a transdisciplinary approach to assessment using the McWilliam's (2016) Routines Based Intervention Protocol. The students and instruction team shared their experiences via interviews which were analysed using thematic analysis.

Results: Emerging findings include participants' perceptions and understandings of their role as shifting from a deficit orientation towards adopting strengths based and empowerment stance. Students increasingly re-evaluated their perceptions of disability and moved towards a social model, acting as a facilitator of family centeredness in Early Intervention.

Conclusions: There is potential for the use of trans-disciplinary approaches to Early Intervention in mainstream services including education. This innovative project transformed participants' knowledge and capacity to engage with families of children with additional needs. Trans-disciplinary practice has potential to enhance the inclusion of children in a variety of settings.

Key words: trans-disciplinary approach, pedagogical innovation, education in early intervention

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EFFECTIVENESS OF SELF-EDUCATION OF PARENTS IN REDUCING EXTERNALIZING PROBLEMS IN PRESCHOOL CHILDREN

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Research subject: The results of longitudinal studies reveal that the normative developmental trajectory of externalizing problems is characterized by gradual decline after the second year of life. However, in 5–10% of children a high level of externalizing problems is maintained during the preschool age. In the conceptual framework for studying the continuity and stability of externalizing problems in childhood parenting has a central position. Previous research confirmed that inadequate parenting can contribute to maintaining and increasing the frequency and severity of externalizing problems in children. Accordingly, most of the authors stand parent education as the most effective intervention in the prevention and reduction of externalizing problems in preschoolers.

Method: The main aim of this paper is to summarize the scientific knowledge on the effects of parental self-education on externalizing problems in preschool children. Insight into the current knowledge of the effectiveness of this intervention was achieved by analyzing the results of the published meta-analyses, systematic literature reviews and studies of single programs.

Results: Results of the analysis suggest that self-education of parents can significantly reduce externalizing problems in preschoolers.

Conclusion: Education of parents usually takes the form of training that is based on social learning theory and focuses on changing the behavior of parents to provide adequate responses to behavioral problems and encourage cognitive, social and emotional development of the child. Parent training can be applied individually, in groups or in the form of self-education of parents through books, audio and video materials, Internet etc. There is great interest in contemporary practice for parental self-education primarily because of the opportunity to meet the needs of more families at a lower cost. In addition, common limitations in parent training, such as a small number of experts in this field and long waiting list, high dropout rates of parents due to the requests to regularly attend sessions etc., could be overcome by self-education.

Key words: externalizing problems, preschoolers, parent training, self-education

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LEADING THE TRANSFORMATION PROCESS TO A FAMILY-CENTERED EARLY INTERVENTION APPROACH IN THE PRINCIPALITY OF ANDORRA

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Research subject: In the Principality of Andorra, there has been a strong focus on the paradigm shift in health care, and the purpose of this presentation is to show early intervention practices transformation in this little country with nearly 85.000 inhabitants.

Method: The paper aims to present the Impuls Early Intervention Program, a service which belongs to Nostra Senyora de Meritxell center for disability services.

Results: The Impuls Early Intervention Program is the main early care service that is attending to almost entire population of children with disability or developmental delay in the country. Since 2016, the goal is has been to progressively get out of an outmoded clinic-situated, child-centered, professional-driven approach and enter a routine-based, family-centered, and functional approach. Currently, the practices in our service are in majority of cases merged in the main natural environment including homes and kindergarten or preschool centers, with a collaborative consult approach. The shifting process is being guided by the recommendations published by Dunst in 2015 for in-service professional development in early childhood intervention: Explicit explanation of the contents and practice; Active participation with opportunities to practice and participate in the evaluation of experiences; Spaces for reflection on what has been learned and mastery of practice; Accompaniment, support and feedback from a counselor during training; Continuous supervision to help and reinforce the teachings; Training of sufficient duration and intensity to ensure the use of practice; Include all or most of the keys described to maximize effectiveness.

Conclusion: The field is facing many challenges because of the broad complexity of the process that needs comprehensive systems of professional development, support by the organization and profession with outcomes measures and developing evidence based practice, collaboration and coordination among main stakeholders, and involvement by policies and public resources. Those interactive dimensions are crucial for actions on family centered practice, especially in public services.

Key words: early childhood intervention, family centered approach, transformation

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MONITORING CHILD DEVELOPMENT IN BRAZIL: PERSPECTIVES ON INTER-SECTORIALITY

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Research subject: This study is a product of the second stage of the project funded by the State of São Paulo Research Support Foundation and Fundação Maria Cecília SoutoVidigal, entitled Monitoring Child Development under the Capacity-building Family Centered Model. It is included in the field of integral care of Child Development of children from 0 to 3 years of age and within the scope of public childcare policies.

Method: The goal of this stage of the study was to identify a city within a set of six municipalities that compose the São Paulo Program for the Primary Childhood in the São Carlos region, which had the greatest potential to develop actions aimed at a perspective of inter-sectorial work in the integral attention to the child and with emphasis on the needs of the families. An interview was conducted with 17 professional members of teams from health, education and social assistance areas of the six municipalities, in order to identify actions and factors that facilitate Child Development monitoring.

Result: The results were quantitatively analyzed blindly by three experts from the Child Development area and the interviews were scored using pre-established criteria; and qualitatively through content analysis. The six municipalities received a final score and were ranked; a municipality was selected that best met the pre-established interview criteria: holistic vision of the child, identification of risks to Child Development, use of monitoring and training tools, service as a promoter of Child Development, inter-sectorial work, family access to services and resources for Child Development related actions. The selected municipality will participate in the third stage of the study, which will consist of the development of the Child Development Monitoring System, based on The Capacity-building Family Centered Model.

Conclusion: It can be concluded that the results constitute advancement in the research on Child Development monitoring in Brazil.

Key words: integral care, monitoring, families, child development, inter-sectoriality

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OCCUPATIONAL THERAPY FOCUSED FUNCTIONAL ACTIVITIES IN EARLY CHILDHOOD TO REDUCE SEDENTARY LIFESTYLES: COULD THIS BE A COMBATING FACTOR FOR OBESITY IN EARLY CHILDHOOD?

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Research subject: Research suggests that children who are obese in early childhood may be likely to be obese as adults. Obesity may reduce a child's opportunity to meaningfully engage in childhood occupations and is becoming an emerging area of occupational therapy practice. Levels of childhood obesity are on the increase resulting in many associated health and participation challenges worldwide. In some cases co-morbidity between obesity and certain childhood disabilities exists. This paper explores literature associated with occupational therapy, sedentary lifestyles and childhood obesity in early childhood, with a particular focus on investigating daily routines and interventions used with children to address obesity in home and special educational settings.

Method: A review of occupational therapy literature was conducted using combined search terms of "routines", "activity" "sedentary lifestyle", "occupational therapy", "obesity", "childhood obesity", "intervention", "participation" "disability", "special education" and "children". Databases searched were CINAHL Plus, Psych info, Medline (EBSCO) and EMBASE.

Results: There appears to be a perceived correlation between sedentary lifestyles and childhood obesity, with children living more sedentary lifestyles due to increased screen time and video games, with environmental factors also contributing. Correlations exist between the decrease of physical activity and growing obesity trends. There appears to be a focus on increasing participation in physical activity to prevent obesity and / or to achieve weight loss. Environmental modifications including increasing physical activity were indicated as occupational therapy interventions. Interventions occur at community or school level.

Conclusion: There appears to be a correlation between sedentary lifestyles and childhood obesity. Further research on this area is warranted especially in early childhood. Adopting a more active lifestyle, in conjunction with modifying dietary intake, has potential to contribute to reducing obesity in early childhood. There is a health promotion role for occupational therapy when working in this area of practice.

Key words: childhood obesity, sedentary lifestyles, occupational therapy

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PARTICIPATION OF PRE-SCHOOL CHILDREN IN HOME AND COMMUNITY ACTIVITIES

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Research subject: The main goal of the present study was to promote an understanding of the levels of participation of preschool children at home and in the community setting, describing the differences between eligible children supported by Special Education Service and / or by the National Early Intervention System and non-eligible children.

Methods: Parents of 116 children from the Metropolitan Area of Porto (Portugal) completed an adapted version of the Young Children's Participation and Environment Measure (YC-PEM; Khetani, Coster, Law & Bedell, 2013). Forty-two of the 116 children were eligible and had support of Special Education and / or of the National Early Intervention System. To assess the children's functioning, their pre-school teachers completed 6 items of the Matrix for Assessment of Activities and Participation (MAAP; Castro, Pinto & Figueiredo, 2013), corresponding to 6 code sets of the ICF-CY Developmental Code Sets (Ellingsen & Simmeonsson, 2011).

Results: The results showed that eligible children had lower levels of functioning (Mdn = 16.00), when compared to non-eligible children without additional support (Mdn = 23.00; U = 2.679,00, z = 6.365, p < .001, r = -0.45).

Conclusion: The results are analyzed and discussed with reference to the bio-psychosocial model of the ICF-CY (WHO, 2007), considering the implications to inclusive practices in Early Childhood Education.

Key words: environment, functionality, inclusion, participation

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A BABY WITH CEREBRAL VISUAL IMPAIRMENT: CASE STUDY

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Research subject: Cerebral visual impairment (CVI) is a term often used to describe a visual impairment that occurs because of injury or damage to the brain, such as neurological vision loss, brain-damage-related visual impairment, and vision loss due to traumatic brain injury (American Foundation for the Blind). During the last decade, vision loss due to brain damage has been given increasing attention.

Method: A boy with a neurological problem and a functional vision loss was included in our initial assessment and an early intervention program was presented.

Results: The results of functional vision before and after the intervention program were presented with the introduction of implemented early intervention procedures. Characteristics of cerebral visual impairment and elements of a team approach were, also, emphasized.

Conclusion: Children with CVI are a heterogeneous population with a spectrum of visual abilities. Since children with CVI frequently have additional disabilities, they are often misdiagnosed. For early and better detection, recognition and intervention, professionals should be familiar with basic characteristics of CVI and have the opportunity to implement the team approach. The team approach is a crucial element in diagnostic procedures.

Key words: cerebral visual impairment, detection, intervention, team approach

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QUALITY OF EARLY INTERVENTION SERVICES UNDER FAMILY'S PERCEPTION

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Research subject: This paper presents only a part of the huge work, and the focus is on the quality of early intervention service. Some authors such as Duns, among others, defined family-centered practices as quality interventions in early intervention services.

Method: Dr. Mc William developed a check-list (Family Finesse, 2015) that identifies how early intervention is implemented, from clinical model to family-centered practices model, and thus allows families to make an evaluation from 1 to 7, to decide what the practices they are currently receiving in their early intervention center are like, and what the ideal intervention that they would like to receive for their child with developmental delay and / or their family would be.

Results: Based on these assessments and with the perception of 194 Spanish families coming from different early intervention centers, all located throughout the Spanish territory in almost all its autonomous communities, we have carried out an Exploratory Factorial Analysis of the Family Finesse Scale.

Conclusion: We have extracted, without forcing, the main components or factors in both typical practices and in ideal practices. Through factors identified in our professional practice, we can determine the quality of early intervention services today.

Key words: quality, early intervention, family, exploratory factor analysis, empowerment

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SENSITIZATION OF THE SOCIAL ENVIRONMENT IN KINDERGARTENS AS ONE OF THE FUNDAMENTAL PRINCIPALS OF WORK IN EARLY INTERVENTION IN CHILDREN WITH VISUAL IMPAIRMENTS

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Research subject: Early treatment of special needs children has not yet been completely systematically regulated in Slovenia, however, the system is relatively well designed for children in kindergartens. Children with visual impairments are entitled to additional expert assistance in the duration of up to three hours, which includes one hour of consultancy services and up to two hours of direct work with the child in or outside of the department.

Method: In this article, we discuss the problem of sensitization of the social environment in kindergartens and analyze the most important activities in the assistance range, which ensure a successful inclusion. The latter includes working with educators (teachers, teaching assistants and consultants) as well as the child's peer group. It is essential for educators to get to know the child's functioning and the degree and type of the impairment before the child enters the kindergarten.

Results: Educators of the Center IRIS usually present the child's functioning to the employees of the kindergarten during its preparation for the admission of a child with visual impairment and invite them to »open days« of our kindergarten where the information on the ways and types of support for the child and the inclusive environment provided by the Center IRIS are all gathered in one place. We also organize more in-depth seminars as a part of regular professional training, where educators receive fundamental knowledge on blindness and visual impairment. Educators exchange specific knowledge regarding particular needs of everyday work and examples of good practice when they join the group of kindergarten educators that work with children with visual impairments and who come from all over Slovenia. The group meets a few times a year. In parallel to the education of kindergarten educators, work with the child's peer group takes place. The work with the peer group includes a wide spectrum of activities with regard to individual needs.

Conclusion: It is essential to recognize and correct risk factors of an individual child and create an inclusive environment where children with visual impairment can actively participate and develop their potential.

*Key words: kindergarten, educators, peers,
child with visual impairments*

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TRANSITION AND SUPPORT PROGRAMS FOR PRESCHOOL AND SCHOOL CHILDREN

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Research subject: This paper discusses the Transition programs which are regularly offered in the developed countries for children who need support when starting kindergarten and / or school. Usually, they are the so called intervention programs, with elaborated strategies and goals for a group, and / or for each child. In some countries, such as Croatia, there are not many programs that offer support in transition to kindergarten and / or school. Usually those institutions do not even have experts to help children that are experiencing some difficulties – from behavioral, biological / physical to socializing difficulties.

Method: The paper aims to present the main elements of our model of a transition program for preschool and school children.

Results: Guided by the lack of support, we have begun some transition and support programs, hoping to provide adequate support to children and families when experiencing some difficulties before entering mandatory educational system – kindergarten and school, but also to provide support during schooling.

SPUŽVICA – small groups of kids that need guidance in learning social skills, dealing with everyday situations, learning to accept emotions and acting accordingly, building self confidence and better communication skills.

ŠKOLICA – preschool transition program in form of small groups of kids who are learning about school, making transition from kindergarten to school less stressful for them and creating positive environment for school

UČILICA – support program for school kids who are experiencing some difficulties during schooling

Conclusion: The presented transition and support programs ought to be considered as addition tools to expert support in preschool and school institutions.

Key words: transition, support, programs, school, kindergarten

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A QUALITATIVE EXAMINATION OF FAMILY-CENTERED PRACTICE IN EARLY CHILDHOOD: INTERVENTION IN THE UNITED STATES

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Research subject: The important issues to be paid attention in terms of the education given to the families of children with special needs are that the education given should be determined according to the needs of the families, that it can respond to the families' cultural structure, strengthen it and enhance the quality of life and foresee the cooperation between specialists and family (Bailey, Raspa, Fox, 2012; Dunst, 2002; Carl, Bruder, Espe-Sherwindt, 2014; Kummerer, 2012). It has been proved with research data that family-centered practices involving these issues increase the life quality of children with special needs and their families.

Method: This research aims to evaluate the family-centered practice used frequently in the U.S.A. for supporting children with special needs and their families in terms of family views. In this research, a qualitative research method was used and data was collected from more than one data resource. Twelve parents (10 mothers, 2 fathers) whose children go to a center where family-centered practices are conducted in the U.S.A, participated in the research. Help Giving Practices Scale, Family Needs Scale and semi-structured questions about family centered practices were applied to the participants. Research data was analyzed with descriptive analysis.

Results: The findings revealed that the families participating in the research realized their needs and strengths, started to see themselves more positively, find solutions faster when facing a difficulty and go into action with the help of family centered practice. The families mentioned that they cooperated with specialists when they needed a resource for their children or when there was a situation requiring a change. Also, they stated that specialists played an active role in improving family members' capacities and using them.

Conclusion: The families mentioned that specialists conducting family centered practice were far more qualified and cared for them better. According to the research it appeared that families' initial need was financial and social support.

Key words: family centered practices, early childhood intervention, children with special needs

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EFFECTS OF EARLY INTERVENTION ON NEURODEVELOPMENTAL OUTCOMES IN TODDLERS

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Research subject: Prenatal, perinatal and postnatal risk factors can play an important role in developmental delay. Infants with those risk factors are referred to a child physiatrist to monitor motor development and in the case of motor delay, they start the rehabilitation process. Today it is known that many children do not outgrow their condition without intervention, therefore, they need early intervention as they are born.

Method: In this study, we aimed to evaluate the developmental outcome of hospitalized toddlers on the basis of applying psychomotor development test. Every child went through an assessment and rehabilitation by a multidisciplinary team – physiatrist, speech and language therapist, psychologist, special education teacher and physiotherapist. The study included 167 hospital-based toddlers who were treated in Zagreb, at the University Clinical Hospital Center Sestre Milosrdnice. The collected data included age, gender, birth weight, grade of intraventricular hemorrhage (IVH), and the number of hospitalizations at the Clinic. The dependent variable was neurodevelopmental status, measured by the psychomotor developmental test. It comprises two subtests – the first one examines motor difficulties and the second one examines other frequently accompanying difficulties, e.g. language.

Results: Number of hospitalizations statistically significantly correlated ($p < 0.001$) with the result in both subtests, even after adjustment.

Conclusion: The conclusion of this study is that the number of hospitalizations for the therapies and the support of a multidisciplinary team from the early age are of high importance for a child's progress in neurodevelopmental delay. Toddlers with motor difficulties always need broad clinical assessment and systematic follow-up, as it is not just related to the motor function, but also to cognitive development and the development of language and speech.

Key words: developmental delay, early intervention, toddlers, motor difficulties

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EXAMINING THE PROCESS OF STRENGTHENING FAMILIES OF CHILDREN WITH MULTIPLE DISABILITY VIA FAMILY CENTERED EDUCATION MODEL

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Research subject: Important issues in education provided to families of children with multiple disabilities are that education should be determined in accordance with the families' needs, respond to the cultural structure, strengthen the family and enhance the quality of life, and predict the cooperation between a specialist and the family. The family centered practices that are included in these issues proved to be effective with research data in increasing the life quality of children with special needs and their families. However, limitedness in the examined national literature stands out. The aim of this study is to examine the process of family centered education services provided to families of children with multiple disabilities in their early childhood.

Method: This research is designed as an action research. Three mothers and their children with a diagnosis of multiple disability participated in the research. Family Centered Family Education Support (FCFES) Program was built by making 13 family education sessions with interventions in school environment. Research data was gathered via diaries, field notes, documents, video records, interviews, voice records, control lists of mother-child games, socio-demographic information forms, session plans and observations.

Results: The data were analyzed by Systematic analytical analysis. The gathered data were read, summarized, descriptive analysis was done and comparisons were made. Data suggest that family centered family education approach contributes to satisfaction of mothers' needs and to their strengthening.

Conclusion: The results obtained indicate that this research will highlight the way of future studies.

*Key words: early childhood, children with disabilities,
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BUILDING SYSTEM OF EARLY INTERVENTION: FROM NOTHING, THROUGH CENTER BASED, TOWARD HOME BASED

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Research subject: This paper will provide information on the development of early intervention programs which are still rarely systematically funded in the Republic of Croatia. Regulating early intervention activities through three corresponding ministries also creates difficulties in contracting and harmonized provision of services. Non-existing intersectoral co-operation, inadequate legal regulations and a shortage of services and professionals require an extremely high level of proactive engagement of every individual and taking personal responsibility to provide quality and available services.

Method: The paper aims to present and elaborate the models of early intervention at MURID, Association for Early Childhood Intervention at Medjimurje County. Through the presentation of the MURID model, it will be pointed out by which processes and tools sustainability of early intervention programs can be created and how transformation from institutionally oriented to family oriented programs can be made.

Results: MURID was established as a result of perennial unsuccessful attempts to implement early intervention programs through every possible and available system in Medjimurje County. Since its founding in 2011 and until today, MURID has been profiled as a registered, contracted provider of social services for early intervention, assistance at inclusion into a regular education system and a half-day stay for children with autism spectrum disorders.

Conclusion: The impact of legal regulation to forming and financing early intervention programs on a national level, political and social support from legal authorities, as well as lack of experts are great challenges for the implementation of home based programs.

Key words: early intervention, center based, home based, MURID

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CHILDREN WITH AUTISM SPECTRUM IN THE SYSTEM OF SOCIAL WELFARE IN REPUBLIKA SRPSKA

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Research subject: According to data from social welfare services in the Republic of Srpska, there are 173 children with an autistic disorder. However, a unique and complete database with records does not exist. The social welfare system in the Republic of Srpska recognizes and treats these children within the overall population of physically and mentally disabled children and the realization of their social protection is a part of the overall topic and content of social protection without emphasizing the specific needs of these children.

Method: The research, whose results will be presented in this paper, pursued to determine the status and to analyze the effects of social protection system in the Republic of Srpska with regard to the problem of autism, including the measures and forms of the protection of children with the autism spectrum, the extent and ways of providing support to children's families and the effects of implemented measures. The research has been conducted on the entire territory of the Republic of Srpska, in social welfare institutions, at first-level-commissions for assessment of needs and guidance of children with disabilities and the association of parents of children with autism spectrum. Data collection has been conducted by using two questionnaires and interviews for focus groups that encompassed the children's parents.

Results: The research results showed that most of the work on social protection of children with the autism spectrum was done by social workers, who did not have any additional education for working with these children. The records of children with autism are kept within the overall records of children with disabilities, and the forms and measures of social protection are not appropriate for the needs of those children and their families. Other neighbouring countries (Serbia and Croatia) that used to have the same or similar forms of social protection, improved the social care for children with the autistic spectrum by recognizing their specific needs, developing services according to these needs and establishing a unique register of records.

Conclusion: Social protection in the Republic of Srpska needs to radically change its approach and develop appropriate measures for the protection of autistic children in accordance with international standards and specific needs of children and their families.

Key words: children with autism spectrum, social protection, measures and forms of social protection

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ADAPTATION OF PRESCHOOL LIFE SKILLS SCALE IMPROVED FOR PRESCHOOL CHILDREN FROM TURKISH TO ENGLISH

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Research subject: In early childhood education life skills can be improved by supporting all areas of a child's development coordinately for the child to overcome all the difficulties that can be faced in life. It is important that these skills, which are vital for the child's social life and establishing his life on a solid basis, are supported with educational practices. Since studies realized in this area are limited in Turkey, a need to improve Preschool Life Skills Scale arose.

Method: The Scale improved by Yildirim (2014) was first adapted to English by doing validity and reliability implementations after examining the supportive practices for life skills in the United States of America. This research is a study to improve a descriptive scale aimed for an adaptation of Preschool Life Skills Scale from Turkish to English. Data in the adaptation process of the scale from Turkish to English were collected from the children educated in Kent State University Child Development Center. Items in the Turkish version of the Scale were translated into English and linguistically analyzed by language specialists. Afterwards all the translated items were discussed with specialist teachers in Child Development Center.

Conclusion: The form obtained was applied pre-pilot and thus the understandability of the items was tested. The last version of the items' pilot scheme was applied. After this application, the items that were statistically analyzed took their final form as Preschool Life Skills Scale. The scale consists of 7 sub-factors. These factors are: Social Life (factor-1), Responsibility (factor-2), Self-Awareness (factor-3), Gender Awareness (factor-4), Decision Making (factor-5), Survival (factor-6), and Self-Care (factor7). Scale adaptation stages and statistical data are explained in detail in the full text.

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Preschool Life Skills Scale*

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SYSTEM OF EARLY INTERVENTION: THE NEW SLOVENIAN LAW

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Research subject: In Slovenia, we have a long history of early intervention systems for children at risk for developmental problems. This intervention was predominantly organised in the health care system and, unfortunately, there is no official coordination between different sectors.

Method: This research aims to evaluate the practice of early intervention in Slovenia and some of the proposals and the solutions of the Law of Early Intervention for Children with Special Needs.

Results: A network of 21 developmental departments has been organised in community health centres or hospitals. These teams are organised regionally, each team covering a population of 20 –25,000 children from 0–19 years of age. They are evenly distributed, but are not multidisciplinary, they are predominantly child-oriented and only exceptionally offer home visits. There are also 11 mental health departments, all situated in the cities. There are no social workers in any of these teams. In the educational system, the Law on Children with Special Needs provides help in the form of special teachers for these children in kindergartens, but not for those in home care. Some early intervention is organised by parents' associations at their regional centres.

Conclusion: Recently, the Law of Early Intervention for Children with Special Needs was presented in the Parliament. Through this law a network of multidisciplinary teams and coordination between different sectors should be established, as well as cooperation between ministries of health, education, and social affairs. To achieve this goal, a huge amount of work and effort was required, as well as cooperation, support, consultation, persuasion, and a lot of good will.

Key words: early intervention, the law, multidisciplinary teams, coordination

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CHILDREN'S ENGAGEMENT AND COMPLEXITY OF ACTIVITIES IN INCLUSIVE PRESCHOOL SETTINGS

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Research subject: Based on the tenets of the bioecological framework (Bronfenbrenner & Morris, 2006), children's engagement in daily contexts has conceptual similarities with proximal processes and can be considered an ecologically valid index of development (Downer, et al., 2007; McWilliam & Hornstein, 2007; Pinto, 2006). The literature documents that children with disabilities tend to spend less time engaged, or in less sophisticated levels of engagement (Grande, 2013; Grande & Pinto, 2009; McWilliam & Bailey, 1995). Recently, two engagement dimensions were identified: one independent of the activities' complexity and another accounted for the activity complexity (Granlund, 2013; Sojman et al., 2016).

Methods: This observational study aims to analyze levels of engagement and time spent in activities with different complexity demands, in children with heterogeneous developmental functioning (DF). The participants were 247 preschool aged children: 54 with low DF, 78 with medium DF and 115 with high DF, as assessed by the Matrix for Assessment of Activities and Participation (Castro et al., 2013). Engagement and activities complexity were observed with the Child Observation in Preschool (Farran, 2006).

Results: Results of the study showed that the three DF groups differed significantly on the time spent in activities with different complexity levels. Specifically, the low DF group spent less time in complex activities, such as cooperative ($F(2,246) = 4.02, p = 0.02$), associative ($F(2,246) = 4.96, p = 0.01$), and social activities ($F(2,246) = 5.29, p = 0.01$). Levels of engagement observed in children in the lower DF group were significantly lower when compared to engagement levels of the other groups, both for more and less complex activities.

Conclusion: Results highlight the need to ensure all children's participation in different activities. This is particularly relevant for children with low and medium DF, who need adequate support in order to be able to spend time and to be engaged in the same activities as more competent peers.

Key words: engagement, activities' complexity, developmental functioning, inclusion; disabilities

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IMPROVEMENT OF EARLY INTERVENTION SYSTEM FOR CHILDREN AND PARENTS OF CHILDREN WITH DISABILITIES IN THE ZENICA-DOBOJ CANTON

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Research subject: The significant role of early intervention in preventing and reducing the consequences of disabilities is generally acknowledged. Bosnia and Herzegovina, with the support of international organizations such as UNICEF, NGO Save the Children etc. has been trying to expand the existing capacity to provide early intervention services.

Method: The paper aims to present the work of the Center for Early Intervention in Zenica-Doboj Canton and its 12 municipalities.

Results: Cantons in the Federation of Bosnia and Herzegovina differ significantly in the capabilities and resources to provide this type of service. As the example of good practice we discuss the work of mobile multidisciplinary teams, as well as their cooperation with other agencies, especially pediatric clinics. However, despite the significant expansion of services for children with disabilities, they are still insufficient to meet all the needs of children with disabilities in this Canton.

Conclusion: At the end, some suggestions for improving and upgrading early intervention services, as well as strategies to provide these services to children in rural areas, are given.

*Key words: early intervention, mobile multidisciplinary teams,
Zenica-Doboj Canton*

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STRATEGIES AND CHALLENGES IN EARLY INTERVENTION PROGRAM AT DAY CARE CENTRE "MALI DOM" ZAGREB

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Research subject: The paper aims to present the Early intervention program at Day Care Centre "Mali dom" in Zagreb.

Method: We discussed the problem of determination of eligibility through an evaluation conducted by a transdisciplinary team based on informed clinical opinion and utilizing an approved developmental inventory tool.

Results: There are three categories of eligibility: 1. Infants and Toddlers with an Established Condition or Conditions, 2. Infants and Toddlers with Established Developmental Delay or Delays in two or more developmental domains, 3. Infants and Toddlers at Risk for Developmental Delay(s). The initial contact with the family provides an opportunity for discussion with family members regarding potential participation in Early Intervention. An overview of Early Intervention is given to the family. An initial IFSP meeting is held with eligible families within 45 days of involvement in the program for the purpose of developing the plan. A complete review of the IFSP for a child and the child's family must be conducted every six (6) months, or more frequently if the conditions warrant it or if the family requests a meeting to review the IFSP. The contents of the IFSP are fully explained to the child's family and informed written consent from the parents is obtained.

Conclusion: Children and families receive individualized services in accordance with the functional outcomes identified in the IFSP. At all ages, but especially in the years from birth through the age of three, children benefit from close partnerships and ongoing communication between their families and their early intervention program. High-quality early intervention programs have clear goals, and they base their curriculum on knowledge of very early development. In the face of increased attention to early childhood professional development in the practice and policy communities, there is a concomitant need for empirical efforts to examine what works for whom, within which contexts, and at what cost (Welch-Ross, Wolf, Moorehouse & Rathgeb, 2006). The earlier a child is identified as having a developmental delay or disability, the more likely they are to benefit from strategies targeted towards their needs. On the surface, "professional development" in early childhood programs refers to a number of experiences that promote the education, training, and development opportunities for early childhood practitioners who do or will work with young children from birth to the age of 3 and their families.

Key words: transdisciplinary approach, early intervention, eligibility, professional development

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POLICY OF IMPROVING EARLY CHILD DEVELOPMENT IN THE REPUBLIC OF SRPSKA

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Research subject: The Republic of Srpska, as a responsible community, has devoted considerable attention to the development and introduction of the concept of Early Childhood Development in recent years. According to competent institutions, one of the main goals of the overall development of the Republic of Srpska is to improve the status of children. To accomplish this goal, the authorities have started developing strategic documents that define the concept of Early Childhood Development. The documents “Policy of Improving Early Child Development in the Republic of Srpska for the period 2011 – 2016” and “Program for Early Child Development in the Republic of Srpska, 2016 – 2020” were also officially adopted.

Method: This analysis aims to provide an overview of the basic strategic directions for the implementation of an integrated model for monitoring early growth and development of children through the institutions of the social and health care system in the Republic of Srpska.

Results: These documents make strategic commitments and define the basic elements of a new integrated approach in treating children’s developmental problems. On the other hand, the existing practices of health, social, family and child care systems, and pre-school education systems have demonstrated the possibilities and the misconceptions of introducing an integral model of social childcare.

Conclusion: Advantages and disadvantages of existing child care models suggest that it is possible to build more responsive and more accessible model of system support for children and their parents. However, in order to achieve this set of goals, it is necessary to provide system assumptions.

Key words: growth, child development, strategic documents, integrative support model

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PARALLEL SESSIONS III
TEAM AROUND A CHILD AND FAMILY IN EARLY
CHILDHOOD INTERVENTION

PARALELNA SESIJA III
TIM OKO DETETA I PORODICE U
SISTEMU RANE INTERVENCIJE

AN EXAMPLE OF A MULTIDISCIPLINARY APPROACH TO A CHILD IN THE SYSTEM OF EARLY INTERVENTION

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Research subject: In the early intervention system, multidisciplinary approach to a child and co-operation of professionals of different profiles are of utmost importance. MURID's expert team consists of early intervention specialists, educational rehabilitators, speech therapists, physiotherapists, work therapists and psychologists. By common assessment, they determine the child's functioning and create an individualized family and child support plan and determine the type and intensity of the therapeutic processes.

Method: In this review paper, we consider the activities and the results of Early Intervention Service. Since 2016, MURID is the only non-profit association in Croatia that has been registered as an Early Intervention Service provider, thanks to its professional multidisciplinary team.

Results: The multidisciplinary team evaluates the child's cognitive functioning, communication, socio-emotional and motor development. This is a process in which experts of different profiles are intertwined to create conditions for optimal child development. The entire process starts with a phone call from a concerned parent to our counseling center, where a multidisciplinary team of experts assesses the child and advises the parents about the future direction of therapeutic processes.

Conclusion: The initial assessment of the child can determine the child's actual condition and functioning, which significantly shortens the time that passes from the parents' first concern to the child's involvement in the therapeutic process. What distinguishes us from other early intervention service providers is that we do not need medical diagnosis for the child's involvement in the therapeutic process, but only a multidisciplinary assessment of MURID's expert team. The multidisciplinary approach continues during therapeutic processes, creation of an individualized educational and family based plans, individual and group therapies, parental counseling, portage, and integration into a regular educational system.

Key words: multidisciplinary, expert team, early intervention

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CHARACTERIZATION OF THE FAMILIES PARTICIPATION IN THE LOCAL INTERVENTION TEAMS

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Research subject: National and international studies about the participation of families in early intervention services have led to a research project that intends to understand the participation of families in the support provided by the Local Intervention Teams, the National System of Early Intervention in Childhood (SNIPI).

Method: Family members of children between the ages of 0 and 6 were interviewed, fulfilling the eligibility criteria to integrate these teams, with the aim to identify what families understand by active participation and how these families participate at all times in the intervention, in line with Family-Centered Practices, as well as to identify facilitators and barriers to active family involvement, to help practitioners identify techniques and strategies that keep parental participants active in the support provided by the Local Intervention Teams. An interview and a questionnaire, the Enabling Practices Scale, were used for data collection. The interview script was developed by the author, according to the bibliographic collection previously done and with her professional practice in early intervention over the last years. Also, the author used the Enabling Practices Scale which was to be completed by family members at the end of their interview. The selected instrument came from the collection and bibliographic analysis of the available evaluation tools on the subject. Data collection took place between March and December 2016 and a total of twenty relatives were contacted in the North, Center, Lisbon, Alentejo and Algarve regions.

Results: The results show attitudes (perception) of the participation of the families, about the support provided to them by the Local Early Intervention Teams.

Conclusion: In this article, we intend to present the results obtained with the interviews conducted and with the completion of the Enabling Practices Scale by family members, characterizing the perception of the participation of the families, about the support provided to them by the Local Early Intervention Teams.

Key words: early intervention, family, participation, facilitators, barriers

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FROM THE PERIPHERY TO THE CENTER OF THE FAMILY

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Research subject: This paper presents the transformation process in an Early Intervention Service that serves 300 families with 20 professionals.¹

Method: The research aims to present and discuss the results of an Early Intervention Service. Also, we analyzed our practices and the predisposition of professionals to change.

Results: We started working in 1995 with child-centered interventions in a clinical setting, but we did not feel comfortable and decided to improve our practices. We learned about family-centered practices and specifically the Mc William-based model. With the support of professionals from the L'Alquería Center in Valencia, we developed an implementation plan in October 2014, chose a leadership team and decided to implement a family-centered approach with interventions in natural learning environments. The professionals received training of sufficient duration and intensity to offer multiple opportunities to master the use of practice and they visited other centers in Valencia and Madrid with family centered practices in natural environments. We have designed a computer tool so that families have direct access to the information and control the processes remotely during home visits.

Conclusion: We are in the Initial Implementation phase, with 30% of interventions in the natural environment, and a very significant change in the attitude of professionals and their relationship with families. But unfortunately, there is still external resistance to change in other parties involved outside our service. Doctors tell families that the child needs more direct intervention treatments (two or three hours of physical therapy, speech therapy ...) and this is very different from the intervention which we offer now. Therefore, this year we have started a line of work in our context, with pediatricians, and with the administration to encourage change. We have also established alliances with other entities interested in the change.

Key words: transformation, implementation, attitude, environment, family

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COMMUNITY PARTICIPATION AND FAMILY QUALITY OF LIFE – A COMPARATIVE STUDY OF CHILDREN WITH CEREBRAL PALSY AND CHILDREN WITH TYPICAL DEVELOPMENT

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Research subject: Children with developmental disabilities, including cerebral palsy (CP), often experience restriction in community participation. The previous empirical and theoretical consideration of community participation of children with CP did not take into account the quality of family life as a potential factor that could have affected the participation of these children.

Method: The aim of this study was to examine the association between community participation of children with CP and the quality of family life and draw comparisons with their peers with typical development (TD). The sample of this descriptive, cross-sectional and comparative research consisted of 109 families with children with CP and 133 families with children with TD, of both genders, between 7 and 18 years of age. The Participation and Environment Measure for Children and Youth (PEM-CY) and The Beach Center Family Quality of Life Scale strengthened the relationship between two sets of data for each group separately.

Results: The results indicate an interrelation between the subjective dimension of community participation as expressed through parental desire for change, and both parenting aspect of family life ($\rho = -.24$) and social and emotional support within family emotional well-being ($\rho = -.20$) in the group of children with CP. However, a greater number of statistically significant correlations is confirmed in the group of children with TD. Comparing the distribution of results between the two groups, the most noticeable is the absence of the relation between the quality of family life and the diversity and frequency of community participation in the group of children with CP, which is confirmed in the group of children with TD.

Conclusion: The conclusion underlines that the reflection of changes that affect family life after the birth of a child with CP can be seen in various aspects of the quality of family life.

Key words: community participation, quality of family life, cerebral palsy, family life

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COMMUNICATIONAL STANDPOINT SELECTION IN REHABILITATOR – PARENT RELATION

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Research subject: Communication between rehabilitators and parents of children with cerebral palsy has to be accompanied with empathy and has to enhance parents' motive for taking active participation in a rehabilitation process.

Method: The aim of this paper is to, based on a review of available literature, set a starting point for enhancing communication between parents and rehabilitators, and that is to be viewed through the process of selecting rehabilitation goals. This paper shows assumptions on the possibility of selecting a particular communicational standpoint on the basis of communication needs of parents.

Results: For the purpose of defining a communicational standpoint, the use of Baumrind's educational styles is proposed, including authoritative, cooperative and, ultimately, supportive approach. The specified communicational standpoints characteristic is that they progressively increase the level of participation of parents in the rehabilitation goals setting. On the other hand, the communication needs of parents are assumed to be correlated with the stages of acceptance of child disability by the parents. The stages of acceptance, derived from the stages of mourning as presented by Kübler-Ross, were later elaborated by Huber in order to work with children with disabilities.

Conclusion: It is suggested that the choice of a communicational standpoint should be made with respect to the stage of parental acceptance of child disability, with an inevitable observation of the possible duality in influences – an adequately chosen communication standpoint should contribute to the establishment of a higher stage of child disability acceptance. Beside the possible contributions in the field of working with parents of children with cerebral palsy, the assumption is that the approach presented in this paper could be implemented in working with parents of children whose developmental course was affected by various factors, without excluding other conditions where a motor disorder is not dominant.

Key words: disability acceptance, communicational standpoint, cerebral palsy, parent – rehabilitator communication

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EVALUATION OF SUPPORT PROGRAMS FOR YOUNG FATHERS

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Research subject: In accordance with current theory and practice of the prevention of conduct disorders, prebirth / afterbirth programs for underage mothers find their place. On the other hand, there is sporadic implementation of interventions aimed at young fathers (in adolescence), their problems and needs. The research findings indicate that young fathers, compared to their peers who are not fathers, tend to have poor academic success, low socioeconomic status, substance abuse problems, delinquent behavior, etc. Fatherhood also carries a range of problems, both economic and those related to communication with a partner, multi-generational family structure, stigmatization by the community and more. In particular, it is hard to motivate young fathers to participate in social programs.

Method: The research aims to summarize the scientific knowledge on young fathers support programs and evaluate their main effects.

Results: The results of evaluation studies suggest that young fathers who have gone through parenting support programs are more involved, more engaged and positively emotionally reactive in relation to their children compared to the control group. It is recommended that programs aimed at supporting young fathers should include their partners, last up to 5 weeks, be based on individual rather than group work, include assistance with employment, etc.

Conclusion: Prebirth parenting skills improvement programs designed for young fathers and mothers achieve significant results.

Key words: young fathers, prevention, conduct disorders, programs

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CHRONIC SORROW IN PARENTS OF DISABLED CHILDREN

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Research subject: Chronic sorrow refers to a specific emotional response that occurs when the loss is continuously present in a person's life. This term was primarily referred to losses related to health conditions of others. In recent years, it also applies to the experiences of suffering linked to one's own health.

Method: Based on the review of theoretical and empirical researches, the main questions of chronic sorrow in parents of disabled children are highlighted.

Results: Parents of children with disabilities are faced with a strong sense of pain after getting the information concerning the child's diagnosis. The pain does not stop because the grieving process never reaches closure. The uniqueness of the process of chronic sorrow lies in the fact that it does not lose its intensity over time; rather, the intensity of grief maintains the same or even increases during numerous situations (insufficiently responsive staff, changing doctors, starting school, experiences of stigmatization, etc.) which can reactivate the state of sorrow. Another aspect of the uniqueness of this phenomenon is reflected in the existence of periods of stability and adaptation, during which the parents are experiencing positive emotions about their child's condition. The cyclic nature of the process of chronic sorrow often leads to a cumulative effect of sadness, especially when increased vulnerability of parents is accompanied by a lack of understanding and adequate support from the narrower social environment and health personnel.

Conclusion: Condition of chronic sorrow differs from depression and anxiety disorders. In order to reduce the possibility of further stigmatization and pathologisation of families of children with disabilities, it is very important to adequately detect this state. The treatment of this specific form of grieving primarily refers to helping parents to adopt appropriate coping strategies. Redefining the situation and acceptance of uncertainty about the future provide an opportunity for releasing and using healthy family capacities. Shifting the focus from weaknesses of the family system to its strengths, according to the Challenge model, empowers family resilience and enables more successful coping with future stressful events.

Key words: chronic sorrow, child with disability, parents, coping with stress

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PROFESSIONALS' PERCEPTION OF THE IMPLEMENTATION PROCESS OF FAMILY-CENTERED PRACTICES IN EARLY ATTENTION

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Research subject: Within the process of transformation in the practices of Early Care that is being carried out in Spain, we have found that one of the main axes of action is the in-service training. Following the keys described by Dunst (2015) for an effective training, the spaces of reflection and continuous supervision become the main tools that allow the analysis, the application of the acquired knowledge and its subsequent implementation.

Method: The paper aims to present the results of training for professionals and centers throughout Spain carried out since 2012 by the Center of Early Care l'Alquería de Valencia (Spain).

Results: The focus group includes 19 members of all the teams involved in this training. A reflection is made on the way in which the practices, the difficulties encountered, the role of the family in the process of transformation, and the lines of future action are carried out by professionals.

Conclusion: In conclusion, the differences in the implementation of these practices of the centers involved the problems of interpretation and performance, and the main difficulties faced by professionals and families are described and analyzed.

Key words: early care, family-centered practices, professional training, support using

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USING PICCOLO TO PROMOTE POSITIVE PARENTING THAT LEADS TO BETTER OUTCOMES IN CHILDREN WITH DISABILITIES AND IMPROVES THE EMOTIONAL WELL-BEING OF FAMILIES

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Research subject: All children benefit from parenting behaviors that support early child development (Love et al., 2005). For parents of a child with a disability, positive parenting behaviors can be a challenge, partially due to children's characteristics. Additionally, these parents report high levels of stress, anxiety and depression (Al-Qaisy, 2012) and lower levels of family well-being (Brobst et al., 2009). These factors can also interfere with parenting (Roggman et al., 2016). Although Early Intervention (EI) practices realize the importance of supporting parent-child interaction as part of family-centered practice, it has not been an emphasis in the professional practice in Spain, in which the treatment remained focused on the disabled child and virtually ignored the family (Vilaseca, Gràcia, Giné&García-Dié, 2004).

Method: We present data of parental interactions with children 1-3 years old with intellectual disability and autism spectrum disorders, from EI Centers in Spain. Thirty Mothers and fathers, separately, auto-recorded 10-minute play sessions at home. Parental interactions were assessed using PICCOLO (Roggman et al., 2013), a standardized measure of parenting (affect, responsiveness, encouragement and teaching). Also, the relations between parenting and other variables were studied. Parents fulfilled the Spanish versions of the Anxiety and Depression Scales (Caro & Ibáñez, 1992), the Parental Stress Scale (Oronoz, Alonso & Ballcerka, 2007), the Family Environment Scale (Fernández-Ballesteros & Sierra, 1984) and the Basic Family Relations Inventory (Ibáñez et al., 2012).

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Results: The analyses show differences between mothers and fathers. The highest average score was for Responsiveness, and the lowest for Teaching, similar to PICCOLO measurement sample of typically developing children at the age of 1 (Roggman et al., 2013). Fathers' play interactions may be more variable by culture than mothers' play interactions (Lamb 2013). We found significant correlations between parenting, and parental and familial variables.

Conclusion: Clearly, the potential barriers to optimal parenting need to be considered in EI. PICCOLO can be a useful tool to support parents to engage in optimal parenting, especially for fathers, to provide useful strategies to engage with their children for supporting their development. Parental expectations of development and mindfulness in the parenting role should be considered.

Key words: positive parenting, family-centered practices, family well-being

EARLY INTERVENTION EXPERIENCE OF PARENTS OF CHILDREN WITH DISABILITIES, DEVELOPMENTAL AND SOCIAL RISK

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Research subject: This paper presents the results of research on experiences of families of children with disability, developmental and social risks in Međimurje County with regard to early intervention services they receive or have received.

Method: In accordance with the general aim of the research, specific objectives were set, which are reflected in the research questions: what kind of experience describes parents with regard to early intervention services, satisfaction and difficulties, current needs of the family and the child and expectations of future support. Qualitative methodology was used and the study included 20 parents (18 mothers and 2 fathers), who were chosen for the study by selective sampling. In order to fit the selection criteria the participants had to have a child with disability, developmental or social risk, between three and six years of age. Ten of them were involved in early intervention services and the other ten were not involved in early intervention services. All of them were from different parts of Međimurje County. Semi-structured interviews were used to test the participants, and were audio recorded, transcribed and analyzed through the qualitative method.

Results: The parents were satisfied with the experts and professional support they received in MURID and the activities offered by Association Pogled. They reported a range of obstacles, which included lack of information and support, lack of qualified experts, lack of partnership with experts, uncoordinated services, and bad experiences with family doctors and pediatricians.

Conclusion: The area of early intervention is a critical area requiring a professional, interdisciplinary approach and teamwork. It is necessary to connect family doctors and pediatricians with service providers, to raise awareness among parents about the difference between scientific interventions in relation to additional therapies, promote evidence based interventions and to reduce the number of different professionals working with the child.

Key words: early intervention, experiences of parents, support

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THE OUTCOME OF COCHLEAR IMPLANT PROGRAMMING THROUGH TELE-AUDIOLOGY

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Research subject: Many cochlear implant (CI) recipients live far away from the centers where auditory rehabilitation and CI programming centers are located. Moreover, some CI candidates live in other countries that are involved in local wars or chaos like Libya.

Method: In the current study, we fulfilled follow-up programming sessions for 6 Libyan implanted children who live in Libya and could not afford travelling to Egypt after the operation. Six Libyan children had CI operations conducted at different centers in Egypt. The received CI was manufactured by Advanced Bionics (AB). The children were followed-up over the last 3 years and each one received 6 regular programming sessions, and two children asked for 2 extra sessions. The results of the programming were assessed by a local audiology center in Libya according to the age and behavior of each child. A satisfaction questionnaire was filled in by the parents.

Results: The results of remote programming were comparable to ordinary programming. No significant difference was found between the group that received remote programming and those who received ordinary programming here in Egypt.

Conclusions: Tele-audiology and remote programming proved as excellent tools in providing a good audiology service in countries in chaos or wars.

Key words: cochlear implant, auditory rehabilitation, parental satisfaction questionnaire

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SEVERAL FAMILIES WITH A BLIND BABY THAT RESEMBLE EACH OTHER

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Research subject: The aim of this study was to point out the similarities in the content gathered during individual counseling offered to parents of five blind babies. Qualitative analysis was conducted based on audio recordings and written materials.

Method: All families were complete. They asked for help of a psychologist after they “acquired knowledge” that their child would never see (the youngest child was nine and the oldest was twelve months old). This was done by four mothers and one father. Each of these parents, or parental couples, occasionally came to psychological counseling. The topic for each meeting was determined by what the parents’ main concern regarding their child was at that point.

Results: The analysis showed that the same topics emerged in all five cases. Initially, all parents asked the following questions: Is there a cure? Could this have been avoided? Does he / she see the light at least? ... Furthermore, doubts that the baby had an additional disorder emerged as well, because the baby: “prefers silence”, “does not react”, etc. The techniques of active listening, reflection of emotions, but also confrontation, were used. The outcome was the acceptance of the current situation. This was a turning point after which the parents were ready to learn about the specifics of the development of a blind baby. They were referred to the relevant literature. In addition to that, one family took on a special educator and rehabilitator for persons with visual impairment. Nevertheless, all parents had worries and fears because their baby did not keep his / her head straight, did not crawl, put fingers into the eye, etc. From time to time they were focused on the reactions of people from their environment. They were not sure if they were doing the right thing.

Conclusion: During individual counseling, we worked on their feelings and corroborated the experience of parental competence. This had an impact on changing their thoughts, feelings and behavior.

Key words: blind baby, parent, psychological counseling

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ENCOURAGING SOCIAL COMPETENCE OF CHILDREN WITHOUT PARENTAL CARE

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Research subject: In this review paper, we consider the quality of social care and support of children without parental care as contexts of the development of their social competence.

Methods: Assuming that the quality of social care and support of children without parental care can buffer the consequences of improper parental care, the analysis of selected works is organized around two research questions: (1) Do different forms of care have different effects on the development of social competence of children without parental care? (2) Do the methods and resources of educational-corrective work in institutions encourage the development of social competence of children without parental care? In accordance with these issues, the first part of the paper provides an overview of research on social competence of children without parental care by comparing their social functioning in institutions and foster families. The degree of social competence and quality of social functioning of children without parental care is considered as a result of the undertaken measures of social care and support.

Results: We critically analyze methods and resources of educational-intervention practices in institutions as important factors for encouraging social competence of children without parental care. Based on the review of theoretical and empirical research from Serbia and other countries, protective and risk factors in this area are highlighted.

Conclusion: The concluding part of the paper points out implications for practice with regard to encouragement of social competence of children without parental care.

Key words: social competence, children without parental care, social care and support, methods and resources of education

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SUPPORT TO FAMILIES OF CHILDREN WITH DISABILITIES DURING EARLY CHILDHOOD

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Research subject: On the trace of the paradigm that the development of children with disabilities has specific attributes, there is no doubt that families of these children have additional need for early support in their functioning, starting with the child's birth or at the moment when the child becomes sick or injured, and continuing during the child's life. This support can be medical, social, psychosocial, educational, legal, material, and other e.g. concerning rehabilitation, life conditions, accessibility, different services etc, and it could be institutional and / or non-institutional. The purpose of this paper is to present a review of most common kinds of early support services for families of children with disabilities which are mentioned and explained in research studies.

Methods: Research studies were selected and taken over through Serbian Library Consortium for Coordinated Acquisition, using EBSCO, SAGE, Wiley, and Springer searching services. The search terms were: families, parents, children, early childhood, support and disability. As the result of such search, research studies dealing with early family support services were selected for review. In the selected studies, different kinds of early family support were described and proposed, depending on several conditions (age of a child, type of disability, home country, availability of services, etc).

Conclusion: We highlight that effective types of support for families of children with disabilities are evidence-based programs, which are applicable in early childhood with the main goal to strengthen families and parents for their further specific, but unexpected, role. In Serbia there are no such types and kinds of early family support as a systematic support for children with disabilities in early childhood so we recommend establishing and developing similar programs as services for all families, at state, provincial and local levels.

Key words: family, disability, support, early childhood, program, services

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THE COMPETENCES OF PRESCHOOL INCLUSIVE TEACHERS

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Research subject: This paper discusses the necessary competences of teachers for working in inclusive kindergartens. The competence is seen as a continuous process including the corpus of professional knowledge and obtaining practical skills. It starts from the constructivist and holistic approach to the education of teachers.

Method: The aim of the study was to determine the contribution of available pre-school support in the self-estimated competence of teachers in early inclusion. The research was conducted on a sample of 130 teachers from Srem and South Backa District. The collected data refer to self / competence of preschool inclusive teachers and existing support for preschool inclusion (Kucuker et al, 2006).

Results: The results indicate that 72.6% of teachers expressed incompetence in early inclusion. The respondents who completed training for early inclusion and had the support of special education teachers, expressed competence in early inclusion ($p < .05$).

Conclusion: We can conclude that the perception of available support contributes significantly to the explanation of the self-estimated competence of teachers in early inclusion. Pedagogical implications of the research results refer to the development of high-quality support programs, employment of special education teachers of various profiles in preschool institutions and continuing education of teachers.

Key words: competence of teachers, support, early inclusion

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CORRELATES OF PARENTAL ATTITUDES LINKED TO INCLUSION / EXCLUSION OF THEIR CHILDREN WITH VISUAL IMPAIRMENT IN EARLY INTERVENTION

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Research subject: The aim of our research was to examine the correlates of parental attitudes linked to inclusion / exclusion of their children with visual impairment in early intervention programs.

Method: The sample consisted of 71 parents of children with visual impairments (aged between 0 and 6). One group of participants were parents whose children were included in the incentive program for early intervention and another group were parents whose children were not included in this program. Data was collected by The Family Outcomes Survey questionnaire (applied to examine the outcomes of the family) and the Test of Unfinished Sentences, which examines the parent's relation to a child, perception of himself as a parent and a vision of his child's future.

Results: The results showed that the parents whose children were included in the program of early intervention had a positive attitude towards it. This group of parents had a higher score on the scale of the subtests knowledge of the needs and capabilities of their child, the existence and use of the capacity of family support, knowledge of rights they can exercise in the local community and beyond and were active participants in their child's support team. Unlike the first group, the second group of parents had a positive attitude towards early intervention because they were not participating in this program, did not have experience, and some parents had a desire to have their child with visual impairment included in this type of program.

Conclusion: The results suggest possible directions for further research which will focus on monitoring the effects of early intervention programs in later achievements of children with visual impairments and their personal and professional affirmation of the social environment. The importance of this research lies in the necessity to establish centers for early intervention in the local community. Early child development stimulation prevents secondary disorders, develops compensatory strengths and abilities and encourages maximum overall development.

Key words: early intervention, parents of children with visual impairments

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POSTER PRESENTATION
POSTER PREZENTACIJA

MOTOR BALANCE ASSESSMENT TESTS FOR CHILDREN WITH DISABILITIES

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Research subject: The ability to maintain balance of the body to perform motor activities is of great importance for the child's daily functioning, e.g. walking, running, standing and sitting. Unlike children with typical development, children with disabilities to a greater extent exhibit problems in maintaining the balance of the body.

Method: The paper aims to review the empirical evidence of the assessment options in using tests for motor balance in children with disabilities.

Results: The results of the literature review indicate that, in assessing balance, the Pediatric Balance Scale is usually used in children with mild and moderate difficulties in motor functioning. In practice, Time Up and Go Test are most frequently used in assessing motor functionality in children with cerebral palsy, autism, Down syndrome, and intellectual disabilities. Pediatric Functional Reach Test is used in the assessment of balance in children with spasticity of the lower limbs, cerebral palsy, muscular dystrophy, Down's syndrome. The Bruininks- Oseretsky Test of Motor Proficiency used to be applied in children with intellectual disability, autism spectrum disorders, learning difficulties, and hyperkinetic syndrome. The balancing test One Leg Stance is used as an assessment tool for children with hearing disorders, disorder of movement coordination, cerebral palsy, intellectual disabilities, as well as in children with dyslexia.

Conclusion: Knowing the total battery of tests for assessing motor development of children is of vital importance for scientific research in this field, as well as for practice that requires the selection of the best instrument for motor abilities assessment.

Key words: balancing test, children with disabilities

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HOW TO BRIDGE THE GAP BETWEEN THEORY AND PRACTICE IN EARLY CHILDHOOD INTERVENTION?

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Research subject: “Theory is when you know everything and nothing works, practice is when everything works and nobody knows why” (unknown). Despite the fact that the need to bridge the gap between (further) education and practice is advocated, institutes of further education and universities of applied sciences in Germany exist more or less isolated from practical institutions in early childhood intervention. Students complete block internships during their studies, which are reflected in reports and seminars, but these internships normally last one semester at most.

Method: The paper aims to discuss the main questions of how to bridge the gap between theory and practice in early childhood intervention.

Results: It is common sense that best practice in early childhood intervention needs experiences in promotion of relation and relation-promoting attributes, e.g. empathy, acceptance, appreciation and congruence. However, to build these qualities frequent experiences in practice are needed, which are continuously reflected by qualified lecturers. Discussions about factors of effectiveness in pedagogical settings, unspecific factors, e.g. relation between child and pedagogue, are becoming more and more important. On the other hand findings of studies about interaction in preschool settings show that there is a lack of quality in interaction processes between pedagogues and children. Therefore a closer cooperation between institutes of education and institutes of practice is needed for a high quality preparation of staff in early childhood intervention.

Conclusion: This might be the beginning of bridging the gap between theory and practice. The first attempt to combine theory and practice in further education is made in an early childhood intervention centre (Haus Mignon) in Hamburg / Germany.

*Key words: education, early childhood intervention,
theory-practice-gap*

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PROMOTING QUALITY IN EARLY INTERVENTION – KEY PRINCIPLES

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Research subject: Early intervention has not yet been systematically regulated. That is why there are no regulated quality indicators of early intervention service implementation. Despite this, many non-governmental as well as governmental organizations have implemented certain early intervention programs. One of them is the Centre IRIS – Centre for education, rehabilitation, inclusion and counselling for the blind and partially sighted which has carried out a program for blind and partially sighted children as well as for those with the impairment of visual function.

Method: The paper aims to discuss different aspects of the problem of quality in early intervention.

Results: Quality of childhood early intervention depends on various factors: (1) Program availability; (2) Geographical proximity; (3) Affordability; (4) Team work and staff qualifications, and (5) Diversity of services. These factors represent a common framework where policy and practice should cooperate and strive to reach a coordinated development in the field of early intervention in favour of the children and their families.

Conclusion: Centre IRIS has been following the guidelines of European Agency for Special Needs and Inclusive Education. The Agency has implemented a range of projects in the field of early intervention and the results have been publicly available. Since the recommendations have been general they can be used in all target groups of children with special needs and serve as the basis for policy makers as well as for the program designers.

*Key words: early intervention, system, quality factors,
child with disabilities*

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EVALUATION OF CHILDREN'S FINE MOTOR SKILLS TESTS

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Research subject: The term fine motor skills refers to the ability to perform precise movements of hands, fingers and toes, small muscles of the face and tongue, although the focus is usually on the movement of small muscles of hands and fingers. Various studies point to the fact that there is a high correlation between the development of fine motor skills and speech in children to the extent that the development of one capability is commensurate with the development of the other. Furthermore, fine motor skills are closely related to hand-eye coordination and the development of graph motor skills which will later be significant for adopting the act of writing.

Method: The most popular child developmental tests were analyzed and evaluated in respect of their effectiveness in fine motor skills assessment.

Results: One of the suggested evaluations of this ability is the Denver II developmental screening test (modified form of DDST, highly reliable) which is designed for children from two weeks to six years of age and which can identify mild delays compared to typical development. The second proposition for evaluation is the Gesell developmental scale for children from four weeks to six years of age, which is based more on a medical assessment. In children under two and a half years of age, the Baroda developmental screening test can be employed, which does not require any standardized equipment and the complete assessment takes ten minutes. Another test for the evaluation of children under the age of two is the Trivandrum developmental screening test which can be performed in five minutes and the only equipment required are a pencil and a bunch of keys.

Conclusion: A child who has more interaction with the world, with the help of tactile experiences obtained through the use of fine motor skills, will have less trouble with sharing those experiences with the environment through speech. Because of that the child's vocabulary will be richer and the conditions for successful performing of graph motor activities will be met. Later this will be of great importance for the adoption of academic skills that contribute to a better quality of life. It is very important that children's developmental milestones of fine motor skills are monitored and observed, and that it is promptly reacted if some discrepancies are found.

Key words: fine motor skills, DenverII test, Gesell Developmental schedule, Baroda test, Trivandrum

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EARLY INTERVENTION IS STILL A PROJECT

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Research subject: Early intervention as a preventive measure for maximizing a child's potential and improving parenting competence is not sufficiently recognized by the Federation of Bosnia and Herzegovina. Encouraging early intervention is not carried out systematically, but by sporadically funded projects.

Method: The paper aims to present the quarterly results of Early intervention project implemented by the Center for Education and Rehabilitation Vladimir Nazor in Sarajevo.

Results: Early detection, diagnosis and intervention commonly facilitates involvement of the child in the mainstream of life. Continuous provision of advisory work for parents and the community, also, facilitates this process. Children show progress in self-reliance, cognitive skills development, motor skills, communication, social-emotional development, and development of daily living skills. Parents improve parental competence and personal development through counseling. By voluntary work and no-paid implementation of the Project of Early Intervention we want to highlight the importance of early childhood intervention, as well as, family supporting programs, and promote the need for non-medical early intervention.

Conclusion: Representation of all segments of the support in one place indicates the formation of resource centers.

Key words: early intervention, system support, resource center

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EARLY INTERVENTION IN A SCHOOL FOR VISUALLY IMPAIRED CHILDREN

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Research subject: Early intervention services for children with impaired vision began in September 2002 in Serbia. After a study trip experience in the Netherlands, an interdisciplinary professional team was formed, consisting of specialists in typhology, a psychologist, an orientation and movement instructor, a speech therapist and a social worker. The professionals were working on a voluntary basis, aware of the importance of support provided by families of blind and visually impaired children. So far, the treatment in the context of early intervention has included more than a hundred children and families.

Method: This paper aims to present the results of early intervention services in a school for children with impaired vision.

Results: Teamwork provides children and their families with the best possible support, because it includes all relevant factors of development of the child in accordance with the needs of families. After the completion of assessment, objectives were determined and an individual support plan was developed with parents' support. In the near future, we would like to meet the conditions necessary to perform the treatment in family homes, and to provide extensive support in inclusive kindergartens attended by blind and visually impaired children up to 6 years of age.

Conclusion: One of the ways to achieve the projected objectives is through the implementation of a school project Inclusive support VI / MDVI preschool children, granted by Erasmus and Tempus Foundation.

Key words: early intervention, children with visual impairments

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EARLY MATHEMATICAL SKILLS IN CHILDREN WITH DIFFICULTIES IN MENTAL DEVELOPMENT

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Research subject: Early math skills are the basis for the subsequent development of mathematical skills that are essential for higher life quality of people with difficulties in mental development.

Method: The aim of the study was to compare the quality of early math skills in children with difficulties in mental development of different clinical pictures (mild intellectual disability, moderate intellectual disability, autism spectrum disorder, cerebral palsy, severe intellectual disability). The sample consisted of 52 examinees, aged between 4 and 6 years and one month. A part of Preschool assessment, named Mathematical skills, was used in data gathering on the quality of mastering early math skills, which consisted of items derived from the curriculum.

Results: With one-way analysis of variance, the influence of the diagnostic groups on mastering mathematical skills was tested, and it was determined that the difference in scores of diagnostic groups was statistically significant ($p=0.000$).

Conclusion: The results of this study indicate the need to intensify treatment of early math skills in children with the most severe cognitive deficits. It is necessary to study new strategies that will support the development of these skills in early intervention.

Key words: early mathematical skills, difficulties in mental development, diagnostic groups

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PARENTS AND FAMILIES OF CHILDREN WITH DISABILITY AS A FACTOR OF SUCCESSFUL EARLY INTERVENTION

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Research subject: This paper reviews current studies on psychosocial functioning of parents and families of children with disabilities during the early stages of adaptation to this circumstance. The paper gives a strategy proposal, based on the presented studies that provide family support. The role of parents begins at home, with the early detection of child's developmental problems. Early mobilization and involvement of parents in early interventions has a positive impact on the further course of rehabilitation. Adaptation of parents to a child with a disability affects the child's adaptation to their own disability.

Method: The method of work is an examination of relevant databases, based on keywords, review and presentation of research. Many studies show that parents of children with disabilities go through individual crises (e.g. increased stress levels, depressive reactions). Difficulties (psychological, social, economic, those related to child care) affect the functioning of the whole family.

Results: We discussed the characteristics of family functioning (division of child care, the presence / absence of both parents, and the presence / absence of social support). We also cited studies showing that there was no substantial difference in the functioning of families with and without children with disabilities. Studies imply that functioning of parents and families is not a direct result of the child's disability, but is correlated with variables whose effects are still under the scrutiny of contemporary researches (e.g. coping strategies, resilience, beliefs and attitudes of parents).

Conclusion: Parents are considered essential partners in modern treatment of disability. The paper presents the strategy of psychological support to parents and families through education, counseling and psychotherapeutic intervention.

Key words: early intervention, children with disabilities, parents, families

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DIFFERENCES BETWEEN BOYS AND GIRLS IN DEVELOPMENTAL AREAS

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Research subject: A long time ago neuroscientists proved the existence of differences in brain development between males and females. Basically, there is a difference in the function of a brain hemisphere during certain mental tasks such as speech. Differences in brain development also lead to developmental differences and speed of progression through developmental milestones of males and females. In addition to the neurological background, we cannot ignore the influence of the society in which gender stereotypes are accepted and in which a child grows.

Method: The aim of this study was to determine whether there are significant differences in the development of boys and girls in 5 development areas (cognitive development, communication development, socio-emotional development, self-care and motor development). Apart from that, the aim was to gain an insight into the development areas in which the respondents achieved the worst results. The development behavioral scale assessment of child development (Pištoljević, Zubčević, Džanko, 2016) was used for the study.

Results: The results do not show any statistically significant differences in the development of girls and boys in developmental areas although girls generally achieved better results.

Conclusion: The worst results were achieved in the areas of socio-emotional development and cognitive development, but most respondents achieved results that did not indicate developmental deviations. Are social expectations today changing and are gender stereotypes missing in the development of preschool children?

Key words: developmental areas, gender differences, developmental deviations

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EARLY INTERVENTION: NEEDS AND SATISFACTION OF PARENTS

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Research subject: Parents have an important role in early intervention (EI) of their children with a disability. A limited number of studies have assessed the satisfaction that parents feel with EI services. The purpose of these studies was to estimate parents' satisfaction with EI service and their needs for additional support and services.

Method: Fifty-nine parents participated in an Online Survey. The participants completed a modified version of the Parent Survey-Form (Stadnicki, 2012). No demographic information on the participants was collected. In each question of the survey, parents were asked to respond based on a four-point Likert scale where 4 was the highest possible rating (Strongly Agree) and 1 was the lowest possible rating (Strongly Disagree). Responses to twenty-nine questions were analyzed using quantitative research methodology.

Results: The results of this study indicated that there were several areas of needs that parents identified in themselves. Namely, parents indicated a need for information on child development (82.5%), teaching strategies (91.2%), and strategies for managing problematic behavior (84.2%). Furthermore, the findings of this study also highlighted a need to establish social networks and relationships with other families of young children with disabilities (84.2%) and financial support for parents who pay for therapy and other services for their child (91.1%).

Conclusions: Parents are not satisfied with early intervention services in the Republic of Macedonia. They need more support from a variety of sources, such as informal (family and friends) and formal support (statutory sector).

Key words: early intervention, children with disabilities, families, satisfaction

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WORKING WITH REFUGEE FAMILIES IN EARLY INTERVENTION: DO WE DEVELOP AUTONOMY OR DO WE CREATE DEPENDENCY?

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Research subject: Considering the research and the practices recommended in early intervention, founded and based on the active participation of the family and /or caregiver during all stages of child development, the objective of this study is to understand the approaches adopted by professionals of early intervention, which includes systematic actions in the host country, support, autonomy and individualized planning of refugee families residing in Germany, in the light of the practices validated by evidence and practices in early intervention.

Method: This will be a qualitative exploratory study in the form of a case study, allowing us to establish a relationship between theory and practice with the refugee families who have children between 0 and 6 years of age, who are treated in a center for early intervention, and who are legally living in the country / Germany, as well as professionals with backgrounds of different areas, which act as professionals in centers for early intervention. The Collection of data is through interviews, developed by the author and translated into the official language of the team / German. In interviewing family members, translation to their language is provided

Results: The research is still in progress.

Conclusion: not yet completed.

Key words: early intervention, refugee families in Germany, family centered

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HOW DO PARENTS EVALUATE THEIR CHILD'S DEVELOPMENT?

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Research subject: Assessment in special education and rehabilitation is one of the fundamental processes which serves for collecting information, analysis and data interpretation, all for the purpose of making a decision, further referral, making a work plan or similar. It represents a process that does not happen once, but is an ongoing process that has certain systematization. Many experts are involved in the assessment process, including parents themselves, who are keeping track of the child's development from birth, and are evaluating the child's abilities and skills in the course of development.

Method: The aim of this research is to determine which developmental problems in the child's course of development parents most frequently notice and list, as well as due to which problems parents ask for professional help. A survey was conducted on a sample of 161 parents of children with or without disabilities who have filled out the Child development inventory checklist.

Results: Complications during delivery that are largely recorded by parents are the child's breathing problems. The most common problems that were noticed by the parents when it comes to further development are problems in the speech and language development domain, as well as problems with hyperactivity.

Conclusion: It is necessary to involve parent in the process of assessment and early intervention, as they represent an essential factor in this process, providing important information about the child's development that only they can notice because they live with the child, they know when which behavior problem appeared, and they easily notice any new and atypical behavior, as well as mood changes.

Key words: parents, assessment, child, development, early intervention

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WORKSHOPS
RADIONICE

INDIVIDUALIZED FAMILY SERVICE PLAN

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Research subject: The workshop is organized around the main question of the contents of Individualized family services plan (IFSP)

Method: This workshop will describe aspects related to the importance, development and the basis of a capacity building intervention plan built together with families and for families. Thus, within this approach the participatory and empowering help giving provided by professionals place the family in central and pivotal roles in decisions and actions involving both the family and individual family members (Dunst&Trivette,1996).

Results: The goal of the Individualized family service plan (IFSP) is the helping process towards empowering families through a collaborative interaction with professionals, allowing them to make choices about the services and supports that they want for their children and for themselves.

Conclusion: It will describe the family plan including family concerns, priorities and goals as well as child's goals within the intervention. It also describes frequency and intensity of services and supports, natural contexts where services will be provided and the planning of transition to other services.

Key words: family, service plan, individualisation

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HUNTING THE POWER OF EVERYDAY ROUTINES. ILLUSTRATIONS FROM MEALTIME

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Some children experienced troubled mealtimes. They struggle with oral-motor problems, with dysphagia. Many are dependent on technology for example PEG (percutaneous endoscopic gastrostomy). Mealtime can turn in a pure nutritional routine and the caregivers around the children can easily forget the social aspect of a mealtime. Brillat Savarin wrote as early as 1826 in "The physiology of taste": By eating, you subject yourself to a strict collective practice: The conversation.

In this workshop we will present videoclip from mealtime for children with feeding disabilities and eating problems.

We will show how important everyday routines are for the child and caregivers.

We will try together to catch the communication between children and the caregiver, to look at their interaction and to highlight the moments of joy. The moments giving energy to deal with the challenging mealtime and faith in themselves as caregivers.

*Key words: children with feeding disabilities,
everyday routines, caregivers*

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DEVELOPING FUNCTIONAL GOALS IN EARLY CHILDHOOD INTERVENTION

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Research subject: The acquisition of important developmental skills in children with disabilities is possible only through effective mediation by the adults, the establishment of individualized goals, and the definition of strategies to achieve and monitor them. The individualized education program (IEP) and the individualized family service plan (IFSP) have been fundamental mechanisms for the individualization of interventions. The goals and objectives of the IEP / IFSP, if developed through a systematic evaluation process and directly connected to intervention, can contribute to the individualization of services and improved development of children.

Method: The workshop focuses on goals and objectives of early childhood intervention.

Results: Quality goals and objectives are important for (a) professionals and natural caregivers to know what, how, when, and where to teach; (b) monitoring children's progress; and (c) evaluating and reporting the effects of the intervention. High-quality IEP / IFSP goals and objectives must be family-centered and reflect recommended practices, which means that they should (a) be context-appropriate and supportive of natural caregivers' and families' routines, (b) address skills necessary or useful to the child's participation in these routines, (c) be measurable (i.e. specific), (d) and have meaningful generalization and time frame criteria. However, IEP / IFSP goals and objectives often diverge from recommended practices, because they are poorly written and are not functional or contextualized, potentially resulting in ineffective interventions for children.

Conclusion: Based on recommended practices and on research on the quality and development of goals, this workshop will focus on the development of high-quality, functional, goals and objectives. Thus, because goals and objectives are only as functional as the assessment that produced them, this workshop will address: (1) functional assessment, (2) different steps to build a functional goal and objective, and (3) goals and objectives progress measurement.

Key words: early childhood intervention, functional goals and objectives, individualized education program, individualized family service plan

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EXPLORING THE CONCEPTS OF “PROFESSIONAL LOVE” AND EMOTIONS IN CARING PROFESSIONS: WHAT DOES PROFESSIONAL LOVE MEAN IN EARLY CHILDHOOD INTERVENTION AND HOW DO WE BALANCE PROFESSIONAL LOVE WITH SAFEGUARDING CHILDREN AND FAMILIES?

Carolyn Blackburn¹

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United Kingdom*

Research subject: The concept of emotions is complex, incorporating a combination of physiological, cognitive and behavioural features in response to environmental factors. Health, education and social care professionals undertake roles that are emotionally challenging with children and families. This can be due to the relational nature of the work, but also because of broader factors, such as the legislative contexts and institutional structures that can shape day-to-day practice.

Method: The workshop is organized about the main question: What does professional love mean in early childhood intervention and how do we balance professional love with safeguarding children and families?

Results: The complicated nature of emotions in early childhood intervention (ECI) services means that professionals are often unsure where the boundaries lie between supporting children and families in a sensitive, respectful, attuned manner and ensuring that children are safeguarded from harm. People working in ECI services are responsible for helping and nurturing members of society who are vulnerable or require support. The relational nature of such work and organisational factors (e.g. policy initiatives, staffing levels) can make it emotionally demanding. Evidence suggests that people in these roles are not always helped or prepared to manage work-related emotions, which may affect the services they provide or prompt them to leave their profession. An important concept related to emotions in ECI professions is the concept of intellectual, loving, caring encounters between professionals and children / families conceptualised as professional love. This happens when caregivers can be self-aware, de-centre, emotionally invest in others and build a reciprocal and authentic relationship which enables children to feel valued. Striking a balance between this and safeguarding children from harm is not always easy to demonstrate.

Conclusion: This workshop will allow the time and space for a professional discussion about the concepts of professional love in ECI services.

Key words: emotions, professional love, family, child, resilience

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Social and supporting Program

Društveni program

- Dinner In Skadarlija, a Belgrade bohemian quarter
(Saturday, October 7, 20.30h – 00.00h) – 25 eur
Večera u Skadarliji, boemski kvart
(Subota, 7. oktobar, 20.30h – 00.00h) – 25 eur
- Post-Congress Excursion to Sremski Karlovci
(Monday, October 9) – 50 eur
Post-konferencijska ekskurzija u Sremske Karlovce
(Ponedeljak, 9. oktobar, 6h) – 50 eur
- Panoramic sightseeing (guided tour)
(Saturday, October 7, 12.00h to 14.00h) – 14 eur
Panoramsko razgledanje grada (tura sa vodičem)
(Subota, 7. oktobar, 12.00h – 14.00h) – 14 eur
- Gala dinner with traditional and international dishes, drinks and folk dance (Sunday, October 8, 20.30h – 00.00h) – 45 eur
Gala večera sa tradicionalnim i internacionalnim jelima, pićima i narodnim plesom (Nedelja, 8. oktobar, 20.30h – 00.00h) – 45 eur
- Post conference three day excursion to Western Serbia
(Monday, October 9) – 320 eur in single room / 370 eur in double room
Trodnevna post-konferencijska ekskurzija u Zapadnoj Srbiji
(Ponedeljak, 9. oktobar) – 320 eur jednokrevetna soba / 370 eur dvokrevetna soba
- Belgrade River cruise, dinner included
(Friday, October 6, 21.00h to 23.00h) – 26 eur
Krstarenje rekom u Beogradu, večera uključena
(Petak, 6. oktobar, 21.00h to 23.00h) – 26 eur
- Belgrade sightseeing, Royal Belgrade – half day tour
(Sunday, October 8, 14:30-18:30) – 45 eur
Razgledanje Beograda, tura od pola dana
(Nedelja, 8. oktobar, 14:30-8:30) – 45 eur

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