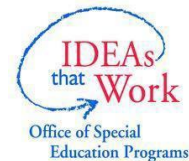


Accessible Educational Materials (AEM) and Assistive Technologies (AT) in Early Childhood Education: What, Why, and How

By AEM Center at CAST

Published: September 2024

The contents of this document were developed under a cooperative agreement with the US Department of Education, #H327Z190004. However, those contents do not necessarily represent the policy of the US Department of Education and you should not assume endorsement by the Federal Government. Project Officer, Rebecca Sheffield, Ph.D.



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National Center on Accessible Educational Materials (2024). *Accessible Educational Materials (AEM) and Assistive Technologies (AT) in Early Childhood Education: What, Why, and How*. Lynnfield, MA: National Center on Accessible Educational Materials.

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Introduction

In early childhood education, ensuring that all students, including those with disabilities, can access and engage with learning materials is a pivotal aspect of educational equity and inclusion. Accessible Educational Materials (AEM) and Assistive Technologies (AT) are central to this endeavor, providing essential resources that accommodate diverse learning needs (CAST, 2023). This paper explores the use of AEM and AT supports in inclusive early childhood settings by explaining what they are, why they are crucial for fostering inclusive learning environments, and how they can be implemented effectively.

What is early childhood education?

While the National Association for the Education of Young Children (NAEYC) considers the early childhood period to span from birth through age eight (NAEYC, 2020), federal legislation related to children with disabilities considers the early childhood period to be from birth through age five (20 USC 1400, 2004; 42 USC 9801, 2007). Though the definition of early childhood varies, the importance of programs and services during this crucial period is widely recognized.

In addition to providing support for families' busy lives, early childhood programs also promote positive outcomes for children. Programs such as Head Start, childcare, early intervention, and home visiting have been found to serve as protective factors from negative outcomes (Chacon and Reschke, 2021; Kozlowski, 2022).

“Childcare” is the term widely used to describe early learning and care provided by an adult other than a parent or guardian. Childcare is sometimes called “daycare,” but the early childhood field strongly prefers the terms “childcare” or “early care and education” instead. These are umbrella terms that include education and care provided in childcare centers, family childcare homes, school-age childcare programs, childcare options for military families, and informal in-home childcare. Informal in-home childcare is care provided in the child’s or caregiver’s home by a person who is a relative, friend, neighbor, babysitter, or nanny. Sometimes called “family, friend, and neighbor” care, informal in-home childcare is not usually regulated by states. Moving from general childcare options, let’s look at specific federally funded programs designed to support early childhood development.

“Head Start” refers to federally funded preschool programs that primarily serve three- and four-year-old children. Early Head Start programs serve infants, toddlers, and pregnant women. Services are delivered nationwide through 1,600 agencies that provide early learning programs and supports for health and family well-being (42 USC

9801, 2007). Parents are considered key partners in Head Start, and 10 percent of the funded enrollment must include children with disabilities. There are income requirements to be eligible for Head Start, but some of these may be waived for a child who has a disability or suspected delay (Office of Head Start, Administration for Children and Families, Department of Health and Human Services, 2016). In addition to federal programs, many states offer their own early childhood education initiatives.

Depending on the state, “state prekindergarten (pre-K) programs” are known by many different names, such as public preschool, pre-K, junior kindergarten, state-funded preschool, or state-funded prekindergarten. These programs are not available in every state because they are dependent on state funding. They operate through local school districts and/or in partnership with nonprofit organizations, Head Start, childcare, or other programs (Friedman-Krauss et al., 2024). These programs are often free or low-cost for families who qualify. Pre-K programs typically serve children from age three to age five and focus on kindergarten preparation. Services may be limited to a portion of the day and may be closed during the summer months. Beyond classroom-based programs, there are also services designed to support families directly in their homes.

“Home visiting” is a support for expectant parents and families of children from birth to age five. Trained home visitors provide services and supports in the home, offering families information about child development, health, developmental screenings, and mental health support and well-being. For children with developmental delays or disabilities, specialized programs are available to provide targeted support from an early age.

All states offer early intervention (EI) programs to help babies and toddlers who have developmental delays or disabilities. EI focuses on helping eligible babies and toddlers learn the skills that typically develop during the first three years of life, such as crawling, walking, eating, talking, and learning. As children move from infancy to preschool age, the focus of support services may shift to preparing them for formal education. States are required to provide early childhood special education (ECSE) services that help preschool children (ages three through five) with developmental delays or disabilities to support their education needs. The services are typically provided by the local public school where the child will attend kindergarten and elementary school.

What is “inclusion” in early childhood?

In 2009, two of the leading early care and education (ECE) and ECSE membership organizations came together to present a unified vision for inclusion in early childhood. This joint position statement (DEC, NAEYC, 2009) developed by the NAEYC and the

Division for Early Childhood of the Council for Exceptional Children (DEC) defines inclusion in this way:

“Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society.” In addition, these two membership organizations indicated a set of outcomes, or desired results, of inclusion for children with and without disabilities and their families:

- A sense of belonging and membership
- Positive social relationships and friendships
- Development and learning to reach their full potential

The NAEYC and DEC’s joint position statement proposes three defining features of inclusion: access, participation, and support. **Access** provides a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development. **Participation** encourages the use of a range of instructional approaches to promote engagement in play and learning activities and a sense of belonging for every child. Lastly, **support** represents the broader aspects of the system, such as professional development, incentives for inclusion, and opportunities for communication and collaboration among families and professionals to assure high quality inclusion.

What do these defining features of inclusion look like in practice? How are they evident in a typical early childhood environment? To begin, we know that the defining feature of *access* may start with the ability of the child and family to get in the door to access the facility, but access is about much more than physical accommodations. For example, an inclusive childcare program implements policies that promote access, so families know it is a program open to **all** children, including those who need help with eating, toileting, getting around, or learning new skills. This is evident not just by the wheelchair ramp at the front entrance, but also program policies and the inclusive practices in the classroom. An educator might arrange their classroom so that all children can access all learning centers. For example, Miguel benefits from having a cube chair to sit in at circle time because his upper-body strength is still developing. Accommodations to the learning environment, inclusive policies and practices, and family supports promote access to inclusion.

Once the child and family are able to access the program, the goal of inclusion is also about ensuring that all children experience belonging, membership, and active

participation in the program. To promote *participation*, an educator might individualize activities to offer a variety of ways for children to join in on the fun and learning. For example, Abby, who uses crutches to walk, holds the stop-and-go sign during Red Light, Green Light, so she can participate even though it is a running game. Educators use accommodations and modifications so all children can participate with success.

Lastly, supports are provided by the program or implemented at the system-level to ensure the efforts of educators are successful and can be maintained. For example, a school district might invite Head Start educators to join special-education staff for a professional development workshop of mutual interest. Funding might be made available to purchase AEM/AT or adaptive classroom equipment, provide incentives, or compensate therapists or specialists. Essential supports like these are necessary because inclusive services are only possible when educators, administrators, leaders, and families share responsibility and hold a unified vision centered on the expectation that each and every child has the ability to reach their full potential.

Let's explore a specific type of support that can foster inclusion in a very practical way: AEM and AT.

What are AEM and AT?

Accessible Educational Materials (AEM) refer to print and digital resources designed to be usable by the widest range of students, including those with disabilities. These materials may include books in various formats like braille, large print, and audio, as well as digital texts with features such as text-to-speech and adjustable text sizes (CAST, 2023).

In early childhood education, AEM are designed to cater to the diverse needs of all learners, ensuring that every child, regardless of ability, can access and engage with learning content. These materials encompass a wide range of options to support various learning preferences and needs. For instance, tactile books allow children who are blind or have low vision to feel different textures, aiding in sensory development (CAST, 2020). Interactive eBooks, which can include read-aloud features and adjustable text sizes, support learners with print disabilities by providing multimodal ways to access text, thus enhancing understanding and engagement (CAST, 2020; Iowa Department of Education, n.d.-a). These materials not only facilitate literacy but also foster a more inclusive classroom environment (Anderson & Joseph, 2021).

Open-ended materials, items that can be used in a variety of ways, such as blocks, water tables, and art supplies, provide children with and without disabilities the freedom to explore and learn science concepts based on their own ideas (Counsell, 2024). For

example, in a block center, children can explore physical science concepts like force and motion through building and experimenting with ramps and tubes. An art center offers opportunities to investigate states and changes in matter using paint, modeling clay, papier-mâché, or slime, allowing for creative expression and scientific exploration. Outdoor play, utilizing playground equipment such as slides, swings, and teeter-totters, further reinforces concepts of physics and motion. By incorporating these diverse AEM and open-ended materials, early childhood educators can create an inclusive learning environment that supports the development and engagement of all children, regardless of their individual needs or abilities.

AT are essential tools and devices designed to address specific barriers encountered by learners with disabilities. In early childhood education, examples include text-to-speech applications and interactive toys that are either voice-activated or switch-operated, which facilitate equal access to learning materials by converting written text into audible speech or enhancing interactive play (PACER Center, n.d.; Rasmussen et al., 2023). Additionally, adaptive switches and utensils support children with limited motor skills, enabling them to participate independently in activities like playing and eating (Connecticut State Department of Education, n.d.). These technologies play a crucial role in enhancing access, participation, autonomy, and inclusion for young learners with disabilities (Fernández-Batanero et al., 2022). As stated earlier, access and participation are two of the three defining features in early childhood inclusion, making AEM and AT essential supports toward achieving the greatest outcomes for children and families in the early years.

Why AEM and AT are essential in early childhood education

In high-quality, inclusive early childhood programs and settings, social and learning activities are designed to promote access and encourage participation for all children, including those with disabilities or suspected delays. Educational and play materials selected in these inclusive settings include options to facilitate child engagement through multiple sensory, physical, and perceptual means. Play becomes a powerful tool for inclusion, as environments that promote inclusive play are designed to enhance access, engagement, and participation for all children (Botelho, 2021).

The integration of Accessible Educational Materials (AEM) and Assistive Technology (AT) in early childhood education supports several critical outcomes, including promoting inclusivity, enhancing learning outcomes, and ensuring compliance with legal requirements. By providing materials and technologies that cater to diverse needs, educators can create a learning environment where all children feel valued and included (Anderson & Joseph, 2021). This inclusivity fosters social cohesion and mutual respect

among students from a young age (Jones & Rausch, 2024). Research has shown that when children with disabilities receive the same educational opportunities as their peers, their academic performance improves significantly (Gilmour et al., 2018). AEM and AT can bridge learning gaps and empower these students to achieve their full potential (Smith, 2020). By employing these tools, educators can tailor their approach to meet the unique needs of each child, ensuring that all students have equal opportunities to learn and grow.

Moreover, the implementation of AEM and AT helps educational institutions comply with legal requirements. Legislation such as the Individuals with Disabilities Education Act (IDEA) mandates that educational materials be accessible in a timely manner to students with disabilities. By employing AEM and AT, schools fulfill these legal obligations, ensuring no child is left behind due to inaccessible learning resources (North Carolina Department of Public Instruction, n.d.). This compliance not only avoids potential legal issues but also demonstrates a commitment to inclusive education and equal opportunities for all students.

How to implement AEM and AT in early childhood education

The National AEM Center recognizes that print and digital materials and educational technologies are commonly present in early learning settings, including the home and community. When determined to be appropriate, interactive materials and technologies need to be accessible to ensure children with disabilities can benefit from inclusive settings. In early childhood programs, implementation of AEM and AT requires strategic planning and collaboration among educators, families, and specialists. One effective strategy is differentiating instruction with AEM. Educators can utilize AEM to offer multiple means of representation and engagement. For example, providing storybooks in both print and audio formats allows children with visual impairments to enjoy and understand the same stories as their peers (CAST, 2020; Iowa Department of Education, n.d.-a).

Another crucial strategy involves employing AT to support individual needs. AT can be personalized to support the specific requirements of each child. For instance, adaptive switches can enable children with limited motor skills to operate toys and computers, fostering their independence and participation in classroom activities (Johnson, 2019; PACER Center, 2015). This personalized approach ensures that each child receives the support they need to fully engage in the learning environment.

Professional development and support form the third pillar of effective AEM and AT implementation. Continuous training for educators on the use of AEM and AT is crucial.

Understanding how to integrate these technologies into daily teaching practices ensures all children benefit from inclusive educational opportunities (Utah State Board of Education, 2024). Ongoing professional development helps educators stay current with the latest advancements in AEM and AT, allowing them to provide the best possible support for children with diverse needs.

While these strategies are effective at the program level, and the use of AEM and AT promote access and participation, the defining features of support are typically influenced by the state and community systems in which the programs operate. Services in inclusive settings are mandated and supported by federal and state laws and policies. In addition, inclusion requires a collaborative approach. Inclusion is not the responsibility of any one agency or service provider. It requires coordinated efforts from multiple agencies across public and private sectors to ensure that inclusive policies and practices are adequately funded. Successful inclusion requires collaboration at the national, state, community, and program levels. Given the need for this multi-level approach, the Early Childhood Technical Assistance Center and the National Center for Pyramid Model Innovations developed the *Indicators of High-Quality Inclusion*, a set of indicators grouped for use at the state, community, program, and early care and education environment levels (ECTA/NCPMI, 2023).

Given the important role that early childhood systems play in ensuring needed supports are in place, states and communities must consider strategies to foster collaboration, attain needed fiscal resources, develop policies, provide professional development, etc. All of these efforts are needed as part of the system of supports for the provision of AEM and AT as well (Thoreson, 2021). To address the need for guidance in this area, the National AEM Center developed the *AEM Quality Indicators with Critical Components for Early Childhood*. Aligned with the ECTA/NCPMI Inclusion Indicators, the AEM Indicators are a set of key quality indicators intended to guide state and community system leaders in coordinated and collaborative approaches that will foster the use and selection of AEM and AT in inclusive early childhood settings. (National AEM Center, 2020).

The seven quality indicators include:

1. Coordinated System for Provision of Accessible Materials and Technologies
2. Timely Provision of Accessible Materials and Technologies
3. Written Guidelines on Provision and Use of Accessible Materials and Technologies
4. Learning Opportunities and Technical Assistance

5. Secure, Systematic Data Collection Process
6. Plan for Secure Use of Data for Continuous Improvement
7. Allocation of Resources for Delivery and Sustainability of Services

System-Level Implementation

The *AEM Quality Indicators with Critical Components for Early Childhood* provide a framework for states to consider when planning strategies to foster inclusion using AEM/AT supports. State leaders can use the indicators to assess system strengths and potential leverage points for bringing AEM/AT resources to efforts working to expand inclusive options for families. The examples below are organized by the AEM Quality Indicators and highlight state exemplars identified through a comprehensive review of publicly available information from state and national websites.

Indicator 1: Coordinated System for Provision of Accessible Materials and Technologies

Comprehensive Assistive Technology programs have been established in many states to serve individuals of all ages, including infants, toddlers, and preschoolers. These programs typically offer a wide range of services designed to ensure children with disabilities have the necessary support to participate fully in educational activities. Services often include training, technical assistance (TA), and device loans. States like Alabama (Alabama Department of Rehabilitation Services, 2024; Alabama Family Central, 2024), Illinois (Illinois Assistive Technology Program, 2024; Illinois State Board of Education, n.d.), and Virginia (Virginia Assistive Technology System, n.d.; Virginia Information Technologies Agency, n.d.) exemplify this approach, providing robust AT programs that cater to the needs of young children with disabilities.

Interagency collaboration is another key feature of many states' approaches to AT provision. A significant number of states emphasize the importance of collaboration between various state departments and local programs. This collaborative effort often extends beyond government agencies to include partnerships with non-profit organizations, healthcare providers, and educational institutions, creating a multidisciplinary approach to service provision. For instance, Missouri demonstrates this approach through collaboration between Missouri Assistive Technology (MO AT, n.d.) and the Department of Elementary and Secondary Education (MO DESE, 2020). Similarly, New York showcases interagency cooperation between its State Department of Health (2019) and its State Department of Education (n.d.). Montana provides another example, with collaboration between its Department of Public Health and Human Services (2023) and Vocational Rehabilitation and Blind Services (n.d.). These

partnerships aim to create a more comprehensive and efficient system for delivering AT services to young children with disabilities.

Indicator 2: Timely Provision of Accessible Materials and Technologies

States have explicitly established defined timeliness standards to ensure prompt provision of materials and technologies for children with disabilities. These standards often align with federal IDEA regulations, stipulating that schools must provide materials to disabled students at the same time as non-disabled peers. Arkansas mandates simultaneous provision of specialized and traditional instructional materials, barring unusual circumstances (Arkansas Department of Education Division of Elementary and Secondary Education, 2024). Connecticut requires local education agencies to provide AEM concurrently for disabled and non-disabled children (Connecticut State Department of Education, 2024b; Connecticut Accessible Educational Materials, n.d.).

To further support these timeliness standards, states leverage interagency and cross-sector collaborations to enhance timely delivery of materials and technologies. Education departments, health services, and non-profit organizations form strategic partnerships to streamline services. Kansas has established a collaboration between its Division of Public Health Early Intervention Program and the Assistive Technology for Kansans project to facilitate AT and AEM evaluation and selection for infants and toddlers (Parsons LSI, n.d.). Similarly, Tennessee's Technical Assistance Network's Assistive Technology Project (TN-AT) works with school districts to improve their ability to meet assistive technology requirements for students with disabilities aged 3 to 22 (TN-TAN, 2024).

In addition to these collaborative efforts, many states operate efficient loan and trial programs to facilitate evaluation and timely provision of assistive technologies and accessible materials. These programs allow families and educators to test devices before making long-term commitments. Florida's Step Up AT (n.d.) program provides immediate resources and links to the Florida Alliance for Assistive Services and Technology lending library (FAAST, 2024). This library offers AT, accessible toys, and other AEM for preschoolers, which parents, teachers, school districts, and professionals can check out using a shopping cart feature. Taking a similar approach, Minnesota's PACER Center's Simon Technology Center runs a lending library with 174 early childhood specific AT and AEM items (PACER Center, n.d.). The center provides various access options, including in-person hours, pickup appointments, electronic software delivery, and shipping within a week of item reservation.

Indicator 3: Written Guidelines on Provision and Use of Accessible Materials and Technologies

Many states have developed comprehensive guidelines that detail laws, policies, and procedural plans relevant to the provision and use of accessible materials and technologies in early childhood education. These guidelines typically include specifications for assessments and the integration of these resources in early childhood programs. For instance, the Alaska Special Education Handbook provides guidance on adhering to laws and policies regarding the use of AT and accessible instructional materials for students aged 3-22 receiving special education services (Alaska Department of Education and Early Development, 2020). Additionally, the Alaska Early Intervention and Infant Learning Program (2023) offers guidance on AT and AEM for infants and toddlers. In California, the "Inclusion Works!" guide offers strategies for creating inclusive environments and supports providers in offering high-quality care and education, referencing relevant laws and policies throughout (California Department of Education, 2021).

Guidelines for procuring accessible digital materials are crucial to ensure all children in early childhood programs can benefit from technology and digital resources. The Connecticut Assistive Technology Guidelines for ages 3-22 contain a section on funding for AT, detailing school districts' responsibility for paying for and maintaining AT (Connecticut State Department of Education, 2024a). Similarly, North Dakota's Guidelines for the Provision of Assistive Technology to Students with Disabilities under IDEA Part B (North Dakota Department of Public Instruction, 2015) provide purchasing considerations to reduce lifetime costs of AT devices and prevent the purchase of inappropriate devices. These guidelines also offer information about the state's AT program and resources for obtaining AEM.

States often provide frameworks for decision-making processes that guide the provision of accessible formats of curriculum materials for children who need them, ensuring personalized and appropriate educational support. The Georgia Project for Assistive Technology (2023) developed a checklist and resource guide to assist IEP teams in determining AT needs for students. This checklist provides a structured process for identifying instructional or access barriers, evaluating current modifications and accommodations, and considering potential AT solutions. In Hawaii, the Assistive Technology Guidelines (Hawaii Department of Education, n.d.) outline a clear and systematic process for provisioning AT for students. The document includes guiding questions and data collection methods and provides worksheets and forms to assist teams throughout the AT consideration process based on the Student, Environment, Tasks, Tools (SETT) Framework. Both states emphasize evidence-based decision-making and specify that AT needs must be determined and documented by the IEP

team, aligning with IDEA requirements and promoting effective decision-making in AT provision.

Indicator 4: Learning Opportunities and Technical Assistance

States provide specialized content and training targeted at various stakeholders, including parents, educators, therapists, and district leaders. In Florida, the Step Up AT to Promote Early Literacy Project enhances early literacy for preschool children with disabilities by providing teachers and parents with evidence-based AT knowledge. This professional development resource combines interactive online modules, access to AT devices, and expert coaching to help educators and families integrate appropriate AT into early literacy activities at home and school. The project features innovative technologies and methodologies, including peer coaching, an open-source online platform, telepresence robots, bug-in-the-ear (BITE) technology, and a video library.

Similarly, Oklahoma ABLÉ Tech (2024) offers a range of training and resources to support educators, administrators, related service providers, and families in utilizing AT and AEM. Workshops, online courses, and personalized consultations provide comprehensive knowledge and skills, including practical training, access to assessment tools, and CEU opportunities for professionals. In Rhode Island, TechACCESS (2024) provides tailored content and training for various stakeholders, offering customizable workshops on a variety of AT and augmentative and alternative communication (AAC) topics. Their services address specific areas of need such as communication, educational supports, and physical access to educational tools, ensuring stakeholders are equipped to support students fully.

States emphasize the use of evidence-based practices in their learning opportunities and technical assistance (TA) to ensure effective implementation of accessible materials and technologies. For instance, in Oregon, AT assessments are based on the evidence-based SETT Framework, guiding teams in making informed decisions about the most suitable AT for students (Douglas Education Service District, 2024). The Oregon Technology Access Program's (OTAP) AT assessment workshops present a structured approach based on evidence-based decision-making, while also promoting UDL principles in lesson design to ensure methods of access and required formats meet the needs of all students.

Wisconsin's AT Forward Project (Wisconsin Department of Public Instruction, n.d.) also emphasizes evidence-based practices in its learning opportunities and TA. The WATI Assessment Process modules are designed around the Wisconsin Assistive Technology Initiative (WATI) assessment process, a well-established, evidence-based framework for evaluating AT needs. These learning modules incorporate the SETT

Framework, another evidence-based model used to plan and implement AT assessments and interventions. By incorporating these evidence-based practices, states ensure their training and assistance programs are grounded in proven methodologies, enhancing the effectiveness of accessible materials and technologies in educational settings.

Indicators 5 and 6: Secure, Systematic Data Collection Process and Plan for Secure Use of Data for Continuous Improvement

The Center for Assistive Technology Act Data Assistance (CATADA, 2024) hosts a website providing information and data on each state's AT program, which is federally funded through the Assistive Technology Act. The data available on the CATADA website include financing activities, loan libraries, device demonstrations, and annual progress reports for state-level programs. These programs serve all state residents and are not always connected with services provided by departments of education or public instruction for AT and AEM.

Although many states have established programs for collecting and reporting special education data, none of the states identified in this search provided information on the collection and use of AT and AEM data at the program level. All states reported collecting and using data at the student level during IEP meetings and AT evaluations, and they continue to use this data to ensure student success with the AT devices they use.

Indicator 7: Allocation of Resources for Delivery and Sustainability of Services

The allocation of resources for AT and AEM services varies across states, but common themes of braided federal and state funding, cross-sector collaboration, professional development, and comprehensive services are evident. Many states leverage federal funding, primarily through the Assistive Technology Act and IDEA, to support AT and AEM services. For example, Alabama's Accessing Potential Through Assistive Technology initiative is federally funded and administered by the Alabama Department of Rehabilitation Services (2024). Similarly, Project START in Mississippi receives support from the Assistive Technology Act, demonstrating the reliance on federal resources to sustain these services (Mississippi Project Start, 2024). States also utilize federal Part B and Part C funds from IDEA to ensure children with disabilities have access to necessary resources, as seen in Iowa and Nebraska (Iowa Department of Education, n.d.-b; Nebraska Department of Education, 2016).

Partnerships with non-profit organizations and educational institutions help states expand their resource base and enhance service delivery. For instance, Arkansas partners with Easterseals Arkansas to provide AT services (Easterseals Arkansas,

2024). Similarly, Maine collaborates with the Center for Community Inclusion and Disability Studies to support children with disabilities (Center for Community Inclusion and Disability Studies, 2023). These collaborations often involve sharing expertise, resources, and infrastructure, thereby enhancing the overall quality and reach of services.

States like California and Florida exemplify a commitment to investing in professional development for educators and service providers. The California Department of Education's professional development programs ensure educators are well-equipped to support children with disabilities (California Department of Education, 2009). Florida's Technology & Learning Connections team offers extensive professional development opportunities funded by the Florida Department of Education (Technology & Learning Connections, 2024). Such initiatives ensure that the personnel involved in delivering these services are adequately trained and updated on the latest technologies and methodologies.

Providing a comprehensive range of services, including device evaluation, selection, acquisition, training, and support, is a common approach among states. For example, Alabama's Assistive Technology Resource program offers a wide array of services free of charge to all residents, regardless of age or disability (Alabama Department of Rehabilitation Services, 2024). Similarly, the Tennessee Technology Access Program provides a broad spectrum of AT services (Tennessee Department of Human Services, n.d.). These comprehensive services ensure all aspects of AT needs are met, from initial assessment to long-term support, thus creating a holistic approach to meeting the diverse needs of children with disabilities across different states.

Conclusion

The use of AEM and AT in early childhood education is not just about compliance with laws or adoption of new technologies; it is about upholding the right of every child to participate fully and equally in education. **Special education is a service, not a place.** Children do not need a special place just because they need certain services or supports. Children with disabilities should be served in the early childhood programs they would participate in if they did not have a disability, so they can learn together with their peers without disabilities.

AEM and AT are tools that can help early childhood programs as they offer those necessary services or supports. These tools are indispensable in building foundational skills and enabling inclusive practices from the earliest stages of education. Educators can use AEM and AT to promote children's participation in all learning and social

activities and provide individualized accommodations and differentiated interventions and instruction. By embracing these resources, educators can significantly enhance the educational experiences and outcomes for all children, setting a precedent for a more inclusive and equitable educational system for future generations.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used ChatGPT 4.0 for summarizing and synthesizing information from state government websites related to Assistive Technology Act programs, educational department portals, and nonprofit organization resources that offer assistive technology and special education technical assistance. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.

Acknowledgements

The AEM Center is grateful to the following individuals for their partnership in the development of this resource:

- Jani Kozlowski, MA; Author of *Every Child Can Fly: An Early Childhood Educator's Guide to Inclusion*; Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill
- Angel Morgan, PhD

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