# IFSP and Process Documents

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IFSP and

IFSP Related Documents and Process
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**Signatures:**
- Written Agreements
- Procedural Safeguards Log
- Insurance Form (DMAP) – annually
- HIPAA (Medical Disclosure) – annually, or as needed
- EHDI – for any HI, or referrals for HI eligibility
- Other exchanges – child care, pre-school, etc. – annually, or as needed
- IFSP Team Page

**Other forms:**
- Emergency Information – annually
- Immunization – must be complete/up-to-date before child begins *and reviewed annually*
- Photo/Video Permissions - annually
- Transportation – as needed

ARCHIVE all forms once completed

NWRESID 2016
**Procedural Safeguards**

Procedural Safeguards Notice: Parent Rights for Early Intervention & Early Childhood Special Education is a booklet that provides parents of children with disabilities from birth to kindergarten with an overview of their educational rights. Federal law requires that parents and surrogate parents be informed of these safeguards which are established through The Individuals with Disabilities Act (IDEA). Definitions for IFSP and distinctions between EI and ECSE services are outlined, as well as important information regarding parental rights as active participants in their children’s education.

*Service coordinators should be knowledgeable of the contents of this booklet and provide parents with a brief explanation of its contents each time it is provided.*

**When must parents be provided with this booklet?**
The law says this *Notice of Procedural Safeguards* must be given to parents/surrogate parents:

- At least once a year;
- When parents ask for a copy;
- The first time a child is referred for an early intervention (EI) or early childhood special education (ECSE) evaluation or when a parent requests an evaluation and,
- When a parent’s first complaint or due process request in a school year is received; and
- For ECSE, when a disciplinary decision regarding a child constitutes a change of placement.

**How do I document that a parent has been provided a copy of the Procedural Safeguards?**

- Add the date on the Procedural Safeguards log in the child’s working file and have the parent sign that they have received this information
- Note in the contact log on ecWeb if Procedural Safeguards have been mailed, or emailed to the parents
- Note in IFSP Meeting Minutes
- Check the box on the Consent for Evaluation,

**How do I discuss Procedural Safeguards with parents?**

- Explain to parents that this booklet explains their rights in early intervention/early childhood special education. It provides information and definitions that are important for them to know when their child is receiving services.
- Inform parents of when the EI/ECSE program is required to provide them with this information (see note above).
- Let parents know that it is important that they read the booklet because the following components are included:
Parents have the right to actively participate in all decision making related to their child’s services and their participation is valuable;

Parents have the right to look at their child’s entire educational record and these safeguards describe how records are maintained, who has access to records and definitions regarding identifiable information;

Consent is needed to complete evaluations to determine eligibility for services. Information on how to withdraw consent is also provided in these procedural safeguards.

Changes to services or the IFSP requires prior written notice, which will summarize changes and the reasons changes are being made.

The booklet provides information on the process to take if there is disagreement (discuss with program administrator, mediation, due process).

Safeguards discuss re-evaluation to determine eligibility for ECSE (for EI students) and school age programs (for ECSE students) as well as how a parent may request for an independent evaluation (ECSE only).

For ECSE children, information is provided regarding provision of services in private school settings.

For ECSE children, discipline and placement in interim alternative settings information is detailed.

The last page lists additional resources that may assist parents in understanding procedural safeguards and provisions of IDEA.
IFSP Meeting Tips

The IFSP meeting should follow the format presented in the agenda (included in the IFSP packet). Please keep the following tips in mind:

- The IFSP meeting is an interactive discussion with the parents, it is not a presentation.
- Avoid the use of lingo/jargon when presenting information to parents.
- Consider that this may be the first time the parents have been introduced to the IFSP, so budget time to carefully explain the components of the document that they will be receiving. Most parents have only one or two of these meetings per year, do not assume that they will remember everything from the previous meeting; be ready to explain the IFSP to them again.
- A draft of the IFSP is recommended so that the parents may follow along during the meeting. A draft is a working document, should be marked as a draft (use the “print draft” button in ecWeb), and clearly explained to the parent that it is just a starting place. Pages that may be drafted prior to the meeting include the present level and goals; placement options may be listed, but NOT selected.
- The Family Outcomes page should be completed at the meeting, as should the service page—both should be included in the draft IFSP packet for the parent, but should not be pre-filled.
IFSP Timeline Compliance Tips

- Best practice, to ensure that timelines are met, and to allow for unforeseen scheduling issues, is to hold the annual IFSP meeting a couple of weeks in advance of the due date.
- Set up your meeting with the parents 6-8 weeks in advance and send a copy of the meeting notice home at this time via US Mail or email, and note it in the contact log.
- If some members of the team are not able to attend the meeting, please ask the parents (when scheduling the meeting) if they are willing to hold the meeting even if all members of the team are not present. If yes, a written agreement should be prepared for the meeting. If the parents are not amenable to holding the meeting without all members present, then a different meeting time needs to be considered.
- Sometimes parents are unable to attend an IFSP meeting by the due date. For example, some parents have very restricted work schedules and cannot miss time to attend a meeting, or are out of town for a length of time, etc. In this situation, the team must meet by the IFSP due date, even if the parent is unable to attend. The team can reconvene when the parent is available to do revisions to the IFSP if needed. All paperwork should be sent to the parents after the meeting for review, and so that forms needing signatures can be signed and sent back for distribution.
- Confirm the meeting with the parents 1 week in advance. If things have changed and some of the members of the team are not able to attend, please make sure the parents are okay with the meeting taking place, and prepare the written agreements page. If the parents want missing team members to attend, look for options to reschedule the meeting, keeping the 364-day timeline in mind.
- If the parent does not show up at the mutually agreed upon time:
  - Is the parent available by phone? If yes, hold the meeting over the phone using a speaker-phone and document the parent’s attendance via phone on the Meeting Minutes form.
  - Is there plenty of time to reschedule the meeting? If yes, then contact the parent and reschedule the meeting.
  - If the parent is not available, or you are unable to contact them, and the IFSP is due immediately, hold the meeting anyway. Call the parent(s) after to follow up, and invite them in at a different time to review the IFSP. Revisions, based upon their input, can be made at that meeting. If the parent does not want to come back in, let them know that a copy of the IFSP will be sent home, and continue to encourage them to participate in the process.
  - If the parent wants to reschedule on a day after the IFSP is due, explain that you can meet with them at a later time, but that the IFSP must be completed that day and that the school team will hold the meeting so that the timeline is compliant. Explain that parental input can result in a revision, if needed, when you meet with them later.
  - If an initial Eligibility and IFSP and the parent does not attend, hold the meeting anyway. This may also include eligibility completion if needed to comply with 60 school day timeline. In this circumstance, two professionals may sign the eligibility without the parent. Services cannot be started until the parent has
signed the Prior Notice and Consent for Initial Provision of Special Education Services. Holding the meeting keeps us compliant with the 30-calendar-day from eligibility to IFSP requirement.

- In all cases where the parent was not in attendance, indicate in the meeting minutes that the parent was invited, had indicated that they would attend, but did not attend (you may state the reason why if one was given). Document the content of the meeting using the Meeting Minutes form in ecWeb.

Stress saver tip: schedule your meetings early!
IFSP Meeting Agenda

- Welcome/Introductions
- Purpose of the Meeting
  - Eligibility
  - Progress Review
  - IFSP
- Procedural Safeguards/Parent’s Rights
- Written Agreements (if any to be signed)
- Progress Review including:
  - Goal progress
  - AEPS or ASQ printed results
- Family Priorities and Concerns- Family Outcome Page
- Present Level of Development- Development Page
- IFSP Goals and Objectives
- Service Discussion- Cover Page
- Accommodations/Modifications (ECSE Page)
- Placement- Placement Page
- Transition
- Parent Participation Signature Page
- Action Notice
- Additional Signature Paperwork
  - DMAP
  - McKinney-Vento
  - Transportation Form (if needed)
  - Medical Releases (HIPPA)
  - Exchanges of Information (FERPA)
- Questions or Concerns
Meeting Minutes

Meeting minutes, previously optional, is now required for each IFSP meeting. It’s recommended to use the fillable form in ecWeb whenever possible. If a laptop is not available, notes can be written by hand on the printed blank Meeting Minutes form from ecWeb. These can then be scanned/uploaded with all IFSP documents or transcribed and archived.

The following should be included in your meeting notes:

- Name of Student
- Date and time of the meeting
- Type of meeting (ex. eval plan, elig, IFSP)
- Names and positions of all attendees
- Whether Parents Rights Booklet is offered (should be offered at every meeting)
- Content of the meeting (follow IFSP agenda and take detailed notes), a template is provided in ecWeb on the notes page.
Notice of Team Meeting

All meetings must be scheduled:

- At a time and location convenient for the family to participate
- With enough advance notice to allow for participation by team members

Notice of Team Meeting must list all required IFSP team members:

**ECSE**

Initial IFSP/Evaluation Planning/Eligibility required team members:

- Parents (including non-custodial parents)
- Two or more professionals, at least one of whom is knowledgeable and experienced in the evaluation and education of children with the suspected disability
- Service coordinator
- Subcontractor rep

**EI**

Initial IFSP/Evaluation Planning/Eligibility required team members:

- Parents (including non-custodial parents)
- Two or more professionals from separate disciplines (e.g., an ECES and an SLP)
- Service coordinator
- Subcontractor rep

**EI/ECSE**

Annual IFSP required team members:

- Parents (including non-custodial parents)
- All EI/ECSE service providers
- Service coordinator
- Subcontractor rep
- Community preschool teacher, if the child attends
- School district rep (esp. in the year prior to kindergarten transition)

**Note:** While one person may fill multiple roles (e.g., a teacher may serve as the Subcontractor representative, service coordinator, and EI/ECSE specialist), all members of the IFSP team must attend unless voluntarily excused by the parent.

- In the case of EI, no additional paperwork would be needed.
- In the case of ECSE, the parent(s) must sign a Written Agreements form to excuse any required IFSP team member. All meetings must be scheduled:
  - At a time and location convenient for the family to participate
  - With enough advance notice to allow for participation by team members

ARCHIVE THIS DOCUMENT

OAR 581-015-2780 (2); OAE 581-015-2750; OAR 581-015-2795 (2); OAR581-015-2750
Written Agreements

Also called “Written Agreements between the Parent and the EI/ECSE Program”

This is for ECSE children only. It is used for four different situations:

- 1a) IFSP team member attendance not required; area of expertise not being discussed.
- 1b) IFSP team member is excused. Member submits input in writing before the meeting.
- 2) changes are made to the IFSP without holding an IFSP meeting
- 3) the 60 day school evaluation timeline for completing evaluations does not apply if the child moves before the evaluation is completed, the new ECSE program is promptly seeking information from the previous program and promptly completing the evaluation or the ECSE program and parent agree that the evaluation will be completed by a specific date.

For any use of the form, the items in the boxed area need to be completed.

For sections 1A and 1B, the IFSP date and the name of the absent team member are printed, and both the parent and the service coordinator have signed/dated.

For section 2, IFSP revision date is printed, and both the parent and service coordinator have signed/dated.

For section 3, the new evaluation completion date is listed, and both the parent and the service coordinator have signed/dated.

Note 1: The IFSP revision must be written on the child’s IFSP and dated. If new IFSP pages are required, these pages must be stapled to the IFSP, a complete copy filed with the child’s education records, and a copy given to the parent. Prior Notice of Special Education Action must be completed describing the IFSP change.

Note 2: Written Agreements are NOT required if a) a district rep has been invited to a transition meeting, but does not attend; b) if all members of the IFSP team are in attendance at a revision meeting.
**Family Outcomes**

We are required, by law, to use family assessment data in the intervention planning process when a child is under the age of 3. The Family Outcome Survey (see directions in process manual and other translations at [http://www.mynwresd.org/processes-and-forms.html](http://www.mynwresd.org/processes-and-forms.html), Structured Family Interviews (at initial evaluation) and AEPS Assessment and Goal Review are used to collect these data. To document all tools used to collect family assessment data, review the pull down list and include all that apply (include Family Needs and Interests Survey when using the Family Outcome Survey). ECSE IFSP teams can also use these tools to increase parent involvement in the IFSP planning process and all tools used should be listed.

Typically, an IFSP meeting would start with the Family Outcome page by reviewing the family’s priorities, resources, and needs and then identifying steps needed to meet those needs. As the meeting progresses, the page might also be revisited as the family identifies other priorities and needs.

- This form should be completed in its entirety, with something specific listed for each section, especially section #3.
- In section 2, be sure to ask about BOTH resources available and/or needed:
- In section 3, the steps included should correspond to the family priorities in section 1 and resources needed listed in section 2. For each step there must be a Timeline and a Person Responsible included. The person can be a title (such as “Service Coordinator”).

**Note:** A family may initial to “indicate that a plan is not needed at this time.” This should rarely be indicated. Try to elicit family concerns by asking open ended questions about how the child’s disability or delay impacts family functioning and discuss potential resources or supports.

OAR 581-015-2815(3)(e)
Family Assessment

Purposes

- Collect family assessment information for intervention planning as required by law
- Provide family outcome data to inform EI service delivery practices

Implementation

The Family Outcome Survey (sections A and B; http://ectacenter.org/eco/pages/tools.asp) is used at different times to collect family assessment information. English and Spanish versions are available in the process manual and other translations (options listed below) can be found at http://www.mynwresd.org/processes-and-forms.html. Determine the appropriate scenario below and follow listed steps.

Initial entry into EI

Evaluation team – All EI evaluations

All families with EI aged children coming in for an evaluation appointment should be asked to complete the Family Survey section A.

- Present survey with cover letter to parents upon entry. Ask them to complete it while waiting and give it to the evaluators
- Evaluators will review the survey if the child is eligible and an IFSP is to be completed
- Survey is uploaded into ecWeb and left in the original file going to the site. It does not need to be distributed to the family

EI medical statement eligibility completed by site teams

All families at the beginning of the initial eligibility visit should be asked to complete the Family Survey section A.

- The survey should be reviewed and referred to as the team develops the IFSP
- Survey is uploaded into ecWeb and maintained in the original file. It does not need to be distributed to the family

Each Annual EI IFSP

Just prior to each annual EI IFSP, parents should be asked to complete Family Survey sections A and B.

- The surveys should be reviewed and referred to as the team reviews and updates the IFSP
- Surveys are uploaded into ecWeb and maintained in the original file. They do not need to be distributed to the family
EI to ECSE Transition or Exiting EI

Parents should be asked to complete Family Survey A and Family Survey B at a home visit just before the transition to ECSE meeting or prior to exiting EI, if child is not moving to ECSE.

- The surveys should be reviewed and referred to as the team develops the ECSE IFSP
- Surveys are uploaded into ecWeb and maintained in the original file. They do not need to be distributed to the family

Translations available:

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<th>Chinese</th>
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<td>Mandarin Chinese</td>
<td>Portuguese</td>
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**Instructions:** Section A of the Family Survey focuses on the ways in which you support your child’s needs. For each statement below, please select which option best describes your family right now: not at all, a little, somewhat, almost, or completely.

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<th>Outcome 1: Understanding your child's strengths, needs, and abilities</th>
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<tbody>
<tr>
<td>1. We know the next steps for our child’s growth and learning.</td>
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<tr>
<td>2. We understand our child’s strengths and abilities.</td>
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<tr>
<td>3. We understand our child’s delays and/or needs.</td>
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<tr>
<td>4. We are able to tell when our child is making progress.</td>
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<th>Outcome 2: Knowing your rights and advocating for your child</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. We are able to find and use the services and programs available to us.</td>
</tr>
<tr>
<td>6. We know our rights related to our child’s special needs.</td>
</tr>
<tr>
<td>7. We know who to contact and what to do when we have questions or concerns.</td>
</tr>
<tr>
<td>8. We know what options are available when our child leaves the program.</td>
</tr>
<tr>
<td>9. We are comfortable asking for services &amp; supports that our child and family need.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 3: Helping your child develop and learn</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. We are able to help our child get along with others.</td>
</tr>
<tr>
<td>11. We are able to help our child learn new skills.</td>
</tr>
<tr>
<td>12. We are able to help our child take care of his/her needs.</td>
</tr>
<tr>
<td>13. We are able to work on our child’s goals during everyday routines.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 4: Having support systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. We are comfortable talking to family and friends about our child’s needs.</td>
</tr>
<tr>
<td>15. We have friends or family members who listen and care.</td>
</tr>
<tr>
<td>16. We are able to talk with other families who have a child with similar needs.</td>
</tr>
<tr>
<td>17. We have friends or family members we can rely on when we need help.</td>
</tr>
<tr>
<td>18. I am able to take care of my own needs and do things I enjoy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 5: Accessing the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Our child participates in social, recreational, or religious activities that we want.</td>
</tr>
<tr>
<td>20. We are able to do things we enjoy together as a family.</td>
</tr>
<tr>
<td>21. Our medical and dental needs are met.</td>
</tr>
<tr>
<td>22. Our child care needs are met.</td>
</tr>
<tr>
<td>23. Our transportation needs are met.</td>
</tr>
<tr>
<td>24. Our food, clothing, and housing needs are met.</td>
</tr>
</tbody>
</table>

Have you previously been involved in another Early Intervention program  YES _____  NO _____
**Family Survey**
Revised Version
Section B: Helpfulness of Early Intervention

**Instructions:** Section B of the Family Survey focuses on the helpfulness of early intervention. For each question below, please select how helpful early intervention has been to you and your family over the past year: Not at all helpful, a little helpful, somewhat helpful, very helpful, or extremely helpful.

<table>
<thead>
<tr>
<th>Knowing your rights</th>
<th>Not at all helpful</th>
<th>A little helpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
<th>Extremely helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>How helpful has early intervention been in...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. giving you useful information about services and supports for you and your child?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. giving you useful information about your rights related to your child's special needs?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. giving you useful information about who to contact when you have questions or concerns?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. giving you useful information about available options when your child leaves the program?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. explaining your rights in ways that are easy for you to understand?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communicating your child’s needs</th>
<th>Not at all helpful</th>
<th>A little helpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
<th>Extremely helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>How helpful has early intervention been in...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. giving you useful information about your child’s delays or needs?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. listening to you and respecting your choices?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. connecting you with other services or people who can help your child and family?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. talking with you about your child and family’s strengths and needs?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10. talking with you about what you think is important for your child and family?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>11. developing a good relationship with you and your family?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Helping your child develop and learn</th>
<th>Not at all helpful</th>
<th>A little helpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
<th>Extremely helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>How helpful has early intervention been in...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. giving you useful information about how to help your child get along with others?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>13. giving you useful information about how to help your child learn new skills?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>14. giving you useful information about how to help your child take care of his/her needs?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>15. identifying things you do that help your child learn and grow?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>16. sharing ideas on how to include your child in daily activities?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>17. working with you to know when your child is making progress?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
ENCUESTA FAMILIAR
Sección A: Resultados para la familia

Instrucciones: la Sección A de la encuesta se concentra en las maneras en que usted apoya las necesidades de su hijo. Por cada oración a continuación, por favor, escoja la opción que mejor describe a su familia en este momento: nada, un poco, algo, casi o totalmente.

| Resultado 1: entender los puntos fuertes, las necesidades y las habilidades de su hijo |
|------------------------------------------------------|------------------|
| 1. Sabemos cuáles son los siguientes pasos en el crecimiento y aprendizaje de nuestro hijo. | ○ ○ ○ ○ ○ |
| 2. Entendemos muy bien los puntos fuertes y las habilidades de nuestro hijo. | ○ ○ ○ ○ ○ |
| 3. Entendemos muy bien los retrasos o las necesidades de nuestro hijo. | ○ ○ ○ ○ ○ |
| 4. Nos damos cuenta cuando nuestro hijo está progresando. | ○ ○ ○ ○ ○ |

| Resultado 2: conocer sus derechos y defender los intereses de su hijo |
|------------------------------------------------------|------------------|
| 5. Podemos encontrar y usar los servicios y programas disponibles. | ○ ○ ○ ○ ○ |
| 6. Sabemos nuestros derechos en cuanto a las necesidades especiales de nuestro hijo. | ○ ○ ○ ○ ○ |
| 7. Sabemos con quién comunicamos y qué hacer cuando tenemos preguntas o inquietudes. | ○ ○ ○ ○ ○ |
| 8. Sabemos qué opciones están disponibles cuando nuestro hijo sale del programa. | ○ ○ ○ ○ ○ |
| 9. Nos sentimos a gusto al pedir los servicios y apoyos que nuestro hijo y nuestra familia necesitan. | ○ ○ ○ ○ ○ |

| Resultado 3: ayudar a su hijo a desarrollarse y a aprender |
|------------------------------------------------------|------------------|
| 10. Podemos ayudar a nuestro hijo a llevarse bien con otras personas. | ○ ○ ○ ○ ○ |
| 11. Podemos ayudar a nuestro hijo a aprender nuevas habilidades. | ○ ○ ○ ○ ○ |
| 12. Podemos ayudar a nuestro hijo a satisfacer sus necesidades. | ○ ○ ○ ○ ○ |
| 13. Podemos trabajar en las metas de nuestro hijo durante las rutinas diarias. | ○ ○ ○ ○ ○ |

| Resultado 4: formar sistemas de apoyo |
|------------------------------------------------------|------------------|
| 14. Nos sentimos a gusto al hablar con nuestros familiares y amigos sobre las necesidades de nuestro hijo. | ○ ○ ○ ○ ○ |
| 15. Tenemos amigos o familiares que escuchan y muestran interés. | ○ ○ ○ ○ ○ |
| 16. Podemos hablar con otras familias que tienen un hijo con necesidades parecidas. | ○ ○ ○ ○ ○ |
| 17. Tenemos amigos o familiares en los que podemos depender cuando necesitamos ayuda. | ○ ○ ○ ○ ○ |
| 18. Yo puedo satisfac nuestras propias necesidades y hacer las cosas que disfrutamos. | ○ ○ ○ ○ ○ |

| Resultado 5: tener acceso a la comunidad |
|------------------------------------------------------|------------------|
| 19. Nuestro hijo puede participar en las actividades sociales, de recreo, o religiosas que escogemos. | ○ ○ ○ ○ ○ |
| 20. Podemos hacer actividades que disfrutamos en familia. | ○ ○ ○ ○ ○ |
| 22. Las necesidades de cuidado de nuestro hijo están satisfechas. | ○ ○ ○ ○ ○ |
| 23. Nuestras necesidades de transporte están satisfechas. | ○ ○ ○ ○ ○ |
| 24. Nuestras necesidades de comida, ropa y vivienda están satisfechas. | ○ ○ ○ ○ ○ |

¿Ha estado usted involucrado en otro programa de Intervención Temprana anteriormente? SI___ NO ___
ENCUESTA FAMILIAR

Sección B: Valor de la intervención temprana

**Instrucciones:** la Sección B de la Encuesta Family Outcomes se concentra en el valor de la intervención temprana. Por cada pregunta a continuación, por favor, escoja qué tan valiosa ha sido la intervención temprana para usted y su familia durante el último año: nada valiosa, poco valiosa, algo valiosa, muy valiosa o extremadamente valiosa.

<table>
<thead>
<tr>
<th>Nada valiosa</th>
<th>Poco valiosa</th>
<th>Algo valiosa</th>
<th>Muy valiosa</th>
<th>Extremadamente valiosa</th>
</tr>
</thead>
</table>

### Conocer sus derechos

¿Qué tan valiosa ha sido la intervención temprana en...

1. Darle información útil sobre los servicios y apoyos disponibles para usted y su hijo.
2. Darle información útil sobre sus derechos en cuanto a las necesidades especiales de su hijo.
3. Darle información útil sobre con quién comunicarse cuando tiene preguntas o inquietudes.
4. Darle información útil sobre las opciones disponibles cuando su hijo sale del programa.
5. Explicarle sus derechos de manera que sean fáciles de entender.

### Comunicar las necesidades de su hijo

¿Qué tan valiosa ha sido la intervención temprana en...

6. Darle información útil sobre los retrasos o necesidades de su hijo.
7. Escucharle y respetar sus decisiones.
8. Enviarlo a otros servicios o ponerlo en contacto con otras personas que pueden ayudarle a su hijo y a su familia.
9. Hablar con usted sobre los puntos fuertes y las necesidades de su hijo y su familia.
10. Hablarle de lo que usted cree que es importante para su hijo y su familia.
11. Tener una buena relación con usted y su familia.

### Ayudar a su hijo a desarrollarse y a aprender

¿Qué tan valiosa ha sido la intervención temprana en...

12. Darle información útil sobre cómo ayudarle a su hijo a llevarse bien con otras personas.
13. Darle información útil sobre cómo ayudarle a su hijo a aprender nuevas habilidades.
14. Darle información útil sobre cómo ayudarle a su hijo a satisfacer sus necesidades.
15. Identificar cosas que usted puede hacer para ayudarle a su hijo a crecer y aprender.
16. Darle ideas sobre cómo incluir a su hijo en las actividades diarias.
17. Trabajar con usted para que sepa cuándo está progresando su hijo.
**IFSP Cover Page**

*(See service examples on following pages and Service Guidelines for further details)*

**Dates:**

1) **Meeting Date:** Actual date of meeting
2) **IFSP date:** The date of the new IFSP (the initial or annual IFSP)
3) **Eligibility date:** Initial eligibility date for current age class (EI or ECSE)
   
   **Note:** Subsequent eligibility dates for the current age class are not listed on cover page.
   
   **Example:** Eligibility for DD was established 03/01/15, and eligibility for ASD was established 6/14/15. The eligibility date on the cover page remains 03/01/15.
   
   >a Census form must be submitted for the new eligibility
4) **Review date:**
   
   - **EI:** 6 months from Annual Date (ecWeb autofills)
     
     **Note:** Once 6 month review meeting is held, change the Review Date to the actual review date.
   
   - **ECSE:** Leave blank at annual IFSP (actual date should be entered when written review is done)
     
     **Note:** Written Progress Reviews are required to be provided to parents every six months, but a meeting is not required. If a meeting is held, please follow all the rules for an IFSP meeting.
5) **Annual review date:**
   
   - **EI & ECSE:** One day less than the last IFSP date (ecWeb auto-fills this field).
   
   - **Transition-age children (EI/ECSE and ECSE/Kindergarten):**
     
     - EI to ECSE: One day before 3rd birthday
     
     - ECSE to Kindergarten: September 1 of kindergarten year
6) **Service Coordinator:**

   - Person serving in the role of Service Coordinator at the IFSP meeting.
   
   **Note:** If the Service Coordinator changes, the new Service Coordinator will note this in Contact Log and update the Provider page (both top and bottom sections.)

**EI/ECSE Services** –see Service Guidelines – EI Service Guidelines – ECSE Inclusive Services, and Service Guidelines – ECSE site based for detailed instructions for noting services for these specific services.

**Making Changes to IFSP Services**

When changing a service:

- When changing IFSP services during the service year, **do not delete the old service,** instead:
  
  - Change the stop date of the service that will be discontinued to the appropriate date
  
  - Document the new service above the old and include the appropriate information (this will ensure that a chronology of services for each year).
Questions

EI Services
7) Are EI services in the child’s natural environment? “Natural Environments”
   - “Yes” if at least 50% of services will be provided in home or community setting
   - If “No,” must provide clear and specific statement related to individual child.
     o Ex: (Child’s) IFSP includes goals and objectives related to improving social communication with his same age friends and he has limited opportunities to interact with children and practice new skills in his home or community.

ECSE Services
8) How many hours per week does the child attend an early childhood setting?
   - Include community preschool, Head Start, group child care, Sunday school, regular structured programs such as Gymboree, etc.
   - List actual hours child attends programs in any of these settings
   Note: Do not include ECSE services, play dates, story time etc.

9) How many hours per week will ECSE services be provided with typical peers in an early childhood program? “Inclusion”
   - Actual hours ECSE services are provided in settings as described above

10) How many hours per week will ECSE services not be provided with the typical peers in an early childhood program?
   - Actual hours ECSE services are provided in self-contained settings (e.g., ECSE Preschool, Intensive, SAIL, Language or Articulation classes, etc.)

11) If ECSE services will not be provided with typical peers in an early childhood program, explain why. “Justification Statement”
   Note: This justification must:
   - include individual student factors that reduce the child’s ability to make adequate progress toward the goals if services were provided in a typical early childhood setting
   - describe the specific type of environment the child needs
   - be related to the child’s specific goals
   - must correlate with reasons stated on Placement page

Acceptable Examples:
- Martha is easily distracted by her peers during group instruction and requires a higher staff to student ratio with minimal distractions to meet her goal to “actively participate in classroom activities 80% of the time.”
- Joseph understands less than 20% of the academic language a typical child his age would and requires multiple direct opportunities to engage in SLP-facilitated interactions in a small group setting in order to make adequate progress toward his language goals.
• Penelope is unable to independently produce targeted speech sounds and requires a quiet setting with few peers in order to practice her speech sounds with a Speech Language Pathologist.

• Fernando’s level of development toward his social/behavioral goals requires an environment with a few peers and specially trained staff presenting a social skills curriculum in order for him to meet his goals to “use appropriate turn-taking skills” and “demonstrate emotional self-regulation techniques to calm himself.”

Unacceptable Examples:
• Joey will benefit from a higher staff/student ratio, specially trained staff, etc.
  > All students “will benefit” from these factors. The child must need a placement apart from typically developing peers, or the proposed placement is not considered the “Least Restrictive Environment.”

• The family has not accessed a community preschool.
  > Placement is an IFSP team decision and the district must provide the appropriate placement.

Progress Reviews

12) Review Schedule: “Progress Reviews”
• Check “six month and annual review”
  - or -
• If team agrees to provide a different progress review schedule, check “other” and describe. Example: “By the 7th month from IFSP date.” or “Quarterly.”
  Note: Newly entered ECSE students (after March 1) in the kindergarten transition year should check “other” and “at exit from ECSE program.”

13) How will progress be reported to parents?
• List the format (Example: “written progress summary”)

**Cover Page – EI Example**

**NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT**
**Early Intervention/Early Childhood Special Education**

**Individualized Family Service Plan (IFSP)**

- **Child's Name:** Sample (EI), Sam
- **Gender:** M
- **Birthdate:** 08/01/14
- **SSID #:** None

**Service Coordinator:** Peggy Freund
**Resident School District:** Beaverton SD

**Meeting date:** 08/15/16

**IFSP date:** 08/15/16
**Eligibility date:** 08/27/14
**Review date(s):** 02/14/17
**Annual review date:** 07/31/17

### Service Coordination

**Start Date:** 08/15/16
**Stop Date:** 07/31/17

- **Direct, Coordinate EI services, collaborate with other services, and development assessment**
- **Duration:** 10 hours/year
- **Location:** Home/Community/Phone

### Early Intervention Services

- **Direct, Assessment, Consultation-Parent Coaching**
  - **Duration:** 20 min, 2 times/month
  - **Location:** Home & Community
  - **Start Date:** 09/19/16
  - **Stop Date:** 07/31/17

### Occupational Therapy

- **Direct, Assessment, Consultation-Parent Coaching**
  - **Duration:** 40 min, 2 times/month
  - **Location:** Home & Community
  - **Start Date:** 09/19/16
  - **Stop Date:** 07/31/17

### Physical Therapy

- **Direct, Assessment, Consultation-Parent Coaching**
  - **Duration:** 60 min, 1 time, /3 months
  - **Location:** Home & Community
  - **Start Date:** 11/19/16
  - **Stop Date:** 07/31/17

### Other (non EI/ECSE) Services

- **Public Health Nursing**
  - **Direct**
  - **Duration:** 1 hour, 1 time/month
  - **Location:** Home
  - **Start Date:** 09/15/16
  - **Stop Date:** 07/31/17

### Questions

- **Are EI services in the child's natural environment?** Yes
- **If not, please explain:**

- **Enter hours per week child attends an early childhood program:** 0
- **group child care, Head Start, community preschool; see definitions in the IFSP Instructions**
- **Enter hours per week ECSE services will be provided with typical peers in an early childhood program:** 0
- **Enter hours per week ECSE services will not be provided with typical peers in an early childhood program:** 0
- **If ECSE services will not be provided with typical peers in an early childhood program, explain the reason(s) for not providing services with typical peers:**
**Individualized Family Service Plan (IFSP)**

**Meeting date:** 02/24/15

<table>
<thead>
<tr>
<th>Child's/Guardian: Sam, Sample</th>
<th>Gender: Male</th>
<th>Birthdate: 03/07/12</th>
<th>SSID #: None</th>
</tr>
</thead>
</table>

**Service Coordinator:** Tina Teacher

**Resident School District:** Beaverton SD 48J

<table>
<thead>
<tr>
<th>IFSP date</th>
<th>Eligibility date</th>
<th>Review date(s)</th>
<th>Annual review date</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/24/15</td>
<td>02/10/15</td>
<td></td>
<td>02/23/16</td>
</tr>
</tbody>
</table>

**Service coordination starts on the IFSP date**

**All stop dates are on or before the annual review date.**

---

**Service Coordination**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start Date</th>
<th>Stop Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECSE</td>
<td>Direct, Coordinate ECSE services, collaborate with other services, and development assessment</td>
<td>8 hours/year</td>
<td>ECSE preschool, child care, home, phone</td>
<td>02/24/15</td>
<td>02/23/16</td>
</tr>
<tr>
<td>ECSE</td>
<td>Direct, Coordinate ECSE services, collaborate with other services, and development assessment</td>
<td>2 hours, 2 times/week</td>
<td>ECSE Preschool</td>
<td>03/03/15</td>
<td>02/23/16</td>
</tr>
<tr>
<td>ECSE</td>
<td>Direct, Direct/Consult</td>
<td>20 min, 2 times/month, within ECSE preschool class</td>
<td>ECSE Preschool</td>
<td>03/17/15</td>
<td>02/23/16</td>
</tr>
</tbody>
</table>

---

**Other (non EI/ECSE) Services**

None Identified

**Enter hours per week child attends an early childhood program**

- **Group child care, Head Start, community preschool, see definitions in the IFSP instructions:** 0

**Enter hours per week ECSE services will be provided with typical peers in an early childhood program:** 0

**Enter hours per week ECSE services will not be provided with typical peers in an early childhood program:** 4

---

**Parents will be informed of the child’s progress toward annual goals. Review Schedule:**

- Six month and annual review
- Other review schedule

**Mid-year progress will be provided by 08/10/15**

**How will progress be reported to parents?**

**Written progress report will be mailed to family along with AEPS summary.**

---

**Child Name:** Sample, Sam-Screen Shot

**Birthdate:** 03/07/12

**Meeting date:** 02/24/15

Parents or any IFSP member may request an IFSP meeting at anytime, regardless of when the most recent IFSP occurred.
All boxes below are completed. "Who will do" and "Who will pay" should be 9/1 of transition year.

Service coordination starts on the IFSP date.

# Individualized Family Service Plan (IFSP)

- **Meeting date:** 02/24/15
- **Child's Name:** Sample, Sam-Screen Shot
- **Gender:**
- **Birthdate:** 10/12/10
- **SSID #:** None
- **Parent(s)/Guardian:** Pat & Patti Sample, 6789 NW Anywhere Place, Gresham, OR
- **Service Coordinator:** Tina Teacher
- **Resident School District:** Beaverton SD 48J

## Following the EIECSE program calendar with scheduled breaks

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Start Date</th>
<th>Stop Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>Direct, Coordinate ECSE services, collaborate with other services, and development assessment</td>
<td>8 hours/week</td>
<td>02/24/15</td>
<td>09/01/15</td>
</tr>
</tbody>
</table>

### Who will do? ECSE Teacher
- **Specialized instruction in cognitive, receptive communication, and expressive communication skills**
  - **Who will do?** Direct
  - **Who will pay?** EI/ECCSE Program
  - **Method:** 2 hours, 2 times/week
  - **Location:** ECSE Preschool
  - **Start Date:** 03/03/15
  - **Stop Date:** 09/01/15

### Who will do? ECSE Teacher
- **Speech Language Intervention**
  - **Who will do?** Direct, Direct/Consult
  - **Who will pay?** EI/ECCSE Program
  - **Method:** 20 min, 2 times/month, within ECSE preschool class
  - **Location:** ECSE Preschool
  - **Start Date:** 03/17/15
  - **Stop Date:** 09/01/15

### Who will do? Speech Language Pathologist
- **Who will pay?** EI/ECCSE Program

### Other (non EI/ECCSE) Services
- **None Identified**

# Are EI services in the child's natural environment?
- If not, please explain:

- **Enter hours per week child attends an early childhood program**
  - **Group child care, Head Start, community preschool; see definitions in the IFSP instructions.**
  - **Hours:** 0

- **Enter hours per week ECSE services will be provided with typical peers in an early childhood program:**
  - **Hours:** 0

- **Enter hours per week ECSE services will not be provided with typical peers in an early childhood program:**
  - **Hours:** 4

**Sam's goals and needs suggest that he would benefit from a classroom with a higher adult-to-student ratio so that he is able to learn the new skills needed to be successful with peers and learn new routines. Sam cries in larger groups of children and hides under the table; he needs a smaller environment to maintain emotional regulation.**

### Parents will be informed of the child's progress toward annual goals. Review Schedule:
- **Six month and annual review:** Other review schedule

### Mid-year progress will be provided by 6/10/15
- **How will progress be reported to parents?**
- **Written progress report will be mailed to family along with AEP summary.**

# Child Name: Sample, Sam-Screen Shot
- **Birthdate:** 10/12/10
- **Meeting date:** 02/24/15
- **Meeting date:** 02/24/15

# Parents or any IFSP member may request an IFSP meeting at any time, regardless of when the most recent IFSP occurred.
Services Guidelines – Early Intervention

Service Coordination (provided by the lead interventionist/service coordinator)
- Facilitating IFSP process and maintaining paperwork and procedures
- Coordinating EI services
- Helping families identify and access community services, activities, resources (e.g., OT, PT, SLP, or educational services from private agencies; play groups, gymnastics, swimming) and then collaborating with those programs.
- Monitoring child progress and completing developmental assessments
- Medicaid billing (eligible service providers)

- Service coordination should be included on all EI IFSPs as a separate service and listed first.
- The amount of service coordination should be based on the needs of the child and family and may vary from 8 to 20 hours per year (e.g., 8 hrs/year, 15 hrs/year). A range may not be included.
- The start date for service coordination should be the date of the IFSP meeting.

Early Intervention Services in cognitive, adaptive, social, gross motor, fine motor, receptive communication and/or expressive communication (all areas come up in ecWeb, delete those areas that don’t apply to the child).
- EI services in the areas of delay or for which goals are written are the services the lead interventionist provides typically in the child’s natural environments (e.g., home, child care, park, library, or other environments where typically developing children frequent)
- EI services levels will vary from family to family depending on the child and family’s needs
- Both frequency and duration of EI services must be noted
- The frequency of EI services is based on the needs of the child and family using the following guidelines:
  Examples
  - 1 X every three months (only when just monitoring development)
  - 1 X per month
  - 1 X every 3 weeks
  - 2 X per month
  - 1 X per week

  A team might opt to front load EI services when the team determines the level of services is initially high but will fade over time. An anticipated schedule of services with separate start and stop dates must be included as noted below. Alternatively, the team could include higher frequencies and and then meet each time the team determines the frequency of services could be reduced.
  - 1 X per week: Start - 9/12/2016 and Stop – 10/21/2016
  - 2 X per month: Start – 11/1/2016 to 2/17/17
  - 1 X per month: Start – 5/31/2017 to 9/11/2017
  - Average duration (length) of the visit is 60 minutes.
  - Services offered in Enhanced Interactions and Parent/Toddler Groups are EI services (additional information provided on the following page). The group and site describe the location of the service.

To help ensure that parents understand that service frequency will vary during the year due to scheduled program breaks:
  A. The statement “Following the EI/ECSE program calendar with scheduled breaks” is included on the cover page of the IFSP.
  B. The service coordinator at the IFSP meeting should review the service calendar with the parents after discussing services specifically noting the break time spread throughout the year.
  C. A copy of the program calendar will be attached at distribution to each initial and annual IFSP, and IFSP revisions where services were revised.
Additional Settings to Receive EI Services

Parent/Toddler Group
- EI services may be provided in a Parent/Toddler Group when the IFSP team agrees this is a need to meet specific goals and objectives using the following criteria:
  - The child is at least 2 years, 6 months old
  - Goals and objectives related to peer interactions and group engagement/participation are of high priority
  - The IFSP team has considered extensively community options for meeting peer interaction and group engagement/participation goals, but options were limited or presented specific challenges
  - The child has made good progress toward accomplishing goals at home but progress in other settings has been limited (generalization)
- Noting service – Parent/Toddler Group
  - 1 time each week for 1 hour
  - Home or community visits typically would be discontinued if the child is attending a parent/toddler group, however, the team may decide EI services in the home or community should continue, if the need is indicated.

Enhanced Interactions Group
- EI services may be provided in an Enhanced Interactions Group when the IFSP team agrees this is a need to meet specific goals and objectives using the following criteria:
  - The child is at least 24 months old
  - Goals and objectives related to social engagement, developing communicative intent, imitation, self-regulation, and independence in functional routines are high priority
  - The child has made limited progress when interventions have been provided in the home and community
  - The child has made good progress toward accomplishing goals at home but progress in other settings has been limited (generalization)
- Noting service - Enhanced Interactions Group
  - 1 time each week for 1 hour
  - Typically home and community visits are provided concurrently with the Enhanced Interactions Group. The frequency of visits should be individualized.

- The IFSP team must complete the parent/toddler protocol before initiating the service. The team must agree that EI services need to be offered in the group setting (outside natural environment).
- The start date of this service should be the projected date the child will actually start in the group.
  - Attendance data should then be kept starting on or before that date.
- When a Parent/Toddler group is added to an IFSP, the answer to the natural settings question will most likely change and a justification statement will be needed.

- Frequency of service levels can never be reflected as a range (e.g., 1-2 times per month).
- The start date of EI services should be the projected date the service will actually start. This service must then occur on or before the start date indicated on the IFSP. Most times, the start of EI services will not be the same day as the IFSP. If EI services are noted to start on the day of the IFSP meeting, the service log must offer evidence that EI service were offered the same day as the IFSP meeting.
- Visits should be arranged in cooperation with the parent and set sufficiently in advance so as to allow them time to be available and to prepare for the visit.
- There must be documentation (home visit notes and contact log) of conversations with parents regarding scheduling of services.
- Make sure to log each visit in the service log. It is best to add some details about the visit.
One-time consultation to support the family and lead interventionist and/or make recommendation for the addition of a related service

- Family and lead interventionist may request a consultation/observation from a specific discipline to address a concern or to determine need for that related service
- Consulting specialist and service coordinator visit the family jointly
- At the visit, the specialist learns about the child from the family and service coordinator and provides suggestions/strategies to address the concern(s) or recommends addition of the related service to the IFSP
- After the visit, the family, with the help of the service coordinator, follows through with the suggestions/strategies and monitors progress
- The specialist will make recommendations as to whether consultations should be provided on a consistent basis
- This one-time or first consultation does not need to be included on the IFSP cover page. If, however, the team determines that the related service is needed more than this one visit, an IFSP review should be held to add this service to the IFSP

Related service to support the family and lead interventionist

- All related services, identified as being consistently needed, should be included on the cover page of the IFSP
- The amount of these services will vary from family to family depending on the needs of the child and family
- Related service providers and the service coordinator typically visit the family jointly, when possible
- After each visit, the family, with the help of the service coordinator, follows through with the suggestions and monitors progress
- The service coordinator monitors **ALL** service start dates and sets up joint visits based on each IFSP.
- The service coordinator should note the names of each related service provider on the cover page and in the provider section on ecWeb
- Frequency and duration of each related service should be included on the cover page and labeled as the specific service to allow for Medicaid billing

**Examples:**
- Occupational Therapy – 1 X per month, 60 minutes
- Physical Therapy – 2 X per month, 60 minutes
- Speech and Language Therapy – 1 X per quarter, 60 minutes

Related services provided during parent/toddler or Enhanced Interactions groups

- If a related service will be provided during either of these groups, the frequency and duration of that service should be reflected on the cover page of the IFSP

- The start date of these related services should be the projected date this service will actually start (seldom will this be the day of the IFSP meeting). This service must then occur on or before the date indicated on the IFSP. It is critical that the service coordinator monitor these dates for all related services to ensure they occur before the start date.
- Make sure to log each visit in the service log, offering details regarding the service
GUIDELINES FOR NOTING EI SERVICES ON THE IFSP

Initial EI IFSPs Coming From the Evaluation Team

Service Coordination
  o Include service coordination as a separate service, list this service first, based on anticipated needs of the family, using the example below
  o Number of hours may vary from 8 to 20 hours per year. A range of hours may not be used.

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>(First Box) Direct</td>
<td>12 hours per year</td>
<td>Home/Community/Phone</td>
<td>(date of the IFSP meeting)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
<tr>
<td></td>
<td>(Second Box) Coordinate services, collaborate with other services and developmental assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider: Name of eval team service coordinator
Who will do this? Service Coordinator
Who will pay? EI/ECSE program

Early Intervention Services in cognitive, adaptive, social, gross motor, fine motor, receptive communication and/or expressive communication (areas of delays/goals written)
  o For most IFSPs completed by the evaluation team, please include the following service level for EI services offered in natural environments (home and/or community - see example below):

  1 X per month, 60 minutes

  o If the family has questions about this level of service, please let them know this is a minimal level of service and may increase as the team gains a better understanding of the family’s service needs
    • If during the initial IFSP, the team believes that a higher level of service is needed to meet family and child needs, 2 X per month can be included for EI services.

Make sure when discussing services during the IFSP to review the program calendar noting the scheduled breaks and offer them a copy of the program calendar. A calendar will also be attached to the IFSP at distribution.

Early Intervention Services in (include entire statement and delete areas not appropriate to the IFSP)

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention services in (areas of delay/goals written- delete those that don’t apply)</td>
<td>(First Box) Direct Or (Second Box) Assessment - Parent Coaching</td>
<td>1 X per month, 60 minutes Or 2 X per month, 60 minutes (if warranted)</td>
<td>Home and community</td>
<td>(30 days from initial IFSP – extend if initial meeting occurs just before or during an calendar break)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
</tbody>
</table>

Provider: Eval team service coordinator
Who will do this? EI Staff (changed to SC discipline at site)
Who will pay? EI/ECSE program
Other potential services that might be added at the initial IFSP written by the Eval Team (see examples below)

**Language Interpreter (include if interpreter is needed for eval)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language interpretation for meetings and</td>
<td>(First Box) Direct</td>
<td>(Same as EI services)</td>
<td>Home and community</td>
<td>(date of the IFSP)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
<tr>
<td>family coaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider: Name of person providing service  
Who will do this? Language Interpreter  
Who will pay? EI/ECSE program

**Nursing Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing services</td>
<td>(First Box) Direct</td>
<td>(individualize as appropriate, at least - 1 time per year, 60 minutes)</td>
<td>Home and community</td>
<td>(date of IFSP)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
<tr>
<td></td>
<td>(Second Box) Assessment,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultation - Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider: Name of person providing service  
Who will do this? Program Nurse  
Who will pay? EI/ECSE program

**Audiology evaluation**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology evaluation</td>
<td>(First Box) Direct</td>
<td>1 X every 3 months, 60 minutes</td>
<td>ESD</td>
<td>(date of the IFSP)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
<tr>
<td></td>
<td>(Second Box) Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider: Name of person providing service  
Who will do this? Audiologist  
Who will pay? EI/ECSE program
Initial EI and ECSE Transition IFSPs Completed at Evaluation Team

Consider the following when a child is evaluated 90-100 days before his/her third birthday.

- Both EI and ECSE eligibility must be considered in most instances (consult Eval team coordinator, if third birthday is less than one week after the initial evaluation).
- If child is eligible for both EI and ECSE services, complete both eligibilities and an IFSP including both EI and ECSE services and components using the guidelines below.
- If child is **not eligible for EI** but **is eligible** for ECSE services, complete the EI eligibility (non-eligible), and forward the report to site for ECSE eligibility determination and IFSP development closer to child’s third birthday.
- If child not eligible for EI or ECSE, complete eligibilities for both.

**IFSPs including both EI and ECSE services**

**Determining EI Service Levels**

- If eligibility is determined less than one month before child’s third birthday – include only EI Service Coordination (2 hours) and no EI Services.
- If eligibility is completed one to two months before child’s third birthday – include EI Service Coordination (4 hours) and 1 x per month, 60 minutes of EI Services.
- If completed two to three months before child’s third birthday – include EI Service Coordination (6 hours) and 1 X per month, 60 minutes of EI Services.

**Determining ECSE Service Levels and Placement** (Refer to most current Service/Placement Guide)

**Service Coordination Start and Stop Dates**

**EI service coordination**
Start date of EI service coordination is the date of the IFSP and the stop date is the day before the child’s third birthday. Indicate EI or ECSE Service Coordinator as who will provide service.

**ECSE service coordination**
Start date is the child’s third birthday with stop date the day before the annual IFSP. Service is offered by the ECSE service coordinator.

**EI Services Start and Stop Dates**

- **EI services** in (areas of delay/goals written)
  Start date of EI services should be projected to **30 days from date of meeting or extended if initial IFSP meeting occurs just before or during a break.** Stop date is day before the child’s third birth date. Indicate EI or ECSE staff providing this service.

**ECSE SDI**
Projected start must be after the child’s third birthday and should be the projected start date of SDI services. Stop date is the day before the annual due date.

**Natural Environments and Typical Peers**
When both EI and ECSE services are included on an IFSP both Natural Environments and Typical Peers questions must be answered.
SERVICE COMBINATIONS FOR EI IFSPs

Note differences when teacher or related service provider is services coordinator (SC)

1. SERVICE COORDINATION ONLY (Teacher or OT/PT/SLP)

<table>
<thead>
<tr>
<th>Service Coordination</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>Direct</td>
<td># hours per year (hours will vary depending on needs of family and time remaining in EI IFSP)</td>
<td>Home/Community/ Phone</td>
<td>(the date of the IFSP meeting)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service

Who will do this? Service Coordinator
Who will pay? EI/ECSE program

This option should be considered only if the team agrees that EI Services or a related service is not needed.

2. SERVICE COORDINATION and EARLY INTERVENTION SERVICES WHEN TEACHER IS SERVICE COORDINATOR

Service Coordination - include as detailed above

Early Intervention Services (teacher as SC)

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention services in (areas of delay/goals written- delete those that don’t apply)</td>
<td>Direct</td>
<td># of times per week or month, 60 minutes (frequency will vary depending on needs of family)</td>
<td>Home and community</td>
<td>(date this service is projected to actually start)</td>
<td>(day before annual, day before 3rd birthday, or date projected to stop, if before annual or birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service

Who will do this? Specific discipline of the service coordinator
Who will pay? EI/ECSE program
3. SERVICE COORDINATION, EARLY INTERVENTION SERVICES, AND RELATED SERVICES WHEN TEACHER IS SERVICE COORDINATOR

Service Coordination - include as detailed above

Early Intervention Services - include as detailed above

Related Service(s)(add separate entry for each related service)

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech, Physical, or Occupational Therapy Services (instruction offered in area of service coordinator’s discipline)</td>
<td>(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching</td>
<td># of times per week or month (individualize based on need of child), 60 minutes</td>
<td>Home and community</td>
<td>(date this service is projected to actually start)</td>
<td>(day before annual, day before 3rd birthday, or date projected to stop, if before annual or birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? Specific discipline of the service coordinator
Who will pay? EI/ECSE program

4. SERVICE COORDINATION, EARLY INTERVENTION SERVICES, AND RELATED SERVICE OF SERVICE COORDINATOR WHEN OT, PT, Or SLP IS SERVICE COORDINATOR

NOTE – When service coordinator is an SLP, OT, or PT, EI services and the discipline specific service of the service coordinator (speech, OT or PT) should be noted separately. The minutes of the visit (60) should be split between the two services (e.g., EI Service – 1 x per month, 15 minutes and PT – 1 x per month, 45 minutes). This is required for Medicaid billing, but all IFSPs should be written in this manner since Medicaid eligibility can change within an IFSP year.

Service Coordination - include as detailed above

Early Intervention Services when SLP, OT, or PT is Service Coordinator

Category: Primary or Related Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention services in (areas of delay/goals written - instruction offered in areas other than service coordinator’s discipline)</td>
<td>(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching</td>
<td># of times per week or month, # minutes each visit that will be spent offering EI services (# of times per week or month will vary depending on needs of child)</td>
<td>Home and community</td>
<td>(date this service is projected to actually start)</td>
<td>(day before annual, day before 3rd birthday, or date projected to stop, if before annual or birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? Specific discipline of the service coordinator
Who will pay? EI/ECSE program
**Related service of service coordinator when SLP, OT or PT is SC**

**Category: Primary or related service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech, Physical, or Occupational Therapy Services (instruction offered in area of service coordinator’s discipline)</td>
<td>(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching</td>
<td># of times per week or month, # minutes each visit that will be spent offering this specific service (see note above)</td>
<td>Home and community</td>
<td>(date this service is projected to actually start)</td>
<td>(day before annual, day before 3rd birthday, or date projected to stop, if before annual or birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? Specific discipline of the service coordinator
Who will pay? EI/ECSE program

Note: There may be times when a child no longer needs OT, PT, or Speech services but the OT, PT, or SLP continues as service coordinator. In those instances only EI Services can be offered.

5. SERVICE COORDINATION, EARLY INTERVENTION SERVICES, RELATED SERVICE OF SERVICE COORDINATOR and OTHER RELATED SERVICES WHEN OT, PT, OR SLP IS SERVICE COORDINATOR

- Service Coordination - include as detailed above
- Early Intervention Services when SLP, OT, or PT is SC – include as detailed above
- Related Service of Service Coordinator when SLP, OT or PT is service coordinator
- Other Related Services (add separate entry for additional related service needed)

**Category: Primary or related service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech, Physical or Occupational Therapy Services (other OT, PT, or SLP services needed beyond related service of SC)</td>
<td>(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching</td>
<td># of times per week or month, 60 minutes</td>
<td>Home and community</td>
<td>(date this service is projected to actually start)</td>
<td>(day before annual, day before 3rd birthday, or date projected to stop, if before annual or birthday)</td>
</tr>
</tbody>
</table>

- Add a separate line for each related service
- Make sure to Include related services that are offered during Parent/Toddler or Enhanced Interactions groups.
## OTHER SERVICES THAT MIGHT BE ADDED (see examples below)

### Category: Preschool - Parent/Toddler Groups or Enhanced Interactions

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention services in (areas of delay/goals written- delete those that don’t apply)</td>
<td>(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching</td>
<td>1 time per week, 60 minutes</td>
<td>EI site</td>
<td>(date projected to start)</td>
<td>(day before annual, day before 3rd birthday, or date projected to stop, if before annual or birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service

Who will do this? Disciplines of staff in group

Who will pay? EI/ECSE program

- Make sure related services offered in groups are included
- In most instances, when adding EI groups, 50% or more of services will no longer be provided in the Natural Environment, a justification statement must be included in those instances.

### Language Interpreter

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language interpretation for meetings and family coaching</td>
<td>(First Box) Direct</td>
<td>Same frequency and duration of EI Services</td>
<td>Home and community</td>
<td>(date of the IFSP meeting)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service

Who will do this? Language Interpreter

Who will pay? EI/ECSE program

### Nursing Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing services</td>
<td>(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching</td>
<td>(individualize as appropriate, at least - 1 time per year, 60 minutes)</td>
<td>Home and community</td>
<td>(date of the IFSP)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service

Who will do this? Program Nurse

Who will pay? EI/ECSE program
**AC/AT**

**Category: Primary or Related Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augmentative Communication and Assistive Technology Services</td>
<td>(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching</td>
<td># of times per month or quarter, 60 minutes</td>
<td>Home and community</td>
<td>(date this service is projected to actually start)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? SLP
Who will pay? EI/ECSE program

**Audiology evaluation**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology evaluation</td>
<td>(First Box) Direct (Second Box) Assessment</td>
<td>1 X every 3 months, 60 minutes</td>
<td>ESD</td>
<td>(date of the IFSP)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? Audiologist
Who will pay? EI/ECSE program

**Regional Services (ASD, VI, HI – consult with Regional provider for specifics)**

**NOTE** – It is always best to ask the regional service providers about they want these services to be documented

**Category: Primary or Related Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Regional) services</td>
<td>(First Box) Consult</td>
<td>(frequency and duration to be determined by the team, including the Regional provider)</td>
<td>Home and community</td>
<td>(date this service is projected to actually start)</td>
<td>(day before annual or day before 3rd birthday)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? Autism, Vision, or Hearing Specialist
Who will pay? Regional Program

**NOTING SERVICES DURING EI to ECSE TRANSITION**

No ECSE service should start before the child’s third birthday

Refer to the following examples to determine which scenario applies to the transition.
Example #1 - Child has a current EI IFSP and transition occurs shortly (month or less) before the child’s third birthday

EI IFSP remains in effect until the day before the child’s third birthday. When an EI IFSP remains in effect until the child’s third birthday, EI services do not need to be included on the ECSE IFSP.

ECSE IFSP

ECSE Service coordination
Start date is the child’s third birthday, stop date should be day before annual due date

ECSE SDI and related services
Start dates should be the date each ECSE service is projected to start or the date the service will actually start, if that date is known. The start of all ECSE services should always be after the child’s third birthday. Stop date is the day before annual due date.

Examples #2-3 – EI and ECSE services must both be noted on the same IFSP, when the following scenarios occurs. The guidance below applies to both scenarios.

Example #2 - Child’s initial EI and ECSE eligibility is determined 90-100 days or less before his/her third birthday (both EI and ECSE eligibility should be considered and initial IFSP should include both EI and ECSE services

Example #3 – When transition is completed near a break, well before the child’s third birthday, and an EI annual IFSP review is needed before transitioning to ECSE one IFSP can be written that includes both EI and ECSE services.

Service Coordination

EI service coordination
Start date of EI service coordination is the day of the transition IFSP, and the stop date is the day before the child’s third birthday. The IFSP team determines if this service is to be provided by the EI or ECSE service coordinator.

ECSE service coordination
Start date is the child’s third birthday and is offered by the ECSE service coordinator. Stop date is the day before the next annual IFSP.

EI Services, SDI, and Related Services

EI Services and Related Services
EI services and each EI related service is offered from the date each is projected to start for this IFSP until the day before the child’s third birthday (stop date). It could be either the EI or ECSE staff providing these services. See EI service guidance above for additional information.

ECSE SDI and Related Services (note as ECSE SDI or ECSE related service)
SDI and each related service is then listed separately as ECSE with projected start dates after the child’s third birthday. See ECSE service guidelines for additional information.

Natural Environments and Typical Peers
When both EI and ECSE services are included on an IFSP both Natural Environments and Typical Peers questions must be answered.

MAKING CHANGES TO IFSP SERVICES

When adding a service(s) at the 6-month review
  o Leave the current service as is (do not change stop date)
- Add new service and additional visits with projected start date with stop date, day before annual or day before child’s third birthday

When a service has stopped, do not delete the old service, instead:
- Change the stop date on the service that will be discontinued to the appropriate date
- Create a new service entry and make the appropriate changes, including the appropriate start and stop dates.

This will ensure that we have a chronology of services on the current IFSP.
Services Guidelines - Inclusive Services

When ECSE services are provided in community settings including Head Start or Community Preschools, services are provided on the basis of the community settings school year calendar (e.g., September through May or June). Services are provided to students in community settings during the ECSE calendar breaks (e.g., first two to three days of Thanksgiving, February break, one week of the two week Spring break. Services are typically provided during summer months only when the student qualifies for Extended Year Services. A copy of the community setting’s calendar must be included with the IFSP.

Exception: Community child care settings that run year-round. In these cases, services would follow the child’s IFSP and the EI/ECSE Program Calendar which must be attached to the IFSP.

Service Coordination

Service coordination consists of, but is not limited to the following:

- Coordinating dates and times of IFSP meetings with related service providers and/or preschool or child care providers
- Facilitating IFSP process, and completing paperwork for distribution
- Ensuring procedural timelines are met
- Informing parents of their parental rights
- Coordinating ECSE services, including:
  - Checking in with related services providers and coordinating related services consultations.
  - Identifying other community services and activities (e.g., OT, PT, SLP, or other educational services from private agencies, play groups, gymnastics, swimming) family is currently receiving.
  - Assisting family to identify and access other services or activities specific to the family and/or child’s needs.
  - Collaborating with other community services and activities as determined appropriate by the IFSP team.
- Update registry page and maintain all other paperwork
- Developmental assessment and monitoring child progress
- Medicaid billing for eligible service providers

The amount of service coordination should be based on the needs of the child and family and may vary from 6 to 12 hours per year (no service can be reflected as a range – 6 to 12 hours/year).

IFSP Notation – Service Coordination Category - Other

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>Direct/Indirect/Consultation</td>
<td>8 hours per year</td>
<td>Classroom, home, Phone, and/or email</td>
<td>[Day of the IFSP meeting]</td>
<td>[Day before annual] or [September 1 of current year], if child will be transitioning</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service
Who will do this? Service Coordinator
Who will pay? EI/ECSE program

Note: Service coordination should be included on all ECSE IFSPs as a separate service. For consistency service coordination should be listed first.
Specially Designed Instruction (SDI)

SDI must be included on all ECSE IFSPs. Service coordination and related services cannot be stand-alone services. **EXCEPTION:** Speech and language only services. Please see example below of how to notate.

Specially designed instruction is provided to assist the child to better access their educational environment. IFSP goals are written to address each area of delay (goals may be combined to target multiple areas) and SDI is provided to address these goals.

- The service is provided in the child’s special education placement as determined by the IFSP team
- The amount of this service will vary from child to child depending on the needs of the individual child
- SDI services may be noted as times per month on the IFSP and in many instances the service coordinator may determine that services should be front loaded (increased frequency of service provided at the beginning of the IFSP year and then reduced depending on child progress).
- The frequency of SDI services is based on the needs of the child and family (see examples below). When setting times for a transitioning child, consider carefully the weeks or months left before the end of the school year.
  - 1 time every three months
  - X times per month
  - 1 time every three weeks
  - 1 time per week
- The duration of each visit is based on the needs of the child and family. The following are examples of how duration might be noted
  - 30 minutes
  - 45 minutes
  - 60 minutes

Visits can and often need to be longer at the onset of services, while establishing rapport with the child, classroom teachers, child care providers, and program directors.

Consider when a Lead Interventionist Model can be utilized, such as when multiple providers would be serving the same site for the same child; many community settings prefer to work with fewer adults. Under this service delivery model, services are delivered by a lead interventionist who addresses IFSP goals across areas of development. When the lead interventionist is eligible to bill for Medicaid (SLPs, OTs, PTs), the billable services need to be broken out as separate services. This does not warrant more frequent visits from the specialist. However, the billable services need to be clearly documented. In the example below, the speech language pathologist is completing consultation twice a month for 45 minutes.

To help ensure that parents understand that service frequency will vary during the year due to scheduled breaks:
- The service coordinator at the IFSP meeting should review the community preschool calendar with the parents and specifically note the break time spread throughout the year.
- A copy of the community preschool calendar will be attached at distribution to each initial and annual IFSP, and IFSP revisions if services were revised.
Related Services
(Consultations from teacher, OT, PT, SLP, HI, VI, Nursing, AC/AT, Behavior Specialist)

Related services are provided to assist a child with disabilities to benefit from his or her specially
designed instruction and better access their educational environment. OTs, PTs, SLPs, and
teachers can all provide related services to children supported in inclusive settings. Related
services such as OT, PT, or nursing cannot be provided as a stand-alone service in ECSE.

Related services are typically provided as consultations to both service coordinators and preschool
teachers or child care providers. Direct related services always should be noted on the cover page
once the team determines the need. Indirect related services (including consultation) should be
indicated on the ECSE page. If a related service provider is not present at the initial IFSP and the
team believes that a consultation is necessary to determine service needs, a one-time consultation
can be added to the cover page and described as “One time consultation to determine need for
services.” If the related service provider determines that services are needed, then a revision to the
IFSP will be needed.

Related services may not be added to an IFSP without the participation or consultation of said
provider.

The following guides how services are provided and included on the IFSP.
- The consulting related service provider visits the child in his/her placement as noted on the
  IFSP.
- The visits may occur with or without the service coordinator (occasional visits with the
  service coordinator can ensure increased follow through).
- The related service provider, or lead interventionist, provides instruction related to the child’s
  IFSP goals, monitors the child’s progress and further needs, and consults with the service
  coordinator and preschool or child care providers
- After the visit, the service coordinator with the preschool and/or child care staff follow
  through with strategies and suggestions offered by the related service provider.
- As mentioned above, the service coordinator assists the related service provider in
  coordinating these consultations, or provides the service personally using the lead
  interventionist model.
- The amount of these services will vary from child to child and be determined by the needs of
  the child, family, and placement staff.
- These consultations are noted as times per month on the IFSP and in many instances the
  service may be front loaded (increased frequency of service provided at the beginning of the
  IFSP year and then reduced depending on child progress). The IFSP team may consider
  using the same notation examples provided above in the SDI section.

Transportation

If transportation is determined to be a need and provided by the child’s resident school district, it is
considered a related service and should be included in the services section of the IFSP cover
page. If transportation is provided as part of the preschool program (not a special education related
service, it should be listed in Other Services.)
ECSE Tuition Coverage
If the ECSE program is paying tuition for the child to attend a community preschool, the entire time the child attends the preschool program should be included as SDI (e.g., 2 days per week, 3 hours each day). The SDI provided by the special education teacher or speech pathologist is then listed separately as is each related service.

IFSP Notations – Preschool Tuition Covered by ECSE

<table>
<thead>
<tr>
<th>Category – Preschool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Specially designed instruction in the areas of [areas of delay]</td>
</tr>
</tbody>
</table>

Who will do this? Community Preschool Staff with service coordinator
Who will pay? EI/ECSE program

IFSP Notation – SDI (ECES or SLP services as therapy services)

<table>
<thead>
<tr>
<th>Category – Primary or related service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Specially designed instruction in the areas of [areas of delay]</td>
</tr>
</tbody>
</table>

Speech Therapy

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct/Indirect/Consultation</td>
<td>2 times per month for 45 minutes following the [school’s] calendar</td>
<td>Head Start or Community Preschool Classroom</td>
<td>See first example</td>
<td>See first example</td>
<td></td>
</tr>
</tbody>
</table>

Provider: Name of person providing service
Who will do this? Early Childhood Educational Specialist or Speech and Language Pathologist/Speech and Language Pathology Assistant
Who will pay? EI/ECSE program

IFSP Notation – SDI Consult to community setting (ECES or SLP services plus related services)

<table>
<thead>
<tr>
<th>Category – Primary or related service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Specially designed instruction in the areas of [areas of delay]</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service
Who will do this? Early Childhood Educational Specialist
Who will pay? EI/ECSE program
### IFSP Notation – Related Service Consult to community setting

**Category** – Primary or related service

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech, Physical or Occupational Therapy</td>
<td>Direct/indirect/Consultation</td>
<td>1 time every three months, 30 minutes each, following the [school's] calendar</td>
<td>Community Preschool Classroom</td>
<td>See first example</td>
<td>See first example</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service  
Who will do this? Teacher, PT, SLP/SLPA, OT/COTA, Nurse, or AAC Specialist  
Who will pay? EI/ECSE program

### IFSP Notation – Nursing Services

**Category** – Primary or related service

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Protocol/Training</td>
<td>(individualize as appropriate) 1 time per year; 60 minutes</td>
<td>ESD</td>
<td>See first example</td>
<td>See first example</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service  
Who will do this? EI/ECSE Nurse  
Who will pay? EI/ECSE Program

### IFSP Notation - Additional assessment (augmentative communication, hearing, behavior, OT)

**Category** – Other

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiological evaluation</td>
<td>(individualize as appropriate) 1 time every 3 months, 60 minutes</td>
<td>ESD</td>
<td>See first example</td>
<td>See first example</td>
</tr>
</tbody>
</table>

Who will do this? Audiologist  
Who will pay? EI/ECSE Program

### IFSP Notation – Transportation

**Category** – Primary or related service

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Direct</td>
<td>4 days per week following the [school’s] calendar</td>
<td>To and from [school]</td>
<td>See first example</td>
<td>See first example</td>
</tr>
</tbody>
</table>

Who will do this? Name school district  
Who will pay? Name school district
Other Services (Below the Line Services)

Other services are those needed to support the child’s developmental needs (e.g., additional therapies, Head Start, community preschool paid for by parents) or the needs of the family (e.g., parent education, family counseling) but paid for by:

- other public programs (e.g., Head Start, community health nurse, Morrison Center, Mental Health)
- the child’s parents (e.g., community preschool, private therapies)
- third party payers (e.g., insurance – private therapies)

Below are examples of how to note below the line services for three of the most common services.

**Note:** If no Other Services are identified at the time of the IFSP, please indicate None at this time in the service box on the IFSP.

**IFSP Notation - Head Start or Community Preschool (parent paying tuition)**

**Category – Preschool**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Services</td>
<td>Direct</td>
<td>4 days per week</td>
<td>Head Start or Home</td>
<td>[Day this service is projected to start] based on the [school’s] calendar</td>
<td>[Day before annual] or [Last day of school] based on the [school’s] calendar (if student transitioning)</td>
</tr>
<tr>
<td>or Community Preschool</td>
<td>Direct</td>
<td>3 Home visits 60 minutes each</td>
<td>Preschool Classroom</td>
<td>(same as above)</td>
<td>(same as above)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 times per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 hours following the [school’s] calendar</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Who will do this? Head Start or Preschool staff
Who will pay? Head Start or Parent

**IFSP Notation - Private therapies**

**Category - Other**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapy</td>
<td>Direct</td>
<td>1 time/week, 60 minutes</td>
<td>ARTZ Center</td>
<td>[Day this service is projected to start]</td>
<td>[Day before annual or day projected to stop]</td>
</tr>
</tbody>
</table>

Who will do this? Child Developmental Health Institute
Who will pay? Insurance and/or parent

Below is a list of other below the line services and programs that might be included in this section:

- Community Health Nurse - Washington County Health Department
- Child care
- Promotoras, Parent Child Interaction Therapy – Life Works
- Family Counseling, Parent Child Interaction Therapy (PCIT) - Morrison Center
Supplemental Services, Adaptations, and Accommodations (for child/family)

Supplementary services, adaptations and/or accommodations are aids, services, and other supports that are necessary for the child to advance appropriately toward annual goals, progress in appropriate activities, participate in nonacademic activities, and to be educated and participate with other children (see examples below).

Note: If no Supplemental Services are identified at the time of the IFSP, please indicate None at this time in the service box on the IFSP.

Instructional Assistant providing support to students in inclusive settings

- When instructional assistants are providing regular support to students in inclusive settings, include this information on the supplemental services page following the examples below. Instructional assistants in inclusive settings are provided:
  - In Head Start and other collaborative classrooms
  - When an IFSP team agrees that an inclusive site is the most appropriate placement and the child needs an instructional assistant to make progress toward goals.
    - In most instances, this service should be provided for a specific time and ideally at the beginning of the child’s participation in an inclusive placement.

IFSP Notation – Instructional Assistant
Category - Other

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional assistance to support goals and inclusion</td>
<td>Available during daily instruction in supported classroom or [Specific frequency and duration of assistance] following the [school’s] calendar</td>
<td>[Head Start] or [other supported classroom] or [Head Start or Community Preschool]</td>
<td>[Day this service is projected to start] based on the [school’s] calendar</td>
<td>[Day before annual] or [Last day of school] based on the [school’s] calendar (if student transitioning) or Agreed upon conclusion date of IA support</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service
Who will do this? Instructional assistant under direction of (Early Childhood Educational Specialist or Speech and Language Pathologist)
Who will pay? EI/ECSE program

Interpreter

- When the family needs an interpreter, please include this service on the supplemental services page following the example below.

IFSP Notation – Interpreter
Category - Other

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language interpretation for meetings, communication with family by phone, and family coaching</td>
<td>At IFSP meetings and when providing coaching</td>
<td>Preschool, Home, or Phone</td>
<td>[Day this service is projected to start] based on the [school’s] calendar</td>
<td>[Day before annual] or [September 1 of current year], if child will be transitioning)</td>
</tr>
</tbody>
</table>

Who will do this? Interpreter with service coordinator
Who will pay? EI/ECSE program
### IFSP Notation – Augmentative Communication

**Category** – Primary or related service

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augmentative Communication Consultation</td>
<td>(individualize as appropriate) 1 time every three months, 45 minutes</td>
<td>Preschool, Home, or Phone</td>
<td>[Day this service is projected to start] based on the [school's] calendar</td>
<td>[Day before annual] or [Last day of school] based on the [school's] calendar (if student transitioning)</td>
</tr>
</tbody>
</table>

Who will do this? Augmentative communication specialist with service coordinator

Who will pay? EI/ECSE program

### IFPS Notation - Equipment (hearing aids, augmentative communication device, walker, etc)

**Category** - Other

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing aid</td>
<td>Daily, following the [school's] calendar</td>
<td>Preschool</td>
<td>[Day this service is projected to start] based on the [school's] calendar</td>
<td>[Day before annual] or [Last day of school] based on the [school's] calendar (if student transitioning)</td>
</tr>
</tbody>
</table>

Who will do this? Service coordinator with (related service provider)

Who will pay? Family

### IFPS Notation - Behavior Support Plan

**Category** - Other

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Support Plan</td>
<td>During daily instruction, following the [school's] calendar</td>
<td>Preschool</td>
<td>[Day this service is projected to start] based on the [school's] calendar</td>
<td>[Day before annual] or [Last day of school] based on the [school's] calendar (if student transitioning)</td>
</tr>
</tbody>
</table>

Provider:

Who will do this? Classroom teacher

Who will pay? EI/ECSE program
Modifications or Support for Program Personnel

Modifications or supports for program personnel are those that are necessary for the child to advance appropriately toward goals, progress in appropriate activities, participate in nonacademic activities and to be educated and participate with other children.

- Supports for program personnel could include special training for a teacher or assistant but should address specific skills targeted for the child and not simple general information on educating young children with disabilities. Follow examples below to note these supports.

**Note:** If no Modifications are identified at the time of the IFSP, please indicate **None at this time** in the service box on the IFSP.

**IFSP Notation - Visual supports and/or PECS Training**

<table>
<thead>
<tr>
<th>Service</th>
<th>How often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction in using PECS communication system to support communication goals</td>
<td>1 training 2 consultations to classroom following the [school’s] calendar</td>
<td>Preschool</td>
<td>[Day this service is projected to start] based on the [school’s] calendar</td>
<td>[Day before annual] or [Last day of school] based on the [school’s] calendar (if student transitioning)</td>
</tr>
</tbody>
</table>

Provider: Name of person providing service
Who will do this? SLP or Educational Assistant, or Teacher
Who will pay? EI/ECSE or Regional Program

**Documenting Services**

- **Each time** a service provider visits a Head Start or community classroom, they are **required to document their service in the Service Log and agreed upon procedure for preschool/child care**. This will provide evidence of the overall time spent in classroom supporting children and staff.
- When noting service provision on the child’s Service Log include the actual time you spent providing service/support to the individual child. In most instances this time will be higher than what is noted on the IFSP, but will help in tracking actual service time provided.
Services Guidelines - Site-Based ECSE Services

Service Coordination
- Facilitating IFSP process and maintaining paperwork and procedures
- Coordinating ECSE services
- Identifying other community services and activities (e.g., OT, PT, SLP, or educational services from private agencies; play groups, gymnastics, swimming) family is currently participating in or receiving
- Collaborating with other community services and activities as determined appropriate by the IFSP team
- Assisting family to identify and access additional services or activities specific to the family’s needs
- Monitoring child progress and developmental assessment
- Assisting in the process for children transitioning to kindergarten, including working with respective district(s)

Note:
- Service coordination should be included on all IFSPs as a separate service.
- Amount of service coordination should be based on the needs of the child and may range from 6 to 12 hours per year, but a number range may not be listed on the IFSP.
- The start date for service coordination should be the date of the IFSP meeting.
- The stop date is one year minus one day from date of IFSP meeting, or for children transitioning to kindergarten, September 1st of the kindergarten transition year.

Specially designed instruction to address goals in areas in which child is showing a delay
- ECSE Supported Intervention Classrooms: (examples only. Services must be individualized per child needs.)
  - Early Childhood Special Education Preschool: 2 times per week for 2 hours each
  - Social Communication Class: 2 times per week for 2 hours
  - Language Class: 1 time per week for 90 minutes
  - Young Language Class: 1 time per week for 60 minutes
  - Articulation Class: 1-2 times/per week for 60 minutes each
  - Intensive Classroom: 4 times per week for 2 hours each
  - SAIL Classrooms: 4 times per week; 2 hours for initial level, 3.5 hours for mid-level
  - Frequency of specially designed instruction is based on the class placement and the needs of the child

Note:
- The start date of specially designed instruction is the projected date this service will actually start (seldom will this be the day of the IFSP meeting). This service must then occur on or before the date indicated on the IFSP.
- The stop date is one year minus one day from date of IFSP meeting, or for children transitioning to kindergarten last day of class.
- Attendance records must be kept by classroom staff (please note first day of class attendance) and entered into ecWeb.

Related services – Direct/Indirect
- IFSP team may determine that consistent direct/indirect services from a specific discipline are needed to meet the needs of the child within the classroom setting.
- These direct/indirect services should be included on the cover page of the IFSP as a separate service. Consultation to the classroom staff should be on the ECSE page (see examples below).
- The amount of these services will vary from child to child depending on the needs of the child.
- The service provider for any and all Related Services and/or Regional Services should be noted on the Provider page.

**Note: Related services start and stop dates same as listed above for specially designed instruction.**

### Noting ECSE Services on the IFSP

#### IFSP Notation - Service Coordination

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>Direct: Direct and indirect consultation</td>
<td>8 hrs. [typical range is between 6 and 12 hrs.]</td>
<td>Site/by phone</td>
<td>[the date of the IFSP meeting]</td>
<td>[day before annual review, Sept. 1(^{st}) for kindergarten transitions]</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? Service Coordinator
Who will pay? EI/ECSE program

#### IFSP Notation – Specially Designed Instruction

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specially designed instruction to address goals in the areas of ...</td>
<td>Direct [add in section next to Method on ecWeb]</td>
<td>[Based on class placement. See above guidelines]</td>
<td>Site</td>
<td>[date this service is projected to actually start]</td>
<td>[day before annual review, last day of class for kindergarten transitions]</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? ECSE Teacher
Who will pay? EI/ECSE program

#### IFSP Notation – Related Service, Cover page

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related services to address goals in the areas of ...</td>
<td>(First Box) Direct</td>
<td>Time + # of times per week/month/year [to be determined by team]</td>
<td>Site</td>
<td>[date this service is projected to actually start]</td>
<td>[day before annual review, last day of class for kindergarten transitions]</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? OT, PT, or SLP
Who will pay? EI/ECSE program
IFSP Notation – Primary Speech and/or Language service taught by SLP/SLPA
Category – Primary SLP Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct speech services or speech and language</td>
<td>Direct/indirect/Consultation to classroom staff</td>
<td>Time + # of times per week/month/year [to be determined by team]</td>
<td>Site</td>
<td>[date this service is projected to actually start]</td>
<td>[day before annual review, last day of class for kindergarten transitions]</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? SLP/SLPA
Who will pay? EI/ECSE program

IFSP Notation – Related Service, ECSE Page
Category – Consultation to the classroom staff

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related services to address goals in the areas of ...</td>
<td>Consultation to the classroom staff</td>
<td>Time + # of times per week/month/year [to be determined by team]</td>
<td>Site</td>
<td>[date this service is projected to actually start]</td>
<td>[day before annual review, last day of class for kindergarten transitions]</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? OT, PT, or SLP
Who will pay? EI/ECSE program

Note:
- Add a separate line for each discipline providing related service.
- Transportation is a Related Service and is listed on the cover page “above the line”.
- Interpreter is listed on ECSE page under “Modifications or support for program personnel”.

See Service Guidelines – ECSE Inclusive Settings for guidance on Other Services (below the line) and Accommodations and Modifications.

EI/ECSE Transition

If the EI IFSP expires the day before the child’s 3\textsuperscript{rd} birthday, ECSE IFSP begins the day of 3\textsuperscript{rd} birthday.

If the EI IFSP expires before the child’s 3\textsuperscript{rd} birthday, EI and ECSE services are listed on the cover page separately with EI services ending the day before the child’s 3\textsuperscript{rd} birthday and ECSE services starting the day of the child’s 3\textsuperscript{rd} birthday.

\textbf{NOTE:} No ECSE services may be provided prior to a child’s 3\textsuperscript{rd} birthday. This includes service coordination. EI and ECSE services must be listed separately if an IFSP will contain both sets of services.
## ECSE Service and Placement Guidelines for 2016-2017

<table>
<thead>
<tr>
<th>Services/Placements</th>
<th>Description - Age and Goal Areas</th>
<th>Hours, X/Wk</th>
<th>Staff</th>
<th># Children (targets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>Include on all ECSE IFSPs</td>
<td>write as specific amount of time (e.g., 6 hrs/ year), range is 6 to 12 hrs/year for ECSE</td>
<td>Service Coordinator</td>
<td>NA</td>
</tr>
</tbody>
</table>

### ECSE Specially Designed Instruction - Groups (location of service)

(Placement options below in the shaded areas can be considered by the eval team at initial IFSP)

<table>
<thead>
<tr>
<th>ECSE Preschool</th>
<th>Goals/objectives in multiple areas, 3 years and older</th>
<th>2 hrs., 2 X/wk</th>
<th>Teacher, 2 IAs</th>
<th>10 to 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Communication Class</td>
<td>Focus is on pragmatic communication and social interactions</td>
<td>2 hrs., 2 X/wk</td>
<td>Teacher or SLP and 2 IAs</td>
<td>8</td>
</tr>
<tr>
<td>Young Language Class</td>
<td>Primarily receptive and expressive goals, 3 years to approximately 3:6</td>
<td>60 min., 1 x/wk</td>
<td>SLP, IA</td>
<td>6</td>
</tr>
<tr>
<td>Language Class</td>
<td>Primarily receptive and expressive goals 3:6 years and older</td>
<td>90 min., 1 x/wk</td>
<td>SLP, 1 IA</td>
<td>8 to 10</td>
</tr>
<tr>
<td>Articulation Class (includes fluency and/or voice)</td>
<td>Motor-speech goals only 3 years and older</td>
<td>60 min., 1 x/wk</td>
<td>SLP</td>
<td>4 to 5</td>
</tr>
<tr>
<td>Hearing Preschool MUST have Regional Involvement for placement determination</td>
<td>Hearing impairment eligibility requiring specialized instruction relative to disability</td>
<td>2 hrs., 4 x/wk</td>
<td>Teacher, 1 IA</td>
<td>varies</td>
</tr>
<tr>
<td>Intensive ECSE Preschool ONLY available through Program Review Process</td>
<td>Global developmental needs requiring higher time and intensity</td>
<td>2 hrs., 4 x/wk</td>
<td>Teacher, 2 IAs</td>
<td>6</td>
</tr>
<tr>
<td>SAIL (Social Academic Intensive Learning) available ONLY through Program Review Process</td>
<td>Primarily designed for children who require 1:1 direct teaching strategies utilizing</td>
<td>Initial Level 2 hrs., 4 x/wk  Mid-Level 3.5 hrs., 4 x/wk</td>
<td>Teacher, 4 IAs</td>
<td>5</td>
</tr>
<tr>
<td>Community-based Services -(Head Start, Preschools, Child Care)</td>
<td>Children currently attending Head Start or other early care and education programs with goals that would suggest the current program is LRE</td>
<td>Must be listed as times per week/month/quarter and must have a specific, community based calendar attached to the IFSP</td>
<td>Teacher or SLP depending on goals and needs</td>
<td>NA</td>
</tr>
</tbody>
</table>

Shaded areas - those placements to be considered when IFSP written by Eval Team.

Please refer to ECSE service guidelines, or ECSE Inclusive Services on the web for additional details in completing IFSPs.
<table>
<thead>
<tr>
<th><strong>Class Components</strong></th>
<th><strong>SAIL</strong></th>
<th><strong>Intensive</strong></th>
<th><strong>Social Communication</strong></th>
<th><strong>ECSE Preschool Class</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Students/ratio</td>
<td>1:1 + Social Comm. Class for Mid. Level Students</td>
<td>2:1 (6 students with 2 IAs)</td>
<td>3:1 (8-9 students with 2 IAs)</td>
<td>3:1 or 4:1 8-12 students with 2 IAs</td>
</tr>
<tr>
<td>Days per week</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Large Group Activities</td>
<td>Small class size 1:1 student to teacher ratio. Large group activities are structured and routine (same tasks done over a longer period of time)</td>
<td>Small class size 2:1 student to teacher ratio. Large group activities are structured and routine</td>
<td>Limited class size 3:1 student to teacher ratio. Large group activities focus on social interactions.</td>
<td>Larger class size. Large group activities vary day-to-day</td>
</tr>
<tr>
<td>Small Group Activities</td>
<td>Small group activities are structured and more adult-directed with specific targets for generalization of skills</td>
<td>Small group activities are structured. Activities are used to teach new, generalize learned, and practice skills needed for independence in routines</td>
<td>Small group activities are structured to maximize opportunities for social exchanges with adult facilitation.</td>
<td>Much instruction provided in small groups with differentiated instruction, some students can learn new skills from a small group</td>
</tr>
<tr>
<td>Routine Based Instruction</td>
<td>Skills learned in 1:1 teaching are generalized into functional routines. Prompting and fading are used to increase student independence within routines.</td>
<td>Student skills are assessed during daily routines to determine needed instruction for small group or 1:1 sessions.</td>
<td>Specific social communication skills are taught throughout all activities.</td>
<td>Specific skills are taught throughout the day during routines and incidental teaching opportunities</td>
</tr>
<tr>
<td>Play Based Instruction</td>
<td>Structured generalization of skills learned in DT/PRT within play times.</td>
<td>Student skills are assessed during play based learning to determine needed instruction during small group or 1:1 sessions.</td>
<td>Specific social skills are taught throughout the day during play activities</td>
<td>Specific skills are taught throughout the day during play activities</td>
</tr>
<tr>
<td>1:1 instruction (DT/PRT or structured learning)</td>
<td>More intensive instruction, Students receive 2 DT sessions and 1 PRT session daily 1:1</td>
<td>Some intensive instruction, students receive 1 DT or structured learning session to address specifically targeted skills within routines or other activities (ex: arrival or departure, PECS, safety, etc.,), and 1PRT session and some sessions may be grouped instead of 1:1</td>
<td>All instruction includes peers.</td>
<td>Determined on an individual basis for specific skills or assessment of skills</td>
</tr>
<tr>
<td>Time for 1:1 instruction</td>
<td>Goal is 15-20 min. sessions</td>
<td>Goal is 10 min. sessions</td>
<td>All instruction provided with peers.</td>
<td>If needed, scheduled 1 session of 7 to 10 minutes.</td>
</tr>
<tr>
<td>Schedules</td>
<td>Students have individual visual schedules used throughout the day</td>
<td>Students have individual visual schedules used throughout the day</td>
<td>Whole class schedules. Individual schedules to be used for specific child needs.</td>
<td>Whole class schedules and individual schedules used for specific students if needed.</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Visual Supports</td>
<td>Wide variety of visuals incorporated in instruction and routines throughout the day. Includes classroom based and student specific visuals.</td>
<td>Wide variety of visuals incorporated in instruction and routines throughout the day. Includes classroom based and student specific visuals.</td>
<td>Wide variety of visuals incorporated in instruction and routines throughout the day. Includes classroom based and student specific visuals.</td>
<td>Wide variety of visuals incorporated in instruction and routines throughout the day. Includes classroom based and student specific visuals.</td>
</tr>
<tr>
<td>Assessment</td>
<td>- STAR Learning Profile - Daily data collection - AEPS</td>
<td>- STAR Learning Profile - Routines as basis for identifying instruction - Daily data collection - AEPS</td>
<td>- Probes based on IFSP Criteria - Formative Classroom Assessments - AEPS</td>
<td>- Probes based on IFSP criteria - Formative Classroom Assessments - AEPS</td>
</tr>
<tr>
<td>Environmental Arrangement</td>
<td>- Primarily adult directed activities. - Clearly defined classroom areas: 1:1 learning, Small/large group, and Play areas - Transition area (for visual schedules) - Play area - Self-regulation area - limited distractions in whole classroom</td>
<td>- Designed to be a combination of adult and child directed activities. Clearly defined classroom areas: 1:1 learning, Small/large group, and Play areas - Self-regulation area (break area/calming station) - limited distractions in 1:1 learning space recommend that this be the same as SAIL</td>
<td>- Designed to be child directed - Clearly defined classroom areas: Small/large group and Play areas - self-regulation area (break area/calming station)</td>
<td>- Designed to be child directed - Clearly defined classroom areas: Small/large group and Play areas - self-regulation area (break area/calming station)</td>
</tr>
<tr>
<td>Learning Style</td>
<td>SAIL</td>
<td>Intensive</td>
<td>Social Communication</td>
<td>ECSE Preschool</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>-----------</td>
<td>----------------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| Learning Style | - Students primarily learn new skills through 1:1 instruction that is structured (ABA format)  
- Specific instruction is required to generalize skills learned in 1:1 sessions to both small/large group activities or routines  
- Students need supports to participate in group activities/instruction  
- Students primarily learn through highly structured, predictable routines  
- Reinforcement tends to be on primary, 1:1 basis for discrete skills  
- Primarily dependent on individual visual systems to complete tasks in daily routines | - Students learn new skills through both direct instruction (1:1) and small group  
- Skills for 1:1 instruction are determined by functional routines and what skill student needs to be more independent within that routine (1:1 instruction would still be presented in structured (ABA) format)  
- Students need some support to participate in large group activities/instruction  
- Reinforcement is provided on a primary, 1:1 basis for adult directed activities. Intermittent reinforcement for small group activities | - Students learn new social skills with facilitated adult support  
- Students observe, imitate and learn from peers with support. | - Students learn new skills from small or large group activities/instruction with minimal supports  
- Students imitate and learn from peers  
- Students learn new skills from incidental teaching.  
- Primarily intermittent, social reinforcement |
**ECSE Page**

**Supplemental services, adaptation and accommodations**

**IFSP / ECSE * critical elements**

This form is for ECSE IFSPs only.

*1) If there are any supplemental services and/or modifications or support for program personnel listed, all boxes are completed, “Who will pay?” and “Who will do?” are answered, and start/stop dates are correct.

*2) A Yes or No box is checked for questions 1-7.

**Supplementary services, adaptations and/or accommodations** are aids, services, and other supports that are necessary for the child to:

- Advance appropriately toward annual goals
- Participate in appropriate extracurricular and nonacademic activities
- Be educated and participate with other children

Note: These are services or accommodations to the child, not to staff or family.

**Examples:**

1. **Instructional Assistance** (Provided by an IA) to support a student receiving services in a community preschool who requires individual support to access this educational opportunity
   - **Service:** Instructional Assistance (*not* “Assistant”)
   - **How often:** specific times or activities
     - “Two hours 2x/wk to support [transitions, participation in group activities, etc.]”
     - “Available during daily instruction in supported classroom”
   - **Location:** placement (e.g., Head Start, Community Preschool, or child care)
     - **Note:** *do not list specific location name (e.g., Happy Heart Child Care); this would necessitate revising the IFSP should the family select a different facility during the year*
   - **Provider:** ECSE Staff
• **Who will do this?:** ECSE Staff
• **Who will pay?:** EI/ECSE Program
• **Start date:** Projected start date of service
• **Stop date:**
  o One day less than date of annual IFSP
  - or -
  o The setting’s last school day of kindergarten transition year

2. **Augmentative communication device** (e.g., visual schedules designed specifically for child, technical devices, PECS system)
  • **Service:** visual schedule, PECS system, device, etc.
  • **How often:** specify when used
    o “Throughout school day”
    o “At snack time”
  • **Location:** placement (e.g., ECSE classroom, Head Start, Community Preschool, or child care)
  • **Provider:** ECSE Staff name
  • **Who will do this?:** ECSE Staff
  • **Who will pay?:** EI/ECSE Program
  • **Start date:** Projected start date of service
  • **Stop date:**
    o One day less than date of annual IFSP
    - or -
    o Last day of ECSE program for kindergarten transition year

**Equipment** (hearing aids, helmet, motor equipment such as a walker, sensory items, etc.)
  • **Service:** Hearing aid
  • **How often:** throughout school day
  • **Location:** placement (e.g., ECSE classroom, Head Start, Community Preschool, or Child care)
  • **Provider:** ECSE Staff
  • **Who will do this?:** ECSE Staff
  • **Who will pay?:** Family
  • **Start date:** Projected start date of service
  • **Stop date:**
    o One day less than date of annual IFSP
    - or –
    o Last day of ECSE program for kindergarten transition year

3. **Behavior Support Plan**
  • **Service:** Behavior support plan
  • **How often:** Throughout school day
  • **Location:** placement (e.g., ECSE classroom, Head Start, Community Preschool, or child care)
  • **Provider:** ECSE Staff
  • **Who will do this?:** ECSE Staff
• **Who will pay?:** EI/ECSE Program  
• **Start date:** Projected start date of service  
• **Stop date:**  
  o One day less than date of annual IFSP  
    - or –  
  o Last day of ECSE program for kindergarten transition year

4. **Additional Assessments** (e.g., augmentative communication evaluation, sensory profile, etc.)  
   **Note:** do not list any evaluation which always requires parental consent (i.e., psychological or behavioral measures) or which will be used to determine eligibility.  
   • **Service:** AC/AT evaluation  
   • **How often:** once per year  
   • **Location:** in classroom and home  
   • **Provider:** list AC/AT specialist  
   • **Who will do this?:** AC/AT evaluation  
   • **Who will pay?:** EI/ECSE program  
   • **Start date:** Date of the IFSP meeting  
   • **Stop date:**  
     o One day less than date of annual IFSP  
       - or –  
     o Last day of ECSE program for kindergarten transition year

5. **Interpreter**  
   • **Service:** (Specific language) Interpreter  
   • **How often:** Throughout school day. 2 x/wk, 2 hours  
   • **Location:** placement (e.g., ECSE classroom, Head Start, Community Preschool, or child care)  
   • **Provider:** Interpreter  
   • **Who will do this?:** Interpreter  
   • **Who will pay?:** EI/ECSE Program  
   • **Start date:** Projected start date of service  
   • **Stop date:**  
     o At conclusion of 6 class sessions, or whatever period IFSP team deems necessary to acclimate child to routines and directions of classroom.

**Modifications or support for program personnel** are services provided to the ECSE staff that are necessary for the child to:  
• Advance appropriately toward annual goals  
• Participate in appropriate extracurricular and nonacademic activities  
• Be educated and participate with other children
Examples:

1. Augmentative Device training and consultation
   - **Service:** AC/AT Consultation
   - **How often:** hours per year
   - **Location:** classroom, meetings, provider space, phone
   - **Provider:** list AC/AT specialist
   - **Who will do this?:** AC/AT specialist
   - **Who will pay?:** EI/ECSE Program
   - **Start date:** Projected start date of service
   - **Stop date:**
     - One day less than date of annual IFSP
     - or -
     - Last day of ECSE program for kindergarten transition year

2. Behavior Support Plan consultation
   - **Service:** Consultation to support implementation of behavior plan
   - **How often:** number of hours per year, e.g. (2 hr/yr) or visits (20 min. 4x/yr)
   - **Location:** classroom, home, etc.
   - **Provider:** ECSE School Psychologist
   - **Who will do this?:** ECSE School Psychologist or Behavior Specialist
   - **Who will pay?:** EI/ECSE Program
   - **Start date:** Projected start date of service
   - **Stop date:**
     - One day less than date of annual IFSP
     - or -
     - Last day of ECSE program for kindergarten transition year

The IFSP team must consider whether any of the following factors may be present and adversely impact the child’s ability to access his or her educational opportunity:

- Behavior
- Visual impairment
- A need for assistive technology
- Limited English proficiency (child or family)
- Communication needs
- Hearing impairment
- Need for EYS (Extended Year Services)

**Note:** If any of these factors are present, the need must be addressed in the IFSP goals, services, accommodations, or modifications.
Examples:

1. **Behavior:**
   If the child has any behavior that affects his/her learning or the learning of others, this box should be checked “Yes” and it should be addressed in the IFSP. This is generally addressed via the goals, or may also include specialized documents or services, such as a behavior support plan, functional behavior assessment, or modifications and supports to address behavior in the classroom. This can also apply when the child is very distractible and present levels of performance suggest he currently attends to instruction for periods of less than 2 minutes. For example, after checking the “Yes” box, the team writes a goal to address the behavior (e.g., “will increase the length of time attending to instruction to 5 minutes) or selects an accommodation (e.g., “sits in front of teacher at circle” or “uses a fidget during circle”).

2. **Limited English Proficiency:**
   The family speaks Arabic and the child has minimal exposure to English at home. The box is checked “yes” and the team lists “Interpreter for meetings and communications with families” under MODIFICATIONS OR SUPPORT FOR PROGRAM PERSONNEL.

3. **Extended year services**
   EYS must be considered for all children. This is determined based on data that indicate the child exhibits regression and recoupment delays beyond what is typical, and this would impede the child’s ability to make adequate progress toward his goals.
   
   **Note:** For initial IFSPs, the usual answer is “Maybe,” since no data are available yet. Answering “Maybe” requires the team to reconsider EYS at a later date once these data have been collected.
   
   See EYS section for further guidance.

OAR 581-015-2820; OAR 581-015-2855
1) These five positions need to be at all IFSPs. A single person can be listed multiple times for various positions:
   a) Subcontractor Representative
   b) Parent
   c) EI/ECSE Specialist
   d) Service Coordinator
   e) Evaluator

2) The names listed on the meeting notice need to be listed on the signature page of the IFSP ECSE: If a team member does not attend, a completed Written Agreements page excusing their absence must be completed.

3) Parents sign the TOP set of lines for EI IFSPs. They sign the BOTTOM set of lines for ECSE IFSPs. They sign BOTH sets if it is an EI/ECSE transition IFSP.

Participant names are listed according to the role(s) they perform at the meeting.

**EI:** By signing the EI IFSP, parents are offering consent to provide services. Parents must sign at each meeting for services to continue.

**ECSE:** Parents are asked to sign if present to document their participation. Parents are **not required to sign the IFSP for Early Childhood Special Education services to be implemented**, as long as the Prior Notice and Consent for Provision for Initial Provision of Special Ed. has been signed. No other signatures are needed.

- Subcontractor Representative (**person designated to authorize services**):
  - Principal or Special Education Coordinator, if in attendance

- or -
○ Service Coordinator or designated EI/ECSE licensed or classified-licensed staff (i.e., Early Childhood Education Specialist, Speech Language Pathologist, Occupational Therapist, Physical Therapist or School Psychologist)

_Note: Regional Service Providers (e.g., Autism Specialist, Deaf/Hard-of-Hearing Specialist, etc.) may not serve as subcontractor representative_

● Parent(s)
  ○ Parent
    - or -
  ○ Guardian (e.g., grandparent with whom child resides, foster parent, etc.)
      _Note: DHS Case workers may not serve as Parent_

● EI/ECSE Specialist
  ○ Service coordinator
    - or -
  ○ Primary EI/ECSE service provider

● Service Coordinator

● School District Representative (_required the year prior to kindergarten_)

● Evaluator (_professional who can interpret evaluation data_)

● Community Preschool Teacher or child care provider (_if child is attending a community setting_)

OAR 581-015-2825
Present Levels of Development

Developmental Information

This form should be completed in its entirety.

It is required to have something filled in for all areas listed under “Can Do” and “Needs to Learn”.

Child’s strengths and interests:
- Strengths and interests may be reported by family, staff, or others
- Include skills from evaluation or assessment data
- Must be updated annually

How child’s disability affects participation in appropriate activities:
- Specific to child
- Include deficits from evaluation or assessment data, parent priorities, etc.
- Must be updated annually

Examples:
- Child’s effort to engage other children in play consists of hitting and pushing. This behavior causes children to move away from him and avoid interactions.
- Child does not respond to his name or directions, which limits her participation in the preschool curriculum.

Information Considered:
- Check all boxes
- Provide date of most recent evaluation

Health Status per Health Review form on ecWeb – to be updated annually.
- Medical diagnoses
- Allergies
- Medications
- Dietary restrictions
Hearing Status:
- Review annually.
- History of hearing concerns, including ear infections, PE tubes, hearing aids, implants, etc.
- List dates and results of recent screening or evaluations

Vision Status:
- Review annually.
- History of vision concerns
- List dates and results of most recent vision screening.

**Developmental Areas** “Present Levels of Development”

**Can Do:**
- Should be updated annually
- List child’s abilities in the specific domain.
  - or -
- If there are no concerns in domain, write “within typical limits”

**Needs to Learn:**
- Skills the child needs to learn which are:
  - Functional
  - Developmentally appropriate
  - Prioritized

  **Note:** For every skill listed under “Needs to Learn” there must be a corresponding goal. Goals may combine more than one “Needs to learn” area.

<table>
<thead>
<tr>
<th>Developmental Areas</th>
<th>Can Do</th>
<th>Needs to Learn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Knows 3 colors, rote counts to 3, sorts cars and fish</td>
<td>Participate in teacher directed activities including preschool concepts and attributes</td>
</tr>
<tr>
<td>Adaptive</td>
<td>Within typical limits</td>
<td>No IFSP goals needed in this area.</td>
</tr>
<tr>
<td>Social or Emotional</td>
<td>Within typical limits</td>
<td>No IFSP goals needed in this area.</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>Within typical limits</td>
<td>No IFSP goals needed in this area.</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>Within typical limits</td>
<td>No IFSP goals needed in this area.</td>
</tr>
<tr>
<td>Receptive Communication</td>
<td>Follows simple, routine one step directions.</td>
<td>Follow 2 step routine directions and one step novel directions in preschool setting.</td>
</tr>
<tr>
<td>Expressive Communication</td>
<td>Uses 2 word phrases to make requests.</td>
<td>Increase language to 3 to 4 word phrases to comment, ask and answer questions, and protest.</td>
</tr>
</tbody>
</table>

OAR 581-015-2815 (3)(a)
Goals & Objectives

Long Term Goals
- Derive the long term goal from the present levels of development ("Needs to Learn")
- Developmentally appropriate and functional
- Observable and measurable
- Achievable within designated period listed on IFSP

Short Term Objectives:
- Intermediate steps between the present level of educational performance and the annual goals.
- Mastery of specific skills required to achieve long-term goal.

Criteria:
- How to determine if the goal has been met
  ○ Percentage of mastery (e.g., "4/5 successful trials," "80% intelligible," etc.)
  ○ Duration child is successful with target skill
  ○ Frequency of performing target skill
- Include multiple data collection opportunities (e.g., "3 out of 4 opportunities over at least 2 consecutive sessions")

Evaluation Procedures
- How progress is measured
  ○ Monthly or other specific data collection period by provider
  ○ Observations
  ○ Artifacts (examples of child’s work)
  ○ Curriculum-based assessment
  ○ Language samples
  ○ Staff or parent reports

OAR 581-015-2810 (3)(b)(A-B)
**Functional Routines**

This page is used for routine based goals that encompass multiple domains.

For example: an arrival routine that targets greetings (social/communication), name identification (cognitive), removal of coat/backpack (adaptive/motor), and following directions (receptive communication/behavior/adaptive).

**An example for attending to group activities:**

**Needs to learn:**
- Attending, active participation, responding to one step directions, responding to questions, requesting turn/help, commenting

**Goals and Objectives**

**Long Term Goal**
Sam will participate in large group activities to completion with not more than 2 visual prompts/reminders.

**Short Term Objective**
1. Stay with large group for 5 minutes
2. Imitate actions of teacher/peers 3 times within 5 minutes
3. Respond to 2, one-step directions during group activity
4. Reply to 2 questions related to group activity
5. Request turn/help before receiving turn/help 1 times during 5 minutes
6. Spontaneous label or use simple phrase to comment on item or activity 1 time within group activity

**Criteria**
Demonstrate 2 of 6 skills during 5 minute observation, 3 times over one month

**Evaluation Procedure**
Observation and data collection, probes monthly

**Another example utilizing specific skill areas:**

**Needs to learn:**
- Greetings, name identification, managing clothing and backpack and transition to next activity

**Goals and Objectives**

**Long Term Goal**
Sam will independently manage all aspects of arrival routine.

**Short Term Objective**
1. Initiate and respond to greetings with adults and peers
2. Remove backpack and coat
3. Recognize name on cubby with rotating location of name
4. Place personal items in appropriate cubby (with name)
5. Select center and begin play

**Criteria**
100% over 2 consecutive class sessions across 3 weeks.

**Evaluation Procedure**
Observation and data collection.

OAR 581-015-2815(3)(b)(A)
**IFSP – Transition Page**

This page outlines what steps will be taken and when during two transitions. It only needs to be filled for the section relevant to the child’s age class.

1) For EI children:
   - check all boxes on every IFSP (i.e., initial, annual, 6-month review)
   - No later than 90 days prior to the child’s 3rd birthday, specific transition steps must be listed

(See EI to ECSE Eligibility Transition Process for more information.)

2) For ECSE children:
   - IFSP written in kindergarten transition year must list specific steps needed to support transition.
   - Consider need for further evaluation to determine categorical eligibility.

(See Kindergarten Transition year Guidelines page for more information.)
Kindergarten Transition Year Guidelines

All Receiving School Districts:

- ECSE service coordinators:
  - Invite a district representative to all IFSP meetings occurring after September 1st of the transition year prior to kindergarten. This must be documented on Prior Notice of Meeting.
  - Prior to the kindergarten transition year, if ECSE staff suspect a child may have a categorical eligibility and the child is currently identified as having a DD, then the ECSE program is obligated to complete an evaluation to consider other areas of disability. Because many of these evaluations require the participation of the school psychologist, please see your coordinator to generate this referral.
  - If ECSE does not suspect any other categorical eligibility, then it is important to hold evaluation planning meetings with the district early in the year so that evaluation for categorical eligibility may be completed. In these cases, it is the school district’s responsibility to complete the evaluation. (Please be sure to check the contact log and/or with the school psych to determine if an evaluation for categorical eligibility may already be in process.)
  - When reasonable to do so, combine IFSP and IEP meetings. This would need to be coordinated with district staff in advance of the meeting.
  - Prepare “Kindergarten Transition Summary” for each child
  - Present summaries and additional information to district staff at the “Transition Review Meeting”. These are meetings held between December and February for children transitioning in the upcoming September. These meetings include ECSE service providers and district specialists to review the entire caseload of kindergarten transitioning children in summary fashion. Coordinators will arrange these dates with each school district. This DOES NOT replace the need for individual kindergarten transition meetings.
  - “Kindergarten Transition” meetings are required for every transitioning child. This means that a district representative must be invited to a meeting with ECSE service providers the year before a child transitions to discuss transition steps. If the district rep does not attend the meeting, ECSE has fulfilled the requirement for offering a kindergarten transition meeting and it will be up to the district to schedule an IEP meeting.
  - If the ECSE team decides to do testing for non-eligibility, ECSE staff completes evaluations, submits evaluation billing (immediately following evaluation) and writes evaluation report. Communicate results to home school and distribute.
ECSE Principals:
- Arrange "Transition Review Meetings" with receiving school districts between December and February
- Provide list of all transitioning children to the home districts
- Provide access to ecWeb records
- Exchange contact information between service coordinators and district staff

End of School (June):

- Complete:
  - ECSE paperwork
  - Medicaid billing
  - Exiting AEPS/ASQ and enter into ecWeb

- Distribute:
  - Final paperwork (annual IFSP, progress reviews, CBA summary, etc.)
  - Working files (to file clerk at ESD)
  - Raw data should be summarized either in a progress note, or in the Service Log, and then shredded. If your licensure requires something different, contact your supervisor for storage guidance of these records.

OAR 581-015-2805
Transition from ECSE to School Age Special Education Services

(a) Before a child reaches the age of eligibility for public school, the district must:
   (A) For children previously eligible with a developmental delay and suspected of having a disability under OAR 581-015-2130 through 581-015-2180, conduct an evaluation and determine eligibility for school age special education services; or
   (B) For children previously eligible in a disability category under OAR 581-015-2130 through 581-015-2180, continue the child's eligibility for school age special education services. The school district may conduct a reevaluation and reconsider eligibility for special education services.

(b) The school district and contractor or subcontractor must hold a meeting during the year before the child is eligible to enter public school:
   (A) To determine steps to support the child's transition from ECSE to public schooling or other educational setting; and
   (B) For a child eligible for school age special education services, to develop an IEP that is in effect at the beginning of the school year.
Kindergarten Transition Summary 2017

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Eligibility</th>
<th>Interpreter needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home School</th>
<th>Eligibility date:</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child’s Current Service Schedule:

<table>
<thead>
<tr>
<th>Placement Site</th>
<th>Days</th>
<th>Times</th>
<th>Service Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

Child’s Current Strengths:

Child’s Continuing Needs:

Cognitive ____________________________________________

Academic ____________________________________________

Communication ______________________________________

Adaptive ____________________________________________

Emotional/Behavioral _________________________________

Fine/Gross Motor ____________________________________

Social Skills ________________________________________

Other ______________________________________________

Assessment Questions:

Is there reason to consider other categories of disability?

If the student is DD, what information is needed to determine school age eligibility?
Ideas to Help Parents with Transition to School Age Programs

Checklist:

- Register your child at the school she/he will be attending before spring break of the transition year.
- Share your vision you have for your child with the IEP team (short and long term).
- Generate a list of strengths of the child to bring to the IEP meeting.
- Generate a list of concerns of the child to bring to the IEP meeting in the following areas:
  - Academic Skills
  - Social/Personal Skills
  - Independent Living Skills
  - Communication
  - Orientation and Mobility
  - Accessibility to School Facilities

- Discuss how communication between home and school will occur (i.e. notebook, email, phone calls, etc.)
- Schedule a time with the new teacher to meet your child at school prior to the start of the school year (i.e. this could be addressed on the IEP parent outcome page).
- Be sure all of your child’s needs are addressed on the IEP.
- Discuss extended school year (ESY) at the IEP meeting.
- Transportation: Discuss whether your child will ride the special education bus or the regular bus.
- At the IEP meeting, goals will be developed prior to the discussion of your child’s placement. Make sure placement options are considered. If you have questions, ask to find out more about the options.

Tips:

- Write a description of the kind of person who works best with your child to share with the IEP team.
- Bring a picture of your child to the IEP meeting.
- Attend kindergarten round-up.
- At the transition IEP, discuss the level of family support needed to participate effectively in the round-up (i.e. extra staff support for children if needed).
- Bring a friend or family member who is familiar with your child to the meeting to help with support (i.e., to take notes, to help clarify etc.).
- Purchase a three-ring binder in which to keep your child’s special education paperwork.
- Request and familiarize yourself with the kindergarten curriculum.
- Familiarize yourself with special education law.
- Explore the Fact Oregon website for family network resources at factoregon.org
Placement Decisions

This form is for ECSE IFSPs only. It demonstrates the discussion held by the team on the best location for service delivery for the child. If you are presenting parents with a draft of the IFSP at the meeting, each column may be pre-filled except for the final column.

1) All appropriate options should be considered, but there must be at least two placements listed and discussed at the meeting. One placement option that should be included is the child’s current/natural setting. After placement is decided upon, then the appropriate box(es) are marked “selected” and a reason is given; the other(s) should be marked “rejected.” Each box is completed with the benefits, potential harm, and the additional modifications needed.

*2) A box must be selected prior to distributing the paperwork.

*3) If “Listed Below” is checked, there must be something listed.

4) A person is listed for each role. An individual can be listed in multiple roles, and there can be multiple people listed for each role.

Placement decisions
- Are made by the IFSP team after goals are drafted and services have been agreed upon.
- Are based on the “Least Restrictive Environment” for that child to make progress toward the goals. Note: “Least Restrictive Environment (LRE)” refers to whether a child is educated to the fullest extent possible with non-disabled peers. LRE is an individual determination. NICHCY summary of LRE
- Must consider ways to help the child progress toward goals in inclusive setting (i.e., “ Modifications, aids, or services”)

<table>
<thead>
<tr>
<th>Placement options considered</th>
<th>Benefits</th>
<th>Possible harmful effects on the child and/or the services to be provided</th>
<th>Modifications, aids or services</th>
<th>Give reason why option selected or rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Preschool Classroom</td>
<td>Access to typically developing peers, access to typical preschool curriculum</td>
<td>Higher student-to-staff ratio, fewer opportunities for specialized instruction, less adult support to facilitate social interactions with peers.</td>
<td>Consultation to teacher by ECSE specialist, additional adult support provided by ECSE program, modifications to preschool curriculum so that Sam is able to complete activities with peers.</td>
<td>rejected</td>
</tr>
<tr>
<td>ECSE Preschool Classroom</td>
<td>High adult-to-student ratio to help facilitate social interactions and the learning of new routines, opportunities to practice new skills with same-age peers, practice adapting to and learning new routines.</td>
<td>Limited access to non-disabled peers, limited access to a typical preschool curriculum.</td>
<td>Individual visual schedule, designated location for calming when upset.</td>
<td>selected</td>
</tr>
</tbody>
</table>

Home setting
- This is where Sam spends most of his time, interacts with non-disabled extended and immediate family members, and completes familiar routines.
- Provides limited access to novel situations or unfamiliar routines and needs social opportunities with same-age peers to practice new skills.
- Visuals for use in the home.
- rejected

The placement is based on the IFSP and the following evaluation reports:
- [ ] Attached
- [X] Listed previously on: Sam’s NWRESDS evaluation dated 2/24/15.
- [ ] Listed below:

Name: Sample, Sam-Screen Shot  Birthdate: 03/07/12  Meeting date: 02/24/15

Team members determining placement (name and title):
Person knowledgeable about the child: Pat & Pati Sample, parents.
Person knowledgeable about evaluation data: Stella School Psychologist, MS
Person knowledgeable about placement options: Tina Teacher, MS
Parent: Pat & Pati Sample, parents.
Options considered:
- Begin by discussing the option of providing service where child currently spends most of his/her time: home, child care, community preschool, Head Start.
- List any ECSE settings that may be considered, but only list options that are actual considerations:
  - Speech Group
  - Language Class
  - ECSE Preschool
  - Intensive Preschool
  - Social Academic Intensive Learning (SAIL)

Benefits:
- Should reflect impact on individual child and related to “Needs to Learn”

Possible harmful effects:
- Reflect upon individual child and needs

Modifications, aids or services:
- Examples:
  - EA Assistance
  - Equipment
  - Consultation
  - Behavioral Consultation
  - etc.

Reason:
- Be specific about reasons and individualize for the child’s needs. List why choice would be selected or rejected. (see example above.) This reason should be correlated to the justification statement on the cover page.

Placement is based on:
- Mark one, or more, of the boxes:
  - Generally the box would be checked as Attached, or Listed Below. List whatever evaluations and/or reports were considered.

Team Members:
- List someone in each of the roles listed. Signatures are not required on this page
Prior Notice and Consent for Initial Provision of Special Education Services

Informed written consent must be given before special education services may be provided to a child who has been found eligible. After the initial ECSE IFSP has been completed, the Prior Notice and Consent for Provision of Special Education Services is presented to the parents for signature.

Also called “Prior Notice and Consent for Initial Provision of Special Education Services”

This is for ECSE children only. When signed, this form gives permission to start special education services. It is signed at initial IFSPs. It must be signed by the parent, legal guardian, or foster parent (but not caseworker).

1) On the third line of the form, the date for “these services were described” must match the IFSP date.

2) If an error is made on this form, a new form should be presented to the parent for signature. The form cannot be altered by the service coordinator.

Form is signed and dated.
IFSP Revisions  
(At a time other than the Annual Meeting)

Revision to the IFSP may occur prior to the ECSE annual review or between EI IFSP meetings (6 month and annual) for a variety of reasons:

- Examples:
  - Services are increased or changed (e.g., class 2x/wk to class 4 x/wk., additional home visits, parent/toddler group added)
  - Placement is changed (e.g., self-contained class to community)
  - Goals are added or revised
  - Modifications or accommodations (e.g., AC/AT) are added or revised
  - Transportation is added or dropped
  - Consultation is added

  **Note:** If a child fails to make expected progress toward goals, the IFSP should be revised.

First, determine if it is necessary to hold a meeting, or if a Written Agreement can be used. ODE states that a revision may be completed without a meeting if the parent and district agree that a meeting is not necessary. If a meeting is necessary, follow the procedures for setting up an IFSP meeting (invitation, agenda, meeting notes, etc.) and proceed with the meeting (in this case, a written agreement for changes to the IFSP is not needed, unless there is a need to excuse members of the IFSP team). If a meeting is not determined to be necessary, then a parent phone call and Written Agreement may be used. In either case:

**Revisions to annual IFSP**

- Follow all annual IFSP meeting procedures
  - Meeting notice and hold the team meeting,
    - or -
  - If no meeting, written agreement obtained (ECSE only)

- When changing a service, do not delete the old service, instead:
  - Change the stop date on the service that will be discontinued to the appropriate date.
  - Create a new service entry and make the appropriate changes, including the appropriate start and stop dates. This will ensure that we have a chronology of services on the current IFSP.

The following paperwork is placed in Distribution:

- Completed Distribution check sheet

If a meeting was held:

- Meeting Notice (archived)
- Meeting Minutes (archived), and everything below except for Written Agreement.

If a meeting was not held:

- Written Agreement (signed by the parent) (archived)
- An Action Notice describing the change (archived)
- Any IFSP pages that have been revised (archived)
- The cover page reflecting the date of the revision and/or service changes.

The revised IFSP is then archived.
Extended Year Services
Early Childhood Special Education

- The purpose of EYS is to minimize the loss of a child’s skills during breaks in service.
- EYS should be considered throughout the school year during all scheduled breaks.
- EYS is not a place; it is a service, provided to children who need additional instruction during scheduled breaks to maintain skills.
- EYS services are determined by the IFSP team during an IFSP meeting. A discussion of EYS can occur at the annual, six month or any other scheduled IFSP meeting.

Considerations:

EYS should be provided to children based on regression recoupment data collected throughout the school year. Use the recoupment timelines provided to determine if the child requires extended school year services to maintain previously learned skills over breaks. Regression/recoupment data should be collected on all children to determine the need for EYS services.

Additional factors to be considered when determining EYS include:
- The probability of future regression and recoupment;
- The degree of the child's impairment;
- The parent's ability to provide educational structure in the home;
- The child's rate of progress;
- The child's need for interaction with non-disabled peers;
- The child's behavioral, physical and medical needs;
- The availability of alternative resources; and
- The nature and severity of the child's disability along with other factors relevant to breaks in services

Examples:
- A parent received training from the appropriate IFSP specialist prior to the end of the school year on how to work on the skills targeted for maintenance. The parent and child work on the skill at least twice a week for 15 minutes throughout the break. The specialist checks in with the parent two times over the break (e.g., phone calls, home visits).
- A volunteer or instructional assistant works on the skills targeted for maintenance twice a week for one hour in a classroom setting. Transportation services must be provided by the school district if needed to access service.
- A SLP provides services on skills twice throughout the break in a clinic-type setting. Transportation services must be provided by the school district if needed to access service.
Note: For kindergarten age transitioning students who are entering services after spring break, the July session is to be considered as regular services and EYS paperwork does not need to be completed.

For children served in community preschools or Head Start:
Services are typically provided during summer months only when the student qualifies for Extended Year Services with some exceptions (e.g., new children entering in Spring, children transitioning from EI to ECSE in spring). For children in community child care settings that run year-round, services would follow the child’s IFSP and the EI/ECSE year round calendar.

Recoupment Timelines:

**1-2 Week Break**
Recoupment Period: 1 ½ Instructional Days

Pre-Break:
- Probe IFSP objectives and document data

Post Break:
- Probe IFSP objectives
- Highlight objectives on which the child showed significant regression
- Recheck those objectives within 2-3 days
- Star in red specific objectives which were not recouped after three-four instructional days

**3-4 Week Break**
Recoupment Period: 3 - 4 Instructional Days

Pre-Break:
- Probe IFSP objectives and document data

Post Break:
- Probe IFSP objectives
- Highlight objectives on which the child showed significant regression
- Recheck those objectives within 3-4 days
- Star in red specific objectives which were not recouped after three-four instructional days

**EYS Process**

**Step 1:** Gather data to determine need for EYS: Prior to the EYS meeting complete the EYS Planning Guide on ecweb

**Step 2:** Determine eligibility for EYS at an IFSP meeting. Complete the EYS addendum at the IFSP meeting.

**Step 3:** Complete Prior Notice of Special Education Action Form

**Step 4:** Add EYS services to the cover page of the IFSP.

*EYS eligibility and services determinations can be completed outside of an IFSP meeting using Written Agreements.*
## Extended Year Services: Planning Guide

In the following areas, indicate Yes/No/NA and include documenting information.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Does the child have IFSP goals and objectives in this area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column B</td>
<td>Does the child demonstrate severe or substantial regression in this area?</td>
</tr>
<tr>
<td>Column C</td>
<td>Does the child demonstrate a limited capacity to recoup skills in this area within a reasonable time?</td>
</tr>
<tr>
<td>Column D</td>
<td>Identify goals and objectives that require EYS (i.e. FM – Goal #1, Obj 3)</td>
</tr>
<tr>
<td>Column E</td>
<td>If no documented evidence, what are the predictability factors that there may be future regression and recoupment problems?</td>
</tr>
</tbody>
</table>

### Motor Skills
- Yes: [ ]
- No: [x]
- NA: [ ]

### Communication Skills
- Yes: [x]
- No: [ ]
- NA: [ ]

### Behavior and Social Skills
- Yes: [x]
- No: [ ]
- NA: [ ]

- **Task**: Sam will take 3 deep breaths when unable to access a preferred activity.
Extended Year Services: Individualized Family Service Plan Addendum

Section 1

1. Does the child demonstrate significant regression of previously learned skill levels on IFSP goals and objectives following a scheduled break in instruction?  
   ✔ Yes  ☐ No

2. Does the child demonstrate a limited capacity to recoup previously learned skill levels on IFSP goals and objectives within a reasonable period of instruction once a scheduled break has ended?  
   ✔ Yes  ☐ No

3. Are there predictive/other factors that may lead to significant regression of skill levels obtained on IFSP goals and objectives following a scheduled break in the regular preschool calendar?  
   ✔ Yes  ☐ No

4. Are these predictive/other factors likely to prevent the child from relearning (recouping) skill levels obtained on IFSP goals and objectives with a reasonable period of instruction once preschool resumes?  
   ✔ Yes  ☐ No

Section 2

1. List IFSP objective(s) that the child was unable to recoup within a reasonable period of time. Attach probe data to this form for each objective that documents significant regression and limited recoupment for each objective listed.  
   Social Goal, Obj. #2. See Behavior Plan data attached.

2. If applicable, list predictive/other factors that may likely prevent the child from relearning (recouping) skill levels obtained on IFSP goals and objectives within a reasonable period of instruction once service resumes.

Section 3

Check one:  
☐ The child does not require Extended Year Services (Complete SECTION 5)  
✔ The child requires Extended Year Services (Complete SECTION 4 and 5)

Section 4

Complete only if child requires EYS.  
Describe the Extended Year Services to be provided, including the amount and duration of service(s) to maintain current levels:  
120 min, 1 x/wk

1. Special education services  
   Specially designed instruction in ESE classroom

2. Related services/levels  
   20 min, 1 x/mo

3. Transportation arrangement (please indicate if transportation may be required)  
   None required. Parent will transport during the break.

4. Does the child have a medical protocol?  
   ☐ Yes  ☑ No  
   Will implementation of the medical protocol be required to implement the EYS program? If yes, please explain:
Prior Notice of Action

Prior Notice of EI or ECSE Action “Prior Written Notice”

Must be provided to parents whenever any new special education action is considered by the team.

Action may be:
- Proposed (e.g., IFSP team proposes SPED eligibility)
  or -
- Refused (e.g., parent requests a change in placement and the IFSP team rejects the request)

Action may be to:
- Initiate (e.g., new SPED eligibility)
  or -
- Change (e.g., increase services)

Note: “Prior Notice of EI/ECSE Action” must be provided “within a reasonable time period, before taking any action with regard to a child’s identification, placement, individualized family service plan, or provision of a free, appropriate public education FAPE” (ECSE).

- Must be in easily understandable language
- Must be in the parent’s native language “unless clearly not feasible to do so.”

Note: “If the native language or other mode of communication of the parent is not a written language,” the Action Notice must be interpreted orally so family can understand the content.

A Prior Notice of Action is required when:
- Team changes:
  - Eligibility
  - Placement
  - Goals
  - Services
- Team considers parent request(s) at an IFSP meeting and either
  - Refuses
    - or-
  - Agrees to the request
- Parent revokes consent for ECSE services (see specific REVOCATION example and Making a File Inactive)
- Parent refuses to sign permission to evaluate
- Child fails to regularly access services (e.g., does not attend, no-show, etc. – see Making a File Inactive)
- EI family decides to no longer access services
- Family leaves the area for more than two weeks, but will be returning
- Family moves outside of the United States or US territories

A Prior Notice of Action is NOT required when:
- A child’s classroom, teacher, or location changes, unless the “Placement” is changed (e.g., from a self-contained class to a community preschool)
- Family moves within US and US territories
- Child transitions to kindergarten
Prior Notice of Action Form

- List the specific action considered
- Check either “proposed” or “refused” AND “either “initiate” or “change.”
- Check which aspect(s) of the child’s early intervention or special education is addressed
  - Identification
  - Placement (other than initial placement)
  - Provision of appropriate early intervention services (Birth to 3)
  - Provision of a free, appropriate public education (3 to K)
  - IFSP
- Indicate reason team is proposing action
- List evaluation information used to determine action
  - Reports
  - Records
  - Tests
  - Observations
- List any other options considered
  Note: only options the team actually considered should be listed; if no other options were considered, write “none.”
- Give reasons why the team rejected other options that were considered
- List any other factors the team considered in deciding upon this action
- Sign form
- ARCHIVE and label

SEE EXAMPLES THAT FOLLOW
Examples

Please Note: Action forms should be specific to the child and the circumstances

Eligibility change:

Eligibility changed from Developmentally Delayed to Communication Disorder. In this case, an explanation of how the identification has changed would be necessary.

NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT
Early Intervention/Early Childhood Special Education

Prior Notice of Early Intervention or Early Childhood Special Education Action

Dear Fred & Fanny Family,

This notice informs you of the following action:

Sam’s special education eligibility has changed from developmentally delayed to communication disorder

which is a [ ] proposal or [ ] refusal to [ ] initiate or [ ] change

the following aspect of Sam-Screen Shot Sample’s early intervention or special education:

☑ Identification
   ☐ Placement (other than initial placement)
   ☐ Provision of appropriate early intervention services (birth to 3)
   ☐ Provision of a free, appropriate public education (3 to K)
   ☐ IFSP

The team is proposing this action because:

Results of recent testing indicates that Sam now meets criteria for communication disorder eligibility.

The action is based on the following evaluation procedures, tests, records, or reports:

Review of multidisciplinary team report dated 2/10/15
Teacher observations
Parent report
Progress review of IFSP dated 6/9/15
Speech language evaluation dated 7/28/15

Other options we considered were:

Continue to provide services under the eligibility of developmental delay.

We rejected these options because:

The IFSP team believed that communication disorder eligibility was a more appropriate eligibility to describe Sam’s skills.

Any other factors considered by the team:

Sam will be going to kindergarten in 2017. Communication disorder eligibility is a categorical eligibility which is recognized in school age programs.

Sincerely,

Poppy Principal, Tualatin Early Childhood Center, 19500 SW 90th Ct., Tualatin, OR 97082

Parents of a child with a disability have protection under procedural safeguards. For a copy of the Procedural Safeguards or for assistance in understanding this information you may contact Vicki Schroeder, Northwest Regional, Washington County Secretary at 1-888-986-7500 X1272. If you believe that your child or you have not received the rights due to you under the Individuals with Disabilities Education Act, you may file a written complaint with the Oregon Department of Education. Complaints must include a description of the problem(s), and the complaint’s name and contact information. Complaints are sent to the Oregon Department of Education (ODE). The ODE must investigate and send a written order within 60 days. This timeline may be extended under certain circumstances.
Placement changes:
The IFSP team changes a child’s placement from a self-contained classroom to a community preschool. The action form should provide the parent with an explanation of the changes and the reasons why the team made the change.
Services change:
The IFSP team meets and adds a service to the child’s IFSP (OT; PT; Behavioral Consultation; etc.)

Prior Notice of Early Intervention or Early Childhood Special Education Action

Dear Fred & Fanny Family,

This notice informs you of the following action:

Occupational Therapy services and goals are being added to Sam’s IFSP

which is a ☑ proposal or ☐ refusal to ☑ initiate or ☐ change

the following aspect of Sam-Screen Shot Sample’s early intervention or special education:

☐ Identification
☐ Placement (other than initial placement)
☑ Provision of appropriate early intervention services (birth to 3)
☐ Provision of a free, appropriate public education (3 to K)
☑ IFSP

The team is proposing this action because:
Sam has been attending an ECSE classroom for 6 months. He struggles with fine motor activities and avoids common preschool activities designed to improve fine motor skills. The support of an occupational therapist will benefit Sam’s acquisition of fine motor skills that are necessary for handwriting.

The action is based on the following evaluation procedures, tests, records, or reports:
IFSP progress review dated 7/2/15

Other options we considered were:
To continue to provide fine motor activities and support by the ECSE teacher and educational assistants.

We rejected these options because:
Sam has demonstrated little progress in fine motor skills with current supports.

Any other factors considered by the team:
Fine motor skills are essential for handwriting. Without additional supports, Sam may not develop the skills needed to be successful in kindergarten. Sam has had good attendance to ECSE classes. He has attended 40 of 44 sessions.

Sincerely,

Poppy Principal, Tualatin Early Childhood Center, 19500 SW 90th Ct., Tualatin, OR 97062

Parents of a child with a disability have protection under procedural safeguards. For a copy of the Procedural Safeguards or for assistance in understanding this information you may contact Vicky Schroeder, Northwest Regional, Washington County Secretary at 1-888-990-7500 X1272.

If you believe that your child or you have not received the rights due to you under the Individuals with Disabilities Education Act, you may file a written complaint with the Oregon Department of Education. Complaints must include a description of the problem(s), and the complaint’s name and contact information. Complaints are sent to the Oregon Department of Education (ODE). The ODE must investigate and send a written order within 60 days. This timeline may be extended under certain circumstances.
Parent request considered at a meeting has been refused:

When a parent makes a specific request for the team to consider, such as horseback riding therapy, piano lessons, or an evaluation for a different eligibility, the team should consider the request. If consensus cannot be reached, the district representative makes the decision as to the appropriateness of the service/placement. If the parent’s request is refused, an action form must be written. The action form should reflect the discussion that took place at the meeting.
Parent request for increased services considered at a meeting has been refused:

Prior Notice of Early Intervention or Early Childhood Special Education Action

Dear Fred & Fanny Family,

This notice informs you of the following action:
PT services will not be added to Sam’s IFSP per parent request

which is a □ proposal or □ refusal to □ initiate or □ change the following aspect of Sam-Screen Shot Sample’s early intervention or special education:

- Identification
- Placement (other than initial placement)
- Provision of appropriate early intervention services (birth to 3)
- Provision of a free, appropriate public education (3 to K)
- IFSP

The team is proposing this action because:
Sam demonstrates gross motor skills within the typical developmental range and does not have difficulty accessing preschool curriculum and activities. Classroom staff have the training needed to support this skill acquisition.

The action is based on the following evaluation procedures, tests, records, or reports:
Parents requested services from a PT during IFSP review dated 7/2/15 because Sam is not yet pedaling a tricycle. Teacher explained that Sam is provided opportunities and support through preschool gross motor activities to develop these skills.

Other options we considered were:
To add PT services.

We rejected these options because:
Sam is able to access preschool activities. He currently pushes himself on a tricycle and will pedal with adult physical assistance. The classroom staff has the appropriate training to support this skill development.

Any other factors considered by the team:
Sam has had inconsistent attendance since January attending 22 of 38 classes due to illness. If new information arises that indicate a significant medical condition, this request may be reconsidered by contacting Sam’s service coordinator at 555-555-5555.

Sincerely,

Poppy Principal, Tualatin Early Childhood Center, 19500 SW 90th Cl., Tualatin, OR 97062

Parents of a child with a disability have protection under procedural safeguards. For a copy of the Procedural Safeguards or for assistance in understanding this information you may contact Vicky Schroeder, Northwest Regional. Washington County Secretary at 1-888-900-7500 X1272.

If you believe that your child or you have not received the rights due to you under the Individuals with Disabilities Education Act, you may file a written complaint with the Oregon Department of Education. Complaints must include a description of the problem(s), and the complaint’s name and contact information. Complaints are sent to the Oregon Department of Education (ODE). The ODE must investigate and send a written order within 60 days. This timeline may be extended under certain circumstances.
Parent Declines or Refuses ECSE Services (Revocation of services):

Known from prior service planning, Northwest Regional Education Service District (NWRESD) can make changes in services based on the development of the student.

If a parent declines or refuses ECSE services, it is considered a revocation of services. If a parent refuses ECSE services and does not agree to re-evaluation, it is also considered a revocation of services. Please see your coordinator for guidance under these circumstances.

ARCHIVE FORM AND LABEL
Parent refuses to sign permission to evaluate or stops evaluation:

An action form would be required to discontinue an evaluation if parents request it. In this case it is a “proposal” not a “refusal”. The action form should always state what the district proposes or refuses to do, not what the family is proposing or refusing.

ARCHIVE FORM AND LABEL
Child fails to regularly access services:

Prior Notice of Early Intervention or Early Childhood Special Education Action

Dear Fred & Fanny Family,

This notice informs you of the following action:
To make Sam's file inactive.

which is a ☐ proposal or ☐ refusal to ☐ initiate or ☒ change
the following aspect of Sam-Screen Shot Sample's early intervention or special education:
☐ Identification
☐ Placement (other than initial placement)
☐ Provision of appropriate early intervention services (birth to 3)
☒ Provision of a free, appropriate public education (3 to K)
☐ IFSP

The team is proposing this action because:
Sam's IFSP indicates attendance at ECSE preschool 2 hours, 2 days per week. He has not attended the past 10 classes. A letter was sent to you on 7/10/14 indicating the IFSP would be made inactive if we had not heard from you within 10 working days. As of this date, no response has been received.

The action is based on the following evaluation procedures, tests, records, or reports:

Other options we considered were:
No other options were considered as there has been no contact with the family.

We rejected these options because:
N/A

Any other factors considered by the team:
NWRESD stands ready to provide services per Sam's IFSP. To reactivate Sam's file, please call 503-614-1446.

Sincerely,

Lori Kellogg, MS, SLP-CCC, Principal, Tualatin Early Childhood Center, 19500 SW 90th Ct., Tualatin, OR 97062

Parents of a child with a disability have protection under procedural safeguards. For a copy of the Procedural Safeguards or for assistance in understanding this information you may contact Vicky Schroeder, Northwest Regional, Washington County Secretary at 1-888-390-7500 X1272.

If you believe that your child or you have not received the rights due to you under the Individuals with Disabilities Education Act, you may file a written complaint with the Oregon Department of Education. Complaints must include a description of the problem(s), and the complaint's name and contact information. Complaints are sent to the Oregon Department of Education (ODE). The ODE must Investigate and send a written order within 60 days. This timeline may be extended under certain circumstances.
Parents request to stop services:

**SCENARIOS**

1. **PARENTS NOTIFY THAT THEY WON’T SEND FOR SUMMER SERVICES, BUT WILL RESUME IN FALL.**
   
   OKAY TO MAKE INACTIVE, BUT GUIDE TO RE-REFER TO INTAKE. KEEP WORKING FILE AT SITE

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**Prior Notice of Early Intervention or Early Childhood Special Education Action**

Dear Fred & Fanny Family,

This notice informs you of the following action:
To make Sam's file inactive during the month of July.

Which is a ☑️ proposal or ☐ refusal to ☐ initiate or ☑️ change

The following aspect of Sam-Screen Shot Sample's early intervention or special education:

☐ Identification
☐ Placement (other than initial placement)
☐ Provision of appropriate early intervention services (birth to 3)
☒ Provision of a free, appropriate public education (3 to K)
☒ IFSP

The team is proposing this action because:
Sam's parents have notified the program that Sam will be out of the country for the summer, but they plan to return in September. The file is being made inactive because Sam is not accessing services during this time period.

The action is based on the following evaluation procedures, tests, records, or reports:
Written notification from parents 6/10/15 that family would be away for the summer and would not access services.

Other options we considered were:
No other options were considered since Sam will be out of the country.

We rejected these options because:
No other options were considered since Sam will be out of the country.

Any other factors considered by the team:
Sam has had consistent attendance since beginning ECSE preschool in February, 2015. Family was provided with a packet of summer/family activities they could do while he is away. Family may reactivate Sam's IFSP by calling 503-674-1446.

Sincerely,

Poppy Principal, Tualatin Early Childhood Center, 19500 SW 90th Ct., Tualatin, OR 97062

Parents of a child with a disability have protection under procedural safeguards. For a copy of the Procedural Safeguards or for assistance in understanding this information you may contact Vicki Schroeder, Northwest Regional, Washington County Secretary at 1-888-990-7500 X1272.

If you believe that your child or you have not received the rights due to you under the Individuals with Disabilities Education Act, you may file a written complaint with the Oregon Department of Education. Complaints must include a description of the problem(s), and the complaint's name and contact information. Complaints are sent to the Oregon Department of Education (ODE). The ODE must investigate and send a written order within 60 days. This timeline may be extended under certain circumstances.

---

**ARCHIVE FORM AND LABEL**
**Progress Reviews**

**Meeting Requirements**

**EI – requires a meeting**

Paperwork to be placed in Distribution:
- Meeting Notice
- IFSP Cover Sheet with ACTUAL 6 month review meeting date
- Team Page with parent signature
- EI to ECSE Transition Page
- Progress Report (may be displayed on goal pages)
- Prior Notice of Action for any changes

**ECSE**

**No meeting required.**

Paperwork to be placed in Distribution:
- Record ACTUAL 6 month review date on cover page of ecWeb (not necessary to distribute)
- Parent letter (brief) describing what is enclosed (use form on ecWeb)
- Progress Report
- Written Agreements with parent signature for any changes
- Prior Notice of Action for any changes

**If meeting is held:**

Paperwork to be placed in Distribution:
- Meeting Notice
- IFSP Cover Sheet with ACTUAL 6 month review meeting date
- Team Page with parent signature
- Progress Report
- Written Agreements with parent signature to excuse any required participants
- Prior Notice of Action for any changes

**All forms subject to archive should be archived prior to placing the progress in Distribution.**
Progress Reviews should:

- **Have quantifiable, objective data.** Statements such as: working on; emerging; continue; in isolation, are not acceptable progress reviews. If the goal is in progress, description of quantifiable, objective data is required. If a skill is emerging, please describe the current level. Example: “Child is beginning to demonstrate commenting skills by labeling items in 2 of 4 opportunities when probed. Continue goal to increase to two word phrases including one descriptor.” Goal met is an acceptable statement on a progress review when used with the data supporting the skill attainment.

- Be related to the criteria established by the goal. For example; if the criteria states a percentage, the review of progress towards the goal should state the percentage at which the child is currently performing the targeted skill.

- Indicate whether Progress is Sufficient by checking “yes” or “no.” If progress is inadequate to meet the child’s goals, it is necessary to specify what changes will be made to assist in goal achievement.

- Changes in method and curriculum do not require an IFSP meeting. Changes in services or placement will require an IFSP meeting or the Written Agreements form signed to change the IFSP without a meeting. Be provided at a minimum of every six months for EI. For ECSE, if team agrees to provide a different progress review schedule, check “other” and describe. Example: “By the 7th month from IFSP date.” or “Quarterly.”

**Note:** Newly entered ECSE students in the kindergarten transition year should check “other” and “at exit from ECSE program.”

Go to **Goals and Objectives** under IFSP Forms and click **add** next to Progress. Add the progress information and indicate whether it is sufficient to meet the goal, or not.

If progress is insufficient, indicate what changes will be made in services, goals or placement.

Once information has been entered on the **Goal and Objectives** page, go to **Progress Report** and select the goals to display on the report and add a Summary statement (can be designated at
the beginning, or end of the report.) You will not see the progress notes you have entered until you select, “print” and a pdf version of the report is generated.

Once completed, ARCHIVE and LABEL the whole IFSP to ensure all progress reviews are stored.

Progress Report Example:

Child Progress Report
Sample 2, Template Birthdate 01/01/09

Summary
Gabriel is highly motivated to play simple turn taking games with adults. He especially enjoys playing with toy cars and rolling the ball down the slide in the gross motor room. He is able to imitate play actions during these motivating activities, as well as within favorite songs at circle time.

Cognitive goals

<table>
<thead>
<tr>
<th>What we want to happen (long term goal)</th>
<th>Criteria</th>
<th>Evaluation procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabriel will demonstrate non-verbal imitation skills.</td>
<td>3/4 opportunities</td>
<td>data collection, teacher observation, parent report</td>
</tr>
</tbody>
</table>

What the child will learn (short term objectives)

1. Will imitate three actions with toys during play. 2. Will imitate actions/gestures at circle.

Review date | Progress made toward goal (pass on the criteria and evaluation) | Is the progress sufficient to meet this goal? | If not what changes are planned?
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>07/29/14</td>
<td>Gabriel is currently imitating two actions with toys (roll ball and push car) in 3/4 opportunities. During a circle time probe, Gabriel imitated actions (clap hands and stomp feet) during a song and book activity in 2/4 opportunities.</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Pre-Distribution Checklist
(for service coordinators and distributors)

On the NWRESD staff homepage, under the Departments heading on the blue bar, hover on Birth to 5 Services and then hover and click on Processes and Forms. Click on IFSP Process, and it will give you a page of documents that explain what is required in an IFSP and will answer many of your questions. Items with a □ are “must checks”. If you don’t find a form on this web page, please check the EI/ECSE Procedures Manual for guidance.

Consents to Exchange Information and Photo
- Enter current data regarding all consents to exchange information (name and date obtained) and photo permission into ecWeb (consent tab on main page of ecWeb).

Insurance Form, Written Consent, EI
All fields at the top of the page must be completed, including IFSP date and contact person.
- Box giving/not giving consent must be checked, along with parent signature and date.

Insurance Form, Written Consent, ECSE
- All fields at the top of the page must be completed, including IFSP date and contact person.
- There MUST be a date for “Initial Written Notification of Changes”
- Box giving/not giving consent must be checked, along with parent signature/date, and interpreters if applicable.

Insurance Form, Notification, ECSE
All fields at the top of the page must be completed, including IFSP date and contact person.
- Date of notice, delivery method, and type of notice all need to be completed.

Mutual Exchanges
- There must be someone filled in. For doctors, must have address, phone number, and/or fax number. Mutual exchanges are always placed on the top whenever sending documents to a third-party. It is NOT necessary to have a Mutual Exchange with the school district.

Letters to Parents: Oftentimes service coordinators/staff will send a letter addressed to parents, especially when sending progress reports. Since they often explain what’s being sent, they go on top.

Action Forms: Included with most IFSPs. The action form will often tell you why the file is being distributed. They are required whenever there is a change made to the IFSP.
- There must be two boxes checked at the top; either proposal or refusal and either initiate or change

IFSP: Page order of the IFSP: cover, ECSE, team, development, goals, family, transition; placement (EI IFSPs do not have an ECSE page or a placement page).

Cover page:
- Make sure there is a meeting date. IFSP date is most recent IFSP. Often matches the meeting date.
- Review date for EI is auto filled to 6 months after last IFSP date. ECSE review date is blank until a date is manually entered at time of mid-year progress review. This is usually completed between the 5th and 7th month following initial IFSP date. See IFSP Process documents if you have questions.
- Annual Review Date is one day before last IFSP date. If the child is transitioning to ESCE, it is one day before third birthday; if kinder transition, then it is 09/01 of current school year.
- Check start/stop dates make sense. Start dates should rarely all be the same date as the IFSP. If you see this, check with the service coordinator for accuracy. Stop dates cannot be after Annual Review date. Some services may stop sooner. If the child is turning 3, services stop one day before 3rd birthday. If a kinder transition, service coordination stops on 09/01 of current school year.
- There is a service coordinator for the entire year. If the child is an EI to ECSE transition, there may be two lines for service coordination, the EI stopping one day before the 3rd birthdate; then ECSE starting on the child’s 3rd birthday.
- Make sure that “Who will do this?”, “Who will pay?”, and all boxes are filled in.
Transportation is an “above the line” service, meaning that it is listed under EI/ECSE services, not Other (non EI/ECSE) Services.

For EI kids – there needs to be a yes/no for natural environment question. If no, MUST be an explanation.

For ECSE kids – there MUST be a justification statement if there are any services not provided with typical peers. Explanation must be specific to that child.

Box must be checked for Review Schedule and statement how it will be reported to parents.

**ECSE page:** Make sure that all boxes are checked.

**Team page/Signature page:**
- There MUST be a name for each of these categories – subcontractor representative, parent, EI/ECSE specialist, service coordinator, evaluator (one person can be listed as multiple roles) AND anyone listed on the Team Meeting Notice. For ECSE, if there is someone missing on the signature page, then there must be an Agreements page completed for the missing team member.
- Parent must sign and date the correct line depending on the age of their child.

**Family Outcomes:** Steps related to family priorities and needed resources. Steps must include persons responsible and timelines.

**Transition:**
- For EI kids, must have all boxes checked and transition steps listed.
- For ECSE kids, must have an explanation typed.

**Placement Decision:**
- Must be something “selected” and something “rejected”. Special situations may have more than one selected, or nothing rejected.
- All boxes completed
- Team members are filled out.

**Meeting Minutes:**
- May be submitted from the “fillable” form in ecWeb and archived. Must be submitted with distribution.
- Handwritten notes may be submitted with the IFSP as they will be uploaded during the distribution process.

**Progress Report and/or CBA Summary** This goes AFTER the entire IFSP. CBA summaries are the results page for AEPS or ASQ.

**Statement of Eligibility**
- Box near bottom MUST be checked does/does not qualify.
- Box checked that copy has been sent to parents. (If this is blank, distributors may check it.)

**Prior Notice of Evaluation**
- “I give my permission...” or “I refuse permission" MUST be checked. If neither box is checked, form needs to be resigned.

**EI to ECSE Eval Planning:** Describes EI to ECSE transition plan, including who will be involved and date transition was discussed. This form should be uploaded as documentation of transition planning but not sent to the parents.

**ASD Eval Planning:** Lists steps needed in evaluation, people responsible, and timelines. This form should be uploaded as documentation of evaluation planning but not sent to the parents.

**Provision Consent (Prior Notice and Consent for Initial Provision of Special Education)**
Box giving permission is checked and form is signed. This is needed when a child starts ECSE services.

**Written Agreements** Required to excuse a team member from the meeting if listed on Team Meeting Notice and not on signature page (ECSE only), if area of expertise not being discussed, for changes outside of annual IFSP, or 60-day timeline for evaluation does not apply.
Team Meeting Notice All team members listed, includes a date and a time. Sometimes there are multiple notices included, just place them in date order (newest in front).

☐ Compare to Signature page in case Agreements page is needed for ECSE children.

The following items do not go to parents, but are uploaded during distribution.

- **Health Annual Review, Hearing and/or Vision Screening forms or checklists**
- **Procedural Safeguard Log** This goes on the LEFT side of the working file.
- **Intake packet, Hearing/Vision Checklists** These are forms used at the evaluation team. Copies are not needed for parents.
- **Family Assessment** This goes on the LEFT side of the working file.
- **EI to ECSE Transition and/or ASD Evaluation Planning forms** These forms are used of planning purposes and to document who was involved in the planning and when transition or eval was discussed.
- **Other agency reports** These are generally provided by the parent, and copies for them are not needed; however, they do need to be submitted to Distribution so that they can be uploaded to the child’s file.
- **Census Forms** These do not need to be distributed. Service coordinators are responsible for scanning and sending them to Vicky. Once confirmed that they have been sent, these documents should be shredded.
**El/ECSE Distribution Checklist**

<table>
<thead>
<tr>
<th>Child's name:</th>
<th>Birthday:</th>
<th>SSID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordinator:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Census emailed:</td>
<td>District:</td>
<td></td>
</tr>
<tr>
<td>Date of Meeting or Action:</td>
<td>Kinder Year:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please note: Paperwork will be returned to Service Coordinator without a FAX number, email or address!</th>
</tr>
</thead>
</table>

**Distribute To**

<table>
<thead>
<tr>
<th>Confidential</th>
<th>Standard</th>
<th>DHS</th>
<th>Preschool</th>
<th>Doctor</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working file (original)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s) via:</td>
<td>mail</td>
<td>email</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Beaverton**
- **Hillsboro**

Caseworker: (Name and FAX or email)

**Doctor, Health Dept, Clinic, Etc.**

- (Name and FAX or email)

**Other**

- (Name and FAX or email)

**Mutual Exchanges / Releases:**

- Insurance Form
- | | | | |

**INFO TO BE DISTRIBUTED**

- Parent Letter
- Prior Notice of Action
- Provision Consent (ECSE only)
- Written Agreements (ECSE only)
- IFSP
- OR
- IFSP Review
- IFSP cover page only (move-in temporary)
- Progress Report and/or AEPS/ASQ Summary
- Meeting Minutes
- Statement of Eligibility
- Medical Statement (EI or ECSE)
- Evaluation Report
- Prior Notice of Evaluation
- Team Meeting Notice
- Health Annual Review
- Hearing Screening (OAE)
- Screening Summary

**To Working and Confidential files only:**

- Procedural Safeguard Log
- Intake Packet, Hearing/Vison Checklists
- Eval Planning Form
- Family Assessment
- Screening Tools:
- Other agency report:
- Other agency report:

<table>
<thead>
<tr>
<th>Initials of distributor:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Special Instructions:**
IFSP Completion Instructions

• Immediately following the meeting
  o Complete Census, scan and send census form to ei-census@nwresd.k12.us
  o Submit Services Information half-sheet and immunization information to administrative assistant.
  o Update providers on the Providers tab on ecWeb.
  o Enter Insurance information and any other consents (exchanges and photo) in Consents Tab of ecWeb (main page).
  o Submit Bus Information Form to administrative assistant.
  o Note in Contact Log that meeting was held.

• Completion of IFSP paperwork is expected within 10 working days
  o Remove all previous services. Current IFSP should only list services for that plan year.
  o Finalize drafted pages. All services must have a projected start date. (Rarely would all services be listed as the day of the IFSP.) ARCHIVE draft as current IFSP on ecWeb and use drop-down for Type and provide further detail under Notes.
  o Prepare Prior Notice of Action explaining special ed. actions taken and ARCHIVE and label in Notes field. REQUIRED for initial and annual IFSPs.
  o Enter Photo/Video Release specific detail and ARCHIVE.
  o Enter AEPS or ASQ scores under the Assessments tab of ecWeb. (For initial IFSPs this will be completed following initial IFSP. Subsequent annual assessments must be completed prior to annual IFSPs and the summary presented to parents within the meeting.)
  o Review pre-distribution checklist to ensure all forms are completed and completed accurately (see page ).
  o Prepare Distribution Checklist and place on top of completed paperwork before submitting for distribution. Must be dated with service coordinator’s name listed on top. REQUIRED for all distribution.
  o Note in Contact Log that paperwork was completed and submitted for distribution.

For further information on IFSP Instructions
Please visit: http://www.ode.state.or.us/search/page/?=3154
Assessment

and

Evaluation
Introduction

Guidelines for the AEPS and ASQ Administration for Child Outcomes

revised 06-09-14

Assessment, Evaluation, and Programming System for Infants and Children (AEPS) and Ages and Stages Questionnaire (ASQ) data are used by The Oregon Department of Education to meet the child outcome federal reporting requirements for Early Intervention and Early Childhood Special Education (EI/ECSE). This practice ensures a consistent and systematic method for identifying developmental strengths, needs and goals and tracking individual child progress. The use of these tools supports best practice strategies, minimizes work, and ensures that state and federal requirements are met.

Conducting AEPS assessments and ASQ screenings

Who can conduct the AEPS?
The AEPS is designed to be used by staff who meet the user qualifications described in the AEPS Administration Guide. Information is gathered from people who work with the child on a regular basis (e.g., interventionists, direct service personnel, specialists, aides, parents) in familiar settings (e.g., home, classroom). Staff must use the AEPS forms that identify the specific items (X, Y, and Z) in order for the data to be tallied. The X, Y and Z letters correspond to each of the three child outcomes required for federal reporting. The document “Oregon’s EI/ECSE Outcome Process” (found at: http://www.ode.state.or.us/search/page/?id=2885) explains the child outcomes in greater detail.

Can a parent or caregiver help with the AEPS?
Yes, a parent or a caregiver can assist with the AEPS. Follow the assessment administration instructions described in the AEPS Administration Guide.

What domains on the AEPS must be assessed?
All domains on the AEPS must be assessed with every child regardless of the eligibility category or areas of delay. The only exception to this is children who are eligible under Communication Disorder (CD) who have articulation, fluency and/or voice only needs. These children may be given the ASQ instead of the AEPS.

What assessment do we use for children who have articulation, voice and/or fluency as their only areas of need?
Complete the age appropriate ASQ for the child on the same schedule used for AEPS administration.
When administering the ASQ, **ALL** five of the developmental domains must be scored and entered into ecWeb. Each score must be in the typical range (does not fall into the black area). If one or more areas are not in the typical range, you **MUST administer the complete AEPS instead of the ASQ** and use the AEPS to monitor progress from then on. This applies at initial eligibility and all subsequent AEPS administrations.

**Who can conduct the ASQ?**
The ASQ is a questionnaire designed to be completed by the child’s parent or other primary caregiver either independently or with the assistance of service providers.

**Where does this data get recorded?**
The data from the AEPSI and AEPSII and the ASQ are recorded on the same ecWeb database used for federal reporting at [http://ecweb.uoregon.edu](http://ecweb.uoregon.edu)

**Timelines**

**When must the AEPS or ASQ be given?**
The AEPS and ASQ must be **administered annually for every eligible child**. It should be administered no longer than 30 calendar days before or 30 days after the child’s initial eligibility date. It is then administered annually as part of the annual IFSP process no more than 30 days before the annual IFSP.

When children **exit EI or ECSE services** because they no longer qualify, are moving out of Oregon, or their parent refuses services, the AEPS or ASQ must be administered. It is also administered when a child exits for kindergarten. The assessment should be given no more than 30 calendar days before or 30 days after the exit date. Where an AEPS had been administered within 3 months, that assessment may be reviewed and updated to reflect any changes in skills and/or behaviors. Administration of the AEPS or ASQ at entry and exit is not required if a child is anticipated to receive less than 6 months of service.

When a child **transitions from EI to ECSE services**, an AEPS must be completed because he or she is exiting EI and entering ECSE. The same assessment scores can be used for exit and entry at this time unless:

- The child changes AEPS levels; from AEPSI to AEPSII (this is individually determined).
- The child only qualifies for ECSE services with CD eligibility with only articulation and/or voice and/or fluency needs. In this circumstance the ASQ will be used as the initial entry score for ECSE.
Appropriate assessment data from the AEPSI can be transferred to the AEPSII when a child exits AEPSI and an AEPSII is initiated. The appropriate assessment(s) should be given no longer than 30 calendar days before or 30 days after the exit date from EI and the initial eligibility date for ECSE.

For all children entered in ecWeb who will be going to kindergarten in the fall, be sure to administer an exit AEPS or ASQ on or before June 30th of that year and enter the score in ecWeb. If a child receives Extended Year Service (EYS) during the transition to kindergarten summer, assess the child after the completion of the extended year services and enter the data into ecWeb.

**What happens when a child moves from the AEPSI to the AEPSII?**

Use the AEPS test level that is the most appropriate for the child’s developmental level, not necessarily his or her chronological age. When the AEPS level changes for a child, provide exit scores for the child for the AEPSI and entry scores for the child for the AEPSII. Use the same level of the AEPS (AEPSI or AEPSII) for all domains. When a child exits ECSE services, make sure the exit AEPS test is the same level as the child’s entry AEPS test.

**What happens with children transitioning from EI to ECSE and their annual IFSP date?**

When a child transitions from EI to ECSE, it is an exit from EI services and an entry into ECSE services. The EI exit AEPSI scores are used as the entrance to ECSE AEPS scores unless the child is moving from AEPSI to AEPSII. In this case the AEPSI scores will be the exit from EI scores and the AEPSII scores will be the entrance to ECSE scores. Appropriate assessment data from the AEPSI can be transferred to the AEPSII when a child exits AEPSI and an AEPSII is initiated.

The child’s annual IFSP date should be changed at the EI to ECSE transition so that the AEPS administration cycle matches the annual IFSP date. This new annual IFSP date will be used to avoid extra AEPS administrations and confusing timelines.

**Documentation**

**What if a child moves to another EI/ECSE program in Oregon?**

The child’s exiting program is responsible for assuring that the most current AEPS protocol is transferred to the receiving program with other educational records. In addition, the test data entered into ecWeb (AEPS or the ASQ) will be available electronically to the new program. The date of the annual IFSP and the date of the next AEPS or ASQ will remain the same.
How should we document that parents have given permission for the administration of the AEPS or ASQ during the initial eligibility process, before they have an IFSP?

When obtaining written consent for the initial eligibility evaluation that will use the AEPS, include the AEPS as one of the assessments to be given. All domains of the AEPS must be administered.

For speech evaluations, include the ASQ on the initial eligibility consent as one of the tests being administered. If you have already administered an ASQ before the consent is signed, include the ASQ on the IFSP under the Consent for Evaluation section, “This proposal is based on the following evaluation procedures, tests, records or reports”.

Should we note that the AEPS or ASQ will be given to the child in the IFSP document so that parents are informed of the assessment?

Yes, list the AEPS or the ASQ (depending on which is the appropriate one to administer) on the IFSP coversheet under “How will parents be informed of the child’s progress?” It can also be noted on the Present Levels of Development page as “Information considered in developing the IFSP – Other, and can be an Evaluation procedure on the Goals and Objectives page.

Can parents opt out of the AEPS or ASQ?

No. Parents may not opt out or refuse the AEPS unless there are religious reasons. The program will administer the AEPS when the child is available on non-religious days. [OAR 581-021-0046 (5)]

Support

Is there a statewide or regional training plan for the ecWeb and the AEPS?

Yes. There are local trainers in every region/county. The ecWeb team will coordinate technical assistance for the state.

Who will be responsible for training new staff?

EI/ECSE area contractors are responsible for arranging AEPS and ASQ training in their areas. Follow-up training on the AEPS and the Child Outcomes system is available from ODE.

Contacts

- ecWeb website: [http://ecweb.uoregon.edu/](http://ecweb.uoregon.edu/)
- Child Outcomes web page: [http://www.ode.state.or.us/search/page/?id=2885](http://www.ode.state.or.us/search/page/?id=2885)
- Dan Smellow, ecWeb Project Director · 541-346-0819 · dsmellow@uoregon.edu
- Bruce Sheppard, ODE Outcomes Coordinator · 503-947-5612 · bruce.sheppard@state.or.us
ecWeb Assessments
Curriculum Based Assessment (CBA)
Quick Guide

- CBA (AEPS or ASQ) must be completed for all eligible children:
  - Within 30 days of initial eligibility
  - Every annual IFSP – no more than 30 days prior to IFSP date
  - Exit from EI
  - Entrance to ECSE
  - ECSE - when changing from AEPS I to AEPS II must do both (exit of AEPS I, entrance to AEPS II) at annual IFSP
  - Exit from program
  - Exit to kindergarten. Note: Assessments entered up to March 1\textsuperscript{st} of the kindergarten transition year are considered ECSE Exit assessments.

- Completed CBA data must be entered into ecWeb Assessments within 30 days of completed assessment. This may be done by scanning, or manually entering the assessment detail.

- Early Intervention
  - If Exit assessment from EI indicates that a child will remain on the AEPS I upon entry to ECSE, then this one exit assessment is also considered entrance for ECSE (only one assessment is required)
  - At exit from EI, must complete AEPS I. If a child will move to AEPS II or to an ASQ, then an entrance assessment for ECSE must be completed at the same time. \((EI\text{ assessment completed by EI service coordinator}, ECSE assessment completed by ECSE service coordinator)\)

- Early Childhood Special Education
  - Children with delays in articulation, voice, or fluency only – administer the ASQ instead of the AEPS II-however, if any area indicates delay, must switch and do the complete AEPS II.
- Once a child enters ECSE on an AEPS (I or II), they may not move to an ASQ.
- If switching from AEPS I to AEPS II, must complete both and record data from both at annual IFSP where assessments are changing. (exit AEPS I, entrance AEPS II)

- Consent for administration of the AEPS or ASQ is only needed at time of initial evaluation, before eligibility is established.

- Documentation for the AEPS/ASQ should be written on the IFSP cover sheet under “How will parents be informed of the child’s progress?”

- Printed copy of the AEPS Summary should be shared with families at the annual IFSP and distributed with annual IFSP paperwork.
  - Exit assessment must be given no more than 30 days prior to a child’s exit and not more than 30 days after exit. For transitioning kindergarten children, assessments completed after spring break will count as the exit assessment. All kindergarten children MUST have an exit assessment if they have been in the program at least 6 months.
  - ALL children must have exit assessment regardless of when the previous assessment was completed. If child’s skills have not changed, then enter a new assessment date and enter most recent scores.
  - If a child exits without notice, update ecWeb Assessments with most recent information and notate as exit assessment. Move your name under Providers to Inactive.

Q: What should I do if I’m not sure of the assessments needed?

1) Pull your service coordination list from ecWeb. Go to List and then to Edit. Add Problems and Warnings to the list and arrange your list so you can see these fields next to the eligibility and IFSP dates. This will provide a succinct way for you to manage and monitor your assessments.

2) Compare the IFSP dates to the most recent assessment. The assessment date should be within 30 days prior to the annual IFSP date.

3) If assessment data are missing, prioritize these assessments to be completed within 30 days prior to the next IFSP.

See more detailed instructions in the following

Guidelines for the AEPS and ASQ Administration for Child Outcomes revised 6/9/14
ASD Eligibility Process Initiated at Initial Eval: Steps Completed by Eval Team

An ASD evaluation would be initiated by the eval team when:

A. The child has a medical diagnosis of ASD.
B. The parents specifically mention concerns about ASD and the team concurs that ASD is a suspected disability.
C. As the evaluation progresses, the team suspects ASD may be an area of suspected disability, and the child’s reluctance to participate in the evaluation will significantly reduce the likelihood that reliable scores can be obtained.

Two or three ASD evaluation steps will be completed during the evaluation with eval team:

1. Functional Communication Assessment
   
2. One observation, either indirect or direct, depending on when and where the functional communication assessment is completed.
   
3. Second observation, if the functional communication assessment is completed in the home or second setting.

Steps Completed by Eval Team When ASD is Considered at the Initial Evaluation

1. ASD evaluation planning discussion with parents
   
   • Team, including parents, considers:
     o Child’s current skills and needs in 4 areas associated with autism (communication, social interactions, unusual responses to sensory experiences, and restricted repetitive or stereotypic patterns of behavior). Complete pre-referral checklist as needed.
     o Parental concerns and perspectives
   
   • If team determines it is appropriate to consider DD eligibility and initiate the ASD evaluation at the time of the initial evaluation, the team completes the ASD evaluation planning form (bright blue form). This form will establish responsibilities and timelines of the eval team members.
   
   • The team reviews the ASD process using the Parental Guide to ASD Evaluation when Initiated at the Eval Team.
   
   • Parental consent to evaluate for DD eligibility is obtained as well as consent to evaluate for ASD eligibility.
   
   • Obtain permission to exchange information with child’s physician as well as other medical providers using the Health consent.
   
   • Service coordinator submits Evaluation Planning form to coordinator for review and tracking. Evaluation planning form, initialed by coordinator, should be retained in the original file sent to the site.
2. Evaluation

Potential ASD evaluation steps completed at Initial Evaluation After Completing Evaluation to consider DD eligibility.

- To begin considering ASD, complete:
  - **Functional Communication Assessment**
    - In most instances, the SLP should schedule a home visit to complete the components of a functional communication assessment. In rare instances, the functional communication assessment might be completed at the time of the initial evaluation.
    - Include functional communication assessment in ASD evaluation report following ASD report instructions.
  - **Observation(s)**
    - The observation completed as part of the initial evaluation appointment should be used as the first ASD observation. A direct-interactions observation may also be done if the functional communication assessment is done in the home or second setting.
      - If the functional is done at the initial evaluation appointment - Only one observations (direct interaction observation) can be completed.
      - If the functional is done in a second setting - Two observations can be included, the indirect at the initial evaluation appointment and direct in the second setting with functional communication assessment.
    - Include information regarding all observations into the four defining areas, as appropriate, in the ecWeb ASD report. Include examples of the behaviors observed with supporting evidence.

3. Report writing and Eligibility

- Consider DD eligibility at the time of initial evaluation appointment and complete EI or ECSE evaluation report, as soon as possible.
- Enter relevant information into the ASD evaluation report as soon as possible given the site team needs to continue the ASD evaluation process.
- Attempt to participate in the ASD eligibility meeting when the site has completed the ASD evaluation, whenever schedules will allow.

4. Communicating with the Site

- To ensure the site team is aware an ASD evaluation has been initiated:
  - Include the evaluation planning form in the original file sent to the site.
  - Include the following information in the site notification email:
    - Team determined that ASD is a suspected disability and consent was obtained on (date)
    - Indicate that DD eligibility was completed and the date
    - Indicate when DD report will be completed and relevant information included in the ASD report
    - Offer to attend the eligibility meeting, when given at least two weeks notice
  - Copy the site notification email into the contact log.
5. **Complete ASD Regional Referral** as a request for assistance with ASD eligibility evaluation.

6. **After IFSP is complete and child is receiving services, IFSP site-based team completes ASD evaluation** (see [ASD Eligibility Process When Initiated by the Site-based IFSP Team - below](#))
   - IFSP site-based team completes remaining steps needed to review eligibility – Obtain **Medical Statement**, complete **File Review**, collect **Teacher Information**, collect **Family Information** and **Home Observation**, and complete **Observation 2** (if not completed by eval team),

All ASD evaluation activities will be complete by the evaluation team when a child does not meet DD eligibility criteria or the family does not want to access ECSE services. In those instances, the directions below (when ASD eval initiated by a site-based team) should be followed.
**ASD Eligibility Process When Initiated by the Site-based IFSP Team**

When a child has an eligibility other than ASD, he/she is receiving services, and the IFSP team:

A. Suspects that ASD may be a disabling condition, and/or

B. Child has been given a medical diagnosis of ASD, an ASD evaluation should be considered.

**Steps to Completing an ASD Evaluation When Initiated by the IFSP Team**

1. **Initial discussion(s)** at IFSP or team meeting (parent may or may not be involved at this level) about the need for ASD evaluation to determine eligibility. Team considers (a) child’s current skills and needs in 4 areas associated with autism (communication, social interactions, unusual responses to sensory experiences, and restricted repetitive or stereotypic patterns of behavior), completing pre-referral checklist as needed with or without parents; (b) response to intervention data to date; and (c) parental concerns and perspectives, if available.

2. **Complete ASD Regional Referral** as a request for assistance with ASD eligibility evaluation. The team should consider how the Regional ASD specialists can assist with the evaluation process (ASD specialists are not required to assist).

   - Meeting scheduled by service coordinator inviting all IFSP team members, including parents.
   - Team reviews concerns with parents related to the 4 areas associated with autism (communication, social interactions, unusual responses to sensory experiences, and restricted repetitive or stereotypic patterns of behavior), completing pre-referral checklist as needed.
   - Team completes the ASD evaluation planning form if ASD evaluation will be initiated. This form will establish responsibilities and timelines of the IFSP team members.
   - The team reviews the ASD process with the parents using the *Parental Guide to ASD Evaluation*
   - Review parental consent to evaluate for ASD eligibility and ask for parent signature
   - Obtain release of information for medical records if child has a medical ASD diagnosis or other medical conditions the team should consider in the eligibility decision
   - Obtain medical records. In some instance assessment activities done during the medical evaluation can be used in determining an educational ASD eligibility
   - Service coordinator distributes evaluation planning form to teammates
   - Service coordinator submits Evaluation Planning form to coordinator for review and tracking.

4. **Notify team that parental consent has been obtained**

5. **Obtain Health and Medical Statement from child’s physician**

6. **Complete five groups of activities as detailed on the evaluation planning form and planning checklist.**
   - **File review** - A review of existing information. Consider any outside evaluations (including medical) that have been completed by community partners to determine if any of that information may be used as a component for the educational evaluation. We do not have to replicate evaluation components completed within the last year.
b. Teacher information activities

- Obtain or Complete: (a) Teacher information form, (b) teacher rating(s), (c) add information from teacher in the four defining areas in the ecWeb report, (d) email SC when information has been entered into report.

c. Family information and home observation activities

- Before the home visit, complete review of existing information. At the home visit, (a) complete parent interview, (b) complete observation #1, and (e) ask parents to complete ASD behavior rating scale(s) (e.g., ASRS). After the home visit, add information in the four defining areas into the ecWeb report and email SC when information has been entered into report.

d. Observation #2 possibly in Second Setting (e.g., classroom, park, restaurant, library, play group)

- (a) Complete observation in second setting, (b) add information in the four defining areas into the ecWeb report , (c) email SC when information has been entered into report.

e. Direct interaction observation and functional communication assessment (must be complete by SLP)

- (a) Complete direct interaction observation, (b) complete functional communication assessment, (c) include functional communication assessment information into the report on ecWeb, (d) include information from the direct observation into the four defining areas in the report, (e) email SC when information has been entered into report.

7. Service coordinator reviews and edits report

8. Service coordinator schedules and facilitates pre-eligibility meeting (optional)

9. Service coordinator schedules and facilitates eligibility and IFSP meeting, including ASD services if child is eligible. Follow normal IFSP processes, send census, and distribute.
# ASD Evaluation Planning Form and Checklist

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>DOB</th>
<th>Eval Planning Date</th>
<th>Eval Consent Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Eligibility – Eligibility Date</strong></td>
<td><strong>Annual IFSP date</strong></td>
<td><strong>Current IFSP services</strong></td>
<td><strong>SDI</strong></td>
</tr>
<tr>
<td><strong>Location of services</strong></td>
<td><strong>Service Coordinator</strong></td>
<td><strong>Interpreter needed</strong></td>
<td><strong>Language:</strong></td>
</tr>
<tr>
<td><strong>Current Regional Services</strong></td>
<td><strong>Reasons for Considering ASD eligibility</strong> (medical diagnosis, team and/or parent concerns, pre-referral checklist finding, current progress – responses to interventions)</td>
<td></td>
<td></td>
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<tr>
<td>□ HI</td>
<td>□ VI</td>
<td>□ OI</td>
<td>□ AC/AT</td>
</tr>
<tr>
<td>Regional Referral Submitted, involved in eval</td>
<td>Date submitted:</td>
<td></td>
<td></td>
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</tbody>
</table>

**Team members present for planning**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Who Can Do It</th>
<th>Who Will Do It</th>
<th>Time Needed/ Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teacher Information</td>
<td>Teacher or interview with team member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher Information (complete form or interview)</td>
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<tr>
<td>Teacher Rating</td>
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<td></td>
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<tr>
<td>2. Family Info/Home observation</td>
<td>Service Coordinator, OT, SLP or consultant</td>
<td>If needed, who will cover class:</td>
<td></td>
</tr>
<tr>
<td>File Review</td>
<td></td>
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<tr>
<td>Developmental History (from file review and interview)</td>
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<td></td>
<td></td>
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<tr>
<td>Observation (home)</td>
<td></td>
<td></td>
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<tr>
<td>ASD standardized assessment</td>
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<td></td>
<td></td>
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<tr>
<td>Parent interview</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Observation #2</td>
<td>Service Coordinator, OT, SLP or consultant</td>
<td></td>
<td></td>
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<tr>
<td>Observation #2 - Second setting</td>
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<tr>
<td>4. Observation #3 – Comm Asess</td>
<td>SLP</td>
<td></td>
<td></td>
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<tr>
<td>Observation #3 – Direct interaction Functional Communication Assessment</td>
<td></td>
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<tr>
<td>Other (list)</td>
<td>Service Coordinator, OT, SLP or consultant</td>
<td></td>
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</tbody>
</table>

**Additional Notes**

Coordinator review:
Date/Initial ______________ Recommendations _____________________________________________________________

Co-ordinated by: ____________________________  Date: ____________________________
# EI/ECSE ASD Evaluation Checklist

**Student ___________________________**  **DOB _______________________

## Evaluation Planning – Service Coordinator

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date needed</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider need for ASD evaluation, pre-referral checklist with or without family (optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional Autism referral completed before eval (optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask additional consultant to participate (optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule and facilitate evaluation planning meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain Consent for Evaluation (permission for observation, developmental history, file review, parent/staff interviews, functional communication assessment, ASD assessment [name and describe specific tool]), obtain exchange of information with physician, and offer the parent guide to ASD Eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify team when consent signed</td>
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<tr>
<td>Obtain Health and Medical Statement</td>
<td></td>
<td></td>
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<tr>
<td>Review and edit report after all sections included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule and facilitate pre-eligibility meeting (optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule and facilitate eligibility/IFSP meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scan and email evaluation billing to Vicky</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional Autism referral if child eligible and not completed previously</td>
<td></td>
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</tr>
</tbody>
</table>

## Teacher information

<table>
<thead>
<tr>
<th>Team member assigned</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date needed</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete teacher information form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete teacher rating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporate information into evaluation report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email service coordinator when complete</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Family information/Home observation #1

| Team member assigned |

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date needed</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule home visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>File review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental history (from file review and interview)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation (home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASD standardized assessment (parent rating)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporate information into evaluation report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email service coordinator when complete (if not done by SC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Observation #2 – Second setting

| Team member assigned |

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date needed</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation in second setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporate information into evaluation report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email service coordinator when complete</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Observation #3/ Functional Communication Assessment

| Team member assigned |

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date needed</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation with direct interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Communication Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporate information into evaluation report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email service coordinator when complete</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Directions for EI/ECSE ASD Evaluation Planning and Checklist

The ASD Evaluation Planning form should be completed as the IFSP team considers the need for an ASD evaluation to determine ASD eligibility. The team should:

- Complete the demographic and services information
- Enter specifics about why the evaluation is being considered
- List the team members participating in the planning and evaluation

An ASD evaluation is best conducted as a team process. The process involves several information collecting activities that fit into five groups as detailed below:

- A review of existing information (file review). Consider any outside evaluations that have been completed by community partners to determine if any of that information may be used as a component for the educational evaluation. We do not have to replicate evaluation components completed within the last year.

- Collect information from the teacher.

- Collect information from the family and observation of child in the home - (a) review information from file review, collect additional information from the parent using the parent interview form, and complete an observation in the home

- Complete 2nd observation in a second setting

- Direct interaction observation (#3) and functional communication assessment

**During the evaluation planning meeting**

- The team should identify who will complete each group of activities and note names on the form (the functional communication assessment must be completed by an SLP but all other tasks can be completed by a teacher, OT, or other specialists assisting the team)
  - If the teacher will complete the Family Info/Home observation, a team member who can cover class for the teacher should be identified
  - In some instances, one person may be called upon to complete more than one group of activities

- Add information about other tasks or additional notes as needed
  - Checklist (reverse side) is included to help the team further organized the evaluation. It includes specific tasks for the service coordinator as well as lists of tasks needed for all groups of activities (completing the checklist is optional).
    - Team members should identify when tasks need to be completed in order to meet the evaluation timeline (60 school days from date consent for evaluation was signed)
    - The date each task is completed can also be tracked on this checklist

**After the evaluation planning meeting**

- Distribute ASD Evaluation checklists to each team member participating in evaluation activities to track responsibilities
- Service coordinator submits Evaluation Planning form to coordinator for review and tracking.
## 1. Current functioning?

<table>
<thead>
<tr>
<th>Area</th>
<th>Summary of skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressive Communication</td>
<td></td>
</tr>
<tr>
<td>Receptive Communication</td>
<td></td>
</tr>
<tr>
<td>Social/Emotional</td>
<td></td>
</tr>
<tr>
<td>Play</td>
<td></td>
</tr>
<tr>
<td>Problem solving, engagement and persistence</td>
<td></td>
</tr>
<tr>
<td>Motor (gross and fine)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Description of Daily Routines, Interventions used in each Routine, and Responses to Interventions?

<table>
<thead>
<tr>
<th>Routine/Activity</th>
<th>Description of Routine</th>
<th>Interventions/Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child directed (independent play, play with others)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher directed (large group)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher directed (small group)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snack</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. What additional adaptations and/or modifications are made to support the student’s needs and what are the effects of each?

<table>
<thead>
<tr>
<th>Adaptations/Accommodations</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. What are the student’s strengths and interests?

5. How does this student best learn new tasks and skills?

6. What are your concerns for this student?

7. Does the student display any unique reactions to sensory information (light, sound, touch, movement, crowds, etc.) □ Yes □ No Please describe:

8. Does the student have any unusual or repetitive movements or behaviors? □ Yes □ No Please describe:

9. Does the student have any intense interests? □ Yes □ No Please describe:

10. Are there any family concerns that you are aware of that should be considered in planning?

11. What other information or recommendations would be relevant to educational planning?
Directions: Teacher Information Form

The teacher information form is designed to collect information from the child’s current teacher. The form can be completed by the child’s teacher or can be completed by interviewing the child’s current teacher. An electronic version of this form is available.

Question 1 – Current functioning
- Provide a summary of child’s skills in the six areas listed
- Information about additional areas can be included in Other

Question 2 – Description of Routines and Responses to Interventions
- Describe the child’s behaviors during each routine, both appropriate and challenging
  o Appropriate
    ▪ Shares
    ▪ Take turns
    ▪ Says hi
  o Challenging
    ▪ Wanders
    ▪ Pushes children
    ▪ Taken toys
- For each routine, identify any interventions (see examples below) used to encourage greater participation or independence in the routine or interventions used to support skill development and
- The responses to each intervention, for example:
  o Transitions
    ▪ Visual schedule/with assistance - Looks at card, carries to next activity, and joins group
    ▪ Hand over hand assistance - Pushes hand away, pushes away materials, leaves area)

The interventions and responses information can provide critical information to the team and care should be taken in completing this section.

Question 3- Adaptations and Modifications
- Describe any adaptations or modifications that have been made to support the child’s developmental needs and the effects of each. Examples offered below.
  o Extra time to respond to a question in circle to increase independence in answering questions
  o Sitting next to teacher during teacher/increased participation in circle activities)

Questions 4 – 11
- Answer each question carefully and provide details when possible. Each of these questions is designed to provide specific information important to developing a global picture of the child’s abilities and needs.
# Autism Observation Guide-Direct Interactions

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Observer’s Name:</th>
<th>Observation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Start Time:</td>
<td>End Time:</td>
</tr>
</tbody>
</table>

Others present during observation (classmates, parents, siblings, friends, unfamiliar adults, etc):

## Observation Log (use additional pages if needed)

Note engagement at the 1, 5, 10, 15 and 20 minute marks. More frequent data points are encouraged for greater accuracy.

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10| 11| 12| 13| 14| 15| 16| 17| 18| 19| 20|

Interaction % = Play % = No Response % = Aggressive/Negative % =

Data codes:  
- **I**: Interactive—responded, initiated or complied to peer or adult;  
- **P**: Play—involved in constructive, functional play (but not interactive with another person);  
- **NR**: No response—self stimulation, repetitive or non-functional play, passive;  
- **A**: Aggressive or negative behavior—crying, hitting, self abuse, etc.
### Direct Strategies:

- Lead the child in a play activity
- Introduce a change the child’s play/agenda
- Imitate the child’s play
- Model different facial expressions
- Hold items in sight but out of reach
- Request a turn
- Use common greetings
- Ask the child for help (with a toy, to get something, etc)
- Have a peer or sibling initiate play or provide a simple direction
- Introduce something novel into pretend play

### Observation Guidelines:

#### Verbal (expressive) communication skills:

- Labels, comments or directs attention to object/event
- Protests and/or defends possession
- Communicates needs with words
- Requests, comments, provides information
- Uses language with communicative intent
- Responds “on topic”

#### Non verbal (expressive) communication skills:

- Demonstrates joint attention and referencing
- Demonstrates pointing, waving, showing, nodding or shaking head, raising arms to be picked up, pushing objects away, eye gaze
- Indicates a choice between two items
- Hands over item to request help

#### Receptive language skills:

- Attends to voices, language and auditory stimulus in the environment
- Responds to routine and novel directions
- Responds to name when called
- Understands common labels, phrases, prepositions, and simple questions

#### Social communication skills:

- Eye contact/gaze
- Has varied facial expressions and demonstrates within context
- Shares interest with others
- Follows routines
- Demonstrates turn taking, initiating and responding to initiations from others
- Responds to contextual cues and simple questions
- Initiates and responds to greetings

#### Unconventional means of communication

- Hand guides
- Has difficulties understanding gestures and non verbal communication
- Demonstrates a delay or lack of functional language
- Repetition of sounds, words or phrases
- Echolalia and/or scripted phrases
- Unusual intonation patterns
- Self injurious behaviors
- Difficulty with topic maintenance, pronouns and communication repairs
<table>
<thead>
<tr>
<th>Communication</th>
<th>Social Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>o No functional language</td>
<td>o Limited eye contact</td>
</tr>
<tr>
<td>o Limited words to communicate wants and needs</td>
<td>o Limited joint attention and referencing</td>
</tr>
<tr>
<td>o Repetitive use of sounds, words or phrases</td>
<td>o Tolerates proximity, but does not engage in joint attention</td>
</tr>
<tr>
<td>o Echolalia</td>
<td>o Play in isolation</td>
</tr>
<tr>
<td>o Frequent gibberish or jargon</td>
<td>o Prefers objects to people</td>
</tr>
<tr>
<td>o Scripts from books/movies/tv shows</td>
<td>o Does not initiate play with others</td>
</tr>
<tr>
<td>o Lack of response to greetings</td>
<td>o Limited functional and/or pretend play</td>
</tr>
<tr>
<td>o Does not respond to name</td>
<td>o Does not imitate peers or adults in play</td>
</tr>
<tr>
<td>o Does not use pronouns</td>
<td>o Difficult to engage in simple games or classroom activities</td>
</tr>
<tr>
<td>o Struggles to follow simple directions</td>
<td>o Not attentive to social and environmental stimuli</td>
</tr>
<tr>
<td>o Difficulty generalizing (over or under) language skills</td>
<td>o Lack of stranger or danger awareness</td>
</tr>
<tr>
<td>o Gestures/hand guides</td>
<td>o Strong reactions to changes in routine or the environment</td>
</tr>
<tr>
<td>o Responds to visual strategies</td>
<td>o Aggressive or passive behavior</td>
</tr>
<tr>
<td>o Will attempt to meet own needs rather than seek assistance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unusual responses to sensory experiences</th>
<th>Patterns of behaviors, interests, and/or activities that are restricted, repetitive, or stereotypic</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Unusual response to textures</td>
<td>o Carries around objects</td>
</tr>
<tr>
<td>o Seeks or avoids particular textures</td>
<td>o Intense interest in certain toys, objects or topics</td>
</tr>
<tr>
<td>o Seeks deep pressure through physical play (jumping, bouncing, pushing against people or items)</td>
<td>o Exaggerated interest in parts of a toy (ie car wheels)</td>
</tr>
<tr>
<td>o Rocks self, lunges, and/or toe walks</td>
<td>o Lines up objects and reacts if the order is disrupted</td>
</tr>
<tr>
<td>o Self injurious behaviors (head banging, scratching)</td>
<td>o Limited variety of play activities</td>
</tr>
<tr>
<td>o Over or under sensitivity towards pain</td>
<td>o Limited follow through in imitating variance in play</td>
</tr>
<tr>
<td>o Spins self or moves in a repetitive pattern</td>
<td>o Frequent jumping and/or hand flapping</td>
</tr>
<tr>
<td>o Unusual response to noise</td>
<td>o Play with objects in restricted or repetitive way</td>
</tr>
<tr>
<td>o Covers ears</td>
<td>o Difficulty waiting for needs to be met</td>
</tr>
<tr>
<td>o Stares at or avoids light</td>
<td>o Difficulties with transitions between activities or changes in the environment</td>
</tr>
<tr>
<td>o Eye gaze is to the side of the apparent object of focus</td>
<td>o Becomes upset if a routine is not completed in a particular way</td>
</tr>
<tr>
<td>o Likes to spin or watch spinning objects</td>
<td></td>
</tr>
<tr>
<td>o Looks at objects from a very close range</td>
<td></td>
</tr>
<tr>
<td>o Smells or tastes objects</td>
<td></td>
</tr>
<tr>
<td>o Difficulty with grooming (hair and teeth brushing, hand washing, etc)</td>
<td></td>
</tr>
</tbody>
</table>
This form has three pages. The first page is to be completed using the directions below. The second page provides strategies on how to provide direct cues during the observation, as well as specific guidelines on behaviors and skills to consider in the area of communication. A direction interactions observation should be a minimum of 20 minutes.

Complete the top section of the form that provides details about the setting of the observation.

- Fill in the child’s name and the name of the person completing the observation. Provide specific information about where the observation is taking place (i.e. home, classroom, park, grocery store, etc). Also, provide information about other people present during the observation.

- Record the time that the observation begins and ends in the appropriate boxes.

- Review the four areas (communication, social interactions, unusual responses to sensory experiences and patterns of repetitive behaviors) prior to starting the formal observation.

- Review strategies for providing direct interactions with the child prior to starting the formal observation. Review communication skills (expressive, receptive, social/pragmatic, and unconventional) to be considered prior to starting the observation.

Use the observation log to describe the activities and behaviors that the child engages in during the observation. The log should record observable behaviors (e.g., points to objects, labels, reaches, hand guides, rocking, repeating vocalizations) and be inclusive of the child’s strengths and ability to function in the environment.

- Record the child’s activities during the observation. Using the Direct Strategies, Observation Guidelines, and the four areas as a reference, record how the child communicates, interacts with others, responds to sensory stimulation and engages with objects and materials in the environment. Note how the child responds to requests, changes or novelty during interactions.

- Data from this observation can/will be used as part of the functional communication assessment that is also required as part of the eligibility process.

The chart at the bottom of the page is used to measure the child’s level of functional engagement. Although only five data points are required, more frequent data points will result in increased accuracy.

- Using a timer or clock, mark the child’s level of engagement at the following minute marks: 1, 5, 10, 15 and 20 on the chart. More frequent data points are encouraged for better accuracy. Record the data point in the minute box using the following key:

  **I:** Interactive—responded, initiated or complied with peer or adult;
  **P:** Play—involves in constructive, functional play (but not interactive with another person);
  **NR:** No response—self stimulation, repetitive or non-functional play, passive;
  **A:** Aggressive or negative behavior—crying, hitting, self-abuse, etc.

Summarize the observation by noting behaviors observed or not observed across the four defining areas, as well as the child’s strengths and functional skills on the evaluation report.
Autism Observation Guide-Indirect

Child’s Name: Observer’s Name: Observation Date:
Location: Start Time: End Time:
Others present during observation (classmates, parents, siblings, friends, unfamiliar adults, etc):

Observation Log (use additional pages if needed)

Note engagement at the 1, 5, 10, 15 and 20 minute marks. More frequent data points are encouraged for greater accuracy.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|
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<td></td>
</tr>
</tbody>
</table>
Directions: Autism Observation Guide – Indirect

This form has two sides. The first side is to be completed using the directions below. The second side describes some of the behaviors that should be considered when completing an observation as part of the ASD evaluation process. This observation should be a minimum of twenty minutes.

Complete the top section of the form that provides details about the setting of the observation.

- Fill in the child’s name and the name of the person completing the observation. Provide specific information about where the observation is taking place (i.e. home, classroom, park, grocery store, etc). Also, provide information about other people present during the observation.

- Record the time that the observation begins and ends in the appropriate boxes.

- Review the four areas (communication, social interactions, unusual responses to sensory experiences and patterns of repetitive behaviors) prior to starting the formal observation.

Use the observation log to describe the activities and behaviors that the child engages in during the observation period. The log should record observable behaviors and be inclusive of the child’s strengths and ability to function in the environment.

- Record the child’s activities for twenty minutes. Using the four areas as a reference, record how the child communicates, responds and interacts with others, responds to sensory stimulation and engages with objects and materials in the environment.

- The back side of the form may be used to “check off” behaviors that are recorded in the log.

The chart at the bottom of the page is used to measure the child’s level of functional engagement. Although only five data points are required, more frequent data points will result in increased accuracy.

- Using a timer or clock, mark the child’s level of engagement at the following minute marks: 1, 5, 10, 15 and 20 on the chart. More frequent data points are encouraged for better accuracy. Record the data point in the minute box using the following key:
  
  **I**: Interactive-responded, initiated or complied to peer or adult;
  **P**: Play-involved in constructive, functional play (but not interactive with another person);
  **NR**: No response-self stimulation, repetitive or non-functional play, passive;
  **A**: Aggressive or negative behavior-crying, hitting, self-abuse, etc.

- Compute the percentage of time the child is engaging in interaction, play, non functional behavior or aggressive behavior by dividing the number of responses in each area by the total number of data points collected.

Summarize the observation by noting behaviors observed or not observed across the four defining areas, as well as the child’s strengths and functional skills on the evaluation template.
### ASD Family Information

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Birth:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

*** PLEASE USE ADDITIONAL PAPER AS NEEDED ***

#### A. FILE REVIEW:
(summarize for review with family)

<table>
<thead>
<tr>
<th>Date of File review:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent Updates:</th>
</tr>
</thead>
</table>

#### B. DEVELOPMENTAL HISTORY:
Tell me about your child as a (baby, toddler, preschooler) - Prompt discussion of physical development, communication, social, sensory, behavioral issues and history of medical diagnosis or medications.)

Tell me your child’s story. Do you have a baby book for your child?

#### C. ROUTINES:

1. What type of outings do you do with your child?

2. How does your child respond to family events such as birthday parties?

3. What is your child’s most difficult time/activity of the day? (Ask about care-giving routines such as teeth-brushing, hair-cuts etc.)

4. Describe your child’s best time/activity of the day:
D. CURRENT STRENGTHS AND AREAS OF CONCERN
1. What are your child’s strengths? How does your child best learn new tasks/skills?

2. What goals do you have for your child?

3. What are your current areas of concern?

4. What makes your child special?

E. COMMUNICATION:
1. How does your child communicate basic wants and needs?

2. How does your child communicate: pleasure or enjoyment?
   pain/fear?
   anger/frustration?

3. How does your child respond to verbal instructions/directions or gestures (point)? What other methods have been successful?

4. Does your child talk to themselves or repeat things they have heard? Examples:

5. What makes your child laugh?

F. RELATING TO PEOPLE, OBJECTS, EVENTS, AND ENVIRONMENTS:
1. How does your child play? (with you, other family members, peers?)

2. How does your child respond when familiar routines/environments are changed or interrupted?

3. How does your child relate to new events, people (strangers) or objects?

4. How does your child respond to dangerous situations (streets, electricity, fire, heat, heights, etc)?
5. What does your child enjoy doing by themselves? What are your child’s favorite toys/possessions?

G. RESPONSES TO SENSORY INFORMATION:
   1. Describe meal times with your child. Preferred and Non-preferred foods? Food types? How do they respond to new foods?

   2. How does your child respond to sound? (High pitch? Loud? Soft? Sudden?) Examples:

   3. How does your child respond to visual stimulation? (Lights? Flickering? Rapidly moving or spinning objects)

   4. Does your child have any unusual movements or habits that they do repetitively?

   5. How does your child respond to physical contact? (Hugging? Tickling? Kisses? Light or firm pressure? Do they initiate physical affection? Respond to others initiations?)

   6. How does your child respond to having dirty or sticky hands?

   7. How does your child respond to smells?

   8. Describe your child’s activity level:

   9. How does your child respond to motion? (Cars, rollercoasters, spinning, swinging, etc.)

   10. Describe your child’s sleeping habits:

   11. Does your child have clothing preferences/intolerances? (Style, fabric, tight/loose)

   12. What gives your child comfort?
H. ANY OTHER INFORMATION OR QUESTIONS?

What would a perfect day for your child look like?

Do you have any questions?

Do you need more information? (Review the parent process form again if needed. Since so much information was covered, if parents think of more information, they are welcome to call or e-mail.)
**Directions: Family Information: File Review/Dev. History/Parent Interview**

**File Review**
Prior to parent interview, review child’s file. Summarize the child’s developmental history from the file and write up on the parent interview form in the space provided. Remember to note:
- History of medical concerns/diagnosis
- Information related to the following areas:
  - physical development,
  - communication,
  - social,
  - sensory,
  - behavior.

Write down any areas where you feel more information is needed and discuss with family during the parent interview.

**Schedule Parent Interview**
Schedule interview with family in their home (allow at least 1 hour). When scheduling the interview, explain to parents that this will be a casual visit, there are no preparations needed. You will ask them to fill out a questionnaire, discuss their child and ask some questions, observe their child at home, and provide an opportunity for parents to ask any questions they might have about the evaluation process.

**Home Visit Introduction/Review of Process**
- Ask parents about their timeline, or set a timeline for the visit
- Review Parent Guide for eligibility process and answer any questions
- Staff will review developmental history information and go over file review.
- Staff member will play and observe with child while parent completes a standardized rating scale.
- Parent will talk about their child by answering some interview questions

**File Review/Dev. History**
Complete parts A, B on interview form.
Review information from file review. Ask parents for updates or corrections/changes. Do they have questions about this information?
Talk further with parents about their child’s developmental history, especially any areas from the file review that might be unclear.

**Observation**
Staff observes child, using indirect observation form, while parent completes the rating scale

**ASD Standardized Assessment**
Family will complete either the ABC or the ASRS
Explain rating scale to parents:
- Should take about 15 minutes
- Think about child during last 4 weeks
- Some items the child will developmentally not have achieved yet, just mark those items “never”, when the rating scale is scored it takes into account the child’s age.

**Parent Interview**
Complete the rest of the parent interview parts C-H.
Answer any further questions parents may have and review process again if needed.
EI to ECSE Eligibility Transition Process

This transition process is designed as a collaborative effort with components completed both by the sending EI service coordinator and the receiving ECSE service representative. This collaboration will ensure shared responsibilities while also helping each family understand the process and adapt to the transition. The responsibilities are both described below and detailed in the EI service coordinator and ECSE service representative checklists. In addition, guidelines for noting services during an EI to ECSE transition are included.

**EI SERVICE COORDINATOR**

**At ALL EI IFSPs**

- At initial and all subsequent meetings, discuss the need for the EI to ECSE transition with the family.
- Complete or review *IFSP transition page* at all Annual and 6-month IFSP reviews (check all boxes, include initial transition steps, adding more detail to steps as transition approaches).
- At all IFSP meetings plan for success in next environments

**No More Than 9 Months and at Least 90 Days Before Child’s Third Birthday**

- Review the transition process with the family, offering information about:
  - Evaluation planning (determining need to refer to ECSE and areas of suspected delay/disability)
  - Evaluation process
  - Various ECSE eligibilities
  - ECSE placement options, including the option for services to be offered in community settings
- Ask family if they had plans for child to attend community preschool and describe how services are offered in community settings
- Determine areas of suspected delay (determine need for ECSE referral)
  - Review AEPS, progress toward IFSP goals, parental concerns
  - If a team is **considering not referring a child to ECSE**, an appropriate Ages and Stages Questionnaire (ASQ) and ASQ-SE (social-emotional) *should be* completed to confirm the child is not experiencing concerning delays. There are also additional screening tools (e.g., DECA) that can offer useful information about specific areas of development when a team might be unsure (consult with EI coordinator).
    - If screening results are inconclusive, the team should consult with their larger EI team and/or the EI coordinator. When there are doubts, it is always best to evaluate.
    - When a screening is completed but child is not referred for an ECSE evaluation, the screening results should be summarized in a Screening Report.
    - The screening report should be distributed to the family and uploaded in the child’s educational record.
    - If after the screening, an evaluation is completed, the screening results should be included in the evaluation report.
    - A log entry should be added when the screening is completed and results reviewed.
  - If the **entire team**, including the parent, **agrees the child is not experiencing significant delays**, the team should consider the following two options:
    - Continue services until the child’s third birthday since services can be continued until age three based on the EI eligibility, or
    - Parents opt to discontinue EI services since they are no longer concerned.
  - If the screening results **do indicate concerns** with a referral to ECSE suggested, but the parents **decide not to have the child evaluated**, a consent for evaluation should be completed including the screening data indicating an evaluation is needed. Parents should then be asked to sign the form that they decline the evaluation.
• Develop **Transition Evaluation Plan** with family using the *Evaluation Planning and Child Summary Form* at least 90 days before child’s third birthday and no more than 9 months before child’s third birthday. Enter log after transition planning discussion.

• Review immunizations requirements with family

• Review difference in EI and ECSE equipment loan options with family, if needed

• Review **evaluation plan at a weekly EI team meeting** and recruit assistance from colleagues

• Present child at monthly site EI to ECSE transition meetings using the *Evaluation Planning and Child Summary Form* for assignment of ECSE service representative (see Monthly Transition Meeting description).

**In Preparation for ECSE Eligibility and IFSP: EI Service Coordinator**

• Obtain Consent for Evaluation including all tools/procedures to be used along with description of each tool/procedure (consent timeline – 60-school-district days).
  - EI and ECSE are considered separate programs, so a transition evaluation is considered an initial evaluation.

• Complete Health Review (including vision and hearing screening)
  - Always complete OAE or pure tone audiological screening, if communication is a concern or ASD suspected.
  - Complete OAE or pure tone screening, if hearing concerns are noted in the health review.
  - Complete and submit request for hearing screening or evaluation, if child is reluctant to participate in OAE or pure tone screening or failed a hearing screening.
  - Suggest family consult child’s pediatrician, if hearing concerns persist.
  - If vision concerns noted, suggest family consult child’s pediatrician.

• Complete exit AEPS, upload, and print AEPS summary.

• Ask family to complete the Family Assessment, both surveys A and B.

• Coordinate and complete additional developmental assessments and evaluation procedures.

• Add log entry when evaluation is complete.

• Complete ECSE evaluation results form (ecWeb) and archive.

• Complete billing form on ecWeb and archive (see billing and report writing instructions).

• Send notification of billing to ei-census email when evaluation is complete (do not wait for eligibility meeting to send billing notification) and log that email sent.

• Coordinate eligibility and initial ECSE IFSP meeting with family and ECSE representative (ECSE eligibility and IFSP must be completed before the child’s third birthday).

• Send meeting notice once date and time established
  - Consult ECSE service rep about who all should be invited from ECSE
  - Complete meeting notice and archive
  - Email invite to all EI and ECSE team members
  - Send meeting notice to family

• Keep contact log updated consistently regarding transition steps.

• Complete EI IFSP progress report (try to complete at least 1 week before transition meeting).
  - Archive EI IFSP once progress review complete.

• Once EI IFSP archived, update or transfer health/vision/hearing information from the evaluation report and transfer present levels and needs to learn information from the evaluation report to the ECSE IFSP.

• Complete eligibility form(s) (more than one eligibility might need to be considered).

• Complete EI exit action form and archive.

• When needed, remind ECSE service rep that Regional referral(s) will need to be completed.
What to Bring to Meeting and Responsibilities at Meeting: EI Service Coordinator

- Print and bring to the transition meeting
  - EI IFSP progress review
  - AEPS summary
  - Prior notice of action – exit EI
  - Procedural safeguards booklet and log
  - Evaluation Report and Evaluation Report Parent Handout
  - Eligibility form(s)

- Responsibilities at meeting
  - Review child’s IFSP progress and AEPS summary
  - Review evaluation process and results
  - Facilitate eligibility determination
  - Participate in IFSP development
  - Organize evaluation and eligibility paperwork and attach distribution checklist (mark where your documents need to be sent) and give to ECSE representative

- After meeting
  - Update contact log with date of meeting, eligibility decision, and name of ECSE Service Coordinator and that file was given the ECSE service rep.

ECSE SERVICE REPRESENTATIVE

In preparation for ECSE Eligibility and IFSP Meeting: ECSE Service Rep

- Review information about incoming child and family
- Contact EI service coordinator with questions
- Identify ECSE team members to participate in meeting and notify EI service coordinator
- ECSE service rep consults ECSE program coordinator, if there are concerns about service coordination assignment

What to Bring to Meeting and Responsibilities at Meeting: ECSE Service Rep

- Print and bring to the meeting:
  - All IFSP forms needed for initial IFSP
  - Written Agreements form, if needed
  - Provision Consent form
  - ECSE Insurance form
  - FERPA and other exchange forms (All children with hearing impairment, ask for permission to exchange with EHDI)
  - Placement ½ sheet and information about available group times and days
  - Snack/photo form
  - Additional Info form
  - Transportation form
  - Emergency form
  - Immunization form

- Responsibilities at meeting
  - Participate in eligibility determination
  - Facilitate initial ECSE IFSP development
  - Obtain signatures (IFSP participation)
  - Discuss Provision Consent for Special Education and obtain signature
  - Present Insurance form and other exchanges and obtain signatures
  - Review immunization requirements, and emergency and photo/snack form
  - Ask parents to complete Additional Info form
Complete transportation paperwork, if transportation is a needed related service
- Discuss classroom assignment, if applicable
- Complete placement half sheet
- After meeting
  - Submit immunization, placement half sheet, Additional Info form to site admin assistant
  - Make transportation arrangements, if applicable
  - Complete census form, submit with Insurance form to census email, and log census emailed
  - Complete ECSE eligibility action form and archive
  - Complete IFSP and archive
  - Organize ALL transition paperwork, including eligibility paperwork, and submit for distribution (use distribution checklist attached by EI service coordinator)
  - Submit all Regional Referrals
  - Complete ECSE initial AEPS, enter into ecWeb
At ALL EI IFSP Meetings

1. Plan for next environments at each IFSP meeting
2. Discuss need for transition at each IFSP meeting
   • Complete transition section of EI IFSP at ALL meetings (6-month and annual)
     o Check all boxes, include initial steps to transition, adding more detail as transition approaches

No More Than 9 Months and at Least 90 days Before Child’s Third Birthday
1. Review transition process in detail – Evaluation, ECSE eligibilities, family’s plans for community preschool, ECSE placement options (including community)
2. Determine suspected areas of delay – need for ECSE referral (Screening must be done, if considering not referring to ECSE)
3. Complete evaluation planning and child summary form with family
4. Review immunization requirements with family (review record from ecWeb) and differences in EI and ECSE equipment checkout policy
5. Review evaluation plan at weekly EI team meeting and recruit needed evaluation assistance
6. Present child at monthly site transition meeting for ECSE service rep., using evaluation planning form

In Preparation for ECSE Eligibility and IFSP
1. Obtain consent for evaluation (include all tools/procedures used with descriptions of each)
2. Complete Health review including hearing and vision
3. Complete follow-up hearing screenings or referrals, if needed
4. Complete EI exit AEPS and upload into ecWeb
5. Ask family to complete Family Assessments – Survey A and B
6. Coordinate and complete evaluation
7. Complete ecWeb billing form and archive, send billing notification email to census email, log email Sent
8. Complete evaluation report (make sure to attach Eval Results Parent Handout) and archive
9. Coordinate eligibility and IFSP meeting with family and ECSE rep
10. Send meeting notice to family and other team members – archive meeting notice
11. Consistently update contact log as transition steps are completed
12. Complete EI IFSP progress report and archive EI IFSP
13. Once EI IFSP archived, update or transfer health/vision/hearing information from the evaluation report and transfer present levels and needs to learn information from evaluation report to IFSP
14. Complete eligibility form(s)
15. Complete EI exit action notice and archive
16. Remind ECSE service rep of all Regional referrals needing submission

What to Bring to Meeting and Responsibilities at Meeting
1. Print and bring to the meeting
   o EI IFSP progress review
   o AEPS summary
   o Procedural Safeguards booklet and log
   o EI exit action form
   o Evaluation results form with Evaluation Results Parent Handout
   o Eligibility form(s)

2. Responsibilities at meeting
   o Review child’s EI IFSP progress and AEPS summary
   o Review evaluation process and results
   o Facilitate eligibility determination
   o Participate in ECSE IFSP development
   o Organize evaluation and eligibility paperwork and attach distribution checklist (mark where eligibility and evaluation documents need to be sent) and give to ECSE representative

3. Update contact log, including date of meeting, eligibility decision, name of ECSE service Coordinator (if decided) and that file was given to ECSE rep
# ECSE SERVICE REP CHECKLIST

## In preparation for ECSE Eligibility and IFSP Meeting (1)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Review information about incoming child and family, contact EI service coordinator, if questions</td>
</tr>
<tr>
<td>2.</td>
<td>ECSE service rep consults ECSE program coordinator, if concerned about assignment</td>
</tr>
<tr>
<td>3.</td>
<td>Identify other ECSE team members that need to attend based on child’s needs and EI services</td>
</tr>
</tbody>
</table>

## What to Bring to Meeting and Responsibilities at Meeting (2)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1.   | Print and bring to the meeting  
  - All IFSP forms needed for initial ECSE IFSP  
  - Written Agreements form  
  - Provision Consent form  
  - ECSE Insurance form  
  - FERPA and other exchange forms (All children with hearing impairment, ask for permission to exchange with EHDI)  
  - Placement ½ sheet and information about available group times and days  
  - Snack/photo form  
  - Additional Info form  
  - Transportation form  
  - Emergency form  
  - Immunization form |
| 2.   | Responsibilities at meeting  
  - Participate in eligibility determination  
  - Facilitate initial ECSE IFSP development  
  - Obtain signatures (IFSP participation)  
  - Discuss Provision Consent for Special Education and obtain signature  
  - Present Insurance form and other exchanges and obtain signatures  
  - Review immunization requirements, and emergency and photo/snack form  
  - Ask parents to complete Additional Info form  
  - Complete transportation paperwork, if transportation is a needed related service  
  - Discuss classroom assignment, if applicable  
  - Complete placement half sheet |

## After Meeting (3)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</thead>
</table>
| 4.   | Responsibilities after meeting  
  - Submit immunization, placement half sheet, and Additional Info form to site admin assistant  
  - Make transportation arrangements, if applicable  
  - Complete census form and submit with Insurance form to census email  
  - Complete ECSE eligibility action form and archive  
  - Complete IFSP and archive  
  - Organize ALL transition paperwork, including eligibility paperwork, and submit for distribution (distribution checklist attached by EI service coordinator)  
  - Submit all Regional Referrals  
  - Complete ECSE initial AEPS, upload into ecWeb |
EI to ECSE Transition – File Review

When a child’s EI evaluation was completed no more than 6 months before the child’s 3rd birthday, a file review may be used to determined ECSE eligibility. If the child has not made substantial developmental gains since the EI evaluation, evaluation results 9 months before the child’s 3rd birthday also may be used to determine ECSE eligibility.

Only the initial steps to the EI to ECSE transition process should vary when using a file review. Please use the checklist below to complete those initial steps and the What to Bring to Meeting and Responsibilities at Meeting checklist included in this document.

**EI Service Coordinator**

<table>
<thead>
<tr>
<th>File Review Steps</th>
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</thead>
<tbody>
<tr>
<td>1. Plan for next environments at each IFSP meeting</td>
<td></td>
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<tr>
<td>2. Discuss need for transition at each IFSP meeting</td>
<td></td>
</tr>
<tr>
<td>• Complete transition section of EI IFSP at ALL meetings (6-month and annual)</td>
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</tr>
<tr>
<td>o Check all boxes, include initial steps to transition, adding more detail to steps as transition approaches</td>
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</tr>
<tr>
<td>3. Review transition process in detail – Evaluation (possible file review), ECSE eligibilities, family’s plans for community preschool, ECSE placement options, including community</td>
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<tr>
<td>4. Complete evaluation planning and child summary form with family - review previous evaluation with family to determine if any additional evaluation procedures are needed</td>
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<tr>
<td>5. Obtain consent for evaluation for ECSE eligibility – include the names and dates of previous evaluation information to be used in the decision in the other section of the consent form</td>
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<tr>
<td>6. Review immunization requirements with family (review record from ecWeb) and differences in EI and ECSE equipment checkout policy</td>
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<tr>
<td>7. Review evaluation plan at weekly EI team meeting, noting that a file review will be used</td>
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<tr>
<td>8. Present child at monthly site transition meeting for ECSE service rep. assignment using evaluation planning child summary form, noting that a file review will be used</td>
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</tr>
<tr>
<td>9. Update Health review, including hearing and vision and complete hearing screening or referral, if needed</td>
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<tr>
<td>10. Complete EI Exit AEPS and upload into ecWeb</td>
<td></td>
</tr>
<tr>
<td>11. Complete additional assessment procedures, if needed</td>
<td></td>
</tr>
<tr>
<td>12. Complete an observation</td>
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<tr>
<td>13. Complete ecWeb billing form, archive form, send billing notification email to census email (file review), and log that email sent</td>
<td></td>
</tr>
<tr>
<td>14. Complete evaluation report (include data from previous evaluation as well as new info) and archive form</td>
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</tr>
<tr>
<td>15. Coordinate eligibility and IFSP meeting with family and ECSE rep</td>
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<tr>
<td>16. Send meeting notice to family and other team members and archive form</td>
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<tr>
<td>17. Consistently update contact log</td>
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<tr>
<td>18. Complete EI IFSP progress report and archive EI IFSP</td>
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<tr>
<td>19. Once EI IFSP archived, transfer health/vision/hearing information and present levels from eval report to IFSP</td>
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<tr>
<td>20. Complete eligibility form(s)</td>
<td></td>
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<tr>
<td>21. Complete EI exit action notice and archive</td>
<td></td>
</tr>
<tr>
<td>22. Remind ECSE service rep to submit appropriate Regional Referrals, if needed</td>
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</table>

Refer to What to Bring to the Meeting and Meeting Responsibilities describe above to complete process.
**When Both EI and ECSE Eligibilities have been Completed at Initial Evaluation**

When EI and ECSE eligibilities and the EI IFSP are completed by the evaluation team, the EI Service Coordinator should follow the steps in the checklist below to complete the transition. This process may vary some depending on the time until the child’s third birthday.

### EI Service Coordinator

<table>
<thead>
<tr>
<th>When EI and ECSE Eligibilities Completed at Initial Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete evaluation planning and child summary form as soon as child is added to caseload and submit form directly to site principal for ECSE service rep assignment, if ECSE is not already aware of the child.</td>
</tr>
<tr>
<td>2. Remind family of transition. Review the ECSE placement identified in the IFSP and ask about the family's time preferences for attending groups, if applicable</td>
</tr>
<tr>
<td>3. Review immunization requirements with family (review record from ecWeb) and differences in EI and ECSE equipment checkout policy, if appropriate</td>
</tr>
<tr>
<td>4. Communicate with the ECSE service rep about the child's transition determining who will talk with family about times and days of ECSE services.</td>
</tr>
<tr>
<td>5. EI service coordinator or ECSE service rep communicates times and days of services to family and answers their questions</td>
</tr>
<tr>
<td>6. EI and ECSE staff consistently update contact log</td>
</tr>
<tr>
<td>7. Add information regarding IFSP progress, if adequate time has passed to note progress</td>
</tr>
<tr>
<td>8. Complete EI exit form and archive form</td>
</tr>
</tbody>
</table>
**Noting Services During EI to ECSE Transition**

| Note: No ECSE service should start before the child’s third birthday |

**Example #1** - Child has a current EI IFSP and transition occurs shortly before the child’s third birthday

- **EI IFSP** remains in effect until the day before the child’s third birthday (no changes made to this IFSP)
- **ECSE IFSP**
  - **ECSE Service coordination**
    - Start date is the child’s third birthday.
  - **ECSE SDI and Related Services**
    - Start dates should be the date each ECSE service is projected to start or the date the service will actually start, if that date is known. The start of these services should always be after the child’s third birthday.

**Examples #2-3** – EI and ECSE services must **both be noted on the same IFSP** when the following occurs:

1. Child’s initial EI and ECSE eligibility is determined 90 days or less before his/her third birthday (both EI and ECSE eligibility should be considered and initial IFSP should include both EI and ECSE services)

2. Transition is completed near a break and well before the child’s third birthday

**Service Coordination**
- **EI service coordination**
  - Start date of EI service coordination is the day of the transition IFSP meeting, and the stop date is the day before the child’s third birthday. The IFSP team determines if this service is to be provided by the EI or ECSE service coordinator.

- **ECSE service coordination**
  - Start date is the child’s third birthday and is offered by the ECSE service coordinator

**EI Services and Related Services**
- **EI Services in areas of... (areas of delay) and EI OT, PT, SLP etc.**
  - EI services and each related service is offered as EI from the date each is projected to start for this IFSP until the day before the child’s third birthday (stop date). It could be either the EI or ECSE staff providing this service.

- **ECSE SDI and Related Services (note as ECSE SDI or ECSE related service)**
  - SDI and each related service is then listed separately as ECSE with projected start dates after the child’s third birthday.

| Note: If EI services or related services will not be provided before the child’s third birthday it is necessary to only list service coordination for EI. |
Monthly EI to ECSE Transition Meeting

Purpose: For EI and ECSE staff to review all EI children transitioning into ECSE approximately two months before their third birthday and collaboratively assign ECSE representation.

When: A monthly transition meeting should be held at each site. A consistent time for this meeting should be identified at the beginning of each year.

Who:
- Administrative Assistant (individual assisting with service coordinator tracking)
- EI representatives – at least 1 or 2 (all are invited)
- ECSE site representatives – at least 1 to 2 teachers, 1 SLP, and 1 motor (all are invited)
- Other site representatives, if appropriate
- Coordinator(s)

Process:
1. At least ninety days before a child’s third birthday, the EI Service Coordinator completes the Evaluation Planning Form with the family.
2. At least ninety days before a child’s third birthday, the EI Service Coordinator presents the child to their EI team and discusses evaluation plans.
3. Each month, the EI teams identify who will attend the upcoming transition meeting, and service coordinators will get all appropriate Evaluation Plan forms to this individual.
4. The following process will be followed at the monthly transition meetings:
   a. EI service coordinators attending monthly meeting will briefly review information on each child transitioning using information on the Evaluation Planning Form
   b. The group will review each child’s needs, and options to consider at the IFSP and any other factors relevant to the child and family’s needs and assign an ECSE representative
   c. Evaluation Planning Forms will be given to the administrative assistant tracking service coordinators. He/She will:
      i. Complete the bottom section of the form at the meeting
      ii. Makes 2 copies of the Evaluation Planning Form
         1. Notify the ECSE representative that the child has been assigned to them and place the Evaluation Planning Form in their mailbox
         2. Give the second copy to the EI service coordinator
         3. Maintain original Evaluation Planning Forms in a transition notebook
      iii. Include the assigned ECSE Representative on ecWeb providers
   5. EI coordinator and ECSE representative will collaborate to complete the transition
# Evaluation Planning and Child Summary Form EI to ECSE Transition

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>DOB</th>
<th>Date Eval Plan Reviewed with Family:</th>
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<table>
<thead>
<tr>
<th>EI Service Coordinator:</th>
<th>Address:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home School:</th>
<th>Preschool/Child Care/Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name: Days/Times: Teacher: Phone:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EI to ECSE Transition Evaluation – Anticipated completion date:</th>
<th>Sufficient information for file review: Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current EI IFSP Services: □ EI Services □ Speech □ PT □ OT □ Nursing □ Other:</th>
<th>Current Regional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Autism □ HI □ VI □ OI □ AC/AT □ Regional Referral Pending (EI) □ Regional Referral for ECSE will be needed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpreter needed</th>
<th>Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ Attempted, F/U Needed □ Referred □ Done</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team Members Present During Review</th>
<th>Needed at Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI Specialist:</td>
<td>□</td>
</tr>
<tr>
<td>SLP:</td>
<td>□</td>
</tr>
<tr>
<td>OT:</td>
<td>□</td>
</tr>
<tr>
<td>PT:</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History/Background</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Class Attendance Preferences (best times of day to attend classes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other important information (e.g., other services, times of attendance at other services, transportation needs, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To be completed at the monthly transition meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date:___________ Assigned ECSE Representative:__________________________</td>
</tr>
</tbody>
</table>

Please distribute this form to the confidential file.
**Physical or Mental Condition Likely to Result in Developmental Delay EI Eligibility Process**

*(El Medical Statement)*

When a child at referral has a diagnosis(es) of a physical or mental condition that is likely to result in developmental delays the following process can be used to determine EI eligibility. The process is less complex than the DD evaluation process and designed to be more family friendly when a family is facing a significant diagnosis.

Several people are involved in processing an EI Medical Statement eligibility. Instructions offered below indicate who will complete the various steps.

<table>
<thead>
<tr>
<th>Who</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake Specialist</strong></td>
<td><strong>Initial Intake</strong></td>
</tr>
<tr>
<td>1. At referral, intake collects information and determines if file should be processed as EI Medical statement (refer to list of recognized conditions likely to result in developmental delay)</td>
<td></td>
</tr>
<tr>
<td>• Key questions to ask during intake call</td>
<td></td>
</tr>
<tr>
<td>o Birth weight</td>
<td></td>
</tr>
<tr>
<td>o Trauma at birth</td>
<td></td>
</tr>
<tr>
<td>o Physical or mental diagnosis</td>
<td></td>
</tr>
<tr>
<td>o If diagnosis, do parents have medical reports or discharge summary including diagnosis</td>
<td></td>
</tr>
<tr>
<td>o Obtain medical providers’ names and contact information (phone, fax, address, email)</td>
<td></td>
</tr>
<tr>
<td>2. If referral appears to meet criteria for Medical Statement eligibility, file is created and directed to intake member responsible for processing these files.</td>
<td></td>
</tr>
<tr>
<td>3. If parent calls with referral, let him/her know that they can expect a follow-up call within one or two days</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intake staff member processing EI Medical Statement Files</th>
<th><strong>Initial Family Contact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. If condition is not on the list of recognized conditions, but seems significant, ask Eval team coordinator to review the file (list of conditions is not exhaustive)</td>
<td></td>
</tr>
<tr>
<td>5. If condition(s) confirmed does not meet criteria for EI Medical Statement, schedule an EI evaluation</td>
<td></td>
</tr>
<tr>
<td>6. When file will be processed as EI Medical Statement, family should be called to:</td>
<td></td>
</tr>
<tr>
<td>• Confirm information received in referral</td>
<td></td>
</tr>
<tr>
<td>• Briefly explain the program</td>
<td></td>
</tr>
<tr>
<td>o Support-based early intervention program (support family, so family can support his/her child’s development)</td>
<td></td>
</tr>
<tr>
<td>▪ Informational supports</td>
<td></td>
</tr>
<tr>
<td>▪ Resource supports</td>
<td></td>
</tr>
<tr>
<td>▪ Emotional supports</td>
<td></td>
</tr>
<tr>
<td>o Supports are offered through a parent coaching model during visits to the home or other community settings</td>
<td></td>
</tr>
<tr>
<td>o One person assigned as primary contact – service coordinator</td>
<td></td>
</tr>
<tr>
<td>o At first visit, team will review eligibility and complete an IFSP</td>
<td></td>
</tr>
<tr>
<td>o Services are based on individual child and family needs</td>
<td></td>
</tr>
<tr>
<td>• Confirm parent’s interest in participating in EI</td>
<td></td>
</tr>
<tr>
<td>• Describe initial steps toward eligibility based on referral documentation</td>
<td></td>
</tr>
<tr>
<td>o Family will receive initial packet including medical disclosure form(s) (emphasize the importance of returning this form ASAP in return envelope), <strong>parental rights</strong>, and parent letter via mail or email.</td>
<td></td>
</tr>
<tr>
<td>o Service coordinator will call to set up home visit to complete eligibility and IFSP or an appointment will be scheduled with eval team</td>
<td></td>
</tr>
<tr>
<td>Who</td>
<td>Actions</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Intake staff member processing EI Medical Statement Files</strong></td>
<td><strong>Referral Information to Site Team</strong></td>
</tr>
<tr>
<td>7.</td>
<td>Appropriate person(s) receiving new kids for each site is emailed with initial details about referral (name, DOB, diagnosis, other concerns, if medical statement still needed) for service coordinator assignment.</td>
</tr>
<tr>
<td><strong>Site Team or Eval Team</strong></td>
<td><strong>Site Service Coordinator Assigned or Appointment with Eval Team Scheduled</strong></td>
</tr>
<tr>
<td>8.</td>
<td>Service coordinator assigned at weekly EI team meeting and name entered into ecWeb.</td>
</tr>
<tr>
<td>9.</td>
<td>Eval team will complete the process at specified times of year given program breaks. In this instance, an eval appointment should be scheduled with eval team (typically home visit) for about 3 weeks out to allow time for paperwork to be received.</td>
</tr>
<tr>
<td><strong>Intake staff member processing EI Medical Statement Files</strong></td>
<td><strong>Document Retrieval</strong></td>
</tr>
<tr>
<td>10.</td>
<td><strong>If exchanges were not received with the referral</strong> - prepare exchanges for all physicians, hospitals, or specialists to include name, address, phone number, and fax – highlight where parent is to sign and date (see example). Mail or email following information to parents:</td>
</tr>
<tr>
<td></td>
<td>• Parent letter (see example in appendix)</td>
</tr>
<tr>
<td></td>
<td>• All disclosures with return envelope</td>
</tr>
<tr>
<td></td>
<td>• <strong>Parental rights (indicate rights sent in contact log and rights log – documentation that rights were sent a referral is critical)</strong></td>
</tr>
<tr>
<td>11.</td>
<td><strong>If needed exchanges were included with referral</strong>, mail following information to parents:</td>
</tr>
<tr>
<td></td>
<td>• Parent letter (see example in appendix)</td>
</tr>
<tr>
<td></td>
<td>• <strong>Parental rights (indicate rights sent in contact log and rights log – rights must be sent at referral)</strong></td>
</tr>
<tr>
<td>12.</td>
<td>When exchanges are obtained, <strong>FAX EI Medical Statement to medical provider for signature and confirmation of diagnosis</strong>:</td>
</tr>
<tr>
<td></td>
<td>• Complete top section of form and highlight key areas (see example in appendix), fax to medical provider with fax cover offering directions (see example in appendix – NEVER send to the medical records department)</td>
</tr>
<tr>
<td></td>
<td>• Phone the physician’s office that statement has been sent</td>
</tr>
<tr>
<td></td>
<td>• Stress importance of quick turn around</td>
</tr>
<tr>
<td></td>
<td>• Ask them to include birth weight if child born prematurely</td>
</tr>
<tr>
<td></td>
<td>• Contact physician’s office again if statement not received within two working days</td>
</tr>
<tr>
<td></td>
<td>• Obtain additional medical documents for all exchanges</td>
</tr>
<tr>
<td>13.</td>
<td>When EI Medical Statement is received, review to make sure:</td>
</tr>
<tr>
<td></td>
<td>• Diagnosis and birth weight are included, if child premature</td>
</tr>
<tr>
<td></td>
<td>• Yes box indicating the condition will likely result in a developmental delay is checked</td>
</tr>
<tr>
<td></td>
<td>• Statement is signed by an State Board Certified Physician, Physician Assistant, or Nurse Practitioner</td>
</tr>
<tr>
<td>14.</td>
<td>Immediately upon arrival, upload EI Medical Statement and other medical documentation to ecWeb archived forms and email service coordinator that documents are uploaded and being routed to the site.</td>
</tr>
<tr>
<td>15.</td>
<td>Update contact log at each action and registry page, as appropriate</td>
</tr>
<tr>
<td>Site Service Coordinator or Eval Team Service Coordinator</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility and Initial IFSP Visit</strong></td>
<td></td>
</tr>
<tr>
<td>16. Once site service coordinator has received verification that necessary documents have been received:</td>
<td></td>
</tr>
<tr>
<td>• Service coordinator reviews documentation and verifies that EI Medical Statement includes appropriate information</td>
<td></td>
</tr>
<tr>
<td>• Service coordinator finds partner to attend first visit (two staff, two disciplines needed for eligibility)</td>
<td></td>
</tr>
<tr>
<td>• Service coordinator calls family to schedule home visit to complete eligibility and IFSP if they have not already been called at initial assignment</td>
<td></td>
</tr>
<tr>
<td>• Complete necessary paperwork for meeting (see checklist pg. 5)</td>
<td></td>
</tr>
<tr>
<td>17. At initial visit to complete eligibility and IFSP:</td>
<td></td>
</tr>
<tr>
<td>o Ask family to complete the Family Assessment Survey A</td>
<td></td>
</tr>
<tr>
<td>o Review the EI model with the family (Supported-Based EI flyer)</td>
<td></td>
</tr>
<tr>
<td>▪ Philosophy</td>
<td></td>
</tr>
<tr>
<td>▪ Expectations</td>
<td></td>
</tr>
<tr>
<td>o Request consent to evaluate (Prior Notice About Eval)</td>
<td></td>
</tr>
<tr>
<td>o Complete intake</td>
<td></td>
</tr>
<tr>
<td>▪ Ask family to tell their story to collect developmental and health history</td>
<td></td>
</tr>
<tr>
<td>▪ Ask additional questions to complete health assessment</td>
<td></td>
</tr>
<tr>
<td>o Complete vision and hearing screening checklists</td>
<td></td>
</tr>
<tr>
<td>▪ OAE, if hearing checklist indicates concerns</td>
<td></td>
</tr>
<tr>
<td>▪ Refer for hearing screening or eval, if needed</td>
<td></td>
</tr>
<tr>
<td>o Complete AEPS</td>
<td></td>
</tr>
<tr>
<td>o Complete observation</td>
<td></td>
</tr>
<tr>
<td>o Ask about additional concerns or questions</td>
<td></td>
</tr>
<tr>
<td>o Complete eligibility</td>
<td></td>
</tr>
<tr>
<td>o Complete IFSP</td>
<td></td>
</tr>
<tr>
<td>o Obtain other needed exchanges (remember to obtain Exchange of Information with EHDI if HI suspected or confirmed)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Coordinator or Eval Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concluding Paperwork and Distribution</strong></td>
</tr>
<tr>
<td>18. Complete paperwork</td>
</tr>
<tr>
<td>• Complete evaluation report (attach eval report parent handout when sending to family)</td>
</tr>
<tr>
<td>• Complete billing form on ecWeb (partial or partial with interpreter)</td>
</tr>
<tr>
<td>• Send census and billing notification to census email</td>
</tr>
<tr>
<td>• Complete all remaining forms (see checklist)</td>
</tr>
<tr>
<td>• Enter AEPS date into ecWeb</td>
</tr>
<tr>
<td>19. Submit Regional Referral, if appropriate</td>
</tr>
<tr>
<td>20. Review all paperwork using pre-distribution checklist, file to distribution</td>
</tr>
</tbody>
</table>
If there is question as to whether a file should be processed as EI Medical statement, consult the eval coordinator or EI/ECSE director as soon as possible via email or phone. Waiting to make a decision can significantly delay the process. See list of established risk conditions below to help in the decision making. These conditions can always be processed as EI Medical Statement without coordinator or director consultation.

**Established Risk Conditions**
(Examples of diagnosed physical or mental conditions associated with significant delays in development)

- Chromosomal syndromes and conditions associated with delays in development (autosomal, e.g., Down syndrome)
- Congenital syndromes and conditions associated with delays in development (e.g., symptomatic, severe congenital malformations, such as meningomyelocele and congenital hydrocephalus
- Sensory impairments where appropriate treatment still leaves impairment (e.g., vision not corrected to normal for age in either eye, or mild or greater hearing loss in the better ear persistent even after appropriate treatment)
- Metabolic disorders associated with delays in development where the diagnosis is late, or there is no or inadequate treatment, such as maple syrup urine disease, galactosemia, urea cycle defects, lysosomal storage diseases, early onset neurodegenerative disorders and those carbohydrate disorders associated with CNS involvement
- Infections, conditions, or events occurring prenatally through 36 months resulting in significant medical problems known to be associated with significant delays in development
  - Recurring seizures or other forms of ongoing neurological injury (e.g., epilepsy, where seizures are frequent or difficult to control or the underlying condition is frequently associated with cognitive impairment [infantile spasms])
- APGAR score of 5 or less at five minutes
- Evidence of significant exposure to known teratogens (agents that might interfere with normal development of the embryo, e.g., Fetal Alcohol Syndrome)
- Birth weight of 1200 grams or less
- HIV infection
- Lead poisoning, with lead level of greater than 10 ug/dL
- Intraventricular hemorrhage – Grades III or IV
- Postnatal acquired problem resulting in significant delays in development, including but not limited to attachment and regulatory disorders based on the Diagnostic Classification 0-3.

Note: Refer to ODE Roles and Responsibilities of Local EI/ECSE Program Partners in Eligibility Determination, Assessment, and IFSP Development for Infants with a Diagnosed Physical or Mental Condition Associated with Significant Delays in Development for additional information (attached)
## EI Medical Statement Checklist – Eligibility and IFSP at Initial Visit

<table>
<thead>
<tr>
<th>Documents/Forms/Processes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review EI Medical Statement (diagnosis, signature of physician, physician assistant, or nurse practitioner, and likely to result box checked)</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting Notice</td>
<td></td>
</tr>
<tr>
<td>Map to family home</td>
<td></td>
</tr>
<tr>
<td>Registry page with address, phone, referral information and information about medical condition for updates (review with family, note any changes and ask for revisions if needed)</td>
<td></td>
</tr>
<tr>
<td>Parental rights booklet</td>
<td></td>
</tr>
<tr>
<td>Procedural Safeguard Log</td>
<td></td>
</tr>
<tr>
<td>Prior Notice About Evaluation</td>
<td></td>
</tr>
<tr>
<td>New Family Information packet (Support-based EI, calendar, Health and Illness Guidelines)</td>
<td></td>
</tr>
<tr>
<td>Family Assessment Survey A</td>
<td></td>
</tr>
<tr>
<td>Health review form (health, vision, and hearing)</td>
<td></td>
</tr>
<tr>
<td>AEPS (enter results when completed)</td>
<td></td>
</tr>
<tr>
<td>Statement of Eligibility – Medical Condition Likely to Result in DD</td>
<td></td>
</tr>
<tr>
<td>Draft IFSP</td>
<td></td>
</tr>
<tr>
<td>Immunization form</td>
<td></td>
</tr>
<tr>
<td>Insurance form</td>
<td></td>
</tr>
<tr>
<td>HIPPA exchanges (physician, EHDI if child HI, other known providers) Complete before meeting and bring blanks for additional providers</td>
<td></td>
</tr>
<tr>
<td>Evaluation report, including Evaluation Report Parent Handout</td>
<td></td>
</tr>
<tr>
<td>Billing form completed on ecWeb (bill as partial or partial with interpreter)</td>
<td></td>
</tr>
<tr>
<td>Census form</td>
<td></td>
</tr>
<tr>
<td>Census and notification of billing to census email</td>
<td></td>
</tr>
<tr>
<td>Action form – EI eligibility</td>
<td></td>
</tr>
<tr>
<td>Regional Referral form</td>
<td></td>
</tr>
<tr>
<td>Pre-distribution checklist</td>
<td></td>
</tr>
<tr>
<td>Distribution checklist</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
EI and ECSE EVALUATION BILLING AND SITE NOTIFICATION

This document includes information about the evaluation billing process and offers instructions for completing evaluation reports using forms on ecWeb. There are specific details related to the billing process and specific information is required in the evaluation reports, so please read all sections carefully.

EVALUATION BILLING – Types of Evaluations

<table>
<thead>
<tr>
<th>Types of Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Review</td>
</tr>
<tr>
<td>Partial Evaluation</td>
</tr>
<tr>
<td>Partial Evaluation with Interpreter *</td>
</tr>
<tr>
<td>Full Evaluation</td>
</tr>
<tr>
<td>Full Evaluation with Interpreter *</td>
</tr>
<tr>
<td>Full Evaluation with Consult (school psych)</td>
</tr>
<tr>
<td>Full Evaluation with Consult with Interpreter *</td>
</tr>
<tr>
<td>ASD Evaluation</td>
</tr>
<tr>
<td>ASD Evaluation with Interpreter *</td>
</tr>
</tbody>
</table>

*bill with interpreter when interpreter is involved for one hour or more

Definitions

- **File Review**
  - When existing evaluation data from a previous EI or ECSE evaluation, an evaluation from different State, or an evaluation from another private provider are comprehensive enough for the team to use these data to determine eligibility, this evaluation is billed as a file review.
    - The data to determine eligibility should be no older than 6 months old. Data no older than 9 months old also can be used on a case by case basis, if the team believes the data continues to reflect the child’s current developmental levels.

- **Partial evaluation with or without interpreter**
  - Only one licensed professional is involved in the evaluation
  - Only one area of development is evaluated
    - When more than one area is a concern but previous EI or ECSE evaluation data or records from other private providers can be used to assist in eligibility determination and only one person was involved in the current evaluation, the evaluation should be billed as partial.
  - All 0-3 EI Medical Statement evaluations are billed as partial
  - Partial evaluations typically result in the following eligibilities:
    - CD and HI and VI eligibilities (*see note below)
    - DDPS- 0-2
    - Any eligibility when records from other providers are available
• Full evaluation with or without interpreter
  o At least two licensed professionals are involved in the evaluation
  o Two or more areas of development are evaluated
  o Full evaluations typically result in the following eligibilities:
    ▪ DD 0-3 and DD 3-5
    ▪ Other categorical eligibilities (OI, OHI)
    ▪ A full evaluation could result in a HI, VI, Deaf blind, or CD eligibility but only if two or
      more areas of development are evaluated

• Full evaluation with consult, with or without interpreter
  o Evaluation team or IFSP team has requested consult from School Psychologist
  o School Psychologist must be involved in evaluation process to determine eligibility
  o At least two licensed professionals are involved in the evaluation
  o Two or more areas of development are evaluated
  o A full evaluation with consult typically would result in an ID, OHI, TBI, or ED eligibility
    ▪ A school psychologist does not always need to be involved in OHI eligibilities but
      may need to be involved if multiple eligibilities are considered

• ASD evaluation, with or without interpreter
  o ASD evaluation is initiated by the evaluation team and then completed by the IFSP team
  o All components of the ASD evaluation could be completed by the evaluation team (bill
    once all components are complete)
  o All components of the ASD evaluation could be completed by the site team

* Note: There is no need to bill when a Regional VI, HI, or OI eligibility is completed after the
child's initial eligibility

Any pending evaluations (e.g., stuttering, DD waiting for social and adaptive checklists), billing
should be submitted once evaluation is complete

Examples of Less Typical Scenarios

Initial Evaluations

<table>
<thead>
<tr>
<th>• ASD evaluation is initiated by the evaluation team and then completed by the IFSP team</th>
<th>• Evaluation team submits billing as <strong>ASD Evaluation with or without interpreter</strong>. The IFSP team submits no billing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A school psych consult is requested by the evaluation team to consider ID, TBI, OHI (ADD/ADHD), or ED eligibility</td>
<td>• Evaluation team submits billing as <strong>Full Evaluation with Consult, with or without interpreter</strong>. The IFSP team submits no billing.</td>
</tr>
</tbody>
</table>
## EI to ECSE Transition Evaluations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASD evaluation is completed</strong></td>
<td><strong>EI service coordinator submits</strong></td>
</tr>
<tr>
<td>during the transition process</td>
<td>billing as <strong>ASD Evaluation with</strong></td>
</tr>
<tr>
<td></td>
<td>or without interpreter**</td>
</tr>
</tbody>
</table>

- EI service coordinator requests a school psych consult to consider ID or TBI eligibility
- EI service coordinator submits billing as a **Full evaluation with Consult, with or without interpreter**

## Follow-up Evaluations Once Child in Services

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ECSE IFSP team completes an ASD</strong></td>
<td><strong>Service coordinator submits billing as</strong></td>
</tr>
<tr>
<td>evaluation (more than 6 months after the initial evaluation)</td>
<td><strong>ASD evaluation, with or without interpreter</strong> (if less than 6 months from initial evaluation, no billing is submitted).</td>
</tr>
</tbody>
</table>

- School psych consult is requested by an IFSP team to consider ID, TBI, OHI (ADD/ADHD), ED eligibility (more than 6 months after the initial evaluation).
- Service coordinator submits bill as **Full Evaluation with consult with or without interpreter** (if less than 6 months from initial evaluation, no billing is submitted).

## EVALUATION BILLING - Submitting Billing

**EVALUATION TEAM - Evaluation Billing and Site Notification**

- The **same day as the evaluation**, whenever possible, **complete the billing form on ecWeb** (forms, evaluation forms/evaluation billing).

- **Archive the form** and include the date of eval and type of eval in the notes box (3/13/14, ASD; 3/23/14 Full with interpreter; 4/12/14 Full with Consult). If an error has been made in an archived form, please delete the inaccurate version when the new form has been archived.

- **Send email** to **ei-census@nwrwesd.k12.or.us**, site contact, site coordinator, and nurse, if nursing will be needed (see current Eval Team Communications with Site Teams for site contacts).
  - Flag as important (mark as high importance - ! top right)
  - Subject line should read - New student and Evaluation billing
  - Body of email – child ID #, child initials, date of evaluation, type of evaluation, eligibility determination (category and status – yes, no, pending), and indicate if evaluation report is complete or indicate the approximate number of working days needed to complete the evaluation report. Also include any required follow-up in caps (e.g., HEARING RE-SCREENING, REGIONAL REFERRAL, ASD EVALUATION)
IN**ITiated, potential categorical eligibility, etc.) and other details important to the evaluation billing or service provision (e.g., nursing/medical protocol needed). *email templates can be set up using the signature function in Outlook.

- **Copy and paste the site notification email** into the contact log on ecWeb.

**Evaluations completed at sites - Evaluation billing with notification**

- The **same day all evaluation procedures are complete**, whenever possible, **complete the billing form on ecWeb** (forms, evaluation forms/evaluation billing). Do not wait for eligibility to be done to send billing notification but all parts of the evaluation should be complete.

- **Archive the form** and include date of eval and type of eval in the notes box (3/13/14, ASD; 3/23/14 Full with interpreter; 4/12/14 Full with Consult). If an error has been made in an archived form, please delete the inaccurate version when the new form has been archived.

- Send email to ei-census@nwrwesd.k12.or.us
  - **Subject line** – Evaluation billing
  - **Body of email** – child ID #, child initials, date of evaluation, type of evaluation, eligibility determination (category and status – yes, no, pending) and any additional information important to the evaluation billing
    - *email templates can be set up using the signature function in Outlook.

- **Copy and paste the site notification email** into the contact log on ecWeb.
COMPLETING EVALUATION REPORTS USING ecWEB REPORT FORMS

Please read these directions carefully. Information that is provided in bold, in CAPS and underlined must be included in each report.

There are four types of evaluation reports on ecWeb that we are using at this time. These reports are similar in some respects but also are quite different, so separate directions are offered for each report. The four types of reports are listed below:

- **EI report** – use for all EI evaluations including EI Medical Statement eligibility, and EI file reviews
- **ECSE report** – use for all ECSE evaluations when child is evaluated in areas beyond just communication, when EI and ECSE eligibilities are being considered, and for EI to ECSE transition evaluations
- **ECSE Speech and Language report** – use when speech and/or language are the only areas evaluated
- **ASD report** – use for all EI and ECSE ASD evaluations (when an ASD evaluation is initiated by eval team, the report will be started and then finished as the site team completes the evaluation)

Note: It also should be noted that changes may occur in these forms without warning, so these instructions may not include all pertinent information at all times. Typically, when new sections are added, they are optional, so individual discretion can be used in including the additional information.

**Helpful Hints**

- Some basic information will auto populate.
- Some information can be transferred back and forth between the development page and the report. To transfer information, the Transfer from Development button (report) or the EI or ECSE Eval button (IFSP) must be clicked. Placing your cursor on the button will show you the information that could be transferred. There must be information in either the report or the development page for these buttons to appear. The information can be added to add information or replace information.
- **Check the box** to the left of each heading to view and complete the fields in each section. Before printing, make sure the box is checked for all sections including information (if box is not checked, information will not print). Note: Currently many of the section heading boxes are checked so information included in that section shows up automatically. It is anticipated that in the future all section heading boxes will be unchecked, so boxes will need to be checked to view and include information in each section.
- AEPS information is embedded in the report once the AEPS scores are entered into ecWeb Assessments.
If AEPS was used in the evaluation, enter scores into ecWeb

DATE OF EVALUATION

CHILD INFORMATION (most information pre-fills)

• Adjusted age needs to be included, if correcting for prematurity (up to age 2 years).

• INFORMATION ABOUT THE FAMILY - in Optional Additional Comments box, include information about the family (child lives with both parents, # of siblings, and other important facts relevant to family). Language and cultural considerations is included in the background section.

BACKGROUND INFORMATION (all sections where appropriate, with exception of additional information)

• List who provided information about the child (optional box). There may be more than one source (parent, preschool teacher, doctor, etc.)

• Describe the child’s strengths and interests as indicated by parent report, and what was observed during evaluation. Information should be included in this section. *

• Developmental concerns/reasons for referral – summarize the referral concerns, including parental concerns and the results of the ASQ and/or other screening tools. If child attends child care, preschool, Early Head Start, Healthy Families, include information about where and when and concerns noted by these programs, if applicable.

• Medical/Health History – include how information was obtained (checklist, medical records) and date of checklist or records. Include diagnosis, if appropriate, and any specific details about eating or sleeping concerns, hospitalizations, significant illnesses, falls, allergies, asthma, seizures, etc. Also include any private therapies the child/family is involved with, including LifeWorks or Morrison Center. *

• Hearing – include tool used to obtain information (hearing checklist, hearing screening, audiological exam), date completed, and results. Include specific details, if there are concerns in this area. *
  o Hearing screening (OAE or pure tone), completed by EI/ECSE or other source, is required if the child is experiencing delays in communication.
  o Hearing screening (OAE or pure tone) must be completed when CD eligibility is being considered.
  o OAE or pure tone screening should be attempted at each evaluation. If child will not participate or there is a machine malfunction, follow-up hearing screening should be recommended and completed, if child is eligible.
  o A separate section to detail the hearing screening is offered below (this is optional).

• Vision – include tool used to obtain information (checklist, screening, or exam), date tool completed, and results. Include specific details, if concerns noted. *

*Information can be transferred, when information is entered into the report or the development page of IFSP.
Language and cultural considerations – include language spoken by child, and language spoken by family members and child care providers. Other relevant cultural information provided by the family also can be included.

Additional information – add other information key to the individual evaluation.

*Information can be transferred, when information is entered into the report or the development page of IFSP.

GENERAL EVALUATION PROCEDURES (click on box to add information)

- Click on Fill EI (this will autofill the first paragraph)
- Also add information below: (previously in additional information section above)

EVALUATION PLANNING (include this heading)

- Include what information was reviewed to determine need for EI evaluation and who reviewed the information.
- Include the tools the team determined would be used to complete the evaluation, and who all would participated in the evaluation.
- If the team changes evaluation plans during the course of the evaluation, explanation of what and why changes were made also should be stated here.

Parent/teacher report

- Typically parent of teacher report information would be included in the background information sections. If additional parent of teacher information is solicited during the evaluation process that would best be described separately, it could be included in this section.

MEDICAL CONDITION STATEMENT (click on box to add information, if appropriate)

- Complete blanks from child’s medical statement when EI Medical Statement process is used to determine eligibility.

Medical and Health Assessment

- Typically this form is not obtained for an EI child. It may be obtained when considering Regional eligibilities – include information indicated.

NORM-REFERENCED TESTING (click on add button to pull up list of testing tools and add tool. Click add button to pull up list for each tool needing to be added)

- The speech and language sample is included in this list of tests.
- If a tool used in the evaluation is not included in the list, click on “additional measures” at the bottom.
- Insert names of people offering information and completing tools and date completed.
- For each tool, include all scores.
- Insert appropriate statement in the pull-down box (typical, below typical but does not support eligibility, 1.5 SD below, or 2 SD below) for each version of the test used. Leave this blank if the options do not apply (e.g., score is just above 1.5 SD, and the team will use that score to support eligibility).
• Optional comments for each test - this is optional, but in many instances information about how the test was given (e.g., direct testing and parent report, primarily parent report), any accommodations made for vision or orthopedic impairments, how interpreter was used to complete testing, etc. should be included. Information about the child’s engagement levels or strengths specific to the test also can be included.

• When reviewing a speech/language sample include the entire sample in the optional comments as well as additional analysis of the sample.

Criterion-Referenced Test Results

• Check box if AEPS was completed during evaluation
  
    o If an AEPS was completed during this evaluation, enter the scores in ecWeb – Assessments, the percentages will then appear in the report.

*an AEPS is at a minimum started at each EI and ECSE initial evaluation, but may not be completed.

Functional Vision Assessment

• Include when appropriate to the evaluation

Hearing Screening

To include information, check box and enter information (make sure box not checked, if information not included).

Oral Motor Examination

• Include when appropriate to the evaluation

OBSERVATION

• ALL REPORTS MUST INCLUDE A SEPARATE DETAILED OBSERVATION. Observations should not be embedded in each assessment domain as suggested.
  
    o A review of in-direct (child-directed, play, free-choice time) and direct observations (testing or adult-directed) should be noted. The EI observation should include some information about all areas of development.

    o Include information about - attention/engagement, cooperation, transitions between activities, the child’s play (type of toys used, type of play, duration, how child linked play), the child’s interactions with you and family members, and samples of what the child said.

    o If another language was used, describe how the interpreter was involved in the observation. Include critical information regarding the child’s understanding and speaking in the other language as well as English.

• According to… - this is always a good question to ask but it will not appear in the report if it is left blank. This is optional.
SKILLS AND RECOMMENDATIONS

- Include **skills** (IFSP – “Present Levels of Development”), **comments** (optional), **summary** (pull down menu, choose one) and **suggested goals** (IFSP “Needs to Learn”) for all areas showing delays.

- Transfer information to and from development page once information is entered in either the report or the development page. **Buttons will not appear until information is inserted in the report or the development page.** This information can be added to what is currently included (append) or the information can be replaced.

SUMMARY

- Check all appropriate boxes

- Optional Additional Comments

SUMMARIZE EVALUATION

- Include a **summary** of the evaluation, summarizing the reason for referral, areas assessed, people participating, results, eligibility decision, and recommendations offered (follow-up evaluation, if progress not seen, consult physician, re-do hearing screening), referrals (e.g., Morrison Center, Public Health, Head Start) and resources offered (e.g., Strategies to Support Communication Development). Also, when appropriate, include information about how scores where used in the eligibility determination if they did not both fall at a qualifying level (e.g., The two adaptive scores were not both below the 7th percentile (BDI-3 score 9 and DAYC score 3), but after reviewing the parent concerns and the information they shared in the interview, the DAYC score is believed to be a better indicator of the child’s current skills.). In addition, offer additional explanations about how scores were used in the eligibility decision if different that the norm (e.g., scored both at 2 years, 11 months and at 3 years given the child’s age at evaluation).

FOLLOW-UP INFORMATION MUST BE INCLUDED IN THIS AREA. At a minimum include information about the following needs

**FOLLOW-UP NEEDED**
- Pending Regional Referral
- Hearing Re-screen
- Potential Categorical Eligibility

EVALUATORS

- Service coordinator notifies team that form is ready for review and electronic signatures
- Each team member reviews report for content and accuracy, adds his/herself to the evaluators and enters name in the signature box
- Service coordinator lists who else will receive report

Archive the final report when complete and everyone has signed.

- When archiving, add the date of the evaluation, the type of evaluation, and EI/ECSE eligibility determination in the notes box.
Distribute report

- Print, obtain hand-written signatures for all team members, and follow site distribution procedure.
- Please, continue to send a copy of the Test Results Handout to the parents when sending the report (O drive/Early Intervention/Eval Results Form and HO/Test Results (English and Spanish).
ECSE Report
(Information in bold, in CAPS, and underlined must be included)

If AEPS was used in the evaluation, enter scores into ecWeb

DATE OF EVALUATION

CHILD INFORMATION (most information pre-fills)

- **OPTIONAL COMMENTS** - include information about preschool, child care, Head Start, Healthy Families, etc., if child attending one of these programs or information about other services (e.g., Morrison Center) family is accessing.

Separate SLP reporting - Evaluation results should nearly always be reported in one report, so in most instances the name of the SLP should not be entered in this statement. If no name is included, this statement will not appear in the printed version.

DOMAINS EVALUATED – check all domains evaluated and not evaluated. The domains evaluated must be checked to access these domains in the Skills and Recommendations section.

BACKGROUND INFORMATION (all sections where appropriate, with exception of additional information)

- List **who provided information** about the child (optional box). There may be more than one source (parent, preschool teacher, doctor, etc.)
- Describe the child’s **strengths and interests** as indicated by parent report, and what was observed during evaluation. Information should be included in this section. *
- Developmental concerns/Reasons for referral – summarize the referral concerns including parental concerns, the results of the ASQ and/or other screenings, and concerns of child care, preschool, and Head Start programs, if appropriate. INFORMATION ABOUT THE FAMILY (living with both parents, # of siblings, important facts relevant to family) should be included in this section.
- Medical/Health History – include how information was obtained (checklist, medical records) and date of checklist or records. Include diagnosis if appropriate, and any specific details (eating, sleeping, hospitalizations, significant illnesses, falls, allergies, asthma, seizures, etc). Also include any private therapies the child/family is involved with, including LifeWorks or Morrison Center. *
- Hearing – include tool used to obtain information ((checklist, screening, exam), date completed, and results. Include specific details, if there are concerns in this area. *
  - Hearing screening (OAE or pure tone), completed by EI/ECSE or other source, is required if the child is experiencing delays in communication.
  - Hearing screening (OAE or pure tone) must be complete when CD eligibility is being considered.
  - OAE or pure tone screening should be attempted. If child will not participate or there is a machine malfunction, follow-up hearing screening should be recommended and completed if child is eligible.
- Vision – include tool used to obtain information (checklist, screening, and exam), **date tool completed**, and results. Include specific details, if concerns noted. *
• Language and cultural considerations – include language spoken by child, and language spoken by family members and child care providers. Other relevant cultural information provided by the family also can be included.
• Additional information – add other information key to the individual evaluation.

*Information can be transferred, when information is entered into the report or the development page of IFSP.

Developmental Screening Results (it is preferred that this section not be used)
• As indicated above, screening results should be reported in the Developmental concerns/Reasons for referral section so all referral information is offered in the same location. It is not inappropriate to included information in this section, but it is not needed.

GENERAL EVALUATION PROCEDURES (click on box to add information)
• Click on Fill ECSE or Fill 3 yr transition (this will autofill the first paragraph)
• Also add information below: (previously in additional information section above)

EVALUATION PLANNING (include this heading)
  o Include what information was reviewed to determine need for ECSE evaluation and who reviewed the information
  o Include the tools the team determined would be used to complete the evaluation, and who all would participated in the evaluation.
  o If the team changes evaluation plans during the course of the evaluation, explanation of what and why changes were made also should be stated here.

Parent/teacher report
• Typically parent of teacher report information would be included in the background information sections. If additional parent of teacher information is solicited during the evaluation process that would best be described separately, it could be included in this section.

Medical and Health Assessment (include information when appropriate to the evaluation)

NORM-REFERENCED TEST RESULTS AND SUPPORTING MEASURES
• The speech and language sample is included in this list of tests.
• If a tool used in the evaluation is not included in the list, click on “additional measures” at the bottom.
• Insert names of people offering information and completing tools and date completed.
• For each tool, include all scores.
• Insert appropriate statement in the pull-down box (typical, below typical but does not support eligibility, 1.5 SD below, or 2 SD below) for each version of the test used. Leave this blank if the options do not apply (e.g., score is just above 1.5 SD, and the team will use that score to support eligibility).
• Optional comments for each test - this is optional, but in many instances information about how the test was given (e.g., direct testing and parent report, primarily parent report), any accommodations made
for vision or orthopedic impairments, **how interpreter** was used to complete testing, etc. should be included. Information about the **child’s engagement levels or strengths specific** to the test also can be included.

- When reviewing a speech/language sample include the entire sample in the optional comments as well as additional analysis of the sample.

**Criterion-Referenced Test Results**

- Check box if **AEPS was completed** during evaluation
  - If an AEPS was completed during this evaluation, enter the **scores in ecWeb** – Assessments, the percentages will then appear in the report.

*an AEPS is at a minimum started at each EI and ECSE initial evaluation, but may not be completed.

**Functional Vision Assessment**

- Include if available at initial evaluation

**Hearing Screening**

This section is **optional**. To include information, check box and enter information. If prefer not to include information, make sure the box is not checked.

**Oral Motor Examination**

This section is **optional**. To include information, check box and enter information. If prefer not to include information, make sure the box is not checked.

**Fluency/Stuttering**

Complete this section if other areas of development besides just speech/language skills are assessed.

**OBSERVATION**

- **ALL REPORTS MUST INCLUDE A SEPARATE DETAILED OBSERVATION.** Observations **should not be embedded** in each assessment domain as suggested.
  - **In-direct** (child-directed, play, free-choice time) and **direct observations** (testing or adult-directed) should be noted.
  - **Include information about** - attention, engagement, cooperation, transitions between activities, the child’s play (type of toys used, type of play, duration, how child linked play), the child’s interacts with you and family members, and what the child said and did.
  - If **another language** was used, describe how the interpreter was used. Include critical information regarding the child’s understanding and speaking in the other language as well as English.

- According to… - this is always a good question to ask but it will not appear in the report if it is left blank. This is optional.
ASD (in nearly all instances this section should not be used)

In nearly all instances, an ASD report is used to relay ASD evaluation results. When an ASD evaluation is initiated by the eval team at initial eligibility, typically testing is completed to consider DD eligibility and then the two to three ASD evaluation procedures are completed by the eval team. In those instances, DD results are conveyed in an EI or ECSE report and the team will start an ASD report.

Occasionally, the eval team completes an entire ASD evaluation (child not eligible for DD or family not planning to access ECSE services). In those instances, developmental testing completed to consider DD and information related to the ASD eligibility can be reported in the ASD report.

SKILLS AND RECOMMENDATIONS

- **Domains evaluated boxes** must be checked at the beginning of this report to view skills and recommendations. If will provide boxes in the report for only those areas evaluated.

- Include **skills** (IFSP – “Present Levels of Development”), **comments** (optional), **summary** (pull down menu, choose one) and **suggested goals** (IFSP “Needs to Learn”) for areas showing delays.

  **Note:** “Present Levels of Developmental” should be included in the IFSP development page for all areas of development. That information can be obtained from the ASQ, observations, general parent report

- Transfer information to and from development page once information is entered in either the report or the development page. **Buttons will not appear until information is inserted in the report or the development page.** This information can be added to what is currently included (append) or the information can be replaced. Remember to add present levels for those areas not tested.

SUMMARY

- Check all appropriate boxes

- Optional Additional Comments

SUMMARIZE EVALUATION

- Include a **summary** of the evaluation, summarizing the reason for referral, areas assessed, people participating, results, eligibility decision, and recommendations offered (follow-up evaluation, if progress not seen, consult physician, re-do hearing screening), referrals (e.g., Morrison Center, Public Health, Head Start) and resources offered (e.g., Strategies to Support Communication Development). Also, when appropriate, include information about how scores where used in the eligibility determination if they did not both fall at a qualifying level (e.g., The two adaptive scores were not both below the 7th percentile (BDI-3 score 9 and DAYC score 3), but after reviewing the parent concerns and the information they shared in the interview, the DAYC score is believed to be a better indicator of the child’s current skills.). In addition, offer additional explanations about how scores were used in the eligibility decision if different that the norm (e.g., scored both at 2 years, 11 months and at 3 years given the child’s age at evaluation).
FOLLOW-UP INFORMATION MUST BE INCLUDED IN THIS AREA. At a minimum include information about the following needs:

**FOLLOW-UP NEEDED**
- Pending Regional Referral
- Hearing Re-screen
- Potential Categorical Eligibility

**EVALUATORS**

- Service coordinator notifies team that form is ready for review and electronic signatures
- Each team member reviews report for content and accuracy, adds his/herself to the evaluators and enters name in the signature box
- Service coordinator lists who else will receive report

**Archive** the final report when complete and everyone has signed.

- When archiving, add the date of the evaluation, the type of evaluation, and EI/ECSE eligibility determination in the notes box.

**Distribute report**

- Print, include hand-written signatures for all team members, and follow site distribution procedure.
- Please, continue to send a copy of the Test Results Handout to the parents when sending the report (O drive/Early Intervention/Eval Results Form and HO/Test Results (English and Spanish)).
ECSE Speech and Language Report: Report Formatting
(information in bold, in CAPS, and underlined must be included)

- If AEPS was used in the evaluation, enter scores into ecWeb

**DATE OF EVALUATION**

**CHILD INFORMATION** (most information pre-fills)

**COMMUNICATION SKILLS EVALUATED** - Check all appropriate boxes regarding what was evaluated (Articulation, Language, Fluency – if the language box is not checked, only the expressive language boxes will appear in the skills and recommendation section.

**BACKGROUND INFORMATION** (all sections)

- List who provided information about the child. There may be more than one source (parent, preschool teacher, doctor, etc.

- Describe the child’s strengths and interests as child indicates, from parent report, and what was observed during evaluation. Information should be included in this section. Information can be transferred between report and development page.

- Developmental concerns – summarize the referral concerns including parental concerns, the results of the ASQ and/or other screenings, and concerns of child care, preschool, and Head Start programs, if appropriate. **INFORMATION ABOUT THE FAMILY** (living with both parents, # of siblings, important facts relevant to family) should be included in this section.

- Medical/Health History – include how information was obtained (checklist, medical records) and date of checklist or records. Include diagnosis if appropriate, and any specific details (eating, sleeping, hospitalizations, significant illnesses, falls, allergies, asthma, seizures, etc). Also include any private therapies the child/family is involved with, including LifeWorks or Morrison Center. *

- Hearing – include tool used to obtain information ((checklist, screening, exam), date completed, and results. Include specific details if concerns in this area. *
  
  - Hearing screening (OAE or pure tone), completed by EI/ECSE or other source, is required if the child is experiencing delays in communication.
  
  - Hearing screening (OAE or pure tone) **must be complete when CD eligibility is being considered**.
  
  - OAE or pure tone screening should be attempted. If child will not participate or there is a machine malfunction, follow-up hearing screening should be recommended and completed if child is eligible.

- Vision – include tool used to obtain information (checklist, screening, and exam), date tool completed, and results. Include specific details, if concerns noted. *

* Information can be transferred, when information entered into the report or the development page.
• Language and cultural considerations – include **language spoken by child**, and language spoken by **family** members and **child care providers**. Other relevant cultural information provided by the family also can be included.

• Developmental Screening Results (it is preferred that this section not be used)

As indicated above, screening results should be reported in the Developmental concerns/Reasons for referral section so all referral information is offered in the same location. It is not inappropriate to included information in this section, but it is not needed.

**GENERAL EVALUATION PROCEDURES** (click on box to add information)

• Click on Fill ECSE or Fill 3 yr transition (this will autofill the first paragraph)

• Also add information below: (previously in additional information section above)

**EVALUATION PLANNING** (include this heading)

  o Include **what information was reviewed** to determine need for ECSE evaluation and **who reviewed** the information

  o Include the **tools the team determined would be used** to complete the evaluation, and **who** all would participated in the evaluation.

  o If the team **changes** evaluation plans during the course of the evaluation, explanation of what and why changes were made also should be stated here.

**NORM-REFERENCED TEST RESULTS AND SUPPORTING MEASURES**

• The speech and language sample is included in this list of tests.

• Check all tests used. For each tool, **include all scores**.

• A separate section is included below this section to explain the examination of fluency (boxes above must be checked).

• If a tool used in the evaluation is **not included** in the list, click on “additional measures” at the bottom and complete.

• Insert **appropriate statement** in the pull-down box (typical, below typical but does not support eligibility, 1.5 SD below, or 2 SD below) for each version of the test used. Leave this blank if the options do not apply (e.g., score is just above 1.5 SD and the team will use that score to support eligibility).

• Optional comments for each test - this is optional, but in many instances information about **how the test was given** (e.g., direct testing and parent report, primarily parent report), any **accommodations** made for vision or orthopedic impairments, **how interpreter** was used to complete testing, etc. should be included. Information about the **child’s engagement levels or strengths** specific to the test also can be included.

**Criterion-Referenced Test Results**

• Check box if **AEPS was completed** during evaluation
If an AEPS was completed during this evaluation, enter the scores in ecWeb – Assessments, the percentages will then appear in the report.

*an AEPS is at a minimum started at each EI and ECSE initial evaluation, but may not be completed.

**Hearing Screening**

This section is **optional**. To include information, check box and enter information. If prefer not to include information, make sure the box is not checked.

**Oral Motor Examination**

This section is **optional**. To include information, check box and enter information. If prefer not to include information, make sure the box is not checked.

**Fluency/Stuttering**

Check the box to include this section, if assessed in the evaluation. Complete as indicated.

**OBSERVATION**

- **ALL REPORTS MUST INCLUDE A SEPARATE DETAILED OBSERVATION.** Observations should not be embedded in each assessment domain as suggested.
  - In-direct (child-directed, play, free-choice time) and direct observations (testing or adult-directed) should be noted.
  - Include information about - attention, engagement, cooperation, transitions between activities, the child’s play (type of toys used, type of play, duration, how child linked play), the child’s interacts with you and family members, and what the child said and did.
  - If another language was used, describe how the interpreter was used. Include critical information regarding the child’s understanding and speaking in the other language as well as English.

- According to… - this is always a good question to ask but it will not appear in the report if it is left blank. This is optional.

**SKILLS AND RECOMMENDATIONS**

- For language, Include skills (IFSP – “Present Levels of Development”), comments (optional), summary (pull down menu, choose one) and suggested goals (IFSP “Needs to Learn”) for areas showing delays. Check the box at the top to ensure both receptive and expressive language information can be included.

  **Note:** “Present Levels of Developmental” should be included in the IFSP development page for all areas of development. That information can be obtained from the ASQ, observations, general parent report

- Transfer information to and from development page once information is entered in either the report or the development page. Buttons will not appear until information is inserted in the report or the
development page. This information can be added to what is currently included (append) or the information can be replaced. Remember to add present levels for those areas not tested.

- Check all appropriate boxes
- Optional Additional Comments

**SUMMARY**

**SUMMARIZE EVALUATION**

- Include a summary of the evaluation, summarizing the reason for referral, areas assessed, people participating, results, eligibility decision, and recommendations offered (follow-up evaluation, if progress not seen, consult physician, re-do hearing screening), referrals (e.g., Morrison Center, Public Health, Head Start) and resources offered (e.g., Strategies to Support Communication Development). Also, when appropriate, include information about how scores were used in the eligibility determination if they did not both fall at a qualifying level (e.g., The two adaptive scores were not both below the 7th percentile (BDI-3 score 9 and DAYC score 3), but after reviewing the parent concerns and the information they shared in the interview, the DAYC score is believed to be a better indicator of the child’s current skills.). In addition, offer additional explanations about how scores were used in the eligibility decision if different that the norm (e.g., scored both at 2 years, 11 months and at 3 years given the child’s age at evaluation).

**FOLLOW-UP INFORMATION MUST BE INCLUDED IN THIS AREA.** At a minimum include information about the following needs:

- **FOLLOW-UP NEEDED**
  - Pending Regional Referral
  - Hearing Re-screen
  - Potential Categorical Eligibility

**EVALUATORS**

- Service coordinator notifies team that form is ready for review and electronic signatures
- Each team member reviews report for content and accuracy, adds his/herself to the evaluators and enters name in the signature box
- Service coordinator lists who else will receive report

**Archive** the final report when complete and everyone has signed.

- When archiving, add the date of the evaluation, the type of evaluation, and EI/ECSE eligibility determination in the notes box.

**Distribute report**

- Print, include hand-written signatures for all team members, and follow site distribution procedure.
- Please, continue to send a copy of the Test Results Handout to the parents when sending the report (O drive/Early Intervention/Eval Results Form and HO/Test Results (English and Spanish)
ASD Report: Report Formatting
(information in bold, in CAPS, and underlined must be included)

DATE OF EVALUATION

CHILD INFORMATION (most information pre-fills)

- Describe the child’s strengths and interests as indicated by parent report, what was observed during evaluation and observations from teachers. All evaluators should review this section and add information as appropriate. *

- Developmental concerns/Reasons for referral – summarize the team’s decision to evaluate for ASD including specific parental and teacher concerns, medical diagnosis, previous ASD eligibility, results of pre-referral ASD form, and response to intervention information if child has been receiving EI and/or ECSE services.

- Medical/Health History – include how information was obtained (checklist, medical records) and date of checklist or records. Include diagnosis if appropriate, and any specific details (eating, sleeping, hospitalizations, significant illnesses, falls, allergies, asthma, seizures, etc). Also include any private therapies the child/family is involved with, including LifeWorks or Morrison Center. *

- Hearing – include tool used to obtain information ((checklist, screening, exam), date completed, and results. Include specific details, if there are concerns in this area. *
  - Hearing screening (OAE or pure tone), completed by EI/ECSE or other source, is highly suggested for any ASD evaluation.
  - OAE or pure tone screening should be attempted. If child will not participate or results are inconclusive, complete a referral for hearing screening/evaluation (referral to ESD audiologist to complete sound booth testing).

- Vision – include tool used to obtain information (checklist, screening, and exam), date tool completed, and results. Include specific details, if concerns noted. *

* Information can be transferred, when information entered into the report or the development page.

- Language and cultural considerations – include language spoken by child, and language spoken by family members and child care providers. Other relevant cultural information provided by the family also can be included.

- In additional information section add - EDUCATIONAL HISTORY AND INFORMATION ABOUT THE FAMILY – include the child’s educational history (months attending educational program including EI and/or ECSE) as well as information about the family (living with both parents, # of siblings, important facts relevant to family).
EVALUATION PROCEDURES

1. Review of child’s file - Indicate who reviewed child’s file.

2. Developmental Profile/Interview with child’s parents – Indicate Profile used – Parent Interview, who conducted and date conducted.

3. Observations – conducted by and date (these will be the two indirect observations, at a minimum)

4. Direct interactions observation – conducted by (typically the SLP will complete this observation when completing the Functional communication assessment) and date.

Optional comments about location and duration of the observations and direct interactions – those conducting the observations and direct interactions should include information about the location and duration of the observations. Other circumstantial information specifically relevant to the observations also should be included.

5. Communication Assessment – indicate communication assessments completed including direct testing and functional communication assessment and date conducted.

6. Medical Statement or Health Assessment – conducted by (medical provider completing form) and date conducted.

Optional: Include medical provider notes included on the form

7. Behavior Rating Scales – who completed assessment (conducted by), name of assessment(s) used, and date conducted – include all behavior rating scales (at a minimum the ASRS or the ABC checklist must be included)

8. Assessment to Determine Impact of Disability – who completed assessments to determine impact, name of assessment(s) used, and date conducted – include all assessments that apply (e.g., developmental assessments completed during the initial evaluation, Functional Behavior Assessment (FBA), Sensory Profile, etc.).

9. Additional Assessments to Determine Educational Needs - who completed assessment(s) to determine educational needs, name of assessment(s), and date conducted – include all assessments that apply (e.g., AEPS, other developmental assessments completed at initial eligibility, FBA).

DEVELOPMENTAL HISTORY

This is a required field – the box must be checked for the dialogue box to appear and to be included in the report.

- Include a detailed summary of the child’s developmental history obtained by reviewing the child’s educational file, interviewing the parents and or other caregivers, and interviewing the child’s educational providers. The summary should include information about the child’s skill development in infancy, as a toddler and as a preschooler, if applicable. The summary should include information about all areas of development but particularly the 4 areas considering in an ASD evaluation

TEACHER/DAYCARE PROVIDER REPORT
- Include a detailed summary of the child’s educational history and other information obtained by interviewing the child’s early childhood educators.

**BEHAVIOR RATING SCALE(S)**

- Press add button and choose assessment(s) from pull down list. This will insert a specific assessment format.
- Insert names of people offering information - completing tools and date completed.
- For each tool, **include all scores**.
- Insert **appropriate statement** in the pull-down box (typical, below typical but does not support eligibility, 1.5 SD below, or 2 SD below) for each version of the test used. Leave this blank if the options do not apply (e.g., score is just above 1.5 SD, and the team will use that score to support eligibility).
- Optional comments for each test - this is optional, but in many instances information about **how the test was given** (e.g., direct testing and parent report, primarily parent report), any **accommodations** made for vision or orthopedic impairments, **how an interpreter** was used to complete testing, etc. should be included. Information about the **child’s engagement levels or strengths specific** to the test also can be included.
- **SUMMARY COMMENTS** (in optional summary comments) - Provide a statement about key behaviors and the probability of ASD based on the score. Most behavior rating scales, including the ASRA provides narrative information that can be used to complete this summary.

**ADDITIONAL NORM-REFERENCED RESULTS AND SUPPORTING MEASURES**

- Press add button and choose assessment(s) from pull down list. This will insert a specific assessment format.
- If a tool used in the evaluation is **not included** in the list, click on “additional measures” at the bottom.
- The **Functional Communication Assessment** should be included in this section as an additional measure.
- Insert names of people offering information and completing tools and date completed.
- For each tool, **include all scores**.
- Insert **appropriate statement** in the pull-down box (typical, below typical but does not support eligibility, 1.5 SD below, or 2 SD below) for each version of the test used. Leave this blank if the options do not apply (e.g., score is just above 1.5 SD, and the team will use that score to support eligibility).
- Optional comments for each test - this is optional, but in many instances information about **how the test was given** (e.g., direct testing and parent report, primarily parent report), any **accommodations** made for vision or orthopedic impairments, **how interpreter** was used to complete testing, etc. should be included. Information about the **child’s engagement levels or strengths specific** to the test also can be included.
Criterion-Referenced Test Results (optional – AEPS scores can be included and used as a tool to determine educational needs)

- Check box if AEPS was completed during evaluation
  
  o If an AEPS was completed during this evaluation, enter the scores in ecWeb – Assessments, the percentages will then appear in the report.

**DEFINITION AND CHARACTERISTICS OF AUTISM SPECTRUM DISORDER (ASD)**

This section will be included in all ASD report, no action needed.

**SUMMARY OF FINDINGS**

**Note:** Begin each of these four sections (communication, social interactions, patterns of behavior, and sensory responses) with a list of behaviors/characteristics suggesting that ASD is a concern (e.g. limited eye contact, difficulty with pronouns and communication repair, does not respond on topic, limited topics, limited to no verbal communications – refer to direct observation form for a more complete list). These lists can be generated from information obtained from the observations, rating scales, histories, etc. Each evaluator should review each section to add behaviors/characteristics from the information they collected.

Below this list include a summary of the information collected during the observations, the reviews of histories (developmental, educational and medical), and developmental assessments specific to each section. The summary should offer back up information related to the list of behaviors/characteristics offered in the list, highlighting specific examples. Changes in behaviors should be included as well as differences in responses across settings or activities, if appropriate. If behaviors/characteristics included in the list were not observed or mentioned in particular activities, make note of those differences (e.g. not mentioned in history but observed frequently or observed often but not indicated in history). Information in each section should also address whether impairments in these four areas are inconsistent or discrepant with the child’s development in other areas (inconsistent within a developmental area or discrepant from area to area of development – see examples below) and documented over time and/or intensity. Each evaluator should review each summary and add information as needed.

**COMMUNICATION**

- Include a list of communication behaviors/characteristics suggesting ASD is a concern at the beginning of this section.

- Include summary with emphasis on communication. Must include information as to whether impairments in communication are inconsistent or discrepant with the child’s development in other areas and documented over time and/or intensity. See example below:

  **Inconsistent:** can memorize detailed facts but can’t generalize information from the facts to use in a new situation.

  **Discrepant:** has acute hearing but no speech

  **Discrepant with other areas:** had words, now is not using words and has not lost skills in other areas or is able to read at 2.5 years, but not toilet trained at age 4.5 years.
• A statement referring reader to Functional Communication Assessment for more detailed information can be added.

SOCIAL INTERACTIONS

• Include a list of social interaction behaviors/characteristics suggesting ASD is a concern at the beginning of this section.

• Include summary with emphasis on social interactions. Must include information as to whether impairments in social interactions are inconsistent or discrepant with the child’s development in other areas and documented over time and/or intensity. See examples below:

  **Inconsistent/Discrepant:** can recite all the rules of a game, but has difficulty following the rules; can move through computer programs with ease but cannot greet people; can use a cup and spoon efficiently, but can’t sit for longer than three minutes with the family at a meal.

PATTERNS OF BEHAVIOR

• Include a list of patterns of behavior behaviors/characteristics suggesting ASD is a concern at the beginning of this section.

• Include summary with emphasis on patterns of behavior. Must include information as to whether impairments in patterns of behavior are inconsistent or discrepant with the child’s development in other areas and documented over time and/or intensity. See examples below:

  **Inconsistent/Discrepant:** can’t imitate simple actions of others, but can look at a picture of a puzzle and put it together; has interest in one subject, often to the point of perseveration, but has difficulty learning a new interest; can pick a lock, but can’t open the toothpaste.

SENSORY RESPONSES

• Include a list of sensory responses behaviors/characteristics suggesting ASD is a concern at the beginning of this section.

• Include summary with emphasis on sensory responses. Must include information as to whether impairments in sensory responses are inconsistent or discrepant with the child’s development in other areas and documented over time and/or intensity. See examples below:

  **Inconsistent/Discrepant:** can independently dress self but only wears sweats, because of the texture and looseness of those clothes; loves to run, jump, hop to get from place to place, but is not able to copy and imitate complex motor movements

Comments (optional)

• Information related to the child’s strengths can be embedded in the summaries in the four sections or the child’s strengths could be reviewed in the comment box.

IMPACT ON LEARNING

• Provide a summary of how the documented behaviors impact developmental progress and the need for specially designed instruction. Consider child’s ability to functionally engage in developmental and
classroom activities, process visual and auditory information, respond social and environmental cues, and communicate needs.

RECOMMENDATIONS

- Educational recommendation for the child

  Might include:

  - Introduction of specific strategies (visual supports, sit near teacher, give time to respond)
  - Further assessment in particular area
  - Monitoring of skill development in particular area
  - Referral to other community resources

EVALUATORS

- Once all evaluators have input their information:

  Service coordinator notifies team that form is ready for review and electronic signatures

  Each team member reviews report for content and accuracy, adds his/herself to the evaluators and enters name in the signature box

  Service coordinator lists who else will receive report

  **Archive** the final report when complete and everyone has signed.

  When archiving, add the date of the evaluation, the type of evaluation, and EI/ECSE eligibility determination in the notes box.

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  Print, include hand-written signatures for all team members, and follow site distribution procedure.

  Please, continue to send a copy of the Test Results Handout to the parents when sending the report (O drive/Early Intervention/Eval Results Form and HO/Test Results (English and Spanish).
Evaluation Process Guidelines/Timelines Based on 2016-17 EI/ECSE Student Calendar

Key Timelines

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial EI Eligibility Timeline</td>
<td>45 calendar days from referral to IFSP</td>
</tr>
<tr>
<td>ECSE Eligibility to IFSP</td>
<td>30 calendar days</td>
</tr>
<tr>
<td>Consent for Evaluation (after initial EI eligibility and all ECSE eligibilities)</td>
<td>Eligibility must be completed within 60 school district days</td>
</tr>
</tbody>
</table>

**EI Evaluations:**

- EI Eligibility and EI IFSPs are completed following evaluations at all times of the year.
- In most instances, EI referrals will result in an evaluation (EI screenings can be completed only in specific instances)
- All areas of development are evaluated in all EI evaluations
- EI Medical Statement eligibility is completed as a specific process typically by site teams (see EI Medical Statement process)

**ECSE Evaluations and Eligibility**

- It will be determined at intake whether an ECSE screening can be completed before an evaluation or whether an evaluation needs to be scheduled upon referral.
- **Categorical eligibilities must be considered first when planning ECSE evaluations and appropriate information collected to consider all appropriate eligibilities.** A DD eligibility can be considered if the child does not qualify for a categorical eligibility. In some instances, a DD eligibility will be established to initiate services, while additional information is collected to consider a categorical eligibility.
  
  - **Children transitioning to kindergarten in 2017:** If a transitioning child does not initially meet eligibility criteria for one of the school-age categories, the Eval Team Coordinator is consulted regarding the rationale for establishing DD eligibility and/or plans to consider a categorical eligibility are established.

- Eligibility is completed by the eval team following an ECSE evaluation except during days or weeks prior to a break in the EI/ECSE student calendar. When evaluation results indicate that a child may be eligible, results are sent to the site for team consideration. Refer to dates below to determine when ECSE eligibilities are not completed by the eval team.

  | July 5th – Sept. 6th, 2016 | Feb 27th – April 10th, 2017 |

**Note:**

- During these times, non-eligibility will be determined by the eval team when eligibility criteria are not met.
- ECSE eligibility should be established when both EI and ECSE eligibilities are considered in the initial evaluation when the child is approaching his/her third birthday because an IFSP will be developed at the same time.

**October 31st - December 1, 2016** – All Eligibilities and IFSPs are completed by the eval team following all initial evaluations (EI and ECSE) from October 31, 2016 to December 1, 2016.

**Children Transitioning to Kindergarten after May 1, 2016**

Children referred May 1, 2017 or after, who are transitioning to kindergarten in 2017, will be scheduled for a screening only. Screening results will be forwarded to the home school district for evaluation consideration.
Exiting from EI and ECSE Eligibility

When a team is questioning whether a child continues to be eligible for EI or ECSE services follow the process below:

1. Evaluation Planning Meeting
   - Notice of Team Meeting
     o Send notice of meeting to parents and other IFSP team members
   - Evaluation Planning Meeting
     o Team develops an evaluation plan. All existing information should be reviewed in this meeting
     o The plan should identify what additional data are needed to determine continuing eligibility or non-eligibility
       - Program policy requires updated standardized testing (results no more than 9 months old) anytime continued eligibility is to be considered
   - Prior Notice About Evaluation
     o Obtain Prior Consent for Evaluation from the parents at the evaluation planning meeting (consent is always needed, even when only current information will be reviewed)
       - Consent should include all additional evaluation procedures (standardized tests, updated AEPS, additional observation) recommended as well as existing program information or information from outside sources (e.g., evaluations from private providers) that will be used to review eligibility.
         - The names and dates of current and outside information used in the eligibility decision should be specified on the consent (optional comments section)
       - Descriptions of each test or procedure must be included.

2. Complete evaluation and summarize the results using the appropriate ecWeb Evaluation Report form (EI, ECSE, ECSE Speech, ASD Evaluation Reports).

3. Once the evaluation is completed, if it has been more than 9 months since the most recent evaluation, service coordinator completes the billing form on ecWeb and sends a notification of evaluation billing to census email (do not wait until the eligibility meeting to complete the billing form and send the email). See evaluation billing and report writing instructions.

4. The eligibility team meets to determine whether the child continues to qualify for services.
   o The team completes the appropriate eligibility statement
   o Signatures of team members are obtained

5. The service coordinator completes Prior Notice of EI/ECSE Action in which eligibility determination is clearly explained.

See Directions Next Page

Early Intervention/Early Childhood Education Hearing Screening/Evaluation Request

Child Name: ___________________________ Date of Birth: __________

Parent(s) Name: ___________________________

Parent(s) Address: ___________________________

Parent(s) Phone Number: ___________________________ Parent(s) Alternate Number: ___________________________

Service Coordinator: ___________________________ Service Coordinator Phone Number: ___________________________

Service Coordinator Email: ___________________________

Requesting: □ Hearing Screening □ Hearing Evaluation

Reason for hearing screening/evaluation request:

Other Pertinent Information:

EI/ECSE Service Coordinators: Please attach any supporting documents and send this request to your supervisor for approval.

Coordinator Signature ___________________________ Date __________

Director Signature ___________________________ Date __________

Please note: Audiograms will be emailed to the service coordinator identified on this form. Questions about the hearing screening or evaluation can be addressed to Bret Wonderlick at bretw@nwresd.k12.or.us or 503-614-1265.
**Hearing Screening/Evaluation Request Process**

**When to request a hearing screening with an audiologist:**

- One or more hearing screening were attempted by EI/ECSE, but child was reluctant to participate and the SLP believes that conditioning will not improve the child's willingness to participate.

**When to request a hearing evaluation with an audiologist:**

- The child has failed two hearing screenings completed by EI/ECSE or other providers.
- The child has a condition that puts him/her at risk for hearing impairment and no other conclusive hearing evaluations are available.
- The child failed his newborn hearing screening

**How to request a hearing screening and/or evaluation:**

1. EI/ECSE service coordinator **completes screening/evaluation request form** and **sends it to supervisor**. Include a clear explanation of why the request is being made and attach evidence of failed screenings or previous audiological testing, if available.

2. Once supervisor reviews and signs form it will be routed to:
   a. Admin assistant and director for additional review, signatures, and tracking
   b. Regional program for tracking and appointment scheduling

3. **Regional will schedule appointment** with family and log contacts with family in ecWeb.

4. **Audiologist will conduct screening and/or evaluation** (no consent for eval needed, since this is not considered a special ed. referral).

5. Audiologist will use his professional judgement to move from screening to evaluation if concerns are noted in the screening.

6. **Audiologist will email service coordinator** when screening or evaluation is complete and **log results** in the contact log of ecWeb. If the service coordinator is unsure if the loss would qualify the child for HI services, email or talk with the audiologist for additional information.

7. If results of a hearing evaluation indicate a qualifying hearing loss, the **service coordinator will submit a Regional referral for HI service consideration**.

8. The service coordinator should do a **quick file review** to determine the need for additional evaluation (communication testing, AEPS) to support the impact of the hearing loss and **schedule an IFSP meeting**.
   a. If additional communication testing is needed, a **consent for evaluation** should be **obtained prior to testing**. This same consent should include the audiological testing and all other assessment that will be used to determine HI eligibility. Once all information is collected the meeting can be held to consider HI eligibility and add HI services to the IFSP.
   b. If additional testing is not needed, a **consent for evaluation using the file review process should be obtained at the IFSP meeting** (include the audiological evaluation and all other evidence that will be reviewed). **After determining eligibility**, HI services should be added to the IFSP.

**Note:** The HI specialist should be invited to the IFSP meeting to help in determining HI eligibility, but, if the team is confident in reading audiological results, HI eligibility can be done without the HI specialist being present.
Prior Notice of Evaluation/Consent for Evaluation

It is required to obtain permission from the parent before evaluating the child. A foster parent is able to sign this form (caseworkers cannot sign educational documents).

**Timeline**

For any ECSE evaluation and any EI evaluation being done after initial eligibility, a 60-school-day timeline applies. Eligibility must be determined on or before the timeline.

The parent MUST SIGN the box giving permission for the evaluation. If the “Refuse permission” box is checked in error, or no box is checked, and the evaluation did occur, the form must be re-signed by the parent. The form cannot be altered by the service coordinator.

The date the parent signs the form must be on or before the date of the evaluation. It may be different than the date printed on the form.

The box regarding the procedural safeguards must be checked. It can be pre-printed or hand checked.
**Prior Notice of Evaluation “Evaluation Consent”**

- Consent must be provided by the parent when an evaluation is proposed.
  - Initial Evaluation
    - EI or ECSE or Move in from another state
  - Reevaluation
    - No evaluation (when a reevaluation is due)
- Consent must be informed and voluntary
  Note: Informed consent implies that the parent fully understands the purpose of the evaluation, the nature of each measure and what it will assess, and how the information gathered will be used.
- **Because:** Describe reason the evaluation is proposed
- **Proposal is based on the following:** List data used to support the evaluation plan
  - Referral information including screening and parental and teacher concerns
  - Previous or independent evaluations
  - School records
  - Reports from other providers
- **Other options considered:** list any other courses of action considered
  - “Wait until child has acclimated to classroom environment”
    - **Example:** parents are concerned their child might have behavioral or other social difficulties, and the child was recently found eligible under Developmentally Delayed and has attended only three classes
  - “Wait and collect more data”
    - **Example:** The parent has scheduled evaluation next month at CDRC and team would like to wait until the report is available to decide on what additional testing the team may need to conduct to determine eligibility
- **We decide against those options because:** list reasons
- Any other factors considered: medical diagnoses, recent family move, change in preschool, etc.
- **We request your consent because:** Check appropriate boxes
  Note: If any behavioral measures or IQ tests are planned, the box “This evaluation will include intelligence or personality testing” must be checked. These measures cannot be used without signed parental consent.
- **We plan to use these evaluation procedures . . .**
  - List each procedure (no acronyms allowed)
- Ask parent to check either “I give permission” or “I refuse permission”
  Note: If neither box is checked, the team may not evaluate until this is corrected. It cannot be assumed that because the parents signed, they intended to provide consent.
- If it will be necessary to exchange any records as part of the evaluation (e.g., sending a request for medical statement, etc.), obtain a Record Release and list the date this was signed.
- Ask parent to sign and date the Consent for Evaluation.
- Check the box at bottom which indicates that parents were provided a copy of the Notice of Procedural Safeguards
Other Program

Forms and Procedures
Additional Family Information

Date form completed _____________________
Child’s Name _____________________________________________
Child’s Date of Birth _________________________
Name of person completing form __________________   Relationship to child_______________________

• McKinney-Vento Homeless Assistance Act

The McKinney-Vento Homeless Assistance Act is a federal law that provides funds for homeless shelter programs and offers protections for homeless school-age children. We have been asked by local school districts to collect information about homelessness in Washington County. Your answers below also will help us offer our services appropriately and efficiently.

Presently, where does the child live? (check all that apply)
☐ Sharing housing with another family because of economic hardships or loss of housing
☐ In a emergency or transitional housing program
☐ In a motel, hotel, trailer park, or campground
☐ In a car, park, public space without water or heat
☐ Temporary Foster Care placement (waiting for Foster Care placement)
☐ Migratory children living in any of the above situations
☐ None of the above
☐ I decline to respond

• Other agencies serving your child any time in the last year (check all that apply):
☐ Babies First  ☐ Developmental Disabilities
☐ CaCoon       ☐ Early Head Start
☐ CDRC         ☐ Family Resource Managers
☐ Children, Adults & Families (DHS) ☐ Head Start
☐ Community Preschool ☐ Head Start Pre-Kindergarten (OPK)
☐ County Health Nurse ☐ Migrant Head Start
☐ Child Care Program ☐ Healthy Start
☐ Medicaid
☐ Mental Health (Morrison Center or Lifeworks)
☐ Private Therapist
☐ Respite
☐ Safety Net
☐ WIC
☐ Other Agency

• Race and Ethnicity (check all that apply):
☐ White ☐ Black ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaskan Native ☐ Latino/a?

Once complete, give page 2 to family and return page 1 to the evaluation team or the child’s service coordinator. The second page offers additional information about McKinney-Vento as well as a list of local resources.

This information will remain confidential.

Thank you!!

Evaluation Team: please include with the distribution packet
Service Coordinators: please submit this form with the Placement half sheet

NWRESD 2016
Información Adicional de la Familia

Fecha que llenó el formulario _____________________
Nombre del niño/a _____________________________________________
Fecha de nacimiento del niño _________________
Nombre de la persona que llenó el formulario __________________. Relación con el niño ________________

- Ley McKinney-Vento para Ayudar a los Indigentes
  La ley McKinney-Vento para ayudar a los indigentes es una ley federal que provee fondos para los programas de alberge para los indigentes y ofrece protección para los niños indigentes de edad escolar. Los distritos escolares locales nos han pedido recaudar información acerca de los indigentes en el Condado de Washington. Su respuesta abajo también nos ayudará a ofrecerle nuestros servicios apropiada y efectivamente.

  Actualmente, ¿dónde vive el niño? (Marque todos los que aplican)
  - Compartiendo vivienda con otra familia por dificultad económica o pérdida de vivienda
  - En un programa de vivienda de emergencia o transicional
  - En un motel, hotel, parque de viviendas móviles o parque de campamento
  - En un auto, parque, espacio público sin agua o calefacción
  - Ubicación Temporal de Cuidado de Crianza (En espera para ubicación temporal de cuidado de crianza)
  - Niños migratorios que viven en cualquiera de las situaciones mencionadas arriba.
  - Ninguno de los mencionados arriba
  - Me niego a responder

- Otras agencias que le proporcionaron servicios a su hijo en algún momento en el último año (Marque todos los que aplican):
  - Babies First
  - CaCoon
  - CDRC
  - Children, Adults & Families (DHS)
  - Preescolar de la comunidad
  - Enfermera del condado
  - Programa de cuidado infantil
  - Discapacidades del desarrollo
  - Early Head Start
  - Directores de Recursos Familiares
  - Head Start
  - Head Start Pre-Kindergarten (OPK)
  - Migrant Head Start
  - Healthy Start
  - Medicaid
  - Mental Health (Morrison Center or Lifeworks)
  - Terapista privado
  - Respite
  - Safety Net
  - WIC
  - Otra agencia

- Raza y Etnicidad (Marque todos los que aplican):
  - Blanco
  - Negro
  - Asiático
  - Nativo de Hawaii o Isleño del Pacífico
  - Indio Americano o Nativo de Alaska
  - Latino

Once complete, give page 2 to family and return page 1 to the evaluation team or the child’s service coordinator. The second page offers additional information about McKinney-Vento as well as a list of local resources.

This information will remain confidential.

¡¡Gracias!!

**Equipo de evaluación:** por favor inclúyalo con el paquete de distribución

**Coordinadores de servicios:** por favor entregue este formulario con la media página de ubicación
McKinney-Vento Homeless Assistance Act
School District and Community Resources

School District Liaisons

If you currently find yourself in any of the situations described on page 1, you and your children may be entitled to assistance. To learn about resources, please contact your school district liaison listed below. Additional community resources also are provided below.

Banks School District  Call 503-324-5151
Beaverton School District  Call Social Services Program at 503-356-5071
Forest Grove School District  Call 503-359-8137 ext. 3531
Gaston School District  Call 503-985-7516 ext. 221
Hillsboro School District  Title X Student Advocate, at 503-844-1495
Sherwood School District  Title X Coordinator at 503-825-5480
Tigard-Tualatin School District  Homeless Liaison Coordinator 503-431-4144

Community Resources

211 info: 211 or 866-698-6155
http://211info.org/211-oregon-sw-washington/regional-hubs/washington-county

Housing & Homeless Services: Community Action 503-640-3263
- Sheltering families in times of crisis, promoting housing stability

Child Care Resource & Referral: 971-223-6100 or 800-624-9516
- Connecting families with child care providers in Washington & Columbia Counties

Early Head Start & Head Start: 503-693-3262
- Comprehensive programs serving children from infancy to age five

Energy Assistance: 503-615-0771
- Helping families stay warm and safe

Emergency Rent Assistance: 503-615-0770
- Keeping families in their homes

Family Resource Managers:
- Banks, Gaston, Forest Grove – 503-359-2598
- Beaverton – 503-277-0484 or 503-601-9373
- Hillsboro – 503-844-1688
- Sherwood – 503-825-5015
- Tigard-Tualatin – 503-603-1582

Healthy Families: 503-517-3198
- Pregnancy and parenting support

Weatherization: Community Action Energy Conservation 503-906-6550
- Helping families reduce energy cost through conservation services
Ley McKinney-Vento Para Ayudar a los Indigentes
Recursos del Distrito Escolar y la Comunidad

Intermediarios del Distrito Escolar

Si usted actualmente se encuentra en una de las situaciones descritas en la página 1, usted y sus hijos podrían recibir ayuda. Para aprender más sobre los recursos, por favor comuníquese con el intermediario de su distrito escolar listado abajo. También, abajo le proporcionamos recursos de la comunidad adicionales.

Distrito Escolar de Banks  Llame 503-324-5151
Distrito Escolar de Beaverton Llame al Programa de Servicios Sociales al 503-356-5071
Distrito Escolar de Forest Grove Llame al 503-359-8137 ext. 3531
Distrito Escolar de Gaston Llame al 503-985-7516 ext. 221
Distrito Escolar de Hillsboro Llame a Defensora estudiantil del Titulo X, al 503-844-1495
Distrito Escolar de Sherwood Llame a coordinadora del Titulo X al 503-825-5480
Distrito Escolar de Tigard-Tualatin Llame a Coordinadora intermediaria de los indigentes 503-431-4151

Recursos Comunitarios

211 info: 211 or 866-698-6155
http://211info.org/211-oregon-sw-washington/regional-hubs/washington-county

Directores de Recursos Familiares
- Banks, Gaston, Forest Grove – 503-359-2598
  - Beaverton – 503-277-0484 or 503-601-9373
  - Hillsboro – 503-844-1688
  - Sherwood – 503-825-5015
  - Tigard-Tualatin – 503-603-1582

Servicios para la Vivienda y los Indigentes: 503-640-3263
- Alberga a las familias en tiempos de crisis, promoviendo la estabilidad de viviendas

Recursos para Cuidado de Niños y Referidos: 971-223-6100 o 800-624-9516
- Conecta a las familias con proveedores de cuidado de niños en los Condados de Washington y Columbia

Early Head Start y Head Start: 503-693-3262
- Programas completos para servir a los niños desde la infancia hasta la edad de 5 años

Ayuda para la Electricidad: 503-615-0771
- Ayuda a las familias a mantenerse seguras y con calefacción

Ayuda para el Alquiler: 503-615-0770
- Ayuda a las familias para que se mantengan en sus casas

Healthy Families: 503-517-3198
- Apoyo para los padres y el embarazo

Climatización: 503-906-6550
- Ayuda a las familias a reducir los costos de electricidad a través de servicios de conservación

NWRESD July 2016
**Attendance Form**

<table>
<thead>
<tr>
<th>Week of Month</th>
<th>1st Week</th>
<th>2nd Week</th>
<th>3rd Week</th>
<th>4th Week</th>
<th>5th Week</th>
<th>ESD Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (Type NC for no class)</td>
<td>M</td>
<td>T</td>
<td>W</td>
<td>TH</td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

**STUDENT NAMES**

Indicate Typical Peer Students with an asterisk (*) in the Student Names section.

| Day(s) of Week | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | P | A |

**STAFF NAMES & TITLES**

Include all staff and substitutes physically present (mark present for prep work).

| Date (Type NC for no class) | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | P | A |

(ESD Only) Total Students

(ESD Only) Total Staff
Census Form  Updated: 8/9/16

Email completed form to: ei-census@nwresd.k12.or.us

Completed By: Name: Date:

**CHILD INFORMATION:** (Please complete all areas below for all children)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>DOB:</th>
<th>Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home:</td>
<td></td>
</tr>
</tbody>
</table>

**IFSP Information**

<table>
<thead>
<tr>
<th>Date IFSP was held:</th>
<th>Type of IFSP:</th>
</tr>
</thead>
</table>

**Cross County Information**

When there is a change in Cross County status please explain below.

Effective Date: 

Please describe circumstances for cross cty services:

---

**New or Revised Eligibility**

Complete billing form in ecWeb and email billing notification to ei-census

<table>
<thead>
<tr>
<th>Initial Consent for ECSE Eval Signed</th>
<th>Date:</th>
</tr>
</thead>
</table>

Primary (EI) Eligibility: Date:
Secondary (EI) Eligibility: Date:
Primary (ECSE) Eligibility: Date:
Secondary (ECSE) Eligibility: Date:
Additional Eligibility: Date:

If there are any revisions in eligibilities please note in the note field at the bottom

Eligible for DD 0-2 or DD 3-5, please check appropriate boxes below:

<table>
<thead>
<tr>
<th>EI</th>
<th>Communication</th>
<th>Adaptive</th>
<th>Physical</th>
<th>Social/Emotional</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECSE</td>
<td>Communication</td>
<td>Adaptive</td>
<td>Physical</td>
<td>Social/Emotional</td>
<td>Cognitive</td>
</tr>
</tbody>
</table>

Eligible for CD please check appropriate boxes below:

<table>
<thead>
<tr>
<th>NEW</th>
<th>Voice:</th>
<th>Fluency:</th>
<th>Artic:</th>
<th>Lang:</th>
</tr>
</thead>
</table>

---

**Exiting / Inactive Student Information**

(The drop down lists are long please scroll through the options)

1. Exit Reason: Exit Date: Date:
2. Evaluated, DNQ for the following eligibility(s): 

Transitioned from EI to ECSE:

**Notes:**
Census Form Instructions

Tips for submitting the perfect census form:

Please use the census form on the web each time you complete a new form to ensure you are using the most current version (don’t save a particular version for repeated use)

When census is complete, submit to ei-census@nwresd.k12.or.us

When an evaluation has been completed, please complete billing form in ecWeb the same day the evaluation is completed (don’t wait for eligibility) and send email to ei-census@nrwesd.k12.or.us (refer to Eval Billing and Site Notification document for more details)

Please use the notes box at the bottom of the census form to clarify information submitted

When do I submit census form?

Eligibilities
- After completing an initial eligibility (both when child qualifies and does not qualify)
- When adding a new eligibility or child does not qualify for an additional eligibility under consideration (e.g., ASD started at eval team)
- When a child no longer qualifies for an eligibility

Individual Family Service Plans
- After an initial IFSP
- After an annual IFSP
- When revisions are made to an IFSP

Child Exiting
- Any time a child is exiting from services

Cross County Information
- When a child needs to be added as cross county
- When a child will no longer be served cross county
- When a previous cross county child moves into Washington County

How do I complete the form?

1. Indicate who is completing the form and date submitted.

Child Information
2. Include the child’s last and first names, DOB, Gender, and primary language of the child and primary language spoken in the home.
   **Note:** This section must be completed each time a census is submitted

IFSP Information
3. Include date and type of IFSP completed (initial, annual, revision)
New or Revised Eligibility When Child is Eligible for Services (if child DNQ, see exit instructions)

4. Include **date initial consent** for evaluation was signed
5. Include **primary type of eligibility and date** completed
6. Include **secondary, and any additional eligibilities and date** completed
7. If eligibility was DD for either EI or ECSE indicate **qualifying areas**
8. If eligibility was CD (ECSE) indicate which **qualifying areas** (this is NEW)
9. If there are any other **revisions to eligibilities** and the child is continuing in services, please explain the circumstances in the box below (child no longer qualifies for vision services but is not exiting from services because two other eligibilities still apply)

**Child Exiting**

10. Include the **reason the child is exiting** services and the **exit date** (the drop down list is long, it may be necessary to scroll down to find the appropriate reason)
11. When a child was evaluated and found not eligible, include the types of eligibilities considered and the date eligibility was reviewed.
12. Check the box if the data offered in the form is related to a child transitioning from EI to ECSE

**Cross County Information**

13. Include effective date and explain the change in cross county status in box below the date (e.g., child needs to be added as cross county, child will no longer be served as cross county, or previous cross county child is no longer living in Washington County)
Contact and Service Logs on ecWeb

**Contact Log:** Used to record communication with the family and/or other professionals. This should also be used to log when paperwork is submitted for distribution and when census and billing notification are emailed.

**Service Log:** Required to record services provided by related service providers and primary service providers in community or home visit settings. Duration of the visit must be included in each log.

- At a minimum, each EI home visit must be reflected in the service log. Best practice would suggest details about the visit also should be included.
- Additionally, each visit to a community setting must be logged preferably with details related to the visit.
- The child’s first day in an ECSE class should be entered. Other attendance data does not need to be entered in this log.

**Composite Log:** Shows both Contact Log and Service Log in one view. No entries may be made in this view.

Common examples of the types of communication and where they are recommended to be recorded:

<table>
<thead>
<tr>
<th>Type of Contact</th>
<th>Service Log</th>
<th>Contact Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Community Visit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Consultation by related service to ECSE Classroom</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Phone Call with family</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>IFSP Mtg. Scheduling</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>IFSP Mtg.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Letter to family</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Calls to/from family</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Census and billing</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Paperwork Distribution</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Note** - ECSE staff, please do not put specific dates of attendance in the contact log in an ECSE classroom, regardless of the type of class (Artic, Language, ECSE classroom, etc.). This information should be captured by the classroom attendance records on ecWeb. It is important however, to record the child’s first day of attendance when they are enrolled in classes as this assists when comparing service dates to actual start dates during the SPR&I process.
Confidentiality Guidelines/Exchanges of Information

• All NWRESDEI/ECSE staff should be aware of confidentiality and discuss issues related to individual children only when there is a need for other staff members to be aware of these issues. All NWRESDEI staff, volunteers, practicum and student teachers, and consultants are expected to adhere to confidentiality policies.

• When it is necessary to discuss a child’s services or needs with an outside agency, a release of information is needed.
  
  ▪ **The Mutual Exchange** (FERPA) form is used to exchange information with other non-medical agencies. This form should be used for child care centers, preschools, or other community agencies that do not provide medical/mental health services. If the child’s home school district auto-populates on this form, please delete this agency. It is not necessary and is not recommended as the school district already owns the rights to the child’s educational records. Presenting this form to the parents with the school district listed implies that the parent may refuse to share educational records with the school district, which they are not able to do.
  
  ▪ **The Health Consent** (HIPAA/FERPA) form is used to exchange information with medical agencies. It is very important that you attend to which boxes you are checking because the receiving agencies will be very stringent about what information they will release, subject to the filling of the form. If you are seeking, or could potentially be seeking, mental health information, be sure to have the parent initial the line that says “Mental health related information requested: ” and then specify what information you might be looking for, such as “any diagnosis rendered.”
  
  ▪ **The Insurance Consent** form is obtained from all families yearly, so that our agency is able to submit Medicaid billing for eligible services rendered. A parent’s signature on this form does not affect their personal insurance, but allows us to check a data-base to see if we would be able to receive Medicaid reimbursement for some of the services rendered to their child.

• It is not necessary to obtain a release of information when sending records or transitioning children to the local school district in which the child resides.

**HIPAA** refers to the **Health Insurance Portability and Accountability Act**. This act guides all access and disclosure of medical records. Whenever requesting information from health entities use the HIPAA form. The medical community requires a signed HIPAA form prior to disclosing medical information. This form can be found in ecWeb under Forms.

**FERPA** refers to the **Family Educational Rights and Privacy Act**. This act guides all access and disclosure of School Records within the EI/ECSE Program. Whenever exchanging information to an outside agency (other than the medical community), a Mutual Exchange of Information must be signed by the parent. This form can be found in ecWeb under Forms. The HIPAA Form can also be used for the same purpose.

**Social Media** – Pictures of children in program should not be posted on personal accounts.

OAR 581-015-2300; OAR 581-015-2770; OAR 581-021-0265
Consents (aka Exchanges of Information) entering data in ecWeb

Preschool consents will need to be entered in ecWeb by intake, prior to distribution, when a preschool Mutual Exchange form is received. If a parent declines preschool consent, this should also be logged in the consents tab. This info should be entered as consent is received/declined in order for the eval and site teams to be up to date on current level of consent.

Intake should also enter physician, private provider or EHDI consents when they have been received prior to an evaluation. Receipt of ROIs should also be recorded in the contact log.

1. While in the Child tab, click on the Consents sub-tab.

2. Click add to add a new consent

3. Choose the type of organization from the drop down list

4. Enter the start date (as signed by the parent). The stop date will autofill for one year from the start date; you will only need to change the stop date if the parent wrote in a different stop date.

   Notes for Medicaid consents: When you select Medicaid from the drop down, the end date has a “smart auto-fill” based on the child’s age. If parents signed EI and ECSE consent at a transition meeting you will need to enter them as 2 separate consents and change the EI Medicaid stop date to the day before the child’s 3rd birthday.)

5. If the parent declined consent for an agency check the Declined box

6. Type in the name of the organization in the notes area.
Consultation in ECSE Settings

Individuals who spend the most time with children have the greatest opportunity to impact their development. In early childhood special education classroom settings, this role is filled by the early childhood special education (ECSE) teacher. ECSE teachers are highly trained in all areas of development and are capable of providing enriched special education curriculum to most children within their classrooms. The ECSE program provides additional supports through consultation/collaboration with related service professionals; speech language pathologist (SLP), occupational therapist (OT), physical therapist (PT). Consultation/collaboration is provided within early childhood special education classrooms in a variety of ways.

Classroom curriculum planning support – Related service specialists meet monthly with ECSE teachers to provide input on curriculum planning with focus on their respective areas of expertise. For example: The SLP suggests vocabulary with developmentally appropriate sounds and ideas for language stimulation; the OT recommends fine motor activities; and the PT recommends gross motor activities; all of which support the teacher’s curriculum theme/plan for the month. This is provided for all children as part of the model of service delivery in ECSE classrooms. Data is maintained by the ECSE teacher. This service is not identified on individual IFSPs.

Classroom support (indirect/consult) - Related service specialists observe individual children within the classroom and consult with the teacher to problem solve areas in which the child needs additional support. This support may include some direct interaction with the child to probe skills, but the teacher and educational assistants are primarily responsible for implementing direct interventions as they work with the children every day in class. This service may be recommended for children who need supports beyond the expertise of the ECSE teacher. This service would likely be documented on the ECSE page under “Modifications or support for program personnel.” The ECSE teacher is responsible for data with input from the specialist(s).

These services would be listed on the IFSP as provided by the specific specialist.

**EXAMPLE:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Services to address (speech, language, fine motor, gross motor, nursing)</td>
<td>Consult</td>
<td>30 minutes/month</td>
<td>ECSE Classroom</td>
<td>(projected start date of service)</td>
<td>(day before annual review, Sept. 1st for kindergarten transitions)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service
Who will do this? (SLP, OT, PT, Behavior Specialist, Nurse)
Who will pay? EI/ECSE program
**Direct support (direct/consult)** – Related service providers work directly with individual children based on IFSP services indicating a higher level of specialist support needed to determine interventions that are most effective. They also observe and provide recommendations to teachers and educational assistants to continue the modeled and recommended interventions when the specialist is not present. This service should be documented on the Cover page of the IFSP. The related service provider is responsible for data collection to provide to the teacher.

*Services are defined on the IFSP as being provided by the specific specialist.*

**EXAMPLE:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Services in (speech, language, fine motor, gross motor, nursing, audiology)</td>
<td>Direct</td>
<td>30 min/month</td>
<td>ECSE Classroom</td>
<td>(projected start date of service)</td>
<td>(day before annual review, Sept. 1st for kindergarten transitions)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service  
Who will do this? (SLP, OT, PT, Behavior Specialist, Nurse)  
Who will pay? EI/ECSE program

<table>
<thead>
<tr>
<th>Service</th>
<th>Method</th>
<th>How Often</th>
<th>Location</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Services in (speech, language, fine motor, gross motor, nursing)</td>
<td>Consult</td>
<td>10 min/month</td>
<td>ECSE Classroom</td>
<td>(projected start date of service)</td>
<td>(day before annual review, Sept. 1st for kindergarten transitions)</td>
</tr>
</tbody>
</table>

Provider: Name of actual person providing service  
Who will do this? (SLP, OT, PT, Behavior Specialist, Nurse)  
Who will pay? EI/ECSE program
Important Components of Effective Consultation

1. JOINING developing trust
   a. Empathize, listen, ask open-ended questions
      Examples:
      i. How would you describe your child care program?
      ii. What do you like most?
      iii. What is the most challenging?
      iv. How would you describe the relationship you have with the children in your care?

2. REFLECTIVE OBSERVATION
   (video record, standing side-by-side, thinking out loud together)
   a. Ask questions that get caregiver to reflect on child’s individual differences
      Examples:
      i. What is it like for the child?
      ii. What is going on for her when this is happening?

3. VERBAL FEEDBACK
   a. Specific, contingent, always positive
      Example:
      i. When you ______ it helps ______ the child ______ because ______

4. SUPPORTING REFLECTIVE CAPACITY
   a. Increase capacity to understand their own feelings and needs and also the feeling and needs of the children in care
      Examples:
      i. Tell me more.....
      ii. I wonder.....
      iii. It seems important to you ..... 
      iv. Let’s think about how this new idea is working for you and the child.

5. OFFERING SPECIFIC INFORMATION
   a. Always reflect on what we know about the adult’s learning style
   b. Remember that while we have expertise in the field, we are not experts of the child or setting
      Examples:
      i. What would be most helpful?
      ii. How would you like me to show you information, my suggestions?
Consultation in ECSE Settings  
Parent Edition

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*This service is not identified on individual IFSPs.*

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*Services are listed on the IFSP as provided by the specific specialist.*

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*Services are defined on the IFSP as being provided by the specific specialist.*
Asesoramiento en los Centros de ECSE
Edición Para los Padres

Los individuos que pasan la mayor parte del tiempo con su hijo tienen una mayor oportunidad de impactar su desarrollo. El maestro de Educación Especial en la Primera Infancia (ECSE) es quien pasa más tiempo con su hijo en las aulas de Educación Especial en la Primera Infancia. Los maestros de ECSE están altamente capacitados en todas las áreas del desarrollo y son capaces de proveer un currículo de educación especial bastante enriquecido a la mayoría de los niños en sus aulas. El programa de ECSE provee apoyo adicional a través de asesoramiento y colaboración con profesionales de servicios relacionados; (patóloga del habla y lenguaje (SLP), terapista ocupacional (OT) y terapista física (PT). Se proporciona asesoramiento y colaboración en una variedad de formas dentro de las aulas de Educación Especial en la Primera Infancia.

**Apoyo para la planeación del currículo de la clase** – Los especialistas de servicios relacionados se reúnen mensualmente con los maestros de ECSE para proveer ayuda en el planeamiento del currículo con un enfoque en las áreas de especialidad respectivas. Por ejemplo: El patólogo del habla y lenguaje (SLP) le sugiere vocabulario con sonidos apropiados a su desarrollo e ideas para estimular el lenguaje; la terapista ocupacional recomienda actividades del motor fino y la terapista física recomienda actividades del motor grueso; todas estas para apoyar el tema o plan del mes. Este apoyo es proporcionado a todos los niños como parte del modelo de los servicios en las aulas de ECSE.

**Este servicio no es identificado en el Plan Individual de Servicios para la Familia (IFSP), siglas en inglés.**

**Apoyo (asesoramiento indirecto) en la clase** – Los especialistas de los servicios relacionados observan a los niños individualmente en el aula y consultan con sus maestros para resolver las áreas de problema en las cuales necesitan ayuda adicional. Este apoyo podría incluir algo de interacción directa con el niño para probar sus habilidades, pero el maestro y ayudante educacional son responsables primeramente por implementar intervenciones directas conforme trabajan con ellos todos los días en la clase. Este servicio podría ser recomendado para niños que necesitan más apoyo especializado del cual el maestro de ECSE no cuenta con ello.

**Los servicios están listados en el (IFSP) tal como son proporcionados por el especialista específico.**

**Apoyo directo (asesoramiento directo)** – Los proveedores de servicios relacionados trabajan directa e individualmente con los niños basado en los servicios del IFSP, los cuales indican que se necesita un nivel de apoyo más alto para determinar las intervenciones más efectivas. Ellos también hacen observaciones y proveen recomendaciones a los maestros y ayudantes educacionales para continuar el modelo y recomendar intervenciones cuando el especialista no está presente.

**Los servicios están definidos en el IFSP tal como son proporcionados por el especialista específico.**
Cross-County Procedure for Service Coordinators

UNDER REVISION
EI/ECSE Cross-County Importing Records Process

Whenever there is a request for cross-county service provision, the serving county is responsible for duplicating the existing record. This enables the serving county to enter information on Contact Logs, Service Logs and to make modifications to the IFSP process paperwork. Once modifications have been made via a progress review or new annual IFSP, this leaves the resident district with an incomplete record. At the time of duplication, it is very important to archive the existing IFSP prior to any imports so that the serving district maintains access to the original IFSP.

<table>
<thead>
<tr>
<th>Action</th>
<th>Resident County</th>
<th>Serving County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of request</td>
<td>Emails request to serving primary contact. Enters request into Google Docs</td>
<td>Duplicates ecWeb record. Archives current IFSP. Confirms service provider, enters that info into Google Docs, emails confirmation to resident county primary contact.</td>
</tr>
<tr>
<td>Following initial IFSP mtg. where cross-county service is determined.</td>
<td>Completes IFSP paperwork and distributes.</td>
<td>Imports new IFSP. Begins service provision.</td>
</tr>
<tr>
<td>Progress Review</td>
<td>Importing progress is not currently possible. Hard copies need to be obtained from serving district.</td>
<td>Completes 6 month progress and distributes, send hard copy to resident district. Notifies resident county of completion.</td>
</tr>
<tr>
<td>Annual IFSP</td>
<td>Imports new IFSP.</td>
<td>Invites resident county service coordinator, schedules and conducts IFSP. Completes IFSP paperwork and distributes. Notify resident SC of completion.</td>
</tr>
</tbody>
</table>

Once the serving district has created a new IFSP, the updated IFSP documents must be imported. Please follow these steps:

- Click on “Show Panel” and under Preferences check “until logout, include records from other agencies.”
- Search on the child’s name. You should find at least two records.
- Go to your district record. Your district record is identified by no county name associated with the record. Other county records have the name of the county listed by the child’s name in the top banner. VERIFY that the current IFSP has been archived. If not, archive that IFSP.
- Go to the Registry page. Under the Student information you will see:
  - Click this button.
• Under Choose source record, select the appropriate record from which you would like to import current information. There may be several records for one child so be careful to select the record from the current resident district.

This page will appear:

<table>
<thead>
<tr>
<th>Student</th>
<th>Keep original values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>No differences</td>
</tr>
<tr>
<td>Case</td>
<td>Keep original values</td>
</tr>
<tr>
<td>Other Attributes</td>
<td>Keep original values</td>
</tr>
<tr>
<td>Notes</td>
<td>Keep original values</td>
</tr>
<tr>
<td>IFSP Coversheet</td>
<td>Keep original values</td>
</tr>
<tr>
<td>IFSP ECSE</td>
<td>No differences</td>
</tr>
<tr>
<td>IFSP Team</td>
<td>Keep original values</td>
</tr>
<tr>
<td>IFSP Developments</td>
<td>Keep original values</td>
</tr>
<tr>
<td>IFSP Goals</td>
<td>Keep original values</td>
</tr>
<tr>
<td>IFSP Family</td>
<td>No differences</td>
</tr>
<tr>
<td>IFSP Transition</td>
<td>No differences</td>
</tr>
<tr>
<td>IFSP Placement</td>
<td>No differences</td>
</tr>
<tr>
<td>IFSP EYS</td>
<td>No differences</td>
</tr>
<tr>
<td>IFSP EYS Addendum</td>
<td>No differences</td>
</tr>
<tr>
<td>Behavior Plan</td>
<td>No differences</td>
</tr>
</tbody>
</table>

It is often only the IFSP documents that are of interest to import as the student and parent information generally does not change. You will only see the option for those pages which have different information between the two records. You will have options of:

• Copy everything – adds to existing information on your record
• Transfer everything – adds to existing information on your record
• Replace everything – replaces all existing information with the new information.

Once you select an action, the impact of that action displays on the screen with “Mine”, “Other”, and “Result.” It’s important to review the “Result” to see if this is the information you intend to revise. Once you’ve made selections for each item, hit “Perform Merge.”

It is important to do a double check of the actions by going to the IFSP Cover page to determine if all relevant values have transferred. If something did not transfer/copy as you expected, repeat the import actions. If you still don’t see the anticipated result, please contact the primary contact within your agency for assistance.
Cross District Service vs Cross County Service

Cross district served children are those who reside in one school district, yet receive services in another. This often occurs when a child attends a preschool or child care center in a neighboring district, but still within NWRESD's boundaries within a given county AND the IFSP team determines that placement will be within the preschool or child care. In these circumstances, a service coordinator from the resident district site invites a service provider from the preschool/child care site to the IFSP meeting. If the IFSP team determines that services would best be provided in the community setting, the service provider for the district in which the child receives services takes over service coordination and service provision. The resident district service provider relinquishes responsibility.

Example 1: New eligibility/IFSP. Child lives in Beaverton School District, but attends Living Savior Preschool in Tualatin. Beaverton sends the file to TECC for initial IFSP. TECC service coordinator completes initial IFSP and takes over service coordination and services.

Example 2: Annual IFSP where team is considering community services in another district within the county. Resident district service coordinator will invite a service provider from the district under consideration. If the team determines community based services, the current, resident county service coordinator completes the IFSP since he/she knows the child. Once completed, the new service coordinator takes over all responsibilities – service coordination and service provision.
Surrogate Parents Q & A

Before considering whether surrogate parent documentation needs to be completed, please note the guidance in procedural safeguards:

http://www.ode.state.or.us/pubs/proceduralsafeguards/ei-ecse/englisheiecse.doc

Who is considered a "parent"?

Under the IDEA, a parent may be:

- A biological or adoptive parent of a child;
- A foster parent of a child;
- A legal guardian (other than a State agency) or other person legally responsible for the child’s welfare;
- An individual acting as a parent in place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives; or,
- A surrogate parent appointed by the public agency or a juvenile court.

If more than one person is qualified to act as a parent, and the biological or adoptive parent is attempting to act as the parent, the biological or adoptive parent is presumed to be the parent under the IDEA. However:

- This rule does not apply if the biological or adoptive parent does not have legal authority to make educational decisions for the child.
- If there is a court order or judicial decree stating who can act as the parent of a child or to make educational decisions on behalf of a child, that person will be the parent for special education purposes.

The Surrogate Parent Q & A sheet that this information was taken from may be located at www.ode.state.or.us/pubs/faq/sped/surrogateqanda.pdf

Below is a summary of the information that may pertain to the students and parents in our program.

What is a surrogate parent?

Surrogate parents are individuals appointed to act in place of a parent to participate in making special education decisions for a child. Surrogate parents appointed for educational purposes are sometimes referred to as educational surrogates.

When must a surrogate parent be appointed?

A surrogate parent is appointed for a child when there is reasonable cause to believe that the child has a disability, and

- The parent, as defined by IDEA, cannot be identified or located after reasonable efforts; or
- The child is a ward of the court under the laws of the state.

Reasonable efforts to locate the parents should include phone calls, letters, certified letters with return receipt, and a visit to the last residence. It is important to keep a written record of these efforts. (34 CFR 300.515; OAR 581-015-0099)
If a child’s parents are rarely involved in the special education decisions about their child, may a surrogate parent be appointed?
No. The school district may not assign a surrogate solely because the parent or child to whom rights have been transferred is uncooperative or unresponsive to special education matters. (ORS 419B.220; OAR 581-015-0099)

What are the responsibilities of a surrogate parent?
The surrogate parent acts as a substitute parent in special education by:
- Representing the child in all matters related to the identification, evaluation, annual IEP, and educational placement of the child.
- Protecting the special education rights of the child.
- Learning about the child’s disability and understanding the special education needs of the child.
- Representing the child in all matters relating to a free appropriate public education (FAPE).

The surrogate parent does not have any rights and responsibilities for the child beyond involvement in special education processes. (OAR 581-015-0099)

What are the rights of the surrogate?
An appointed surrogate parent has all of the rights available to parents in
- Procedural safeguards
- Due process hearings and procedures regarding hearings. (OAR 581-015-0099)

Does a surrogate parent have the right to read a child's records?
Yes. The surrogate parent has the same right as parents of other children to read records, files, documents and other materials which contain information directly related to the child and which are maintained by an educational agency.

At what age is a child entitled to a surrogate parent?
A surrogate parent may be appointed for any child, from birth through age seventeen, who has or may have, a disability and for whom no adult in a parental role can be identified. A child who has reached the age of majority (generally 18) may request that a surrogate parent be appointed.

What are the criteria for becoming a surrogate parent?
An individual appointed as a surrogate parent must meet the following criteria:
- The individual must have the knowledge and skills to ensure that the child is adequately represented in decisions about special education
- The individual may not be an employee of the school district or the Department of Education. However, surrogates shall not be considered employees of a school district solely on the basis of being compensated from public funds.
- The individual must not be an employee of any other agency involved in the education or care of the child, except of non-public agencies that provide only non-education care for the child.
- The individual must be free of any other interest that conflicts with the child’s interest. (34 CFR 300.515; OAR 581-015-0099)
# Guidelines for Consent for Children in Foster Care

**Area:** Procedural Safeguards  
**Date:** February 28, 2007  
**Citation:** 20 U.S.C. 1415(b)(2), 34 CFR 300.30 and OAR 581-015-2000(21)

**Guideline:** For children who are a ward of the court, in the custody of the Department of Human Services (DHS) or the Oregon Youth Authority (OYA), and placed in foster care, the attached chart specifies who may provide consent for children who are currently eligible or who may become eligible for early intervention, early childhood special education or school age special education services.

## 1. Whose consent is needed under the following circumstances?
- Consent for an evaluation to determine eligibility for early intervention or special education services;
- Consent for participation in early intervention services or initial ECSE or special education placement;
- Consent for release of EI/ECSE/school information and records regarding the child to another educational agency or outside government agency; and
- Consent for access Medicaid reimbursement for services and to release records for Medicaid billing purposes.

**GENERAL RULE:** The foster parent.

**EXCEPTIONS:**
1. If the biological/adoptive parent is asserting parent rights, and the biological/adoptive parent has legal authority to make education decisions for the child, then the school district must get consent from the biological/adoptive parent.
2. If the foster parent is unable or unwilling to act as the parent for the child for special education purposes, and no biological/adoptive parent with legal authority to make education decisions for the child is asserting parent rights, the school district must appoint a surrogate parent*.

**NOTE:** The DHS/OYA worker may refer the child for an evaluation, but cannot provide consent for the evaluation.

## 3. Who can refer a child for an evaluation?

- The parent, the foster parent, a teacher, a DHS/OYA worker, a Court Appointed Special Advocate (CASA), a surrogate parent or any other person with knowledge of the child who suspects that the child may have a disability.

## 4. Who must consent to medical treatment for the child? Who signs a permission form to seek emergency medical treatment for a child enrolled in an EI/ECSE program or for a child enrolled in school?

- The DHS/OYA case worker.
- However, DHS/OYA delegates to each physical custodian, e.g., foster family, the routine medical care and dental care, including vaccinations and immunizations, routine examinations and lab tests under OAR 413-020-0140.

## 5. Who must consent for release of medical records from a medical provider to the school?

- The DHS/OYA case worker.

## 6. Who must consent for media access?

- It is DHS/OYA standard policy not to allow media access to children who are in state custody.

## 7. Who gives written permission for field trips or other daily activities where consent is requested?

- The foster parent.
**Immunization Procedures**

*All children who attend classes in an EI/ECSE site must have immunization information submitted and up-to-date prior to beginning services.*

### EI and ECSE served at sites

Upon receiving new children at center sites, clerical will access the Oregon ALERT system to pull current Immunization Records prior to IFSP meetings. If immunizations are **NOT** up-to-date, clerical will print a “Parent Notification of Immunization Status”.

Service coordinators are responsible for ensuring that Immunization Records are complete. If we are missing immunization records, parents can provide records in the following ways:

- Write in known immunization dates on “Notification of Immunization status letter”, sign and date
- Provide a copy of Lifetime Immunization Record
- Family may ask pediatrician/primary care doctor’s office to fax immunization record directly to site
- Family may fax immunization record directly to site
- Service coordinators can request immunization records from the doctor’s office, with a signed Health Consent (HIPAA/FERPA) form.

*Once clerical has received Immunization information they must enter it into ecWeb to ensure that the new information satisfies the immunization requirements.*

### To apply for a medical exemption for a child

The parent must have a letter signed by a licensed physician stating:

- Child’s name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until the condition resolves, if applicable,
- Physician’s signature
- Physician’s contact information including the phone number.
To claim a nonmedical exemption: There are two ways to claim this exemption. You can talk to your health care provider and get a Vaccine Education Certificate. Or, you can watch an online education module and print a Vaccine Education Certificate.

1. Have parents talk to their child's health care provider.
   Parents:
   
   a. After talking with your health care provider, s/he can give you a signed Vaccine Education Certificate.
   b. Fill out the nonmedical exemption section of the Certificate of Immunization Status (pdf).
   c. Turn in both forms to your child's school or child care.

OR:

2. Watch an online education module.
   Parents:
   
   a. Watch the Vaccine Education Module for parents and print out the Vaccine Education Certificate at the end of the module.
   b. Fill out the nonmedical exemption section of the Certificate of Immunization Status (pdf).
   c. Turn in both forms to your child's school or child care.

For EI children: They may receive home visits immediately, but the service coordinator is required to obtain immunization information prior to child entering site-based services

For ECSE children:
- Children receiving site-based services: Status must read, “up-to-date” for child to begin.
- **ECSE children served exclusively in community settings:**
  It is valuable to obtain a copy of immunization information in the event a child’s placement changes to EI/ECSE site based services. However, it is not required to obtain immunization information for them to receive consultative services in the community. For these children (Head Start, Community Preschools, Child care, etc.) Use the Notes section and check the box that says, “Do not assess this record.”

CAUTION: Whenever a child's placement changes to site-based services, site clerical MUST review immunization information and uncheck the “Do not assess this record” button. This is very important for the program to have accurate reporting of immunization status as it must be reported to the health department.

Vicky Schroeder is responsible for completing reports for the health department and will provide feedback to sites about immunization status annually prior to the February exclusion date for incomplete or missing records.
# Making a File Inactive

## Key File Status Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>ecWeb Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification</td>
<td>n</td>
<td>The ESD is contacted about a child (either child is new or not currently receiving NWRESD services)</td>
</tr>
<tr>
<td>Referral</td>
<td>r</td>
<td>An Intake Specialist has gathered sufficient information to refer a child for an evaluation:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>EI children</em> are referred for an evaluation when a parent/guardian requests a development evaluation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>ECSE children</em> (or EI CAPTA notifications received from the DHS) are referred for an evaluation only after a suspected area of delay is identified and parent/guardian interest in scheduling a special education evaluation is confirmed</td>
</tr>
<tr>
<td>Placed</td>
<td>p</td>
<td>A child is currently receiving EI/ECSE Services (child has a current IFSP)</td>
</tr>
<tr>
<td>Inactive</td>
<td>ia</td>
<td>A child’s file is closed and will not be processed by the ESD further unless a new notification is received (with the exception of ia-pd).</td>
</tr>
</tbody>
</table>

A child’s file can be put into an inactive status both before they are receiving services and then after they are placed and receiving services. Oregon Department of Education (ODE) has established inactive codes to reflect the common reasons for making EI/ECSE files inactive, referred to as the code suffix. The charts below offer all scenarios of when *service coordinators* or *evaluators* will need to make files inactive. The reason for making a file inactive can either be parent-based (parent request or lack of parental response) or program-based (insufficient evidence to evaluate, child not eligible or no longer eligible). The charts below offer all scenarios for parent and program-based reasons for making a file inactive, the codes and definitions, and documentation and follow-up steps needed. Immediately below, are the primary steps needed any time a file is made inactive.

### Primary Steps

*When making a file inactive, service coordinators and evaluators should:*

1. Carefully review and determine appropriate code after consulting the team and family as needed
2. Complete a census form and send it to ei-census@nwresd.k12.or.us
3. Enter contact log explaining why file is being made inactive
4. Complete needed documentation and follow-up based on the appropriate scenario (see charts below) and submit for distribution

Note: To ensure codes are current and accurate, the Census Administrative Specialist enters all inactive (ia) codes in the child’s placement history deactivating the child’s file in ecWeb based on the information offered in the census form.
SERVICE COORDINATORS: Making Files Inactive

Each time a file is made inactive:

- Submit a census form
- Update contact log
- Complete documentation (see chart below). For additional information refer to action form examples in the process manual.
- Submit for distribution

### Service Coordinator Inactivation Options

<table>
<thead>
<tr>
<th>Parent-Based Inactive Scenarios</th>
<th>Inactive Code Definition</th>
<th>Documentation and Follow-up Needed</th>
</tr>
</thead>
</table>
| **ECSE Revocation of consent special education services:** when a parent chooses to discontinue services, access only private services, or take a “break from services” with no defined date of return to services | ia-rev Revoked Consent | Consult coordinator when a parent chooses any of the options listed and follow all steps below  
1. Parent should be asked to provide written notice revoking consent for special education services  
2. Parent must be informed that if they revoke and then re-refer they will need to complete the eligibility process again.  
3. To re-refer, parent must call intake  
4. Complete Revocation of Special Education Services Action form using example in process manual  
5. Update contact log |
| **Parent refuses service:**  
EI - parent decides to discontinue EI services  
ECSE - Parent declines services after child found eligible for ECSE but before provision signed | ia-rs Refused Services | **Action form** (inform parent of options for reactivation prior to age 3 or kindergarten if applicable). |
<p>| <strong>EI parent chooses to access private services only</strong> | ia-ps Private Services |  |
| <strong>Parent not responding to communication attempts:</strong> At least 3 attempts have been made via phone or email to contact the family to schedule a meeting or visit, or child has not been attending class. A 10-day letter has been mailed, parents have not responded within the 10 days. | ia-cl Cannot Locate | |</p>
<table>
<thead>
<tr>
<th>Process Delay – EI only: 45-day timeline cannot be met or IFSP meeting cannot be scheduled within the timeline due to a family circumstance.</th>
<th>ia-pd</th>
<th>Parent letter explaining that file will be made inactive until parent follows through on needed action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI team, including parent, have no concerns and do not refer child for ECSE.</td>
<td>ia-nc</td>
<td>No Concerns</td>
</tr>
<tr>
<td>EI team offers ECSE evaluation at EI/ECSE transition based on suspicion of delays or disability, parent declines evaluation.</td>
<td>ia-re</td>
<td>Refused Evaluation</td>
</tr>
<tr>
<td>Parent must sign and decline eval on eval consent form  Action form indicating that parent declined the ECSE eval.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family moves to another county in Oregon OR Family moves to another state or plans to live in another state for greater than 4 weeks OR Family moved to another country but will live on a military base</td>
<td>ia-mi</td>
<td>Moved In-State</td>
</tr>
<tr>
<td>ia-mo</td>
<td>Moved Out-of-State</td>
<td></td>
</tr>
<tr>
<td>When a family moves, EI and/or special education eligibility and services remain active for implementation in the new county or state. No action form needed.  Provide family with intake line of receiving county to continue services  Attempts should be made to ensure a family moves with a current IFSP so family can easily access services in receiving county or state.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family moves to another country OR plans to live in another country for greater than 4 weeks</td>
<td>ia-mo</td>
<td>Moved Out-of-state</td>
</tr>
<tr>
<td>Action form needed - family will not have access to EI or ECSE services in another country, so EI and special education services will be suspended while out of country. Action form should include intake number with instructions to call to re-initiate services if they return to the region.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child will no longer receive cross-county services</td>
<td>ia-cc</td>
<td>No longer Cross County</td>
</tr>
<tr>
<td>Census and contact log update only – No action form needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child passes away</td>
<td>ia-d</td>
<td>Deceased</td>
</tr>
<tr>
<td>Action form (Copy of action form should not be distributed to the family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program-based Inactive Scenarios</td>
<td>Inactive Code Definition</td>
<td>Documentation and Follow-up Needed</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
</tr>
</tbody>
</table>
| **No longer eligible:** child was re-evaluated and determined to be no longer eligible for EI or ECSE services | ia-dnq
Did Not Qualify | • Action form
• Evaluation report
• Eligibility form
• Billing completed in ecWeb and emailed to ei-census |
EVALUATORS: Making Files Inactive

Each time a file is made inactive:

- Submit a census form
- Update contact log
- Complete documentation (see chart below). For additional information refer to action form examples in the process manual.
- Submit for distribution

<table>
<thead>
<tr>
<th>Inactive Options for Children in Notification (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program-based Inactive Scenarios</strong></td>
</tr>
<tr>
<td><strong>Screened out</strong>: ECSE or EI CAPTA in-person screening reveals no concerns, child not referred for further evaluation</td>
</tr>
<tr>
<td><strong>TK in-person screening</strong>: Scheduled after May 1st of each year</td>
</tr>
</tbody>
</table>

Note: screen-out should not be used when an evaluation was scheduled, parents then indicate no concerns and ASQ is reviewed – follow process for eval scheduled but not completed. Only children who have not yet been referred for an evaluation (are in notification status) can be screened out.

<table>
<thead>
<tr>
<th>Inactive Options for Children in Referral (r)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent-based Inactive Scenarios</strong></td>
</tr>
<tr>
<td><strong>Eval scheduled, but not completed</strong>: Child was scheduled for an evaluation but parent did not wish to proceed</td>
</tr>
<tr>
<td><strong>Parent stops evaluation process after consent for eval is signed</strong></td>
</tr>
<tr>
<td><strong>Parent Refuses Service</strong>: Child eligible for EI and/or ECSE, family chooses not to access services.</td>
</tr>
<tr>
<td><strong>Process Delay – EI eval started</strong>: EI eval and/or IFSP could not be completed within the 45-day timeline due to a family circumstance.</td>
</tr>
<tr>
<td>Program-based Inactive Scenarios</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| Family moving In State or Out of State shortly after eval (within a week or two of eval): Child was made eligible for EI/ECSE but will be moving prior to receiving services. | ia-mi Moved In-State OR ia-mo Move Out-of-State | • Billing notification with census  
• Evaluation report  
• Action form proposing identification, but not provision of services  
• EI IFSP (to ensure family can quickly access services in receiving agency)  
• See intake for help with notifying receiving agency |
| Did not qualify (DNQ): Child was evaluated and determined not eligible. | ia-dnq Did Not Qualify | • Billing notification (if no previous billing submitted) with census  
• Evaluation report  
• DNQ Parent letter  
• DNQ eligibility  
• Site notification if child out-of-state move-in |
Role of the ECSE Instructional Assistant (IA) within Head Start Classrooms

- Support the classroom team in helping students eligible for ECSE services in meeting IFSP goals.

- Along with Head Start staff, implement protocols, adaptations and modifications so that children are able to access learning opportunities within the classroom environment.

- Implement and model to classroom team specific instructional strategies and modifications designed by licensed specialists (for example: visuals, schedules, reinforcement systems, self-calming strategies.)

- Implement “fading out” strategies according to the documented time line established by the IFSP team so that Head Start classroom staff are prepared to implement strategies after the IA has completed the assignment in a specific classroom.

- Provide support to the overall classroom so that Head Start staff are available to work directly with students on IFSPs in implementing instructional strategies and modifications needed to target IFSP goals.

Other notes:

- IAs will be systematically faded out of classrooms and only provide temporary support to classrooms. Classroom staff assume responsibility for student modifications and instructional strategies.

- IAs are not able to train on protocols or make instructional decisions. This is the responsibility of the licensed specialists. IAs may model strategies under the supervision of licensed staff.

- Two fifteen minute breaks (one in the morning and one in the afternoon) must be provided daily, as well as an unpaid, duty-free, 30 minute lunch according to the classified bargaining agreement.

- Travel time between classrooms is counted in an IAs contracted hours for the day.
This guidance provides State educational agencies, local educational agencies, parent advocacy organizations, and other interested parties with information on the new regulations related to parental consent for the use of public benefits or insurance to pay for services under Part B of the Individuals with Disabilities Education Act (IDEA). The new regulations were published in the Federal Register on February 14, 2013, and are effective on March 18, 2013. The new regulations amend the Department’s regulations in 34 CFR §300.154(d)(2)(iv) that were published in the Federal Register on August 14, 2006. The prior regulations required the public agency responsible for providing a free appropriate public education to a child with a disability under the IDEA to obtain parental consent each time access to public benefits or insurance (e.g., Medicaid) was sought. The new regulations have two basic requirements. First, the public agency must notify parents in writing of a number of safeguards to protect their rights before the public agency accesses the child’s or parent’s public benefits or insurance to pay for services under the IDEA for the first time and annually thereafter. 34 CFR §300.154(d)(2)(v). Second, the public agency must obtain a one-time written consent from the parent that meets the requirements of 34 CFR §99.30 and §300.622, and also specifies that the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for special education or related services under part 300 (services under the IDEA). 34 CFR §300.154(d)(2)(iv).

Below we describe the new regulations and provide guidance on implementing these new regulations, including requirements pertaining to children with disabilities whose public benefits or insurance have previously been accessed by a public agency and children with disabilities who transfer to a new school within a new public agency or to a new school within the same public agency.

Q1. What are a public agency’s obligations under the new regulations with respect to notifying parents of their rights and obtaining consent from a parent to access the child’s public benefits or insurance (e.g., Medicaid)?
A1. Under the new regulations, a public agency must obtain parental consent before the public agency accesses a child’s or parent’s public benefits or insurance for the first time. This is a one-time consent, i.e., the public agency is no longer required to obtain parental consent each time access to public benefits or insurance is sought. The new regulations also require that the public agency provide written notification to the child’s parents, consistent with new §300.154(d)(2)(v), before parental consent is obtained (see Q2). 34 CFR §300.154(d)(2)(iv).

Q2. What are the parental notification requirements under the new regulations?
A2. Prior to accessing a child’s or parent’s public benefits or insurance for the first time, and annually thereafter, a public agency must provide written notification, consistent with §300.503(c), to the child’s parents, that includes–
- A statement of the parental consent provisions in §300.154(d)(2)(iv)(A)-(B);
- A statement of the “no cost” provisions in §300.154(d)(2)(i)-(iii);
- A statement that the parents have the right under 34 CFR part 99 and part 300 to withdraw their consent to disclosure of their child’s personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (e.g., Medicaid) at any time; and
- A statement that the withdrawal of consent or refusal to provide consent under 34 CFR part 99 and part 300 to disclose personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (e.g., Medicaid) does not relieve the public agency of its responsibility to ensure that all required services are provided at no cost to the parents. 34 CFR §300.154(d)(2)(v).

The notification must be written in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so. 34 CFR §300.503(c). The notification also must be provided before parental consent is obtained. 34 CFR §300.154(d)(2)(iv).

While the new regulations require the public agency to provide the first written notification to the parents prior to accessing the child’s or parent’s public benefits or insurance for the first time, the regulations do not specify when the subsequent annual written notification must be provided to the parents. This is because public agencies need to have the flexibility to determine the timing of the annual written notification (see Q3).

Q3. **How should a public agency provide the written notification to parents?**

A3. There are a number of ways in which the public agency may provide the required written notification to parents.

The written notification may be:

- Mailed to the parents, or
- E-mailed if requested by the parents, and if consistent with State or public agency policies, or
- Provided at an IEP Team meeting if the meeting occurs prior to the first time a public agency accesses a child’s or parent’s public benefits or insurance, or
- Provided through other means determined by the public agency, so long as all of the written notification requirements in these new regulations are met. This includes the requirement that the public agency provide written notification before obtaining parental consent.

Q4. **What are the parental consent requirements under the new regulations?**

A4. Consistent with 34 CFR §99.30 of the regulations implementing the Family Educational Rights and Privacy Act (FERPA) and the IDEA Part B consent requirements in 34 CFR §300.622, a public agency must obtain parental consent before releasing a child’s personally identifiable information from education records for billing purposes to a public benefits or insurance program (e.g., Medicaid) for the first time. Under new §300.154(d)(2)(iv)(B), this consent must also include a statement specifying that the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for services under part 300. Because this consent must be in
writing, the public agency would typically use a consent form. This parental consent form must specify:

- The personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided to a particular child),
- The purpose of the disclosure (e.g., billing for services under part 300),
- The agency to which the disclosure may be made (e.g., the State’s public benefits or insurance program (e.g., Medicaid)). 34 CFR §300.154(d)(2)(iv)(A), and
- That the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for services under part 300.

Q5. **Must a public agency modify its consent forms to comply with the new parental consent requirement?**

A5. No, not necessarily. In implementing the new parental consent requirement, a public agency may choose either to:

- Modify its existing forms. A public agency may add the statement that the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for services under part 300, to the consent required under 34 CFR §99.30 and §300.622 regarding the release of personally identifiable information to a public benefits or insurance program (e.g., Medicaid) for billing purposes; or
- Develop a new form. A public agency may develop a new consent form that includes the statement that the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for services under part 300.

Q6. **May a public agency accept digital or electronic signatures when obtaining consent under the new parental consent requirements?**

A6. A public agency may accept digital or electronic signatures when obtaining the parental consent required under 34 CFR §99.30 and §300.622, as described in new §300.154(d)(2)(iv)(A). Under 34 CFR §99.30(a), the parental consent that must be obtained before disclosure of personally identifiable information must be signed and dated. Under 34 CFR §99.30(d), this consent may include a record and signature in electronic form that:

- Identifies and authenticates a particular person as the source of the electronic consent; and
- Indicates such person’s approval of the information contained in the electronic consent, i.e., disclosure of the child’s personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (e.g., Medicaid) for billing purposes to pay for services under part 300.
Additionally, under new §300.154(d)(2)(iv)(B), the electronic consent must include a statement that the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for services under part 300.

Q7. Are there any situations in which a public agency is not required to obtain a new parental consent under the new regulations?

A7. Yes. Under these new regulations, and notwithstanding the annual written notification requirements, a public agency is not required to obtain a new parental consent if the following conditions are present:

- There is no change in any of the following: the type (e.g., physical therapy or speech therapy) of services to be provided to the child; the amount of services to be provided to the child (frequency or duration); or the cost of the services charged to the public benefits or insurance program (e.g., Medicaid); and

- A public agency has on file a parental consent that meets the requirements of the prior §300.154(d)(2)(iv)(A) and 34 CFR §99.30 and §300.622. This would include a parental consent on file that has been given directly to another agency, such as the State Medicaid agency.

Q8. For children with disabilities currently served under the IDEA, what must a public agency do to implement the new parental notification and consent requirements?

A8. The first time after the effective date of these regulations that there is a change in the type or amount of the services to be provided to the child or a change in the cost of the services to be charged to the public benefits or insurance program, the public agency must first provide the parents the written notification described in new §300.154(d)(2)(v) before accessing the child’s or parent’s public benefits or insurance. The public agency then must obtain parental consent, consistent with new §300.154(d)(2)(iv)(B), stating that the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for services under part 300. The public agency must obtain a new parental consent containing this explicit statement from the parent even if the public agency has on file a consent provided to another agency, such as the State Medicaid agency. Once the public agency obtains this one-time consent, the public agency is not required to obtain parental consent before it accesses the child’s or parent’s public benefits or insurance in the future, regardless of whether there is a change in the type or amount of services to be provided to the child or a change in the cost of the services to be charged to the public benefits or insurance program (e.g., Medicaid). However, the public agency must annually thereafter provide parents with the written notification described in new §300.154(d)(2)(v). This annual written notification will help ensure that parents understand their rights when a public agency uses their or their child’s public benefits or insurance to pay for services required under the IDEA.
Q9. What steps may a public agency take under the new regulations if parents have previously declined to consent to the use of public benefits or insurance to pay for services under the IDEA? If a parent continues to refuse to consent or withdraws consent, what are a public agency’s obligations?

A9. If a parent previously declined to provide consent (or withdrew consent) to disclose personally identifiable information to the State’s public benefits or insurance program (e.g., Medicaid) for billing purposes, the public agency may make reasonable requests, after providing the written notification described in new §300.154(d)(2)(v), to obtain the parental consent required under new §300.154(d)(2)(iv). However, a parent’s withdrawal of consent or refusal to provide consent under 34 CFR part 99 and §300.622 to disclose personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (e.g., Medicaid) does not relieve the public agency of its responsibility to ensure that all required services are provided at no cost to the parents. 34 CFR §300.154(d)(2)(v)(D).

Q10. What are a public agency’s obligations to provide parental notification when a child has an IEP but the public agency has not previously sought to access the parent’s or child’s public benefits or insurance (e.g., Medicaid) to pay for services under the IDEA, and the public agency seeks to access the child’s or parent’s public benefits or insurance for the first time?

A10. Once the new regulations become effective, if a public agency seeks to access the child’s or parent’s public benefits or insurance to pay for services under the IDEA for the first time, the public agency must provide the parents the written notification described in new §300.154(d)(2)(v) and then obtain parental consent consistent with new §300.154(d)(2)(iv) before the public agency may access the child’s or parent’s public benefits or insurance for the first time. If parental consent is obtained, the public agency must provide the written notification to the parents annually thereafter.

Q11. What are a public agency’s obligations to provide parental notification when a child has an IEP and the public agency has previously billed the child’s or parent’s public benefits or insurance program (e.g., Medicaid) to pay for services under part 300?

A11. Even if there is no change in the type or amount of services to be provided to the child or in the cost of the services to be charged to the public benefits or insurance program (e.g., Medicaid), once the new regulations become effective, the public agency must provide the written notification described in new §300.154(d)(2)(v) to the parents before the public agency may access the child’s or parent’s public benefits or insurance. The public agency also must provide this written notification to the parents annually thereafter.
Q12. **What are a public agency’s obligations to provide parental notification and obtain parental consent under the new regulations in situations where a child transfers to a new school within a new school district?**

A12. The responsibility for providing written notification and obtaining parental consent prior to the disclosure of personally identifiable information for billing purposes to the State’s public benefits or insurance program (e.g., Medicaid) and before accessing a child’s or parent’s public benefits or insurance for the first time rests with the public agency responsible for providing a free appropriate public education to the child, not with the individual school. Thus, if a child with an IEP who was enrolled in a school within one public agency transfers to a school within a new public agency, the new public agency responsible for educating the child must provide the parents with the written notification described in new §300.154(d)(2)(v) to inform the parents of their rights and protections when access to their or their child’s public benefits or insurance is sought. The new public agency then must obtain parental consent, consistent with new §300.154(d)(2)(iv), to disclose personally identifiable information to the public benefits or insurance program (e.g., Medicaid) for billing purposes and prior to accessing the child’s or parent’s public benefits or insurance for the first time. This new consent must include the statement specifying that the parent understands and agrees that the new public agency may access the child’s or parent’s public benefits or insurance to pay for services under part 300. Once parental consent has been obtained for the new public agency to access the child’s or parent’s public benefits or insurance for the first time, no additional parental consent is required for the new public agency to bill the child’s or parent’s public benefits or insurance program (e.g., Medicaid) in the future, regardless of whether there is a change in the type or amount of services to be provided to the child or in the cost of the services to be charged to the public benefits or insurance program. However, the new public agency must provide the written notification described in new §300.154(d)(2)(v) to the parents annually thereafter.

Q13. **What are a public agency’s obligations with respect to providing parental notification and obtaining parental consent to access a child’s or parent’s public benefits or insurance if the child transfers to a new school within the same school district?**

A13. If a child transfers to a different school within the same public agency, any parental consent that the public agency previously obtained that meets the requirements in new §300.154(d)(2)(iv) would continue to apply. The public agency would continue to provide the parents the written notification described in new §300.154(d)(2)(v) annually. As noted in Q12, this is because the responsibility for providing written notification and obtaining parental consent prior to the disclosure of personally identifiable information for billing purposes to the State’s public benefits or insurance program (e.g., Medicaid) and before accessing a child’s or parent’s public benefits or insurance for the first time rests with the public agency responsible for providing a free appropriate public education to the child, not with the individual school.
IDEA Part B Final Regulations Related to Parental Consent to Access Public Benefits or Insurance (e.g., Medicaid)

On February 14, 2013, the Department published in the Federal Register IDEA Part B final regulations that change the requirements in 34 CFR 300.154(d) related to parental consent to access public benefits or insurance (e.g., Medicaid). Previously, public agencies were required to obtain parental consent each time access to public benefits or insurance was sought. These final regulations, which take effect on March 18, 2013, will make it easier for school districts to access public benefits while still protecting family rights. The new rules—

1. Ensure that parents of children with disabilities are informed of all of their legal protections when public agencies seek to access public benefits or insurance to pay for services; and

2. Address the concerns expressed by State educational agencies and local educational agencies that requiring parental consent each time access to public benefits or insurance is sought, in addition to the parental consent required by the Family Educational Rights and Privacy Act and section 617(c) of the IDEA, imposes unnecessary costs and administrative burdens.

Specifically, these final regulations require that public agencies:

- Obtain a **one-time written consent** from the parent, after providing the written notification described below, before accessing the child’s or the parent’s public benefits or insurance for the first time. This consent must specify (a) the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided to a particular child); (b) the purpose of the disclosure (e.g., billing for services); and (c) the agency to which the disclosure may be made (e.g., Medicaid). The consent also must specify that the parent understands and agrees that the public agency may access the child’s or parent’s public benefits or insurance to pay for services.

- Provide **written notification** to the child’s parents before accessing the child’s or the parent’s public benefits or insurance for the first time and prior to obtaining the one-time parental consent and annually thereafter. The written notification must explain all of the protections available to parents under Part B, as described in 34 CFR §300.154(d)(2)(v) to ensure that parents are fully informed of their rights before a public agency can access their or their child’s public benefits or insurance to pay for services under the IDEA. The notice must be written in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

In Summary:

- The regulations protect family rights by ensuring that (1) the **one-time parental consent** specifies that the parent understands and agrees that the public agency may access their or their child’s public benefits or insurance to pay for services under the IDEA; and (2) the **written notification** provides parents with critical information that they may not have received in the past to enable parents to understand all of their rights and protections when a public agency seeks to access their or their child’s public benefits or insurance.

- At the same time, the regulations reduce burden in that public agencies are no longer required to obtain parental consent each time access to public benefits or insurance is
sought. By no longer requiring public agencies to obtain parental consent each time access to public benefits or insurance is sought, public agencies will experience a reduction in paperwork and will be able to implement a simplified process to access a child’s or parent’s public benefits or insurance.

Example:

![Image of Written Consent to Access Public Insurance (Medicaid) and Release Personally Identifiable Information for Medicaid Billing Purposes](image-url)

1. My informed written consent is required before the program shown above may access my public insurance (such as Medicaid) or release my child's personally identifiable information to State agencies (such as Department of Human Services) for purposes of billing Medicaid.
2. My consent is voluntary. If I refuse to give consent, the program shown above must still provide the special education and related services needed to provide a Free Appropriate Public Education (FAPE).
3. The program shown above must give me a written notification that explains consent before it asks for my consent.
4. The program shown above will only ask for my informed written consent the first time it requests access to my public insurance (e.g., Medicaid) and requests permission to release personally identifiable information from my child’s education records for purposes of Medicaid billing. After that, I will receive annual notices about this information.
5. I may revoke my consent at any time by notifying the program shown above in writing. Revoke consent for the use of my public benefits or insurance means my public insurance benefits will not be accessed and my child's personally identifiable information will not be released on or after the date revocation is effective.
6. If I revoke my consent, my child will still receive the special education and related services needed to provide a Free Appropriate Public Education (FAPE) at no cost to me.

By giving consent I understand and agree that the program shown above:

1. May access my public insurance benefits (Medicaid) to pay for special education and related services provided as part of the Individuals with Disabilities Education Act (IDEA); Share the following information:
2. May disclose personally identifiable information from my child's education records to the Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) only for the purpose of Medicaid billing; Share the following information:
3. May disclose the types of personally identifiable information indicated below:
   a. Name and address of my child, my child's parent, or other family member;
   b. A personal identifier, including the child's date of birth, gender, diagnosis and procedure codes for billing Medicaid;
   c. Records of special education and related services provided under the Individuals with Disabilities Education Act (IDEA). Examples: evaluation and assessment reports from special education service providers and educators, eligibility statements, educational plans (IEP/IFSP), IEP progress reports, health records that are considered student education records under the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA).

I give my consent to access my public insurance (Medicaid) and to disclose, for billing purposes, my child's personally identifiable information listed above.

Signature of Parent or Guardian Date

I do not give my consent to access my public insurance (Medicaid) and to disclose, for billing purposes, my child's personally identifiable information listed above.

Signature of Parent or Guardian Date
IDEA Part C

Written Notice and Consent for the Use of Public/Private Insurance for Early Intervention (EI)

The process for obtaining Public/Private Insurance Consent (formerly DMAP or Medicaid) for EI continues to be required at the initial EI IFSP and at every annual IFSP.

Written Notice and Consent for the Use of Public/Private Insurance for Early Intervention (EI)

SAMPLE, SAM
Child’s Name
06/07/12
Date of Birth
123456789
SSN Number
07/28/14
IFSP Date
Northwest Regional ESD
Program
Tina Teacher
Program Contact

Oregon’s “Notice to Parents Regarding Public/Private Benefits and Insurance” is explained in this form. I understand this information and agree to the use or non-use of insurance as indicated below:

Early Intervention (EI) Services

I understand that my informed consent is required prior to the program shown above billing my insurance for the initial provision of EI services and any time my child’s EI services are increased.

I understand that by giving consent to seek payment from my insurance, information about my child’s EI services may be shared. My consent is voluntary. I understand that if I refuse to give consent, my child will continue to receive EI services. I understand that EI services authorized on my child’s Individualized Family Service Plan (IFSP) will be provided at no cost to me.

☐ I give consent for the program shown above to bill my public insurance (such as Medicaid) for EI services.

☐ I give consent and agree for the program shown above to bill my private insurance for EI services.

☐ I decline consent to bill my insurance for EI services.

(Not applicable—agency does not bill private insurance for EI services.)

I may withdraw consent to share information about my child’s EI services with my insurance provider and to bill my insurance provider at any time by notifying the program shown above.

If I withdraw this consent it would apply to billing for services from that date forward. I understand that my child’s EI services on the IFSP will still be provided at no cost to me.

__________________________
Signature of Parent or Guardian

__________________________
Date

ATTACHMENT: Notice to Parents Regarding Public/Private Benefits and Insurance
What Sites Need to Know When a Child Moves-in
In-State and Out-of-State

In-State Move-In

OAR 581-015-2230 Transfer Students

(1) **In state**: If a child with a disability (who had an IEP that was in effect in a previous school district in Oregon) transfers to a new district in Oregon, and enrolls in a new school within the same school year, the new school district (in consultation with the child’s parents) must provide a free appropriate public education to the child (including services comparable to those described in the child’s IEP from the previous district), until the new district either:

(a) Adopts the child’s IEP from the previous school district; or
(b) Develops, adopts and implements a new IEP for the child.

**Washington Co. EI/ECSE In-State Move-in Process**

Intake will:

- Notify the appropriate site and Vicky via email when there is confirmation that the family is residing in WA County and sufficient documentation indicating the child is currently eligible for EI or ECSE services has been received. Available documentation will be attached to the email and indicate if the IFSP is current or will be due soon.

- Develop a working file and request original file from previous Oregon program. Once the file is received it will be uploaded to ecWeb and forwarded to the site.

The site must:

- Implement the current IFSP within a reasonable time of notification (goal – 10 working days of site notification), or convene an IFSP meeting to update the educational plan if the plan is not current.

  - If the IFSP is **current**, the team can:
    - Implement the IFSP as written by the previous program (this does not require an IFSP meeting), honoring all services and goals as written. In this instance, the following two steps should be completed:
      - Revise the cover sheet to reflect current demographic and program information
      - Distribute revised cover page
    
    OR

    - Convene an IFSP meeting to review and revise the services, goals, and/or placement on the current IFSP. In this instance, all typical procedures for an IFSP meeting should be followed and the IFSP implemented within 10 days of site notification. A Prior Notice of Special Education Action describing the reasons for any revisions is needed. Distribute as usual.

  - If IFSP is **not current**:
    - Convene an IFSP meeting following all normal processes (make sure census is submitted immediately after the meeting to activate file). Again, implementation of the IFSP services should begin within 10 days of site notification.

**Note**: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible.
In-State Move-In
SITE Checklist

Intake will notify the site of in-state move-in via email (needed documents to be attached) when the family is residing in WA county and there is documentation that the child is currently eligible for EI or ECSE services. Intake also will indicate whether the IFSP is current or not. A working file will be forwarded to site directly after notification email. The sites should then:

☐ Coordinator assures that a service coordinator is assigned as soon as possible after the site notification email and service coordinator enters his/her name as provider in ecWeb.

☐ Service coordinator should review the child’s ecWeb file to note IFSP expiration date, service levels and placement.

☐ The IFSP should be implemented in a reasonable time (goal – 10 working days from site notification).

If IFSP is current, consider the following two options for implementing the IFSP:

☐ Implement the IFSP as written by the previous Oregon EI/ECSE program, within 10 working days of site notification. This option does not require an IFSP meeting, but the following actions are needed.
  ☐ Revise the cover sheet to reflect local address, phone number and Service Coordinator (annual and review dates stay the same, no action form is needed, if no changes made, and census form not needed)
  ☐ Distribute cover page

OR

☐ Convene an IFSP meeting to review the services, goals, and placement offered by previous Oregon EI/ECSE program and consider revisions.
  ▪ Follow all the usual procedures for an IFSP meeting with implementation of the IFSP within 10 working days of site notification
  ▪ If revisions are needed, complete Prior Notice of Special Education Action describing the reason(s) for the revision(s)
  ▪ Make revisions to IFSP
  ▪ Distribute (census form not needed)

If IFSP is not current:

☐ Convene an IFSP meeting
☐ Follow all IFSP annual review processes, making sure census is submitted immediately after the meeting to activate the file. Again, implementation of the IFSP services should begin within 10 working days of site notification
☐ Distribute and send census

Note: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible.
Out-of-State Move-in

OAR 581-015-2230 Transfer Students

(2) **Out of State:** If a child with a disability (who had an IEP that was in effect in a previous school district in another state) transfers to a new district in Oregon, and enrolls in a new school within the same school year, the new school district (in consultation with the child’s parents) must provide a free appropriate public education to the child (including services comparable to those described in the child’s IEP from the previous district), until the new district:

(a) Conducts an initial evaluation (if determined necessary by the new district); and

(b) Develops, adopts and implements a new IEP, if appropriate, that meets applicable requirements.

Washington Co. EI/ECSE Out-of-State Move-in Process

At intake

- When out-of-state documentation has been obtained and the family is residing in WA county, the eval team coordinator reviews records to determine if there is sufficient information to determine Oregon eligibility.
  
  - **If there is sufficient information to determine Oregon eligibility**
    - All out-of-state documents are forwarded to appropriate site via email.
    - Site convenes meeting to consider Oregon eligibility and complete IFSP, with the goal of implementing services within 10 days of site notification.
    - Team obtains consent for evaluation to complete a file review for eligibility.
    - Team determines eligibility, completes IFSP, if child is eligible, submits census, and distributes paperwork as usual.

- **If there is not sufficient information to determine Oregon eligibility, but IEP/IFSP is current**
  - An expedited evaluation is scheduled with the eval team to determine Oregon eligibility and if EI eligible, IFSP will be completed by eval team.
  - All documents are forwarded to the site via email.
  - Coordinator assures that a service coordinator is assigned as soon as possible after the site notification email and service coordinator enters his/her name as provider in ecWeb.
    
    - Service coordinator will:
    - Contact the family about initiating services if evaluation is scheduled for more than 10 working days from site notification. If services are to be initiated before the evaluation an IFSP must be implemented within a reasonable time of site notification (goal – 10 working days of notification). There are two options to initiating services:
      1. Implement the IFSP as written by previous program (this does not require an IFSP meeting). Complete the two actions below.
        - Complete Oregon IFSP cover sheet including:
          - Services as indicated on previous out-of-state IEP/IFSP
          - Eligibility date should be “pending”, and typically the annual and 6-month review dates are the same as the previous plan
          - Follow typical service start and stop guidance with service projections being within 10 days of site notification
        - Distribute cover page
Census and action forms not needed at this time, child cannot be made active until Oregon eligibility is determined

OR

2. Convene an IFSP meeting to review the services, goals, and placement offered by out-of-state program and consider revisions.

- Follow all the usual procedures for an IFSP meeting with implementation of the IFSP within 10 working days of site notification
- Eligibility date should be “pending”, and typically the annual and 6-month review dates are the same as the previous plan
- Follow typical service start and stop guidance with service projections being within 10 days of site notification
- If revisions are needed, complete Prior Notice of Special Education Action describing the reason(s) for the revision(s)
- Make revisions and distribute IFSP
- Census is not needed at this time, child cannot be made active until Oregon eligibility is determined

Note: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible

- Evaluation is conducted by eval team following the established process.
  - Oregon EI and ECSE eligibility is determined by the eval team after the evaluation (unless eval occurs at a time when eval team is not completing ECSE eligibilities).
  - Site notification and billing email sent when child is eligible or non-eligible (if child non-eligible in Oregon, services should be discontinued)
- If child is eligible, IFSP team convenes meeting to develop new annual Oregon IFSP (typically, an EI IFSP will be completed by the eval team)
  - Census submitted immediately following IFSP meeting. Child can only be placed when Oregon eligibility has been determined and IFSP completed. New eligibility and annual IFSP dates are established
  - Distribute all paperwork.
- If child moves in from another state with a current eligibility but not a current IEP/IFSP
  - An expedited evaluation is scheduled with the eval team to determine Oregon eligibility.
  - Site is notified if child is eligible in Oregon and IFSP is developed following the typical process.

If parent moving in from in-state or out-of-state contacts the site directly, please refer them to the intake line (503-614-1446)
Out-of-State Move-In
SITE Checklist

The eval team coordinator will notify the site of an out-of-state move-in via email (educational documents to be attached) when the family is residing in WA county and there is sufficient documentation to indicate the child is currently eligible for EI or ECSE services and has a current IEP/IFSP. The site will be notified whether an evaluation will be needed or whether eligibility can be determined by a site IFSP team using recent evaluation information. A working file will be forwarded to site directly after the notification email if no evaluation is needed.

The site should:

- Coordinator assures that a service coordinator is assigned as soon as possible after the site notification email and service coordinator enters his/her name as provider in ecWeb.
- Review the scanned documents included in the notification email for current eligibility and IFSP. Review email and contact log for directions about how to proceed.

If sufficient information to determine Oregon eligibility is available, the site should:

- Convene an IFSP meeting to consider eligibility and complete IFSP in a reasonable time (goal – 10 working days from site notification).
- Obtain consent for evaluation to complete a file review, noting the date and title of the reports to be reviewed in the optional section of the consent for evaluation.
- Determine eligibility, using appropriate form.
- Complete new annual Oregon IFSP following usual processes, if child is eligible.
- Complete evaluation billing as file review and send billing notification and census to census email to activate file.
- Distribute all paperwork in normal process.

If there is not sufficient information to determine Oregon eligibility, but IEP/IFSP is current, site should follow the steps below:

- Coordinator assures that a service coordinator is assigned as soon as possible after the site notification email and service coordinator enters his/her name as provider in ecWeb.
- Service coordinator will contact the family about initiating services if evaluation is scheduled for more than 10 working days from site notification. If services are to be initiated before the evaluation an IFSP must be implemented within a reasonable time of site notification (goal – 10 working days of notification).
- Initiate services based on the two options below:
  1. Implement the IFSP as written by previous program (this does not require an IFSP meeting).
  Complete the two actions below.
    - Complete Oregon IFSP cover sheet including:
      - Services as indicated on previous out-of-state IEP/IFSP.
• Eligibility date should be “pending”, and typically the annual and 6-month review dates are the same as the previous plan
• Follow typical service start and stop guidance with service projections being within 10 days of site notification

☐ Distribute cover page
☐ Census and action forms not needed at this time, child cannot be made active until Oregon eligibility is determined

OR

2. Convene an IFSP meeting to review the services, goals, and placement offered by out-of-state program and consider revisions.

☐ Follow all the usual procedures for an IFSP meeting with implementation of the IFSP within 10 working days of site notification
  • Eligibility date should be “pending”, and typically the annual and 6-month review dates are the same as the previous plan
  • Follow typical service start and stop guidance with service projections being within 10 days of site notification
☐ If revisions are needed, complete Prior Notice of Special Education Action describing the reason(s) for the revision(s)
☐ Make revisions and distribute IFSP
☐ Census is not needed at this time, child cannot be made active until Oregon eligibility is determined

Note: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible

After the evaluation, if child is eligible, the site:

☐ Convenes IFSP meeting to develop new annual Oregon IFSP following typical procedures (typically, an EI IFSP will be completed by the eval team) New eligibility and annual IFSP dates are established.
☐ Census submitted immediately following IFSP meeting. Child can only be placed when Oregon eligibility has been determined and IFSP completed.

After evaluation, if child is not eligible, the site:

☐ Discontinue services
**Move-Out Guidelines**

- **When a child moves out of your site but remains within the county:**
  - Submit change of address to site Administrative Assistant and note in contact log.
  - Determine which site will now serve the child.
  - The service coordinator should provide all pertinent information to the administrative assistant at the current site at the time of submitting the working file.
  - Site administrative assistant will notify the receiving site of the transfer student utilizing a template signature providing all pertinent information and will send the site file and any materials to the new site.
  - Receiving service coordinator is responsible for updating provider information on ecWeb.
  - **NOTE:** child should be placed immediately (service levels should remain the same).
  - *No Action Form is needed.*

- **When a child moves outside your county, region or state:**
  - Submit change of address (if known) to site Administrative Assistant and note on contact log.
  - Provide contact information for the new program, child will potentially attend.
  - Complete Census Form and email to Census Email and complete any outstanding paperwork.
  - Give file to site Administrative Assistant to send working file to ESD.
  - *No Action Form is needed.*

- **When a child appears to have moved (disconnected phone, no response to letters, etc.) and the parent has made no contact with the site:**
  - Document three attempts to contact the family, with final attempt in writing (a letter).
  - Note actions in contact log.
  - If no response to letter, complete Action Form to make the child’s file inactive with note that NWRESQ stands ready to provide services as written on the IFSP. File may be re-activated by parent contact to main intake phone number (503-614-1446).
  - Complete and submit Census Form and email to Census Email and complete any outstanding paperwork.
  - Give file to site Administrative Assistant to send working file to ESD.
  - *Action Form is required.*

- **When a child moves out of the country, or leaves the country for more than two weeks, the child should be made inactive:**
  - Complete and submit a Census Form and email to Census Email and complete any outstanding paperwork.
  - Complete Action Form putting the child’s file inactive. Please note on the Action Form that the EI/ECSE program stands ready to provide services should the family return to the area. Services may be reactivated by contacting the main intake phone number (503-614-1446).
  - Give file to site Administrative Assistant to send working file to ESD.
  - *Action Form is required.*
Program Review Request
Early Intervention/Early Childhood Special Education

A Program Review Request should be completed when:

- a student requires modifications/adaptations/services beyond those currently received;
- a student is not making sufficient progress on IFSP goals;
- a student has barriers (e.g., challenging behaviors, medical needs) that interfere with learning or safety for the child or the class as a whole;
- the team would like assistance in generating an action plan to meet the specific needs of an individual student.
- a student, or their family, requires home-based supports from the school psychologist or behavior specialist.

Tier 2: Targeted Group Interventions:

For children who are not making sufficient progress toward their goals:

- Complete a Program Review Request form and submit to Site and/or Program Supervisor;
- Schedule a staffing meeting and invite teacher, specialists, assistants and program coordinator.
- At the staffing meeting:
  - Define 1 to 3 outcomes for the child (replacement skill for challenging behavior, specific cognitive or language skill, etc.);
  - Define strategies and interventions to utilize and embed to achieve the defined outcome;
  - Create a data system (minimum weekly collection) to monitor both implementation of interventions and child responses (see example forms);
  - Schedule a second staffing meeting to review data (minimum of ten data points);
  - Prepare any materials needed for determined interventions;
  - Document all of the above steps on the Action Plan.
- Implement strategies/interventions and collect data;
- At second staffing meeting, review data collected and determine if:
  - targeted interventions were implemented consistently;
  - interventions were effective;
  - adequate progress was made;
  - other modifications to interventions should be considered.
- Update the action plan.

Possible Tier 2 interventions to consider: multiple planned daily opportunities to target a specific skill, additional visual supports, teach coping skills from the solution kit, social stories, self regulation strategies, behavior support plans, increasing services, referral to mental health and alternative classrooms at the current site (smaller class size, different time of day, etc.)
Tier 3: Intensive, Individual Interventions:
For children whose needs are not being met after Tier 2 (Targeted Group Interventions) have been implemented:

- Schedule meeting with Site and/or Program Supervisor and members of the team;
- Bring the Action Plan and:
  - define the desired child outcomes and interventions that the classroom team implemented;
  - discuss the data collected and discussions/concerns from the second staffing meeting if the program coordinator was not in attendance;
  - Discuss other strategies, services or interventions that could be implemented in current placement;
  - Update the Action Plan;
  - If appropriate, schedule staffing meeting to review with classroom team any new interventions that will be tried in the current placement.
- A Program Supervisor will contact the service coordinator with guidance on the following:
  - Need to set up additional staffing meetings involving specific staff (PBIS coach, ASD specialist, nurse, inclusion liaison, etc);
  - Need to set up an IFSP meeting to sign consent of additional evaluations or to consider changes in services or placement;
  - Other considerations.
Program Review Request Guidelines

This form is to be used when:

- Requesting an increase and/or change in services (i.e. a request for more intensive services, such as, Intensive or SAIL classrooms.)
- Requesting assistance from specialists (School Psychologist, Behavior Specialist, ASD Specialist) in observing classroom structure, intervention strategies, implementation of PBIS strategies specific to the child (vs. universal) and parent/guardian support and/or assistance.

Hierarchy of staffing

- Service Coordinator submits Program Review to Site and/or Program Supervisor.
- Service Coordinator convenes a meeting with classroom team to discuss. Start Action Planning form to document action that includes timelines.
- Use Action Planning form at next meeting to discern what to do next.
- If successful, continue interventions.
- If unsuccessful, develop next actions. If unsuccessful and a change of services that constitutes a classroom change is warranted, provide additional data (i.e. data showing effectiveness of Discrete Trial Training (ECSE students only) and/or Pivotal Response Training, data collected via Enhanced Interactions Toddler group, additional observations). Provide Program Review, Program Review Action Form and Data to Site and/or Program Supervisor.
- Site-based and/or Program Supervisor will review the request with the coordinator team and will inform Service Coordinator of recommendations.
Program Review Request
Northwest Regional ESD
Early Intervention/Early Childhood Special Education

This form is to be used when requesting assistance from specialists in observing classroom structure, intervention strategies and behavior management. If evaluations are required (e.g., formal observations, functional behavior assessment, eligibility considerations, etc.) a Prior Notice of Evaluation will be requested.

<table>
<thead>
<tr>
<th>Child:</th>
<th>Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Class Days/Times:</td>
</tr>
<tr>
<td>Date of Referral:</td>
<td>Teacher:</td>
</tr>
<tr>
<td>Parent(s):</td>
<td>Service Coordinator:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Current Eligibility:</td>
</tr>
<tr>
<td>Address:</td>
<td>Classroom Team’s regular staffing time:</td>
</tr>
</tbody>
</table>

Purpose of Request (Nursing, Behavior Specialist, Autism Specialist):

Date parent was informed of referral and purpose

1. List IFSP goals for which the student is not making sufficient progress:

2. Please describe any behavioral concerns in observable terms by detailing the antecedent, specific behavior and consequence. (If there are no behavioral concerns, please go to number 5)

<table>
<thead>
<tr>
<th>Antecedent:</th>
<th>Behavior:</th>
<th>Consequence:</th>
<th>Function:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What happens before the behavior (e.g., child sees classmate with a preferred toy)</td>
<td>What child does (e.g., child hits classmate and takes the toy)</td>
<td>What happens after behavior (e.g., child and adult reactions and outcomes)</td>
<td>(avoidance, gain attention, to obtain something, sensory need, unknown, other)</td>
</tr>
</tbody>
</table>
3. Indicate the times of the day that the behavior is most likely to occur:

- Arrival
- Small group
- Bathroom
- Departure
- Classroom jobs
- Large group
- Transitions
- Circle
- Snack/lunch
- Clean up
- Centers/free play
- Gross motor time
- One to one activity
- Other (describe)

4. Please describe the identified replacement skill to be taught that matches the function of the behavior (example: the child is being taught to say “no, thank you” to replace hitting when asked to do a non-preferred task):

   [Blank]

5. List the child’s strengths and motivators

   [Blank]

6. Describe the child’s participation (or anticipated needs) in the following:

   Small Group:

   Large Group:

   Free Choice:

   Transitions:
7. Describe specific teaching strategies that have been used and how the child responded:

8. Describe the parent’s concerns and any other relevant information that may be impacting progress towards goals:

Date form completed:
Date of scheduled staffing meeting:
### Northwest Regional ESD EI/ECSE
#### Program Review Action Planning Form

Classroom or Child’s Name: ___________________      Date: ___________

Team Members:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

<table>
<thead>
<tr>
<th>Item:</th>
<th>Action to be Taken:</th>
<th>Person Responsible:</th>
<th>Completion Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Possible Actions to be considered:

<table>
<thead>
<tr>
<th>Environmental supports:</th>
<th>Classroom Rules:</th>
<th>Evaluations to consider through IFSP process:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Schedules;</td>
<td>• Systematically taught/reinforced;</td>
<td>• FBA;</td>
</tr>
<tr>
<td>• Visual systems;</td>
<td>• Social stories, photos, role modeling;</td>
<td>• Eligibility;</td>
</tr>
<tr>
<td>• Choice boards;</td>
<td></td>
<td>• AC/AT;</td>
</tr>
<tr>
<td>• First/Then boards;</td>
<td></td>
<td>• Mental Health;</td>
</tr>
<tr>
<td>• Room arrangement;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classroom routine:</th>
<th>Social Emotional Teaching Strategies:</th>
<th>Instruction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Break options;</td>
<td>• Teach/practice play organizers;</td>
<td>• Matrix of when to embed targeted skills/goals;</td>
</tr>
<tr>
<td>• Decrease transitions;</td>
<td>• Friendship skills lessons;</td>
<td>• Documented modifications of classroom activities;</td>
</tr>
<tr>
<td>• Mix of child vs. adult directed activities;</td>
<td>• Labeling emotions;</td>
<td>• Specific curriculum (STAR, PECS, Handwriting w/o tears, etc.);</td>
</tr>
<tr>
<td>• Opportunities for physical/sensory movement;</td>
<td>• Tucker Turtle;</td>
<td>• 1:1 or peer buddy sessions;</td>
</tr>
<tr>
<td>• Design small/large group activities to target increased engagement;</td>
<td>• Solution Kit;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Problem solving lessons;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Relaxation Thermometer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transitions:</th>
<th>Data:</th>
<th>Additional Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2 minute warnings;</td>
<td>• 4:1 positive to constructive feedback;</td>
<td>• Crisis line:</td>
</tr>
<tr>
<td>• Auditory/visual signal;</td>
<td>• On response to specific strategies;</td>
<td>503-291-9111;</td>
</tr>
<tr>
<td>• Decrease time spent waiting in line, at circle;</td>
<td>• Frequency/duration of challenging behavior;</td>
<td>• EC Mental Health Consultation:</td>
</tr>
<tr>
<td>• Provide activity to complete while “waiting;”</td>
<td>• Frequency of replacement skill;</td>
<td>503-258-4511;</td>
</tr>
<tr>
<td>• Individualizes supports/cues;</td>
<td>• Chart and review;</td>
<td>• Family Resource Guide (Brochure);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Washington County Health &amp; Human Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>503-846-4402</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reinforcement systems:</th>
<th>Relationships:</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meaningful to each student;</td>
<td>• All about me posters and activities;</td>
<td>• Parent coaching;</td>
</tr>
<tr>
<td>• Group vs. individualized;</td>
<td>• Sharing from home;</td>
<td>• Home visits;</td>
</tr>
<tr>
<td>• Referenced to rules or individualized skill;</td>
<td>• Pictures/discussions on family activities;</td>
<td>• Weekly staffing;</td>
</tr>
<tr>
<td>• Immediate or earned over the day/week;</td>
<td>• Peer buddies;</td>
<td>• Mental Health specialist consultation (classroom/staffing);</td>
</tr>
<tr>
<td>• Achievable;</td>
<td>• Every child having a staff member who is crazy about them;</td>
<td>• Placement/services (determined through IFSP process);</td>
</tr>
<tr>
<td></td>
<td>• Positive notes home;</td>
<td></td>
</tr>
</tbody>
</table>
ANNUAL NOTICE TO PARENTS OF CHILDREN IN EARLY INTERVENTION (EI) AND EARLY CHILDHOOD SPECIAL EDUCATION (ECSE) PROGRAMS ABOUT CHILDREN’S EDUCATION RECORDS

Looking at Records
You have the right to view your child’s education records. Ask your child’s teacher, service coordinator or program administrator if you want to look at the records. Please refer to your copy of Procedural Safeguards Notice for further information about access to your child’s education records.

Disclosure of Records
Your written consent is needed to disclose personally identifiable information contained in your child’s education records, except where EI/ECSE policy permits disclosure without your consent. Your consent is not needed to disclose education records to another public education program, such as Head Start or your local school district, when that program has requested records and your child seeks to or is enrolled in or otherwise receives services from that program. The term “receives services from” includes, but is not limited to, an evaluation or reevaluation for the purposes of determining whether a child has a disability. Transportation is also considered a service.

Disclosure of Directory Information
This EI/ECSE program considers the following information to be directory information: student's name, address, telephone number and date of birth. You have the right to refuse the disclosure of directory information about your child. To refuse, you must return the enclosed refusal form (see back of handbook) at any point during your child’s enrollment in this EI/ECSE program. Directory information may be disclosed without your consent unless we have your written refusal.

Retention of Records
The EI/ECSE program will retain your child’s education records for five years after the end of the student’s participation in the EI/ECSE program. If there is no outstanding request to review your child’s education records, they will be destroyed following the five-year period.

Records Policy
You can get a copy of the EI/ECSE records policy by submitting a written request to the Custodian of EI/ECSE Records, at NWRES, 5825 NE Ray Circle, Hillsboro, OR 97124. You also have the right to obtain a list of the types and locations of records maintained by the EI/ECSE program, and the name of the person designated by the program to be responsible for keeping and releasing records.

Correcting Records
You can request that your child’s records be corrected if you think the records are inaccurate, misleading, or otherwise violate your child or family’s privacy rights. This request must be submitted in writing to your child’s service coordinator.

Filing a Complaint
You can file a complaint with the U.S. Department of Education under 34 CFR 99.64 concerning any alleged failure by this program to comply with the Family Educational Rights and Privacy Act (FERPA). Complaints can be directed to:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920
AVISO ANUAL PARA PADRES DE NIÑOS
EN LOS PROGRAMAS DE INTERVENCIÓN TEMPRANA (EI) Y EDUCACIÓN ESPECIAL DE LA PRIMERA INFANCIA (ECSE) CON RALACIÓN A LOS ARCHIVOS DE EDUCACIÓN DE LOS NIÑOS

Revisión de los archivos
Usted tiene el derecho a revisar los archivos de la educación de su hijo. Si usted quiere ver el archivo, hable con el maestro o el coordinador de servicios de su hijo o el director del programa. Favor de referirse al folleto de Aviso de Garantías de Procedimiento para más información acerca de cómo tener acceso a los archivos de educación de su niño/a.

Publicación de los archivos
Su consentimiento por escrito es necesario para revelar información sobre la identidad personal contenida en los archivos de educación de su hijo, a menos que la política de EI/ECSE permita la revelación sin su consentimiento. Su consentimiento no es necesario para revelar archivos a otro programa de educación, como Head Start o su distrito escolar local, cuando ese programa solicite los archivos y cuando su niño intente inscribirse o ya se encuentre inscrito o reciba servicios de ese programa. El término “recibe servicios de” incluye, pero no está limitado a una evaluación o re-evaluación con el propósito de determinar si un niño tiene una discapacidad. El transporte también se considera como un servicio.

Revelación de datos personales
El programa de EI/ECSE considera la siguiente información como información de datos personales: El nombre del estudiante, dirección, número de teléfono, y fecha de nacimiento. Usted tiene el derecho a negar la revelación de información de datos personales de su hijo en el directorio. Para negar, usted debe regresar el formulario adjunto (al final de esta guía) en cualquier momento durante la matriculación en este programa de EI/ECSE. La información de datos personales puede ser revelada en el directorio sin su consentimiento a menos que tengamos su negación por escrito.

Retención de archivos
El programa de EI/ECSE retendrá los archivos educativos de su niño por cinco años después del término de la participación del alumno en el programa de EI/ECSE. Si no hay una solicitud pendiente para revisar los archivos educativos de su hijo, los archivos serán destruidos después de un período de cinco años.

Política sobre los archivos
Usted puede obtener una copia de la política sobre los archivos de EI/ECSE solicitándolo por escrito a la atención EI/ECSE Records, al NWRESD, 5825 NE Ray Circle, Hillsboro, OR 97124. Usted también tiene el derecho a obtener una lista de los tipos y localización de archivos guardados por el programa de EI/ECSE y el nombre de la persona designada por el programa como responsable de la seguridad y publicación de los archivos.

Cómo corregir archivos
Usted puede pedir que los archivos de su hijo sean corregidos si usted piensa que los archivos son incorrectos, erróneos o violan de alguna manera los derechos de privacidad de su hijo o de su familia. Esta petición deberá ser enviada por escrito a el coordinador de servicios de su hijo.

Cómo presentar una queja
Usted puede presentar una queja con el Departamento de Educación de los EU. Bajo el 34 CFR 99.64 con respecto a cualquier error presunto de este programa en cumplimiento con el Acta de Derechos Educativos y Privacidad Familiar (FERPA). Las quejas podrán ser enviadas a:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920

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### New Regional Referral Process for EI/ECSE

#### Eval Team Initiated Regional Referral:
- If DD eval or referral information indicates a suspicion of low incidence regional eligibility, Eval Team will submit the referral. The Regional referral should be noted in the notification email sent to sites:
  - Complete regional request for assistance with eligibility evaluation form
    - For ASD or OI – Regional Referral form Only
    - For DHH – Include audiogram
    - For VI – Include vision report, or copy of request for vision report.
  - Submit to coordinator for signature.
  - Regional assigns Regional provider via ecWeb and sends Memo or emails Regional Provider and service coordinator.
  - Regional provider may be invited to evaluation planning
    - **NOTE:** It is not necessary to wait for availability of Regional provider to proceed with evaluation planning/evaluation.
  - If data indicate that an evaluation is needed, complete Prior Notice / Consent for Evaluation and proceed with evaluation.
  - At time of eligibility determination, **whether eligible or not, submit Census form with the outcome.**

#### Site Team Initiated Regional Referral:
- In the case of a child initially determined eligible under a different EI/ECSE eligibility and new information or observations indicate a suspicion of a low incidence regional eligibility, submit a Regional referral:
  - Complete regional request for assistance with eligibility evaluation form
    - For ASD or OI – Regional Referral Only
    - For DHH – Include audiogram
    - For VI – Include vision report, or copy of request for vision report.
  - Submit to coordinator for signature.
  - Regional assigns Regional provider via ecWeb and sends Memo or emails Regional Provider and service coordinator.
  - Invite regional provider to evaluation planning.
  - If data indicate that an evaluation is needed, complete Prior Notice / Consent for Evaluation and proceed with evaluation.
  - At time of eligibility determination, **whether eligible or not, submit Census form with the outcome.**

#### Note:
Submission of a Regional referral does not necessarily indicate that the Regional provider will be participating in the evaluation. The evaluation planning team will determine whether there is a need for the specialist to be involved in the actual evaluation components.

### Move-In In-State with Regional Eligibility
- Within 10 school days of notification of move-in, if all services will remain the same, service coordinator writes new cover page for current IFSP and submits all completed paperwork including Regional Referral form. Puts flag on Regional Referral form (sticky note sticking out from papers; on top of distribution, etc.) and puts in distribution. If services will change, an IFSP meeting must be conducted to reflect changes. Regional services should be included on temp IFSP.
- Admin. Assistants review distribution daily to look for Regional Referral flags and prioritize those files for distribution. File should be reviewed for all of the required components, with **attention to Regional Services being listed on the IFSP**, and then scanned and uploaded to ecWeb. If Regional
Services are not entered on the IFSP, the distribution is to be returned to the service coordinator for correction.

- Once the upload to ecWeb has been completed, the Regional Referral form must be pulled out and submitted to coordinator for signature. Remaining distribution proceeds as usual.
- Coordinator signs Regional Referral and then scans and emails to Vicky.

**Move-In Out-of-State with Regional Eligibility**

- Site notification email will indicate if Regional referral is needed.
- Service Coordinator convenes IFSP meeting to write temporary IFSP for approximately 30 school days while evaluation for Oregon eligibility is being conducted. Service coordinator submits all completed paperwork including Regional Referral form indicating BOTH request for services and assistance with evaluation/eligibility determination with notation that this is a move-in from out-of-state. Service coordinator puts flag on Regional Referral form (sticky note sticking out from papers; on top of distribution, etc.) and puts in distribution.
- Admin. Assistants review distribution daily to look for Regional Referral flags and prioritize those files for distribution. File should be reviewed for all of the required components, with **attention to Regional Services being listed on the IFSP**, and then scanned and uploaded to ecWeb. If Regional Services are not entered on the IFSP, the distribution is to be returned to the service coordinator for correction.
- Once the upload to ecWeb has been completed, the Regional Referral form must be pulled out and submitted to coordinator for signature. Remaining distribution proceeds as usual.
- Once evaluation is complete, service coordinator invites Regional provider to eligibility meeting and writes a new IFSP.
- A Census form must be submitted indicating whether child meets criteria for Oregon eligibility or not.
If after DD eval or at time of referral, information indicates a suspicion of low incidence regional eligibility, Eval Team will submit the referral. The Regional referral should be noted in the notification email sent to sites.

- Complete regional request for assistance with eligibility evaluation form
  - For ASD or OI – Regional Referral Only
  - For DHH – Include audiogram
  - For VI – Include vision report, if available, or include copy of request for vision report
- Submit to coordinator for signature.
- Coordinator signs and scans to Administrative Specialist (Vicky.)
- Admin. Specialist documents the referral on Regional tracking spreadsheet
- Admin. Specialist prints and gives to EI/ECSE director for signature.
- Admin. Specialist uploads signed Regional referral to ecWeb and sends memo to Regional that referral has been uploaded.
- Regional assigns Regional provider via ecWeb and sends Memo or emails Regional Provider and service coordinator.
- Regional provider could be invited to evaluation planning, if time permits:

**NOTE:** It is not necessary to wait for availability of Regional provider to proceed with evaluation planning/evaluation.

- At time of eligibility determination, **whether eligible or not**, submit Census form with the outcome. Be sure to notate the type of eligibility.
- Admin. Specialist will document status on Regional tracking spreadsheet.
In the case of a child already determined eligible and new information/observations indicate a suspicion of a low incidence regional eligibility, submit a Regional referral:

- Complete regional request for assistance with eligibility evaluation form
  - For ASD or OI – Regional Referral Only
  - For DHH – Include audiogram
  - For VI – Include vision report, if available, or include copy of request for vision report
- Submit to coordinator for signature. Coordinator signs and scans to administrative specialist (Vicky.)
- Admin. Specialist documents the referral on Regional tracking spreadsheet
- Admin. Specialist prints and gives to EI/ECSE director for signature.
- Admin. Specialist uploads signed Regional referral to ecWeb and sends memo to Regional that referral has been uploaded.
- Regional assigns Regional provider via ecWeb and sends Memo or emails Regional Provider and service coordinator.
- Invite regional provider to evaluation planning:
  - For vision: VI can assist with reviewing existing information (such as Regional Report of Eye Exam) to determine whether there is a need to evaluate further.
  - For DHH: DHH teacher can assist with reviewing existing information (such as audiological) to determine whether there is a need to evaluate further.
  - For ASD: ASD consultant can assist with reviewing existing information to determine whether there is a need to evaluate characteristics of ASD.
- If data indicate that an evaluation is needed, complete Prior Notice / Consent for Evaluation and proceed with evaluation.
- At time of eligibility determination, whether eligible or not, submit Census form with the outcome. Be sure to notate the type of eligibility

- **NOTE:** Submission of a Regional referral does not necessarily indicate that the Regional provider will be participating in the evaluation, but will be available as a resource. The evaluation planning team will determine whether there is a need for the Regional specialist to be involved in the actual evaluation components.
In-State Move-In with Regional Eligibility

- Within 10 school days of notification of move-in, the service coordinator re-writes cover page to indicate services now being provided by NWRESD and submits for distribution with completed Regional Referral form for the appropriate eligibility, copy of the IFSP and eligibility statement. Service coordinator puts flag on Regional Referral form (sticky note sticking out from papers; on top of distribution, etc.) and puts in distribution.
- Administrative Assistants review distribution daily to look for Regional Referral flags and prioritizes those files for distribution. File should be reviewed for all of the required components, with **attention to Regional Services being listed on the IFSP**, and then scans and uploads to ecWeb. If Regional Services are not entered on the IFSP, the distribution is to be returned to the service coordinator for correction.
- Once the upload to ecWeb has been completed, the Regional Referral form must be pulled out and submitted to coordinator for signature. Remaining distribution proceeds as usual.
- Coordinator signs Regional Referral and then scans and emails to Admin. Specialist.
- Admin. Specialist records the referral on Regional tracking spreadsheet and prints and submits to EI/ECSE Director for signature.
- EI/ECSE Director signs and returns to Admin. Specialist.
- Admin. Specialist uploads the signed referral to ecWeb and then sends memo to Regional Admin. Assistant (Sandra) letting her know referral has been uploaded.
- Regional Admin. Assistant reviews documents in ecWeb uploads and verifies all required components are completed. If all documents are complete, Regional Admin. Assistant enters the appropriate Regional specialist on the provider page, makes a note in the Contact Log: Approved Regional Referral for (specific Regional eligibility.) Regional provider added to Provider page. If not complete, she emails service coordinator for missing components.
- Regional Admin. Assistant creates a Memo on ecWeb to EI/ECSE Admin. Specialist and the Regional service provider indicating the referral has been “approved.”
- EI/ECSE Admin. Specialist makes notation on Regional tracking spreadsheet that the referral has been approved.
Out-of-State Move-In with Regional Eligibility

- Within 10 school days of receipt of notification, the service coordinator convenes an IFSP meeting to write a temporary IFSP for approximately 30 school days and submits Regional Referral for the current Regional eligibility from out-of-state. The temporary IFSP is written as close as possible to existing IFSP/IEP for the temporary period during which Oregon eligibility is being considered. Regional services should be included on the temp IFSP.

- Service Coordinator submits the temporary IFSP for distribution along with completed Regional Referral form for the appropriate eligibility. Referral should indicate BOTH services and support for eligibility determination for Oregon eligibility. Service coordinator puts flag on Regional Referral form (sticky note sticking out from papers; on top of distribution, etc.) and puts in distribution.

- Administrative Assistants review distribution daily to look for Regional Referral flags and prioritizes those files for distribution. File should be reviewed for all of the required components, with **attention to Regional Services being listed on the IFSP**, and then scanned and uploaded to ecWeb. If Regional Services are not entered on the IFSP, the distribution is to be returned to the service coordinator for correction.

- Once the upload to ecWeb has been completed, the Regional Referral form must be pulled out and submitted to coordinator for signature. Remaining distribution proceeds as usual.

- Coordinator signs Regional Referral and then scans and emails to Admin. Specialist.

- Admin. Specialist records the referral on Regional tracking spreadsheet and prints and submits to EI/ECSE Director for signature.

- EI/ECSE Director signs and returns to Admin. Specialist.

- Admin. Specialist uploads the signed referral to ecWeb and then sends memo to Regional Admin. Assistant (Sandra) letting them know referral has been uploaded.

- Regional Admin. Assistant reviews documents in ecWeb uploads and verifies that out-of-state IFSP/IEP includes Regional services. Regional Admin. Assistant enters the appropriate Regional specialist on the provider page, makes a note in the Contact Log: Approved/Pending Regional Referral for (specific Regional eligibility.) Regional provider added to Provider page. Services must be provided while evaluation is conducted. Once completed, the Regional specialist will be invited to the eligibility meeting and a new IFSP will be created.

- Service coordinator will submit a Census form at conclusion of eligibility meeting and will submit file for distribution.
• EI/ECSE Admin. Specialist enters data and sends a Memo to the Regional service provider indicating the evaluation has been completed and indicates either eligible, or not eligible.

• EI/ECSE Admin. Specialist makes notation on Regional tracking spreadsheet that the referral has been completed.
Registry Page Term and Date Range Information

*Only for 2016-2017 enrolled children and future
**This information is entered by the Administrative Assistants at this time.

At the conclusion of the school year (either June or August,) it is important to verify/update the Term under Classes on the Registry page for every child.

- Go through entire site caseload. Verify or change the Term to be Current, Summer, Previous, or Next Year.

- New Section: Attendance dates. This section must be entered to be consistent with how the child is attending for site-based services. This should be entered at the time of all class information being entered from the Services Information half-sheet.
  
  o The current options are: 2016 Summer or 2016-2017 School Year.
    ▪ For those children who will either begin or continue in their current placements, simple click the 2016-2017 School Year button.
    ▪ If a child is entering at a later date, click the 2016-2017 School Year button and then manually change the actual start date.
    ▪ Note: the 2016-2017 School Year button goes from 9/1 to 6/30. There will soon be a third button option that recognizes the EI/ECSE School Year as 7/1 to 6/30.
  
  o Attendance dates are only required for those children that are attending site-based services, or are in community placements for which NWRESD pays tuition.
  
  o The field for Attendance Dates has been designed to support monthly and annual reporting for immunizations and attendance. It’s important that this information be entered consistently for reports to be accurate.
School Psychologist Involvement in EI/ECSE Evaluations
Guidelines, Roles and Responsibilities

The school psychologist serves as an adjunct professional in the evaluation process and is involved in very specific circumstances as detailed below. The school psychologist does not act as service coordinator. The original team on the eval team will, in all cases, act as service coordinator while the evaluation remains with the evaluation team. The site service coordinator takes on all service coordination responsibilities once the child is receiving services. Service coordinators’, as well as school psychologists’ responsibilities, are outlined below.

As a guideline, the school psychologist serving on the EI/ECSE evaluation team assists with evaluations when the following circumstances apply:

Note: School psychologist request email template included at the end of this document (consider setting up a school psychologist request in the signature function in email).

EI to ECSE Transition Evaluations

When an Intellectual Disability, Emotional Disturbance, and/or Traumatic Brain Injury categorical eligibility needs to be considered at transition to ECSE, follow the steps below.

- The EI service coordinator sends a school psychologist request email at least 3 months before the child’s third birthday to the EI coordinator and adds a note in the contact log that the email was sent. The coordinator then forwards the request to the school psychologist and Eval Team Manager once it is reviewed.
- The school psychologist will add initial referral information to the school psychologist request tracking spreadsheet and add a note in the contact log.
- The school psychologist contacts the service coordinator directly to make evaluation planning arrangements after the email request has been received.
- The school psychologist should be actively involved in the evaluation planning process to ensure families have the most current and comprehensive information on which to make evaluation consent decisions.
- Bill as full w/consult when school psychologist is involved

Children Receiving EI/ECSE Services Needing Additional Evaluation

EI Child in Services Diagnosed with TBI

TBI is one of five categorical eligibilities that can be considered when a child is under the age of 3. Typically a child with TBI will initially enter the EI program using the EI Medical Statement process with the TBI categorical eligibility being completed as a secondary eligibility. The TBI eligibility should be considered as soon as the team is aware of the diagnosis of TBI or a severe head injury (don’t wait until transition to ECSE). When a child under the age of 3 is diagnosed with TBI, follow the same steps above (EI to ECSE transition).
ECSE Child in Services Needing Additional Evaluation

Under state and federal law, an educational program is obligated to conduct an evaluation when a team suspects a child has a qualifying disabling condition. This also applies when a child has current special education eligibility. Anytime an IFSP team suspects an ECSE child receiving special education services may qualify for a categorical eligibility that requires school psych involvement: Intellectual Disability, Traumatic Brain Injury, OHI: (with ADHD diagnosis), and/or Emotional Disturbance follow the steps below:

- Review evidence suggesting the need for additional evaluation with your supervisor.
- The supervisor will send a request email (see template below) to the school psychologist.
- Once the request has been made, the following steps will apply:
  
  **School psychologist will:**

  - Contact service coordinator
  - Schedule an evaluation planning meeting with site service coordinator, parents, and preschool/child care staff, if appropriate
  - Obtain consent for evaluation, if appropriate
  - Complete additional testing and observations, if needed, and notify site service coordinator when evaluation components are complete
  - Work with site service coordinator to arrange eligibility meeting
  - Participate in eligibility/IFSP meeting to consider all current evaluation data to determine eligibility(ies)
  - **Complete billing form on ecWeb**

  **Site ECSE service coordinator will:**

  - Help arrange additional testing and observations, if needed
  - Obtain exchange with physician to obtain Health and Medical Statement Form for appropriate categorical eligibility(ies)
  - Complete checklists at request of school psychologist
  - Schedule eligibility/IFSP meeting to consider all current evaluation data to determine follow-up eligibility(ies) once notified the evaluation is complete
  - Complete any revisions to IFSP as a result of eligibility decision and submit all paperwork for distribution
  - Submit census

**Additional Evaluation Needed After Initial ECSE Evaluation**

A school psychologist may need to be involved at the initial point of referral when there is a definitive diagnosis suggesting certain categorical eligibilities should be considered or shortly after an initial evaluation if the team determines additional evaluation is needed to consider certain categorical eligibilities. Refer to the instructions below:

**Definitive Diagnosis**

When **ECSE referral information offers a definitive diagnosis** of, Intellectual Disability, Traumatic Brain Injury, OHI (with ADHD diagnosis), and/or Emotional Disturbance and the **documentation** to support the diagnosis is expected to be obtained **before the evaluation appointment**, the school psychologist **should be** scheduled to participate in the initial evaluation appointment. **Note: A school psychologist is not required to participate in an ADHD evaluation/eligibility, if the child has a diagnosis,**
but the eval team may appreciate his/her involvement. The eval team should consult with the school psychologist regarding his/her involvement. Needed steps:

- The intake specialist and evaluators ensure that all necessary documentation, including a signed and completed Health and Medical Assessment Form, has been received before the initial evaluation and communicates with the school psychologist regarding testing needs.

- The school psychologist participates in the evaluation planning to ensure all appropriate eligibilities are considered and consent for evaluation includes all needed information. He/she completes necessary evaluation procedures and participates in the eligibility review. Additional observations or evaluation procedures may be necessary to complete eligibility.

**No Definitive Diagnosis at Initial Referral: Additional Evaluation Needed**

When the initial ECSE referral information *does not contain a definitive diagnosis* of ADHD, Intellectual Disability, Traumatic Brain Injury, and/or Emotional Disturbance, but during the initial evaluation one or more of the concerns above are identified as an area of suspected disability, the eval team should follow the steps below.

**Initial Steps: Eligible or Not Eligible for DD**

A. Initial evaluation team reviews evaluation results with family and completes DD eligibility form (eligible or DNQ to close consent for initial eval).

B. Evaluation team service coordinator explains to the family the possible need to complete follow-up evaluation to consider categorical eligibility(ies).

C. Eval team service coordinator sends a school psychologist request email (attachment B) to school psychologist and copies eval team manager.

D. Billing is submitted as full evaluation with consult, each time a request for school psych is submitted.

E. Eval team manager will verify registry page coding and that billing was done for full eval with consult. If child was DD-not eligible, team manager enters a new notification date in the referral area and in the placement history and enters “school psych request submitted” in the notes field (a new referral date is added once school-psych obtains a signed consent for additional evaluation). If child was DD eligible, intake enters “school psych request submitted” in the notes field in the e-schd line in placement history.

F. School Psychologist enters request on school psych spreadsheet and notes request in contact log.

G. In the DD evaluation report, eval team service coordinator indicates the need for school psych follow-up. Eval team completes all normal steps in DD eligibility process including distribution. (DD-DNQ files are closed as ia-dnq. Intake distributes to family and confidential and places in school psych section of “eval in process drawer”)
Follow these additional steps below depending on the DD eligibility of the child.

<table>
<thead>
<tr>
<th>Child DD Eligible</th>
<th>Child DNQ DD Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eval Team Service Coordinator will:</strong></td>
<td><strong>School psychologist will:</strong></td>
</tr>
<tr>
<td>- Indicate in the site notification email to the site that additional evaluation to consider categorical eligibilities might be needed.</td>
<td>- Review file and talk with eval team</td>
</tr>
<tr>
<td><strong>School psychologist will:</strong></td>
<td>- If there is sufficient evidence of suspected disability, talk with parents about their concerns.</td>
</tr>
<tr>
<td>- Review file to determine follow up needs.</td>
<td>- Schedule an evaluation meeting with parents and preschool/child care staff, if appropriate. Obtain consent for evaluation, if appropriate.</td>
</tr>
<tr>
<td>- Contact site service coordinator to discuss child’s progress and needs.</td>
<td>- If diagnostic placement is needed, email eval team coordinator with rationale and needs so arrangements can be made.</td>
</tr>
<tr>
<td>- Contact parent about their concerns, questions, and input regarding rate of progress.</td>
<td>- Notify eval team manager and census administrative specialist when new consent for evaluation is signed. (New referral date is entered in the referral and placement history areas)</td>
</tr>
<tr>
<td>Schedule an evaluation planning meeting with site service coordinator, parents, and preschool/child care staff, if appropriate. Obtain consent for evaluation, if appropriate.</td>
<td>- Work with eval team service coordinator to obtain exchange with physician and Health and Medical Statement for appropriate categorical eligibility(ies).</td>
</tr>
<tr>
<td>- Complete additional testing and observations, if needed, and notify site service coordinator when evaluation components are complete.</td>
<td>- Complete additional testing and observations, if needed.</td>
</tr>
<tr>
<td>- Work with site service coordinator to arrange eligibility meeting.</td>
<td>- When all components of evaluation complete, notify site of new child, if there is evidence to support eligibility(ies) or notify eval team service coordinator, if results do not support eligibility(ies). Work with site or eval team service coordinator to schedule meeting (eligibility, IFSP [if applicable]).</td>
</tr>
<tr>
<td>- Participate in eligibility meeting to consider all current evaluation data to determine eligibility(ies).</td>
<td>- Participate in eligibility meeting.</td>
</tr>
</tbody>
</table>

**Site ECSE service coordinator will:**

- Communicate with school psychologist about child’s progress and need for follow-up evaluation.
- Help arrange additional testing and observations, if needed.
- Obtain exchange with physician, if needed, and obtain Health and Medical Statement Form for appropriate categorical eligibility(ies).
- Complete checklists at request of school psychologist.
- Schedule eligibility meeting to consider all current evaluation data to determine follow-up eligibility(ies).
- Submit census after eligibility(ies) and IFSP revision (if appropriate).

**Eval team service coordinator (DNQ anticipated) will:**

- Assist the school psychologist in obtaining additional parent and teacher checklists, if needed.
- Obtain exchange with physician, if needed and obtain Health and Medical Statement for appropriate categorical eligibility(ies).
- Work with school psychologist in scheduling eligibility meeting
- Facilitate eligibility meeting
- Submit non-eligibility census

**Site service coordinator (eligibility anticipated) will:**

Work with school psychologist in scheduling eligibility and IFSP meeting.
- Facilitate eligibility/IFSP meeting
- Submit census after eligibility(ies) and IFSP meeting
If initial evaluation data does not support DD eligibility, and the team agrees there are no additional areas of suspected disability, the team should:

- Review the current evaluation information to determine non-eligibility for DD.
- Offer the family other community resources, information about child development, and possible strategies to support development.
- Complete all normal steps in DD process

The school psychologist will use the chart below to determine priorities for responding to requests.

<table>
<thead>
<tr>
<th>Highest Priority</th>
<th>High Priority</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI to ECSE transition evaluations</td>
<td>TK students not eligible for DD but needing additional eval for school-age</td>
<td>ECSE students (not TK) with DD eligibility needing additional eval for school-age categorical eligibility</td>
</tr>
<tr>
<td></td>
<td>categorical eligibility</td>
<td></td>
</tr>
<tr>
<td>ECSE TK students, not eligible for DD</td>
<td>ECSE students eligible for DD, child and family not in crisis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECSE students not eligible for DD, family and student in crisis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School psychologist email request template:

Subject line – Request for School Psych

Include all the following information in the email

**School Psychologist Request**

**Child's Name:**

**DOB:**

**District:**

**Eval team or EI Service Coordinator:**

**Transition:**

<table>
<thead>
<tr>
<th>EI to ECSE</th>
<th>Kindergarten</th>
<th>Not transition year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Eligibility:**

<table>
<thead>
<tr>
<th>ECSE DD</th>
<th>Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community Preschool:</td>
</tr>
</tbody>
</table>

**ECSE Eligibility Pending:**

<table>
<thead>
<tr>
<th>Consent timeline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Preschool:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EI Eligibility (type and date):</th>
</tr>
</thead>
</table>

**Follow-up concerns/Reason for request for school psych:**
EI/ECSE School Psychologist/Behavior Specialist Guidelines
Site and home based consultation

School psychologists/behavior specialists are available to attend IFSP meetings to provide resources and suggestions, attend a staffing to hear needs of a particular child to determine if additional supports are needed, and observe in a classroom to provide universal strategies. They are also able to accompany a service coordinator on a home visit to consult on challenging behavior and/or to connect a family to other community resources. School psychologists are also available to complete Functional Behavior Assessments (FBAs) and develop Behavior Support Plans (BSPs).

To request support from a school psychologist/behavior specialist, please complete the process below:

- A home visit with the family is strongly recommended to gather information that might be impacting behavior and to identify family priorities prior to completing a program review. The IFSP team may be able to offer additional supports based on this visit and may determine that supports from the school psychologist/behavior specialist are not needed.

- Complete the Program Review Request form. Fill in the relevant information for an individual child (some boxes may be marked NA).

- Submit the Program Review Request form to the building principal or program coordinator (not the school psychologist/behavior specialist.) Building principals and program coordinators will review the request, enter it onto a log maintained for the school psychologist/behavior specialist and then provide the form to the behavior team.

- The school psychologist/behavior specialist will review the request and be in direct contact with the service coordinator to determine next steps.

The Program Review Request form can be found here:
http://www.mynwresd.org/referrals.html

Please contact your program coordinator if you have specific questions.
School psychologist/behavior specialist is available to provide supports to children and families in both the EI and the ECSE program. Prior to requesting for school psychologist/behavior specialist support, a home visit by the student's service coordinator is recommended to identify any student or family needs that can be addressed by the current IFSP team. To request the services of a school psychologist/behavior specialist, complete the Program Review form (electronic preferred), attach it to an email, and then send it to the program coordinator and both specialists. After submitting the form, please schedule the program review meeting and invite both specialists (they will determine who will be in attendance). The Program Review Request Form can be found at: [http://www.mynwresd.org/referrals.html](http://www.mynwresd.org/referrals.html)

<table>
<thead>
<tr>
<th>Colleen Nolan</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychologist (FTE 1.0 for all counties)</td>
</tr>
<tr>
<td><a href="mailto:cnolan@nwresd.k12.or.us">cnolan@nwresd.k12.or.us</a></td>
</tr>
<tr>
<td>• PBIS site based teams in Washington County</td>
</tr>
<tr>
<td>• PBIS support, FBAs and behavior support plans to address challenging behaviors in all counties</td>
</tr>
<tr>
<td>• State wide working group-Safety First and EC PBIS</td>
</tr>
<tr>
<td>• Safety First/CSEFEL trainings</td>
</tr>
<tr>
<td>• Parent workshops</td>
</tr>
<tr>
<td>• Consultation to families for home based needs: parenting a child with special needs, structuring family routines, self care, accessing community resources etc.</td>
</tr>
<tr>
<td>• Evaluations/rating scales for children not transitioning to kindergarten in Clatsop, Tillamook and Columbia Counties</td>
</tr>
<tr>
<td>• Consult on the following specialty areas: developmental needs, behaviors related to developmental needs and eligibility questions/concerns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allison Supnick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Specialist (FTE 1.0 for Washington County)</td>
</tr>
<tr>
<td><a href="mailto:asupnick@nwresd.k12.or.us">asupnick@nwresd.k12.or.us</a></td>
</tr>
<tr>
<td>• PBIS support, FBAs and behavior support plans to address challenging behaviors in Washington County</td>
</tr>
<tr>
<td>• Safety First/CSEFEL trainings</td>
</tr>
<tr>
<td>• Parent workshops</td>
</tr>
<tr>
<td>• Consultation to families and/or staff for home based needs: parenting a child with special needs, structuring family routines, self care, accessing community resources etc.</td>
</tr>
<tr>
<td>• Parent workshops</td>
</tr>
<tr>
<td>• Consult on the following specialty areas: trauma, foster care, complex family needs, mental health focus</td>
</tr>
<tr>
<td>• Masters in Social Work</td>
</tr>
</tbody>
</table>

Evaluation requests for transitioning students in Clatsop, Tillamook and Columbia Counties will go to Nancy Ford to determine who will complete the evaluation.
Service Coordinator Responsibilities

OAR 581-015-2840 directs the IFSP team to appoint a service coordinator for children under age three. For a child age three and older, the IFSP team may provide service coordination as an ECSE service and should always discuss this as an option at every initial and annual IFSP meeting. However, in an effort to reflect all services that are provided, the NWRESD EI/ECSE Program documents service coordination on ALL IFSPs.

The role of the service coordinator includes:

- Coordinate all services across agency lines by serving as a single point of contact in helping parents obtain the services and assistance they need;

- Assist parents of eligible children in gaining access to EI/ECSE services and other services identified in the IFSP;

- Seek appropriate services necessary to benefit the development of each child for the duration of the child’s eligibility;

- Assist families in identifying available service providers;

- Coordinate and monitor the delivery of available services;

- Inform families of the availability of advocacy services;

- Coordinate with medical and health providers;

- Coordinate the performance of evaluation and assessments;

- Complete CBA assessments at initial and annual IFSP dates and at exit from program and enter data into ecWeb;

- Facilitate the development and review of IFSPs and complete all required paperwork in a timely manner;

- Facilitate the development of a transition plan to ECSE services, to kindergarten, or other early childhood services as appropriate; and

- Facilitate timely delivery of services.
NORTHWEST REGIONAL ESD
Early Intervention/Early Childhood Special Education
Services Information

Site:  
☐ Hillsboro  
☐ Tualatin  
☐ Beaverton  
☐ Eval Team  
☐ El Teams/OCDC  
☐ Head Start/SAIL

Address:  
759 SE Washington  
19500 SW 90th Ct.  
9560 SW Nimbus.  
5825 NE Ray Cir.  
Karen Dalbey  
Peggy Freund

Administrator  
Allyn Kirnak  
Lori Kellogg  
Stacy Rager  
503-614-1446  
503-614-1430  
503-614-1671

Phone:  
503-213-1700  
503-614-1790  
503-614-1720  


Child’s Name: ____________________ DOB: ____________________ IFSP Meeting Date: ____________________

Service Coordinator: ____________________ Service Coordinator Phone#: ____________________

Check all that apply:
- Parent Toddler Group
- ECSE Preschool
- Language
- Articulation
- Community
- Head Start
- Home Visit: Days & Times to be arranged with provider

Service Location:
Childcare, Preschool, or Site name where services will be located

<table>
<thead>
<tr>
<th>Days</th>
<th>Times</th>
<th>Room #</th>
</tr>
</thead>
</table>

First Date of Service: ____________________

PARENTS: If receiving services at EI/ECSE site, what to bring:
- Emergency Information
- Immunization Record
- A tote bag or backpack large enough to hold art work and/or teacher notes
- All removable items; coats, sweaters, hats, backpacks, etc. must be LABELED WITH CHILD’S NAME

Form 2104

SSS.EI.2104
White: Parent  Canary: Working File  Pink: Classroom
Rev: 2016

NORTHWEST REGIONAL ESD
Early Intervention/Early Childhood Special Education
Services Information

Site:  
☐ Hillsboro  
☐ Tualatin  
☐ Beaverton  
☐ Eval Team  
☐ El Teams/OCDC  
☐ Head Start/SAIL

Address:  
759 SE Washington  
19500 SW 90th Ct.  
9560 SW Nimbus.  
5825 NE Ray Cir.  
Karen Dalbey  
Peggy Freund

Administrator  
Allyn Kirnak  
Lori Kellogg  
Stacy Rager  
503-614-1446  
503-614-1430  
503-614-1671

Phone:  
503-213-1700  
503-614-1790  
503-614-1720  


Child’s Name: ____________________ DOB: ____________________ IFSP Meeting Date: ____________________

Service Coordinator: ____________________ Service Coordinator Phone#: ____________________

Check all that apply:
- Parent Toddler Group
- ECSE Preschool
- Language
- Articulation
- Community
- Head Start
- Home Visit: Days & Times to be arranged with provider

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- All removable items; coats, sweaters, hats, backpacks, etc. must be LABELED WITH CHILD’S NAME

Form 2104

SSS.EI.2105
White: Parent  Canary: Working File  Pink: Classroom
Rev: 2016

253
Services Information Half-Sheet Instructions

The SI half-sheet is required to be used at EVERY IFSP meeting and submitted to site administrative assistants immediately following the meeting. Information provided on these forms is essential for maintaining accurate registry pages and site class lists.

It’s important to notate everything that will be provided for the child. A couple of examples are provided when more than one service location needs to be noted.

Example 1: Child will receive home visits and begin language class in November. Both services would be listed as “current” on the Registry page:

Example 2  Child will receive services at TECC ECSE Preschool during the summer, but then goes to Community in September. ECSE Preschool should be listed as “current” and Community should be listed as “next year.”:
**Setting up classes on ecWeb**

*Administrative Assistants enter/verify this information annually*

**Setting-up/verifying classes on ecWeb:** go to Sites and then Details using the drop-down menu. Select the specific center for which you will be entering class information.

- Leave Class name BLANK. This is done to create less clutter in reading class description on the Registry page.
- Enter Days/times and Room number. Ex: Days/times: M 9:00-10:30; Room number 1
- Enter Category from drop-down menu.
- Enter Classroom Phone, if there is one. *(Optional)*
- Enter Federal Placement Code for EI or ECSE from drop-down menu.
- Enter Notes – this is where you may enter site-specific class names.
- Under Class Providers, enter the name of the lead teacher (ECES or SLP) and Hrs/wk.

**Example:**

![Class setup example](image)

Registry Page Example for class listed above:

By leaving the Class name blank, all description fits within the Class field and is easier to read.

**Verifying children assigned to class:**

Under Children, click ![show](image)

If information has been entered correctly, you should see all children enrolled in this particular class. If some children aren’t showing, search on that child’s name and enter the needed class information on the Registry page.

**What about Head Start and Community served children?**

Go to Settings/Site. You will go to each site (Head Start or community location) and enter Category information (In most cases, this will be either Community, or Head Start) and, if there is more than one class that occurs at that location, enter the individual classes. Some of the Community locations already have Category, but may not have class days/times. However, please check for your sites.
ECSE Typical Peer Program

The Typical Peer Program provides opportunities for typically developing children to attend preschool with children with ECSE eligibility. If you have a parent who is inquiring about this opportunity, please have them contact Valerie White at: 503-614-1293.

Criteria for eligibility for this program:

- Child MUST be 3 to 5 years of age by September 1 of the school year, but not yet of the age for kindergarten. (If a child is 5 as of September 1, they would be eligible for school age services and not eligible to participate as a typical peer.)
- Child must have fairly independent toileting skills.
- Child must demonstrate typically developing skills based on an Ages & Stages Questionnaire screening.
- Typical peer services run from September through June. Exceptions may be considered at the discretion of the principal for children to attend summer services if they are a sibling of an eligible student.
- Enrollment period ends at spring break of each year for the current school year.

Please see the ECSE Typical Peer Brochure for additional details.
Preschool Opportunity for Typical Peers in Early Childhood Special Education

Locations
*Limited spaces available
Please call: 503-614-1293 for days/times available at the preferred location

Hillsboro Education Center
759 SE Washington Street
Hillsboro, OR 97123
503-614-1700

Tualatin Early Childhood Center
19500 SW 90th Ct.
Tualatin, OR 97062
503-614-1790

Beaverton Early Childhood Center
9560 SW Nimbus Avenue
Beaverton, OR 97008
503-614-1720

Monthly Tuition
$25 annual non-refundable registration fee
2 days a week/2 hours = $50
4 days a week/2 hours = $90
Tuition due by the 1st of each month September through May.
(no billing for June)

*Transportation for Typical Peers is the responsibility of the parent.
**What is ECSE?**

NWRESQ Early Childhood Education Program is designed to support children ages 3 through 5 with developmental delays to develop the necessary skills to enter the school setting.

**What is a Typical Peer?**

NWRESQ Early Childhood Typical Peer Program is an integrated preschool in which children with identified learning challenges and their non-disabled peers attend the same classroom.

**Goals of the classroom include:**
- Having children of all abilities learn together and teach one another.
- Provide children with a wide variety of opportunities to learn at their own rate, and further develop individual learning styles.
- Provide developmentally appropriate peer models for preschoolers with special needs.

**Benefits of the Typical Peer Program**

- Free developmental screening and evaluation, if recommended.
- Small classes with high staff-to-student ratio.
- State licensed teachers and highly trained instructional assistants with extensive backgrounds in Early Childhood Education.
- Developmentally appropriate activities including circle time, art, motor skills, and socialization opportunities.
- A structured learning environment in which children have the opportunity to build self-esteem and positive/social experiences.
- The opportunity to develop compassion and understanding of the diversity which exists in their community.

*Interested in learning more about the Typical Peer Program? Schedule an appt. to come visit one of our classrooms by calling 503-614-1293. For more information, access our website at: www.nwresd.iecse.org*

**Application Process**

**Criteria for Enrollment**
- Child must be 3-5 years old as of Sept. 1st, but not yet of kindergarten age.
- Child must have independent toileting skills.
- Child demonstrates skills at age level in all developmental areas per developmental screening.
- Immunizations must be current and documented.

**Pre-Enrollment**
- Family receives and returns a completed Application Packet to the ESD main office with a $25 non-refundable application fee.

**Enrollment of student**
- Staff reviews application packet.
- Staff notifies parent of the status of the application and sends appropriate contact information.
- Child begins learning and having fun with new friends!
- There is ongoing enrollment for each school year based on available space.

**The Typical Peer Programs runs September through June of each year.**

NWRESQ 2016
Oportunidad de Preescolar para Niños Típicos dentro del Programa de Educación Especial

Hillsboro Education Center
759 SE Washington Street
Hillsboro, OR 97123
503-614-1700

Tualatin Early Childhood Center
19500 SW 90th Ct.
Tualatin, OR 97062
503-614-1790

Beaverton Early Childhood Center
9560 SW Nimbus Avenue
Beaverton, OR 97008
503-614-1720

Colegiature

$25 para el registro no reembolsable
2 días a la semana = $50 al mes
4 días a la semana = $90 al mes
La colegiatura se debe de pagar el primer día de cada mes
*El transporte de los niños típicos es responsabilidad de los padres

Northwest Regional Education Service District
5825 NE Ray Circle
Hillsboro, Oregon 97124
503-614-1293
**¿Que es el ECSE?**

El Programa del NWRESD de Educación especial de la primera Infancia está diseñado para apoyar a los niños de 3 a 5 años de edad que cuentan con atraso en el desarrollo para que desarrollen las habilidades necesarias para entrar a la escuela.

**¿Que es un niño típico?**

El Programa de la Primera Infancia para Niños Típicos del Distrito de Servicio Educativo de la Región Noroeste (NWRESD) es un programa de integración en donde niños con problemas de aprendizaje y niños con desarrollo típico asisten al mismo salón de clases.

**Las metas del salón de clases incluyen:**
- Tener juntos a niños con una diversidad de habilidades para que aprendan y se enseñen entre ellos.
- Proveer a los niños de una variedad de oportunidades de aprender a su propio paso para que posteriormente desarrollen su propio estilo de aprendizaje.
- Proveer a preescolares con necesidades especiales del modelo de niños con desarrollo típico.

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**Beneficios del Programa para Niños Típicos**

- Pruebas de desarrollo gratis y evaluación en caso que se recomiende.
- Clases pequeñas con alta proporción de personal por alumno.
- Maestras con licencias del Estado y asistentes educativas altamente entrenadas en educación temprana.
- Actividades adecuadas al desarrollo de los niños las cuales incluyen tiempo de círculo, arte, actividades físicas, y oportunidades de socialización.
- Un ambiente de aprendizaje estructurado en donde los niños tienen la oportunidad de desarrollar autoestima y experiencias sociales positivas.
- La oportunidad de desarrollar compassión y entendimiento de la diversidad que existe en su comunidad.

*Si desea obtener mas información del programa llame al 503-614-1408 para hacer una cita y poder visitar un salón de clases. También encontraran mas información en nuestro sitio web www.nwresdeiejcse.org*

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**Proceso de Aplicación**

**Criterios para el Registro**
- El niño debe tener de 3-5 años para el 1 de septiembre pero que aun no tenga la edad para el kindergarten.
- El niño debe de estar entrenado para ir al baño.
- Tener comprobante de vacunas actualizadas.
- El niño debe de contar con las habilidades propias de su edad, para lo cual se le hará una prueba gratuita.

**Pre-Registro**

- La familia debe de regresar llena la forma de Aplicación a las oficinas centrales del ESD junto con $25 de registro no reembolsable.

**Registro del Estudiante**

- El personal revisara la información contenida en la aplicación.
- El personal notificara a los padres de estado de su aplicación y enviaran información conducente.
- ¡El niño iniciara sus clases y se divertirá con sus nuevos amigos!
- El registro puede hacerse a lo largo del año escolar dependiendo de la disponibilidad de lugar

*El Programa de Niños Típicos es de septiembre a junio de cada año.*

www.nwresdeiejcse.org
ecWeb Workload Detail

It is essential that service coordinators check Workload Detail on ecWeb once a month, every month, to ensure that caseloads are accurate and placement is reflected correctly.

1) ecWeb – Metrics tab, Workload detail

2) Contract: check to see that the Total hours/wk employed is entered accurately. If it says zero, then enter your hours. If you are 1.0 FTE, then this should list 40.

3) Unavailable: list the number of hours per week that you are engaged in evaluation activities, or are contracted with another program.

4) Classroom:

   a. Class: These are the classes for which you are listed as the lead teacher.

      i. If you do not teach one of the classes listed, ask your administrative assistant to remove you and either list the correct teacher, or deactivate the class if it is no longer being taught.

      ii. If the number of children enrolled is different than what you have on your class list, click on the number and it will provide a caselist of the children which can be compared to your class list.

         1. If someone is missing or listed incorrectly, do a search in the Quick find box for the missing child’s name. Look at the bottom of the Registry Page. This will show what class is currently entered. If it is incorrect, complete a Change Form for Clerical Use and give to your administrative assistant for correction.

            NOTE: being listed as current under Term is important.

      2. This information is initially entered from the Services Information half-sheet that is required following EVERY IFSP meeting and/or change in services.
5) **Itinerant**

- **Clustered:** This lists classes/locations where you serve more than one child, but are not the lead teacher.

  i. Review this list and the Child count to make sure the information is in agreement with what you know to be your caseload.

    a. If the **Class** is not one you support, click on the blue number under **Child count**. This will take you to a caselist of those children. If you see a child you do not serve, click on that child’s name, go to Providers. Look at the bottom section of the Providers page under Draft IFSP Services.

    If your name is listed incorrectly, you may remove it. If you know who the correct provider should be, this is an occasion where it’s okay to enter it.

    b. If you click on the blue number under **Child count** and it does not list one, or more of the children you see, then do a search for the missing child/ren under **Quick find**. Go to the Provider page of that child. Your name must be listed at the top AND the bottom of the page next to the services.

    If your name is not listed correctly, change it. (It is okay to deactivate or change providers when correcting **Workload detail**. However, DO NOT leave providers blank.) This will then change the number on the **Workload detail**. Continue this research until all the Clustered Class locations and numbers are accurate.

- **Individual:** This lists classes/locations where you only see one child. Review the list to be sure it’s accurate. Follow the steps listed above under **Clustered** until all classes/locations and numbers are accurate.
6) **Totals**

- The important component in this area is to make sure that Service Coordination from IFSP is in agreement with Service Coordination from Providers page.

- These two numbers are often different because of change in service coordinators. To compare, click on the Service Coordination from IFSP blue number. This will open a separate window with a case list of all of the children under this area. Next, click on Service Coordination from Providers page and it will open another window in case list format. You can toggle between the two tabs to compare the children listed. Click on the name of the children that are on one list, but not the other.
  
  i. Review the Provider page and make corrections so that Service Coordination information is correct and current. Your name must be listed at the top AND the bottom of the page next to the services. (See example under 5. b. above.) If your name is not listed correctly, change it. (It is okay to deactivate or change Service Coordinator when correcting Workload detail. However, DO NOT leave Providers blank. (Exception: leave Transportation, Visuals, etc. blank.) You may research further who the current providers should be by reviewing the Contact Log or contacting the current site to discern and enter the current providers. This will then change the number on the Workload detail.

If you need additional assistance in reviewing your Workload detail, please contact your site administrative assistant or Lori Kellogg.