

A CALL FOR ATTENTION TO DEVELOPING EARLY INTERVENTION POLICY AND SERVICES FOR YOUNG CHILDREN WITH DISABILITIES IN VIET NAM

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Abstract. Viet Nam has a great early education system for typical children from infants to ages six years old. However, there is a lack of early intervention services to support young children with disabilities and their families from birth to 3 years. If children with disabilities can receive appropriate services and develop their potential abilities, they may successfully learn and attend inclusive education. This article highlights the importance of early intervention, current issues, and trends of early intervention in Vietnam, compared to the early intervention issues and trends in the United States. Based on the theories and current practices of early intervention, the authors will articulate the need for an early intervention policy and provide recommendations to develop early intervention in Vietnam.

Keywords: Early intervention, policy, early intervention services, disabilities.

1. Introduction

There were 388,694 children in the US who received early intervention services under Part C (IDEA), and 773,595 children received early childhood special education services under the Individuals with Disabilities Education Act Part B (IDEA) (Kasprzak et al., 2020) [1]. In Vietnam, there are around 6.2 million people with disabilities (Nguyen, 2016), and the disability rate of the population aged 2 and older is 7.09%, in which children aged 2-17 years are 2.83% (children aged 2-15 years are 3.02%) and adults 8.67% [2]. However, no data about the number of children from birth to two years old with disabilities was presented.

There are differences in economic statuses and the diversity in cultural background, ethics, and politics, which influence education for students with disabilities and early intervention. However, all children with disabilities have the right to develop and “to the maximum extent possible”. Every child has the right to be nurtured and educated to develop their ability to live, love, and learn; hence, it is crucial to address early intervention for young children with disabilities or at risk of disabilities from birth to two years old. This paper will highlight the importance of early intervention, current issues and trends of early intervention in Vietnam and the U.S, and then provide recommendations to develop an early intervention in Vietnam.

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2. Content

2.1. Study methods

This article is based on reviewing the research and current policy of early intervention in the United States and in Viet Nam. We searched and found studies in different databases, including ProQuest, Eric, and Google Scholar with a broad set of key terms and phrases, such as “early intervention”, “law and policy of early intervention”, “current issues and practices of early intervention”, “early intervention in Viet Nam”. We also read print articles from various journals, including conference processing papers. To critically analyze current issues and trends of early intervention, policy and practice, we review documents that mention early intervention.

The selection criteria include mostly peer-reviewed journals and academic reports, law and policy documents, which the publish dates ranged mostly from 2015 until 2021.

2.2. Definition

2.2.1. Children with disabilities:

According to Individuals with disabilities Education Improvement Act [IDED], (2004) Regulation 300.8 [4].

1) Child with a disability means a child evaluated in accordance with §§300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

(2) (i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under §§300.304 through 300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.

(3) If, consistent with §300.39 (a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child would be determined to be a child with a disability under paragraph (a)(1) of this section.

According to the Law on Persons with Disabilities (2010), the term “people with disabilities” is introduced: A person with disability is a person who has a defect in one or more body parts or a functional impairment manifested in the form of disability that causes working, studying and living learning difficulties. In the Children's Law (2016), the age of children is regulated: children under 16 years old. Thus, children with disabilities under the provisions of the Laws in Vietnam are also defined as children under 16 years old [3].

2.2.2. Early Intervention (EI)

According to the Centers for Disease Control and Prevention (CDC) in the U.S.A, early intervention is a term used to describe the services and supports that are available to babies and young children with developmental delays and disabilities and their families. The services may include speech therapy, physical therapy, and other types of services based on the child and family's needs. Early intervention can have a significant impact on a child's ability to learn new skills and overcome challenges and can increase success in school and life.

According to the Circular No. 03/2018/TT-BGDĐT stipulating inclusive education for people with disabilities, early intervention was defined as the activity, including identifying, detecting, and preventing the factors that lead to disabilities; minimizing the impacts of the

disability and enhancing the development and the ability to live independently of people with disabilities in society [5].

If in the US definition, specific age groups, services and beneficiaries (children and families) are specified, the Vietnamese's one focuses on activities. However, they are all focused on the goal of promoting growth and overcoming challenges.

2.3. Role and the process of Early Intervention

2.3.1 Role of Early Intervention

Early Intervention (EI) is a system of services that helps babies and toddlers with developmental delays or disabilities and their families. EI can provide services to support eligible babies and toddlers to learn basic skills, including physical, cognitive, communication, social/ emotional and self-help. IDEA (2014) pointed out that EI can enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education through early intervention; minimize the likelihood of institutionalization, maximize independent living; enhance the capacity of families to meet their child's needs [6].

The Center on the Developing Child at Harvard University has summarized their research and indicated [7]:

* Neural circuits, which create the foundation for learning, behavior and health, are most flexible or “plastic: during the first three years of life. Over time, they become increasingly difficult to change.

* Persistent “toxic” stress, such as extreme poverty, abuse, and neglect, and physical and mental health.

* The brain is strengthened by positive early experiences, especially stable relationships with caring and responsive adults, safe and supportive environments, and appropriate nutrition.

* Early social/ emotional developmental and physical health provide the foundation upon which cognitive and language skills develop.

High-quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities.

* Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later.

2.3.2. The process of Early Intervention

In the U.S.A, according to Sylva, Lucas, Hurth, Shaw, and NECTAC (2005), the early intervention process includes the following steps [8]:

Step 1: Identification and Referral.

An infant or toddler may have a developmental delay or disability. Parents have some concerns about their children or someone can refer the child to early intervention. The EI program receives a referral, collects information on referral source's reasons for referral and results of screening or assessment. The service coordinator will be assigned and create the child record and contact the family to gather more information about the child and schedule with the family for first time visit.

Step 2: Intake and Family Assessment

In the first visit, the family will be explained about the program and Screening at the family will be conducted. If the family agrees, they need to give the consent form so the service coordinator can continue gathering more evaluations, collecting information about the family and the child, and resources.

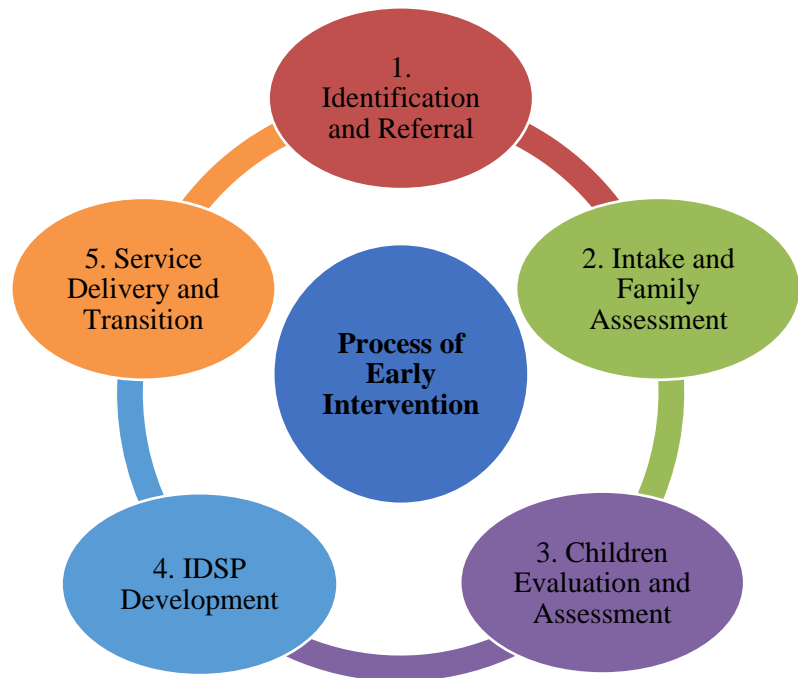


Diagram of the early intervention process

Step 3: Child Evaluation and Assessment

Service Coordinator requests existing developmental and medical information to determine if the child is automatically eligible or the child needs any further evaluations and assessment. A Service Coordinator is a person who gathers the team together and based on the result of the evaluation to see if the child is eligible or not for EI services.

Step 4: Individual Family Support Program (IFSP) Development.

The IFSP team will meet for the first time to develop IFSP that consists of reviewing parents' concerns, identifying strategies, services and timelines for services, and outcomes. Consent needs to provide for all services and IFSP team members. It may take a maximum of 45 days from step 1 to step 4.

Step 5: Service Delivery and Transition

The Service Coordinator ensures that service providers implement timely IFSP services. The IFSP team will meet annually to accommodate or modify the IFSP plan. Service Coordinators will develop the transition plan with the team members and make sure the child has a smooth transition. Normally, the transition will be when the child is around 3 years old. Finally, the child record is closed, the child will move to Part B with intervention plan and services if he/she is eligible.

In Viet Nam, there is no guideline on early intervention processes for children with disabilities in Vietnam. However, general education activities and early intervention, in Vietnam, a process with 4 basic steps is applied: input assessment, plan formulation, plan implementation and intervention outcomes.

2.4. Policy of Early Intervention in the United States and in Viet Nam

2.4.1. Policy of Early Intervention in the U.S.A

The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. Infants and toddlers, birth

through age 2, with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.

Part C of IDEA is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, age birth through age 2 years, and their families. Thus, early intervention for children with developmental delays and disabilities from birth through 3 years old has flowed guidelines and contents of IDEA 2004's Part C, which includes explanation about each step, duties, grants, funds, rules, procedures following the process of EI [6].

Whereas in the United States, early intervention policies are implemented by law at the national level and are part of the IDEA system, in Vietnam, the goals are set at the national level, but the action and implementation process is decentralized to the relevant ministries and branches.

2.4.2. Policy of Early Intervention in Viet Nam

In Vietnam, there have been a number of legal documents addressing the issue of early intervention, including: 1) Article 3, Joint Circular 58/2012/TTLT-BGDĐT-BLDTBXH stipulates [9]: Early detection and early intervention are functions of support center for inclusive educational development: "Disability detection for counseling on selection of suitably educational methods; Implement early intervention measures for people with disabilities in the community to choose appropriate education method". In this regulation, it is also clearly stated that the support center for inclusive educational development is responsible for: "Presiding over and coordinating with people with disabilities, families of people with disabilities and relevant agencies and organizations in the development and implementation of an early education intervention program for people with disabilities, including: identifying capacity and needs of people with disabilities, setting goals, planning, and implementing early educational interventions and assessment of educational intervention outcomes".

According to Circular No. 03/2018/TT-BGDĐT stipulating inclusive education for people with disabilities, early intervention is one of the rights of children with disabilities and educational institutions and support centers for inclusive educational development must be responsible for this activity (Articles 15 and 20) [5].

On August 5, 2020, the Prime Minister issued a Decision 1190/QĐ-TTg approving the Program to assist people with disabilities for the period of 2021 - 2030, in which, stipulates: 70% of children from birth to 6 years old are screened, early detection of birth defects, developmental disorders and early intervention for types of disabilities (period 2021 - 2025), and this rate is 80% in the period 2026 - 2030 [10].

Purpose of early detection of developmental disorders and disabilities (physical and mental) of children; Detecting early warning signs of autism spectrum disorder in children, the Ministry of Health issued Decision No. 2254/QĐ-BYT dated May 7, 2021, issuing the Toolkit for Early Detection of Autism Spectrum Disorders in children [11].

On March 17, 2021, the Ministry of Health issued Decision No. 1607/QĐ-BYT on the pilot implementation of the Guidelines for the Intervention Process for Children with Autism Spectrum Disorder [12].

In 2018, the Ministry of Education and Training decided to implement the national project: "Research on building a model for early detection, early intervention and education for children with an autism spectrum disorder in Vietnam based on family and community" under the National Science and Technology Program for the 2016-2020 period "Research and development of educational science to meet the requirements of fundamental and comprehensive renovation of Vietnamese education". Project code: KHGD/16-20 [13].

2.5. Issues and Trends of Early Intervention in the United States and in Vietnam

There are differences of current issues and trends about early intervention in Vietnam vs. in the U.S. If the early intervention for infants and toddlers with disabilities was established in the U.S. in 1986 in recognition of “an urgent and substantial need” and developed with a strong system and early intervention procedures in the whole country. In contrast, early intervention was established in Vietnam around 20 years ago. There is no specific early intervention policy for young children with disabilities in Vietnam, although early childhood education for all children has been applied in Vietnam for many decades. Hence, the comparison of the current issues may help us to have the vision to develop appropriate early intervention policies and programs that can work effectively for young children with disabilities in Vietnam.

2.5.1. Current Issues and Trends of E.I. in the United States

There are some current issues and trends of early intervention that can enhance early intervention effectiveness for young children with disabilities. One of the first issues is early identification for early intervention vs. early intervention [14]. In other words, almost all states serve far fewer students with developmental delays than what Part C eligibility criteria would have served. “In many states, only a fraction of the children who are candidates for services receive Part C early intervention” (Rosenberg et al., 2020, p. 41). Part C early intervention serves around ~2.8% of U.S. children younger than three years old; however, there is evidence that substantial numbers of infants and toddlers with developmental delays receive no early intervention services. Also, it is very surprising how much variability exists in the criteria alone across states as well as how the current criteria include candidates who don't need support while “maintain rates of enrollment that are too small to accommodate all infants and toddlers with significant delays” (p. 43).

The involvement of parents in early intervention may be one of the current issues. Dunst, Bruder, and Espe-Sherwindt (2014) mentioned, “the more parents are involved in their children's early intervention in a capacity-building manner, the more positive is both parent and child outcomes” (p. 43). However, only 50% of the parents were involved in their children's intervention. Parents' involvement scores were lower when early intervention was performed outside of the house, and 15% -25% of children with disabilities received part C early intervention in settings other than in the child's home. They do not feel adequately prepared to engage a child's support people in the process and the home-based intervention for practitioners. Parette et al. (2000) also pointed out families not being part of the early intervention program and decision-making with parents of younger children with visual impairments. The authors explored the critical issue of ethical considerations regarding working with families who need to be acknowledged as significant stakeholders in making their decisions [15]. Moreover, Able et al. (2017) raised the ethical issues in early intervention to provide equal intervention and prevent equitable practice and access in the field. Working effectively with parents and enhancing positive, meaningful early intervention participants to promote their informed decision is necessary for early intervention [16]. Therefore, one of the trends of E.I. consists of Family-centered practice. This approach promotes changes in the practitioner's and families' role to use the best routine-based and activity-based experiences in their home in E.I, apply a transdisciplinary team model to focus on family-centered practice.

There is a gap between research and practice in providing the natural environment in E.I. (Sylva, 2005) and E.I. evidence-based practice. Within the natural environment, early interventionists can coach parents on using everyday routines to support their children (Rosenburg et al., 2013). However, there is a shortage of research investigating the natural environment for E.I. services, diversity in family's background and culture, and the lack of

high-quality family-centered services, training, and communication, which lead to difficulties in creating a natural environment early intervention. Kasprzak et al. (2020) developed a self-assessment for early intervention programs to assess the implementation of early intervention practices with the high-qualified E.I. program [1]. Follow with the trend in practice; there is an increase of transparency on the conduct and report of empirical research. “We firmly believe that endorsement and use of these standards for trials and systematic reviews and meta-analyses will improve both the rigor of research in the field and how it is reported and presented in JEI”.

Funding is an issue in providing qualified early intervention services. “Since we have limited funds, we have to use the providers we can afford to pay. If we had more funds, we could increase the pay rates and benefits to the providers. It would improve the quality of therapists we employ” [17]. This can support the need for high-quality professionals and providers in E.I. can be solved by providing high-quality training and education opportunities to the E.I. staff. Many researchers highlighted a shortage of early childhood special education professionals and the person who provides Part C services in rural areas (McLaren & Rutland, 2013; Moherek Sopko, 2010; Rooks-Ellis, 2017) [18].

Using a collaborative team process in providing E.I. services is a recommended practice in E.I. The transdisciplinary teams utilize extensive collaboration requiring members to understand individual team roles, have knowledge of different disciplines, and be willing to work together to provide E.I. services. Also, transdisciplinary will be responsible for providing ongoing services.

With the advent of new technology and the current global pandemic, using assistive technology (AT) in E.I. is crucial. It can enhance a trend of AT in coaching parents and provide more appropriate virtual home visiting, telephone coaching (Cason, 2011). However, some issues relating to the use of AT may include the challenges of using new AT with the rapid changes and technical issues in using technology and inaccessible technology for some children and families [19].

2.5.2. Current Issues and Trends of E.I. in Vietnam

Research achievements in child psychology have shown that for all young children, the period from 0 to 6 years old is the most important years in the child's development because during that time, children's foundations are formed. This stage is very important for each child, of course, for children with disabilities, so early intervention to help alleviate difficulties, preventing or limiting secondary disabilities, is a prerequisite for children to develop and integrate into society.

Understanding the role and significance of early intervention in the education of children with disabilities, Viet Nam scientists from many different units have conducted a series of research projects on building early intervention models for young people with different disabilities, such as: community-based early intervention model, early intervention model at family, early intervention model at preschools. The above models have been applied effectively in many provinces and cities nationwide, typically: provinces such as Ha Giang, Hai Duong, Da Nang and Ho Chi Minh City, Hanoi, etc. These studies have proven the need and effectiveness of early intervention models. The results of these studies are that thousands of children with disabilities have been detected and intervened in time, developing and are now learning to integrate effectively at different levels of education, many of them have grown up and have had good health contributions to the development of society. Prominent in these studies must be mentioned:

Nguyen Duc Minh (2005) proposed measurement groups of early intervention for visually impaired children such as building a safe and favorable environment for the development of blind children, direct intervention and complementary measures [20].

Tran Van Cong and associates (2015) showed: Early identification and intervention ASD services are available in Vietnam, at least in major cities. However, there is a lack of well-trained professionals, the tools used for evaluation and diagnosis are limited, outdated and unstandardized, and the quality of services is questionable. Most importantly, a scientific evidence base for services is absent, and the country lacks an official governmental policy for supporting children with ASD [21].

Jin Y Shin, Son Nguyen Duc, Michael Accardo and Charles A Dill (2018), Socialization and communication skills could be maintained at least for six months, probably due to the ability of the caregivers to continue to apply their skills in training and educating their children and/or their increased ability to identify and use resources in the schools and communities [22].

Nguyen Thi Hoang Yen (2013) and colleagues published the research results in the scientific article "Development Checklist for Vietnamese Children". The article describes the development checklist for Vietnamese children from 0-6 years old, its birth history, design, structure and some initial applications. The purpose of the checklist is to detect abnormalities in the development of children aged 0-6 years, and serve as a basis for teachers and parents to develop supportive education programs appropriate to the abnormalities detected presently.

Dao Thi Bich Thuy (2013), Tran Thi Minh Thanh (2013) have also published some research results on developmental assessment in early intervention for children with autism. Contents include: 1) development assessment and development of an individual education plan for children with autism; 2) detect and propose some solutions to solve the problem of assessing children with autism in our country [23] [24].

In Vietnam, studies on early intervention for children with autism spectrum disorder are also conducted according to basic steps such as screening - diagnosis - evaluation - intervention. However, the systematicity of the stages is not high, which is clearly shown in the practice of early intervention for children with autism spectrum disorder today. Some highlights in the current research on early intervention for children with autism spectrum disorder include: (1) mentioned the use of the number of intervention programs and methods such as intervention methods. Psychomotor and phonetic therapy teach autistic children to understand emotions, deal with the behaviors of children with autism spectrum disorder, applying specific methods such as TEACCH, ABA, PECS... in intervention card. However, studies applying these methods are mainly used at the beginning of testing; (2) has been starting to implement early intervention for children with autism spectrum disorder, in which detection and diagnosis are key steps. Some intervention programs have been implemented, but mainly short-term intervention programs, not really aimed at providing school skills and inclusive education for children. Some scientific reports have mentioned the issue of early intervention for children with autism spectrum disorder, but the issues raised such as early intervention process, early intervention programs... are still general. In particular, there has been no coordination among forces (health, education, Invalids and Social Affairs, family...) in organizing early intervention for children with an autism spectrum disorder.

Children's Hospitals in Ho Chi Minh City and National Children's Hospital in Hanoi are the main facilities implementing early intervention for children with autism spectrum disorder. In which, detection and diagnosis are the key stages, the number of intervention programs have been implemented, but mainly short-term intervention programs, not really aimed at providing school skills and education. Inclusive education for children. Hoang Quynh Trang (2008) described some clinical characteristics in 170 autistic children at Children's Hospital 1

commented that 94% of children with autism have speech delay, 84% do not make eye contact, 97% do not know to pretend play.

In summary, the results of early intervention research for children with disabilities in Vietnam are still quite modest compared to the world's achievements and practical needs in our country today. In the future, it is necessary to focus on age-specific studies, especially for children under 3 years old.

2.6. Potential factors for developing Early Intervention in Viet Nam

The lack of EI services for children from birth to 2 years old population even through intervention services exists for persons with disabilities in general. However, there is potential development for early intervention services for this population in Vietnam if a specific early intervention policy is available. First, the early childhood education system for all children is available and developed in the whole nation. The appropriate public curriculum for early childhood for young children from 12 months old to 6 years old is an excellent resource for implementing first intervention policy and practices, enhancing inclusive education for young children with disabilities. Moreover, parents of children with disabilities recognized the need for early intervention services for their children, leading to the special private centers, companies trying to provide educational services for young children with disabilities from 2 or three years old to 8 years old. Some public special schools and centers for enhancing inclusive education also have some early intervention classes for children from 2 to 6 years old. These institutions and organizations may be sufficient support for providing services for young children with disabilities from birth to 2 years old. More and more parents can pay for early intervention services for their own children, and the trend towards socialization in early intervention is strongly promoted.

2.7. Recommendations for the Development of E.I. in Vietnam

From the above information, there are some recommendations to develop E.I. in Vietnam:

- Enhance policy research in Vietnam regarding early intervention.
- Create a national system of the policy of early intervention in which the E.I. concepts can be explained clearly, and it should have required components for early intervention and early intervention process. Guidelines and funding for applying E.I. need to be included in it.
- Develop or adapt and institutionalize screening and assessment tools to identify children in need of early education interventions.
- Build up and establish public E.I. services with appropriate funding.
- Train professionals of E.I. and early childhood special education teachers.

3. Conclusions

Early intervention is crucial to meet the right of children with disabilities. The current issues and trends of E.I. in the U.S. and in Vietnam can help develop early intervention in Vietnam by advocating for a policy of E.I. and establishing and running the E.I. procedure successfully. "Children with disabilities who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults. This can potentially reduce the future costs of education, medical care and other social spending" (Who, Early Childhood Development and Disability, page 25), and "The first three years of a child's life are a critical period. They are characterized by rapid development particularly of the brain and thus provide the essential building blocks for future growth, development and progress" (Who, Early Childhood Development and Disability, page 18).

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