Play Modifications for Children with Disabilities

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Categories:
Inclusion
Play
Preschool
Primary
Children with disabilities and other special needs may have difficulty participating in play activities. Teachers can use a variety of modifications and adaptations to help the child take part in and learn from play. These modifications and adaptations will be most useful when the teacher observes that the child is interested in the ongoing activities but is unable to fully participate.

In the chart below I and several colleagues identify eight categories of curriculum modifications that teachers can use in their classrooms. Creative teachers will think of many other modifications. The critical steps are to observe the child’s play and match the level of support to the child’s need.

<table>
<thead>
<tr>
<th>Type of modification</th>
<th>Description</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td>Environmental support</td>
<td>The teacher alters the physical, social, and/or temporal environment.</td>
<td>For a child who may wander from center to center, make a photo display of the centers so the child can select from the photos to make an individual schedule of what she plans to do.</td>
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<td>Materials adaptation</td>
<td>The teacher modifies the play materials so that the child can manipulate them.</td>
<td>For a child who does not have the strength to stand for long periods of time, make a simple tabletop easel to let the child sit in a chair while painting.</td>
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<td>Simplifying the activity</td>
<td>The teacher simplifies a complicated activity by breaking it into smaller parts or reducing the number of steps.</td>
<td>For the child who is interested in table games but overwhelmed by the parts and pieces, describe the steps in clear, simple terms and draw the child pictures so she can follow the steps.</td>
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<td>Using child preferences</td>
<td>The teacher uses the child’s preferred material, activity, or person to encourage the child to play.</td>
<td>For the child who loves trains and has not yet explored the dramatic play area, develop a train station theme for the area or train-motif placemats in the housekeeping area.</td>
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**Tea and Ironing in the Afternoon**

*Sabrina A. Brinson*

One of my favorite play episodes happened when I was a preschool teacher at a program for children with special needs in Florida. One afternoon the housekeeping center is buzzing with activity. ShaVonne, Kandi, and Andrette are seated at a round table chatting away. Suddenly they sit up and adjust their church hats. Bonnie teeters over to them in pink high heels carrying a teapot. She holds her pearls back as she leans forward to fill each of their cups, among nods and thank-yous. The church ladies’ conversation continues, and Bonnie hurries back, balancing an imaginary tray of cookies—thin mints and lemon squares, from the looks of it. Meanwhile, Jeremy’s flowered hat slides down as he briskly irons clothes. Jeremy doesn’t tend to talk a lot during activities because of a speech problem. He blows his bangs out of his face and hands a shirt to Reginald, who folds it and plops it on top of the pile. For the rest of the play period, they talk nonstop about their work.

*Ding!* The bell rings for cleanup. Crystal looks in the mirror and pats her red pillbox hat. Still smiling, she unclips the green plastic earrings that dangle to her shoulders and puts them away. Irene signals to Lucy, who is deaf, and they quickly put away the broom and mop. Eric takes his thumb out of his mouth to stack dishes, and Freddie plows over the area rug with the vacuum cleaner one last time. “Vacuum cleaner, vacuum cleaner, vacuum cleaner . . .” He repeats the words over and over while rolling it into the closet.

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**Type of modification** | **Description** | **Examples**
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**Special equipment** | The teacher uses special or adaptive devices to allow the child’s access to and participation in the activity. | For the child who uses a wheelchair, which places him at a different height than the other children, ask the therapist about using a beanbag chair for floor-time activities. |
**Adult support** | The teacher or another adult in the classroom joins the child’s play and encourages involvement through modeling and commenting. | For the enthusiastic child who is often on the verge of losing control, go to the play area and join the child’s play to slow down the pace and talk about the children’s play. |
**Peer support** | The teacher uses peers and helps them join a child’s play to give encouragement through modeling and commenting. | For the child who has difficulty with activities that require several steps (such as making a collage or building a castle), pair the child with a buddy. The two can then take turns participating in the activity. |
**Invisible support** | The teacher arranges naturally occurring events within an activity to increase the probability of the child’s success. | For the child who is not yet speaking or has difficulty making others understand, place photos or picture symbols in the play area so that the child can use them to increase peers’ understanding. |

A large group of older children, kindergarten through fifth grade, are drawn to the prekindergarten room for the weekly mixed-age “integration” hour. They are attracted by our classroom’s recently organized hospital, complete with operating room.

One patient lies on the table while three fifth grade girls take charge, preparing to perform a heart transplant. Pre-K and kindergarten children staff the hospital kitchen, a pre-K doctor cradles his stuffed tiger, listening carefully with his stethoscope, and third-grader Ellen, a child with Down syndrome who has been part of our school community since she was two, struggles into a scrub suit. Like the younger children, Ellen seems to be on the fringe, engaged in parallel play and perhaps unaware of the medical drama unfolding.

While the surgeons do an X ray, attach an IV, monitor blood pressure and heart rate, administer anesthesia, and finally begin to work with their imaginary scalpels, Ellen pulls on shoe covers, hair cover, and rubber gloves. Then she wanders away from the scene, turning her back, busy with some imaginary objects.

Just as the head surgeon pronounces the successful removal of the patient’s defective heart, Ellen turns around. She walks directly to the operating table with great dignity, head up and hands cupped wide in front of her.

“Here’s the new heart,” she announces.

The surgeons accept it with the same seriousness and quickly complete their surgery on the rapidly recovering patient.

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