

Case Study: Interdisciplinary Teaming

Part 1: Getting to Know Mateo

Mateo and His Family

Mateo is a bright and observant 30-month-old who enjoys looking at picture books, listening to music, and watching other children play. He lives with his parents, Ana and Luis Ramos, and his six-year-old sister, Sofia. The Ramos family primarily speaks Spanish at home; Ana communicates comfortably in English, while Luis understands English but prefers to speak Spanish. The family describes Mateo as affectionate but often frustrated when he is unable to express his wants.

In addition to these strengths, Mateo presents with several developmental delays that led to his eligibility for early intervention services. His expressive language skills are significantly below age expectations; he uses only a few single words and relies heavily on gestures, pointing, or leading adults to items he wants. When he attempts to vocalize, his sounds are often difficult to understand, and he becomes visibly upset when others cannot figure out his meaning. His receptive language delays are milder but still notable, he follows familiar one-step directions but has difficulty understanding more complex instructions or identifying common objects without gestural cues.

Mateo also shows delays in social-communication skills. While he enjoys being near other children, he rarely initiates play or engages in back-and-forth interactions. His parents report limited use of joint attention behaviors, such as showing or pointing to share interest, which affects his ability to participate in shared activities. During play, Mateo tends to explore toys in repetitive ways and has difficulty with problem-solving tasks that require flexibility or imitation.

Fine motor delays further impacts Mateo's daily functioning. He struggles with tasks such as stacking blocks, using utensils consistently, or turning pages in a controlled manner—skills typically emerging more consistently by this age. Although his gross motor skills are generally within age expectations, he exhibits occasional clumsiness during climbing or navigating playground equipment. In summary, Mateo's documented delays in expressive language, social-communication functioning, and fine motor skill development met the criteria for eligibility for early intervention services.

Mateo and His Team

Mateo is preparing to transition from Connecticut's Part C Early Intervention system, where he

has been receiving services within a transdisciplinary model, to the Part B/619 preschool special education program. Under Part C, Mateo's team has consisted of an Early Interventionist (serving as his Primary Service Provider), Speech-Language Pathologist, Occupational Therapist, Physical Therapist, Service Coordinator, and a bilingual interpreter supporting Spanish/English communication. As he approaches his third birthday, Mateo will enter a new educational environment with a larger and more discipline-specific team, including an Early Childhood Special Education (ECSE) teacher, school psychologist, SLP, OT, PT, interpreter, and preschool administrator. This transition is not only an important developmental milestone for Mateo.

Discussion Prompts

- What strategies can teams use to build trust and maintain clear, culturally responsive communication with linguistically diverse families?
- How might transitions between service systems (Part C to Part B/619) affect families emotionally and logistically? How can teams ease this transition?

Part 2: Transition Planning

Part C of IDEA mandates that every toddler receiving early intervention services must have a transition plan included in the IFSP and developed at least 90 days, and up to nine months, prior to the child's third birthday. This plan must outline transition steps and services, and the Part C lead agency must notify the State Education Agency (SEA) and Local Education Agency (LEA) that the child may be eligible for preschool special education services.

With the Ramos' approval, the service coordinator must also convene a transition conference during this same 90-day window, bringing the family together with representatives from Part C and the LEA to discuss upcoming service options and ensure continuity of support.

For Mateo and his family, this legally structured process helps ensure a seamless move from his familiar transdisciplinary Part C team to a more specialized preschool environment. By following these federal guidelines, the Part C and Part B/619 teams work together to support Mateo's developmental needs, family priorities, and continued progress as he begins his preschool years.

Once the referral is received by the Part B/619 system, the LEA must obtain parental consent and conduct a timely evaluation to determine Mateo's eligibility under Part B. Following the evaluation, the district must convene an Individualized Education Program (IEP) meeting to ensure that an IEP is in place by his third birthday if he is found eligible.

During the meeting:

During the transition meeting, the Part C early intervention provider began by describing Mateo’s progress within the familiar routines of his home environment. She explained how coaching strategies and transdisciplinary practices had allowed the team to support Mateo’s development in ways that felt natural and embedded in everyday activities.

As the discussion shifted, Ana and Luis shared their growing concern about having multiple professionals entering their home or classroom at different times. They had grown accustomed to the streamlined approach offered by the Part C team and worried about how the new structure might affect Mateo—and their family.

Tension emerged when the SLP and OT began to disagree about who should lead the communication-focused components of Mateo’s assessment. Each offered a different rationale based on their discipline’s perspective, and the back-and-forth added to the complexity of the conversation.

By the time the meeting concluded, the professionals felt they had gathered valuable information to support the transition process. However, Ana and Luis left feeling overwhelmed and unsure about what the next steps would look like for Mateo as he moved from early intervention into the preschool special education system.

Discussion Prompts

- How can teams ensure interpreter-mediated communication remains accurate, complete, and family-centered?
- What teaming model features emerged in this meeting (multidisciplinary, interdisciplinary, transdisciplinary)? How did these features support or hinder collaboration?
- What strategies could the facilitator use to manage conflict or disagreement between team members during meetings?

Part 3: Authentic Assessment in Natural and Structured Contexts

Throughout the week, the district attempted to gather information about Mateo using what they described as authentic assessment practices. However, because the district relied on a traditional multidisciplinary model, where each provider evaluates the child separately, the team struggled to capture a holistic picture of his abilities.

The occupational therapist and speech-language pathologist met with Mateo on different days, each hoping to observe him in natural interactions. Yet Mateo's fluctuating energy and attention made his performance look very different across sessions, leaving the professionals with inconsistent data that was difficult to interpret meaningfully. The school psychologist also worked to administer standardized measures, but Mateo's limited expressive language and difficulty sustaining attention meant the tasks did not reflect what he could do during everyday, routine-based activities.

Complicating matters further, the interpreter arrived late to one of the sessions. The evaluator proceeded without linguistic support, which unintentionally excluded the family from understanding or contributing to what was happening. Ana and Luis later shared that it felt as though "every person asked the same questions but didn't tell us much about what they saw," leaving them unsure how these isolated observations connected to Mateo's real-life strengths and needs.

When the professionals reconvened to discuss results, they attempted to integrate their findings across disciplines. Yet because each observation occurred independently, under different conditions, and without shared routines or collaborative interactions, the team found it difficult to synthesize the information into a coherent understanding of Mateo. Despite their intentions, the assessment process fell short of the authentic, whole-child perspective that the family and team were hoping to achieve.

Recognizing these limitations, the team ultimately agreed that the initial process did not reflect true authentic assessment. They decided to reassess Mateo using a more integrated, collaborative approach that emphasized observing him within familiar routines, interacting with people he trusts, and collecting information together rather than in isolated sessions. This shift aimed to provide a fuller, more accurate understanding of Mateo's communication, engagement, and functional skills and to rebuild the family's confidence in the evaluation process.

Discussion Prompts

- What are the strengths and limitations of multidisciplinary assessment compared to interdisciplinary or transdisciplinary approaches?

- How might language barriers and inconsistent interpreter use affect assessment quality and family participation?
- What steps can teams take to ensure that assessment data reflect meaningful, functional information about a child's participation in real-life routines?

Part 4: IEP Development and Team Communication

Now that Mateo has been determined to be eligible for Part B/619 services the IEP meeting brought the full team together to review Mateo's assessment results and plan for his preschool supports. Although the team intended to follow best practices by maintaining a shared purpose, collaborating across disciplines, and centering the family's priorities, communication challenges soon made true collaboration difficult.

During the discussion of service delivery, the SLP and OT shared differing but well-intentioned views, one favoring joint sessions for integrated support, the other preferring discipline-specific instruction for targeted skill development. Without consistent use of shared decision-making strategies like summarizing key points or identifying common ground, the conversation grew tense.

The family also expressed a desire for fewer providers to maintain predictability for Mateo, which contrasted with the team's recommendations for multiple specialized services. Instead of pausing to explore the family's concerns or discuss alternate configurations, the team moved quickly into solutions, leaving Ana and Luis unsure if their input had been fully considered. Although an IEP was ultimately drafted, the meeting ended with lingering discomfort: the family felt uncertain, and several team members felt their perspectives had not been fully addressed.

In the weeks after Mateo's initial IEP meeting, the team acknowledges the communication challenges they experienced and agrees to strengthen their collaboration. They begin with a structured debrief in which each member reflects on successes and barriers, establishing a shared commitment to clearer, more effective communication.

To improve future meetings, the team designates a facilitator to guide the agenda, ensure balanced participation, and pause discussions when clarification or translation is needed. They adopt structured turn-taking so each professional can present findings succinctly, followed by

paraphrasing or clarifying questions. The team also works with the interpreter to simplify discipline-specific terminology and prepares family-friendly explanations ahead of time, making it easier for Ana and Luis to participate fully.

To support interdisciplinary coordination, the team adds brief pre-meeting huddles to compare observations, identify common themes, and align recommendations before meeting with the family. They also create a visual meeting guide outlining the agenda, roles, and decision-making steps, sharing it with Ana and Luis in advance to increase transparency. Through these changes, the team cultivates clearer communication, stronger collaboration, and a more supportive meeting environment. As a result, future IEP discussions feel more organized and inclusive, and Ana and Luis report feeling more informed and confident in the process.

Discussion Prompts

- How can teams use active listening, paraphrasing, and open-ended questioning to enhance shared understanding during IEP meetings?
- What strategies can support families when they receive heavy amounts of technical information?
- How can teams balance discipline-specific expertise with family requests for streamlined, coordinated service delivery?

Part 5: Interagency Collaboration with Childcare

Mateo attends a community childcare center two days per week, and his teacher has been struggling to understand which strategies to use with him. Because each Part B/619 team member has been emailing recommendations separately, the guidance she receives is fragmented and sometimes contradictory. This stands in sharp contrast to the Part C model, where the Primary Service Provider modeled strategies directly in the childcare setting as well as at home. During this transition, however, the Part B/619 team has shifted toward periodic consultation, leaving the childcare teacher feeling uncertain and unsupported. As she explains, “Everyone tells me something different. I don’t know what to do first.” The result is inconsistent expectations for Mateo across home and childcare.

Recognizing that this fragmentation contradicts best practices for interagency collaboration, the team revisits how they are partnering with childcare. Effective collaborations between early intervention, school districts, and community programs rely on shared communication

structures, coordinated guidance, and regularly scheduled cross-agency touchpoints, all of which help ensure consistent strategies across environments.

To strengthen consistency for Mateo, the team works with the childcare teacher to establish a single shared communication plan. They create a unified strategy sheet summarizing agreed-upon approaches, identify key routines where support is most needed, and designate one team member as the primary point of contact to streamline communication. They also coordinate periodic joint check-ins, brief virtual or in-person huddles where Part B/619 team members, childcare staff, and the family can ask questions and align next steps. These practices mirror recommended early childhood collaboration strategies, which call for scheduled communication routines, shared expectations, and coordinated guidance across agencies to reduce fragmentation and support the child's success in all settings.

By moving toward a more cohesive, relationship-based approach, the team helps the childcare teacher feel better equipped and ensures that Mateo experiences consistent, aligned strategies across his daily environments.

Discussion Prompts

- What structures can teams use to ensure consistent communication across home, school, childcare, and agencies?
- How might an interdisciplinary team better coordinate or consolidate recommendations for non-specialist educators like childcare teachers?
- What are the benefits and challenges of transdisciplinary consultation (e.g., modeling strategies) compared with interdisciplinary consultation?