Say What? – Translating Technical Jargon

PURPOSE OF ACTIVITY
The purpose of these two activities is to encourage EI practitioners to think about the technical jargon and various acronyms associated with eligibility determination, assessment for service planning, and the provision of supports and services.

RESOURCES NEEDED
- Handouts – Technical Jargon Word Search
  VA Early Intervention Lingo – List of Acronyms
  Technical Jargon “Translations”
- Flip chart/whiteboard and markers or paper and pens

SPECIFIC STEPS
ACTIVITY 1
1. Prior to handing out the word search, create a list with your group of technical jargon and acronyms associated with the eligibility determination, assessment for service planning, and supports and services processes. Record the list on a flip chart, whiteboard, or piece of paper.
2. Discuss with the group the importance of avoiding technical jargon when interacting with families and defining jargon or acronyms when they are used.
3. Handout the word search and give your group 10 minutes to find all of the words.
   - You can instruct your group to find the words and turn over their papers when finished, or
   - Do this activity as a timed exercise and offer a prize to the person in the group who completes the word search first.
   - Provide participants with the answer key if needed.
4. Share the handout, VA Early Intervention Lingo – List of Acronyms, with your group as a resource they can provide to families to help them understand acronyms they may hear. Let participants know that this handout is available in English and Spanish.

ACTIVITY 2
1. Have the large group divide into smaller groups of 2-3 people
2. Instruct each group to choose one (or more) of the words from the list of technical jargon to “translate” into everyday language. Groups should think about how they would explain this term to families or other professionals who may not be familiar with the term.
3. Debrief by having each small group share their “translation” with the larger group. Ask for feedback from the larger group and suggestions for other ways to explain the technical terms. Share the
handout, *Technical Jargon “Translations;* with the group after the discussion.

4. Discuss what to do when others are using technical jargon that you know the family may have difficulty understanding. Invite participants to share strategies that others can use to support families in understanding all activities that are associated with their child.

**Strategies**
- Provide the definition to the family if you know it
- Ask the other professional what the term means (so that the family doesn’t have to ask)
- Paraphrase what the other professional said so that the family understands
- Help families understand their child’s medical records/reports by reading through them together and defining terms.
- If you must use technical jargon, be sure to explain its meaning to families. If you use jargon in a written report, provide an explanation in parentheses after the technical term.
- Provide families with a quick reference sheet of key terms that they may encounter (at doctor’s visits, etc.)
- Check in regularly with families to be sure they understand and are comfortable with the information that is being shared about their child.
Technical Jargon Word Search

ABDUCTION
BILATERAL
ELIGIBILITY
MULTIDISCIPLINARY
ROM

ADAPTIVE
COACHING
IFSP
OUTCOMES
SAFEGUARDS

ASSESSMENT
COGNITIVE
INDICATORS
PART
SENSORY
Technical Jargon Word Search

SOLUTION

ABDUCTION
ADAPTIVE
BILATERAL
COACHING
ELIGIBILITY
COGNITIVE
MULTIDISCIPLINARY
INDICATORS
ROM
OUTCOMES
SAFE GUARDS
PART
SENSORY
<table>
<thead>
<tr>
<th>Technical Term</th>
<th>Jargon</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction</td>
<td>A type of movement which draws a limb away from the median plane of the body</td>
<td>A movement where the arm or leg is moved away from the body</td>
</tr>
<tr>
<td>Adaptive Development</td>
<td>Age-appropriate behaviors necessary for people to live independently and to function safely and appropriately in daily life.</td>
<td>A child’s abilities to eat, sleep, dress, etc.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Reviewing available pertinent records that relate to the child’s current health status and medical history and conducting personal observation and other procedures in order to identify the child’s unique strengths and needs, including an identification of the child’s level of functioning in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development based on objective criteria, which must include informed clinical opinion.</td>
<td>A review of information about the child’s development, medical history, and observations of the child to figure out the child’s strengths and needs in each area of development. This information is used to help the team plan for the outcomes and any service that will be a part of the child's IFSP.</td>
</tr>
<tr>
<td>Bilateral</td>
<td>Having or relating to two sides; affecting both sides.</td>
<td>On both sides, as in “bilateral ear infections” which means infections in both ears</td>
</tr>
<tr>
<td>Child Outcomes</td>
<td>The measures of child progress on which states must annually report to the Office of Special Education Programs (OSEP). The child outcomes are the percentage of infants and toddlers with IFSPs who demonstrate improved: • Positive social-emotional skills (including positive social relationships) • Acquisition and use of knowledge and skills (including early language/communication); and • Use of appropriate behaviors to meet their needs.</td>
<td>Each state must collect information about whether or not infants and toddlers with IFSPs make progress in their development in three areas: positive social-emotional skills (how children interact and relate to others); acquisition and use of knowledge (how they communicate, solve problems, etc.); and use of appropriate behaviors to meet their needs (how a child moves about and does things for himself like eating and dressing). This information is collected when children begin and end early intervention, and is reported to the federal Office of Special Education to help them keep track of how each state’s early intervention system is doing.</td>
</tr>
<tr>
<td>Technical Term</td>
<td>Jargon</td>
<td>Translation</td>
</tr>
<tr>
<td>----------------</td>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>Coaching</td>
<td>An adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations. (Rush &amp; Shelden, 2005)</td>
<td>Working with the parent while he/she interacts with the child to support the parent in using intervention strategies that help the child grow and learn</td>
</tr>
<tr>
<td>Cognitive Skills</td>
<td>Of or pertaining to the mental processes of perception, memory, judgment, and reasoning</td>
<td>A child’s thinking and problem-solving skills</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Children from birth to age three may be eligible for early intervention if they have a 25% developmental delay in one or more areas of development, atypical development, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.</td>
<td>Children (ages birth to 36 months) may be eligible for early intervention if they have a developmental delay, atypical development, or a diagnosis that is likely to result in a developmental delay</td>
</tr>
<tr>
<td>IFSP</td>
<td>Individualized Family Service Plan</td>
<td>The plan that describes the child’s development, the child’s and family’s outcomes and goals, and the supports and services that the child and family will receive</td>
</tr>
<tr>
<td>Multidisciplinary</td>
<td>The involvement of two or more disciplines in the provision of integrated and coordinated supports and services, including eligibility determination and assessment for service planning activities and development of the IFSP</td>
<td>A small team of people with different backgrounds will review your child’s information to see if your child is eligible for early intervention. For example, the team might include a speech therapist and a physical therapist, depending on which team members are most appropriate to help make that decision.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>This statement is what the family would like to see happen as a result of their participation in Part C. It may be a major developmental goal related to the child’s participation in home and community activities (child outcome), or it may be an outcome related to the family’s ability to assist appropriately in their child’s development (family outcome).</td>
<td>IFSP outcomes describe the activities that the family would like to see their child be able to do. Outcomes might also describe what the family will do to help with the child’s development. Outcomes are developed by the IFSP team, including the family and other team members.</td>
</tr>
<tr>
<td>Part C</td>
<td>Part C of the Individuals with Disabilities Education Act outlines the federal requirements for early intervention.</td>
<td>Early intervention supports and services fall under the federal law called the Individuals with Disabilities Education Act. There are 4 parts of the law, and the third part, Part C, describes the requirements for states’ early intervention systems that are funded under the law.</td>
</tr>
</tbody>
</table>

Part C of the Individuals with Disabilities Education Act outlines the federal requirements for early intervention.

Early intervention supports and services fall under the federal law called the Individuals with Disabilities Education Act. There are 4 parts of the law, and the third part, Part C, describes the requirements for states’ early intervention systems that are funded under the law.
<table>
<thead>
<tr>
<th>Technical Term</th>
<th>Jargon</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROM</strong></td>
<td>Range of motion (ROM) refers to the distance and direction a joint can move to its full potential.</td>
<td>ROM stands for range of motion and means how well a joint can move. A physical or occupational therapist may help work on a child’s range of motion using exercises and activities that help the child move.</td>
</tr>
<tr>
<td><strong>Safeguards</strong></td>
<td>IDEA requires that early intervention personnel explain the rights and procedural safeguards to families that protect their interests during their participation in early intervention.</td>
<td>Procedural safeguards mean the rights that families have that protect them while they participate in early intervention. Some of the safeguards include the right to have the child’s IFSP developed within 45-days, and the requirement that no changes can be made to the IFSP without the parent being notified and giving permission.</td>
</tr>
<tr>
<td><strong>Sensory</strong></td>
<td>Pertaining to the stimulation and processing of the senses</td>
<td>Sensory refers to how the senses take in and understand information, like how things taste, smell, look, sound, and feel.</td>
</tr>
</tbody>
</table>