Fostering the Foundations of Self-Determination in Early Childhood: A Process for Enhancing Child Outcomes Across Home and School

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Abstract Early childhood practitioners can play a vital role in the development of early self-determination in partnership with families. Self-determination has been generally considered to be about personal agency or control that can also relate to the quality of one's life. Young children with disabilities start to develop a range of critical skills such as engagement and self-regulation that will be needed throughout their lives. These are the early foundational skills that lead to later self-determination. This paper describes a simple four-step process and key features of foundations of self-determination in early childhood, a collaborative process focusing on home–school partnerships. The unique alliance between each dyad (i.e., family member and early childhood practitioner) support child outcomes across naturally occurring routines at home and school. Each family and practitioner dyad uses attainable short-term goals embedded in home and school routines, intentional adult cues, and environmental modifications to promote foundational skills of self-determination in young children with disabilities.

Keywords Early childhood · Families · Home–school relationships · Self-regulation · Special needs · Disabilities · Self-determination · Young children

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Although the concept of self-determination is not new, its significance during the early childhood years has emerged within recent years. Self-determination has been recognized as playing a critical role in promoting the right for people with disabilities to have authentic and personal agency over their lives. Turnbull and Turnbull (2001) advocated that self-determination is a basic human right about the quality of life. Self-determination fosters positive academic, social, and other important outcomes for older students with disabilities (Fowler et al. 2007; Wehmeyer and Palmer 2003), often leading to a desired life of their choosing (LaChapelle et al. 2005; Wehmeyer and Bolding 1999). Wehmeyer's (2001) functional theory of self-determination describes self-determination in terms of behaviors one engages in and the function these serve. If self-determination is critical for older children, then we must focus on facilitating these foundational skills early in a child's life.

What Do We Already Know About Self-Determination and Early Childhood?

Children and adolescents learn skills prior to becoming causal agents in their own lives by having the opportunity and building capacity in such areas as choice-making, decision making, problem solving, and goal setting. Examples of the foundations of self-determination for a kindergartener might be learning how to self-regulate her behavior such as calming down when distressed or how to dress independently for outdoor play. As practitioners become more aware of the significance self-determination plays in the lives of children with disabilities, it is simply about ensuring a fundamental right to a quality of life that reflects an individual's choices, values, preferences and interests.

Although young children may not necessarily have a fully established belief system, they are aware of what brings them curiosity, joy, safety, comfort and pleasure. The development of self-determination emerges across the life-span, with roots in early childhood even though a young child cannot be fully self-determined early in life (Palmer 2010; Wehmeyer 2007). During the early childhood years (ages birth through age 8), young children cannot be expected to demonstrate the same levels of self-determination observed in adolescents and young adults. Nevertheless, adults in a young child's life can promote essential foundational skills that lead to self-determination later in life (Palmer et al. 2013). Within an early childhood context, self-determination reflects the notion that young learners need consistent opportunities and responsive environments to build confidence and competence to learn decision-making, problem-

solving and other important life-long skills (Erwin et al. 2009).

Over the past decade, theoretical articles have described the foundation of self-determination in early childhood and suggested that, with deliberate adult facilitation, young children learn many essential elements of self-determination such as decision-making and goal setting (Brown and Cohen 1996; Erwin and Brown 2003; Palmer and Wehmeyer 2003). Since adults in a young child's life are critical for establishing the building blocks of self-determination during the early years, particularly during ages 3–8 years, collaboration between adults in both home and school is vital to promote consistent and positive child outcomes.

Family-Professional Partnerships and Self-Determination in Early Childhood

Partnerships between families and practitioners have been a cornerstone of recommended practices for educating young children with disabilities (Division for Early Childhood 2014; Turnbull et al. 1999, 2015); there is a clear emphasis on responsiveness to families' unique priorities and values (Dunst 2002; Harry 1997). Families of young children, therefore, shape how self-determination is understood within their own culturally- and personally-driven lives (Erwin et al. 2009; Shogren and Turnbull 2006).

Given that self-determination is socially valued in some cultures more than others, home and school partnerships can best be understood as families and practitioners sharing a mutual understanding of self-determination—within the context of the family's culture and values (Palmer et al. 2013). Given the central role families play in a child's life, the knowledge base on families and self-determination for children of all ages continues to grow (Nota et al. 2007; Shogren 2011; Wehmeyer et al. 2011; Zhang 2006). Specific to young children, a recent study of the perception of families of young children with disabilities reported that families wanted practitioners to collaborate on the development of their child's foundational self-determination skills (Summers et al. 2014). Family-practitioner partnerships have been critical to understanding and promoting the foundations of self-determination during the early years.

The Development of a Conceptual Framework for the Foundations of Self-Determination

As the knowledge base on the foundations of self-determination in early childhood continued to expand, we recognized that a next logical step was to identify how best to achieve family-practitioner partnerships that led to positive

results for young learners across home and school. Toward that end, we designed a conceptual framework grounded in a theoretical and research-based rationale describing the development of foundations for self-determination in young children with disabilities. Prior to becoming causal agents in their own lives, children need to develop the following three foundational self-determination skills: (a) self-regulation, (b) expressing and making choices or solving simple problems, and (c) engagement with others, tasks as well as the environment (Palmer et al. 2013).

We intentionally identified these three target foundational areas as interactive and dynamic as opposed to discrete constructs. For young children with disabilities, these early foundational skills develop through *intentional adult actions* such as offering simple choices or providing visual supports to enable self-regulation, as well as by *arranging the environment* to make it possible for a young child to practice these skills such as placing toy choices on a low shelf (Brotherson et al. 2008). Another key aspect of our conceptual framework acknowledged that the foundations of self-determination in early childhood must be grounded within the family's personalized and cultural priorities (Palmer et al. 2013).

We designed the Foundations Intervention as a simple four-step process to promote specific foundational skills of self-determination for a young child across home and school routines. As a next step in building upon this conceptual framework, our ideas were refined over a series of iterative trials and subsequently field-tested. We implemented the four-step foundations for early self-determination Intervention with 48 dyads composed of a family member and practitioner related to a young child who displayed challenges in self-regulation or engagement. A facilitator, who was either part of our research team or a supervisor or psychologist at the school, assisted each dyad to move through the foundations early childhood self-determination intervention process of assessing, selecting, trying, and reflecting on goals that met routines-based needs (Palmer et al. in press). The fidelity, feasibility, and outcomes of this conceptual model yielded positive results such as enhanced child outcomes when families and practitioners worked together to identify similar goals related to the foundations of self-determination for the child. Results also showed significant intervention effects for child engagement overall, with both families and practitioners expressing less concern about the child's self-regulation post-intervention.

The foundations for early self-determination were deemed effective in this initial intervention study even though we have not yet presented the specific nature or mechanics of this process. Thus, in this current article, we present the actual model, foundations for self-determination in early childhood intervention, and explain how it

works. The intervention model discussed throughout this article will be subsequently referred to as the *Foundations Intervention.* The intention is to describe the intervention model and illustrate how family-practitioner partnerships can support the achievement of goals for young children across home and school environments.

An Overview of the Foundations Intervention: A Transparent and Collaborative Process

The Foundations Intervention is a simple four-step process to (a) promote specific foundational skills of self-determination for a young child across home and school routines, and (b) enhance the collaborative partnership between the family and practitioner working to foster those skills. One unique feature of the Foundations Intervention is a dynamic plan of action, which reflects a family-practitioner partnership in decision-making. This collaborative aspect of the Foundations Intervention requires families and early childhood practitioners working closely together to carry out a simple and family-responsive four-step process that promotes early self-determination for the child. Through fostering family-practitioner partnerships, the use of attainable short-term goals embedded in the child's natural and daily routines can enhance positive outcomes related to self-determination across home and school settings.

We deliberately created The Foundations Intervention as a process that was flexible enough to respond to the unique nature and diversity of family-practitioner collaboration. The term practitioner is used to refer to the child's teacher or another practitioner such as a therapist working with the child. Instead of a concrete product, a relatively simple process was conceptualized to be used with any number of interventions. What makes the Foundations Intervention unique is its transparent process that directly acknowledges families as valued partners. Practitioners and families work in close collaboration with one another to promote positive child outcomes related to the development of self-determination skills across home and school. We designed this process to support the foundations of self-determination intervention or any other intervention with which it might be paired. In short, the Foundations Intervention can be thought of as decision-making process that is simple to use across home and school settings.

The core of the Foundations Intervention is grounded in inclusive, family-responsive, and partnership-based values. We developed and refined the Foundations Intervention by working directly with stakeholders (e.g., family members, practitioners) through iterative trials in their natural environments in order to increase the likelihood that the product will solve real problems and result in positive outcomes (Graves 1991; McTaggart 1991). This occurs by

ensuring the intimate involvement of people who will ultimately use and benefit from the intervention when it is *taken to scale* (Fixsen et al. 2005). Our intention was to assure that the Foundations Intervention process involves key stakeholders and practitioners who are responsible for making decisions and supporting the "whole" child across home and school contexts. Additionally, throughout all four steps of this process our intention was to ensure that the following core qualities of healthy family-practitioner partnerships were present: trust, respect, equality, and communication (Turnbull et al. 2015).

The Four-Steps of the Foundations Intervention

The target population of the Foundations Intervention was young children with disabilities or who are at risk for disabilities, ages 3–5 years, and enrolled in inclusive preschool settings. There are four simple steps in the Foundations Intervention process: *Assess, Select, Try It, and Reflect*. With initial assistance of a facilitator, these steps serve as a guide for families and practitioners as they make decisions to promote foundational skills for self-determination at home and school routines. Even though there are four distinct steps to this model, they are dynamic and circular in nature so the process is an on-going and evolving experience for each unique dyad.

As presented in Fig. 1, four simple steps guide the collaboration between a family and practitioner to carefully consider the home and school environments in order to support acquisition of early foundation skills. With the support of a facilitator, both the family member and practitioner follow the four basic steps: (a) *Assess* the child's routines both at home and school to determine specific opportunities to target foundational self-determination skills, (b) *Select* target strategies for child both at home and school, (c) *Try It* to see how the specific strategies are working, and (d) *Reflect* together to discuss how the strategy worked and what is next. These four steps represent a logical and dynamic process for identifying the top priorities for the child, creating specific individualized strategies, and implementing these strategies within home and school routines. The last step is a thoughtful reflection about the effectiveness of each strategy.

In an effort to more clearly demonstrate how the Foundations Intervention works, we have provided a snapshot of one family-practitioner partnership at each step of the process. In one of our sites, a parent, Marla, and inclusive early childhood teacher/practitioner, Claudia, partnered to promote early foundational skills for John, a 5-year-old, who had developmental delays and was on the autism spectrum. John's family lived in an urban-suburban location and was African American. John attended an inclusive preschool program in the mornings and received related services in a self-contained program in the afternoons.

Step 1: *Assess*—Examine the Routines and Priorities for the Child

This is the first step for the family member and practitioner to determine what routines need to be targeted to work towards developing the child's engagement or self-regulation skills. The purpose of this stage is for the family and practitioner to begin thinking about the target child's opportunities to engage with materials or peers and self-regulate his or her behavior within his/her everyday routines, often through use of simple, relevant choices for the child to make. This step provides a shared experience for the family and practitioner to talk through and identify which child behaviors or skills could be eventually promoted at home and school. It is not necessary for the family and practitioner to pick exactly the same goal although this is possible. The consistent communication between home and school related to the foundations of self-determination is more important.

In the scenario with John, the facilitator started the initial conversation between the parent and teacher dyad using the *Foundations Home–School Conversation Guide* to help identify specific routines that were challenging to the child at home and school. One issue that emerged during this initial conversation was John not getting dressed independently even though he was capable of doing so during the morning home routine. Marla continually had to repeat the same instructions to John—sometimes up to 12 times—reminding him to get dressed for the day. Maintaining engagement such as focusing and completing the task of getting dressed was identified by the parent as a priority. Therefore, engagement was the target area for home. Claudia, John's classroom teacher, identified a different foundational skill area, self-regulation, as a challenge John faced at school. Since the environments, expectations and child behaviors may differ across home and school, selecting the same goal is not necessary. When John was overstimulated or challenged, he needed additional assistance to calm down, with the ultimate outcome of identifying when he needed a break. This example illustrates that the home and school target areas selected by the family-practitioner dyad do not always necessarily the same. In the next step, Marla and Claudia identified specific goals and instructional strategies that address the target areas at home and school, with guidance from the facilitator.

A facilitator can be part of the Foundations Intervention. Generally the facilitator can be a professional in a non-
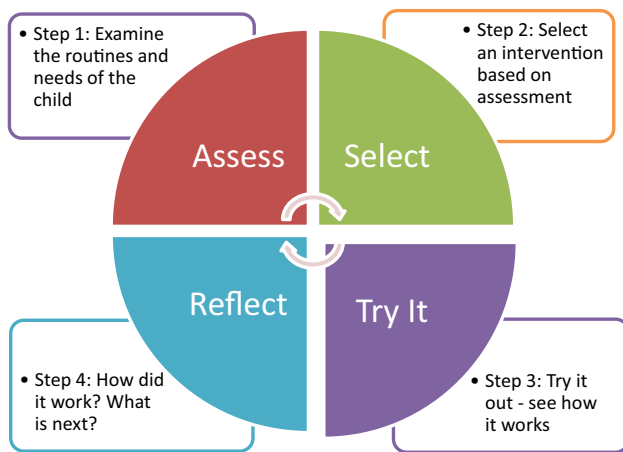
Fig. 1 Overview of the four step process for the foundations of early self-determination intervention

teaching role at the school. The role of the facilitator is to initially guide the family and practitioner together through The Foundations Home–School Conversation Guide. We developed this guide based on a modified routines-based interview (RBI) (McWilliam 2000, 2010). The RBI concept has been used in birth-to-5-year-old intervention for young children with disabilities, and can be useful in pre-school settings.

A modified RBI (i.e., *Foundations Home–School Conversation Guide)*, was developed as a tool to foster the initial conversation about the child's day both at home and school. For example, routines at home might include the beginning of the day involving dressing and getting ready for school. While at school, items included coming into the classroom, hanging up backpacks and coats, and following classroom routines. Likewise, since children participate in similar activities at home and school such as eating, playing, families and practitioners can share information about child strengths and challenges during those activities in each setting. The role of the facilitator changes during each step although his or her general responsibility is to facilitate the collaboration between the family and the practitioner.

Step 2: *Select*—Identify target Interventions for Child (at Home and School)

Based on the child's target behavior(s) identified in Step 1, families and practitioners, with the help of the facilitator, select specific short term goals. In addition, they identify specific instructional strategies to meet each goal in each setting. The facilitator guides the family and practitioners to collaboratively think about goals and potential strategies related to selected target behavior(s) within the context of specific home and school routines.

John's mother, Marla, wanted to improve John's engagement skills at home. Therefore, the short-term home goal, established in collaboration with the teacher as well as the facilitator, was that John would carry out simple tasks independently when asked. The selected strategy identified adult prompts and the use of a timer to facilitate John to dress independently with less adult prompting. John's teacher, Claudia, chose to target self-regulation skills at school and selected a goal for John to learn how to calm himself down when he was overstimulated. Strategies included John initiating a sign for *help* or a *break* when needed to signal to the teacher that he needed some help before he got frustrated or upset. Since any changes in the routine seemed to be challenging for John, another strategy was the use of systematic adult prompts for John so follow during transitions.

During Step 2, *Select*, short-term, as opposed to long-term outcomes, are identified in a deliberate effort to ensure a quick and simple turn around and a clear sense of meaningful and measureable results. In addition, each family member and practitioner identifies a specific criterion or measure to determine how they would know if the selected strategy was working. Toward this end, the facilitator works with the family-practitioner dyad to construct a Goal Attainment Scale (GAS) (Carr 1979) for each of the two goals (home and school).

A GAS rubric has been used to monitor progress in a variety of applied fields (Turner-Stokes 2009). The levels of measurement are transferred to a chart, which could be used on a weekly basis to gather information related to the specific goals. In this way, documenting the levels of measurement provide a clear snapshot of the desired results in both the home and classroom environments. Not only is the GAS easy to use by families and practitioners, but it also provides simple and concrete data on how well the target skill is achieved. For both home and school, families and practitioners eventually determine whether the level of completion was at the expected level of the outcome.

Step 3: *Try It!*—Apply the Strategy and See How it Works

The strategies identified from Step 2: *Select* are actually implemented in Step 3: *Try It!* at home by the family and in the classroom by the practitioner. During Step 3: *Try It!* there is consistent coordination and collaboration between the family and practitioner, often supported by the facilitator, to discuss and reflect upon both the process and outcomes of using the strategies. The facilitator schedules bi-weekly meetings with both the family and practitioner, either in person or through the use of technology. Some facilitators can help family-practitioner dyads meet in-person weekly; others may prefer communicating through

e-mail, SKYPE, or the telephone, while others may prefer a combination of communication strategies.

At home, Marla worked on John's goal to carry out simple tasks independently when asked. During this *Try It!* step, Marla carried out several intentional strategies at home, including verbal prompts to help John stay on task and the use of a timer when John dressed himself in the morning. In school, the short-term goal was that John would learn to calm down when overstimulated, with adult prompts. Claudia used several intentional strategies to help John meet this short term goal including a secret hand sign to indicate when he needed a break, the use of an engine chart to determine how fast his engine was going, as well as a comfy couch in a private part of the classroom where John could go if he needed a break. Many of the classroom strategies could also be used with other students since they were introduced and embedded as a natural part of the classroom environment and daily routines. During Step 3, Claudia and Marla followed John's progress at home and school by consistently sharing feedback with one another through face to face meetings, where short video clips, GAS documents, and other information was exchanged.

During Step 3: *Try It!* the facilitator arranges and maintains contact with the family and practitioner in their preferred communication mode. During the in-person or virtual meeting, discussions and reflections occur on the success of the use of the selected activity/intervention at home and school. In the early weeks of meetings, discussion on how well the instructional strategy is working guides dyad decisions on whether to continue with the instructional strategy or choose a new goal and/or strategy. If it is decided to choose a new activity, the family and practitioner discuss the new expected outcomes and revise their GAS. In Step 3: *Try It!* an important part of the Foundations Intervention, gives the family and practitioner a chance to test if and how well the instructional strategies are working.

Step 4: *Reflect*—Discuss How it Worked and What is Next

After *Assess*, *Select*, and *Try It!* the family-practitioner dyad meets together to rate progress on their goals using the GAS ratings they developed during the Step 2: *Select*. It is critical in Step 4: *Reflect* for dyads to meet face-to-face to continue the collaborative energy that began in Step 1: *Assess*, and bring closure to all the steps in the Foundations Intervention. The dyad's decision to move on to a new goal or select a new strategy is a collaborative process and is shaped by the reflective conversations during this final step.

Claudia, Marla, and the facilitator scheduled a specific time to reflect on John's progress on his goals at home and school. Marla and Claudia shared that John had made excellent progress on his home goal to dress without

excessive prompting and do other needed tasks, and had similarly progressed on the school goal to identify when he needed a break. It was agreed that all of John's goals were accomplished. A decision was made to set a new home and school goal and continue the solid partnership between family and practitioner. Claudia and Marla acknowledged that the collaborative nature of this process was very positive and produced effective outcomes across both home and school settings.

The reflection component in *Step 4: Reflect* was instrumental in highlighting successful child outcomes and the collaborative partnerships between home and school. At home, Marla noticed that keeping routines consistent and expectations clear were the keys in helping John maintain engagement with simple tasks. There were some times that John didn't even need a prompt. Similarly, Claudia suggested that John had made "huge progress," especially when entering the classroom and engaging in transitions which had been very difficult parts of the day when John would often have a temper tantrum. Reflecting on the strategies, Claudia noticed that John eventually responded to prompts that were directed to the whole class as opposed to specific verbal prompts initially made directly to him. The comfy couch was a useful resource when it was made available for the whole class, not just for John's use. Eventually, John would initiate going to the comfy couch by himself after several weeks of Claudia providing a prompt directly to him about it. John also replaced the signs for help or break with verbal requests to all the teachers (not just Claudia) when he needed a break. At the end of the process, both Marla and Claudia highlighted the benefits of the Foundations Intervention for their respective settings, and planned to continue to share information as evidence of their partnership long after the facilitator withdrew from the process.

The Foundations Intervention process is circular so if the dyad selects a new goal then this entire four-step model is repeated. The reflection in each part of the Foundations Intervention provides an important opportunity to discuss (a) how the intervention is working, (b) what needs to change, and (c) the nature of collaboration between the family and practitioner. The entire Foundations Intervention deliberately created a flexible, responsive, and personalized process to meet the priorities of families in various contexts, cultures, and economic circumstances.

Summary and Additional Considerations of the Foundations Intervention

The Foundations Intervention process is dynamic and circular so if the family-practitioner dyad determines a new goal or strategy is needed, the whole four-step model can

be repeated. The four-steps were designed to (a) build mutual trust, (b) support family culture, (c) embed strategies into existing routines and environments across home, school and community, and (d) strengthen and sustain collaboration between families and practitioners. Since all homes and classrooms have a unique structure, focusing on the routines in each environment in Step 1: *Assess* offers a very powerful framework for implementing and practicing strategies to promote change (Woods et al. 2004) and individualization to specific natural environments that respond to activities in the home and school (Dunst et al. 2001). Routines-based interventions can be adapted to the preferences of the family (and practitioner) by encouraging a parent, or the primary caregiver, to identify the routines and activities most appropriate for and preferred by the child (McWilliam 2010; Woods et al. 2004).

The advantages of the home–school dual focus are to yield more efficient use of adults' time, provide more opportunities for both children and adults to practice the intervention(s), and generalize the foundational skills across the settings most familiar to the child. By placing the home and school routines side-by-side, we also learned that this process gave them insights into what was happening in the other adult's environment. For example, family members learned more about what was happening at school and conversely, the practitioner learned more about the home. Based on the information obtained from the family and practitioner, a facilitator can assist the family and practitioner in determining specific routines to enhance targeted child self-regulation and engagement areas of concern.

At the end of the Foundations Intervention Step 2: *Select*, the family and practitioner each have a written goal with identifiable steps or measures through the GAS for both home and school to determine if and how well the strategies will work each week. When the dyad and facilitator meet during the next phase of the intervention, Step 3: *Try It!*, the family and practitioner share their experiences and perceptions about how each strategy is working. In addition, they collaboratively reflect on the child's progress and determine if any changes need to be made. In addition to meetings, another tool during Step 3: *Try It!* is the use of a flip camera or smart phone to videotape the child and routines in which the intentional strategy is implemented. The family and practitioner take turns using the flip cam to make short 5 min videos once or twice each week related to the strategies that they had selected. Video clips showing practice on the specific strategies at home and school can be shared during meetings and the facilitator can suggest that the family and practitioner rate progress toward the envisioned outcome using the developed Goal Attainment Scale Rating (GAS).

Although *reflect* is the name of the Step 4 the final step, the concept of reflective practice is actually embedded in each of the three steps of the Foundations Intervention. For instance, in Step 1: *Assess* the facilitator can help the practitioner and family to reflect and consider how to address child priorities at home and school using the *Foundations Home–School Conversation Guide.* Similarly, in Step 2: *Select*, the dyad would reflect on the goals and strategies they identified to determine if they meet the child's needs and if any changes needed to be made.

Step 4: *Reflect* strengthens the family-practitioner partnership because it allows for open and consistent communication about the process and child outcomes in each step as well as at the end. The reflection component of the Foundations Intervention was instrumental in showcasing and promoting successful child outcomes as well as collaborative partnerships between the family and practitioner.

Application of the Foundations Intervention Process

The Foundations Intervention is built on the supposition that although young children are not able to achieve full self-determination at early ages, adults at home and school can adjust the environment and provide specific opportunities for children to engage more fully in activities and become more self-regulated. Slight changes to the environment often can provide the support children need to be engaged or to self-regulate their world which ultimately builds capacity for later self-determination, the Foundations Intervention provides a simple four-step process for family members and practitioners to coordinate their efforts across home and school environments. Practitioners across a range of disciplines may want to consider using the Foundations Intervention as a simple means to strengthen family-professional partnerships and enhance child outcomes.

The purpose of this article was to describe the intervention model of Foundations for self-determination in early childhood Intervention and explain how the four-step process worked. This process offered a systematic model to support collaborative family and practitioner partnerships in building the foundations for self-determination during the early years. There are a few implications practitioners across a variety of settings will want to consider when applying this Foundations Intervention model. First, solid family-practitioner partnerships are typically emphasized in early intervention services for infants and toddlers. In most cases, when children are 3 years of age, the nature of family participation seems less clear. The Foundations Intervention holds the promise of strengthening family-practitioner collaboration so that a collective understanding occurs of what works for preschool and older children who are less able to tolerate or manage their environments with success. Another asset of the Foundation Intervention is that the four steps in the model

are generally fluid; a family and practitioner dyad can accomplish them using their available time—either by collapsing them into just a few meetings or accomplishing some of the information by a more distant mode of communication, such as by phone, video-conferencing or e-mail. Additionally, the Foundations Intervention process is transparent and simple so that the four-steps can be carried out easily by families and a variety of early childhood practitioners and across diverse settings.

Conclusion

The Foundations Intervention is a dynamic, transparent process that is flexible enough to respond to the characteristics and circumstances of each individual dyad. The Foundations Intervention can set the stage for practitioners to work in close concert with families to consider children's environment as a precursor to self-determination. The focus on self-regulation and engagement through choice-making and other essential elements of self-determination identified by Wehmeyer and Palmer (2003) is only the beginning of what families and teachers must do to prepare a child for school success. If practitioners and families interact with one another as valued partners, children with disabilities and other aspects of diversity (i.e., economic, linguistic, cultural, racial) can receive cohesive support across environments. Ideally, planting the roots of self-determination during the early years can prepare children to take a more active and positive role in their own well-being. The Foundations Intervention provides a flexible and accessible model to promote the foundations of self-determination for young children across home and school environments.

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