



**National Association of Educational Translators  
and Interpreters of Spoken Languages**

**Guide for Spoken Language Interpreters in Education Series**

**Interpreting in Early Intervention Programs**

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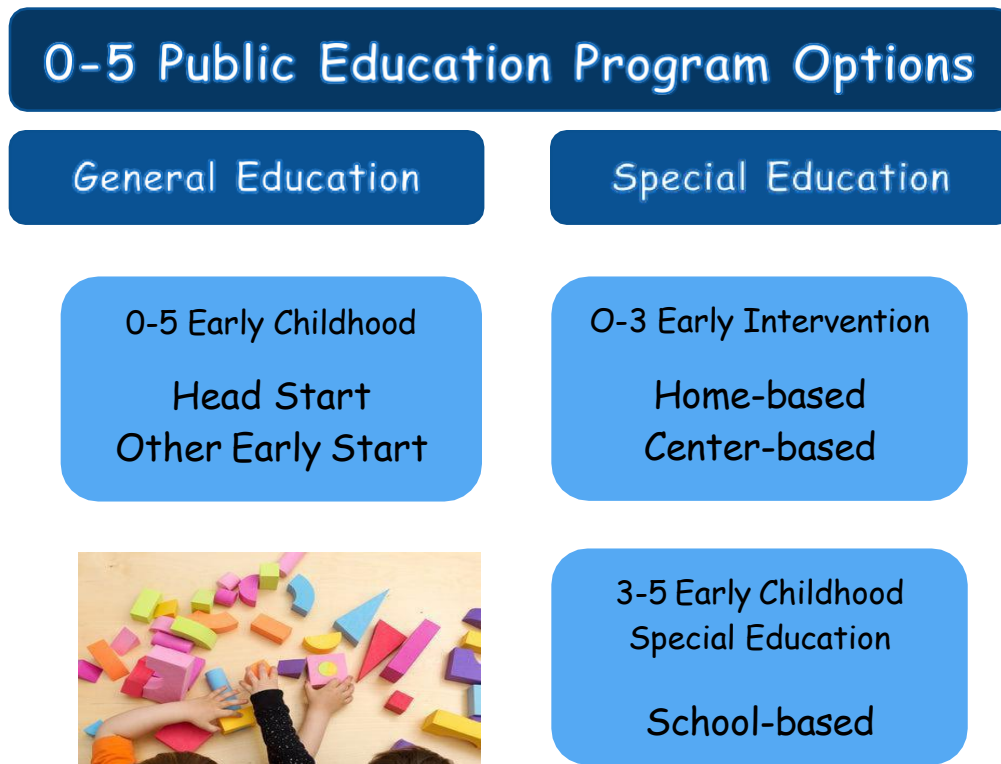


We generally think of educational interpreters as practicing in K-12 settings, but these professionals also play critical roles under the umbrella of programs for pre-kindergartners. In general education, interpreters may find themselves practicing in publicly funded early childhood programs that are specifically for young children whose families have low income, such as Head Start (ages 3-5), Early Head Start for infants and toddlers (ages 0-3), or Migrant and Seasonal Head Start (ages 0-5). Interpreters may also provide services in government funded early childhood programs

where income is not considered for eligibility, an option in a small but growing number of states. In special education, interpreters may find themselves practicing in early intervention (ages 0-3) or early childhood special education programs (ages 3 – 5), for infants and children who have been identified with a disability. (See Figure 1.)

This paper will focus on two aspects of early intervention for young children with disabilities most relevant for interpreters: understanding the process of early intervention service delivery and providing interpreter services in the natural environment, which is often the home setting.

Figure 1 *Public Education Options in U.S. for Children Ages 0 to 5*



### What is Early Intervention?

Early intervention is a system of services that supports infants and toddlers with developmental delays or disabilities and their families. Early intervention focuses on helping eligible young children (aged 0-3 years) learn basic skills that are typically developed during the first three years of life in the following domain areas:

- physical (reaching, rolling, crawling, and walking)
- cognitive (thinking, learning, solving problems)
- communication (talking, listening, understanding)
- social/emotional (playing, feeling safe and happy)
- self-help (eating, getting dressed)

Early intervention provides family-directed services that address the needs and the priorities of the child's family in their natural environment. It

centers on the child and their family being successful at home and in the community environment. Regulations for publicly funded early Intervention services are addressed in Part C of the Individuals with Disabilities Education Act (IDEA) (2014). Referrals for services can be made by parents, hospitals, physicians and other health care providers, childcare programs, public health facilities and other social service agencies, and other public or private agencies receiving public funds. Each state has a point of contact for early intervention referrals and services which can be found on the list maintained by the U.S. Centers for Disease Control and Prevention (CDC): [Early Intervention Contact Information by State | CDC](#).

### **Overview of Part C of the IDEA (2014)**

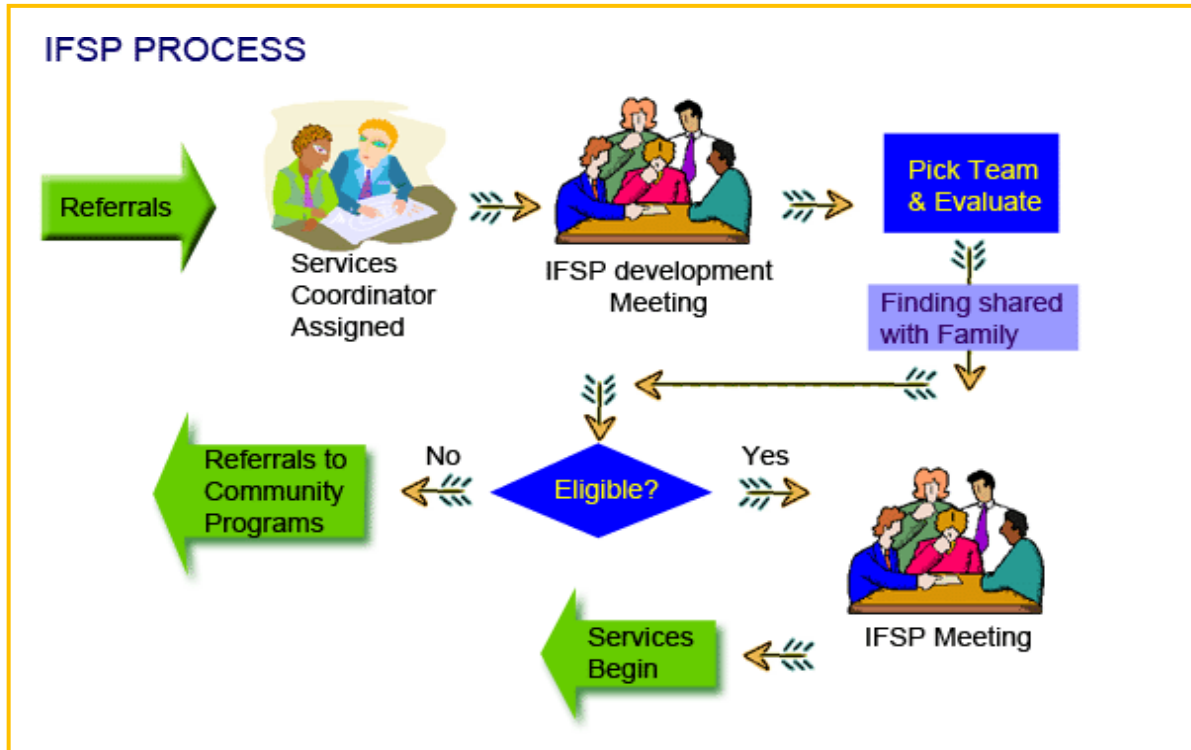
Interpreters should be aware that Part C of the IDEA (2014), Program for Infants and Toddlers with Disabilities, is a federal grant program that assists states in operating an all-inclusive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families. According to federal regulations, interpreters are to be provided for emergent bilingual families seeking or receiving early intervention services. Since Part C supports service delivery that recognizes cultural and linguistic diversity as well as a family-centered approach, interpreter services take place in the natural environment where the child is being assessed or receives services. In addition, all the literature that the providers share or bring to the family's home should be translated into their home language. For a child to receive services, an Individualized Family Service Plan (IFSP) is developed. (See Figure 2).

Eligibility for services is determined using assessment tools that include standardized measures of child health and development, interviews, and discussion with the members of the family as well as observations of the child in their natural environment. Once eligibility is established, an IFSP is developed with the aid of an early intervention

services coordinator who meets with the family. These meetings take place either face-to-face, via phone, or virtually. The best way to describe an IFSP is as a living document that allows members of the child's service team to set goals to enhance the child's development. Interpreters are typically needed throughout the early intervention process, which includes the interconnected steps described by Lucas, Hurth, Shaw, & Colgan (2012):

- (1) identification and referral,
- (2) interviews and family assessment,
- (3) child evaluation and functional assessment,
- (4) IFSP development, and
- (5) service delivery and transition.

Figure 2 *Flowchart for Developing the IFSP*



Source: [www.speechbuddy](http://www.speechbuddy)

## **Roles and Responsibilities of the Interpreter in Early Intervention**

An interpreter is needed to facilitate face-to-face, virtual, and phone meetings at all stages of the early intervention process when family members or the child are emergent bilinguals. To facilitate communication, the interpreter may work in conjunction with medical and education professionals, including the early intervention service coordinator (EISC), speech and language pathologist (SLP), occupational therapist (OT), physical therapist (PT) and/or community-based rehabilitation services (CBRS) provider. In addition to these providers, there may be teachers who specialize in vision, deaf and hard of hearing, or early childhood services who consult or provide direct services and need to utilize an interpreter. The interpreter is the mediator in the education being provided to the parent about their child's developmental delay or disability. As such, the interpreter has an active part in the triangle of communication that takes place in the intimacy of this family's home, which includes their culture and beliefs. Their role is to make communication possible by providing clear and accurate interpretation for the caregiver to gain knowledge that will allow the family to support and advocate for their child.

A well-trained interpreter is required for a parent not only to overcome the language barrier but to be empowered to use their voices and advocate for the wellbeing of their child. In addition to being knowledgeable about educational terminology, school issues, ethics, and standards of practice, interpreters in early intervention and early childhood education will find knowledge of the medical field helpful in their encounters. When a primary care physician or a hospital refers a child for early intervention services, the interpreter may work with the nurse, nutritionist, and other medical personnel as well as the early intervention coordinator. The interpreter may also need to provide sight translation of medical records when meeting with the family. Becoming familiar with genetic and chromosomal conditions apparent in young children, abbreviations for diagnoses and places in the hospital, titles and

capabilities of the physicians involved, various medical tests and assessments, medical terminology, as well as terms and concepts related to social work will result in improved communication. In addition, being an interpreter in early intervention requires the willingness to learn and be aware of changes in Part C of IDEA and terminology in more than one field.

Adaptability is also crucial for interpreters when working in natural environments where circumstances may change dramatically from session to session. Who is present in the setting, how they behave, and how much they understand about the intervention session and the interpretative process can all influence communication. An interpreter needs to be flexible and willing to adapt to the many dynamic circumstances that could be faced during a visit, from being asked to hold a baby to sitting on the floor to speaking with a parent who is cooking and distracted by a cell phone.

### **Working in Natural Environments**

The home environment, and to a lesser extent, daycare and home-based childcare settings are typically where early intervention services take place. When interpreters visit homes, they become part of the support services provided to the families. They establish rapport with the families they work with, and they become an essential part of the home-based services routine. The ongoing and consistent work of the service delivery team, formed by the interpreter, the therapists, the EISC, and the caregiver, not only overcomes the language barrier but allows the seamless flow of services in the natural environment.

When considering the small child, it is often detrimental to switch interpreters once a pattern has been established. A new team member in the home may change the dynamics of the interactions and cause anxiety or lack of motivation in the child to participate during the therapeutic session. Ideally, practicing consistency by utilizing the same

interpreter builds trust and a predictable environment as providers, family members, and interpreters work to meet the child's IFSP goals.

Another issue to consider in providing home and community-based services is the safety of individuals in the natural setting, including that of the child and family members. Interpreters should be aware of policies



and procedures for reporting immediate danger, such as when domestic violence is observed, as well as issues that a services coordinator or case manager should know about, such as food insecurity or suspected neglect. In some cases, organizations will have written guidelines that all members of the team are aware of; in other cases, safety

protocols may not be obvious, and it will be up to the interpreter to seek that information out and form a plan. Regarding social proprieties and personal safety, the following suggestions should be considered:

- The interpreter should always have the phone numbers of key family members and the providers with whom they are working to communicate unexpected changes in times or locations for the visits.
- All parties should be fully informed about the nature of the home-based meeting prior to the interpreter or providers entering the setting.
- All parties should be made aware of the physical surroundings of the home or other setting so that issues including parking, how to enter gated areas, and which entrance to use, are anticipated.
- The interpreter and providers need to be respectful of the home's customs (e.g., taking off shoes at the door). Team members should request permission or inquire about expected behavior if there are doubts (e.g., moving something out of the way, where to put a coat).
- Since the team will be visiting a family on an ongoing basis,

acknowledging the people in the neighborhood by consistently greeting them is suggested.

- The interpreter should dress appropriately for home visits, which includes wearing clothes that are clean, comfortable, and cover the skin from neck to knees and minimizing accessories (e.g., minimal makeup and scents, no flashy jewelry, no hats). Interpreters should be part of the interaction but not the center of the attention.
- Home visits should be scheduled during daytime hours whenever possible.
- The interpreter should inform key office staff or others where they are going and what time they expect to return.
- The interpreter should arrive early to become familiar with the surroundings.
- The interpreter should consider waiting outside the home-based setting or in the car until another team member arrives.
- If the surroundings do not feel safe, the interpreter should not exit the car or remain in the area. The interpreter should make a phone call to another team member to discuss next steps or follow established agency protocol.
- If conditions inside the home do not feel safe or pose an immediate risk, the interpreter should exit the home, find or travel to a safe space, and take appropriate action. This includes alerting law enforcement if needed or following established agency protocol.

## What Comes After Early Intervention Part C Services?

Once a child exits early intervention at age three, they will be able to receive preschool special education services through their local school system if they continue to qualify (Part B of the IDEA, 2014), a process referred to as the transition from early intervention to early childhood education. At that point, the services will have a focus on academics and the child's success in the school environment. To reflect this academic focus, children will have an Individual Educational Plan (IEP) instead of an IFSP. Table 1 (see below) provides a comparison of the plans in terms of



age limits, team membership, parent involvement, and other aspects of service. Sometimes it may be hard for parents to understand the transition process and dynamics of these new services.

Table 1 *Comparison of IFSP and IEP*

<b>IFSP</b>	<b>IEP</b>
Used in early intervention for children ages birth through 2 and their families	Used in special education for children ages 3 to 21
Includes information about the child's present levels of development	Includes information about the child's present levels of educational performance and participation in developmentally appropriate activities
With the family's approval, it may also include information regarding the family's resources, priorities, and concerns related to the development of their child	Includes information about the family's concerns for enhancing the child's education
After the team determines a list of priorities and concerns, the family determines which outcomes will be included on the IFSP	The IEP team, including the parents or guardians and related service providers who work with the child, determines the goals
Includes the major outcomes desired for the child and family, as well as the methods, timelines, and a plan to measure progress	Includes measurable annual goals, academic and functionally, designed to: <ul style="list-style-type: none"> <li>• Enable the child to be involved in and make progress in the general curriculum;</li> <li>• Describe how progress will be measured and how often</li> <li>• Describe how progress will be reported to the family</li> </ul>
Includes the natural environments where services will be provided	Describes services provided in the least restrictive environments (LREs) and an explanation of the extent, if any, that the child will not participate with typically developing children
Includes the early intervention services and supports necessary to meet the unique needs of the child and family in order to achieve the identified outcomes	Includes the special education, related services, supplemental aides and services, modifications, and supports to be provided to help the child make progress and participate in developmentally appropriate activities
Team membership includes: <ul style="list-style-type: none"> <li>• A parent or parents of the child</li> <li>• Other family members as requested by the parent</li> <li>• An advocate or person outside the family, if parent requests that the person participate</li> <li>• Service coordinator</li> <li>• A person or persons involved in conducting evaluations and assessments</li> </ul>	Team membership includes: <ul style="list-style-type: none"> <li>• A parent or parents of the child</li> <li>• Regular education teacher</li> <li>• Special education teacher</li> <li>• A representative of the school district who can commit resources</li> <li>• A person who can interpret results of the evaluations</li> <li>• Others who have knowledge or special expertise about the child</li> </ul>

Source: Pacer Center Action Information Sheet PHP-c59 <http://www.pacer.org/parent/php/PHP-c59.pdf>

The EISC typically explains what to expect from the new system and the changes in the services beyond the paperwork. Best practice is for parents to be fully informed about the transition to school-based services and what their new responsibilities will be once the family exits the early intervention program. The importance of providing quality interpreter services during this process cannot be overstated.

One of the main differences following the transition is not having an EISC who connects the various home-based and other services families receive. Instead, one of the members of the child's IEP team, usually the case manager, oversees facilitating service delivery but typically only in the school environment. This situation can cause a number of difficulties. While some parents easily assume coordinating appointments and services outside of school hours to improve their child's functioning, other parents struggle without additional professional support. In addition, therapy goals of services obtained outside the school may not be reinforced in school. For example, if a child sees a feeding specialist after school hours, similar feeding goals may not be addressed by the occupational therapist in the school setting without adequate communication and coordination. Another significant difficulty may be not having an interpreter for ongoing private services in the natural environment if parents decide to continue receiving therapy at home.

As with anything in life that requires a transition, it takes time and understanding to adapt to change. The family will need to adjust to no longer having the therapists and interpreter that have visited their home on a weekly or monthly basis. What is more, the family will need to build rapport and trust a team of professionals who work with their child in the school and not in close physical proximity. Unless efforts are made to communicate regularly, parents may only see the new team once a year to review the IEP. As such, it is crucial that parents become informed to advocate for their rights and request what they need from the school system for their child's success not only at school but in life. Organizations that offer support through case management after a child turns age

three and exits Part C services should be explored by the IFSP team as part of the planning for transition process. These organizations may help parents advocate for their child's rights to services as well as navigating services and providers. Bringing up a child takes a village, which includes the caregivers as well as the support of a community developed in the natural or school environment. When a child has special needs, services provided by a bilingual provider or with the aid of a trained interpreter are essential to support parents at home and school.

*Note:* Readers are referred to the [Early Childhood Technical Assistance Center](#) for additional information on Parts C and B of the IDEA. In addition, readers are encouraged to become familiar with the parent rights' handbooks for Part C and Part B services in their state. Parents have a right to this literature in their preferred language and should request it if not already available. Parents also have the right to an interpreter when interacting with Part C and B service providers under Title VI and the IDEA and in compliance with the [National Culturally and Linguistically Appropriate Service Standards \(CLAS\) in Health and Health Care](#).

## References

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## ABOUT THE AUTHOR

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Laura B. Price was born and raised in Montevideo, Uruguay. She has been an early childhood interpreter/translator and has worked in the areas of special education, mental health, brain injury and domestic violence in home and school settings. She earned her MA in Spanish with a focus on Translating & Translation Studies from UNC-Charlotte and a MEd in Early Childhood and Family Support from UNC Chapel Hill. She also holds graduate certificate degrees in Language & Culture Studies and Antiracial Teaching from UNC Charlotte, graduate certificate degrees in Autism, TESOL & Teaching English in the 2-

year-college from East Carolina University as well as a Medical Spanish Teaching diploma from the University of Cantabria, Spain. She holds a NC professional educator's license in the following areas: Birth-Kindergarten, Spanish K-12, and ESL K-12. She is currently pursuing a Ph.D., in Curriculum and Instruction from the University of North Carolina at Charlotte with a focus on Literacy/ TESOL and Instructional Design. She is a passionate and caring advocate for the education of future interpreters and translators that will be able to work professionally and successfully in the field.