



Fostering Partnerships with Head Start and IDEA Service Providers

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In conjunction with the:
State of Montana
Department of Public Health and Human
Services

Montana Guidance:
Fostering Partnerships with Head Start and IDEA Service Providers

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Foreword

The purpose of this guidance document is to provide clarifying information on the collaboration process between Early Head Start and IDEA Part C and the local school districts and Head Start. It was developed collaboratively by the Department of Public Health and Human Services and the Office of Public Instruction.

The guidance is meant to assist Montana Early Head Start staff, Montana Part C providers, Montana school district personnel and Montana Head Start staff in facilitating a smooth and effective transition for eligible families and children.

This guidance document is presented in a question and answer format with attached appendices containing specific documentation used in the process. Additional information is available from the Office of Public Instruction, Special Education Division, at 406-444-5661, and the Department of Public Health and Human Services at 406-444-2995.

Target audience: parents, districts/coops, doctors, nurses, etc.

Child Find, Preschool Screening and Kindergarten Round Up

What is the definition of Child Find? (Definition from the Part C document)

Congress established this program in 1986 in recognition of "an urgent and substantial need" to:

- 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, and maximize independent living; and
- enhance the capacity of families to meet their child's needs.

Montana's Part C Program is required to implement a statewide, comprehensive, coordinated multidisciplinary system of Early Intervention Services for infants and toddlers with disabilities, including coordinated opportunities for Child Find; thereby, providing young children with disabilities appropriate early intervention services to "prepare them for further education, employment, and independent living."

What is Child Find?

The Individuals with Disabilities Education Act (IDEA) requires the public school to have a practical method to locate, evaluate, and identify all children who have a disability and need special education and related services. Child Find applies to all children, birth through 21, who live within a public school district's boundaries. Child Find extends to children receiving early intervention services, enrolled in Head Start or private schools, as well as those attending their neighborhood public school. The IDEA assigns responsibility for Child Find to both its early intervention program under Part C and its public school special education program under Part B of the Act, though the Part C emphasis is on infants and toddlers with disabilities and the Part B focus is broader, birth through 21 years.

Regardless of how the child is placed in Head Start, the Local Education Agency (LEA) is responsible for the identification, evaluation and provision of a free and appropriate public education (FAPE) for a child found to be in need of special education and related services which are mandated by the state.

CFR 300.111 Child Find

ARM 10.16.3125 Local Educational Agency Child Find

CFR 1308.4 Services for Children with Disabilities

Who contacts who from the district, Head Start, or Part C to assist in the coordination of Child Find efforts?

If an agency (Early Head Start or Head Start) suspects that a child may have a disability, they should contact the age-appropriate disability service provider (Part C or Part B). The point of contact at Head Start is the Disabilities Coordinator, Part C is the Intake Coordinator/Specialist, and for a school district or special education cooperative, it is the Special Education Director or

designee.

How do we work together on Child Find?

It is required to disseminate information, including the scope and purpose of the early intervention system, how to make a referral, how to gain access to a comprehensive, multidisciplinary evaluation and assessment and early intervention services, and the central directory. All primary referral sources (hospitals, physicians, therapists, Early Head Start, Head Start, child care, Child Protective Services, etc.) have this information in order to provide parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications, with the knowledge of the availability of early intervention services.

34 CFR 303.301

When is the best time to do Child Find?

The district's and Part C Child Find process is one that is provided throughout the year.

Head Start grantees are required to provide developmental, hearing and vision screenings of all Early Head Start and Head Start children within 45 days of the child's entry into the program. This does not preclude starting screening in the spring before program services begin in the fall.

CFR 1308.6D(b) Head Start Performance Standards

Who needs to be involved?

- Part C agencies
- Hospitals
- Physicians
- Parents
- Child Care Programs
- Early Learning Programs
- School Districts
- Public Health Facilities
- Social Service Agencies
- Other Clinic and Health Care Providers
- Public Agencies and Staff in the Child Welfare System such as Child Protective Services (CPS) and Foster Care Programs
- Homeless Family Shelters
- Domestic Violence Shelters and Agencies

How is Child Find advertised? What are the requirements to advertise?

Public awareness should be broad enough to reach the general public, including persons with disabilities and include a variety of methods. Examples of methods to inform the general public

can include posters, pamphlets, displays, toll-free numbers, Web sites, videos, TV, radio, newspaper releases, advertisements, etc.

Part C Child Find Requirements

Child Find for Part C must have a “comprehensive Child Find system” with the purpose of identifying, locating, and evaluating all infants and toddlers with disabilities, birth to age three, as early as possible. The system must be consistent with Part B.

How do Head Start and districts/coops need to advertise?

Notice of preschool screening activities published in local newspapers or other media will inform parents about Child Find activities.

Additionally, although not required, Child Find can be advertised through local health care providers and daycares/preschools.

CFR 300.125 Child Find

What is Preschool Screening?

Preschool screening addresses the child’s status not only with respect to general health, hearing and vision, speech and language development, but also regarding general development, fine and gross motor skills, or behavior. Screening procedures are a brief look at a child to determine whether he or she needs further assessment. Screening may lead to referral for a comprehensive educational evaluation.

Montana’s regulations prescribe no specific procedures for screening; therefore, each public school designs its preschool screening procedures. Screening activities are not individualized assessments requiring prior parental consent.

Are Child Find and Preschool Screening the same thing?

No, but they can overlap. Since children as young as three are eligible to receive free, appropriate public education from the public school, the local district’s Child Find activities should coordinate with Head Start’s screening procedures. This coordination is typical throughout Montana.

Who should be involved in Preschool Screening?

Frequently, the public school’s special education teachers and specialists, family support specialists from an early intervention agency, and Head Start staff conduct preschool screening activities as a team. An effective and efficient preschool screening requires interagency cooperation and collaboration. It is also important for families to be engaged as well.

Why is it beneficial for a child and family to participate in Preschool Screening?

There are no requirements for family participation. Parents are given the opportunity to participate in screening in order to gain information about their child's development. This may lead to the recommendation for a more formal Child Find evaluation process.

Who should be involved from Head Start, Part C, and the school district/coops for preschool screening?

The disability coordinator from Head Start, the Part C Family Support Specialist, and the Part B district special education staff will work together to plan and implement community screenings.

CFR 1308.6D(b) Assessment of Children

Who does a family contact if they have concerns about their child?

The IDEA assigns responsibility for Child Find to both its early intervention program under Part C and its public school special education program under Part B of the Act. Part C emphasis is on infants and toddlers with disabilities, birth through 2 years of age, and the Part B focus is broader, ages 3 through 21 years.

Part B

Local school district in which the child resides.

Early Head Start/Head Start

The parent can contact their child's teacher. The teacher will then contact the disability coordinator. The disability coordinator will then contact the appropriate Part C agency or local school district.

What is Kindergarten Round Up?

Kindergarten Round Up is a spring activity in which the LEA provides an opportunity for parents to preregister age-eligible students for kindergarten in the fall. Kindergarten Round Up may go by other names such as "Kindergarten Kick-Off" or "Child Development Days" or something similar. Contact your local district for information.

Planning Meeting (Part C to Early Head Start and Head Start to School District)

What is the planning meeting?

Schedule a planning meeting for the purpose of referral, possible permission to evaluate signed, and to discuss concerns of the child.

Who is invited to the meeting?

Early Head Start and Part C:

- Family Support Specialist (FSS)
- Parent or Legal Guardian
- Classroom Teacher
- Education Coordinator
- Family Advocate
- Other professionals (i.e., doctors, private therapists, etc.)
- Disability Coordinator

Head Start and Part B could include:

- Parent or Legal Guardian
- District Special Education Staff
- FSS (if receiving developmental disability services/supports)
- Classroom Teacher
- Education Coordinator
- Disability Coordinator
- Family Advocate
- Other professionals (i.e., doctors, private therapists, etc.)

Who is required to organize the meeting?

If Early Head Start is requesting the meeting with Part C, then the Disabilities Coordinator would organize the meeting. If Part C is requesting the meeting with Early Head Start, then the FSS would organize the meeting.

If Head Start is requesting the meeting with Part B, then the disabilities coordinator would organize the meeting. If Part B is requesting the meeting with Head Start, then the case manager of the child would organize the meeting.

What is the timeline in which to have this meeting?

Without undue delay.

Can parental consent for permission to evaluate be obtained during this meeting?

Yes, if the parent/legal guardian is present and the district or Part C agency agrees that an evaluation is necessary.

What happens if a parent denies consent?

Parents have a right to withhold consent if they decide to not proceed with a Part C or Part B initial evaluation and eligibility determination process.

If the parent denies consent in writing to proceeding with the Part C or Part B evaluation and eligibility determination process, access to special education services under the IDEA will not be available to the child upon turning three. Parents may reinitiate the evaluation and eligibility

process at a later date if they desire.

Therefore, if a parent denies consent in writing to the Part B evaluation and eligibility determination, the Part C Agency will provide them with prior written notice that Part C services will end at the time of their child's third birthday. The Part C Agency will also provide the family with a copy of the Part C procedural safeguards at this time, as well as contact information for the school district in which they reside.

34 CFR § 300.300 Parental consent
34 CFR § 300.9 Consent

Can eligibility be determined during the planning meeting?

No.

Referrals

What is a referral?

The referral is the initial documentation of the concern that a student may be a child with a disability.

What does a referral mean?

Part B

A referral begins the process through which a public school district conducts a comprehensive educational evaluation.

Part C

A referral requires the early intervention service provider, within 45 days or as soon as possible after obtaining parental consent, to provide an infant and toddler and their family with a developmental screening, initial evaluation to determine eligibility, initial assessments, and the initial IFSP meeting for the child and his/her family.

When does someone refer a child?

The parent of the child may request that Head Start assist in making a referral to the school district for further evaluation in a developmental or sensory area.

The Head Start Disability Coordinator can make a referral for further evaluation when data from the child's screening and results from ongoing assessment of the child's ability indicate below average growth in an area or areas.

Based on screening/assessment results and/or a parent's request for an evaluation, children will be referred to your local early intervention or local education agency to initiate a formal evaluation. This evaluation which determines the child's eligibility and need for special education or early intervention and related services is free to the family in accordance with the

IDEA law.

Who contacts the parents to notify them?

Each agency will contact the parents for Part C. The Eligibility Recruitment Selection Enrollment and Attendance (ERSEA) will contact the parents for Early Head Start.

Who is to contact the parents once a referral is made to the district?

It is the district's responsibility to contact the parents.

What is the timeline for a referral made to Part C?

Procedures promote referring a child as soon as possible, but in no case more than seven days, after the child has been identified. Automatic referral procedures are required for specific at-risk infants and toddlers (under age three) who are:

1. The subject of a substantiated case of child abuse or neglect; or
2. Identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

CFR 303.302

What are the timelines?

If there is an immediate need for Part C services and, according to the initial information gathered from the primary referral source, the referred infant or toddler appears to be eligible for Part C services (e.g., established condition), Part C services can be immediately provided.

The initial evaluation for Part C eligibility must be completed as soon as possible (within 30 days after referral to the EIS agency is the expected timeline) and within the 45-day timeline in order to have sufficient time to complete assessments needed for development of the Individualized Family Support Plan (IFSP) and the development of the initial IFSP unless family circumstances make it impossible to meet the timeline.

What are the timelines for EHS to act on a referral?

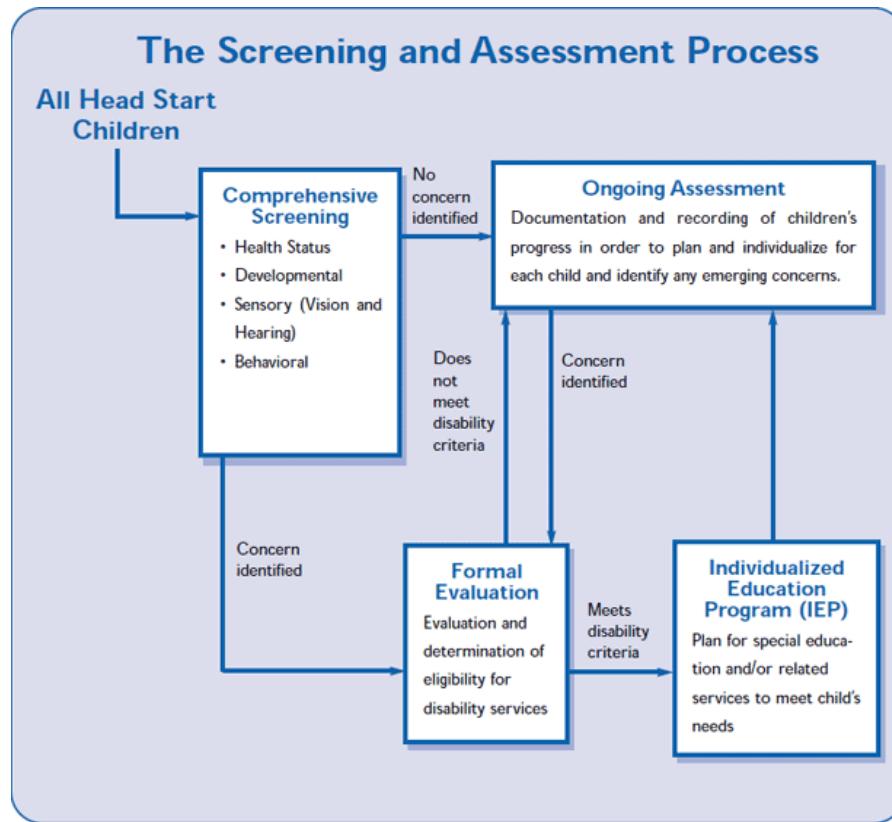
There is no specific timeline for Early Head Start to act on a referral. Children/Families that are referred will need to go through the application/enrollment process to determine needs. However, this process starts as soon as the application is received from the family. The main selection criteria are based on income, age, special needs, and referral from another agency.

Does Head Start have a timeline to refer a child?

Yes, without undue delay.

Head Start is required to have an internal process for reviewing information recorded on each child and for making decisions regarding referrals for further evaluation and treatment as needed.

Screening is the first step in gathering information that may lead to a referral for further evaluation and rescreening must be provided in the process as needed.



Is there a required timeline between referral and the request for parental consent for evaluation?

Part C: Yes. The Intake Coordinator has two days to set up a meeting with the family.

Part B: No. However, it should be done with no undue delay.

What are the timelines for Head Start to act on a referral/application for services?

Head Start is required to act on an application for services immediately. However, Head Start must maintain a minimum of 10 percent of enrollment for children with disabilities and must have 100 percent full enrollment on the first day of school for the program each year and maintain a wait list.

The following are considered in placement of a child with disabilities: parent's wishes, age and income requirements, IEP placement recommendation, and open enrollment slots at Head Start.

Head Start Act, 42 U.S.C. 9837, section 640(d)(1)

Who does Part C contact in EHS to refer a child?

The Disability Coordinator or the Eligibility Recruitment Selection Enrollment and Attendance Representative (ERSEA) of an Early Head Start program can be the point of contact for a referral from Part C. The point of contact will vary depending on the program.

When does Part C refer to EHS and HS?

Ongoing throughout the year.

Referral Requirements

What do Montana's regulations require each referral to contain when made to a school district?

1. Statement of the reason(s) for referral
2. Documentation of general education intervention tried and the results
3. Signature of the person making the referral

The referral establishes the concern that the child may have a disability that adversely affects educational performance and, as a result, may need special education and related services. This information assists the Evaluation Team in determining the types of assessments necessary for a comprehensive evaluation.

ARM 10.16.3320 Request for Initial Evaluation

Referrals from Parents

Does the IDEA give the parent a right to refer a child for evaluation?

Yes, the IDEA regulations indicate that either the parent of a child, or a public agency, may initiate a referral for an initial evaluation.

34 CFR 300.301

CFR 300.125 Child Find

CFR 303.321 Comprehensive Child Find System

ARM 10.16.3122 LEA Responsibility for Students with Disabilities

ARM 10.16.3320 Request for Initial Evaluation

Can the school district delay the parent's referral request to conduct interventions?

No.

ARM 10.16.3125 LEA Child Find Responsibilities

Can a school district refuse to conduct a comprehensive educational evaluation when a parent requests one?

Yes. However, if the district refuses, it must provide Prior Written Notice to the parent. The refusal to conduct an evaluation gives the parent the right to request a due process hearing and ask the hearing officer to order the district to conduct the evaluation. The parent also may request an Independent Educational Evaluation at the district's expense.

Ignoring a parent's request for a comprehensive evaluation may result in the district being found to have denied providing a Free Appropriate Public Education, even if the child is found not eligible for special education and related services.

CFR 300.503 Prior notice by the Public Agency; Consent of Notice

CFR 300.504 Procedural Safeguards Notice

CFR 300.300 Parental Consent

ARM 10.16.3125 LEA Child Find Responsibilities

ARM 10.16.3320 (2) Referral

Who should fill out the Referral documentation?

It is best practice to fill the referral out with the representative from the school district or agency in which the referral is being made to. The disabilities coordinator from Early Head Start or Head Start in conjunction with the classroom teacher could fill it out as best as they can and then work with the school district representative to fill out the rest.

If a referral comes from Part C, Part C would fill out their own referral form and give it to the Early Head Start. Some referrals from Part C may be indicated on the Early Head Start application. (Points are given to a family if they are referred to Early Head Start from another agency.)

A referral from an Early Head Start program to Part C is filled out by the parent, or by the teacher with consent from the parent. This form is then given to the Part C provider, with a copy retained in the Disability Coordinator's files.

ARM 10.16.3320 Referral

How does Head Start make a referral to the district/coop and Part C agency?

Head Start staff must communicate with the parents to obtain 'informed consent' for initiating a referral to the school district or Part C Agency.

Head Start will complete the referral paperwork in conjunction with the school district or Part C Agency, including the reason for the referral, the general education interventions tried and the results (Part B only), and the signature of the person making the referral.

When does the district/coop make the referral to Head Start?

Referrals can happen at any time during the year. Eligibility and placement will be determined by Head Start in accordance with the eligibility standards set by each program.

Appendix C for Referral

CFR 1308 Services for Children with Disabilities

What is the process to make a referral to Head Start?

The child must meet the eligibility requirements of age for placement in a Head Start program.

The family must complete the Head Start enrollment application, including necessary documentation to ‘complete’ the application to be eligible for placement in Head Start. This may include, but is not limited to, a birth certificate, current immunization record, income verification.

Can parent permission be signed at this time?

Once an Early Intervention Service (EIS) agency receives a referral, an Intake Specialist/Family Support Specialist (service coordinator) is assigned as soon as possible and not longer than two days after the referral was made to the EIS agency. This single individual within the EIS agency assists the referred child and his/her family through the Part C service eligibility evaluation process.

If the primary referral source was not the parent, the EIS agency will contact the referred child's parents as soon as possible after the referral is made, especially in situations which require immediate attention (e.g., infant with immediate needs), but not longer than seven days after the referral was made to the EIS agency. In usual referral situations, contact with the family must be initiated by the qualified EIS agency no later than two working days following the receipt of the referral.

The EIS agency staff will inform the parents of the benefits of EIS services for their child and family, information about eligibility evaluation, program planning and appropriate procedural safeguards (e.g., system of payments, prior written notice, and dispute resolution).

Does a referral have to be through a meeting?

No.

Evaluation Plan

What the purpose of the Evaluation Plan?

The purpose of the Evaluation Plan is to notify the parent of the assessments the school district intends to conduct, and to obtain the parent's informed consent for those assessments. For an initial evaluation, the Evaluation Plan provides written notice to the parent that the district suspects their child has a disability and needs special education; identifies the specific assessments that will be conducted to determine eligibility; and documents the parent's approval or denial of consent for the evaluation.

What is the timeline from referral to Evaluation Plan?

The IDEA does not specify a timeline from referral to Evaluation Plan. However, it is best practice to complete this within a reasonable amount of time.

Who develops the Evaluation Plan?

The child's Evaluation Team, and other qualified professionals as appropriate, are responsible for developing the Evaluation Plan.

Is a meeting necessary to develop an Evaluation Plan?

No. However, the district needs to fully explain the process to the parents.

Is the district required to obtain parental consent on the Evaluation Plan for the Evaluation Report Team to consider existing evaluation data (i.e., student records, reports from other sources, etc.)?

No.

What does a school district do if a parent refuses consent for an initial evaluation?

If, in the opinion of the school district, the provision of special education services is necessary for the child to receive a free appropriate public education, the school district may pursue mediation or due process to obtain consent for the evaluation. If the district does not pursue the evaluation it is not in violation of Child Find responsibilities. Contact the OPI Early Assistance Program at 406-444-5664.

CFR 300.300 Parental Consent

Is there a timeline for the initial evaluation of a student?

Yes. The school district must complete all of the assessments indicated on the Evaluation Plan within 60 calendar days of receiving parental consent for an **initial** evaluation. The district documents the date upon which it received the signed Evaluation Plan: Notice of Intent to Conduct an Evaluation or Reevaluation and Permission for Evaluation or Reevaluation form. Once the

assessments are completed the school district must conduct the Evaluation Report meeting as soon as possible.

CFR 300.301 Initial Evaluations

Are there any circumstances (other than the parent not producing the child) that allow the district to exceed the 60 calendar day timeline?

Yes. The only other circumstance is for students who transfer to another school district while in the process of being evaluated. In this case the new school district should complete the evaluation as soon as possible, but is not bound by the timeline requirement.

CFR 300.301 Initial Evaluations

What are the Evaluation Plan assessments? Which assessments are required?

- Academic Achievement – Individually administered diagnostic tests in early literacy, reading, language, math and written language to determine skills in the above areas.
- Assistive Technology/Services – Needs for assistive devices and services in order to benefit from special education services.
- Behavioral – Assessment and/or observations to identify supports and strategies to address behavioral needs.
- **Classroom-Based Assessment (required)** – Involvement and progress in general education curriculum (i.e., reading, math, etc.).
- Communication – Individual tests of speech and/or receptive and expressive language skills.
- Developmental – Individually administered tests and/or structured observations measuring typical child development of preschool-age students or others as appropriate.
- **Observations (required)** –
- Physical – Visual and hearing acuity (not screenings); gross and fine motor development; orientation/mobility; blindness/visual impairment (need for Braille instruction).
- Psychological – Individually administered intelligence tests and measures of adaptive behavior designed to help determine the student's ability to function in an academic setting.
- Social/Emotional – Checklists, tests, and observations to determine social skills and emotional status of the student.
- Transition – Assessments of training, education, employment, or independent living skills.
- Other - Specify

How is it determined which assessments are checked?

The IDEA regulations and Montana Administrative Rules require the Evaluation Team to assess the child in any area of suspected disability. This means that the Evaluation Team must conduct the assessments necessary to address the disability criteria for each suspected disability.

CFR 300.304 Evaluation Procedures

CFR 300.306 Determination of Eligibility

Evaluation and Evaluation Report

What is an evaluation and how does the process work?

Each Montana child, birth through age two, suspected of having a developmental delay is entitled to a timely, comprehensive, multidisciplinary evaluation of functioning. Each family of such an infant or toddler is entitled to a family directed identification of the needs of their family in order to appropriately assist in the development of the child.

Evaluation of the child relates directly to procedures for determining initial and continuing eligibility for Part C services. The evaluation process is designed to be a responsive and individualized set of procedures for determining eligibility in a fair and timely fashion. The process takes the unique characteristics of the child, the accumulated information about the child, and the child's family's choices regarding evaluation alternatives into consideration. In addition, the evaluation process is designed to provide the child's parents with appropriate information for making informed decisions regarding service options for their child and family.

The evaluation must include:

- Administering an evaluation instrument;
- Taking the child's history (including interviewing the parent and other family members or caregivers, as appropriate);
- Identifying the child's level of functioning in each developmental area (cognitive, physical, including hearing and vision, communication, social or emotional, and adaptive skill development);
- Gathering information from other sources such as family members, other care givers, medical providers, social workers, and educators, if necessary to understand the full scope of the child's unique strengths and needs; and
- Reviewing medical, educational and/or other records.

However, if a child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child for eligibility) under Part C, if those records indicate the level of functioning in one or more of the developmental areas constitutes a developmental delay or the child otherwise meets the criteria for an infant and toddler with a disability and if the child's eligibility is established in this way, the Developmental Disabilities Program (DDP) or EIS agency must conduct assessments of the child and family. Thus, using this process for eligibility determination will negate the need for completing all the above evaluation procedures.

What are the Evaluation Procedures?

The school district must provide notice to the parents of a child with a disability that describes any evaluation procedures the district proposes to conduct.

In conducting the evaluation, the district must use a variety of assessment tools and strategies to

gather relevant functional, developmental, and academic information about the child, including information provided by the parent.

This information may assist in determining whether the child is a child with a disability, the content of the child's IEP, including information related to enabling the child to participate in appropriate activities.

The child must be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

CFR 300.304 Evaluation Procedures

What is the Eligibility Committee?

The EIS agency convenes an Eligibility Review Panel (administrator and/or supervisor, evaluation coordinator, a FSS and parents if they so choose) to determine the eligibility status of a child.

Who is required to attend the ER meeting?

- The parent(s) of the child;
- Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the child or, if appropriate, at least one special education provider of the child;
- If the student is being evaluated for a specific learning disability, at least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech language pathologist, or remedial reading teacher;
- An administrator or designee who -
 - (i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - (ii) Is knowledgeable about the regular curriculum; and
 - (iii) Is knowledgeable about the availability of resources of the public agency;
- An individual who can interpret the instructional implications of evaluation results, who may be one of the described members of the team;
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- The student, if appropriate.

The following specialists are also required for the initial evaluation only.

REQUIRED FOR INITIAL EVALUATION	L D	C D	S I	E D	H I	T B	D E	D B	A U
School Psychologist	X*	X		X		X			X
Speech-language Pathologist	X*		X		X	X	X	X	X
Audiologist					X		X		

*A required team member for the determination of a learning disability must be a school psychologist, speech language pathologist or a remedial reading teacher, each of whom is qualified to conduct individual diagnostic examinations of children.

In addition to the required members, it is important to invite the Part C agency representative and the teacher or adult from Early and Head Start that works with the student. If Head Start or Part C referred the child, it would be best practice for the district to invite the Head Start or the Part C representative to the meeting. It is also important to invite the Head Start representative if Head Start will be providing services to the child as well.

ARM 10.16.3321 Comprehensive Educational Evaluation Process and Reevaluations

What happens if the child is found eligible?

If a determination is made that a child has a disability and needs special education and related services, an IEP must be developed within 30 days of the Evaluation Report Meeting.

If a child is transitioning from Part C to Part B, the child will have an IEP in place by their third birthday.

CFR 300.306 Determination of eligibility

What happens if eligible and parent wants to proceed?

The Evaluation Coordinator, with the assistance of the multidisciplinary evaluation team and/or Eligibility Review Panel members, reviews the results of the eligibility determination process and provides information regarding service options for the child and family, including choosing not to pursue any or only specific services at that time.

May a student be identified in more than one disability category?

Yes. A student should be identified in each category of disability for which the student meets the disability criteria and needs special education and related services.

CFR 300.111 Child Find

If a student has received a medical diagnosis does that student automatically qualify for special education and related services?

No. To qualify for special education and related services, the student must meet the criteria for a disability category(ies) as defined in the Administrative Rules of Montana **and** demonstrate a need for special education and related services.

CFR 300.306 Determination of Eligibility

ARM 10.16.3007 Eligible Students Under the Individuals with Disabilities Education Act

What happens if eligible and parent denies?

Family Support Specialists share contact information and may follow up with the family at a later date.

What happens if a child qualifies/eligible but disappears?

The child is exited from services and a letter may be sent to the referral agency notifying them.

Early Head Start – Family advocates sent out, letters, etc., and, ultimately, the child is dropped from enrollment. Timelines are set by each program.

Can a student meet eligibility criteria, but still not need special education services?

Yes. If the Evaluation Team determines that the disability does not adversely affect the student's educational performance, then the student does not need special education, and is not eligible under IDEA.

CFR 300.8 Child with a disability

What happens if eligible and the parent does not want to proceed with an IEP?

The Evaluation Team stops the process and cannot proceed any further without due process.

What happens if a child is found not eligible for Part C or Early Head Start services?

For determinations that a child is not eligible, the DDP/EIS agency will provide the parent with prior written notice as required, and include in the notice information about the parent's right to dispute the eligibility determination through dispute resolution mechanisms, such as requesting a due process hearing or mediation or filing a State complaint.

Further, the FSS will assist the family in determining their options, including utilizing other eligibility evaluation methods than those originally used to determine the child's eligibility and again, informing the family of their procedural safeguards/rights. For those children who are receiving ongoing public health or social services, the EIS agency will notify the public health

and/or social agency the child is no longer eligible for Part C services. Public health services may be adjusted accordingly.

20 U.S.C. 1439(a)(6)

Early Head Start – A letter is sent to the parents notifying them of being placed on the wait list and why.

What happens if a child does not qualify for special education and related services?

Once an Evaluation Report Meeting has occurred and the team has determined the child is not eligible for special education and related services, the child will not receive special education and related services and return to the general education setting.

What is the timeline for an initial ER to the initial IEP?

Once an Evaluation Report meeting has been held and it is determined that the child qualifies for special education and related services, the district has 30 days to implement the IEP. If the child will be turning three, the district is required to have all assessments completed and an IEP in place by the child's third birthday.

What are the timelines for Evaluation and Individualized Family Service Plan (IFSP)?

- An IFSP is developed in accordance to the 45-day timeline from the date of eligibility;
- Semi-annual review of the IFSP and as needed or requested by parent; and
- Annual review, evaluate and revise.

An interim IFSP is developed in the event an eligible child and the child's family have obvious immediate needs identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), so early intervention services may commence before the completion of the evaluation and assessment, if the following conditions are met:

- Parental consent is obtained;
- An interim IFSP includes the name of the FSS (support coordinator) who will be responsible, for implementation of the interim IFSP and coordination with other agencies and persons;
- and includes the early intervention services determined to be needed immediately by the child and the child's family;
- The evaluation and assessment are completed within the 45-day time period required;
- Support coordination is provided to each eligible child and child's family in accordance with the definition of support coordination; and
- The IFSP is developed, implemented and evaluated by a multidisciplinary team, including the eligible child's parents and two or more individuals from separate disciplines or professions and one of these individuals must be the child's/family's Family Support Specialist (FSS)/service coordinator.

34 CFR 303.342; 34 CFR 303.345

Can a student qualify for services under IDEA if they need only a related service?

No.

CFR 300.8 Child with a disability

Who needs to be notified of Part C findings of the child?

- FSS
- Family members
- Referral Sources
- Anyone the family chooses to be informed

Does signing the Evaluation Report reflect that each signer agrees with the conclusion of the team?

Yes, unless the member submits a separate dissenting report presenting the member's conclusions.

CFR 300.311 Specific documentation for the eligibility determination

If parents or other required members of the Evaluation Team are unable to participate in a meeting in person, can other methods be used to ensure their participation?

Yes. Other methods may include individual or conference telephone calls, or video conferencing. It should be documented in the notes that the person participated by phone or other means. When that person is provided with a copy of the Evaluation Report, they can sign and return an additional copy of the signature page as a means of documenting their participation.

CFR 300.322 Parent participation

For a child who is less than school age or out of school, who determines the appropriate environment for the observation to occur?

The Evaluation Team.

CFR 300.310 Observation

ARM 10.16.3321 Comprehensive Educational Evaluation Process and Reevaluations

What is re-eligibility for Part C?

A child receiving Part C services is required to have re-determination of eligibility annually.

EHS: When transitioning from EHS to HS, the child's family has to reapply for services.

Must the student be reevaluated once every three years?

Yes, unless the parent and district agree at any time during the three-year period that a reevaluation is unnecessary.

How does the district document the agreement between the district and the parent that a reevaluation is unnecessary?

The district must document this agreement in the annual IEP or an IEP Amendment. This establishes a new three-year time period.

May a child younger than six be identified in a disability category other than developmental delay?

Yes. A 3, 4, or 5-year-old child could be identified under any disability category(ies).

What must the ER team do when a child with a Developmental Disabilities label turns six?

The IEP is required to get a new Evaluation Plan signed by the parents and conduct a new evaluation to determine if the child continues to qualify for special education and related services under a new eligibility category(ies) or if the child should be exited.

If a child has a disability category identified in addition to DD, the team must conduct an Evaluation Report meeting to remove the DD eligibility.

What is the school district's role when parents do not agree with each other about the identification or educational program for their child?

The procedural safeguards apply equally to each person who meets the definition of parent. The school district must ensure that each parent has all the information available regarding the identification or placement of the child and should encourage the parents to work together in the best interests of their child.

CFR 300.30 Definition of Parent

Documentation of Eligibility Type

Part C:

Type 1: have a diagnosed and/or established physical or mental condition that has a high probability of resulting in developmental delay even though the delay may not exist at the time of diagnosis which includes; conditions such as chromosomal abnormalities; genetic or

congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

Type II: are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:

- Cognitive development;
- Physical development, including vision and hearing;
- Communication development;
- Social or emotional development; or
- Adaptive development.

A minimum of 50 percent delay in any one of the above developmental areas; or a 25 percent delay in two or more of the above areas are required for eligibility.

Head Start agencies ensure the provision of services to children with disabilities in accordance with the IEP or IFSP. They will also participate in and support efforts for a smooth transition for children who, at age three, will need to be considered for services for preschool-age children with disabilities; and they will participate in the development and implementation of the IEP or IFSP for preschool-age children with disabilities.

IFSP and IEP

Family Centered versus Child Centered

Part C – Core to family-centered services is sensitivity and respect for the culture and values of individual family members and each family's ecology, as members define the people, activities and beliefs important to them. The purpose of early intervention is to achieve family outcomes, as well as child outcomes. Preschool special education services must include family involvement, as well as accomplish child outcomes.

Part B – Child Centered: The members of the IEP team identify the child's educational needs. Goals are written by the team into the child's IEP addressing the identified needs and are based on the child's current level of performance. The local school district provides the needed educational and related services for the child.

What is an IFSP?

The "Individualized Family Service Plan" and "IFSP" means a written plan for providing early intervention and support services to a child eligible for Part C services and the child's family.

What is included in these?

Support services necessary to enhance the development of the child and the capacity of the family to meet the identified priorities and needs of the child.

Who needs to be invited to the IFSP meeting?

- Family
- FSS
- Administrator from EIS agency
- Other qualified personnel
- Whomever the family wishes to attend

Can the district give Head Start a copy of the IEP?

Yes, with written consent from the parents. Written consent may be obtained through a signed Release of Information outlining the scope of information to be shared.

What is an IEP?

Individualized education program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised annually.

CFR 300.22 Individualized education program

Is Head Start required to have a copy of the IEP?

No. Regulations do not specify required contents of files for children with disabilities; however, documents needed for individualized services should be readily accessible to staff with responsibilities to plan, implement, and monitor individualized services for enrolled children with disabilities. Contact the school district on how Head Start and the school district can work together to share this information.

45 CFR 1304.51(g)

What are special education services?

Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability. Services can be conducted in the classroom, in the home, in the hospitals and institutions, and in other settings. A list of special education services includes:

- Adaptive Physical Education
- Assistive Technology
- Braille Instruction
- Career/Vocational
- Communication
- Math
- Reading
- Self-Help/Independence

- Sensory-Motor
- Social/Emotional/Behavioral
- Speech-Language
- Transition
- Travel Training
- Written Expression

CFR 300.39 Special Education

What are related services?

Related services are transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. Related services cannot stand alone. There needs to be a special education service before a related service can be added in an IEP. A list of related services includes:

- Assistive Technology
- Audiology
- Counseling
- Early Identification and Assessment
- Interpreting
- Medical Services
- Occupational Therapy
- Orientation and Mobility
- Parent Counseling and Training
- Physical Therapy
- Psychological
- Recreation
- Rehabilitation Counseling
- School Health/Nurse Services
- Social Work in Schools
- Speech/Language
- Therapeutic Recreation
- Transportation

CFR 300.34 Related Services

How often does an IEP need to be reviewed?

An IEP is required to be reviewed at least annually. The IEP can be for less than 12 months but it is best to schedule the IEP for the duration of the 12 months and then amend the IEP as needed.

An IEP must be in effect at the beginning of each school year for each child with a disability and before special education and related services are provided to an eligible child.

CFR 300.323 When IEPs must be in effect

CFR 300.324 Development, review, and revision of IEP

How will I find out how my child is doing with his/her IEP goals?

Parents will be given a progress report at least twice during the annual IEP.

CFR 300.320 Definition of Individualized Education Program

Who can provide “Special Education Services in the General Education Setting”?

Special education and related services must be provided by or directed by qualified personnel (special education teacher, speech therapist, etc.) regardless of the setting.

When must transportation be included in a student’s IEP?

A district must provide transportation as a related services if it is required for the child to benefit from special education. The district must ensure that any transportation services included in a student’s IEP as a related service is provided at no cost to the parents and that the student’s IEP describes the transportation arrangement.

The district has a variety of options for how they provide transportation, including school busses, contracted services, transportation contracts with parents, or other options.

How may general education teachers, para-educators and other who work with a child be informed of their specific responsibilities under the IEP?

They must be informed of their specific responsibilities related to implementing the IEP. These may be provided electronically, verbally, or on paper. If any of these individuals are given a copy of the IEP, he or she must ensure that confidentiality of the IEP is maintained at all times in the same manner as other special education records, including storage of and access to the IEP. Ongoing follow-up should occur to ensure that the accommodations, modifications and supports are provided in accordance with the IEP.

CFR 300.323 When IEPs must be in effect

CFR 300.614 Record of access

Who are the required members of the IEP team?

- The parent(s) of the child;
- Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment; this can include the certified Head Start Teacher);
- Not less than one special education teacher of the child or, where appropriate, at least one special education provider of the child;

- An administrator or designee who –
 - (i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - (ii) Is knowledgeable about the general education curriculum;
 - (iii) Is knowledgeable about the availability of resources of the district;
- An individual who can interpret the instructional implications of evaluation results, who may be one of the described members of the team;
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- Whenever appropriate, the child.

CFR 300.321 IEP Team

May the parent or district invite others to participate in the IEP meetings?

Yes. At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate may be invited. The determination of the knowledge or special expertise of any individual must be made by the part (parents or district) who invited the individual to the meeting. These individuals then become a member of the IEP team.

It is best practice to include Part C FSSs or Head Start personnel if they are working with the child.

CFR 300.321 IEP Team

How do schools meet the “general education teacher” requirements for participation in the IEP for children aged three, four, or five who are receiving preschool special education?

If a school district provides general education to children without disabilities in the age group, then all of the requirements related to IEP development, review, and revision apply as they do in the case of school-age children with disabilities. If a district makes kindergarten available to children without disabilities, then the kindergarten teacher could appropriately be the general education teacher on the IEP team. Consequently, when a preschool-age child is, or may be, participating in the general education environment, the district’s general education teacher who would be the child’s teacher would participate on the IEP team.

CFR 300.321 IEP Team

Who can participate as the “parent” in developing an IEP or IFSP?

A “parent” is defined as:

- A biological or adoptive parent of a child;
- A guardian, but not the state if the child is a ward of the state;
- A person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child’s welfare); or

- A surrogate parent who has been appointed in accordance with CFR 300.519 Surrogate parents; or
- A foster parent.

When more than one party is qualified to act as the parent, the biological or adoptive parent must be presumed to be the parent unless such parent does not have legal authority to make educational decisions.

CFR 300.30 Parent

CFR 300.519 Surrogate Parents

Is it permissible for a school district to develop a draft IEP before the IEP meeting?

Yes. A district may come to an IEP meeting prepared with evaluation findings and proposed recommendations regarding IEP content, but must make it clear to the parents at the outset of the meeting that the services proposed are only recommendations for review and discussion with the parents. Parents have the right to bring written questions, concerns, and recommendations to an IEP meeting as part of a full discussion of the student's needs and the services to be provided to meet those needs before the IEP is finalized.

May a district provide a copy of the draft IEP to the parents prior to the meeting?

Yes. It is also advised to inform the parent that the draft is only recommendations and that nothing has been predetermined by the district.

Must the IEP team for a newly eligible preschool student consider the student's need for Extended School Year (ESY)?

Yes. If a student turns three years old during the summer, the student's IEP team shall decide whether the student needs ESY services during that summer in order to benefit from FAPE. If, at that initial IEP meeting, the IEP team determines that the preschool-age student does not need ESY services, the IEP team shall identify the date of initiation of services as the first day of the school year.

Additional Questions

What are the requirements to get into an Early Head Start or Head Start?

Each Head Start program must have a formal process for establishing selection criteria and for selecting children and families that considers all eligible applications for Head Start services.

Head Start programs must consider the following:

- Income of eligible families;
- The age of the child;
- The availability of kindergarten or first grade to the child; and
- The extent to which a child or family meets the criteria that each is required to establish.

At least 10 percent of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities who meet the definition for child with disabilities.

Each Head Start program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.

Where are services provided?

For Part C, services are provided in the child's most natural environment.

For Early Head Start, services are provided in the centers and on occasion there is a home-based option.

What support services are provided by Part C and services provided by EHS?

Part C:

Support services are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP team, in any one or more of the following areas:

- Physical development;
- Cognitive development;
- Communication development;
- Social or emotional development; or
- Adaptive development.

Examples of early intervention services: If an infant or toddler has a disability or a developmental delay in one or more of these developmental areas, that child will likely be eligible for early intervention services. Those services will be tailored to meet the child's and family's individual needs and may include:

- Assistive technology (devices a child might need)
- Audiology or hearing services
- Speech and language services
- Counseling and training for a family
- Health services

- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service Coordinator services
- Sign language and cued language services
- Social work services
- Special instruction
- Speech-language pathology services
- Transportation and related costs
- Vision services

Early Head Start and Head Start will work in conjunction with the Part C agencies and Part B to provide the services outlined in the IFSP or the IEP.

What services does a district or Head Start have to provide for students?

The school district is required to provide a full continuum of services as outlined in the child's IEP.

Head Start agencies ensure the provision of services to children with disabilities in accordance with the IEP or IFSP. They will also participate in and support efforts for a smooth transition for children who, at age three, will need to be considered for services for preschool-age children with disabilities; and they will participate in the development and implementation of the IEP or IFSP for preschool-age children with disabilities.

CFR 1304.20, 1308

Is there a specific curriculum that needs to be used?

There is not a specific curriculum required to be used in the preschool programs.

What are some suggestions for curriculum used in preschools?

- Open the World of Learning (OWL)
- Creative Curriculum for Preschool or Infants and Toddlers

Is Head Start and Early Head Start required to help families obtain services from the districts and Part C?

Yes. The Disability Services Coordinator at Head Start is responsible for supporting the parents in advocating for the child. She/he is responsible for ensuring that procedural safeguards are in place and that parents have been notified and understand their rights under IDEA law.

Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the Part C Intervention provider designated by Montana's Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of Part C Early Intervention program. Head Start must support parent participation in the evaluation and Individual Family Support Services Plan (IFSP) development process for infants and toddlers enrolled in their program.

CFR 1304.20

What if a district doesn't have a preschool special education setting? What are the district's options?

The IDEA requires all school districts to offer a full continuum of services. If a district does not have preschool special education services available at the time of a Part C to Part B referral, it must either develop preschool special education services or participate with a program that has services available.

34CFR §300.115 Continuum of alternative placements

34 CFR §300.116 Placements

What is RBI?

- Routines-Based Interview™ (RBI) is a clinical, semi-structured interview designed to
 - Establish a positive relationship with the family,
 - Obtain a rich and thick description of child and family functioning, and
 - Result in a list of outcomes/goals chosen by the interviewee.
- It has been used in both IFSP and IEP development.
- A parent or other adult functioning in loco parentis is always interviewed.
- If the child is cared for by someone else for > 15 hours a week (e.g., in a classroom program), that person is also interviewed.
- The interview assesses
 - The child's engagement, independence, and social relationships within everyday routines;
 - The family's satisfaction with home routines; and
 - The teacher's perception of the goodness of fit of classroom routines with the child's interests and abilities.
- The RBI can be used to obtain a narrative description of the child's functioning in cognitive, motor, adaptive, communication, and social skills; it does not result in a developmental score.

What is a Family Partnership Agreement in Early Head Start or Head Start?

HS: A Family Partnership Agreement (FPA) is a document that is filled out with the family advocate with goals to work on. Ideally, the FPA and IFSP would have similar goals.

How long can you be eligible for Part C and EHS?

Part C: 0-36 months

EHS: 0-3 years old

What is the difference between screening, assessment, and evaluation?

Screening includes activities to identify children who may need further evaluation in order to determine the existence of a delay in development or a particular disability.

Assessment is used to determine the individual child's present level of performance and early intervention or educational needs.

Evaluation is used to determine the existence of a delay or disability, to identify the child's strengths and needs in all areas of development.

ECTA Web site: <http://ectacenter.org/topics/earlyid/screeneval.asp>

Definitions:

Child Find: A component of IDEA that requires local school districts to actively locate children, birth to age 21, suspected to have disabilities and be eligible for special education, and who reside in their jurisdiction.

Developmental Disability (DD): A substantially limiting physical or mental impairment that affects basic life activities such as hearing, seeing, speaking, walking, caring for oneself, learning, or working.

Developmental Delay (Part C): Developmental Delay is when your child does not reach his/her developmental milestones at the expected times. It is an ongoing major or minor delay in the process of development. If your child is temporarily lagging behind, that is not called developmental delay. Delay can occur in one or many areas—for example, gross or fine motor, language, social, or thinking skills.

Developmental Delay is most often a diagnosis made by a doctor based on strict guidelines. Usually, though, the parent is the first to notice that their child is not progressing at the same rate as other children the same age. If you think your child may be “slow,” or “seems behind,” talk with your child’s doctor about it. In some cases, your pediatrician might pick up a delay during an office visit. It will probably take several visits and possibly a referral to a developmental specialist to be sure that the delay is not just a temporary lag. Your child's doctor may use a set of screening tools during regular well-child visits.

Developmental Delay (Special Education – Part B): A child who is three, four, or five years of age who has a significant delay in development or who meets the criteria defining any of the disability categories described, and who because of this severe delay, needs special education and related services (special education).

Disabilities Coordinator: The term disabilities coordinator means the person on the Head Start staff designated to manage on a full or part-time basis the services for children with disabilities. The disabilities coordinator works with teachers, parents, school districts, and community agencies in planning and program development, obtaining professional diagnoses and assessments of disabled individuals, and developing Individual Education or Family Service Plans (IEP or IFSP). The disabilities coordinator also maintain records and writes reports; may supervise some or all special education staff, therapists, etc.

District: The Local Education Agency (LEA)

Early Head Start – Families and children ages 0-3, low-income, prenatal, center based or home based

Early Intervention (EI) – Early intervention is a system of services that helps babies and toddlers with developmental delays or disabilities. Early intervention focuses on helping eligible babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life, such as:

- *physical* (reaching, rolling, crawling, and walking);
- *cognitive* (thinking, learning, solving problems);
- *communication* (talking, listening, understanding);
- *social/emotional* (playing, feeling secure and happy); and
- *self-help* (eating, dressing).

Education Coordinator: The education coordinator's responsibilities include supervision of the educational services; guides curriculum and program planning, development, and training; serves as resource for education specialists and/or teachers; analyzes data and completes reports related to provision of educational services; may supervise classroom and other education staff.

Education eligibility: There are 13 eligibility categories: Autism, Cognitive Delay, Deaf-Blindness, Developmental Delay, Deafness, Emotional Disturbance, Hearing Impairment, Learning Disability, Other Health Impairment, Orthopedic Impairment, Speech/Language Impairment, Traumatic Brain Injury, and Visual Impairment. A child needs to meet the eligibility criteria and the disability must also adversely affect the child's educational performance.

Eligibility Review Panel (ERP) – The Part C agency will convene an Eligibility Review Panel (administrator and/or supervisor, evaluation coordinator, an FSS, and family members, if they wish to attend) to determine eligibility status of a child. During the meeting the evaluation coordinator, with the assistance of the multidisciplinary team and/or eligibility review panel members, reviews the results of the eligibility determination process with the family.

Evaluation Plan: The purpose of the Evaluation Plan is to notify the parent of the assessments the school district intends to conduct, and to obtain the parent's informed consent for those assessments. For an initial evaluation, the Evaluation Plan provides written notice to the parent that the district suspects their child has a disability and needs special education; identifies the specific assessments that will be conducted to determine eligibility; and documents the parent's approval or denial of consent for the evaluation.

Evaluation Report: A summary of all assessments conducted in all areas of suspected disability. The Evaluation Report Team makes a determination from the summaries to determine if a child qualifies as a child with a disability and needs special education and related services.

Family Education Rights and Privacy Act (FERPA): A federal law that protects the privacy and transfer of students' education records.

Family Support Specialist (FSS): A service coordinator who assist and enable an infant or toddler with a disability and the child's family to receive the services, rights, including procedural safeguards.

504 Plan: A plan that can provide a child with accommodations within the educational setting. In order to qualify, the child must have: 1) a physical or mental impairment that substantially limits one or more major life activities; or 2) a record of such an impairment; or 3) be regarded as having such an impairment.

Free Appropriate Public Education (FAPE): An individualized education program that is designed to meet the child's unique needs and from which the child receives educational benefit. The educational services must be at no cost to the family.

Head Start: A federal program started in 1965 aimed at providing a comprehensive preschool program for children, ages 3 to 5, from low-income families. Planned activities are designed to

address individual needs to help children attain their potential in growth and mental and physical development before starting school. Ten percent of enrollment is required to be for children with disabilities.

HIPPA: A United States law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed.

Health Coordinator: The health coordinator manages overall health and/or nutrition/food service activities of the organization; includes supervision of staff in health roles, report writing and maintaining, monitoring, tracking, overseeing and assuring confidentiality of health records; may or may not perform nursing, dietician, or health care duties.

Individualized Education Plan (IEP): A written document that describes the special education and related services that make up a free appropriate public education for a child with disabilities; the program is designed to meet the individual special education and related services needs of an eligible child.

Individualized Family Service Plan (IFSP): An IFSP is a plan to identify what your child's current developmental levels are, what support services will be provided to advance those levels, and what outcomes you would like to see your child reach. It will also contain valuable information about your child's strengths, needs, likes, and dislikes.

Individuals with Disabilities Education Improvement Act (IDEA): The federal law that provides legal authority for early intervention and special education services for children birth to age 21. Part B outlines services for children ages 3 to 21.

Least Restrictive Environment (LRE): To the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities, are educated with students who are not disabled. Special classes, separate schooling, or other removal of students with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Medical eligibility: A medical diagnosis does not mean a child will qualify for special education and related services. The diagnosis can help in determining if the child meets an educational disability criteria.

Mental Health Coordinator: The mental health coordinator provides mental health services or interfaces with mental health professionals/consultants; does not generally have supervisory responsibility; collaborates with community mental health agencies to serve clients; plans or implements mental health intervention; observes in classrooms, provides staff support in behavior management, and provides mental health education, training and consultation to staff and parents.

Natural Environment: Varieties of settings where children live, learn, and play such as

- Home (*family life*) and *community-life* settings natural and typical for children without a disability and their families;
- Settings where the child, family, and care providers participate in everyday routines and activities that are important to them and serve as important learning opportunities.

Occupational Therapy (OT): Occupational Therapy means the use of purposeful activity and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by physical injury or illness, psychological dysfunction, mental illness, developmental or learning disability, the aging process, cognitive impairment or an adverse environmental condition. The practice encompasses assessment, treatment and consultation. Occupational therapy services may be provided individually, in groups or through social systems. (Fine motor skills)

Parent: Parent means: (1) a natural, adoptive or foster parent of a child; (2) a guardian; (3) a surrogate parent; or (4) an individual acting in the place of a biological or adoptive parent, including a grandparent, stepparent or other relative with whom the child lives. It does not include employees of a state agency responsible for the welfare of the child.

Head Start parent means a Head Start child's mother or father, or other family member who is a primary caregiver, foster parent, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.

Part B: The part of the Individuals with Disabilities Education Act (IDEA) that outlines services for children 3-21 (special education).

Part C Early Intervention: Systems of coordinated, comprehensive, multi-disciplinary, inter-agency programs of early intervention services for infants and toddlers with disabilities and their families.

Part C Eligibility Requirements: Children from birth through age two, inclusive, are eligible for early intervention with family support services under Part C of the Individuals with Disabilities Act if they:

- Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (even though the delay may not exist at the time of diagnosis) which includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairment; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
- Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - Cognitive development;
 - Physical development, including vision and hearing;
 - Communication development;

- Social or emotional development; or
- Adaptive development.

Montana's Part C Policies and Procedures require a minimum of 50 percent delay in any one of the following developmental areas: cognitive, physical (including vision and hearing), communication, social or emotional, or adaptive development; or a 25 percent delay in two or more of the above areas. A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child for eligibility) under Part C if those records indicate the level of functioning in one or more of the developmental areas constitutes a developmental delay or the child otherwise meets the criteria for an infant or toddler with a disability.

Physical Therapy (PT): Physical therapy means the evaluation, treatment, and instruction of human being to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction and pain, injury, and any bodily or mental conditions by the use of therapeutic exercise, prescribed topical medications, and rehabilitative procedures for the purpose of preventing, correcting, or alleviating a physical or mental disability. (Gross motor skills)

PLUK: Parents, Let's Unite for Kids is a parent advocacy group in Montana that represents 30,000 families of children with disabilities and special health care needs.

Preschool Screening: Preschool screening addresses the child's status not only with respect to general health, hearing and vision, speech and language development, but also regarding general development, fine and gross motor skills, or behavior. Screening procedures are a brief look at a child to determine whether he or she needs further assessment. Screening may lead to referral for a comprehensive educational evaluation.

Procedural Safeguards: Parents of children who receive special education have certain rights that are guaranteed by federal law, the Individuals with Disabilities Education Act (IDEA). These rights include the right to participate in meetings dealing with the identification, evaluation, and educational placement of their child and the provision of a free appropriate public education to their child. One of their rights is to be informed of all the rights available to them in writing, in their native language (unless it is clearly not feasible to do so), and at a level understandable to the general public. They are entitled to a copy of these procedural safeguards at least one (1) time per year, and:

1. upon initial referral or parental request for evaluation;
2. upon the initial filing of a complaint;
3. upon request by a parent; and
4. upon a manifestation determination.

RBEI: Routines-Based Early Intervention™ is dependent upon the creation of a quality functional and meaningful intervention plan. The child's outcomes reflect the skills necessary to function in the routines and activities identified as important to the family. The teaching and learning opportunities are planned to correspond to locations, preferences and interests of the child, not the interventionist, and must involve the adults in the child's life.

RBI: The Routines-Based Interview™ (RBI) is a clinical, semi-structured interview designed to establish a positive relationship with the family; obtain a rich and thick description of the child and family functioning; and result in a list of outcomes/goals chosen by the interviewee.

Referral: A referral begins the process through which an Evaluation Report Team conducts a comprehensive educational evaluation. Each public school will have an established referral method for collecting information to determine whether comprehensive educational evaluation is necessary and the types of evaluations needed. Each public school will have a referral or multiple forms to collect this required information.

Related Services: Related services are transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. Related services cannot stand alone. There needs to be a special education service before a related service can be added in an IEP.

Special Education Consortium: Some school districts elect to not participate in the special education cooperative in their region, but still do not have the resources to provide a full consortium of special education services on their own. These districts often work together in a special education consortium to pool resources and share staff among the member districts to ensure the full consortium of services is available to students in each district. One of the member districts will serve as the fiscal agent for the consortium and will provide oversight of the special education program for the member districts.

Special Education Cooperative (Coop): (1) A school district may contract with one or more other school districts to establish a cooperative to perform any or all education administrative services, activities, and undertakings that the school district entering into the contract is authorized by law to perform. The cooperative contract must be authorized by the boards of trustees of the districts entering into the contract. (2) A cooperative contract may allow money allocated to a cooperative to be expended for: (a) recruitment of professionals or employees for the cooperative; and (b) facility rental and supportive services, including, but not limited to, janitorial and communication services.

Currently, there are 21 special education cooperatives providing special education and related services to their membership.

Special Education Cooperative Director: The person in charge of the special education and related service programs for all member districts in their respective cooperative.

Special Education Director: The person in charge of the special education and related services programs in their respective district.

Special Education Services: Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability. Services can be conducted in the classroom, in the home, in the hospitals and institutions, and in other settings.

Supplementary Aids and Services (accommodations/modifications): Aids, services, and

other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

Appendix A

PERMISSION TO OBTAIN AND RELEASE INFORMATION

Name: Last, First, Middle	Date of Birth	Phone
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Street Address	City	State	ZIP
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Authorize Records Released To and From: **Records Released To and From:**

Name	Name
------	------

Street Address	Street Address
----------------	----------------

City	State	ZIP	City	State	ZIP
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Type or extent of information to be released: (Check all applicable categories)

- | | |
|---|--|
| <input type="checkbox"/> Medical and/or related health records | <input type="checkbox"/> Laboratory reports |
| <input type="checkbox"/> Psychological evaluations or social work reports | <input type="checkbox"/> Consultations |
| <input type="checkbox"/> Developmental/Learning Disability | <input type="checkbox"/> Evaluations and related reports |
| <input type="checkbox"/> Individualized education program | <input type="checkbox"/> Other _____ |

Purpose or need for release: _____

This authorization will remain in effect until: _____ or for one year from date signed,
Date
and WILL or WILL NOT apply towards records created after the date of signature.

I understand that information used or disclosed based on this authorization may possibly be redisclosed by the recipient, and/or no longer protected by Federal Privacy standards. I understand that if I agree to sign this authorization, I will be provided with a copy of it. I understand I am under no obligation to sign this form and that the person(s) and/or organization(s) listed above whom I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan, or eligibility for health care benefits on my decision not to sign this authorization. I understand written notification is necessary to cancel this authorization. I am also aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that have already been made in reference to this authorization.

Signature of Patient (including minors 14 and over)
(If signed by person other than patient, state relationship to patient) _____ Date _____

Signature of parent or guardian _____

Appendix B

REFERRAL					
CHILD INFORMATION					
Child's Name	Initials	Birth Date	Age	Gender	Today's Date
Parent/Guardian Name	Parent/Guardian Address			Home Phone:	
				Work Phone:	
Primary language of the child's home: English _____ Other: _____	School District/Cooperative				
IDEA PART C EARLY INTERVENTION (IF CHILD RECEIVES OR HAS RECEIVED PART C SERVICES)					
Date of Transition Conference: _____					
School Staff Attending: _____					
Part C Agency: _____	Family Support Specialist: _____				
Results: (add results attached box) _____ _____					
INTERVENTION RESULTS (ADD SEE ATTACHED BOX)					
Dates	Implemented By	Intervention	Results of Intervention		
SPECIFIC REASONS FOR REFERRAL FOR EVALUATION					
Why is the child being referred for a comprehensive educational evaluation? _____ _____					
The child may have a disability which adversely affects the child's educational performance to the degree which requires special education and related services. The areas of concern that may need further evaluation are:					
<input type="checkbox"/> Academic <input type="checkbox"/> Developmental <input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Assistive Technology/Services <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Behavioral <input type="checkbox"/> Physical	<input type="checkbox"/> Communication <input type="checkbox"/> Psychological		
Signature of person making referral: _____ Date: _____					
Date of District Receipt of Referral: _____					