

IFSP Process and Procedures

Oregon Department of Education Web Resources	5
Northwest Regional EI/ECSE: Position Statement on Early Childhood Inclusion	6
IFSP: Order of Process & Required Forms	9
Procedural Safeguards	10
IFSP Meeting Tips	12
IFSP Timeline Compliance Tips	13
Parent Portal	15
IFSP Meeting Agenda	16
Meeting Minutes	17
Notice of Team Meeting	18
Written Agreements (ECSE only)	19
Family Outcomes	20
Family Assessment (Survey) for	21
EI Intervention Planning (EI only)	21
IFSP Cover Page	23
Cover Page Examples	26
Service Guidelines - ECSE Services	27
ECSE Inclusive Services	31
Related Services	33
Service Guidelines – EI	41
EI Joint Home Visiting Guidance: August 2021	43
Guidelines for Noting Services on the EI IFSP	47
Initial EI and ECSE Transition IFSPs	49
Service Combinations For EI IFSPs	50
Making Changes to the EI IFSP	55
EI to ECSE Eligibility Transition Process	56
EI Service Coordinator ChecklistS	62
ECSE Service Rep. Checklist	63

EI to ECSE Transition – File Review	64
Dual EI and ECSE IFSPs	65
EI to ECSE Screening	69
EI to ECSE Screen Out situations	69
ECSE Service and Placement Guidelines	73
Early Childhood Continuum of Classes	74
Service Level Analysis (SLA)	76
ECSE Page	82
Team Page	86
Development Page	88
Goals & Objectives	90
Functional Routine Goals	91
IFSP – Transition Page	92
Kindergarten Transition Year Guidelines	94
ECSE/Kindergarten Transition Summary	95
Parent Guide: Transitioning to School Age Programs	96
Placement Decisions	97
IFSP Revisions	99
Extended Year Services (EYS)	101
Consent for Initial Provision of Services	104
Prior Notice of Action	105
Progress Reviews	108
Paperwork Prep For Distribution	112
EcWeb Distribution Checklist	113
Timelines	114
Guidelines for the AEPS and ASQ Administration for Child Outcomes	116
AEPS & ASQ	119
ASD Evaluations	124
EI Med Statement Eligibility Process	125
Evaluation Process Guidelines/Timelines	130

Prior Notice of Evaluation/Consent for Evaluation	134
Completing Evaluation Reports	136
EI Report	137
ECSE Report	141
ECSE Speech and Language Report	146
ASD Report	149
Eligibility Evaluations	150
EI and ECSE Eligibilities	154
Categorical Eligibilities	155
School Psychologist Involvement in EI/ECSE Evaluations	165
Hearing Eval Request Process	171
Evaluation Billing & Site Notification	172
OT/PT Referral/Initial Assessment Process	176
Exiting from EI and ECSE Eligibility	178
Making a File Inactive	179
Reactivating an Inactive File	183
Non-Attendance or Participation	184
Additional Family Information	185
Census Form Instructions	186
Census Form How-To in ecWeb	188
Immunization Procedures for Svc Coord.	194
Student Services Information Update	197
Student Services Information Update Form	197
Regional Referrals	198
Contact and Service Logs on ecWeb	199
Medicaid Consent & Billing	200
Parent Consent & Medicaid Billing Q&A	201
Mutual Exchange & Health Consent	211
Surrogate Parents Q & A	213
Guidelines for Consent for Children in Foster Care	215

Cross-County Procedure for Service Coordinators	216
Cross County Service Reminders/Details	222
EI/ECSE Cross-County Importing Records Process	224
Cross District Service vs. Cross County Service	226
Helpful How-Tos	227
ecWeb Basics	227
Program How-Tos	227
EI/ECSE Equipment Loan	228
EI/ECSE Equipment Loan Agreement	230
EI/ECSE Equipment	231
Securely Sending Documents to Parents Electronically	234
New Kids- How to Process	235
Move-ins: In-State & Out-of-State	237
Out-of-State Move-In Site Checklist	241
Within NWRESD Move-Out Guidelines	243
ANNUAL NOTICE TO PARENTS	245
AVISO ANUAL PARA PADRES DE NIÑOS	246
Student Intervention Team (SIT) Request	247
Service Coordinator Responsibilities	248
Community/Head Start IA Role	249
NWRESD EI/ECSE School Psychologist/Behavior Specialist	250

Oregon Department of Education Web Resources

(CTRL + Click on any of the headings or copy and paste the web address into your browser.)

[Child Outcomes](#)

Guidelines for the AEPS and ASQ administration; Oregon's EI/ECSE Child Outcomes

[Early Learning and Kindergarten Guidelines](#)

This document offers a shared view of and common vocabulary for child development and learning from age 3 through the end of kindergarten. The Early Learning and Kindergarten Guidelines include a continuum of development and learning in five domains: approaches to learning, social-emotional development, language and communication, literacy, and mathematics.

[EI/ECSE Forms- IFSP](#)

IFSP forms in English, Chinese, Russian, Spanish and Vietnamese

[EI/ECSE Procedural Safeguards](#)

Procedural Safeguards in English, Spanish, Russian, Chinese, Vietnamese and Arabic

[IFSP Directions](#)

This document contains the Individualized Family Service Plan (IFSP) forms used in the Oregon Early Intervention (EI) and Early Childhood Special Education (ECSE) programs (finalized in 2006 - 2007). The forms include requirements of Part C (birth to three), Part B (three to twenty-one) and requirements for the IFSP in Oregon Revised Statute (ORS 343.521) and Oregon Administrative Rules (OARs 581-015-27 00-2860.)

[Oregon Department of Education : EI/ECSE Forms - IFSP : Special Education Publications : State of Oregon](#)

[Program Operation Guidelines for Oregon's EI ECSE Programs](#)

Contains POGs for EI and ECSE: referral, child ID, suspension and change of placement, religiously neutral programs, physical restraint, related service personnel duties, transportation

[Resources for Childcare and Preschool for Young Children](#)

Contains information about Head Start, Preschool Promise, and other Oregon programs for Early Learners and parents.

[Back to the Top](#)

Northwest Regional EI/ECSE: Position Statement on Early Childhood Inclusion

IDEA PREAMBLE

“Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.”

Individuals with Disabilities Education Improvement Act of 2004

PL 108-466 Sec. 682 Administrative provisions.

Decades of federal and state legislation, powerful professional and family values, and a growing body of research offer a strong foundation of support for the concept of inclusion of young children with disabilities (Guralnick, 2001). The following position statement serves to confirm the commitment of NWRES D EI/ECSE in offering equitable inclusive educational opportunities. In addition, the statement offers a framework for implementing high-quality successful inclusion. The position statement serves to (a) establish a definition of Early Childhood Inclusion, (b) outline support for inclusion in early childhood education, (c) guide the EI/ECSE program in regard to best practices while delineating a shared vision of inclusion, and (d) describe the service system that will ensure all young children with disabilities have equal access to high-quality inclusive learning opportunities and the supports needed for success.

Definitions of Early Childhood Inclusion

The two definitions below offered in joint policy statements by the Division of Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) in 2009 (DEC/NAEYC, 2009) and the US Department of Health and Human Services (HHS) and the US Department of Education (ED) in 2015 (HHS and ED, 2015) have been adopted by NWRES D and serve as the foundational understanding for this position statement.

DEC and NAEYC

“Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high-quality early childhood programs and services are access, participation, and supports (DEC/NAEYC, 2009).”

HHS and ED

“Inclusion in early childhood programs refers to including children with disabilities in early childhood programs, together with their peers without disabilities; holding high expectations and intentionally promoting participation in all learning and social activities facilitated by individual accommodations; and using evidence-based services and supports to foster their development, friendships, and sense of belonging” (HHS/ED, 2015).

Support for Early Childhood Inclusion

Legislation, societal and professional values, and research provide the support for early childhood inclusion (Winton, 2016).

Legislative Support

As far back as 1954 in the Supreme Court decision in *Brown v. Board of Education* basic rights to education and equal opportunity were established as mandates. This decision was then further extended to specify children with disabilities through the provision of a number of legislative acts (e.g., 10% of Head Start enrollment must be children with disabilities, IDEA [1975], ADA [1990], IDEA reauthorization [1997], IDEA Improvement ACT 2004). These acts provide “a foundation for advocacy efforts focused on moving from the promise of policy to the reality of implementation” (Winton, 2016, pg. 58).

Societal and Professional Support

Professionals responsible for implementing and offering oversight of inclusion, added to the legislative support by offering guidance to the field. The first of two statements, developed by NAEYC and DEC over a 2-year process (mentioned above), was the first attempt at putting a working definition to early childhood inclusion. In addition, this statement outlined three essential features – access, participation and supports “that characterize high-quality inclusive programs and services” (Winton, 2016, pg. 58). In 2015, the HHS and ED provided their policy statement to “set a vision and provide recommendations” (HHS/ED, 2015) for increasing the inclusion of young children with disabilities in high quality early childhood programs.

Research Support

Decades of research demonstrates academic and social benefits for all students participating in inclusive settings. Children with and without disabilities develop meaningful friendships that can provide the basis for lifelong understanding, compassion, and a sense of belonging. Moreover, studies have shown that children with disabilities are more motivated when educated in inclusive settings and they have the opportunity to observe and imitate peers modeling critical academic, adaptive, language, and social skills in realistic settings.

Inclusion also benefits families by providing social connections and support resulting in a sense of empowerment and meaningful partnerships and can help communities conserve limited early childhood resources.

Specific studies have shown that:

- “Children with disabilities, including those with the most significant disabilities and the highest needs, can make significant developmental and learning progress in inclusive settings” (Strain & Bovey, (2011); Nahmias, Kase, & Mandell (2014); Rafferty, Piscitelli, & Boettcher (2003) as cited in HHS/ED, (2015)).
- “Children without disabilities can also benefit from inclusive early childhood programs. Typically developing children can show positive developmental, social, and attitudinal outcomes from inclusive experiences (Cross, Traub, Hutter-Pishgahi, & Shelton, (2004) and Diamond & Huang, (2005)).
- The key factors certain to successful inclusion include the use of research-based instructional strategies that are implemented with fidelity as well as strong collaborations among parents, teachers, and specialists in the context of inclusion (Winton, 2016).
- Professional development related to inclusion is critical to ensuring a successful system of services. These studies also indicate that pre-service efforts and on-the-job supports are not adequately meeting expectations (Winton, 2016).

NWRESD Shared Vision of Inclusion

NWRESD:

- Celebrates diversity of all forms and in all facets of society
- Sets high expectations for every child to reach his or her full potential
- Views inclusion as a shared societal responsibility and a top priority
- Demonstrates a commitment to inclusion through policy changes and appropriate resource allocation
- Partners with families and early childhood educators to ensure a full spectrum of placement options
- Believes in the importance of evidenced-based [teaching](#) that creates an equitable education system that provides supports and services to meet the needs of each child

System of Services

The three components (access, participation, and supports) offered in the DEC/NAEYC definition of Early Childhood Inclusion are used below to describe NWRESD's Inclusion System of Supports and organize a strategic action plan. Those components are defined as:

Access – providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development, within the least restrictive environment.

Participation – using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child.

Supports – broader aspects of the system such as professional development, incentives for inclusion and opportunities for communication and collaboration among families and professionals to assure high quality inclusion.

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[Back to the Top](#)

IFSP: Order of Process & Required Forms

Forms	Initial EI	EI 6 Month Review	Annual EI	Initial ECSE	ECSE Progress Review w/o mtg.	ECSE Annual Review
Notice of Team Meeting	X	X	X	X		X
** Written Agreements (ECSE, if needed)				X		X
** Parent Rights/Procedural Safeguard	X		X	X		X
Consent for Evaluation (at any evaluation)	X			X		
Evaluation Report	X			X		
** Eligibility Statement(s)	X			X		
Family Outcomes	X	Review	X	X		X
Family Assessment	X		X			
Progress Review		X	X		X	X
AEPS Summary			X			X
Cover Page	X	X	X	X	X	X
Present Levels of Development	X	Review	X	X		X
Goals	X	Review	X	X		X
ECSE Page				X		X
Transition Page	X	X	X	X		X
Placement				X		X
** Team/Signature	X	X	X	X		X
** Prior Notice and Consent for Provision of Special Education Services				X		
Meeting Minutes	X	X	X	X		X
Prior Notice of Action	X	X (If changes)	X	X		X
ARCHIVE all completed documents	X	X	X	X	X	X
Census	X		X	X		X

Other Required forms	Initial EI	EI 6 Month Review	Annual EI	Initial ECSE	ECSE Progress Review w/o mtg.	ECSE Annual Review
Insurance (Medicaid) form	X	X (If not obtained at annual review)	X	X		X
HIPPA (Medical Disclosure)	X	X	X	X		X
Other Exchanges (ROIs)	X	X	X	X		X
EHDI- for any DHH, or referrals for DHH elig.						
Emergency Information (for kids being served at an ECSE site only)				X		X
Photo/Video Opt Out (this is only required if parent does not want child's picture taken/used)						
Transportation Request- as needed						
Additional Family Information Form (online)	X		X	X		X
Student Services Information Update (online)	X	X	X	X		X

**** SIGNATURES NEEDED**

Immunizations must be complete/up-to-date *before* the child begins any site-based services, and reviewed annually.

[Back to the Top](#)

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 Education 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 families with a brief explanation of its contents each time it is provided.

When must families 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 families 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 they request an evaluation and,
- When a family'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.
- An alternative to providing a hard-copy of the Procedural Safeguards is to provide the Parent Letter (see template in ecWeb under Parent Letter: Procedural Safeguards) that includes a web link to the most current document. This is an option **ONLY** after the child has been found eligible and had an initial IFSP.

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

- Add a note to the contact log anytime you send the Procedural Safeguards and note how they received this information: via hard-copy, email, or parent letter with web link.
- Ask the family to initial the team page of the IFSP when rights are given.
 - If the meeting takes place virtually, you may initial this box once you have verified that the parent received the Procedural Safeguards. You may also [share the remote control](#) during a Zoom meeting and allow the parent to provide their initials at this spot.
- Note in IFSP Meeting Minutes.
- Check the box on the Consent for Evaluation.

How do I discuss Procedural Safeguards with families?

- Explain 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 them of when the EI/ECSE program is required to provide them with this information (see note above).
- Let them know it is important they read the booklet because the following components are included (con't on next page):

- Families have the right to actively participate in all decision-making related to their child's services and their participation is valuable.
- Families 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 family 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 families in understanding procedural safeguards and provisions of IDEA.

[Back to the Top](#)

IFSP Meeting Tips

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

- Good meeting facilitation suggests letting all participants know how long the meeting is expected to run.
- The IFSP meeting is an **interactive discussion** with the parents, it is not simply a presentation of information.
- Avoid the use of lingo/jargon when reviewing information.
- 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 they will be receiving. Most parents have only one or two of these meetings per year, so do not assume 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.
- To better assist with drafting the IFSP, it is recommended that during your family visit **one month prior to the IFSP due date**, you complete the following with the parent:
 - AEPS
 - Additional Family Information Form
 - Annual Health Review (this will allow you to prep mutual exchange forms)
 - Review goals and obtain parental input regarding progress so it can be included in the progress report.

For meetings held virtually, please consider:

- Budgeting more time for the meeting.
- Be familiar with the signature requirements for the type of meeting that you are planning and have options for how you will obtain those signatures.
- Having your consent statements for signature ready to cut/paste if need (link)
- Download a pdf copy of the draft IFSP and screenshare with the meeting participants during the meeting.
- Budget more time for paperwork wrap-up in case you need to request signatures for the HIPPA form.

[Additional IFSP Training Resources](#), including:

- [Training Videos](#)
- [Family Centered IFSP Prompts](#)
- [Example IFSP](#)
- [Questions & Strategies to Support Families](#)

[Back to the Top](#)

IFSP Timeline Compliance Tips

Tips to ensuring that the IFSP is compliant with the **364**-day timeline:

Early Intervention

EI annual and 6-month IFSP reviews must be completed by the due date and the parent must be present (contact EI coordinator if an EI annual review meeting will be missed). In some instances, it might be appropriate to hold an EI 6-month and annual review over the phone, but only when efforts have been made to schedule the meeting well ahead of the due date. Parents must be present to complete 6-month and annual reviews and two EI providers from two different disciplines must be in attendance at each annual review. Two providers are not required for 6-month reviews.

To ensure EI timelines are met:

- Develop a system for monitoring 6-month and annual IFSP due dates and reference the system weekly. Use your Gmail calendar to note due dates upon assignment of new students. Please note that you can set up automatic reminders in ecWeb by utilizing the [ecWeb Problems, Warnings and Sentinels](#) feature.
- Schedule 6-month and annual reviews well in advance (as early as 2 months is suggested). Send a meeting notice via email or mail as soon as the meeting is confirmed with the parents. In the Contact Log, add a note that the meeting has been scheduled and the notice has been sent.
- Invite secondary providers via calendar invite as soon as the meeting is scheduled and send reminders.
- Remind parents of the IFSP meeting at the visit preceding the meeting and text, call, or email parents a reminder (ask administrative assistant to help with these reminders).

Early Childhood Special Education

- Best practice to ensure that timelines are met, and to allow for unforeseen scheduling issues, is to hold the annual IFSP meeting at least a 2-4 weeks in advance of the due date.
- Schedule your meeting with the family 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 ECSE team are not able to attend the meeting, please ask the family (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 family is not amenable to holding the meeting without all members present, then a different meeting time needs to be considered--this is one reason why scheduling well in advance of the IFSP due date is important.
- Sometimes parents are unable to attend an ECSE IFSP meeting by the due date. For example, some families 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, **after reasonable attempts to include the parents have been made, the team must meet by the due date, even if the parent is unable to attend**. The team can reconvene when the family is available to do revisions to the IFSP, if needed. All paperwork should be sent to the family after the meeting for review, so that forms needing signatures can be signed and sent back for distribution.
 - For **IFSPs following an initial eligibility**. If, after multiple attempts, the parent does not respond to requests to meet, proceed as follows:
 - Set an IFSP date and send a meeting notice to the parent.
 - Prepare the IFSP paperwork with the date of the meeting.

- Meet with the child’s ECSE team to draft the IFSP. Complete meeting minutes reflecting that the parent did not attend and why.
- Send a census noting “i-a-cl” to close out the file and complete an action notice indicating why the file is now inactive—send this form to distribution. You do not need to archive the IFSP since it was not finalized, it was only drafted.
- Confirm the meeting with the family 1 week in advance. If something has changed and a new meeting time is needed, look for options to reschedule the meeting, keeping the 364-day timeline in mind. ***It is required to send a new Notice of Meeting for the rescheduled meeting.***
- If the family does not show up at the mutually agreed upon time:
 - *Is the family available by phone?* If yes, hold the meeting over the phone using a speaker-phone and document their attendance via phone on the Meeting Minutes form.
 - *Is there plenty of time to reschedule the meeting?* If yes, then contact the family and reschedule the meeting.
 - *If the family is not available, or you are unable to contact them, and the IFSP is due immediately, hold the meeting anyway.* Call the family afterward 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 they do 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 family 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 the timeline is compliant. Explain that parental input can result in a revision, if needed, when you meet with them later.
 - *If an initial ECSE Eligibility and IFSP and the family does not attend, hold the meeting anyway.* This may also include eligibility completion if needed to comply with the 60-school-day timeline. In this circumstance, two professionals may sign the eligibility without the family. Services cannot be started until the family has signed the Prior Notice and Consent for Initial Provision of Special Education Services, but holding the meeting keeps us compliant with the 30-calendar-day from eligibility to IFSP requirement.
 - In all cases where the family was not in attendance, indicate in the Meeting Minutes that they were 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.
 - **When the meeting is held over two or more days:** Occasionally an IFSP meeting cannot be completed during the allotted time. In those situations, please do the following:
 - Notify your Coordinator when this occurs.
 - Keep detailed and accurate meeting minutes for both meetings, using the same form, with the first meeting date at the top.
 - The dates of the IFSP should all reflect the date of the first meeting, but
 - The parent will sign and date the IFSP on the date of the last meeting.
 - Add a note on the team page for why the dates don’t match and make sure the invited members are accurately reflected on this page.

Stress saver tip: schedule your meetings early!

[Back to the Top](#)

Parent Portal

All parent signatures are obtained via the Parent Portal. The Parent Portal training guide and handbook is located in the G Drive. [Parent Portal Handbook](#)

IFSP Meeting Agenda

Below is an example of an IFSP agenda. Use of an agenda at each IFSP meeting is highly advised and should be individualized depending on what needs to occur during each meeting. An agenda will help participants, especially families, understand expectations and timelines. The following is a template that can be copy/pasted into ecWeb Fillable Meeting Minutes, but **must be amended to reflect what actually happened during the meeting**. You should never distribute Meeting Minutes that are simply a copy/paste of the template below. See the next section for further Meeting Minutes guidance.

- o Welcome/Introductions
- o Purpose of the Meeting
 - Eligibility
 - Progress Review
 - IFSP
- o Procedural Safeguards/Parent's Rights
- o Written Agreements (ECSE only)
- o Family Priorities and Concerns – Family Outcome Page
- o Developmental Information Page (commonly referred to as the “Present Level of Development” page)
 - Progress Review including:
 - Goal progress
 - AEPS or ASQ printed results
 - Invite community teachers and/or other providers to provide input during this time
 - If Annual Health Review was not completed prior this meeting, collect that information here.
- o IFSP Goals and Objectives
- o Service Discussion – Cover Page
- o Accommodations/Modifications (ECSE only)
- o Placement Page (ECSE only)
- o Transition (describe)
- o Team Page
- o Action Notice(s)
- o Additional Signature Paperwork
 - Insurance form
 - Additional Family Info (recommend completing before meeting)
 - Transportation as a Related Service
 - Medical Releases (HIPAA)
 - Exchanges of Information (FERPA)
- o Questions or Concerns

[Back to the Top](#)

Meeting Minutes

Meeting minutes are *required* for each EI and ECSE 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 a printed blank Meeting Minutes form from ecWeb, or any other paper. These can then be scanned/uploaded with all IFSP documents or you can transcribe the notes into the Meeting Minutes form and archive it. If you use one of the templates provided by the Instructional Coaches (below), it is preferred that you copy/paste that template into the fillable form in ecWeb.

The following should be included in your Meeting Minutes:

- Name of Student (if not using the ecWeb pre-filled form).
- Date of the meeting (if not using the ecWeb pre-filled form)
- Type of meeting (ex., eval plan, elig, IFSP)
- Names and positions of all attendees. If the parent(s)/caregivers were unable to attend, provide an explanation here.
- Whether Parents Rights Booklet is offered (should be offered at every annual meeting)
- Content of the meeting (follow an IFSP agenda and take detailed notes), a template is provided in ecWeb on the notes page.
- If an ECSE Written Agreement was needed, include the written input from absent providers here.
- Any parent requests and the team's response need to be clearly documented.
- Documentation of whether parents have agreed to receive documents via email or prefer hard copies mailed.
- Documentation of whether parents agree to receive text messages (parents must provide a phone carrier to utilize this option.)
- Follow-up or action items should be listed and the person responsible noted.

Note: It is appropriate to use a meeting minute template but notes should always be included regarding each meeting. It is not appropriate to use a template without including individualized notes.

Below are some meeting notes Google templates that were created by the Instructional Coaches. To use these notes, select "Make a Copy" and save a copy to your drive. Copy/paste the template into your ecWeb fillable Minutes form.

[Six-Month Review Notes Template](#)

[Annual IFSP Notes Template](#)

[Initial IFSP Notes Template](#)

[Back to the Top](#)

Notice of Team Meeting

[Example of a completed Team Meeting Notice](#)

Important Notes:

- **All meetings must be scheduled at a time and location convenient to the family, with enough advance notice to allow for participation of all team members.** Meeting Notices must be received by parents prior to all meetings. The notice should be sent via the Parent Portal, but secure file transfer or USPS Mail are also acceptable. See chart below for required team members.
- All parties on the meeting notice need to be at the IFSP meeting. For ECSE children, any invited member who is unable to attend must be excused via a [Written Agreement](#) before the meeting begins. During the child’s TK year, a Written Agreement is not needed if the School District Rep does not attend.

Required Team Members (One person may fill multiple roles. For example, a teacher can serve as service coordinator and subcontractor rep. See below for more information.)	
At Eval Planning and Eligibility meetings:	At Initial, annual IFSPs and 6-month* reviews:
EI <ul style="list-style-type: none"> • Parents (including non-custodial parents) • Two or more professionals from separate disciplines (i.e., an ECES and an SLP) 	EI <ul style="list-style-type: none"> • Parents (including non-custodial parents) • Service Coordinator • EI specialists- two or more individuals from separate disciplines • Subcontractor rep • Evaluator
At Eval Planning and Eligibility meetings:	At Initial and annual IFSP:
ECSE <ul style="list-style-type: none"> • 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. 	ECSE <ul style="list-style-type: none"> • Parents (including non-custodial parents) • Service Coordinator–may also serve as: • Subcontractor rep • Evaluator • Community preschool teacher, if the child attends a community prek • School district rep, in the year prior to the kinder transition
Note: All members of the ECSE IFSP team must attend unless <u>voluntarily excused</u> by the parent. If an ECSE team member is unable to attend: <ul style="list-style-type: none"> • The parents must be notified of the absence before the meeting, and • The parent must sign a <u>Written Agreements form</u> to excuse any required IFSP team member. 	

Note: One member serving in multiple roles doesn't have to be listed multiple times on the meeting notice. For example, the meeting notice may only have 3 names: Parent, Service Coordinator, Other provider, but all of the required roles must be accounted for on the Team Page.

[Back to the Top](#)

Written Agreements (ECSE only)

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

For any of the circumstances listed below, there must first be a conversation/phone call with the parent to obtain verbal agreement. The subsequent meeting **must start** with the signing of this document.

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

1. A required IFSP team member is not in attendance:
 - a. IFSP team member attendance not required as the area of expertise not being discussed. [Example](#)
 - b. IFSP team member is excused. Excused member submits input in writing before the meeting. [Example](#)
2. Changes are made to the IFSP without holding an IFSP meeting. [Example](#)
3. The 60-day school evaluation timeline *only applies when an evaluation is not completed prior to a move*. The ECSE program and parent agree that the evaluation will be completed by a specific date beyond the 60-day timeline. [Example](#)

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 sign and date. A Written Agreement is only needed for required members of the IFSP team. Other members not able to attend may be excused by noting it in the meeting minutes or noting on Team Page “unable to attend” by their name.

For section 2, IFSP revision date is printed, and both the parent and service coordinator sign and date.

For section 3, the new evaluation completion date is listed, and both the parent and the service coordinator sign and date.

Note 1: *The IFSP revision must be written on the child’s IFSP and dated. If new IFSP pages are required, the new pages and a Prior Notice of Special Education Action must be completed describing the IFSP changes. Those pages must be distributed with either a signed copy of this document, or a copy using one of the [approved consent methods](#).*

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.*

[Back to the Top](#)

Family Outcomes

Typically, an IFSP meeting would start with the Family Outcomes 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.

The pull-down list at the top of the page identifies tools used to gather information regarding family resources, priorities, and concerns. Structured Family Interviews (at initial evaluation) and AEPS Assessment and Goal Review are used to collect these data. In addition, we are required, by law, to collect family assessment data during intervention planning when a child is under the age of 3. The [EI Family Survey](#) is used to collect these family data, so all EI IFSPs should include the Family Needs and Interests Survey in this list (see Family Assessment for more information).

Review the pull down list to select all tools used. Include all that apply (include Family Needs and Interests Survey on all EI IFSPs). ECSE IFSP teams can also use these tools to increase parent involvement in the IFSP planning process and all tools used should be listed.

- 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 with a date and a Person Responsible included.** The person can be a title (such as "Service Coordinator").

- The timeline must be specific, "on-going" is not acceptable.
- A family may initial in Step 3 to indicate that "a plan is not needed at this time," but this should rarely occur. 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.

Sample, Sam • Birthdate: 01/01/2015 Meeting date 08/15/17

Family Outcomes: Plan to Enhance Sam's Development

(Family indicates that plan is not needed at this time: _____)

The following assessments, tools and methods were used to gather information from Sam's parent(s): **add**

Family Needs and Interests Survey	delete	hand
Structured Family Interview	delete	hand
AEPS assessment and goals review	delete	hand

- Family priorities and concerns related to supporting the child's goals and objectives:
The family would like to better understand his attempts at communicating with them or others. They would also like him to become more independent in self-care routines.
- Family resources available and/or needed:
Current resources:
-Sam's private speech therapist has introduced pictures to help him communicate. The family has begun using them at home.
-The picture cards are helping him communicate his needs and to be more independent.
Needed resources:
They would like help in knowing when to introduce new picture cards and suggestions in how to present them during daily routines to support communication with them and continue to increase his independence.
- Steps to address the family's priorities and concerns. Include timeline and person responsible: **add**

Step	Timeline	Person Responsible
Assess which cards Sam is currently using and how the cards are being presented and used at home. The family will then determine what new cards are needed and the EI team will help the family develop a plan for including the new pictures	within 2 months of the initial IFSP	Speech and Language Pathologist
Assess Sam's level of independence in priority routines, determine what additional skills are needed for further independence and help family problem solve ways to increase independence	by the 6 month review	EI/ECSE Specialist

[Back to the Top](#)

Family Assessment (Survey) for EI Intervention Planning (EI only)

Purposes

- Collect EI family assessment information for intervention planning as required by law
- Provide EI service coordinators with information about each family's needs
- Offer change data related to pre and post intervention (the assessment **will not be used to evaluate service coordinators**)

Two Versions

There are two versions of the family survey, paper and electronic. It is appropriate to use either version to collect family assessment information. A copy of each survey, regardless of the option used, must be uploaded into the child's record. Instructions for sending the electronic version are included below.

When to Use

The Family Survey (sections A and B; <http://ectacenter.org/eco/pages/familysurveys.asp>) is used at different times to collect family assessment information. English and Spanish versions are available for both sections, and other translations (options listed below), as well as a family letter template, can be found at <http://www.mynwresd.org/family-assessment.html>. Determine the appropriate scenarios below to determine which surveys to use and which version seems most appropriate.

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.

For In-person evaluations:

- Survey A is sent to the family in the intake packet (paper or electronic) after an evaluation appointment is scheduled.
- Evaluators should reference the completed survey during the initial interview and when developing the EI IFSP, if applicable.
- If the survey is not returned with intake materials, ask parents to complete it before the appointment begins. This is a required form.

For Remote evaluations:

- Before putting the family into the virtual waiting room while the evaluators score, paste the link to the EI Family Survey into the chat. Ask the family to complete the brief survey during the break. Please make sure the family enters the child's full name—first and last—when completing the form.
 - Washington County English: <https://forms.gle/JwQRRmkKuVThYPhw5>
 - Washington County Spanish: <https://forms.gle/zD9FCZgzQDSBEzWF8>
 - Columbia County English: <https://forms.gle/8BUqtawrsREfzmCF8>
 - Columbia County Spanish: <https://forms.gle/NPGyGDv3rFgmaRpH6>
 - Clatsop County English: <https://forms.gle/mxaLbMVN3h65rVzMA>
 - Clatsop County Spanish: <https://forms.gle/AZ3MALeFVgoWkepA7>
 - Tillamook County English: <https://forms.gle/aQ6euENxesuJ74vx6>
 - Tillamook County Spanish: <https://forms.gle/WUTFq2NFcQpX8xxc8>

- When you return from the break, check to see if the parent has completed the form.
- To locate the results of the Family Survey, view [this quick video](#) demonstrating where to find them.

EI medical statement eligibilities completed by site or evaluation teams

All families at the beginning of the initial eligibility visit, including when the medical statement process is used, should be asked to complete the Family Survey section A. Explain to the family that the survey will aid in the development of the initial IFSP.

Before each Annual EI IFSP

At the **home visit prior to the annual EI IFSP**, parents should be asked to complete Family Survey sections A and B. Explain to the family that the surveys will aid in the development of the new IFSP.

Electronic versions

Electronic versions of the Family Survey Forms can be found in the following folders. Please use the form associated with your county or program.

[Family Survey Forms](#) (or use the applicable link above)

- Access the appropriate survey using the link above. Each county folder contains an English and a Spanish version of the form.
- Look to ensure you are on the Questions (middle top)--this should look like a typical Google Form.
- To send the survey to the family
 - Click on the send button (purple button top right)
 - Include the parent's email address
 - Include a message to the family in the message box
 - Hit the send button (bottom right).
- To access the parent's responses
 - Use the same link above, but click on Responses (middle right)
 - Click on Individual
 - Scroll through to locate the appropriate survey
 - Click on the print icon, make sure the destination box indicates *Save as PDF*, click *Save*, and save to a destination in which it can easily be located
 - Attach the survey to the IFPS distribution email to be uploaded in ecWeb

Translations available <http://www.mynwresd.org/family-assessment.html>

Arabic	Chinese	Croatian	English
Hmong	Japanese	Khmer	Korean
Lao	Russian	Somali	Spanish
Malay	Vietnamese	Mandarin Chinese	Portuguese

Distribution

Surveys should be downloaded as described above and sent to distribution, although the form is not distributed to the family.

[Back to the Top](#)

IFSP Cover Page

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

There are a variety of IFSP Cover Page examples at the end of this section that have been drafted to guide you in the completion of this page. They are only examples, and are not an exhaustive list of possibilities. The Cover Page should be a reflection of the services that are being provided to the child/family, and will vary due to individual circumstances.

When completing the Cover Page, please refer to the guidance below, as well as the IFSP Examples.

[ECSE Cover Page Examples](#)

[EI Cover Page Examples](#)

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 the cover page. Example: Eligibility for DD was established 03/01/17, and eligibility for ASD was established 6/5/17. The eligibility date on the cover page remains 03/01/17.
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 or as specified on the cover page, 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 after the meeting, ensure that the original IFSP has been archived. The new Service Coordinator will note the change in the Contact Log, update the Provider page (both top and bottom sections) and change the name on the Cover Page.*

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.

How to Reflect Mid-Year Cover Page Changes

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 a chronology of services for each year).
 - At the top of the Cover page in ecWeb, change the “Meeting date” drop-down to say “Revision” date.
 - Archive the new IFSP with the changes, and complete the related documents for distribution.

Questions

EI Services

Are EI services in the child’s natural environment? “Natural Environments”

- “Yes” if at least 50% of services will be provided in the home or community setting.
- If “No,” must provide a clear and specific statement related to the individual child.
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.

How many hours per week does the child attend an early childhood setting?

- Include: community preschool, Head Start, Early Head Start, or Child Care.
- List the actual hours the child attends programs in any of these settings. Note: Do not include ECSE services, play dates, story time, etc.

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.

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., SAIL-Routines, SAIL-STAR, etc.)

If ECSE services will not be provided with typical peers in an early childhood program, explain why.

(Justification Statement) Note: This justification must include the following:

- 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, and
- Must correlate with reasons stated on the Placement page.

What if the child receives all of their services in the family home or other natural environment?

- All of the boxes will contain zeros (0) and the statement should say something like, “NA- All services are provided in [Name’s] natural environment.”

Acceptable Examples:

- *Penelope has not demonstrated independent production of targeted speech sounds and requires a quiet setting with few distractions in order to practice her speech sounds with a Speech Language Pathologist.*
- *Ryan is demonstrating delays in his adaptive, motor, social, communication, and cognitive skills that make it difficult for Ryan to express his wants and needs to others. Team agrees that Rayan needs*

a small class, with trained specialists where he can receive support and direct instruction to practice new skills.

Unacceptable Examples:

Joey will benefit from a higher staff/student ratio, specially trained staff, etc.

- o 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 enrolled Joey in a community preschool.*
 - o Placement is an IFSP team decision and the district must provide the appropriate placement if that is what is agreed upon.

Progress Reviews

7. Review Schedule: “Progress Reviews”

- o **EI:** Check “six month and annual review.” Six month reviews for EI **MUST** be completed on or before the six month review date.
 - Six month review **REQUIRES** an IFSP meeting.
- o **ECSE:** Check “six month and annual review. Or,
 - If the 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.”

8. How will progress be reported to parents?

- List the format (Example: “written progress summary”)

EI Example:

Parents will be informed of the child’s progress toward annual goals. Review Schedule: <input checked="" type="checkbox"/> Six month and annual review <input type="checkbox"/> Other review schedule
How will progress be reported to parents? Written progress will be provided to the family and reviewed at a meeting. Results of most current AEPS/ASQ will be provided at annual IFSP review.
Parents or any IFSP member may request an IFSP meeting at anytime, regardless of when the most recent IFSP occurred.

ECSE Example:

Parents will be informed of the child’s progress toward annual goals. Review Schedule: <input type="checkbox"/> Six month and annual review <input checked="" type="checkbox"/> Other review schedule
By the 7th month from the IFSP date and annually.
How will progress be reported to parents? Written progress will be provided to the family at mid-year review time either in a meeting or via mail. Progress will also be provided at annual IFSP meeting along with results of most recent AEPS/ASQ.
Parents or any IFSP member may request an IFSP meeting at anytime, regardless of when the most recent IFSP occurred.

14) The Service Level Analysis portion of the Cover Page must also be completed. Please refer to the [Service Level Analysis Guidelines](#) for guidance on how to complete this section.

[Back to the Top](#)

Cover Page Examples

[ECSE Cover Page Examples](#)

[EI Cover Page Examples](#)

When completing Cover Pages, please keep the following guidelines in mind:

Start Date Dos and Don'ts:

- DO schedule far enough in advance for the service provider to start the service
- DO make a note in the service log on the student's first day of services (ALL service providers who have services listed on the cover sheet must do this!)
- DO talk with your related service providers for guidance regarding start dates and use their input to accurately forecast the date on the IFSP.
- DON'T set the start date so that it services start during a program break.
 - In a limited number of situations, the start date can be the date of the IFSP meeting, but only if the specific service is provided the day of the meeting and a detailed note is provided in the Service Log detailing the service that was provided.
- DON'T schedule too far in advance or it looks like a delay in services

EI:

- Note the Start Date Dos and Don'ts listed above.
- Services should be listed as times per month or week.
- Service coordination begins on the date of the IFSP.
 - Parent coaching service may start on the day of the IFSP *only if coaching is provided during the meeting*. In those instances, a detailed summary of the visit must be added to the Service Log to document the visit.
- Related services should be split for Medicaid billing purposes. For example, in a one hour visit where the service coordinator is an occupational therapist, the services can be split as:
 - 20 minutes for EI Services and
 - 40 minutes for Occupational Therapy.
 - This allows for 40 minutes of billable time in a visit.

ECSE:

- Note the Start Date Dos and Don'ts listed above.
- Service coordination should be included on all ECSE IFSPs as a separate service. For consistency, service coordination should be listed first.
- Service coordination begins on the date of the IFSP.
- For the TK-annual review date and all stop dates should be 9/1 if TK occurs prior to the annual IFSP date.
- Services should be listed as times per week, month, or quarter.

[Back to the Top](#)

Service Guidelines - ECSE Services

Service Coordination

Service coordination should be included on all IFSPs as a separate service, but may not be a standalone service for ECSE students (it is allowable in certain circumstances for [children in EI](#)). It 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 the 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) the 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.
 - Monitoring child progress and developmental assessment
- Updating the registry page and maintaining all other paperwork
- Medicaid billing for eligible service providers
- Assisting in the process for children transitioning to kindergarten, including working with respective district(s)

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 and is generally based upon the provider's best estimate as no service can be reflected as a range.

Service	Method	How Often	Location	Start date	Stop date
Service Coordination	Direct/indirect/consultation	8 hrs per year [typical range is between 6 and 12 hrs.]	Virtual, home, phone, email	Day of IFSP meeting	Day before annual, OR Sept 1 of current year if child is TK

Provider: Name of person providing service

Who will do this? Service Coordinator

Who will pay? EI/ECSE Program

Notes:

- The start date for service coordination should be the date of the first IFSP meeting.
- The stop date is one year minus one day from the date of IFSP meeting, or for children transitioning to kindergarten, September 1st of the kindergarten transition year.

EI to ECSE Dual IFSPs

When a child is in EI and is found eligible for ECSE services, an IFSP is written. If the child's EI IFSP extends to the date of the third birthday, then an ECSE-only IFSP is created in ecWeb with the following guidelines:

- The date of the IFSP is the actual meeting date.
- The start date of the IFSP is the date of the child's 3rd birthday.
- Service coordination starts on the date of the child's 3rd birthday.
- ECSE Specialized instruction and Related service start dates would be projected out beyond the date of the 3rd birthday, using the guidance provided above in the [Cover Page Examples](#).

If the EI IFSP is going to expire before the date of the child's 3rd birthday, then a dual EI/ECSE IFSP is needed.

- The date of the IFSP is the actual meeting date.
- All EI services that will take place before the 3rd birthday are included, with a stop date of the day before the child's 3rd birthday.
- ECSE Service coordination will have a service start date of the child's 3rd birthday.
- ECSE Specialized instruction and Related service start dates would be projected out beyond the date of the 3rd birthday, using the guidance provided above in the [Cover Page Examples](#).

You may refer to the [IFSPs Including Both EI and ECSE Services](#) document for additional information.

NOTE: *No ECSE services may be provided prior to a child's 3rd birthday.* This includes service coordination. EI and ECSE services must be listed separately if an IFSP contains both sets of services.

[Back to the Top](#)

Specialized Instruction (SI) in areas of delay (areas in which goals are written)

Specialized Instruction (SI) must be included on all ECSE IFSPs, unless the child is speech only, in which case Speech Language Services and Service Coordination are the two services provided.

Specialized 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 SI 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.
- SI services may be noted as times per month or week on the IFSP.
 - In some 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 the child’s progress). Start and stop dates for the varying frequency must be described specifically.
 - Ex: 9/1 to 1/1, 2 times/month, then, 1/2 to 8/31, 1 time/month. These would be entered as two separate entries on the IFSP Cover Page.
- The frequency of SI 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.
 - X times every three months (or quarterly)
 - X times per month
 - X times 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, childcare providers, and program directors.

Specialized Instruction, Cover page

Category – Primary service

Service	Method	How Often	Location	Start date	Stop date
Specialized Instruction in the areas of [areas of delay]	Direct/Indirect/ Consultation	2 times per month for 30 minutes following the [school’s] calendar	[Actual location where services will be delivered such as community preschool, child care center, home]	[Day this service is projected to start] based on the [school’s] calendar	[Day before annual] or [Last day of school] based on the school’s calendar if student transitioning to Kindergarten

- Provider: Name of actual person providing service
- Who will do this? Early Childhood Education Specialist
- Who will pay? EI/ECSE program

Primary Speech and/or Language service taught by SLP/SLPA

Category – Primary SLP Services

Service	Method	How Often	Location	Start date	Stop date
Speech and language therapy	Direct/indirect/ Consultation to classroom staff	Time + # of times per week/month/year [to be determined by team]	Site	[date this service is projected to actually start]	[day before annual review, last day of class for kindergarten transitions]

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

SI Consult to community setting (ECES or SLP plus related services)

Category – Primary or related service

Service	Method	How Often	Location	Start date	Stop date
Specialized Instruction in the areas of [areas of delay]	Direct/Indirect/ Consultation	2 times per month, 30 minutes each, following the [school's] calendar	Community Preschool Classroom	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the school's calendar if student transitioning to Kindergarten

- Provider: Name of person providing service
- Who will do this? Early Childhood Educational Specialist
- Who will pay? EI/ECSE program

Specialized Instruction for students attending an ECSE Class, Cover page

Category – Primary service

Service	Method	How Often	Location	Start date	Stop date
Specialized instruction to address goals in the areas of ...	Direct [add in section next to Method on ecWeb]	See notes below	Site	[date this service is projected to actually start]	[day before annual review, last day of class for kindergarten transitions]

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

Specialized 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.)**
 - o **SAIL Routines:** 4 times per week for 2 hours each
 - o **SAIL STAR Classrooms:** 4 times per week; 2 hours for initial level, 3.5 hours for mid-level
 - o **Frequency** of specially designed instruction is based on the class placement and the needs of the child
- The start date of specialized 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 the date of the IFSP meeting, or for children transitioning to kindergarten, the last day of class.
- Attendance records must be kept by classroom staff (please note first day of class attendance) and entered into ecWeb.

[Back to the Top](#)

ECSE 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 site’s 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 site’s calendar must be included with the IFSP.

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

For inclusive services, 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 documented separately.

In the example below, the speech language pathologist is the Lead Interventionist and is completing consultation for SI twice a month for 30 minutes. The speech therapy is listed as twice a month for 15 minutes. The speech therapy portion would be billable.

To help ensure that parents understand that service frequency will vary during the year due to scheduled breaks:

- a) The service coordinator at the IFSP meeting should review the community preschool calendar with parents and specifically note the break time spread throughout the year.
- b) 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.

Service	Method	How Often	Location	Start date	Stop date
Specialized Instruction in the areas of [areas of delay]	Direct/Indirect/ Consultation	2 times per month for 30 minutes following the [school's] calendar	[Actual location where services will be delivered such as community preschool, child care center, home]	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the school's calendar if student transitioning to Kindergarten
Speech-Language Therapy	Direct/Indirect/ Consultation	2 times per month for 15 minutes following the [school's] calendar	[Actual location where services will be delivered such as community preschool, child care center, home]	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the school's calendar if student transitioning to Kindergarten

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

When Parent Coaching is the method for service delivery, the following is how this service is reflected on the Cover Page:

How many hours per week does the child attend an early childhood program:
(group child care, Head Start, community preschool; see definitions in the IFSP instructions)

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

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

If ECSE services will not be provided with typical peers in an early childhood program, explain why:

[Back to the Top](#)

Related Services

(Consultations from teacher, OT, PT, SLP, DHH, VI, Nursing,
AC/AT, Behavior Specialist)

Related services are provided to assist a child with disabilities to benefit from his or her specialized 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 childcare providers. Direct related services should always 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, except for in limited circumstances (see [EI/ECSE OT/PT Initial Assessment Process](#)).

The following guides how services are provided and included on the IFSP.

Related Services – Direct/Indirect

- The 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.
- 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.
- 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's progress). The IFSP team may consider using the same notation examples provided above in the SDI section.

- The related service provider adds visit or therapy notes to the Service Log in ecWeb and completes related billing, if providing a medicaid eligible service.

Related Service, Cover page

Category – Related service (Direct/Indirect)

Service	Method	How Often	Location	Start date	Stop date
Speech-Language Therapy, Occupational Therapy or Physical Therapy	(First Box) Direct	Time + # of times per week/month/year [to be determined by team]	Site	[date this service is projected to actually start]	[day before annual review, last day of class for kindergarten transitions]

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

Related Service Consult to community setting

Category – Primary or related service

Service	Method	How Often	Location	Start date	Stop date
Speech-Language, Physical or Occupational Therapy	Direct/Indirect/ Consultation	1 time every three months, 30 minutes each, following the [school's] calendar	Community Preschool Classroom	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the school's calendar if student transitioning to Kindergarten

- 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

Nursing Services

Category – Primary or related service

Service	How often	Location	Start date	Stop date
Nursing Protocol/Training	(individualize as appropriate) 1 time per year; 60 minutes	[Actual location where services will be delivered such as community preschool, child care center, home]	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the school's calendar if student transitioning to Kindergarten

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

Additional assessment (augmentative communication, hearing, behavior, OT)

Category – Other

Service	How often	Location	Start date	Stop date
Audiological evaluation	(individualize as appropriate) 1 time every 3 months, 60 minutes	[Actual location where services will be delivered such as community preschool, child care center, home]	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the school's calendar if student transitioning to Kindergarten

- Provider: Name of AAC Specialist
- Who will do this? Audiologist
- Who will pay? EI/ECSE Program

Supplemental Services, Adaptations and Accommodations, Related Service, ECSE Page

Category – Consultation to the classroom staff

Service	Method	How Often	Location	Start date	Stop date
Speech-Language Therapy, Occupational Therapy or Physical Therapy	Consultation to the classroom staff	Time + # of times per week/month/year [to be determined by team]	Site	[date this service is projected to actually start]	[day before annual review, last day of class for kindergarten transitions]

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

Modifications or Support for Program Personnel, Interpreter for family, ECSE Page

Category – Consultation to the classroom staff

Service	Method	How Often	Location	Start date	Stop date
[Language] Interpreter	Direct	1x per year	Site	This can be the date of the IFSP if an interpreter is used at the meeting.	[day before annual review, last day of class for kindergarten transitions]

- Provider: [Blank]
- Who will do this? Interpreter
- Who will pay? EI/ECSE program

Transportation

Transportation is a service based on need. It should only be considered if a family indicates a hardship with accessing services. 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).

Category – Primary or related service

Service	Method	How Often	Location	Start date	Stop date
Transportation	Direct	X days per week following the [school's] calendar	To and from [school]	See first example	See first example

- Who will do this? Name school district
- Who will pay? Name school district

Note: Transportation is a Related Service and is listed on the cover page "above the line."

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 SI (e.g., 2 days per week, 3 hours each day). The SI provided by the special education teacher or Speech Pathologist is then listed separately as is each related service.

Preschool Tuition Covered by ECSE

Category – Preschool

Service	Method	How Often	Location	Start date	Stop date
Specialized Instruction in the areas of [areas of delay]	Direct	2 days per week, 3 hours each day	Community Preschool Classroom	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the school's calendar if student transitioning to Kindergarten

- Provider: This line may be kept blank
- Who will do this? Community Preschool Staff with service coordinator
- Who will pay? EI/ECSE program

[Back to the Top](#)

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, etc.)
- The child’s parents (e.g., community preschool, private therapies)
- Third party payers (e.g., insurance – private therapies)

Public assistance programs such as WIC do not need to be included, nor does the child’s pediatrician for well-child visits. A guideline to consider is: if the service is listed below the line, this is an agency or organization with whom we will generally want to get a release of information.

Below are examples of how to note other 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

Service	Method	How Often	Location	Start date	Stop date
Head Start Services or Community Preschool	Direct	4 days per week 3.5 hours following the [school’s calendar] and 3 Home visits 60 minutes each	Head Start or Home	[Day this service is projected to start] based on the [school’s] calendar (same as above)	[Day before annual] or [Last day of school] based on the [school’s] calendar (if student transitioning to Kindergarten) (same as above)
	Direct	or 2 days per week 3 hours following the [school’s] calendar	Preschool Classroom		

- Who will do this? Head Start **or** Preschool staff
- Who will pay? Head Start **or** Parent **or** blank (in the case of state-funded programs)

IFSP Notation – Private therapies

Category – Other

Service	Method	How Often	Location	Start date	Stop date
Speech Therapy	Direct	1 time/week, 60 minutes	Private provider location	[Day this service is projected to start]	[Day before annual or day projected to stop]

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

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

- Community Health Nurse - Washington County Health Department
- Child care
- Promotoras, Parent Child Interaction Therapy (PCIT) – Life Works
- Family Counseling, Parent Child Interaction Therapy (PCIT) - Morrison Center

[Back to the Top](#)

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

Service	How often	Location	Start date	Stop date
Instructional assistance to support goals and inclusion	Available during daily instruction in supported classroom or [Specific frequency and duration of assistance] following the [school's] calendar	[Head Start] or [district preschool, preschool promise, etc] or [Head Start or Community Preschool]	[Day this service is projected to start] based on the [school's] calendar	[Day before annual] or [Last day of school] based on the [school's] calendar (if student transitioning to Kindergarten) or Agreed upon conclusion date of IA support

- Provider: Name of person providing service
- Who will do this? Instructional assistant under direct
- 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

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

- Who will do this? Interpreter with service coordinator
- Who will pay? EI/ECSE program

Augmentative communication – (visual schedules specific to child, voice output devices, PECS)

IFSP Notation – Augmentative Communication

Category – Primary or related service

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

- Who will do this? Augmentative communication specialist with service coordinator
- Who will pay? EI/ECSE program

IFSP Notation – Equipment (hearing aids, augmentative communication device, walker, etc.)

Category – Other

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

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

IFSP Notation – Behavior Support Plan

Category – Other

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

- Provider: Name of person providing service
- 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

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

- Provider: Name of person providing service
- Who will do this? SLP, 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 the classroom supporting children and staff.
- Whenever a parent coaching or parent consultation (service as indicated on the IFSP Cover Page) occurs, an entry detailing that service should be included in the Service Log. (See below)
- When noting service provision on the child's **Service Log** include the actual time you spent providing service/support to the individual child. In many instances this time will be higher than what is noted on the IFSP, but will help in tracking actual service time provided.

[Back to the Top](#)

Service Guidelines – EI

EI Services Defined

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., private OT, PT, SLP, or educational services from private agencies; playgroups, gymnastics, swimming) and then collaborating with those programs.
- Coordinating EI services
- Helping monitor child progress and completing developmental assessments
- Medicaid billing (SLPs, OTs, PTs only)

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, include areas in which goals are written, delete other areas).

- 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:
 - **2 plus times per month minimum**
 - **Children needing 1x per week services will receive it for as long as determined necessary by team.**

Front loading - 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.

- **1 X per week: Start - 9/12/2022 and Stop – 10/21/2022**
- **2 X per month: Start – 11/1/2022 to 9/11/2023**

- 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. The service offered in these groups is noted as EI services in the appropriate areas. The service is not the location of the group (e.g., Parent/Toddler Group). To help ensure that parents understand that service frequency will vary during the year due to scheduled program breaks:
 - The statement “**Following the EI/ECSE program calendar with scheduled breaks**” is included on the cover page of the IFSP.
- The service coordinator after each IFSP meeting should review the service calendar with the parents noting the breaks spread throughout the year.
- A copy of the program calendar will be attached at distribution to each initial and annual IFSP, and IFSP revisions where services were revised.
- Frequency of service levels can **never** be reflected as a range (e.g., 1-2 times per month).

Review the Cover Sheet [Start Date Do's and Don'ts](#)

Reminders:

- 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 on the same day as the IFSP meeting or service coordination.
 - If EI services are noted to start the day of the IFSP meeting, the **service log must offer evidence that EI services** 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/or a 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.

[Back to the Top](#)

EI Joint Home Visiting Guidance: August 2021

In a lead interventionist model, the family's service coordinator provides EI services to address the child's global needs and potentially offer services related to their specific expertise. The service coordinator is the family's "go to person," and the person providing the majority of the services to the family. Occasionally, a community provider, such as an Early Head Start home visitor or a public health nurse joins a service coordinator on a visit. In addition, a service coordinator and family might seek assistance, or a consultation, from an EI teammate. In a lead intervention model, those collaborative or consultation visits are offered as a joint home visit. This document offers guidance in regard to joint visits.

Joint Home Visit Defined

- A joint home visit is a visit that the family's service coordinator arranges with the goal of:
 - Collaborating with other service providers.
 - Seeking assistance(consultation) from an EI colleague regarding a specific concern.
 - Ensuring provision of needed services beyond those provided by the service coordinator.

Benefits of Joint Home Visiting

Joint home visits offer EI teams and families several benefits. Joint home visits:

- Facilitate EI and community service collaboration.
- Ensure families hear consistent information designed to support their growing confidence and competence.
- Ensure supports are offered to families in a manageable meaningful manner by individuals they trust.
- Allow families to obtain important information from a variety of sources.
- Provide EI providers valuable opportunities to learn from their colleagues in relevant and varied settings.
- Offer an especially useful way for new EI providers to learn from their colleagues.
- Offer an efficient means for families to receive needed services in a model focused on building relationships.

Collaborative Visits

Joint visits with other community providers:

- Can be initiated by either EI or other community providers
- Are best provided when EI and community providers communicate before the visit. An example of a communication tool to facilitate communication is offered via this link ([EHS home visitor checklist](#))

Seeking a Consultation

In EI, all ECESs (early childhood education specialist), SLPs (Speech/language pathologist), PTs (physical therapist, or OTs (occupational therapist) serve as EI service coordinators. All service coordinators are developmental generalists, supporting the family in regard to the child's global development. When needed, a service coordinator and family can seek assistance from colleagues on their regional EI team. Consultations can be sought in a variety of ways for specific concerns or when there are concerns regarding inadequate progress toward a goal or goals.

- **Service coordinator seeks advice from a colleague**
 - A service coordinator reaches out to a colleague about a concern via email, in-person or virtually.
 - The service coordinator relays the concern and the colleague shares ideas/materials and specific guidance in a collegial conversation.
 - Collegial advice can be sought as often as needed.
- **Present the concern at a team meeting**
 - A service coordinator relays the concern during a weekly team meeting.
 - Colleagues share their expertise and experience, discussing possible strategies or solutions during the meeting.

- The service coordinator relays the ideas to the family and they develop a plan for addressing the concern.
- Team advice can be sought often as needed.
- **One-time consultation visit to address a specific concern**
 - A service coordinator and family might request a one-time joint home visit from a colleague regarding concerns related to sleep, a specific motor movement, a sensory seeking behavior, a challenging behavior, etc. or to learn additional strategies to address limited progress toward a goal(s).
 - The service coordinator invites the colleague to the one-time joint home visit. During the joint visit, the service coordinator introduces the colleague and relays the reason for the joint visit.
 - The colleague learns about the child and the concern (what, where, why) from the family and service coordinator through careful questioning and observations.
 - The colleague presents suggestions and discusses individualized implementation.
 - After the visit, the family, with the help of the service coordinator, follows through with the suggestions/strategies and monitors progress. This one-time consultation does not need to be included on the IFSP cover page and billing is not required.
 - One-time consultations can be requested for different concerns.
- **Consultation to discuss need for additional IFSP service**
 - When a service coordinator or IFSP team has sought consultations regarding a concern or inadequate progress and the concern continues or the possible need for an additional IFSP service is identified, a related service provider should be invited to a joint home visit.
 - In the visit, the related service provider learns more about the concern/need, interventions tried, and child's responses and progress. When OT/PT is being considered, this visit needs to include an Initial OT/PT Assessment ([OT/PT Initial Assessment](#)).

When to Add Related Services to an IFSP

- When a child's skills in a specific area(s) (beyond that of the service coordinator's expertise) are significantly delayed, requiring specific expertise in regularly determining strategies, material and equipment needs.
- When a service coordinator is new to EI and needs assistance in identifying appropriate strategies and monitoring progress in an area in which the child's skills are significantly delayed and not their area of expertise.
- When progress toward goals outside the service coordinator's expertise remain insufficient after several intervention revisions and consultations.
- **Service coordinators should use collegial or team advice when needing help in addressing lack of progress on goals that do not represent significant delays.**

Determining Related Service Frequency and Duration

- An IFSP team should carefully consider the frequency and even the duration of any related service included on an IFSP. Service coordinators can seek collegial or team advice in between joint home related services visits, if additional consultation is needed.
 - It is acceptable to invite a related service provider to attend a visit virtually if that seems appropriate to the needs of the family and child.
 - A related service provider does not need to stay for an entire visit if the needs of that visit can be addressed in a specific time.

Adding Related Services to the IFSP

If the possible need for the related service is identified in a joint home visit, an IFSP meeting should be convened.

- The IFSP team, including the additional related service provider, determines the need for the service including frequency and duration.
- The service can be added at the consultation visit if all members of the team are present, and the parents agree to hold the meeting.
 - A meeting notice should be completed and a new team page obtained.

- The IFSP meeting can also be held at the next visit.
- Frequency and duration of each additional related service should be included on the cover page and labeled as the specific service (ex: Occupational Therapy, Speech Therapy) to allow for Medicaid billing. The amount of these services will vary from family to family depending on the needs of the child and family.
- All additional related services should be included on the cover page of the IFSP ASAP to facilitate Medicaid billing.
 - The service coordinator should note the names of each related service provider on the cover page and in the provider section on ecWeb as soon as the service has been added to the IFSP.

Arranging for Related Service Joint Home Visits

- The service coordinator monitors **ALL** service start dates and sets up joint visits based on each IFSP.
- Related service providers and the service coordinator typically visit the family jointly so the service coordinator can assist the family in following through with strategies and remains aware of all related service recommendations.
- Both the service coordinator and consultant/related service provider should complete a service log related to each visit.
- While the frequency and duration of collaborative joint visits with community providers is not included on the cover page, they could be noted in other services or on the family page.

Additional Settings to Receive EI Services

Grown-ups and Me - guidance will be coming soon.

[Back to the Top](#)

Related Services (OT, PT, Speech, Nursing, Behavior, etc.)

Note: See [EI Joint Home Visiting Guidelines](#) for additional details related to consultations that would not be included on the IFSP

Related service (OT, PT, Speech, Nursing, Behavior) to support the family and lead interventionist on a regular basis

- When a service coordinator/team believes that a related service is needed on a consistent basis, the related service provider should be invited to a visit to assist the team in determining the child's need for the additional service. When OT/PT is being considered, this visit needs to include an Initial Assessment. ([link](#))
- If the team, with the consulting related service provider, determines the service is needed, an IFSP review should be held to add this service to the IFSP. The service can be added at that visit if the parents agree (a meeting notice should be completed and a new team page obtained). The revision can also be made at the next visit with the family
- All related services, identified as being consistently needed, should be included on the cover page of the IFSP ASAP to facilitate Medicaid billing.
- The amount of these services will vary from family to family depending on the needs of the child and family.
- Frequency and duration of each related service should be included on the cover page and labeled as the specific service (ex: Occupational Therapy, Speech Therapy) to allow for Medicaid billing.

Examples:

- Occupational Therapy – 1 X per month, 60 minutes
- Physical Therapy – 2 X every other month, 30 minutes
- Speech and Language Therapy – 1 X per quarter, 30 minutes

Related services provided during Grown-ups and Me (pending)

[Back to the Top](#)

Guidelines for Noting Services on the EI IFSP

Initial EI IFSPs Coming From the Evaluation Team

Service Coordination

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

Service Coordination

Category: Other

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

- 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)

- 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):
 - o **2 X per month, 60 minutes**

Eval Team Members: 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 be attached to the IFSP at distribution.

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

Category: Primary or Related Service

Service	Method	How Often	Location	Start date	Stop date
Early intervention services in (areas of delay/goals written- delete those that don't apply)	(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching	2 X per month, 60 minutes	Home and community	(30 days from initial IFSP – extend if initial meeting occurs just before or during a calendar break)	(Day before annual or day before 3 rd birthday)

- Provider: Eval team service coordinator
- Who will do this? EI Staff (changed to SC discipline at site)
- Who will pay? EI/ECSE program

***** Projecting Start Dates *****

The start date of EI services must be projected out 30 days from the date of the eval/IFSP meeting. If the initial IFSP meeting occurs just before or during a calendar break, extend the start date out the length of the break. This will give site teams adequate time to meet the start date. Please tell parents that site teams

will work hard to set the first visit well before the projected start date, especially when the IFSP is written near a break.

**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 during the eval)

Category: Other

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

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

Nursing Services

Category: Primary or Related Service

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

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

Audiology Evaluation

Category: Other

Service	Method	How Often	Location	Start date	Stop date
Audiology evaluation	(First Box) Direct (Second Box) Assessment	1 X every 3 months, 60 minutes	ESD	(date of the IFSP)	(day before annual or day before 3 rd birthday)

- 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 120 days before his/her third birthday.

- Both EI and ECSE eligibility must be considered when a child is evaluated 120 days before his/her third birthday. Only ECSE eligibility needs to be considered if the child was referred less than 45 days from the child's third birthday. Refer to referral date to calculate which eligibilities should be considered.
- If the 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 a child is found eligible for both EI and ECSE and the child attends a child care or preschool that needs to be considered for ECSE placement, only an EI IFSP should be written. The site will complete the ECSE IFSP, so the child care or preschool can be invited to attend the IFSP.
- If the 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 the child's third birthday.
- If the child is not eligible for EI or ECSE, complete eligibilities for both.

IFSPs Including Both EI and ECSE Services

Determining EI Service Levels

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

[ECSE Service Placement and Guidelines](#)

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. Service is offered by the ECSE service coordinator.
- **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 at **30 days from date of meeting or extended if initial IFSP meeting occurs just before or during a break**. Stop date is the day before the child's third birthday. Indicate EI/ECSE staff providing this service.
- **ECSE specialized services** - Projected start must be after the child's third birthday and should be the projected start date of specialized services. Stop date is the day before the annual due date.

Natural Environments and Typical Peers questions When both EI and ECSE services are included on an IFSP, both Natural Environments and Typical Peers questions must be answered. Most times the EI Natural Environments answers will be yes, so no justification statement will be needed. However, if the child is going to receive ECSE services in a location other than the natural setting or inclusive environment, then a statement will be needed for that section. [Back to the Top](#)

Service Combinations For EI IFSPs

Please note the differences when the teacher or related service provider is the service coordinator (SC)

Service Coordination ONLY (Teacher or OT/PT/SLP)

Service Coordination

Category: Other

Service	Method	How Often	Location	Start date	Stop date
Service Coordination	(First Box) Direct (Second Box) Coordinate services, collaborate with other services and developmental assessment	# hours per year (hours will vary depending on needs of family and time remaining in EI IFSP)	Home/Community/ Phone	(the date of the IFSP meeting)	(day before annual or day before 3 rd birthday)

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

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

ECES (teacher) is Service Coordinator

ECES SC - Service coordination and EI Services

Service Coordination - include as detailed above

Early Intervention Service

Category: Primary or Related Service

Service	Method	How Often	Location	Start date	Stop date
Early intervention services in (areas of delay/goals written- delete those that don't apply)	(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching	# of times per week or month, 60 minutes, (frequency will vary depending on needs of family)	Home and community	(date this service is projected to actually start)	(day before annual, day before 3 rd birthday, or date projected to stop, if before annual or birthday)

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

ECSE - Service coordination, EI Services, and Related Service(s)

Service Coordination - include as detailed above

Early Intervention Services - include as detailed above

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

Category: Primary or related service

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

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

OT, PT, or SLP is Service Coordinator

OT, PT, or SLP SC - Service coordination, EI Services, and Related Service of SC

NOTE – When the 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:

- EI Service – 2 x per month, 15 minutes and
- PT – 2 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

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

- 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

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

- 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.

OT, PT, or SLP SC - Service coordination, EI Services, Related Service of SC, and additional Related Service(s)

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 - as detailed above

Other Related Services (add separate entry for each additional related service needed)

Category: Primary or related service

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

- Add a separate line for each related service.
- Make sure to include related services that are offered during Parent/Toddler or Enhanced Interactions groups.

[Back to the Top](#)

Other EI Services that Might be Added

(see examples below)

Language Interpreter

Category: Other

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

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

Nursing Services

Category: Primary or Related Service

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

- 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

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

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

Audiology Evaluation

Category: Other

Service	Method	How Often	Location	Start date	Stop date
Audiology evaluation	(First Box) Direct (Second Box) Assessment	1 x every 3 months, 60 minutes	ESD	(date of the IFSP)	(day before annual or day before 3 rd birthday)

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

Regional Services (ASD, VI, DHH – Consult with Regional provider for specifics)

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

Category: Primary or Related Service

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

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

[Back to the Top](#)

Making Changes to the EI IFSP

Each change to a service between annual IFSPs is considered a revision and must include a start and stop date. In addition, if a service is discontinued, it should remain on the cover page and include a stop date.

Category: Primary or Related Service

Service	Method	How Often	Location	Start date	Stop date
Early intervention services in (areas of delay/goals written- delete those that don't apply)	(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching	2 time per month, 60 minutes	Home and community	2/10/2021	4/12/21 (change original stop date)
Early intervention services in (areas of delay/goals written- delete those that don't apply)	(First Box) Direct (Second Box) Assessment, Consultation - Parent Coaching	1 time per week, 60 minutes	Home and community	4/20/2021	2/09/22

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

When a service is stopped, do not delete the notation, instead:

- o Change the stop date on the service that will be discontinued to the appropriate date.
- o Create a new service entry and make the appropriate changes, including the appropriate start and stop dates.
- o Maintain service coordination as first service, move other new services to top of list.

This will ensure that we have a chronology of services on the current IFSP.

[Back to the Top](#)

EI to ECSE Eligibility Transition Process

This transition process is designed as a collaborative effort with components completed 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, know what programs and opportunities are available to them, and adapt to the transition to ECSE. 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.

***ECSE eligibility and an ECSE IFSP must be completed before a child's third birthday, so plan accordingly. Start early, there are many steps and many people involved.**

EI Service Coordinators

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 transition steps) which should include information about the family's interests and preferences for early learning experiences.**
 - Complete an interview/conversation about the family's preferred or desired early learning experiences (abbreviated interview if under 2 years of age) at each 6 month review and annual.
 - Offer to assist the family in locating preschool or child care options.
 - Describe how services are offered in community and inclusive settings.
 - Offer the family a copy of the transition flyer at an IFSP when the child is over the age of 2 years ([EI to ECSE Parent Transition Flyer](#).)
- At all IFSP meetings plan for success in next environments, consider inclusive opportunities.

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

Initial Preparation for Transition

- Complete the **EI to ECSE Transition Evaluation Planning: Child Summary** form for ECSE service rep assignment at designated time (For Wa Co EI Providers: A link to the appropriate Google Form related to the child's third birthday will be emailed to the team when it needs to be completed. The link to the appropriate form will also be included on the appropriate weekly EI team meeting agenda - (example of the [BECC Template](#)- *do not use this form, use the form emailed to you*)).
- At the designated time, discuss the child's transition at the weekly team meeting after completing the form mentioned above. This form will be uploaded into ecWeb to document the transition planning process.
- Start the transition process early to ensure all steps are completed before the child's third birthday.
- Consider referring to [SIT](#) if needed to support the transition process

Initial Review of Transition with Family

- Review the transition process with the family no more than 9 months and at least 90 days before the child's third birthday, using the EI to ECSE Transition Evaluation Planning Form: Child Summary form to guide the discussion. Discuss:
 - Timeline - need to have a meeting to review eligibility and complete ECSE IFSP before the child's third birthday.
 - Current areas of suspected delay/disability and evaluation process.
 - Available and anticipated early learning experiences and learning/environmental needs of the child
 - Applicable ECSE eligibilities.

- o ECSE services, again discussing what supports are needed to be able to **offer ECSE services in inclusive or natural settings**. Offer your assistance in locating preschool/child care or group options keeping in mind any information gathered through your family interview.
- o The **Meet My Child** form and decide if the family will complete the form on their own or would they like help ([Meet My Child fillable PDF](#) - download to get to fillable PDF).
- o Immunizations need to be up-to-date to attend group activities.
- o Review the difference in equipment loan process between EI and ECSE.
- o Ask parents to complete the Language Survey ([Language Use Survey](#))
 - This information should be carefully considered when determining referral to ECSE.

Determine Areas of Delay/Disability

- Determine areas of suspected delay (need for ECSE referral) by:
 - o Reviewing AEPS, progress toward IFSP goals, parental concerns, and observations.
 - o Consider information family offered on the Language Survey.
 - o 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 delays. There are also additional screening tools (e.g., DECA, PLS-5 artic screener, speech/ language sample) that can offer useful information about specific areas of development when a team might be unsure about the need to refer to ECSE (consult EI coordinator).
 - Follow the steps outlined in the [EI to ECSE Transition Screening Process](#) to ensure screening results are documented in a manner clear to the family.
 - If screening results are inconclusive, the team should consult with their EI team and/or the EI coordinator. When there are doubts, it is always best to evaluate
 - 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 (see making files inactive).
 - If the screening results **do indicate concerns**, 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 consent form to indicate they declined the evaluation.
 - If the screening results indicate concerns and the parents sign consent for evaluation, continue the evaluation planning process.

EI and ECSE Service Coordinator Communications

Communication between the EI Service coordinator and the assigned ECSE representative are key to a successful transition.

ECSE Service Representative

- Immediately after you have been assigned to the child, email the EI service coordinator. You can use the email template #1 via the following link. ([Email Templates for EI to ECSE Transition](#)).
- Email EI service coordinator if there is a change in ECSE rep.

EI Service Coordinator

- Email ECSE assigned rep with the basics regarding the transition using email template #2. ([Email Templates for EI to ECSE Transition](#)). Include ECSE OT if the child is receiving or suspected of needing occupational therapy services.
- Include ECSE service rep in the transition process as they request (indicated in the email from them after assignment).
- When scheduling, keep in mind a preschool teacher is a required team member and needs to be invited (or provide written input if unable to attend)

Note: The remaining steps are separated by responsibilities of the EI service coordinator and ECSE service representative.

EI Service Coordinators

Evaluation and Preparing for Meeting (start early, you have 60 school days from date consent signed)

- Obtain [Consent for Evaluation](#) listing 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 is 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, if not completed during the ECSE referral process.
- Coordinate and complete all developmental assessments and evaluation procedures.
- Begin planning for the transition meeting, talking with family and ECSE representative about possible dates and times. **Suggestion:** Attempt to schedule well before child's third birthday to prepare for cancellations.
 - Consult ECSE rep about other ECSE team members to invite.
- Complete billing form on ecWeb directly after the evaluation is completed (do not wait until the eligibility meeting) archive billing form, and send to data manager through ecWeb memo (see [Census/Billing notification](#) process).
- Submit all [regional referrals](#) when the team suspects the child might be eligible for new regional service(s).
- Complete an appropriate evaluation report using ecWeb evaluation reports (ECSE report, Speech/Language report, ASD report) and archive.
 - Embed information from language survey into the eval report.
- Email the ECSE representative that eval and eval report are complete for review and ask if they have any questions/concerns. Offer additional updates if other changes have occurred (child attending a new child care, change in preschool).
- Complete EI IFSP progress (try to complete at least 1 week before transition meeting).
 - Archive EI IFSP once progress is complete.
- Make sure the contact log is up-to-date in regard to transition activity progress.
- 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.
- Confirm eligibility and initial ECSE IFSP meeting with family, ECSE teams and preschool or child care providers.
 - Complete meeting notice, archive and mail or email notice to parents once date and time established. If the meeting will be virtual, make sure to attach parental rights to email.
 - Email invite to all EI and ECSE team members.
 - Invite the teacher, if the child attends a preschool or child care – send notice. Work to obtain their input if not able to attend.
- If the teacher from the inclusive program or other ECSE team members cannot attend, contact parents to ask if they are ok with the absences before the meeting (related to use of [Written Agreements](#) in completing ECSE IFSP). If the parent is not okay with absences, make arrangements to reschedule the meeting.

- Complete eligibility form(s) (more than one eligibility might need to be considered).
- Complete EI exit action form and archive.
- Hold meeting - **A meeting must be held before the child's third birthday to close the EI to ECSE transition timeline.**
 - If the family is unable to attend the meeting and another date for the meeting before the child's third birthday cannot be identified, the EI and ECSE service coordinators should complete the eligibility and IFSP on the date set (ECSE eligibility and IFSP can be completed without the parents). If the child is eligible, the ECSE rep should arrange to meet with the family to obtain provision consent for special education services and review and revise the IFSP.

ECSE Service Coordinators

Preparing for the Meeting

- Immediately after you have been assigned as the transition rep (approximately 6 months before the child's birthday), email the EI service coordinator. You can use the email template provided - [Email templates for EI/ECSE Transitions](#)
- Review information about incoming child and family
- Contact EI service coordinator with questions and preferences
- Attend a home visit to meet the family when possible
- Work with the EI team to identify ECSE team members to participate in meeting and notify EI service coordinator
 - Prepare Written Agreement form if invited team members unable to attend and parent ok with members absence (in consultation with EI SC)
- Consult ECSE program coordinator, if there are concerns about service representative assignment. Please contact your coordinator if a change is needed and notify EI service coordinator as soon as possible.
- If any ECSE providers are unable to attend, contact EI service coordinator about contacting the parents about proceeding with the meeting and complete Written Agreement form.

What to Bring to the Meeting, Responsibilities At and After Meeting

EI Service Coordinators

What to Bring to the Meeting

- EI IFSP progress review
- AEPS summary
- Prior notice of action – exit EI
- Procedural safeguards booklet and log
- Evaluation Report
- Eligibility form(s)
- Supplemental Screening form from teacher if preschool teacher was invited but is unable to attend *Keep in mind, the team should prioritize having the preschool teacher present*

Responsibilities At Meeting

- Review evaluation process and results, including information from the language survey.
- Facilitate eligibility determination discussion and obtain signatures.
- Present Written Agreements form for signature, if needed.
- Participate in IFSP development (ECSE service rep should take over meeting facilitation directly after determining eligibility)
- Review child's IFSP progress and AEPS summary (**suggestion: review progress when present levels are discussed**)

Responsibilities After Meeting

- Update contact log including the date of meeting, eligibility decision
- Send the following paperwork to distribution directly after the meeting.
 - Signed [evaluation consent](#)
 - Evaluation report
 - AEPS summary
 - Progress review
 - Action notice to exit EI.

ECSE Service Coordinators

What to Bring to the Meeting (Virtual or in person)

- All IFSP forms needed for initial IFSP
- Written Agreement Form
- Provision Consent form
- ECSE Insurance form
- FERPA and other exchange forms (All children with hearing impairment, ask for permission to exchange with EHDI)
- Photo form in case parent wants to [opt their child out of agency photos](#)
- Additional Info, Transportation, Emergency, Immunization forms

Responsibilities At Meeting

- Participate in eligibility determination
- Facilitate initial ECSE IFSP development and obtain signatures (IFSP participation)
- Discuss Provision Consent for Special Education and [obtain consent](#) for services
- 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](#) if it has not been completed
- Complete transportation paperwork, if transportation is a needed related service (Transportation should be considered only when there is a need – do not offer transportation unless it is clear the child will not access ECSE services, if transportation is not provided.)
- If transportation is included on IFSP, take picture and upload to ecWeb.

After Meeting

- Complete the [Services Information Update](#)
- Make transportation arrangements, if applicable.
- Send census memo to data manager for your county through ecWeb (see [Census/Billing notification](#) process).
- Complete IFSP and archive
- Archive all forms and submit for distribution. You should distribute the following documents:
 - Meeting notice (This will be prepared by EI, Distributed by ECSE)
 - Eligibility Statement
 - IFSP
 - Health, Hearing and Vision
 - Written agreements (if required)
 - HIPPA/FERPA
 - Insurance Consent
 - Insurance Notice
 - Provision Consent
 - Action Notice for ECSE Initial Eligibility
 - Transportation, Snack and Emergency forms (if appropriate)
- Complete ECSE initial AEPS, enter into ecWeb

Note: A meeting must be held before the child's third birthday to close the EI to ECSE transition timeline.

- If the family is unable to attend the meeting and another date for the meeting before the child's third birthday cannot be identified, the EI and ECSE service coordinators should complete the eligibility and IFSP on the date set (ECSE eligibility and IFSP can be completed without the parents). If the child is eligible, the ECSE rep should arrange to meet with the family to obtain [written consent for provision consent](#) for special education services and review and revise the IFSP with the family.

[Email templates for EI/ECSE Transitions](#)

[Back to the Top](#)

EI Service Coordinator Checklist

At ALL EI IFSP Meetings	<input checked="" type="checkbox"/>
1. Plan for next environments and discuss need for EI to ECSE transition at each IFSP meeting (6-month and annual). Ask family about their plans for community preschool at age 3, discuss service provision in inclusive settings.	
2. Check boxes and include steps on transition page and include with all IFSP reviews (6-month and annual).	
No More Than 9 Months and at Least 90 days Before Child's Third Birthday	<input checked="" type="checkbox"/>
1. Complete EI to ECSE Transition Evaluation Planning: Child Summary form and discuss at team meeting at designated time.	
2. Review Child summary form (above) with family, discussing a) timeline (done before third birthday), b) current suspected areas of delay, c) possible ECSE eligibilities and evaluation process used to collect information needed to determine eligibility, d) ECSE services - emphasizing inclusive opportunities, e) process for completing Meet My Child form, f) current status of immunizations, g) equipment needs in educational settings and difference in EI and ECSE equipment loan process, h) ask parents to complete the Language Survey	
3. Determine areas of delay or disability using AEPS, progress, parent report, and observations. If team unsure of suspected areas of delay, complete screening and screening report (see Screening section)	
4. Respond to ECSE service representative's email, include them in visits and transition process as they requested. Offer draft evaluation plan, including OT is appropriate.	
5. Formalize eval planning including obtaining consent for evaluation (include all tools/procedures and descriptions).	
6. Complete Health Review, including hearing and vision. Refer for Hearing Screen/Eval if child reluctant to participate.	
7. Complete EI exit AEPS, enter scores to produce summary for meeting	
8. Coordinate and complete all developmental assessments and evaluation procedures, complete evaluation report, email ECSE rep that report is done. Offer any additional updates, if appropriate.	
9. Complete ecWeb billing form and archive, send census/billing memo through ecWeb.	
10. Set eligibility and IFSP meeting with family, ECSE team members, and preschool or child care providers. If preschool teacher or child care rep cannot attend, determine way to get written input. Check with parents to see if they are okay to proceed with meeting if child care or preschool rep cannot attend. Reschedule, if needed.	
11. Send meeting notice with parent rights; archive meeting notice, invite all team members.	
12. Consistently update contact log as transition steps are completed and communicate with ECSE rep, as needed.	
13. Submit all regional referrals if team suspects child might be eligible of regional services.	
14. Complete EI IFSP progress report and archive EI IFSP	
15. Once EI IFSP archived, update or transfer health/vision/hearing info from the evaluation report and transfer present levels and needs to learn information from evaluation report to IFSP. Notify ECSE rep when this step is completed.	
16. Check in with ECSE rep re: final planning (need for Written Agreements, other arrangements) and confirm meeting date and time, and confirm date and time with family.	
17. Complete eligibility form(s)	
18. Complete EI exit action notice and archive	
19. Hold meeting--(complete eligibility and IFSP if parent not able to attend and no time to meet before 3 rd birthday)	
What to Bring to Meeting and Responsibilities at Meeting	<input checked="" type="checkbox"/>
1. Print and bring to the meeting <ul style="list-style-type: none"> ● Written agreements form (if needed) ● EI IFSP progress review ● AEPS summary ● Procedural Safeguards booklet and log ● Prior notice – exit EI ● Evaluation report ● Eligibility form(s) 	
2. Responsibilities at meeting <ul style="list-style-type: none"> ● Present Written Agreements Form, if needed ● Review evaluation process and results, including information from the language survey ● Facilitate eligibility determination ● Participate in ECSE IFSP development (ECSE rep take over after eligibility) ● Review child's IFSP progress and AEPS summary (during beginning of ECSE present levels) 	
3. Update contact log, including date of meeting, eligibility decision, name of ECSE service coordinator (if decided)	
4. Distribute EI forms (Evaluation consent, report, AEPS summary, progress review and action notice.	

ECSE Service Rep. Checklist

In preparation for ECSE Eligibility and IFSP Meeting	<input checked="" type="checkbox"/>
1. Email EI service coordinator to notify them you have been assigned as a transition rep. Include your transition preferences using email template.	
2. Review information about incoming child and family, contact EI service coordinator with questions	
3. ECSE service rep consults ECSE program coordinator, if concerned about service rep assignment	
4. Attend home visit, if able	
5. Identify ECSE team members that need to attend based on child's needs and EI services, contact EI service coordinator about contacting parents if a team member is unable to attend, complete Written Agreements form	
What to Bring to Meeting and Responsibilities at Meeting	<input checked="" type="checkbox"/>
1. Print and bring to the meeting <ul style="list-style-type: none"> ● All IFSP forms needed for initial ECSE IFSP ● Provision Consent form ● ECSE Insurance form ● FERPA and other exchange forms (All children with hearing impairment, ask for permission to exchange with EHDI) ● Snack/photo form ● Additional Info form ● Transportation form ● Emergency form 	
2. Responsibilities at meeting <ul style="list-style-type: none"> ● Participate in eligibility determination ● Facilitate initial ECSE IFSP development ● Obtain signatures (IFSP participation) ● Present 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 ● If transportation included, take picture for upload in ecWeb ● Discuss classroom assignment, if applicable ● Complete Student Services Information Update Form (Google Form) 	
After Meeting	<input checked="" type="checkbox"/>
3. Responsibilities after meeting <ul style="list-style-type: none"> ● Submit immunization, placement information to administrative assistant ● Make transportation arrangements, if applicable ● Complete census form and submit to census email ● Complete ECSE eligibility/IFSP action form and archive ● Complete IFSP and archive ● Organize transition paperwork, including eligibility paperwork, and submit for distribution (Meeting notice (This will be prepared by EI, Distributed by ECSE), Eligibility Statement, IFSP, Health, Hearing and Vision, Written agreements (if required), HIPPA/FERPA, Insurance Consent, Insurance Notice, Provision Consent, Action Notice) ● Submit all Regional Referrals if additional referrals discussed at meeting ● 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 determine 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. **Two professionals and the parent are required for any eligibility determination, including file reviews (one from the specific discipline plus one other).**

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 above.

EI Service Coordinator

File Review Steps	<input checked="" type="checkbox"/>
1. Plan for next environments at each IFSP meeting	
2. Discuss need for transition at initial and 6-month IFSP meeting	
3. Complete transition section of EI IFSP at ALL meetings (6-month and annual) a. Check all boxes, include steps to transition	
4. Complete EI to ECSE Transition Evaluation Planning: Child Summary form and discuss at team meeting at designated time, noting that a file review will be used.	
5. Review Child summary form (above) with family, discussing a) timeline (done before third birthday), b) current suspected areas of delay, c) possible ECSE eligibilities and evaluation process used to collect information needed to determine eligibility, d) ECSE services - emphasizing inclusive opportunities, e) process for completing Meet My Child form, f) current status of immunizations, g) equipment needs in educational settings and difference in EI and ECSE equipment loan process	
6. Determine areas of delay or disability using AEPS, progress, parent report, and observations. If team unsure of suspected areas of delay, complete screening and screening report (see Screening section)	
7. Respond to ECSE service representative’s email, include them in visits and transition process as they requested. a. Offer draft evaluation plan, including OT is appropriate.	
8. Formalize evaluation planning including obtaining consent for evaluation. Determine which tools/procedures will be used from the previous evaluation as well as additional tools/procedures needed for the ECSE Eligibility (include all tools/procedures and descriptions). At a minimum, a new observation and AEPS should be completed.	
9. Complete Health Review, including hearing and vision. Refer for Hearing Screen/Eval if child reluctant to participate.	
10. Complete EI exit AEPS, enter scores to produce summary for meeting	
11. Complete eval billing form and send billing/census memo through ecWeb as soon as all eval procedures are complete.	
12. Set eligibility and IFSP meeting with family, ECSE team members, and preschool or child care providers. If preschool teacher or child care rep cannot attend, determine way to get written input. Check with parents to see if they are okay to proceed with meeting if child care or preschool rep cannot attend. Reschedule, if needed.	
13. Send meeting notice with parent rights; archive meeting notice, invite all team members.	
14. Consistently update contact log as transition steps are completed and communicate with ECSE rep, as needed.	
15. Submit all regional referrals if team suspects child might be eligible of regional services.	
16. Complete EI IFSP progress report and archive EI IFSP	
17. Once EI IFSP archived, update or transfer health/vision/hearing info from the evaluation report and transfer present levels and needs to learn information from evaluation report to IFSP. Notify ECSE rep when this step is completed.	
18. Check in with ECSE rep re: final planning (need for Written Agreements, other arrangements) and confirm meeting date and time, and confirm date and time with family.	
19. Complete eligibility form(s)	
20. Complete EI exit action notice and archive	
21. Hold meeting—(complete eligibility and IFSP if parent not able to attend and no time to meet before 3rd birthday)	

[Back to the Top](#)

Dual EI and ECSE IFSPs

When Both EI and ECSE Eligibilities have been completed at Initial Evaluation

When:

- a child is evaluated at at 2 years, 8 months or older, and
- qualifies for both EI and ECSE services, and
- the IFSP covering both EI and ECSE services has been completed by the evaluation team, then
- The child may be assigned directly to an ECSE provider for the services that occur prior to the 3rd birthday.

In these cases, no further paperwork or transition process is necessary, the services are provided continuously by their ECSE service coordinator.

Noting Services During EI to ECSE transition

Note: No ECSE service should start before the child's third birthday. However, an ECSE provider is able to provide EI services if the child is assigned during the EI to ECSE transition age.

For additional guidance on writing the IFSP during the transition, refer to [IFSPs Including Both EI and ECSE Services](#)

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 (one 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 should include:

- **ECSE Service coordination**
Start date is the child's third birthday, stop date should be the day before the 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 the annual due date.

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

Example #2 – Child's **initial** EI and ECSE eligibility is determined 120 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, ECSE 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.

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.

When a dual IFSP is needed for the transition

When a child is in EI and is found eligible for ECSE services, an IFSP is written. If the child's EI IFSP extends to the date of the third birthday, then an ECSE-only IFSP is created in ecWeb with the following guidelines:

- The date of the IFSP is the actual meeting date.
- The start date of the IFSP is the date of the child's 3rd birthday.
- Service coordination starts on the date of the child's 3rd birthday.
- ECSE Specialized instruction and Related service start dates would be projected out beyond the date of the 3rd birthday, using the guidance provided above in the [Cover Page Examples](#).

If the EI IFSP is going to expire before the date of the child's 3rd birthday, then a dual EI/ECSE IFSP is needed.

- The date of the IFSP is the actual meeting date.
- All EI services that will take place before the 3rd birthday are included, with a stop date of the day before the child's 3rd birthday.
- ECSE Service coordination will have a service start date of the child's 3rd birthday.
- ECSE Specialized instruction and Related service start dates would be projected out beyond the date of the 3rd birthday, using the guidance provided above in the [Cover Page Examples](#).

You may refer to the [IFSPs Including Both EI and ECSE Services](#) document for additional information.

NOTE: *No ECSE services may be provided prior to a child's 3rd birthday.* This includes service coordination. EI and ECSE services must be listed separately if an IFSP contains both sets of services.

[Back to the Top](#)

Monthly EI to ECSE Transition Meeting

Purpose: For EI and ECSE staff to review all EI children transitioning into ECSE approximately six 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. Six months before a child's third birthday, the EI Service Coordinator completes the Evaluation Planning Form with the family.
2. Six months 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 meetings 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's and family's needs and assign an ECSE representative.
 - c. Evaluation Planning Forms links will be given to the administrative assistant tracking service coordinators. He/she will:
 - i. Add the ECSE rep to the providers page
 - ii. Upload the form into the child's archives in ecWeb
 - iii. ECSE service providers will email the EI service provider immediately to let them know of the assignment
5. EI coordinator and ECSE representative will collaborate to complete the transition.

[Back to the Top](#)

EI to ECSE Screening

To Determine Suspicion of Delay or Disability

As part of the EI to ECSE transition evaluation planning process, an EI team must determine if there is a suspicion of delays or disability. If the suspicion is not obvious, a developmental screening should be completed. The guidelines below describe the options for completing a screening and documenting the results during the EI to ECSE transition process.

During transition planning, discuss the child's current skill levels and potential need for ECSE services. Consider the child's progress toward goals, the latest AEPS data, and parent and EI providers observations and continued concerns.

- If the team believes the child is functioning near age level and shows no need for referral to ECSE, an ASQ and ASQ-SE must be completed to confirm there are no continuing areas of suspected delay or disability.
- Ask parents if they prefer completing an [on-line screening](#) or a [hard copy version](#).

On-line process

- Offer parents flyer about the [Oregon Screening Project](#) (OSP) or send the OSP signature email to parents with the appropriate links and describe the process.
- Offer to complete the screening with the parents at a home visit if Wifi access is available.
- Ask parents to email EI administrative assistant or service coordinator (include appropriate phone number on screening flier) when the screening has been completed.
- Email EI admin assistant which parents have been directed to OSP. Admin assistants will need the child's initials and birthdate to access information on OSP.
- Admin assistants will check the OSP website weekly to check on available results.
- If results are not available, EI admin assistants will send an email reminder to parents.
- Once results are available:
 - If the results fall in the typical range, EI admin assistant will create screening parent letter (ecWeb template), attach the OSP report, distribute to parents and make a note in the contact log.
 - If the results fall in the monitor range or scores are below the cut-off, the EI admin assistant will forward results to the service coordinator.
 - If results do not represent suspicion of delay, the service coordinator should make appropriate adjustments to the parent letter addressing the monitor or below cut-off scores, attach the OSP report, and submit for distribution.
 - If results indicate suspicion of delay/disability, the service coordinator should discuss the results with the parents/team to continue evaluation planning.

Hard-copy process

- Complete a hard-copy version of the ASQ and ASQ-SE with the parents at a home visit.
- Score both tools
- If scores are in typical range or monitor range not representing significant concerns, discuss results with parents, complete screening report and distribute to the family.
- If results indicate suspicion of delay/disability, service coordinator should discuss the results with the parents/team to continue evaluation planning. If an evaluation will be completed, a screening report is not needed. The results of the screening should be embedded within the parent letter that gets sent to the family.

EI to ECSE Screen Out situations

After the team determines the child will not be referred to ECSE at transition, a parent has two options.

- The family can continue to receive services until their child's third birthday.
 - In this instance, the file would be made inactive just before his/her third birthday. An exit EI action notice is required but a census form is not needed to make the child inactive (not coded).
 - A census is needed prior to the child's 3rd birthday with the code of ia-nc. Please make sure that the exit date on the census form is the day prior to the child's 3rd birthday.
- The family decides to discontinue services after the decision not to refer to ECSE and before the child's third birthday.
 - In this instance, the file would be made inactive by sending in a census form, code ia-nc, with the exit date of the last day of agreed upon services. An action notice also needs to be completed and distributed.

[Back to the Top](#)

EI Screening to Determine Suspicion of Delay or Disability

The Oregon Department of Education recently revised the statutes to allow agencies to screen EI children prior to completing an evaluation. After a careful review of the guidance provided by ODE, it has been determined that screening a child in lieu of an evaluation will only occur in a limited set of circumstances due to the comprehensive Intake process that our program employs.

When a child under the age of three is referred to Intake, our process is to:

- Schedule an intake interview, and/or complete an intake interview with the parent, and
- Schedule the child for an evaluation.
- Following the interview, the parents are sent a link to the *Oregon Screening Project (OSP)* and are asked to complete the screening prior to the evaluation, if possible.

If the results from the OSP are obtained prior to the evaluation and the results indicate that the child is not experiencing any delays, we may call the parents to review the results with them and check to see if they would like to proceed with the evaluation. If the parents no longer wish to keep the appointment, then the file is moved to inactive-no concerns, as the parent is no longer concerned about their child's development. If the parent wishes to proceed with the evaluation, they may keep the appointment and come in as scheduled.

At the time of the evaluation, if there is information to suggest that the child is no longer at risk for delays, the team may offer to the parent the option to perform an in-person screening to help guide the decision making process pertaining to having an evaluation. In this case, the team should first explain the difference between a screening and evaluation, and if the parent is amenable to the screening, have them sign the Notice and Consent for EI Screening form in ecWeb *before you begin the screening process*. You should check the second box on the form (see below for illustration).

If the screening indicates that all areas are within typical limits, then an evaluation is not necessary and a Prior Notice of Action indicating that an evaluation is not needed is provided to the parent (there is a template in ecWeb titled "screening EI / no need for eval").

It is important to note that a consistent message from the change in OARs is that a screening should never strip a parent of the right to have an evaluation, so the parent may request one at any point in the process, and we should honor that request. Therefore, the screening results can provide additional information, but if the parent insists on the evaluation, it is our obligation to provide one.

Sample, Ginny Templates Caseload Omit Print ? ▲

Child Forms Logs Lists Reports Metrics Tools Settings Sites Users
7 new messages | Stacy Rager | Logout

Menu Archive Billing/Census Minutes Family Dev ECSE Transition Goals Action AEPSsumm Cover Place Team EYSplan EYSadd BehSupp HealthRev H

Sample, Ginny Record 1 of 1 Quick find child in caseload

Archived forms hide Create archived form Show other agencies

None

Active Template: No template selected

Date 09/26/19

Notice and Consent for EI Screening

Dear George & Gigi,

Child's Name: Ginny Sample Birthdate: 01/03/00

Northwest Regional ESD received a referral from optional because of concerns or questions about your child's development. We would like to do a developmental screening to better understand and identify the area or areas of concern.

choose this option

Please complete all of the questions on the enclosed developmental screening packet and return it to [program entered above] in the postage-paid envelope by 10/06/19

This information will help us get a good idea about your child's skills. You may choose not to complete this packet and request a developmental assessment to determine eligibility for early intervention services at any time.

When our program receives your packet, a developmental specialist will review the information and contact you by telephone to discuss your child's development. If you have any questions, feel free to contact our office at:

or choose this option

We would like to do the developmental screening with you and your child. When we finish the screening we will review the information and discuss your child's development with you. You may choose not to participate in the screening and request a developmental assessment to determine eligibility for early intervention services at any time.

Sincerely,

Suzie Q. Coordinator, 5825 NE Ray Circle, Hillsboro, OR 97124; 503-614-XXXX

Notice and Consent for EI Screening - Page 2

Parent/Guardian Contact Info: George & Gigi, (808) 217-1793

Child's Name: Ginny Sample Birthdate: 01/03/00

I give my consent for [program entered above] to review the following screening instrument and description.
yes no Results help to determine if a child's development is on schedule or if further evaluation with a professional may be needed.

Screening Tools add sort

[+] ASQ:SE-2 delete

[+] ASQ-3 delete

Optional Comments

Signature (Parent/Guardian/Surrogate Parent) _____ Date _____

A copy of the procedural safeguards was provided to the parent.

[Back to the Top](#)

ECSE Service and Placement Guidelines

For 2021-2022

Services/Placements	Description - Age and Goal Areas	Hours, X/Wk	Staff	# Children (targets)
Service Coordination	Include on all ECSE IFSPs	write as specific amount of time (e.g., 6 hrs/year), range is 8 to 12 hrs/year for ECSE	Service Coordinator	NA
Parent Coaching	Include on all ECSE IFSPs	1 hr, 2xs per month	Service Coordinator	NA
ECSE Specialized Instruction - Groups (location of service)	(Placement options below in the shaded areas can be considered by the eval team at initial IFSP)			
<i>SAIL Routines ONLY available through SIT Process</i>	Global developmental needs requiring higher time and intensity	2 hrs., 4 x/wk	Teacher, 3 IAs	8
<i>SAIL STAR (Social Academic Intensive Learning) available ONLY through SIT Process</i>	Primarily designed for children who require 1:1 direct teaching strategies	Initial Level 2 hrs., 4 x/wk Mid-Level 3.5 hrs., 4 x/wk	Teacher, 4 IAs	4
<i>Community-based Services - (Head Start, Preschools, Child Care)</i>	Children currently attending Head Start or other early care and education programs with goals that would suggest the current program is LRE	Must be listed as times per week/month/quarter and must have weeks or months specified, community based calendar attached to the IFSP	Teacher or SLP depending on goals and needs	NA
Shaded areas - those placements to be considered when IFSP written by Eval Team. Please refer to ECSE service guidelines or ECSE Inclusive Services for additional details in completing IFSPs				

[Back to the Top](#)

Early Childhood Continuum of Classes

Class Components	SAILSTAR	SAIL Routines
# of Students/ratio	1:1 + Social Comm. Class for Mid. Level Students	2:1 (8 students with 3 IAs)
Days per week	4	4
Large Group Activities	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).	Small class size 2:1 student to teacher ratio Large group activities are structured and routine.
Small Group Activities	Small group activities are structured and more adult-directed with specific targets for generalization of skills.	Small group activities are structured. Activities are used to teach new, generalize learning, and practice skills needed for independence in routines.
Routine Based Instruction	Skills learned in 1:1 teaching are generalized into functional routines. Prompting and fading are used to increase student independence within routines.	Student skills are assessed during daily routines to determine needed instruction for small groups or 1:1 sessions.
Play Based Instruction	Structured generalization of skills learned in DT/PRT within play times.	Student skills are assessed during play based learning to determine needed instruction during small group or 1:1 sessions.
1:1 instruction (DT/PRT or structured learning)	More intensive instruction, Students receive 2 DT sessions and 1 PRT session daily 1:1.	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 1 PRT session and some sessions may be grouped instead of 1:1.
Time for 1:1 instruction	Goal is 15-20 min. sessions.	Goal is 10 min. sessions.
Schedules	Students have individual visual schedules used throughout the day.	Students have individual visual schedules used throughout the day.
Visual Supports	Wide variety of visuals incorporated in instruction and routines throughout the day. Includes classroom based and student specific visuals.	Wide variety of visuals incorporated in instruction and routines throughout the day. Includes classroom based and student specific visuals.
Assessment	<ul style="list-style-type: none"> - STAR Learning Profile - Daily data collection - AEPS 	<ul style="list-style-type: none"> - STAR Learning Profile - Routines as basis for identifying instruction - Daily data collection - AEPS

(Continued on next page)

Class Components	SAILSTAR	SAIL Routines
Curriculum	1. STAR 2. Creative Curriculum 3. Second Steps	1. Creative Curriculum 2. Second Steps 3. STAR or 1:1 structured learning session derived from routines
Environmental Arrangement	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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)
Learning Style	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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

[Back to the Top](#)

Service Level Analysis (SLA)

Determining Adequate Service Level (ASL)

At the bottom of the Cover page is the Service Level Analysis. The SLA data you are asked to provide on the cover page of each child you service coordinate assists the Oregon Department of Education (ODE) summarize services being offered in each county and across the state. The data are used to obtain state funding and monitor progress in increasing EI/ECSE services.

EARLY INTERVENTION

Service Level Analysis

IFSP is for EI ECSE services **Summarize services**

Guidelines [+]

EI service at least 1 time per week

Last updated (required)

Steps to completing the SLA

1. After an IFSP and after including all services on the cover page (the cover page must reflect the services to be offered), complete the SLA analysis (toward the bottom of the IFSP cover page).
2. Mark the EI box.
3. Determine services per week by clicking on the **Summarize services** button
 - a. Reference the **Times/wk column** calculations. Calculations for EI services, Related Services and Other Services are included in this column.
 - b. Calculate the total EI and Related services per week. Do not include Other Services.
 - c. If the **total EI and Related services equal or is greater than 1, mark the EI services at least 1 time per week box. See Summary of Services examples 1 and 2.**

EI service at least 1 time per week

- d. If the **total services are less than 1, leave the box blank. See Summary of Services example 3.**

EI service at least 1 time per week

4. **Critical Last Step - Data cannot be used if there is no date or the date is before the last IFSP.**
 - a. Include the **date of the most current IFSP meeting**. The date must be on or after the meeting date and *must be updated if a revision takes place*.

Last updated (required)

EI Summary of Services Examples When EI Services are Offered at Least 1 time a Week

Example 1 - Total = 1.5 hours per week: EI services = 1, PT = .25, and Speech = .25.

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Early Intervention services...	Home visit	45 min, 1 x/wk	0.75 (45)	1.00	06/15/21	05/10/22
Private Physical Therapy	Other	1 hr, 1 x/wk	1.00 (60)	1.00	05/11/21	05/10/22
Physical Therapy	Home visit	1 hr, 1 x/mo	0.25 (15)	0.25	09/24/21	05/10/22
Private Speech/Language The...	Other	1 x/wk	0.00 (0)	1.00	11/09/21	05/10/22
Private Feeding Services	Other	1 x/2 wks	0.00 (0)	0.50	11/09/21	05/10/22
Speech/Language Therapy	Home visit	1 hr, 1 x/mo	0.25 (15)	0.25	11/15/21	05/10/22

Example 2 - Total = 1.37 hours per week: EI services = .5, PT= .5, speech = .25 and Aug Comm = .12

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Early Intervention services...	Home visit	30 min, 2 x/mo	0.25 (15)	0.50	05/14/21	04/29/22
Private Speech/Language and...	Other	2 x/wk	0.00 (0)	2.00	06/02/21	04/29/22
Physical Therapy	Home visit	30 min, 2 x/mo	0.25 (15)	0.50	05/14/21	04/29/22
Speech/Language Therapy	Home visit	45 min, 1 x/mo	0.19 (11)	0.25	05/14/21	04/29/22
Private Occupational Therapy	Other	2 x/mo	0.00 (0)	0.50	10/15/21	04/29/22
Augmentative Communication	Home visit	45 min, 1 x/2 mos	0.09 (6)	0.12	01/07/22	04/29/22

When EI Services are Not Offered at Least 1 time a Week

Example 3 - Total .25 hours per week: EI services = .25

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Early Intervention services...	Home visit	60 min, 1 x/mo	0.25 (15)	0.25	01/13/22	12/01/22
WIC	Other	15 min, 4 x/yr	0.03 (2)	0.11	12/02/21	12/01/22

Continued on next page for ECSE guidance.

EARLY CHILDHOOD SPECIAL EDUCATION

Service Level Analysis

IFSP is for EI ECSE services [Summarize services](#)

Guidelines [+]

- ECSE service at least 1 time per week
- Preschool at least 3 times per week
- Preschool at least 15 hours per week
- Preschool at least 12 hours per week
- Family teaching activity at least 1 time per month

Last updated (required)

Three types of ECSE SLA data:

- Amount of Specially Designed and Related Services offered (services offered in the child's placement - home, inclusive settings or a segregated setting)
- Amount of time a child is participating in preschool (district preschool, Head Start, ECSE classroom, etc.)
- Family Teaching Activities (1 time a month parent coaching, parent training series, other trainings)

Steps to completing the SLA

1. After an IFSP meeting and after including all services on the cover and ECSE page, (the cover page must reflect the current services to be offered), complete the SLA analysis (toward the bottom of the IFSP cover page).
2. Mark the ECSE box.
3. Determine services per week by clicking on the **Summarize services** button.
 - a. Reference the **Times/wk column calculations**. Calculations for SDI, related services, services on the ECSE page and Other Services are included in this column.
 - b. Calculate the total SDI, related services and services on the ECSE page per week. Do not include Other Services.
 - c. If the **total SDI, Related service and service on the ECSE page equals or is greater than 1, mark the ECSE services at least 1 time per week box. See Summary of Services examples 1 through 5 below.**

ECSE service at least 1 time per week

- d. If the child has goals in 5 or more areas, the SLA will ask if **Related or equivalent services are offered at least 1 time per week**. Related or equivalent services include services by related service personnel (SLP, PT, OT, vision teachers, etc.) and services provided by an ECSE specialist in an inclusive setting or a classroom taught by an ECSE specialist. Do not include Other Services. **If the total SDI, related service(s) and service(s) on the ECSE page equals or is greater than 1 time per week (as indicated in the summary of services) mark this box. See Summary of Services example 6.**

Related or equivalent service at least 1 time per week

- e. If the **total ECSE or Related or Equivalent services is less than 1, leave the box blank. See Summary of Services examples 7 and 8.**

ECSE service at least 1 time per week

Related or equivalent service at least 1 time per week

ECSE Summary of Services Examples

When ECSE Services are at Least 1 Time Per Week

Example 1 - Total = 1.0 hours per week: SDI = .5 and Speech/language = .5

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Speech/Language Therapy	Community pre...	30 min, 2 x/mo, per...	0.25 (15)	0.50	11/03/21	06/15/22
Head Start	Head Start/OPK	6 hrs, 5 x/wk, per ...	30.00 (1800)	5.00	10/20/21	06/15/22
Specialized instruction in ...	Head Start/OPK	45 min, 2 x/mo, fol...	0.38 (22)	0.50	10/26/21	06/15/22
Parent coaching to address ...	Home visit	45 min/mo	0.19 (11)	0.25	12/03/21	09/01/22

Example 2 - Total - 1.28: SDI = 1.0, Speech/language = .25, and Consultation, coaching, materials = .03

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Oregon Health Plan	Other	30 min, 1 x/yr, As ...	0.01 (1)	0.03	12/06/21	09/01/22
Speech/Language Therapy	EI/ECSE class...	15 min, 1 x/mo	0.06 (4)	0.25	12/17/21	06/15/22
Private ABA	Other	6 hrs, 5 x/wk	30.00 (1800)	5.00	12/06/21	09/01/22
Consultation, coaching, mat...		120 min/yr	0.06 (3)	0.03	12/06/21	06/10/22
Specialized Instruction to ...	Home visit	45 min, 1 x/wk	0.75 (45)	1.00	12/17/21	06/15/22

Example 3 - Total = 1.5: SDI = 1, Speech/language = .25, OT = .25

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Routine Health Care	Other	1 x/yr	0.00 (0)	0.03	10/28/21	09/01/22
Oregon Health Plan	Other	1 x/mo	0.00 (0)	0.25	10/28/21	09/01/22
Interpreter		2 hrs/yr	0.06 (3)	0.03	10/28/21	09/01/22
Autism related consultation...		120 min/yr	0.06 (3)	0.03	10/28/21	06/13/22
Specialized instruction to ...	Home visit	45 min, 1 x/wk	0.75 (45)	1.00	11/04/21	06/15/22
Speech/Language Therapy	Home visit	15 min, 1 x/mo	0.06 (4)	0.25	11/19/21	06/15/22
Occupational Therapy	Home visit	15 min, 1 x/mo	0.06 (4)	0.25	11/19/21	06/15/22

Example 4 - Total = 1.25: SDI = .5, Speech = .25, OT = .25, PT = .25

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Nursing Services	Other	2 hrs/yr	0.06 (3)	0.03	12/10/21	12/09/22
WIC	Other	60 min, 1 x/quarter	0.08 (5)	0.08	12/10/21	12/09/22
OHSU Metabolic Clinic	Other	60 min, 1 x/quarter...	0.08 (5)	0.08	12/10/21	12/09/22
Alternative and Augmentativ...		4 hrs/yr	0.11 (7)	0.03	11/19/21	11/18/22
Physical Therapy	Other	30 min, 1 x/mo	0.12 (8)	0.25	01/07/22	12/09/22
Occupational Therapy	Other	30 min, 1 x/mo	0.12 (8)	0.25	01/07/22	12/09/22
Speech/Language Therapy	Other	30 min/mo	0.12 (8)	0.25	01/10/22	12/08/22
Specially designed instruct...	Home visit	45 min, 2 x/mo	0.38 (22)	0.50	01/07/22	12/09/22

Example 5 - Total = 1.25: SDI = .5 and Speech/language = .75

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Speech/Language Therapy	Head Start/OPK	15 min, 3 x/mo, Per...	0.19 (11)	0.75	01/19/22	01/11/23
Parent Consultation	Home visit	30 min, 1 x/mo, Per...	0.12 (8)	0.25	02/14/22	01/11/23
Community Preschool	Head Start/OPK	6 hrs, 5 x/wk	30.00 (1800)	5.00	01/12/22	01/11/23
Specialized instruction to ...	Head Start/OPK	30 min, 2 x/mo	0.25 (15)	0.50	01/13/22	01/11/23

When ECSE Related Services or Equivalent Services are at Least 1 Time Per Week

Example 6 - Total = 4.75 SDI = 4.0, OT = .25, Speech/language = .25, Autism = .25

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
OHP	Other	30 min, 1 x/yr, As ...	0.01 (1)	0.03	03/04/20	03/03/21
Regional Autism Services	Other	15 min, 1 x/mo	0.06 (4)	0.25	02/26/21	02/25/22
Specially designed instruct...	EI/ECSE class...	2 hrs, 4 x/wk	8.00 (480)	4.00	03/01/21	02/25/22
Speech/Language Therapy	EI/ECSE class...	45 min/mo	0.19 (11)	0.25	03/08/21	02/25/22
Occupational Therapy	EI/ECSE class...	20 min, 1 x/mo	0.08 (5)	0.25	03/15/21	02/25/22
Private ABA therapy	Other	4 hrs, 5 x/wk	20.00 (1200)	5.00	03/01/21	02/25/22
Private Speech/Language The...	Other	1 hr, 1 x/wk	1.00 (60)	1.00	03/04/21	02/25/22
Private Occupational Therapy	Other	1 hr, 1 x/wk	1.00 (60)	1.00	02/26/21	02/25/22
Extended Year Services	EI/ECSE class...	1 hr	0.00 (0)	0.00	06/16/21	06/18/21
					08/05/21	08/06/21

When ECSE Services Are Not at Least 1 Time per Week

Example 7 - Total = .25: SDI = .25

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Community Preschool	Community pre...	8 hrs, 5 x/wk	40.00 (2400)	5.00	08/17/21	08/16/22
Specially designed instruct...	Community pre...	1 hr, 1 x/mo	0.25 (15)	0.25	10/08/21	08/16/22

Example 8 - Total = .5: SDI = .25 and Speech/language = .25

Summary of services						
<i>Does not include transportation, service coordination, recovery services, or services without "how often" information.</i>						
Service	Setting	How often	Hrs (Min)/wk	Times/wk	Start	Stop
Specialized instruction to ...	Home visit	30 min, 1 x/mo	0.12 (8)	0.25	10/29/21	09/26/22
Speech/Language Therapy	Home visit	30 min, 1 x/mo	0.12 (8)	0.25	10/29/21	09/26/22
Private Occupational Therapy	Other	45 min, 1 x/wk	0.75 (45)	1.00	09/27/21	09/26/22
Private ABA	Other	4 hrs, 5 x/wk	20.00 (1200)	5.00	09/27/21	09/26/22

4. To answer the questions related to Preschool, include Head Start, district preschools, community preschools, ECSE classrooms, child care programs that include same age peers, social instruction and the program works on the child's goals.
 - a. Mark all Preschool boxes that apply.

Example - If the child attends a program 4 days a week for greater than 15 hours, mark all boxes - Preschool at least 3 times per week, Preschool at least at least 15 hours per week and Preschool at least 12 hours per week.

- Preschool at least 3 times per week
- Preschool at least 15 hours per week
- Preschool at least 12 hours per week

5. For Family Teaching, include activities that invite reciprocal communication between parents and program specialists, including consultations, review of materials or resources, parent groups, workshops, and others. Consider all teaching activities on the cover page, on the family outcomes page, and those not captured on the IFSP.
 - a. Mark Parent Teaching box if any of the above apply. Most all ECSE IFSPs should include some level of parent coaching/education.

- Family teaching activity at least 1 time per month

Critical Last Step - Data cannot be used if there is no date or the date is before the last IFSP.

6. Include the **date of the most current IFSP meeting**. The date must be on or after the meeting date and *must be updated if a revision takes place*.

Last updated (required) 09/13/21 

[Back to the Top](#)

ECSE Page

Supplemental services, adaptations, and accommodations

[ECSE Page example](#)

Critical Elements for completing this page:

- This page is for ECSE IFSPs only
- Services included on this page
- If there are any supplemental services and/or modifications or support for program personnel listed, all boxes are completed, including
 - “Who will pay?” &
 - “Who will do?”
 - Start/stop dates are accurately projected and filled in.
- For questions 1-7, check the Yes or No box depending on the needs of the child

Supplementary services, adaptations and/or accommodations

These are aids, services, and other supports 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:

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 (e.g., “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 names (e.g., Happy Heart Child Care); this would necessitate revising the IFSP should the family select a different facility during the year.*

Provider: Name of person providing service

Who will do this?: ECSE Staff

Who will pay?: EI/ECSE Program

Start date: Projected start date of service

Stop date: One day less than date of annual IFSP **or** the setting’s last school day of kindergarten transition year

Augmentative communication system (e.g., visual schedules designed specifically for child, speech generating devices, PECS system)

Service: Visual schedule, PECS system, device, etc.

How often: Specify when used (e.g., “Throughout school day”, “At snack time”)

Location: Placement (e.g., ECSE classroom, Head Start, Community Preschool, or childcare)

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: One day less than date of annual IFSP **or** the last day of ECSE program for kindergarten transition year.

Equipment (helmet, motor equipment such as a walker, sensory items, etc.)

Service: Stander

How often: 15 min per school day

Location: Placement (e.g., ECSE classroom, Head Start, Community Preschool, childcare)

Provider: ECSE Staff

Who will do this?: ECSE Staff

Who will pay?: EI/ECSE

Start date: Projected start date of service

Stop date: One day less than date of annual IFSP **or** the last day of ECSE program for kindergarten transition year

Behavior Support Plan

Service: Behavior support plan

How often: Throughout school day

Location: Placement (e.g., ECSE classroom, Head Start, Community Preschool, or childcare)

Provider: ECSE Staff

Who will do this?: ECSE Staff

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

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: One day less than date of annual IFSP **or** Last day of ECSE program for kindergarten transition year

Interpreter

Service: (Specific language) Interpreter

How often: Throughout the school day. 2x/wk., 2 hours

Location: Placement (e.g., ECSE classroom, Head Start, Community Preschool, or childcare)

Provider: Interpreter

Who will do this?: Interpreter

Who will pay?: EI/ECSE Program

Start date: Projected start date of service

Stop date: At conclusion of 6 class sessions, **or** whatever period IFSP team deems necessary to acclimate the child to the routines and directions of the classroom.

Modifications or support for program personnel

These 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

AAC System 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.

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

Consideration of Special Factors

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
- Assistive technology devices and services
- 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 a language other than English 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 during the year prior to Kindergarten or for children in community placements, the usual answer is "Maybe," since no data is available yet. Answering "Maybe" requires the team to reconsider EYS at a later date once these data have been collected. For initial IFSPs that occur earlier than the year prior to Kindergarten and where children are not in a community preschool with a September to May calendar, services occur on a year-round basis and EYS would not be applicable. See **EYS section for further guidance.***

[Back to the Top](#)

Team Page

This is often called the “Signature page” or the “Team page”

Sample, Sam-Screen Shot • Birthdate: 02/22/2012 Meeting date 02/24/15

Individualized Family Service Plan Participants

Ms. Poppy Principal	Subcontractor Representative
Pat & Patti Sample	Parent
Tina Teacher	EI/ECSE Specialist
Tina Teacher	Service Coordinator
Tina Teacher	Evaluator

Other [add](#)

Name	Position		
Ms. Poppy Principal	Agency Rep	delete	
Kerry Kindercare	Preschool Teacher	delete	
Susie Speechie	Speech and Language Pathologist	delete	

I participated in the development of this IFSP and understand the content. I consent to the **Early Intervention** services in this plan.

Parent Signature Parent Signature Date

I have participated in the development of this plan for **Early Childhood Special Education** services for my child.

Parent Signature Parent Signature Date

1) The following five positions need to be at all EI and ECSE 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 [Notice of Team Meeting](#) need to be listed on the signature page of the IFSP.

ECSE: If a team member will not be in attendance, see [Written Agreements](#) directions.

3) Parents sign the TOP line for EI IFSPs. They sign the BOTTOM line for ECSE IFSPs. They sign BOTH locations if both EI and ECSE services are included on the plan.

Note: For IFSPs written at [EI to ECSE transition](#), most times it will include *only* ECSE services, so in those cases the parents would only sign the ECSE line. (For more information, check out the [EI to ECSE transition](#).)

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 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 [Consent for Provision for Initial Provision of Special Ed](#) has been signed. No other signatures are needed.

The five required participants are:

- Subcontractor Representative (*person designated to authorize services*):
 - Principal or Special Education Coordinator, if in attendance, or
 - Service Coordinator or designated EI/ECSE 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, resource 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/Childcare Provider (*if child is attending a community setting*)

[Back to the Top](#)

Development Page

(Commonly referred to as the Present Level of Development page)

Developmental Information

This form should be completed in its entirety. **All fields must be reviewed and updated annually!**

Child's strengths and interests:

- Strengths and interests be reported by family, staff, or others.
- Can include skills from evaluation or assessment data and parent report.

How child's disability affects participation in appropriate activities:

- Specific to the child's ability to participate.
- Can include results from evaluation or assessment data, must include parent input and observations.
- Must be updated at least annually.

Examples:

- Jose seldom uses words to communicate, sometimes hitting pushing, limiting interactions with his friends at school.
- Charlie is aware that others do not understand him well, which limits him initiating or responding to interactions with teachers and friends.
- Child does not respond to her name or directions, which limits her participation in the preschool curriculum.

Information Considered:

- Check all boxes
- Provide date of most recent evaluation

Health, hearing and vision information must be collected via a tool (i.e., Health Review form, available on ecWeb, or Hearing or Vision Screening form) before each initial and annual IFSP. The method used to collect health, hearing or vision information and the date the tool was completed must be included in each of these sections.

Sample, Sam-Screen Shot • Birthdate: 02/22/2012 Meeting date 02/24/15

Developmental Information

Child's strengths and interests:
 ___ enjoys engaging in play. Favorite toys include monster trucks. He knows the names of each of his trucks. He has a strong relationship with both parents. Follows simple directions his parents provide.

How child's disability affects participation in appropriate activities:
 ___ seldom uses words to communicate, sometimes hitting or pushing. This behavior causes other children to move away from him and avoid interactions.

Information considered in developing this IFSP:

- Parent input and observations
- Staff input and observations
- Most recent evaluation dated: 02/11/15
- Other (specify):

Health Status:
 Health Review Form 2/24/15 indicates good general health.

Hearing Status:
 Passed hearing screening 2/11/15. Health Review Form 2/24/15 indicates no concerns.

Vision Status:
 No concerns based on Health Review Form 2/24/15.

Developmental areas

	Can do	Needs to learn
Fine Motor	Scribbles with light grasp on marker. Manipulates a variety of toys.	Fill "no goals needed" Within Typical Limits
Gross Motor	Child climbs, accesses playground equipment.	Fill "no goals needed" Within Typical Limits
Adaptive	Feeds self with spoon/fork, drinks from sippy cup. Indicates when needs to be changed.	Fill "no goals needed" Independent toileting, dressing/undressing
Cognitive	Matches by color/shape. Demonstrates appropriate actions on toys.	Fill "no goals needed" Preschool concepts of identifying colors, counting, and identifying shapes.
Social or Emotional	Makes eye contact with familiar people. Maintains joint attention with familiar people.	Fill "no goals needed" Turn taking with peers, greetings, initiate with peers
Receptive Communication	Identifies familiar objects and pictures of objects, follows one step verbal directions.	Fill "no goals needed" Following two step directions in routines and novel directions
Expressive Communication	Labels common foods, toys. Requests using 2 word phrases.	Transfer from Speech Eval Fill "no goals needed" Using 3-4 word phrases Sam will use 3-4 word phrases to comment, request, ask and answer questions.

Routines add

and

may

and

Health Status – include name of tool completed and most recent date completed (i.e., Health Review completed on 10/10/19. Also, include information about:

- Medical diagnoses
- Medications
- Allergies
- Dietary restrictions

Hearing Status – include name of tool completed and most recent date completed (i.e., Health Review completed on 10/10/19. Also, include information about:

- History of hearing concerns, including ear infections, PE tubes, hearing aids, implants, etc.
- List dates and results of recent screening or evaluations.

Vision Status -- include name of tool completed and most recent date completed (i.e., Health Review completed on 10/10/19. Also, include information about:

- History of vision concerns.
- List dates and results of additional vision evaluations.

Developmental Areas “Present Levels of Development”: It is required to have something filled in for all areas listed under “Can Do” and “Needs to Learn.”

Can Do:

- Should be updated at least annually (also appropriate to update at the 6-month EI Review)
- List the child's abilities in the specific domain. Should address the child's functional skills.
- **-or-** If there are no concerns in the domain, write “within typical limits.”

Needs to Learn:

- Skills the child needs to learn which are:
 - o Functional
 - o Developmentally appropriate
 - o Of high priority

Note: For every skill listed under “Needs to Learn” there must be a corresponding goal. A goal may address more than one area (i.e., a routine goal may address cognitive, communication, and adaptive areas of development). How goals cross domains can be identified in Needs to Learn.

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

[Back to the Top](#)

Goals & Objectives

[Sample SMART Goals](#)

Long Term Goals:

- Derive the long term goal from the present levels of development (“Needs to Learn”)
- Developmentally appropriate and functional within the context of where the child is being served
- Observable and measurable
- Achievable within designated period of 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 goals or levels of assistance to achieve independence.

Criteria:

- Acquisition
 - Child demonstrates the behavior/skill
- Generalization
 - Child demonstrates the behavior/skill across **time, places, people, situations, and/or materials**
- Maintenance
 - Child demonstrates the behavior/skill for a **reasonable period of time**
- Fluency
 - Child performs the behavior/skill **smoothly and efficiently**
- Good criteria should include acquisition criterion and at a minimum a generalization, maintenance or fluency criterion.

Evaluation Procedures:

How progress is measured:

- Monthly or other specific data collection by provider
- Observations
- Artifacts (examples of work)
- Curriculum-based assessment
- Language samples
- Staff or parent reports

The screenshot shows a software interface for setting goals and objectives. It includes the following sections:

- Area:** A dropdown menu with "Cognitive" selected.
- Needs to learn:** A text input field containing "Making choices and increasing engagement in preschool activities" and an "Add current goals" button.
- Goals and Objectives:** A section with an "add" button.
- Long Term Goal:** A text input field containing "When shown pictures of two different classroom centers and given verbal cues, Lucy will select one, move to that activity, and manipulate materials in that area for at least 5 minutes".
- Short Term Objective:** A text input field containing a list of three objectives: "1) When given two pictures of choices and given verbal prompts, Lucy will select one by pointing or labeling.", "2) After making her choice, Lucy will accept her choice or move to the corresponding area of the classroom", and "3) Will manipulate materials in her selected activity for (a) 2 minutes, (b) 3 minutes, (c) 4 minutes.".
- Criteria:** A text input field containing "Observed 3 times in monthly probes".
- Evaluation Procedure:** A text input field containing "Twice monthly probes".

Annotations on the right side of the screenshot include "period" next to the "Needs to learn" section and "child's" next to the "Long Term Goal" section.

[Back to the Top](#)

Functional Routine Goals

Goals can also be written as functional routines that might include skills from two or more developmental domains. For example, an arrival routine might target greetings (social/communication), name identification (cognitive), removal of coat/backpack (adaptive/motor), and following directions (receptive communication/behavior/adaptive).

For additional information about Functional Routine Goals:

- [Goal Examples](#)
- [Writing Routines Based Goals in EI](#)
- [Routines based Model Training Series by Robin McWilliam](#)
- [Introduction to Routines based Tools for ECSE](#)
- [IFSP Pre-planning & Family Centered Tools](#)

An example of a book reading routine:

Area: [Print this area only](#)

Routine 1

Needs to learn:

Sustain attention and engagement: vocal imitation, picture identification, fine motor [Add current goals](#) ⓘ

Goals and Objectives [add](#)

Long Term Goal
Sarah will participate in book reading by choosing a book, pointing to at least 2 pictures, turning at least 2 pages of a board book, and imitating or spontaneously using at least 3 sounds/gestures/words/signs to request or comment.

Short Term Objective

- 1.) Choose a book and bring to an adult
- 2.) Imitate at least 1 sound or gesture
- 3.) Isolate finger to point to at least one picture
- 4.) Turn pages of board book 1 at a time with minimal assistance
- 5.) Comment/label using sounds/gestures/sign/words

Criteria
3 days in a week, for 2 weeks

Evaluation Procedure
Weekly data collection

An example of arrival routine:

Area: [Print this area only](#)

Arrival Routine

Needs to learn:

greeting adults/peers, managing coat/backpack, writing name for check-in [Add current goals](#) ⓘ

Goals and Objectives [add](#)

Long Term Goal
Sandra will independently follow 5 steps of the arrival routine.

Short Term Objective

- 1.) Initiate and respond to greetings with adults and peers
- 2.) Remove backpack and coat
- 3.) Identify name on cubby with rotating location
- 4.) Place personal items in cubby
- 5.) Select center and begin play

Criteria
100% over two consecutive class sessions across three weeks

Evaluation Procedure
Weekly observation and data collection

[Back to the Top](#)

IFSP – Transition Page

This page outlines the steps to be taken during either an EI to ECSE transition or transition to kindergarten. Only the section relevant to the child's age should be completed and it should be individualized.

[Transition Page Example for both EI or ECSE](#)

1) For EI children:

- Check all boxes on every IFSP (initial, annual, 6-month review).
 - For children under 2, complete a brief interview about the family's desired/preferred early learning experiences for their child. Be sure to consider the following:
 - Review current early care and education opportunities (child care, play dates, parks and rec groups/experiences).
 - Have siblings participated in specific programs?
 - What do they feel are important components of an early learning program/experience?
 - Religion, specific teaching method/curriculum, early academics, peers
 - For children between 2 and 3, complete a more in-depth interview about the family's desired/preferred early learning experiences. Consider the following:
 - Does the team need to refer to SIT for support in looking at learning needs or problem solving? See additional information on [EI SITs](#)
 - What are the family's priorities for early learning?
 - What support might this child need in an early learning environment? What types of environments would best support this child's progress?
 - What do they feel are important components of an early learning program/experience?
 - Religion, specific teaching method/curriculum, early academics, peers
 - If this child was not in our program, where would their family want them to be learning?
 - What support can we offer the family in identifying specific opportunities and helping them access them?
- No later than 90 days prior to the child's 3rd birthday, the 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 the need for further evaluation to determine school-age eligibility.

([See Kindergarten Transition Guidelines](#) for more information.)

[Back to the Top](#)

Kindergarten Transition Year Guidelines

All Receiving School Districts:

NOTE: For all IFSPs due in June, July, or August, please schedule the annual IFSP review prior to May 1st. This will ensure participation of school district personnel and an active IFSP until Sept 1st.

- 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.
 - Note: If the district representative does not attend, note – “did not attend” next to his or her name on the Team page. Written Agreements are NOT needed in this circumstance.
 - 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.
 - 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 for presentation at “*Transition Review Meeting*” according to the process at your site. 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*” IFSP 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. ECSE service coordinators are not required to attend IEP meetings **IF** a transition meeting has been held.
 - End of school (June) complete:
 - Progress reviews and any outstanding IFSP paperwork
 - Medicaid billing
 - Exiting AEPS/ASQ and enter into ecWeb
 - Distribute Final paperwork (annual IFSP, progress reviews, CBA summary, etc.)
 - Raw data should be summarized either in a progress note, or in the Service Log, and then shredded. If your licensure requires something different, follow guidelines of your specific licensing board.
- 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 special education staff.

[Back to the Top](#)

ECSE/Kindergarten Transition Summary

Child's Name	Eligibility	Interpreter needed
Home School	Eligibility date	Language

Child's Current Service Schedule:			
Placement Site	Days	Times	Service Coordinator
			Name: Phone: E-mail:

Child's <u>Current</u> Strengths:
--

Child's Continuing Needs: Cognitive _____ Academic _____ Communication _____ Adaptive _____ Emotional/Behavioral _____ Fine/Gross Motor _____ Social Skills _____ Other _____ Assessment Questions: Is there a reason to consider other categories of disability?

[Back to the Top](#)

Parent Guide: Transitioning to School Age Programs

Checklist for Transitioning To School Age Programs

- Generate a list of your child's strengths to bring to the IEP meeting.
- Generate a list of concerns for your child 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, between home and school).
- Schedule a time with the new teacher to meet your child at school prior to the start of school (i.e. this could be addressed on the IEP).
- Share your vision that you have for your child with the IEP team (i.e. short- and long-term goals).
- Be sure all of your child's special education needs are addressed on the IEP.
- Register your child at the school she/he will be attending.
- Transportation: Discuss whether your child will ride the special education or general education 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.
- Goals and objectives need to be tied to the regular education curriculum.

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 roundup.
- 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.
- Discuss how you can be involved in your child's education.

[Meet My Child](#) fillable PDF, a wonderful resource for parents and caregivers.

[Back to the Top](#)

Placement Decisions

This form is for ECSE IFSPs only. It documents the discussion held by the team regarding the best placement for service delivery for each individual child. If you are presenting parents with a draft of the IFSP at the meeting, each column may include information for discussion except for the final column. That should be left blank.

1. All appropriate options should be considered. **IFSP team members must first consider the child's current setting as a placement option** (Including: home, child care, community preschool, etc.). There must be two placement options considered unless the placement being considered is either a community preschool or the child's home—both of which are considered "Least Restrictive" environments.

After placement is decided, the appropriate box(es) are marked "selected" and a reason is given; the other(s) should be marked "rejected." Each box must be completed with the benefits, potential harm, and the additional modifications needed.

2. If "Listed Below" is checked, there must be something listed.

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

Option considered Community Preschool
Benefits Typical peers, preschool curriculum, learning classroom routines
Possible harmful effects Higher student to adult ratio
Modifications, aids or services Visuals
Reason rejected ▼ Sam's family is supporting his development at home and parent coaching allow his parents to gain additional skills and knowledge to further improve developmental outcomes
Option considered Home - current setting
Benefits • Child's current natural environment • Parent coaching will ensure learning opportunities throughout daily routines
Possible harmful effects • Limited opportunity to learn from and interact with typical peers • Child does not get to participate in classroom routines
Modifications, aids or services Visuals
Reason selected ▼ Sam spends his time with his family at home. Strategies to support developmental growth can be worked on daily within this natural environment. His family would benefit from coaching to learn ways to further support his development.

can

Placement decisions:

1. Are made by the IFSP team after goals are drafted and services have been determined (parents are important members of the IFSP team, but placement decisions are made by the team). This is important to keep in mind to avoid a situation wherein the parent is given the "choice" of where services are to be delivered. This is not a situation where parental choice is the determining factor, the child's goals and services drive the placement.

2. Are based on the "Least Restrictive Environment (LRE)" for each child to make progress toward his/her goals.

(Note: 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](#))

Options considered:

Begin discussion of providing service where child currently spends most of his/her time, or options family is considering for early childhood education options(See NWRES D's Inclusion Position Statement):

- Home
- Child care
- Community preschool
- Head Start

In addition, list any appropriate ECSE settings that may be considered:

- Social Academic Intensive Learning (SAIL)
- SAIL Routines

Benefits:

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

Possible harmful effects:

- Reflect upon individual needs of child

Modifications, aids, or services:

This information should match any Modifications, Aids, or Supplementary Services that are indicated on the [ECSE Page](#).

- Instructional Assistance
- Equipment
- Medical supports/protocols
- Behavioral Consultation

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. If there are two options considered, then the reasons for selecting or rejecting the placement(s) must be different.**

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.

The placement is based on the IFSP and the following evaluation reports:

Attached

Listed previously on:

Sam's NWRES D evaluation dated 2/24/15.

Listed below:

Team Members:

- List someone in each of the roles listed. **Signatures are not required on this page.**

Team members determining placement (name and title):

Person knowledgeable about the child	Pat & Patti Sample, parents
Person knowledgeable about evaluation data	Stella School Psychologist, MS
Person knowledgeable about placement options	Tina Teacher, MS
Parent	Pat & Patti Sample, parents

[Back to the Top](#)

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 4x/wk., additional home visits, parent/toddler group added)
- ECSE Placement is changed (e.g., ECSE Preschool 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: Whenever a child fails to make expected progress toward goals, the IFSP should be reviewed and revised.

Early Intervention

- Revisions to EI IFSPs must occur during a meeting, to include the parent
- and at least two EI providers of different disciplines. The revision meeting can be done via phone, if necessary or at any home visit.
- A meeting notice must be sent to all participants, including parents.
- A new parent signature must be obtained on the team page.
- Meeting minutes should be taken.
- After the meeting, make all changes to IFSP documents.
- Complete action notice describing the changes.
- Distribute Action Notice, Team Meeting Notice, Meeting minutes and any other IFSP pages that received a change.

Early Childhood Special Education

- Determine if it is necessary to hold a meeting, or if a Written Agreement can be used to make changes without holding a meeting. ODE states that a revision to an ECSE IFSP may be completed without a meeting if the parent and district agree that a meeting is not necessary. If a meeting is not necessary, then a parent phone call with a Written Agreement form, may be used.
- Contact parent to obtain agreement to not meet to make changes. Make arrangements to [obtain parent signature](#) on the [Written Agreements](#) form.
- Discuss changes to the IFSP via phone.
- Meeting minutes should be taken.
- After discussion, make all changes to IFSP documents.
- Complete [Action Notice](#) describing the change.
- Distribute Action Notice and all IFSP pages that received a change.

If a meeting is necessary, follow the procedures for setting up an IFSP meeting.

- A meeting notice must be sent to all participants, including parents.
- Meeting minutes must be taken.
- Obtain parent signature, if present.
- After the meeting, make all changes to IFSP documents.
- Complete [Action Notice](#) describing the changes.
- Distribute Action Notice and all IFSP pages that received a change.

Archive any IFSP revision and distribute all changes following the typical process.

Making Service Revisions

When a service is stopped, do not delete the notation. Instead:

- Change the stop date on the service that will be discontinued to the appropriate date. Do not delete any discontinued services. This will ensure that we have a chronology of services on the current IFSP.
- Create a new service entry and make the appropriate changes, including the appropriate start and stop dates. Make sure all start dates are projected or reflect the actual date the service will be initiated.

This will ensure that we have a chronology of services on the current IFSP.

[Back to the Top](#)

Extended Year Services (EYS)

Early Childhood Special Education

The **purpose** of EYS is to minimize the loss of a child's skills during breaks in service.

- Data to support the need for EYS should be collected throughout the school year before and after all lengthy 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.

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.

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 of EYS services:

- 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).
- 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.

For children served in community preschools or Head Start:

Services are typically provided during summer months only when the student qualifies for EYS with some exceptions (e.g., new children entering in spring, children transitioning from EI to ECSE in spring).

EYS Addendum

Extended Year Services: Individualized Family Service Plan Addendum

Preschool:

Current related service levels:

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 resumes after a scheduled break?
 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.
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:

1. Special education services
2. Related services/levels
3. Transportation arrangement (please indicate if transportation may be required)
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:

[Back to the Top](#)

Consent for Initial Provision of Services (ECSE only)

Parental informed written consent must be obtained before special education services may be provided to a child who has been found eligible. This consent is provided via the ecWeb form “Provision Consent,” also known as the [Prior Notice of Early Intervention or Early Childhood Special Education Action](#).

Helpful tips when completing the **Action Notice**:

- You may write multiple action notices for the same meeting, if needed.
- You should not have an action notice where both the “Proposal” and “refusal” boxes are checked. In these situations, write two different notices, one that explains the proposed action, and the other that explains the refusal.
- You should write more than one action notice in situations where the team agrees to complete an action (such as [completing the annual review](#)), but also denies a specific parental request (such as a [request for an instructional assistant to work 1:1 with the child](#)).
- If you are unsure of whether or not multiple action notices are needed, please speak to your EI/ECSE Program Coordinator for guidance.
- [Getting Written Consent using the Zoom Chat feature](#)

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](#). When signed, this form gives permission to start special education services. It must be signed by the parent, legal guardian, or resource parent (DHS caseworker cannot provide this consent).

- On the third line of the form, the date for **“These services were described to you”** must match the IFSP date.
- Form must be signed and dated, and the parent must offer consent by checking the first box. 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.**

When is a Provision Consent Form needed?

- At **all** Initial ECSE IFSP meetings, including for out-of-state move-in students. While a Provision Consent form may exist in the child’s special education paperwork, best practice is to obtain a new one on an Oregon form to ensure that we have one on file. (This is a federal requirement, so for SPRI, if an Oregon form is not present in the archive but an out-of-state one is included with the child’s records, that form counts.)

Do I need a Provision Consent Form for in-state move-in students?

- If a signed Provision Consent form is already in the ecWeb archive, you do not need to obtain a new one. It is safest to verify that a signed copy of the form is present in the archive, otherwise a new one should be obtained.

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. View this as a “receipt” of what is occurring.

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, decrease 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 the family can understand the content.

A Prior Notice of Action is required when:

- The team changes:
 - Eligibility
 - Placement
 - Goals
 - Services
- The 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 examples for Revocation 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 four 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 Page

- 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 with type of action

Examples

Please Note: *Each action form should be individualized to specific child and 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.

ECSE Placement changes: The IFSP team changes a child’s placement from an ECSE preschool 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.).

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:

Parent Declines or Refuses ECSE Services (Revocation of ECSE services):

Please always see your coordinator for guidance regarding revocation of ECSE services. A coordinator should be involved before a revocation notice is sent to a family!!

Parent refuses to sign permission to evaluate or stops evaluation: An action form is required when a parent asks to discontinue an evaluation. 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.

Child fails to regularly access services:

Parents request to stop services:

Scenarios:

- Parents notify service coordinator that they will not be sending their child for summer EYS services, but will resume in fall. Ok to may inactive, but guide to re-refer to intake.
- Parents accessing only private services - consulting coordinator.

A child's file is reactivated:

Most of the examples, and others, can be viewed in ecWeb either as a selected template that can be applied, or a visual copy exists by navigating to the Action Form page for “Ginny Sample” in ecWeb. Ginny Sample is the sample profile used to create example documents and training in our agency.

REMEMBER TO ARCHIVE AND LABEL ALL FORMS!

[Back to the Top](#)

Progress Reviews

When Are Progress Reviews Needed?

Required

- EI – must be completed on or before the 6-month due date (one day less than 6 months from when initial or annual IFSP was completed, meeting is required)
- ECSE – mid-point (5-7 months from the date initial or annual IFSP completed)
- Before EI or ECSE annual IFSP
- At transition from EI to ECSE (Final EI IFSP)

Best Practice

- Before exiting, if most recent progress is more than three months
- Before passing off to a new service coordinator, if most recent progress is more than three months
- If parent asks and it has been more than three months since last review

Meeting Requirements

EI – Requires a meeting (only one professional in attendance is allowable)

Paperwork to be placed in Distribution:

- IFSP cover page with ACTUAL 6 month review meeting date
- Meeting Notice
- Entire IFSP
- Meeting Minutes
- Progress Report (may be displayed on goal pages)
- Prior Notice of Action for any changes (in goals and/or services)
- Archive and label appropriately

ECSE - No meeting required

Paperwork to be placed in Distribution:

- Record ACTUAL review date on cover page of ecWeb (not necessary to distribute)
- Optional but recommended: Brief parent letter (brief) describing what is enclosed (use form on ecWeb)
- Progress Report
- Signed Written Agreement (only needed if any changes were made to the IFSP)
- Prior Notice of Action (only needed if any changes were made to the IFSP)
- Archive and label appropriately

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 (only needed if any changes were made to the IFSP)
- Other IFSP documents (only needed if any changes were made to the IFSP)
- Meeting Minutes (only needed if any changes were made to the IFSP)
- Progress Report
- Written Agreements with parent signature to excuse any required participants
- Prior Notice of Action (only needed if any changes were made to the IFSP)
- Archive and label appropriately

Progress Reviews should include a summary of data collected during the review period.

- Summaries should include quantifiable, objective data collected during the review period and directly relate to the goal criteria. For example, if the criteria references a percentage, the review of progress toward the goal should summarize the percentage data collected. Generic statements such as: working on; emerging; continue; in isolation, are not acceptable.
- If the goal is in-progress or emerging, describe the child's progress (current skill level) referencing the data collected. Examples:
 - "Three observations in the last 3 months indicate that Brenda is now staying engaged in play with a friend for 5-7 minutes and using single words to make requests of her friends."
 - "In the last three language samples at snack, Brenda used two, 2 to 3 word phrases to request food/drink or help - continue goal to goal criteria."
- If goal is met, it is acceptable to include the phrase "Goal met to criteria" but a summary of the data supporting skill attainment must also be included. Examples:
 - Criteria – 3 times in 30 minutes over 2 monthly observations.
 - "Progress review - Goal met to criteria – In the last three, 30-minute observations, Ahmed shared materials or toys with a friend during play or a group activity on average 4 times. While sharing with his friends, Ahmed is also using words to request a trade or make comments."
- Indicate whether **Progress is Sufficient** by checking "yes" or "no." This box should be checked at all progress reviews (mid year and annual). If the child's progress at mid-year suggests the child is on track to meet the goal by the end of the year, you may select, "yes." *If progress is inadequate to meet the child's goals and is marked, "no", it is necessary to specify what changes will be made to assist in goal achievement.*
 - At the annual review, if the goal criteria have not been met but the team agrees to continue working on the goal, the progress should be noted as "no" and a description of what changes will be made to the goal in the next IFSP.
 - Changes might include **a)** rewrite the goal, **b)** consider different strategies, **c)** change services from consult to direct, **d)** increase services, **e)** change placement, etc.
 - Note: *Unacceptable responses include – "continue goal," or 'N/A'*
- Changes in method or 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.
 - For ECSE, if the 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.

Goals and Objectives **add**

Long Term Goal
Sarah will participate in book reading by choosing a book, pointing to at least 2 pictures, turning at least 2 pages of a board book, and imitating or spontaneously using at least 3 sounds/gestures/words/signs to request or comment.

Short Term Objective
1.) Choose a book and bring to an adult
2.) Imitate at least 1 sound or gesture
3.) Isolate finger to point to at least one picture
4.) Turn pages of board book 1 at a time with minimal assistance
5.) Comment/label using sounds/gestures/sign/words

Criteria
3 days in a week, for 2 weeks

Evaluation Procedure
Weekly data collection

Progress **add**

Date Is progress sufficient to meet goal? Yes

Progress **Fill "met criteria"**
In observations during the weeks of 5/1/17 and 7/15/17, Sarah was observed selecting books and taking them to an adult. She turns pages with prompts and identifies objects following an adult model by pointing. She has not been observed to label independently, but was observed to imitate name of primary subject per story.

Date Is progress sufficient to meet goal? No

Progress
Observations from the weeks of 10/2/17 and 1/17/18 indicate Sarah is now turning pages independently and identifying objects when named by pointing. She labels items using one word following models.

If not, what changes are planned? **Fill "continue"**
Team agrees this is a highly motivating routine for Sarah. Goal will be re-written with emphasis on increasing expressive communication by answering questions or commenting about pictures using two word phrases.

It is not adequate to say, "Continue" at the annual progress review if goal has not been met to criteria.

Important Tips regarding the Progress Report:

- Once information has been entered on the **Goal and Objectives** page, and *before making any revisions to the IFSP*, go to **Progress Report** (located in the ecWEB menu) 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. **Archive** this report and label it.
- At the annual review, after entering all of the progress, archive the IFSP before making changes for the annual review.

Progress Report Example:

Child Progress Report

Sample, Sam-Screen Shot Birthdate 03/07/13

Report Date 02/21/18

Summary

Sarah has been a delight in the ECSE classroom. She enjoys engaging with her peers and especially likes sensory table activities. Sarah is now consistently imitating a variety of words and we anticipate significant growth in spontaneous communication in the coming year.

Routine 1 goals

<i>What we want to happen (long term goal)</i>	<i>Criteria</i>	<i>Evaluation procedures</i>
Sarah will participate in book reading by choosing a book, pointing to at least 2 pictures, turning at least 2 pages of a board book, and imitating or spontaneously using at least 3 sounds/gestures/words/signs to request or comment.	3 days in a week, for 2 weeks	Weekly data collection
<i>What the child will learn (shortterm objectives)</i>		
1.) Choose a book and bring to an adult		
2.) Imitate at least 1 sound or gesture		
3.) Isolate finger to point to at least one picture		
4.) Turn pages of board book 1 at a time with minimal assistance		
5.) Comment/label using sounds/gestures/sign/words		
<i>Review date</i>	<i>Progress made toward goal (base on the criteria and evaluation)</i>	<i>Is the progress sufficient to meet this goal? If not what changes are planned?</i>
08/02/17	In observations during the weeks of 5/1/17 and 7/15/17, Sarah was observed selecting books and taking them to an adult. She turns pages with prompts and identifies objects following an adult model by pointing. She has not been observed to label independently, but was observed to imitate name of primary subject per story.	Yes
02/21/18	Observations from the weeks of 10/2/17 and 1/17/18 indicate Sarah is now turning pages independently and identifying objects when named by pointing. She labels items using one word following models.	No Team agrees this is a highly motivating routine for Sarah. Goal will be re-written with emphasis on increasing expressive communication by answering questions or commenting about pictures using two word phrases.

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

[Back to the Top](#)

Paperwork Prep For Distribution

Paperwork is due 10 working days after IFSP

Use the [EI/ECSE Distribution Template Guides](#) to guide your paperwork planning. They clearly delineate which forms are needed based on specific meeting types. The colors will easily let you know what documents you will need to prep, and which are optional. Please use these guides to ensure that the proper documents are prepared and completed. *Make note of those forms that should be prepped and sent via the Parent Portal.*

Reminders:

- [Census](#), [Student Services Information Update](#), & [Additional Family Information](#) should be sent right after meeting (link to directions on [Evaluation billing](#) for census)
- [ASQ/AEPS summary](#) scores should have been archived (click on the link if you need instructions for how to archive that form.)
- Finalize drafted pages of IFSP. (Reminder: the Cover Sheet should only list services for that plan year.)
- Photo/Video, & Emergency forms go to the site admin assistant if the child is accessing services at one of the program sites.
- Update the Contact Log (meeting, distribution, etc.)
- Archive EVERYTHING
 - If parent signed via parent portal make sure you have gone to the sigs tab and archived the forms the parent signed
- Fill out the EcWeb Distribution Checklist (see example on next page)
- Send an email to your site distribution email with the following information in the subject line:
 - Child id, Child initials, either EI, ECSE, or ECSE Tk, type of paperwork, and date of action

12345, RG, ECSE IFSP revision, 4-2-22

Tillamook Distribution

12345, RG, ECSE IFSP revision, 4-2-22

98765, KC, EI Eval, Elig, initial IFSP, 10--5-22

Clatsop Distribution (clatsopdistribution@nwresd.k12.or.us)

98765, KC, EI Eval, Elig, initial IFSP, 10--5-22

Sample email:

or

[Back to the Top](#)

EcWeb Distribution Checklist

Complete the distribution checklist in EcWeb before you send your email to the distribution email. In the special instruction box please put anything that the distributor should know, for example: "Send forms in Spanish," or "Paperwork already sent to the parent." Templates for various types of distribution have been created for your use with the required forms already checked in ecWeb (Please see your Instructional Coach if you are unsure of where to find them). Use the drop arrow list and apply the template.

Active Template: **ECSE Initial IFSP with CIO** Family Template: **Parent Data Form Template**

NWRES3D EVECSE Distribution Checklist

Child's name: **Camryn, Camryn** Date of Birth: **12/01/19** Gender: **F** District: **Missouri 20**
 Service Coordinator: **Ruthanne Collins** Site: _____ School Year: **2024**
 Date Consent sent: _____ Date of Action: _____

Special Instructions:

EI EI to ECSE ECSE
 Initial IFSP Annual IFSP IFSP Revision Progress
 Evaluation Eligibility Inactive Correction

DISTRIBUTE TO: PLEASE INCLUDE NAME AND LAST OR EMAIL ADDRESS

MEDICAL PROVIDER:	name / email / fax#	
PRESCCHOOL:	name / email / fax#	
OMB:	name / email / fax#	
OTHER:	name / email / fax#	

Mail Email Parent Portal Separate Households

IFSP / Progress / Revision

	MEDICAL	PRESCCHOOL	OMB	OTHER
Parent Letter	<input type="checkbox"/>			
Prior Notice of Action	<input type="checkbox"/>			
Procedure Consent (ECSE only)	<input type="checkbox"/>			
Written Agreements (ECSE only)	<input type="checkbox"/>			
IFSP*				
<input type="checkbox"/> 1. Cover <input type="checkbox"/> 8. Family Guidance				
<input type="checkbox"/> 2. ECSE page <input type="checkbox"/> 1. Transition				
<input type="checkbox"/> 3. Team page <input type="checkbox"/> 8. Placement				
<input type="checkbox"/> 4. Development <input type="checkbox"/> EYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. Goals				
<input type="checkbox"/> IFSP Progress Report				
ARPS Summary (ARSD)	<input type="checkbox"/>			
Attending Provider Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Eligibility (Age): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Statement (for ECSE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Notice of Evaluation Consent	<input type="checkbox"/>			
Meeting Minutes	<input type="checkbox"/>			
Team Meeting Notes	<input type="checkbox"/>			
Health, Hearing & Vision Annual Review	<input type="checkbox"/>			
Eval / Planned Summary Form	<input type="checkbox"/>	<input type="checkbox"/>		
Infake (Failed) (Hearing, Vision, Screening Summary)	<input type="checkbox"/>			
Family Survey	<input type="checkbox"/>			
Screening Tools	<input type="checkbox"/>			
Supplementary documents:				
Procedural Safeguard Log	<input type="checkbox"/>			
Medicaid / Insurance Form	<input type="checkbox"/>			
Health Consent / Mutual Exchange: _____	<input type="checkbox"/>			
Health Consent / Mutual Exchange: _____	<input type="checkbox"/>			
Health Consent / Mutual Exchange: _____	<input type="checkbox"/>			
Health Consent / Mutual Exchange: _____	<input type="checkbox"/>			
Photo / Video Cop (if provided)	<input type="checkbox"/>			
Health Emergency Form	<input type="checkbox"/>			

[Back to the Top](#)

Timelines

All Program Staff:

All IFSP Paperwork, after completion of the meeting, should be distributed within 10-working days from the date of the meeting.

The Census/Billing form (census portion only) should be completed as soon as possible after any initial or annual review IFSP meeting. Send the census at the conclusion of the meeting, before the paperwork is distributed.

For an evaluation, the Census/Billing Form (billing portion only) should be completed when the last evaluation item has been obtained. Do not wait to send this form after the meeting has been held or the paperwork completed. It should be sent in when the last item needed to complete the assessment has been received.

EI Specific Timelines

- Eligibility Timeline: An initial evaluation must be completed in time to consider eligibility **and conduct the initial IFSP within 45 days from the date of referral.**
- 6-month review: Meeting must be held within 6 months of the initial or annual IFSP date
- All IFSP services must have been started by the service start date in the Coversheet of the IFSP and noted in the contact log.
- Expired IFSPs: The parent is a required participant in the EI IFSP. In general, attempt for the next 30-days to schedule the meeting. If unable to contact the parent to hold the meeting, move the child's file to [Inactive](#).

ECSE Specific Timelines

- Evaluation & Eligibility Timeline, Initial and Re-evaluations: Evaluation and eligibility determination must be completed within **60 school days (based on the family's resident school district calendar) of the date parents signed consent for evaluation.**
 - **Exceptions** – The timeline of 60 school days from date parents signed consent for evaluation can be extended if:
 - Parents repeatedly fail or refuse to get child to the evaluation or other circumstances outside the program's control,
 - The child is a transfer student and in the process of reevaluation – parents and program can agree to extend timeline (see written agreements form),

- Student is being evaluated for Specific Learning Disability and the program and parent agree to an extended timeline. (This does not apply to ECSE as we have already stated that SLD Eligibility is not considered for this age group.)
- Extending the evaluation timeline requires the completion of a [Written Agreement form](#).
- The Evaluation and Eligibility timelines are non-negotiable. If parents are unable to attend a meeting, hold an eligibility meeting without them, prior to the end of the timeline to “close out” the consent window by making an eligibility determination. See your Coordinator for more information and guidance in these situations.
- Progress review: Progress reviews must be completed per the date specified in the IFSP. This is generally at the 6th month, or between the 5th-7th month to accommodate for program breaks. A meeting is not needed, but a written progress report is required.
- All IFSP services must have been started by the service start date in the Coversheet of the IFSP and noted in the service log.
- Expired IFSPs: ECSE IFSPs should not expire. The school-based team may meet without the parent to complete the annual review and may reconvene when the parent is available.

Making a child “[inactive](#)”

- There are many scenarios for when a child should be made inactive. Please refer to the section linked above for specific scenarios and how to proceed.
- In general, when a period of time has passed, between 10-school days and 30-calendar days, without hearing from the parent, the child’s file should be made inactive.

[Back to the Top](#)

Guidelines for the AEPS and ASQ Administration for Child Outcomes

Introduction

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 linked here, "[Oregon's EI/ECSE Outcome Process](#)" 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 AEPS-I and AEPS-II and the ASQ are recorded on the same ecWeb database used for federal reporting at <http://ecweb.uoregon.edu>

AEPS & ASQ 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 AEPS-I to AEPS-II (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 AEPS-I can be transferred to the AEPS-II when a child exits AEPS-I and an AEPS-II 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 the AEPS was completed before Spring Break of the child's TK year, it needs to be completed again when the child's services are complete (either in June or August). 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 AEPS-I to the AEPS-II?

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 AEPS-I and entry scores for the child for the AEPS II. Use the same level of the AEPS (AEPS-I or AEPS-II) 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 AEPS-I scores are used as the entrance to ECSE AEPS scores unless the child is moving from AEPS-I to AEPS-II. In this case the AEPS-I scores will be the exit from EI scores and the AEPS-II scores will be the entrance to ECSE scores. Appropriate assessment data from the AEPS-I can be transferred to the AEPS-II when a child exits AEPS-I and an AEPS-II 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 consent form 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/>
- Child Outcomes web page: <http://www.ode.state.or.us/search/page/?id=2885>
- Cortney McIntyre-Trent, ecWeb Project Director · 541-346-0819 · cortneym@uoregon.edu
- Bruce Sheppard, ODE Outcomes Coordinator · 503-947-5612 · bruce.sheppard@state.or.us

[Back to the Top](#)

AEPS & ASQ

ecWeb Assessments - Curriculum Based Assessment (CBA)

Quick Guide

Completion of a CBA at certain times is required for two reasons:

1. To collect intervention planning information (required by Oregon Administrative Rule) the IFSP team should use in IFSP development.
2. To collect child outcome data that Oregon Dept. of Education reports to the federal government once a year.
 - a. The AEPS is the tool used in Oregon to collect EI and ECSE outcome data on children experiencing delays in more than their articulation development.
 - b. The ASQ is the tool used to collect child outcome data when the child is experiencing delays only in articulation, voice, or fluency.
 - c. The AEPS or ASQ must be completed for all eligible children:
 - i. Within 30 days of initial EI and ECSE eligibility (EI and ECSE are considered two different programs, so at EI to ECSE transition, an entry level ECSE AEPS must be completed within this timeline)
 - ii. Before every annual IFSP – no more than 30 days prior to IFSP date
 - iii. ECSE – when changing from AEPS I to AEPS II **must do both** (exit of AEPS I, entrance to AEPS II)
 - iv. Exit from EI or ECSE
 - v. Exit from EI at transition
 - vi. Exit to kindergarten. Note: Assessments after March 1st of the kindergarten transition year are considered ECSE Exit assessments
 - vii. Exit either program for other reasons, if the child was served in a program for more than 6 months.

Entering Data

AEPS or ASQ data must be entered into ecWeb Assessments as soon as the assessment is complete. To enter AEPS or ASQ data in ecWeb, go to “AEPS/ASQ” on the “Child” tab

The screenshot shows the ecWeb Assessments interface for a child named 'Sample, Sam'. The top navigation bar includes tabs for 'Child Registry', 'Forms Providers', 'Logs Medical', 'Lists Consents', 'Reports AEPS/ASQ' (highlighted with a red circle), 'Metrics Immunizations', 'Tools Problems', and 'Settings Pictures'. Below the navigation bar, there is a dropdown menu for 'Sample, Sam' and navigation buttons for '<<First' and '<Prev'. The main content area is titled 'Child Info' and includes a 'hide' button and a 'Print AEPS summary' button. The birthdate is '02/05/18' and the age is '3y,9m,25d'. There is a text area for 'Optional comments for AEPS summary'. Below this, there is a section for 'AEPS I' with 'hide' and 'add' buttons. At the bottom, there are columns for 'Fine Motor (max 66)', 'Gross Motor (max 110)', 'Adaptive (max 64)', and 'Cognitive (max 116)'.

AEPS

Click the “add” button to add a new AEPS I or II. Select the evaluator name from the dropdown (typically this is your own), then click on “objective scores” to manually enter scores.

The screenshot shows the top of the AEPS II form. At the top left, there are two buttons: "hide" and "add". The "add" button is circled in red. Below these buttons, there are six columns representing different skill areas: Fine Motor (max 30), Gross Motor (max 34), Adaptive (max 70), Cognitive (max 108), Soc Comm (max 98), and Social (max 94). Below the columns, there is a date field set to 01/20/16 and an evaluator dropdown menu set to Lori Kellogg. Below the evaluator menu, there is a button labeled "objective scores" which is circled in red. To the right of the evaluator menu, there are six "score" input boxes, each with a percentage sign below it. To the right of these boxes is an "Abandoned" checkbox and a "delete" button.

Click “Return to Assessments” when complete. All boxes should show percentages to indicate successful completion.

To manually enter an AEPS I or II, click on objective scores and enter the score.

This screenshot is similar to the previous one, but the "objective scores" button is now circled in red. The "score" input boxes are now empty, and the percentage signs are visible below each box.

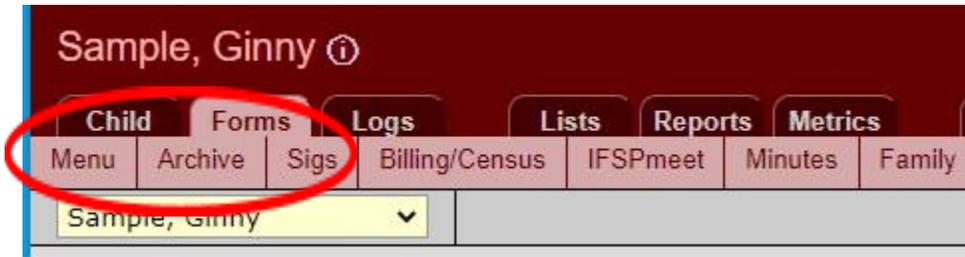
If a previous AEPS has been completed in this level, you can click on “fill 2s” from previous to fill in all previously mastered skills. You may also click “show scores from previous AEPS” to quickly compare current and previous scores. Enter a “0,” “1” or “2” in each box.

The screenshot shows the "Objective Scores" section. At the top left, there is a "hide" button. Below it, there is a "Show page breaks:" dropdown menu set to "Current form". To the right of this menu is a checkbox labeled "Show scores from previous AEPS, 03/14/18" which is circled in red. To the right of the checkbox is a button labeled "Fill 2s from previous" which is also circled in red.

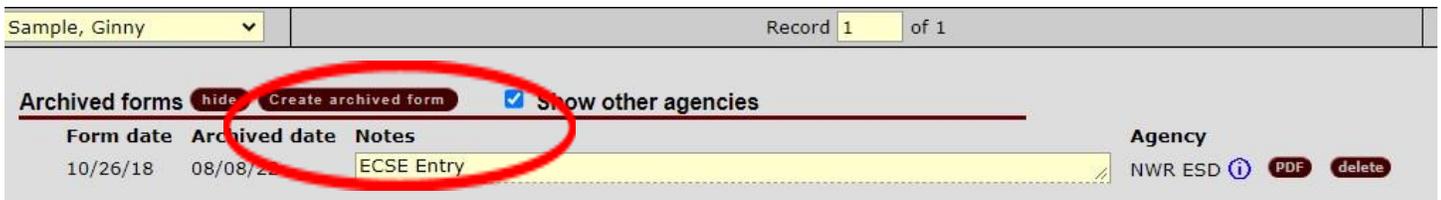
Click “Return to Assessments” when complete. All boxes should show percentages to indicate successful completion.

Continue to next page for information on how to archive this form (required).

Once you have completed the AEPS, go to the Forms tab and select "Menu."



Scroll down to Evaluation Forms and select "AEPS Summary." Click on "create archived form" and label it concurrent with the event, ie, "Initial Entry," "Annual Review," "ECSE Exit," etc.



ASQ

Click “add” to add a new ASQ score. Complete the Date, Level, Version, Filled out by and Recorder boxes. Type in the score for each domain.

ASQ

Communication Gross Motor Fine Motor Problem Solving Personal-Social

Date Version 3

Filled out by

Recorder

Abandoned

Additional tips

- Children with delays in articulation, voice, or fluency only – administer the ASQ instead of the AEPS II, however, if any other areas indicate delay, complete an AEPS II.
- At exit from EI, the AEPS I must be completed. If at transition, a child is found eligible for ECSE, an AEPS II or an ASQ must be completed (30 days from ECSE eligibility) as the ECSE entrance assessment. If transition assessment results indicate it is appropriate to continue using the AEPS I after turning three, then the EI exit assessment can be considered the ECSE entrance assessment (only one assessment is required).
- 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 (exit AEPS I, entrance AEPS II).
- Consent for administration of the AEPS or ASQ is only needed at time of initial evaluation (evaluation at EI to ECSE transition is considered an 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?”

Parents will be informed of child's progress toward annual goals. Review schedule:

Six month and annual review

Other review schedule:

How will progress be reported to parents?

Written 6 month progress review mailed to parents. Annual IFSP review and AEPS report will be provided to the parents.

- Printed copy of the AEPS Summary should be shared with families at the annual IFSP when sharing annual progress 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.
- 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**.

What should I do if I'm not sure of the assessments needed?

- 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.
- Compare the IFSP dates to the most recent assessment. The assessment date should be within 30 days prior to the annual IFSP date.
- 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](#)

[Back to the Top](#)

ASD Evaluations

For ASD evaluations in Washington County: [Washington County ASD Evaluation Referrals](#)

For ASD evaluations in Columbia County: [Columbia County ASD Evaluation Referrals](#)

For ASD evaluations in Clatsop or Tillamook County: email your request to: jbergerson@nwresd.k12.or.us and she will assist you with the process.

For the most up-to-date information on ASD evaluations, you can look for the hotlink to the ASD handbook located at: <https://www.mynwresd.org/birth-to-age-5-processes-and-forms.html>

EI Med Statement Eligibility Process

(Physical/Mental Condition Likely to Result in Developmental Delay)

When a child at referral has a diagnosis of a [physical or mental condition](#) that is likely to result in developmental delays, the following process should 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. In addition, a child at the time of eligibility does not need to be experiencing developmental delays. Several people are involved in processing an EI Medical Statement eligibility. Instructions offered below indicate the specific steps and who will complete each step.

Who	Actions
<p>Intake Specialist</p>	<p style="text-align: center;">Initial Intake</p> <ol style="list-style-type: none"> 1. At referral, intake collects information and determines if a file should be processed as an EI Medical statement (refer to list of recognized conditions likely to result in developmental delay). <ul style="list-style-type: none"> • Key questions to ask during intake call <ul style="list-style-type: none"> o Birth weight o Trauma at birth o Physical or mental diagnosis o If diagnosis, do parents have medical reports or discharge summary including diagnosis o Obtain medical providers' names and contact information (phone, fax, address, email) 2. If referral appears to meet criteria for Medical Statement eligibility, a file is created and directed to the intake member responsible for processing these files. 3. If a parent calls with referral, let him/her know that they can expect a follow-up call within one or two days.
<p>Intake staff processing EI Medical Statement Files</p>	<p style="text-align: center;">Initial Family Contact</p> <ol style="list-style-type: none"> 4. If the condition is not on the list of recognized conditions, but seems significant, ask the EI coordinator to review the file (list of conditions is not exhaustive). 5. If confirmed condition(s) does not meet criteria for EI Medical Statement, schedule an EI evaluation. 6. When file will be processed as EI Medical Statement, family should be called to: <ul style="list-style-type: none"> • Confirm information received in referral • Briefly explain the program <ul style="list-style-type: none"> o Support-based early intervention program (support family, so family can support his/her child's development) <ul style="list-style-type: none"> ▪ Informational supports ▪ Resource supports ▪ Emotional supports o Supports are offered through a parent coaching model during visits to the home or other community settings o One person assigned as primary contact – service coordinator o At first visit, team will review eligibility and complete an IFSP o Services are based on individual child and family needs • Confirm parent's interest in participating in EI • Describe initial steps toward eligibility based on referral documentation <ul style="list-style-type: none"> o Family will receive the initial packet including medical disclosure form(s) (emphasize the importance of returning this form ASAP in return envelope, faxed or scanned), parental rights, and parent letter via mail or email. o Service coordinator will call to set up home visit to complete eligibility and IFSP or an appointment will be scheduled with eval team.

Who	Actions
Intake staff processing EI Medical Statement Files	<p style="text-align: center;">Referral Information to Site Team</p> <p>7. 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.</p>
Site Team or Eval Team	<p style="text-align: center;">Site Service Coordinator Assigned or Eval Team</p> <p>8. Service coordinator assigned at weekly EI team meeting and name entered into ecWeb.</p> <p>9. Eval team will complete the process at specified times of year during program breaks. In this instance, an eval appointment should be scheduled with the eval team (possibly home visit) for about 3 weeks out to allow time for paperwork to be received.</p>
Intake staff processing EI Medical Statement Files	<p style="text-align: center;">Document Retrieval</p> <p>10a. If medical release of information (ROI) was not received with the referral - prepare ROI forms 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:</p> <ul style="list-style-type: none"> ● Parent letter ● All ROI forms with return envelope, if needed ● Parental rights (indicate rights sent in contact log and rights log – documentation that rights were sent at referral is critical) <p>10b. If needed ROIs were included with referral, mail following information to parents:</p> <ul style="list-style-type: none"> ● Parent letter (see example in appendix) ● Parental rights (indicate rights sent in contact log and rights log – rights must be sent at referral) <p>11. When ROIs are obtained, FAX or email EI Medical Statement to medical provider for signature and confirmation of diagnosis:</p> <ul style="list-style-type: none"> ● Complete top section of form and highlight key areas, fax or email to medical provider with cover offering directions (NEVER send to the medical records department) ● Phone the physician’s office that statement has been sent <ul style="list-style-type: none"> ○ Stress importance of quick turn around ○ Ask them to include birth weight if child born prematurely ● Contact physician’s office again if statement not received within 2 working days ● Obtain additional medical documents for all ROIs (generally not needed for eligibility but good to have in file) <p>12. When EI Medical Statement is received, review to make sure:</p> <ul style="list-style-type: none"> ● Diagnosis(es) and birth weight are included, if child premature ● Yes box, indicating the condition will likely result in a developmental delay, is checked ● Statement is signed by a State Board Certified Physician, Physician Assistant, or Nurse Practitioner <p>13. Immediately upon arrival, upload EI Medical Statement and other medical documentation into ecWeb and email service coordinator that documents are uploaded and being routed to the site.</p> <p>14. Update contact log at each action and registry page, as appropriate.</p>

Who	Actions
Site Service Coordinator or Eval Team Service Coordinator	<p style="text-align: center;">Eligibility and Initial IFSP Visit</p> <p>15. Once site service coordinator has received verification that necessary documents have been received, he/she:</p> <ul style="list-style-type: none"> ● Reviews documentation and verifies that EI Medical Statement includes appropriate information ● Finds partner to attend first visit (two staff, two disciplines needed for eligibility and initial IFSP) ● Calls family to schedule home visit to complete eligibility and IFSP if they have not already been called at initial assignment ● Complete necessary paperwork for meeting (see included checklist) <p>16. At initial visit to complete eligibility and IFSP:</p> <ul style="list-style-type: none"> ● Ask family to complete the Family Assessment Survey A ● Review the EI model with the family (Supported-Based EI flyer) <ul style="list-style-type: none"> ▪ Philosophy ▪ Expectations ● Request consent to evaluate (Prior Notice About Eval) ● Complete intake <ul style="list-style-type: none"> ▪ Ask family to tell their story to collect developmental and health history ▪ Ask additional questions to complete health assessment ● Complete vision and hearing screening checklists <ul style="list-style-type: none"> ▪ OAE screening completed, if hearing checklist indicates concerns ▪ Refer for hearing screening or eval, if needed ● Complete AEPS ● Complete observation ● Ask about additional concerns or questions ● Complete eligibility ● Complete IFSP ● Obtain other needed ROIs and exchanges (remember to obtain ROI with EHDI, if DHH suspected or confirmed)
Service Coordinator or Eval Team	<p style="text-align: center;">Concluding Paperwork and Distribution</p> <p>17. Complete paperwork</p> <ul style="list-style-type: none"> ● Complete evaluation report ● Complete billing/census form on ecWeb (partial or partial with interpreter) ● Send census and billing notification memo to data administrator (Vicky) ● Complete all remaining forms (see checklist) ● Enter AEPS data into ecWeb <p>18. Submit Regional Referral, if appropriate</p> <p>19. Review all paperwork using pre-distribution checklist, file to distribution</p>

If there is a question as to whether a file should be processed as an 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 1,200 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

Documents/Forms/Processes	<input checked="" type="checkbox"/>
Review EI Medical Statement (diagnosis, signature of physician, physician assistant, or nurse practitioner, and likely to result box checked)	<input type="checkbox"/>
Meeting notice sent to family	<input type="checkbox"/>
Map to family home	<input type="checkbox"/>
Registry page - review with family, note any changes and ask for revisions, if needed	<input type="checkbox"/>
Parental rights booklet	<input type="checkbox"/>
Procedural Safeguard Log	<input type="checkbox"/>
Prior Notice About Evaluation	<input type="checkbox"/>
New Family Information packet (Support-based EI, calendar, Health and Illness Guidelines)	<input type="checkbox"/>
Family Assessment Survey A	<input type="checkbox"/>
Health review form (health, vision, and hearing)	<input type="checkbox"/>
AEPS (enter results when completed)	<input type="checkbox"/>
Statement of Eligibility – Medical Condition Likely to Result in DD	<input type="checkbox"/>
Draft IFSP	<input type="checkbox"/>
Immunization form	<input type="checkbox"/>
EI Insurance form	<input type="checkbox"/>
ROI and other exchanges (physician, EHDI if child DHH, other known providers). Complete before meeting and bring blanks for additional providers.	<input type="checkbox"/>
Evaluation report	<input type="checkbox"/>
Billing/census form completed on ecWeb (bill as partial or partial with interpreter) and memo sent to data administrator (Vicky)	<input type="checkbox"/>
Action form – EI eligibility/IFSP	<input type="checkbox"/>
Regional Referral form, if needed	<input type="checkbox"/>
Distribution checklist	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>

[Back to the Top](#)

Evaluation Process Guidelines/Timelines

Based on 2022-2023 EI/ECSE Student Calendar

Key Timelines

Action	Timeline
Initial EI Eligibility Timeline	45 calendar days from referral to IFSP
ECSE Eligibility to IFSP	30 calendar days
Consent for Evaluation (after initial EI eligibility and all ECSE eligibilities)	Eligibility must be completed within 60 school district days

EI Evaluations – eligibility and IFSP:

- 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 (children referred from DHS may be screened).
- All areas of development are evaluated when a child is under 3 years of age.
- EI Medical Statement eligibility is completed as a specific process typically by site teams (see EI Medical Statement process).

ECSE Evaluations – eligibility and IFSP

- ***Categorical eligibility must be considered first when planning ECSE evaluations and appropriate information collected to consider all appropriate eligibilities.*** In many instances, a DD eligibility will be established to initiate services, while additional information is collected to consider a categorical eligibility. A DD eligibility can be considered if the child does not qualify for a categorical eligibility.
 - o **Children transitioning to kindergarten:** If a transitioning child qualifies for DD eligibility, and if the team is able to directly determine, or reasonably predict, how the disability will impact the child's ability to access the educational environment, that information must be included in the evaluation report.
- Eligibility is completed by the Evaluation Team following an ECSE evaluation ***except*** during days or weeks prior to a break in the EI/ECSE student calendar. When eligibility timelines are affected by break, if the evaluation results indicate that a child may be eligible, results are sent to the site for team consideration and eligibility determination. Refer to dates below to determine when ECSE eligibilities ***are not*** completed by the Evaluation Team.

July 1st– Sept.6th, 2022
Nov. 28 – Dec. 23rd, 2022

Feb. 20th – April 7th, 2023
May 8th – Jun. 30th, 2023

Note:

- During these times, non-eligibility (DNQ) will be determined by the Evaluation Team when eligibility criteria are not met.

EI-ECSE Dual Eligibility Evaluations

When a child is approaching his/her third birthday (90-120 -days before third birthday) at the time of initial referral, both EI and ECSE eligibilities will be considered. If the child is eligible for both EI and ECSE services, an IFSP will be written that includes both EI and ECSE services. Exceptions to the rule:

- When a child is eligible for ECSE but not EI, the site team will be expected to complete eligibility before the child's third birthday and write an IFSP for ECSE services.

- If a child is attending a child care or educational program at the time of the initial evaluation, an ECSE IFSP cannot be written since the child’s educator needs to be invited to the ECSE IFSP. The site team completes both eligibility and an ECSE IFSP.

Action	Cut-Off Date
Late TK Evaluations	IFSP <i>may</i> * be written for the summer program between 05/02/23 and 06/02/23. *See bullet point #1 below

Children Transitioning to Kindergarten but were referred prior to May 1st:

TK children who are referred for evaluation prior to May 1st may not be evaluated until after that date for a variety of reasons. In these instances, one of two things may occur:

1. When an evaluation is completed between May 2nd and June 2nd, AND the child is in need of services during the summer session (this decision is based upon evaluation data, observations, and the professional judgment of the evaluators), an **eligibility is established and an IFSP is written at the time of evaluation with a service start date of the first week of summer services**. In these instances, the TK child will receive services during the summer, **please note that summer services should be written as parent coaching**.
2. If the child is evaluated between May 2nd and June 2nd and it is anticipated that the child will meet eligibility criteria, but services are not determined necessary during the summer months, then the eligibility will be left as pending and the results and file will be forwarded to the resident district home school for a fall eligibility determination by the child’s home school IEP team. Complete this [form](#) for pending eligibilities. Non-eligibilities will be completed by the Evaluation Team at the time of evaluation.
3. If the child is evaluated after June 2nd and it is anticipated that the child will meet eligibility criteria, then the eligibility will be left as pending and the results will be shared with the resident school district via ecweb. Complete this [form](#) for pending eligibilities. District will need to make an eligibility determination in the fall. Non-eligibilities will be completed at the time of evaluation.

For Children Transitioning to Kindergarten referred for evaluation after May 1st:

For children referred on May 1 or after, who are transitioning to kindergarten in the coming year, NWRESD will collect screening information via the ASQ and ASQ:SE. Screening results will be forwarded to the home school district for evaluation consideration.

Action	Cut-Off Date
TK Re-evaluations	Refer between 11/14/22 and the last day before Winter break: 12/17/22

TK Student Re-evaluations:

When a TK child has an eligibility that expires before 10/1 of the Kindergarten year, a re-evaluation is needed to maintain the child’s eligibility. The Evaluation Team is able to complete these evaluations. Prior to referral, please notify the parent that testing is needed and that an evaluation intake team member will be calling them to set up an appointment. **If the referral is not received with all components by 2/18/22, the site team will need to complete the re-evaluation.**

The Evaluation Team will obtain consent, complete the testing, fill-in elements of the eligibility form, and write the report. Once finished, a notification will be sent to the referring service coordinator. The Service Coordinator is responsible for scheduling and holding the eligibility meeting with the child’s IFSP team (and in most cases, a representative from the resident school district).

To refer the child for evaluation, please refer them to the Evaluation Team prior to 2/18/22. The following items are not optional, and will need to accompany your request:

- **ASQ**- This is not optional. You may ask the parent to complete it by sending them the link to the Oregon Screening Project at <https://osp.uoregon.edu/> Intake staff are able to locate and retrieve the results.
- **Screening Supplement Form**- Completed by the classroom teacher; if the child is in both an ECSE preschool and a community preschool, obtaining one completed form from each environment is needed. [Screening Supplement for Preschools](#)
- **Updated health, hearing, & vision form - found in ecweb.**
- **Updated AEPS recommended**

Referral Template- Complete the following referral template and send it to Beatrice Clifton at intakemgr@nwresd.k12.or.us (It is recommended that you save the following as an email template for your convenience.)

Child's Name/Number:

DOB:

District:

Service Coordinator:

Current Eligibility:

Type of Evaluation Requested: () DD Re-eval () CD Re-eval () Other: _____

Community Preschool:

Other Information /Reason for Request:

Interpreter needs:

Action	Cut-Off Date
ECSE Test Outs	Refer as needed, but no later than the last day before February Break: 02/17/23

ECSE Test Outs

When a child appears to have met all goals and there are no further concerns to suggest that they continue to need specially designed instruction, they may be tested out of the program. You can refer them for testing as the need arises, but no later than the last day of the program in February (02/18/22). Prior to referral, please notify the parent that testing is needed and that an evaluation intake team member will be calling them to set up an appointment.

The Evaluation Team will obtain consent, complete the testing, complete the DNQ eligibility form, and write the report. Once finished, a notification form will be sent to the referring service coordinator of the testing outcome. The Evaluation Team will distribute the file and complete the exit census.

The following items are not optional, and will need to accompany your request:

- **ASQ**- This is not optional. You may ask the parent to complete it by sending them the link to the Oregon Screening Project at <https://osp.uoregon.edu/> Intake staff are able to locate and retrieve the results.
- **Current IFSP Progress**- IFSP should show progress indicating that goals have been met
- **Updated health, hearing, & vision form - found in ecweb**
- **Updated AEPS**

Referral Template- Complete the following referral template and send it to Beatrice Clifton at intakemgr@nwresd.k12.or.us (It is recommended that you save the following as an email signature template for your convenience.)

Child's Name/Number:
DOB:
District:
Service Coordinator:
Current Eligibility:
Type of Evaluation Requested: () Exit from services
Community Preschool:
Other Information /Reason for Request:
Interpreter needs:

[Back to the Top](#)

Prior Notice of Evaluation/Consent for Evaluation

It is required to [obtain permission](#) from the parent before evaluating any child. A resource parent is able to sign this form, but caseworkers cannot. (Caseworkers are not allowed to sign educational documents.)

For any EI or ECSE evaluation being done after initial eligibility, a 60-school-day timeline applies (refer to resident district school calendar). Eligibility must be determined on or before this timeline. For more information about timelines, please refer to the [Timelines](#) document.

Please review the [Sample Consent Form](#) and note the following:

- The parent **MUST** check a box giving or refusing permission for the evaluation and sign and date the form. If a box is checked in error, or no box is checked, 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.
- A description of each evaluation tool must be provided (the second page of the consent form). A complete list of tools with descriptions is offered in ecWeb.

Prior Notice of Evaluation, or “*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
 - ECSE evaluation during an EI to ECSE transition is considered an initial ECSE evaluation.
 - Re-evaluation
 - No evaluation (when a re-evaluation 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 the reason the evaluation is proposed.
- **Proposal is based on the following**: List data used to support the evaluation plan.
 - Referral information including screening, parental and teacher concerns, and/or physician 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 decided against those options because**: list reasons
- **Any other factors considered**: Medical diagnoses, recent family move, foster care placement, change in preschool, recent trauma, 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 . . .**
 - Add all tools (e.g., standardized tools, observation, speech sample) to be used in the evaluation. ECWeb will offer descriptions of each tool listed. Reference the descriptions when discussing tools to be used with the parent. The descriptions should accompany the signed consent form.
- Ask the parent to check either “I give permission” or “I refuse permission”.

Note: *A box must be checked to proceed with the evaluation. 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), 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 the bottom which indicates that parents were provided a copy of the *Notice of Procedural Safeguards*.

For additional information about obtaining consent, [☰ Obtaining Parental Consent](#) document.

[Back to the Top](#)

Completing Evaluation Reports

Please read these directions carefully. **Information that is provided in bold, in CAPS, and underlined must be included in each report.**

There are **six 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.
- **PT Evaluation Report**- Used for OI eligibility evaluations. See [EI/ECSE OT/PT Initial Assessment Procedures](#) for more information on when to use the PT Evaluation report.
- **OT Evaluation Report**- Used for OI eligibility evaluations. See [EI/ECSE OT/PT Initial Assessment Procedures](#) for more information on when to use the OT Evaluation report.

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).
- AEPS information is embedded in the report once the AEPS scores are entered into ecWeb Assessments.
- If completing a Virtual evaluation, you can refer to [EI/ECSE Remote Evaluations Handbook](#) for additional information.

EI Report _____

(Information in bold, in CAPS, and underlined must be included)

Enter scores from the [AEPS](#) 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, number of siblings, and other important facts relevant to family). Language and cultural considerations are 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). Maybe more than one source (parent, preschool teacher, doctor, etc.).
- Describe child's **strengths/interests** as indicated by parent, and what was observed during eval.
- Developmental concerns/reasons for referral – include the referral source (e.g., parents, physicians), summarize the **referral concerns**, including parental concerns. The **results of the ASQ** and/or other screening tools can also be included in this area. If the **child attends** child care, preschool, Early Head Start, Healthy Families, include information about where and when those services are offered 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(s) used** to obtain information (hearing checklist, hearing screening, audiological 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 completed when CD eligibility is being considered.
 - OAE or pure tone screening should be attempted at each evaluation. If the child will not participate or there is a machine malfunction, follow-up hearing screening should be recommended and completed, if the child is eligible.
 - A separate section to detail the hearing screening is offered below (this is optional).
- Vision – include **tools used** to obtain information (checklist, screening, or 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 can also 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 info was reviewed** to determine the need for EI eval and **who reviewed** the info.
- Include the **tools the team determined would be used** to complete the evaluation, and **who** all would participate 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/teacher report information would be included in the background information sections. If additional parent/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 the child's medical statement when the 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 eligibility – 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.
- When reviewing a speech/language sample, include the entire sample in the optional comments as well as additional analysis of the sample.
- If a tool used in the eval 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 none of the options 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 can also be included.

Criterion-Referenced Test Results

- Check box that **AEPS was completed** during evaluation

Functional Vision Assessment

- Include when appropriate to the evaluation. In most instances, a functional vision assessment will come from a regional vision specialist in a separate report.

Hearing Screening

- To include information, check box and enter information (make sure box is not checked, if information is 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.
 - A review of **indirect** (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.
 - **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.
 - 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** (choose one,pull down menu), and **suggested goals**(IFSP “**Needs to Learn**”)for all areas showing delays.
- Transfer information to and from the 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 info 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 than 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 him/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 date of evaluation, type of evaluation, and EI/ECSE eligibility determination in the notes box.

- **Distribute report**

- After completing the evaluation report, ensure that all related paperwork for distribution has been prepared in ecWeb, including e-signing report, eligibility, and action notice/parent letter.
- Make sure ALL forms and IFSP (if EI child who has qualified) has been archived.
- Finish entering AEPS in ecWeb.
- Document how the written signature was obtained on the Insurance Consent form and Archive the Insurance Consent form.
- Make sure all consent and eligibility forms have the correct yes/no boxes checked.
- Complete distribution email
- In the subject line of your email, please be sure to note whether the child was DNQ or Qualified - to assist distributors.
- Attach any consents obtained via Whiteboard, chat, or email to your distribution email, along with your Remote Evaluation Summary form.
- Send distribution email to [yoursite]schedulingandrecords@nwresd.org (If you are unsure of where to send, contact your admin assistant at your site)

[Back to the Top](#)

ECSE Report

(Information in bold, in CAPS, and underlined must be included)

Enter scores from the [AEPS](#) 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 a child is 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 the parent report and what was observed during evaluation. Information should be included in this section.*
- Developmental concerns/Reasons for referral – Include the referral source (e.g., parent, physician), and 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**, should also be summarized, if appropriate.

When completing this report, when a child is transitioning from EI to ECSE, this section should include information about when and why the child was found eligible for EI services and how those services were offered (e.g., home visits, groups). A summary of the reason why the child was referred for an ECSE evaluation after receiving EI services should also be included.

INFORMATION ABOUT THE FAMILY should also be included (living with both parents, number 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 considered.

- OAE or pure tone screening should be attempted. If the child will not participate or there is a machine malfunction, follow-up hearing screening should be recommended and completed if the child is eligible.
- Vision – include **tools 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 can also 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 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 include information in this section, but it is not needed if this information is offered in the concerns/reasons section.

GENERAL EVALUATION PROCEDURES (click on box to add information)

- Click on Fill ECSE or Fill 3 year transition (this will autofill the first paragraph)
- Also add information below: (previously offered in additional information section above)

EVALUATION PLANNING (include this heading)

- Include **what information was reviewed** to determine the need for ECSE evaluation and **who reviewed** the information.
- Include the **tools the team determined would be used** to complete the evaluation, and **who** all would participate in the evaluation.
- If the team **changes** evaluation plans during the course of the evaluation, explanation of what and why changes were made should also be stated here.
- Parent/teacher report: Typically, parent or teacher report information would be included in the background information sections. If additional parent or 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 that the **AEPS was completed** during evaluation
 - **An AEPS must be completed during the evaluation and the scores entered into ecWeb** – Assessments, the percentages will then appear in the report.

*An AEPS is completed for each evaluation.

Functional Vision Assessment

- Include if available at initial evaluation.

Hearing Screening

- This section is **optional**. To include information, check the box and enter information. If you prefer not to include information, make sure the box is not checked.

Oral Motor Examination

- This section is **optional**. To include information, check the box and enter information. If you 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 interaction 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- This section should not be used and should be left unchecked/blank. ASD reports are now completed using the ASD evaluation report. Instructions for how to complete the ASD reports are included in the ASD sections of this manual.

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. It 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 Development” 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 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 than 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 the team that the form is ready for review and electronic signatures.
- Each team member reviews report for content and accuracy, adds him/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

- After completing the evaluation report, ensure that all related paperwork for distribution has been prepared in ecWeb, including e-signing report, eligibility, and action notice/parent letter.
- Make sure ALL forms and IFSP (if EI child who has qualified) has been archived.
 - Finish entering AEPS in ecWeb.
- Document how the written signature was obtained on the Insurance Consent form and Archive the Insurance Consent form.
- Make sure all consent and eligibility forms have the correct yes/no boxes checked.
- Complete distribution email
 - In the subject line of your email, please be sure to note whether the child was DNQ or Qualified - to assist distributors.
- Attach any consents obtained via Whiteboard, chat, or email to your distribution email, along with your Remote Evaluation Summary form.
- Send distribution email to [yoursite]schedulingandrecords@nwresd.org (If you are unsure of where to send, contact your admin assistant at your site)

[Back to the Top](#)

ECSE Speech and Language 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)

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.

When completing this report, when a child is transitioning from EI to ECSE, this section should include information about when and why the child was found eligible for EI services and how those services were offered (e.g., home visits, groups). A summary of the reason why the child was referred for an ECSE evaluation after receiving EI services should be included.

INFORMATION ABOUT THE FAMILY (living with both parents, number 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 info 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 include 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 year transition (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 ECSE evaluation and **who reviewed** the information.
- Include the **tools the team determined would be used** to complete the evaluation, and **who** all would participate in the evaluation.
- If the team **changes** evaluation plans during the course of the evaluation, explanation of what and why changes were made should also 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 completed at evaluation and the scores are entered into ecWeb.

Hearing Screening

- This section is **optional**. To include information, check box and enter information. If you 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 you 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 Development” 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 Comment

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 than 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

- After completing the evaluation report, ensure that all related paperwork for distribution has been prepared in ecWeb, including e-signing report, eligibility, and action notice/parent letter.
- Make sure ALL forms and IFSP (if EI child who has qualified) has been archived.
 - Finish entering AEPS in ecWeb.
- Document how the written signature was obtained on the Insurance Consent form and Archive the Insurance Consent form.
- Make sure all consent and eligibility forms have the correct yes/no boxes checked.
- Complete [distribution email](#)
 - In the subject line of your email, please be sure to note whether the child was DNQ or Qualified - to assist distributors.
- Attach any consents obtained via Whiteboard, chat, or email to your distribution email, along with your Remote Evaluation Summary form.
- Send distribution email to [yoursite]schedulingandrecords@nwresd.org (If you are unsure of where to send, contact your admin assistant at your site)

ASD Report

If you are writing an ASD report, please use the ASD Evaluation Report template in ecWeb, and contact your regional ASD consultant for support.

[Back to the Top](#)

Eligibility Evaluations

CONSIDERATIONS AND REQUIREMENTS

(EI AND ECSE ELIGIBILITY)

DETERMINING ELIGIBILITY

To receive EI and/or ECSE services, a child must be found eligible. IDEA and Oregon Administrative Rules offer a number of eligibilities and prescribe a variety of evaluation procedures to be used in the eligibility process. Each evaluation is individualized to address the concerns and needs of families and the needs of the children, but basic steps are followed to ensure all procedural safeguards are met. Below are the guidelines, considerations, and requirements related to determining eligibility for EI and/or ECSE services. Descriptions of the EI and ECSE eligibilities follow.

EVALUATION REQUIREMENTS

State Guidelines for EI and ECSE Evaluations

- A team, including the parent and at least two professionals, at least one of whom is a specialist knowledgeable and experienced in the evaluation and education of children with disabilities, must determine whether an initial evaluation will be conducted.
- Evaluations must include a review of existing evaluation and medical data, observations by teachers and related service providers, and information provided by parents.
- Evaluation procedures should be selected to assist in determining whether the child has a disability and needs EI or ECSE services. The evaluation should be comprehensive enough to identify all the child's needs, whether or not these needs are commonly associated with the suspected or identified disability. A variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent must be used.
- At least one norm-referenced, standardized developmentally appropriate test must be administered in all developmental areas. Standardized assessments are validated for the purpose for which they are used. If tools are administered in a non-standardized manner, a description of the variance should be included in the evaluation report. The evaluation must include other evaluative information deemed necessary to determine eligibility.
- When testing children with impaired sensory, manual, or speaking skills, the tests used should accurately reflect the child's actual abilities rather than solely reflect the impairment.
- At least one additional procedure (e.g., AEPS, standardized test, criterion-referenced test, CBA, information provided by the parent, speech and language sample, etc.) must be completed to confirm a child's level of functioning in each area of suspected delay. These procedures also should provide information about the child's ability to be involved in and progress in appropriate activities.

- At least one 20-minute observation must be completed in each evaluation.
- Each evaluation must assess a child’s vision, hearing, and health. In some eligibilities, a comprehensive assessment of one or more of these areas is required.
- All evaluations must be conducted in the child’s native language, unless clearly unfeasible. All tools or procedures must be selected and conducted so as not to be racially or culturally discriminatory.
- For children with limited English proficiency, the assessments should measure the extent to which the child may have a disability and need EI/ECSE services and not solely reflect the child’s limited English proficiency.
- Testing and procedures are completed by trained and experienced licensed staff according to testing protocols and best practices.
- A multidisciplinary evaluation report and written statement of eligibility must be completed at the conclusion of each evaluation and parents provided with copies of each.

EI-Specific Guidelines

- A multidisciplinary team must participate in the evaluation when considering eligibility for EI services. The team must include the parent and individuals from two or more separate disciplines or professions, including persons who are knowledgeable about the child.
- Regardless of the referral concern, an assessment of *all* developmental areas must be completed. Those areas include (a) cognitive development, (b) physical development including vision, hearing, and health, (c) communication development, (d) social/emotional development, and (e) adaptive development.
- An EI evaluation must be based on informed clinical opinion. Informed clinical opinion may be used as an independent basis to establish a child’s eligibility under this section even when other instruments do not establish eligibility.

ECSE-Specific Guidelines

- All children referred for ECSE are assessed in all areas related to the suspected disability or delay, including health, vision, and hearing. The eleven categorical eligibilities should be considered first. The minimum criteria set for each category must be met in order to qualify under any of these categories.
- If no categorical disability is suspected, an evaluation to determine a developmental delay must be completed.

Evaluation Steps: Additional Eligibility

When EI/ECSE staff or parents of children who are enrolled in EI/ECSE services suspect a child may demonstrate characteristics that merit exploring a different or additional eligibility, the following steps must occur.

1. Initial Conversation with Family

- a. Initial Conversations regarding exploring a different or additional eligibility are generally initiated in one of two ways:
 - i. Parent Initiation: Parents may approach the Service Coordinator to discuss pursuing a different eligibility. Sometimes this occurs following a medical diagnosis parents have acquired for their children.
 - ii. Educational Team Initiation: When the educational team begins to notice that a child is demonstrating characteristics that may be best captured by a new or additional eligibility, they must have a discussion with the family regarding their suspicions.
- b. **Evaluation Planning or Evaluation consideration:** A discussion between the parents and the educational team that includes concerns and suspicions. Data, file review, or other observations may be shared to support the discussion around the areas of concern and potential impact :
 - i. If the parents choose to not allow further evaluation and/or testing to explore a new or additional eligibility, parents should be offered a Consent for Evaluation form where they can indicate that they are declining the evaluation by checking the second box indicating that they do not give their consent, and signing the form.
 - ii. In addition, a Prior Notice of Action Form must be completed that outlines the discussion and indicates that the parents have declined pursuing an evaluation at this time.
 - iii. If the parents agree with the educational team to pursue an evaluation, continue with the following steps
- c. The Service Coordinator will present the family with the areas that will be assessed as part of the evaluation using the Consent for Evaluation form. This includes reviewing the components and types of assessments that will be used.
- d. Evaluators describe proposed evaluation tools. This may include a short description of how the assessment is completed, i.e. parent report or play-based. Review all selections on the consent form and ask for parents' permission to proceed.
- e. Review permission to exchange, and ask for parent permission to proceed.
- f. Ask parents if they have questions.
- g. Explain the timelines and who will be completing each component of the evaluation.

2. Procedural Safeguards/Consents

- a. Offer the parent their Procedural Safeguards and ask them to sign the safeguards log.
- b. Review all selections of the consent form and ask for parents' permission to proceed.
- c. Review permission to exchange information, and ask for parent permission to proceed.
- d. Ask parents if they have questions.
- e. Attempt to schedule any home visits with the family at the time of the evaluation, if required. Otherwise, inform parents that the team will be in touch in the near future to schedule a home visit or additional observations in other settings.

3. Assessment:

- a. The Service Coordinator and other related specialists who may be involved in the evaluation will determine times and locations to evaluate the child
- b. Evaluators will send home any rating scales or questionnaires to the family to complete
- c. Service Coordinators will work toward obtaining a medical/health statement, if required.

4. Scoring, Reviewing Evaluation Information, Meeting Preparation

- a. Following completion of the evaluation tools, evaluators will score the tests and begin to synthesize the evaluation information into the report template.
- b. As needed evaluation team members will meet and/or communicate in order to share about their testing outcomes and observations.
- c. Evaluators will complete the report and will contact the family to set a time to review the evaluation information.
- d. Whenever possible, send parents the evaluation report in advance of the meeting, even if it is in draft form. This allows them time to read through the information in a low-stress environment before meeting with the team to review the results in person.
- e. Generate and send a meeting notice to family, evaluators, and the district representative (if needed for TK children).
- f. Complete eligibility form except for the decision section.
- g. Complete insurance form (all EI, ECSE when eval team is completing IFSPs)
- h. Prepare IFSP forms (if eligibility seems likely)
- i. Print out and plot scores on bell curve, if applicable for eligibility.
- j. Prepare agenda for the meeting.

5. Eligibility/Evaluation Meeting

- a. Offer parents Procedural Safeguards and have them sign the procedural safeguards log.
- b. Revisit the purpose of the meeting, and review the meeting agenda.
- c. Share a copy of the report with the family and review it together.
- d. Explain scores and refer to the bell curve chart, if applicable.
- e. Allow time for questions and ask parents if the report information sounds like an accurate description of their child.
- f. Review the eligibility form.
- g. Determine eligibility. Have all participants sign and indicate if they agree or disagree
- h. If eligible, modify or add IFSP goals and/or services as needed. If not eligible, complete the eligibility form in its entirety.

[Back to the Top](#)

EI and ECSE Eligibilities

EI Eligibilities

There are three ways to determine eligibility for EI services:

1. **Categorical eligibilities** – Six categorical eligibilities can be considered when determining eligibility for EI services. The minimum criteria set for each category must be met in order to qualify under any of the six categories (see chart below).
2. **EI Medical Statement** – This eligibility is used when a physician, physician’s assistant, or nurse practitioner with appropriate State Board licensure indicates that a child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delays (see details in the EI Medical Statement Eligibility process document in the IFSP manual).
3. **Developmental Delay** –To qualify for this eligibility, the child must be experiencing a current delay in development based on the criteria below and as a result needs EI services. Developmental delay means:
 - a. Scores at 2 standard deviations below the mean (2nd percentile) in one developmental area, **or**
 - b. Scores at 1.5 standard deviations below the mean (7th percentile) in two or more developmental areas

ECSE Eligibilities

The following eligibilities can be considered for children 3 years to school age. When assessing children over the age of 3 years, evaluators must consider categorical eligibilities **first**. If the criteria for a categorical eligibility cannot be met, an eligibility team can consider a DD eligibility.

1. **Categorical eligibilities** - Eleven categorical eligibilities can be considered when determining eligibility for ECSE services (see chart below). The minimum criteria set for each category must be met in order to qualify under any of these categories.
1. **Developmental Delay** – Evaluation data including information from standardized, norm- referenced developmental assessments indicate a delay as supported by:
 - a. Scores at 1.5 standard deviations below the mean (7th percentile) in two or more developmental areas
 - b. It is determined that the child’s disability has an adverse impact on the child’s developmental progress, and the team agrees the child needs ECSE services.

[Back to the Top](#)

Categorical Eligibilities

Categorical Eligibilities	EI	ECSE
Autism Spectrum Disorder	X	X
Communication Disorder		X
DeafBlindness	X	X
Emotional Disturbance		X
Hearing Impairments	X	X
Intellectual Disability		X
Orthopedic Impairment	X	X
Other Health Impaired		X
Specific Learning Disability		X (not considered in ECSE)
Traumatic Brain Injury	X	X
Visual Impairments	X	X

There are eleven categorical eligibilities in total (same categorical eligibilities that are considered when a child is school age). Six of these eligibilities can be considered when a child is under the age of three. Data to consider a Specific Learning Disability eligibility cannot be collected on a young child, so it is not used to determine ECSE eligibility. Data to consider an Emotional Disturbance and Intellectual Disability eligibility are difficult to collect when a child is under the age of 5 but both should be considered in ECSE when appropriate (school psychologist consultation required).

All categorical eligibilities have some similarities in their requirements, including:

- A review of existing information, including parent information, cumulative records, and IFSP information (if applicable)
- Medical Statement or Health Assessment Statement
 - Needed for CD eligibility only when a voice disorder is being considered
 - In some instances this form is not needed for EI and ECSE DHH eligibility
 - This form is not needed for EI or ECSE VI eligibility
- Assessments to determine if the student's disability has an adverse impact on the student's educational or developmental performance.
- Assessments to determine educational needs – does child need special education services and can a team answer whether eligibility is:
 - Not due to lack of appropriate instruction in reading or math and not due to limited English proficiency.

Instructions for each of the eleven categorical eligibilities are offered below. In some instances, referral is made to separate documents when the instructions are lengthy (e.g., Autism).

Autism Spectrum Disorder (ASD - EI and ECSE)

In addition to the steps needed for any categorical eligibility (see above), a team must collect specific information to document a pattern of characteristics defined as all three social communication deficits and at least two of the four restricted, repetitive patterns of behavior, interests, or activities. ASD evaluation steps are extensive and many procedural forms are needed. Refer to the separate detailed documents in the IFSP process manual.

11. The team must have documented evidence that the child demonstrates a pattern of characteristics defined as all three social communication deficits, and at least two of the four restricted, repetitive patterns of behavior, interests, or activities.

Social Communication and Social Interaction Must have all three social communication deficits currently or by history. (Examples are illustrative, not exhaustive)	Demonstrates persistent deficits across multiple contexts	
Deficits in social-emotional reciprocity , ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	yes <input type="checkbox"/>	no <input type="checkbox"/>
Deficits in nonverbal communicative behaviors used for social interaction , ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	yes <input type="checkbox"/>	no <input type="checkbox"/>
Deficits in developing, maintaining, and understanding relationships , ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	yes <input type="checkbox"/>	no <input type="checkbox"/>

Restricted, Repetitive Patterns of Behavior, Interests, or Activities Must have at least two of the four currently or by history. (Examples are illustrative, not exhaustive)	Demonstrates persistent deficits across multiple contexts	
Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	yes <input type="checkbox"/>	no <input type="checkbox"/>
Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route or eat the same food every day).	yes <input type="checkbox"/>	no <input type="checkbox"/>
Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).	yes <input type="checkbox"/>	no <input type="checkbox"/>
Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	yes <input type="checkbox"/>	no <input type="checkbox"/>

Communication Disorder (CD - ECSE only)

In addition to the steps needed for any categorical eligibility there are specific requirements needed to consider CD eligibility based on the communication disorder being considered. Evaluations used to consider a CD eligibility must include a speech and language assessment and a hearing screening and may include an evaluation of the child's oral mechanisms. The following additional requirements are needed depending on the presenting concern:

Voice Disorder

- Medical statement related specifically to a voice disorder
- Voice assessment scale

Fluency Disorder

- Observation in at least two settings
- Vocal dysfluency standardized measure

Phonological or Articulation Disorder

- Standardized measure
- Speech/language sample or other evaluation data

Syntax, morphology, pragmatic or semantic

- Standardized measure or other evaluation data
- Speech/language sample

The student meets one or more of the following criteria:

For a voice disorder:

- yes no The student demonstrates chronic vocal characteristics that deviate in at least one of the areas of pitch, quality, intensity or resonance; AND
- yes no The student's voice disorder impairs communication or intelligibility; AND
- yes no The student's voice disorder is rated as moderate to severe on a voice assessment scale.

For a fluency disorder:

- yes no The student demonstrates an interruption in the rhythm or rate of speech which is characterized by hesitations, repetitions or prolongations of sounds, syllables, words or phrases; AND
- yes no The student's fluency disorder interferes with communication and calls attention to itself across two or more settings; AND
- yes no The student demonstrates moderate to severe vocal dysfluencies or the student evidences associated secondary behaviors such as struggling or avoidance, as measured by a standardized measure.

For a phonological or articulation disorder:

- yes no The student's phonology or articulation is rated significantly discrepant as measured by a standardized test; AND
- yes no The disorder is substantiated by a language sample or other evaluation(s).

For a syntax, morphology, pragmatic, or semantic disorder:

- yes no The student's language in the area of syntax, morphology, pragmatics, or semantics is significantly discrepant as measured by standardized test(s) or other evaluation data; AND
- yes no The disorder is substantiated by a language sample or other evaluation(s); AND
- yes no The disorder is not the result of another disability.

Deaf-Blindness (DB – EI and ECSE)

In order for a child to qualify as deafblind, he or she must meet the eligibility requirements for **both Vision Impairment and Hearing Impairment**. The medical statement can be used to support eligibility for a child meeting the minimum criteria in the area of hearing impairment or vision impairment. In addition, a child may be eligible in this category if he/she meets the minimum criteria for either hearing or vision impairments and has a degenerative disease or pathology that affects acuity of either sensory area. The minimum steps for any categorical eligibility apply also to a DeafBlind eligibility.

2. Eligibility for special education as a child with vision impairment.
 Date of eligibility statement:
Eligibility Date

3. Eligibility for special education as a child with hearing impairment.
 Date of eligibility statement:
Eligibility Date

4. For a child who meets the minimum criteria for either hearing impairment or vision impairment, but demonstrates inconsistent or inconclusive responses in the other sensory area, a functional assessment by an educator of the vision or hearing impaired, as appropriate:

5. For a child who meets the minimum criteria for either hearing impairment or vision impairment, and has a degenerative disease or pathology that affects the acuity of the other area, a medical statement or health assessment as appropriate:

Physician, Nurse Practitioner, or Physician's Assistant Date Conducted Date Reviewed

Emotional Disturbance (ED - ECSE only)

In addition to the general requirements for categorical eligibility, an evaluation of the child’s emotional and behavioral status, two behavior rating scales (at least one standardized), and two observations by someone who is not the child’s regular teacher (one in classroom and one in another setting) are needed. All evaluations for this category must include the participation of the school psychologist in order to complete the required components.

The student exhibits one or more of the following over a long period of time and to a marked degree:

An inability to learn that cannot be explained by intellectual, sensory, or health factors;
yes no

An inability to establish or maintain satisfactory interpersonal relationships with peers and teachers;
yes no

Inappropriate types of behavior or feelings under normal circumstances;
yes no

A general pervasive mood of unhappiness or depression;
yes no

A tendency to develop physical symptoms, pains, or fears associated with with personal, or school problems.
yes no

The term emotional disturbance includes schizophrenia, but does not apply to a child who is socially maladjusted, unless the child also meets **one or more** of the criteria listed above.

Deaf or Hard of Hearing (DHH – EI and ECSE)

In addition to the steps needed for any categorical eligibility, an audiological assessment completed by a licensed audiologist is required for DHH eligibility. In addition, the Medical or Health Assessment Statement must indicate whether the hearing loss, if conductive, is treatable and whether the use of amplification is contraindicated. To be eligible for DHH services the hearing loss can be either bilateral or unilateral but the audiological testing results must meet specific criteria for a child to be found eligible (see below). A medical or health assessment form is needed only when the loss is only conductive. A licensed audiologist can provide documentation of a sensorineural loss.

DHH - EI

The child meets the following criteria:

- yes no The child must have hearing thresholds in at least one ear of 25 dBHL or greater at two or more consecutive frequencies at 500 HZ, 1000 HZ, 2000 HZ, 4000 HZ, 6000 HZ, and 8000HZ; or
- yes no The hearing loss is due to auditory neuropathy spectrum disorder (ANSD) or aural microtia/atresia, as determined by an audiologist, physician, nurse practitioner, physician assistant, or naturopathic physician.

DHH - ECSE

The eligibility team has determined that:

- yes no A comprehensive evaluation was conducted that met the minimum evaluation requirements for Deaf or Hard of Hearing
- yes no The child has been evaluated in all areas of suspected disability.

The child meets the following criteria:

- yes no The child must have hearing thresholds in at least one ear of 25 dBHL or greater at two or more consecutive frequencies at 500 HZ, 1000 HZ, 2000 HZ, 4000 HZ, 6000 HZ, and 8000HZ; or
- yes no The hearing loss is due to auditory neuropathy spectrum disorder (ANSD) or aural microtia/atresia, as determined by an audiologist, physician, nurse practitioner, physician assistant, or naturopathic physician.

The eligibility team has considered the child's special education eligibility and determined that it:

- is** **is not** due to a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies);
- is** **is not** due to a lack of instruction in math; and
- is** **is not** due to limited English proficiency.

The eligibility team has determined that:

- yes no The child is deaf or hard of hearing as defined by OAR 581-015-2150.
- yes no The child is eligible for special education services in accordance with OAR 581-015-2795 and/or OAR 581-015-2120.

Intellectual Disability (ID – ECSE only)

To consider an intellectual disability eligibility, a school psychologist must conduct a standardized intelligence test and adaptive behavior scale(s). In addition, a developmental history is needed, and the team will need information (medical and health assessment and observations) related to sensory disabilities or physical factors that might be contributing to the child's educational problems. When a team is considering intellectual disability as an eligibility, the school psych should be involved early in the discussions and process (refer to School Psych Involvement in EI/ECSE Evaluation). The steps for categorical eligibility must also be completed to determine ID eligibility.

The student meets ALL of the following criteria:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/>
<i>yes</i> | <input type="checkbox"/>
<i>no</i> | The student's intelligence tests score is 2 or more standard deviations below the mean; and, |
| <input type="checkbox"/>
<i>yes</i> | <input type="checkbox"/>
<i>no</i> | The student has deficits in adaptive behavior coexistent with the impairment in intellectual functioning; and, |
| <input type="checkbox"/>
<i>yes</i> | <input type="checkbox"/>
<i>no</i> | The student's developmental level or educational achievement is significantly below age or grade norms; and, |
| <input type="checkbox"/>
<i>yes</i> | <input type="checkbox"/>
<i>no</i> | The student's educational problems are not primarily the result of sensory disabilities or other physical factors. |

Orthopedic Impairment (OI – EI and ECSE)

In addition to the steps listed for categorical eligibility, the following must be completed to determine OI eligibility. The medical or health assessment must indicate a diagnosis of an orthopedic or neuromotor impairment **or** a description of the motor impairment. In addition, a standardized motor assessment must be completed by a person knowledgeable about orthopedic and neuromotor development and results must indicate qualifying deficits as described along with functional deficits in at least two of three motor areas.

The child meets one or more of the following criteria:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/>
<i>yes</i> | <input type="checkbox"/>
<i>no</i> | The child has a motor impairment which results in deficits in the quality, speed, or accuracy of movement. These deficits are documented by a score of 2 or more standard deviations below the mean in fine motor, gross motor and/or self-help; |
| <input type="checkbox"/>
<i>yes</i> | <input type="checkbox"/>
<i>no</i> | The child has functional deficits in at least two of the three motor areas; AND |
| <input type="checkbox"/>
<i>yes</i> | <input type="checkbox"/>
<i>no</i> | The child's condition is permanent or is expected to last for more than 60 calendar days. |

Other Health Impairment (OHI – ECSE only)

To consider this category, the child must have a chronic or acute health problem that is expected to be permanent or last more than 60 days. Examples of health conditions that may merit such an eligibility include, but are not limited to: asthma, ADD/ADHD, diabetes, epilepsy or other seizures disorder, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia or Tourette syndrome. The impairment must limit the child's strength, vitality or alertness (including heightened alertness that results in limited alertness in educational environments). All steps listed for categorical eligibility must also be completed and a school psychologist will most likely be involved when ADD/ADHD is being considered.

The student meets all the following criteria:

- | | | |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/>
yes | <input type="checkbox"/>
no | The student exhibits limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment. |
| <input type="checkbox"/>
yes | <input type="checkbox"/>
no | The student's limited strength, vitality or alertness is due to a chronic or acute health problem. |
| <input type="checkbox"/>
yes | <input type="checkbox"/>
no | The student's condition is permanent or is expected to last for more than 60 calendar days. |

Traumatic Brain Injury (TBI – EI and ECSE)

All evaluations for this category must include the participation of the school psychologist in order to complete the required components. In addition to the requirements listed above, there must be a, (a) comprehensive psychological assessment using a battery of instruments to identify deficits associated with traumatic brain injury; (b) other assessments to address functioning in areas such as motor, communication and psychosocial; (c) other information relating to the child's suspected disability, including pre-injury performance; (d) a current measure of adaptive functioning; and (d) two observations in at least two settings. The medical/health statement must indicate that an event may have resulted in a traumatic brain injury. It is advised that the school psychologist be involved in evaluation planning for this eligibility (refer to School Psych Involvement in EI/ECSE Evaluation)

The child meets one or more of the following criteria:

- | | | |
|---------------------------------|--------------------------------|---|
| <input type="checkbox"/>
yes | <input type="checkbox"/>
no | The child has an acquired injury to the brain caused by an external physical force |
| <input type="checkbox"/>
yes | <input type="checkbox"/>
no | The child's condition is permanent or expected to last for more than 60 calendar days |
| <input type="checkbox"/>
yes | <input type="checkbox"/>
no | The child's injury results in an impairment of one or more of the following areas: |
| | <input type="checkbox"/> | Communication; |
| | <input type="checkbox"/> | Behavior; |
| | <input type="checkbox"/> | Cognition, memory, attention, abstract thinking, judgment, problem solving, reasoning, and/or information processing; |
| | <input type="checkbox"/> | Sensory, perceptual, motor and/or physical abilities. |

Vision Impairment (VI- EI and ECSE)

A vision specialist will be required to participate in all VI eligibilities to complete the functional vision assessment and interpret the results of the vision examination. In addition to all steps listed for categorical eligibility, the following steps must be completed to determine VI eligibility:

1. A vision exam conducted by an individual licensed to practice optometry or ophthalmology
2. A functional vision assessment conducted by a teacher of VI to identify educational or compensatory needs, including functional assessment of the child's residual visual acuity or field of vision.

If vision testing is inconclusive, and the student demonstrates inadequate use of residual vision, VI eligibility might be appropriate.

1. The team has reviewed existing information, including information from the parent(s), the student's cumulative records, and any previous individualized education programs or individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination.


Date Reviewed

2. A vision examination by a person licensed to practice optometry by an appropriate state authority or a physician who specializes in ophthalmology licensed by an appropriate state authority.

Ophthalmologist or Optometrist Date Conducted Date Reviewed

The vision examination indicates:

- The child has a visual impairment that is uncorrectable by medical treatment, therapy or lenses.
- The vision examination results are inconclusive and the child demonstrates inadequate use of residual vision.

3. A functional vision assessment conducted by a teacher of the visually impaired to identify the child's educational and compensatory needs, including a functional assessment of the child's residual visual acuity or field of vision.

Examiner Assessment Date Conducted Date Reviewed

4. Any additional assessment determined by the evaluation team to be necessary to determine the impact of the suspected disability:

Developmental Delay: EI AND ECSE

EI Medical Statement (DD-ps)

This eligibility is used when a medical provider with appropriate State Board licensure indicates a child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Once intake recognizes that an EI Medical Statement process can be used, appropriate documentation is obtained and a service coordinator at the site is identified. The initial home visit to consider eligibility and complete the initial IFSP is typically done by the site IFSP team. Refer to EI Medical Statement document in the manual for complete instructions.

The team has obtained the following requirement:

A medical condition statement documenting that the child has a diagnosed physical or mental condition that is likely to result in a developmental delay (form 581-5150D-X):

Physician/Physician Assistant/Nurse Practitioner Date

The team has determined that the child meets the following criteria:

The child has a physical or mental condition that is likely to result in developmental delay as described below:

yes no

EI-DD

When it seems that none of the categorical eligibilities that can be used to determine EI eligibility are appropriate, the team should complete an evaluation to determine eligibility based on current developmental delays (DD) using the criteria below and as described above.

The team has determined that the child meets the following criteria:

1. The child is under three years of age and has a developmental delay of 2 standard deviations or more below the mean in one or more of the following developmental areas:

yes no

Communication
 Adaptive
 Physical
 Social/Emotional
 Cognitive

OR

2. The child is under three years of age and has a developmental delay of 1.5 standard deviations or more below the mean in two or more of the following developmental areas:

yes no

Communication
 Adaptive
 Physical
 Social/Emotional
 Cognitive

AND

3. The child needs early intervention services.

yes no

ECSE DD

As mentioned above, categorical eligibility should be considered first, especially when the child is over the age of 3 years. However, DD eligibility also can be used to determine ECSE eligibility when none of the categorical eligibilities appear appropriate. All children referred for an ECSE evaluation are assessed in all areas related to the suspected disability or delay including health, vision, and hearing, if appropriate.

There are three main differences in EI and ECSE DD eligibilities:

1. There is a difference in criteria (one area at 2 SD is not available after age 3).
2. To qualify for ECSE, the team must agree that the child's disability has an adverse impact on the child's developmental progress, and
3. The educational team, when determining whether the child needs special education, must consider whether the disability is due to a lack of appropriate instruction in reading or math, or limited English proficiency.

(d) The team has determined that based on the information obtained during the evaluation, the delays are not due to another disability.

yes no The child has a developmental delay of 1.5 standard deviations or more below the mean in two or more of the following developmental areas:

Communication Adaptive Physical Social/Emotional Cognitive

yes no The child's disability has an adverse impact on the child's developmental progress when the child is age three to kindergarten, or has an adverse impact on the student's educational performance when the student is at the age of eligibility for kindergarten through age 9; and

yes no The child needs special education services; and

The Eligibility Team has considered the child's special education eligibility, and determined that the eligibility:

is **is not** due to a lack of appropriate instruction in reading, including the essential components of reading instruction (see directions);

is **is not** due to a lack of instruction in math;

is **is not** due to limited English proficiency; and

is **is not** due to another disability.

The DD criteria now has an exclusionary statement that “the disability is/is not due to another disability.” Therefore, if a child with a DD eligibility is later found to have a new categorical eligibility that explains the child's delays, the DD eligibility must be “closed out.” (The exception to this is an articulation disorder, a child may be both developmentally delayed and have an articulation disorder.) To close out the eligibility, complete the eligibility form using the most current information, and complete the eligibility section, indicating that the delays are due to another disability. Sign the form and complete the census and distribution processes.

Developmental delay as a special education eligibility can now be considered through age 9, so some children may enter kindergarten with a DD eligibility. Districts during the kindergarten transition process will be determining the most appropriate eligibility for each student.

Specific Learning Disability (SLD – not appropriate for EI or ECSE)

SLD eligibility is not considered in young children given the fact that criteria related to academic achievement and developmental progress toward age level standards.

[Back to the Top](#)

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 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.

The school psychologists assist with evaluations when the following circumstances apply:

Note: The “school psychologist request” email template is included at the end of this document (it is recommended that you set up a “school psychologist request” signature template in your email account) and sent to the psychreferrals@nwresd.k12.or.us email.

EI to ECSE Transition Evaluations

When an Intellectual Disability, Emotional Disturbance, Other Health Impairment (if evaluators need support), 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. Requests should be sent to psychreferrals@nwresd.k12.or.us
- The school psychologist will 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 evaluation with 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 eligibility criteria 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. (If you have created the request template, fill it out and then send it to your coordinator.) This request should be sent to psychreferrals@nwresd.k12.or.us
- Once the request has been made, the following steps will apply:

School psychologist will:

- Contact service coordinator.
- Service coordinator will schedule an evaluation planning meeting with school psych, 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 of information consent 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 after eligibility is determined (qualified or not qualified).

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 other categorical eligibilities. Refer to the instructions below:

Definitive Diagnosis

When **ECSE referral information offers a definitive diagnosis** of Intellectual Disability, Traumatic Brain Injury, OHI (for example, ADHD diagnosis), and/or Emotional Disturbance the intake specialist should email the school psychologist referral line (psychreferral@nwresd.k12.or.us). The intake specialist should obtain ROIs and a medical Statement as early as possible in the referral process. The school psychologist will consult with the intake specialist on next steps and scheduling needs. *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 their involvement.*

Needed steps:

- The intake specialist ensures that all necessary documentation, including a signed and completed Health and Medical Assessment Form, has been received before the initial evaluation. Evaluators communicate 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. They complete necessary evaluation procedures and participate 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 an OHI qualifying conditions, 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.**

Alternatively, if sufficient evaluation information was not collected to definitively determine DD eligibility the initial evaluation and the eval team needs school psychologist support in completing this, a referral to the school psychologist can be completed.

Initial Steps:

1. Initial evaluation team reviews evaluation results with family and **completes DD eligibility form if the child is eligible. If the child is not eligible at this time, leave the eligibility pending:**

- a. send billing and census for “*ECSE full evaluation with consult*” and reflect eligibility status
- b. Consider if school psych support or consultation is needed based on referral concerns and eligibility you are pursuing. **Evaluation team members are able to administer and interpret the: ABAS, SSiS: SEL, Vineland and/or BRIEF** (to use the BRIEF scores for eligibility determination a school psych must be consulted). Though they may consult with the school psychologist as needed.

Refer to this document for assistance on accessing protocols electronically:

[EI/ECSE Digital Assessment Resource Inventory \(as of 09-2-21\)](#)

Only School Psychs can administer and interpret: the Conner’s, BASC, and Achenbach

School Psychologists are available to complete preschool observations when needed for eligibility determination

- c. If consultation or evaluation support is needed send a referral request (using email template) to the school psychologist email box (psychreferrals@nwresd.k12.or.us). The school Psych will note that referral was received in the contact log and communicate with the evaluators if needed to determine a joint plan.

2. Evaluation team service coordinator **explains to the family the need to complete follow-up evaluation.**
3. **If qualified initially for DD and a categorical eligibility is being pursued**, the eval team service coordinator completes the DD evaluation report, indicating the need for school psych follow-up. Eval team completes all normal steps in DD eligibility process including distribution.

Follow these additional steps below depending on the eligibility status of the child.

Child DD Eligible After Initial Eval; <u>Pursuing Categorical Eligibility</u>	Insufficient info collected to determine Eligibility after initial Eval and Psych support may be needed to complete eval
<p>Eval Team Service Coordinator will:</p> <ul style="list-style-type: none"> - Indicate in the site notification email to the site that additional evaluation to consider categorical eligibility might be needed. <p>School psychologist will:</p> <ul style="list-style-type: none"> - Review file to determine follow up needs. - Contact site service coordinator to discuss child’s progress and needs. 	<p>School psychologist will:</p> <ul style="list-style-type: none"> - Review file and will talk with eval team to determine what is or is not needed and assign next steps/roles. - If there is sufficient evidence of suspected disability, talk with parents about their concerns. - Schedule an evaluation planning meeting with parents and preschool/child care staff, if appropriate. Obtain consent for evaluation, if appropriate.

<ul style="list-style-type: none"> - Contact parent about their concerns, questions, and input regarding rate of progress. - Service coordinator will schedule an evaluation planning meeting with school psych, parents, and preschool/child care staff, if appropriate. - Obtain consent for evaluation, if appropriate. - Complete additional testing and observations, if needed, and notify the site service coordinator when evaluation components are complete. -if needed, Health and Medical Statement for appropriate categorical eligibility(ies). - Work with site service coordinator to arrange eligibility meeting. - Participate in eligibility meeting to consider all current evaluation data to determine eligibility(ies). <p>Site ECSE service coordinator will:</p> <ul style="list-style-type: none"> - Communicate with school psychologist about child's progress and need for follow-up evaluation. -Help arrange additional testing and observations, if needed. - Obtain ROI exchanges with physician and any private service providers - 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). 	<ul style="list-style-type: none"> - 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.) - Work with eval team service coordinator to obtain exchange with physician and Health and Medical Statement for appropriate categorical eligibility(ies). - Complete additional testing and observations, if needed. -if needed, Health and Medical Statement for appropriate categorical eligibility(ies). - When all components of evaluation complete, one of 2 things can happen: <ol style="list-style-type: none"> 1. if there is evidence to support eligibility(ies): notify site of new child and work with site SC to schedule meeting (elig, IFSP) 2. if results do not support eligibility(ies), notify eval team service coordinator to schedule meeting for DNQ - Participate in eligibility meeting. <p>Eval team service coordinator (DNQ anticipated) will:</p> <ul style="list-style-type: none"> - Assist the school psychologist in obtaining additional parent and teacher checklists, if needed. - Obtain ROI exchange with physician and any private service providers -Work with school psychologist in scheduling eligibility meeting. - Facilitate eligibility meeting. - Submit non-eligibility census. <p>Site service coordinator (eligibility anticipated) will:</p> <ul style="list-style-type: none"> - Work with school psychologist in scheduling eligibility and IFSP meeting. - Facilitate eligibility/IFSP meeting.
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	- Submit census after eligibility(ies) and IFSP meeting.
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The school psychologist will use the chart below to determine priorities for responding to requests.

Highest Priority	High Priority	Priority
EI to ECSE transition evaluations	TK students not eligible for DD but needing additional eval for school-age categorical eligibility	ECSE students (not TK) with DD eligibility needing additional eval for school-age categorical eligibility
ECSE TK students, not eligible for DD	ECSE students eligible for DD, child and family not in crisis	
ECSE students not eligible for DD, family and student in crisis		

School psychologist email request template:

Subject line – Request for School Psych

Include all the following information in the email. Your coordinator should be apprised of all requests for school psych evaluation support. Please complete the request form below, then send it to your coordinator, who will review it and forward it to the psych referral inbox.

School Psychologist Request

Child ID #:

DOB:

District:

Service Coordinator:

Transition: EI to ECSE () Kindergarten () Not Transition Year ()

Eligibility Pending & Type: ()

Consent timeline:

Community Preschool:

Follow-up concerns/Reason for request:

[Back to the Top](#)

Hearing Eval Request Process

Site-based SLPs are trained to complete hearing screenings using the OAEs. If a child has a history of failed hearing screenings, has a family history of hearing loss, or other extenuating circumstances, the SLP or Service Coordinator may make a referral to the agency audiologist. You must attach the data from the two failed OAE screenings to this request form. For more information, see your Coordinator.

The Hearing Eval Request process form can be accessed [HERE](#). Once completed, send to your site Coordinator.

[Back to the Top](#)

Evaluation Billing & Site Notification

This document includes information about the evaluation billing process. There are specific details related to the billing process, so please read all sections carefully.

EVALUATION BILLING – Types of Evaluations

Types of Evaluations
File Review
Partial Evaluation
Partial Evaluation w/Interpreter*
Full EI Evaluation
Full EI Evaluation w/Interpreter*
Full ECSE Evaluation
Full ECSE Evaluation w/Interpreter*
Full ECSE Evaluation w/Consult
ASD Evaluation
ASD Evaluation w/Interpreter*
Multi-visit Add on

***Bill with interpreter when interpreter is involved for one hour or more**

Billing Terms Defined

File Review

- When existing evaluation data from a recent EI or ECSE evaluation, evaluation from another state, or an evaluation from another private provider are comprehensive enough for the team to use these data to determine eligibility, that 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.
 - When more than one area is a concern, but previous EI or ECSE eval 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 eval 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 DHH and VI eligibilities
 - DDps 0-2

Full EI evaluation with or without interpreter

- At least two licensed professionals are involved in the evaluation
- Two or more areas of development are evaluated
- Full evaluations typically result in the following eligibilities:
 - DD 0-3 and DD 3-5
 - OI and OHI categorical eligibilities
 - A full evaluation also could result in an DHH, VI, Deaf blind, or CD eligibility, but only if two or more areas of development are evaluated

Full ECSE evaluation with or without interpreter

- At least two licensed professionals are involved in the evaluation
- Two or more areas of development are evaluated
- Full evaluations typically result in the following eligibilities:
 - DD 0-3 and DD 3-5
 - OI and OHI categorical eligibilities
 - A full evaluation also could result in an DHH, VI, Deaf blind, or CD eligibility, but only if two or more areas of development are evaluated

Full ECSE evaluation with consult, with or without interpreter

- When evaluation team, after initial evaluation/eligibility, requests consultation from school psychologist to consider categorical eligibilities, the eval team submits billing as full with consult. No additional billing is needed by the IFSP team.
- When an IFSP team, after a child has been receiving services, requests consultation from the school psychologist to consider categorical eligibilities, the site service coordinator should bill as a full evaluation with consult when the evaluation is complete (do not wait until the eligibility meeting to submit billing).
- A full eval with consult typically would result in an ID, OHI (ADD/ADHD), TBI, or ED eligibility.
 - A school psychologist does not always need to be involved in OHI eligibilities but can offer assistance to the team as needed.

ASD evaluation, with or without interpreter

- ASD evaluation is initiated by the evaluation team and then completed by the IFSP team (eval team completes billing form as ASD eval, no additional billing is needed by IFSP team).
- All components of the ASD evaluation are completed by the evaluation team (bill once as ASD evaluation when all components of evaluation are complete).
- All components of the ASD evaluation are completed by the site team.

Multi-visit Add-On

- The multi-visit add-on may be billed when completion of the evaluation is contingent upon multiple visits, such as when:
 - Child's behavior or health is such that a second evaluation appointment must be scheduled (either at the center or at the home) to complete the evaluation, thus taking up an additional evaluation slot.
 - Child's eligibility is contingent upon an observation in another setting, such as with a fluency evaluation, and an evaluator must schedule time to complete the evaluation.
 - When the evaluators have determined that an observation in the child care or preschool setting is necessary, and an evaluator or school psychologist is needed to complete that observation.
 - This list is not exhaustive, please direct questions to the evaluation coordinator if you are unsure of whether or not to bill for a multi-visit add-on.
 - The billing should occur once the visit has been completed.

Note: There is no need to bill when a Regional VI, DHH, or OI eligibility is completed after the child's initial eligibility.

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

<ul style="list-style-type: none"> A school psych consult is requested by the evaluation team to consider ID, TBI, OHI (ADD/ADHD), or ED eligibility. 	<ul style="list-style-type: none"> Evaluation team submits billing as Full Evaluation with Consult, with or without interpreter. <u>The IFSP team submits no additional billing.</u> Depending on the nature of the evaluation and what is required, school psychologist may also bill for a Multi-visit Add-On, if needed.
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EI to ECSE Transition Evaluations

<ul style="list-style-type: none"> ASD eval is completed during the transition process. 	<ul style="list-style-type: none"> EI service coordinator submits billing as ASD Evaluation with or without interpreter.
<ul style="list-style-type: none"> EI service coordinator requests a school psych consult to consider ID or TBI eligibility. 	<ul style="list-style-type: none"> EI service coordinator submits billing as a Full evaluation with Consult, with or without interpreter.

Follow-up Evaluations Once Child in Services

<ul style="list-style-type: none"> ECSE IFSP team completes an ASD evaluation (more than 6 months after the initial evaluation). 	<ul style="list-style-type: none"> Service coordinator submits billing as ASD evaluation, with or without interpreter (if less than 6 months from initial evaluation, no billing is submitted).
<ul style="list-style-type: none"> 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.) 	<ul style="list-style-type: none"> 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).

Billing & Site Notification

[Submitting Billing How To](#)

EVALUATION TEAM – Evaluation Billing and Site Notification

- The **same day as the evaluation**, whenever possible, **complete the billing form on ecWeb**
 - 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 correcting an error in an archived form, please delete the inaccurate version when the new form with the changes has been archived.
 - Send notification email** to the “Scheduling and Records” email account (see below) for Washington or Columbia County OR appropriate emails for Tillamook or Clatsop (see below), and the 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 EI student, or**
 - New ECSE student, or**
 - New EI/ECSE student**
 - Body of email template** - see next page
- (Email templates can be set up using the template function in Gmail.)

Child ID #:
Child's Initials:
Date of Birth:
Date of Evaluation:
Type of Evaluation:
Eligibility Determination: NO / YES / PENDING; Type (i.e. DD 0-2; CD etc); Areas of delay:
Interpreter: No /Yes (for whom?)
Anticipated Report Completion Date:
Preschool Setting: No / Yes
Name of Facility:
Location:
Times of Attendance:
Other Details:
Date of Release:
Family is expecting initial phone call/contact by: (DATE)
Services to be initiated no later than: (Date)
Additional child/family info:
Follow-up Needed: None, Determine Eligibility, Develop IFSP, Pending Regional Referral, Hearing Rescreen, Potential Categorical Eligibility, Nursing/Medical Protocol needed

*****ASD Follow Up Needed:** Service team to hold ASD Evaluation Planning Meeting at the initial IFSP meeting. (** eval team person sending can delete this line if this does not apply.)
Please feel free to email or call if you have any questions or would like additional information about this evaluation.

Note: Evaluation planning meetings are a discussion to consider the need for additional evaluation; they do not always result in the team determining that an evaluation is necessary. Please see your coordinator if you have questions about how to document that this meeting was held.

Emails are directed to designated site staff at the following email addresses:

- Washington County:
 - BECC: BECC-SchedulingAndRecords@nwresd.k12.or.us
 - HECC: HECC-SchedulingAndRecords@nwresd.k12.or.us
 - TECC: TECC-SchedulingAndRecords@nwresd.k12.or.us
 - Head Start: WSC-SchedulingAndRecords@nwresd.k12.or.us
- Columbia County: col-co-schedulingandrecords@nwresd.k12.or.us
- Clatsop County: lgermond@nwresd.k12.or.us
- Tillamook County: mburris@nwresd.k12.or.us

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.
- **Refer to the [ecWeb Census Billing Instructions form\(s\)](#) in this manual for complete instructions on how to fill-out and send the billing form.** A picture tutorial guide is provided.

[Back to the Top](#)

OT/PT Referral/Initial Assessment Process

OTs and PTs are required by their licensing boards to complete an initial assessment before offering OT or PT services. In addition, Medicaid requires documentation of an OT or PT initial assessment before billing for these services. Specifics for meeting this requirement are offered below.

- In education, *evaluations* and *assessments* are considered two different processes. *Evaluations* are completed to determine eligibility for EI or ECSE services and require written parent consent, use of standardized measures and numerous other regulations related to eligibility. *Assessments* are ongoing procedures used by qualified personnel to identify a child's unique strengths and needs and used to initiate services after eligibility.
- An initial OT/PT *assessment* is **not** considered an *evaluation* to establish eligibility for services. Written parental consent and use of standardized measures are not needed to complete an initial OT/PT *assessment*. The assessment report template linked below, lists the types of information collected during an OT/PT initial assessment.
- If a motor *evaluation* is completed by an OT or PT as part of determining an EI/ECSE eligibility **and OT or PT motor needs were identified**, an initial OT or PT *assessment* is not needed to initiate these services (the information collected during the *evaluation* serves as an initial *assessment*). Currently, there is a OT on the evaluation team, so it is possible that OT needs were identified at the initial evaluation. There are a few isolated cases when a PT might have participated in the initial evaluation, but it is rare.

When to complete an initial OT/PT assessment to initiate services and how to document the initial assessment:

1. An initial OT or PT assessment is needed before either of those services can be initiated. If an OT or PT has completed a motor evaluation to determine any EI or ECSE eligibility and motor needs were identified, an initial OT/PT assessment is not needed.
2. The minimal requirements for an assessment may be found in the following Assessment Report Templates linked below. [OT Assessment Report](#) or the [PT Assessment Report](#) template.
(NOTE: These documents live in the shared EI/ECSE Entire Dept Drive-->Forms & Documents-->Motor Forms & Processes folder that you have access to.)
Use these forms, not the OT/PT evaluation form on ecWeb.
3. Verbal parental consent should be obtained before the initial OT/PT assessment is completed if the possible need for OT/PT services was not discussed at an IFSP meeting with the parents present (see additional direction below).
4. Following the assessment, the OT or PT should:
 - Report findings in the assessment report linked above. Save report as a pdf for distribution.
 - Share the results with the parent and team members.
 - Make a note in contact log that assessment was completed, including the outcome.
 - If services are **not needed**, a Prior Notice of Action informing the parents of the outcome should be completed by the service coordinator in collaboration with the OT/PT.
 - If services **are needed**, the service coordinator schedules an IFSP meeting, or Written Agreement (ECSE only) is obtained, to revise the IFSP to add the service(s) (e.g., add OT/PT services to the cover sheet, add or revise fine motor/adaptive or gross motor goals based on the OT/PT assessment).
 - The service coordinator with the OT/PT (a) completes needed paperwork including, signed Written Notice (if used), all revised IFSP pages, and Prior Notice of Action, (b) archives all forms completed, (c) sends Assessment Report as **PDF**, all IFSP pages/forms, and Prior Notice of Action to the administrative assistant to review, distribute and upload.
 - Admin assistants will upload and label the OT or PT Assessment Report separately like a medical record so it is readily identifiable for Medicaid and school district staff. The other forms should be processed and uploaded as an IFSP revision.

Helpful Tips:

- Use of standardized measures after initial EI/ECSE eligibility should only be used when completing an evaluation to consider additional eligibilities.

- The OT/PT evaluation report in ecWeb should be used only when an evaluation to consider OI eligibility is completed after initial eligibility.
- If motor needs were not identified by an OT/PT during the initial eligibility evaluation and the team has decided that motor services may be needed, then an OT or PT assessment is needed before services can be initiated.

Service Coordinator reminders:

- You may NOT add OT/PT services to a child's IFSP without first consulting with the OT/PT.
- If a family requests an OT/PT consult during an annual IFSP and a provider is not in attendance, you may add a 1x consult and project the start date out at least 1month in the future. Be sure to notify the service provider of the pending consult and start date on the cover sheet.
- If a 1x consult is added to the cover sheet, the OT/PT must do that consultation on or before the start date on the cover sheet.
- A 1x consult *does not* have to be on the cover sheet if it is requested at a time other than the annual IFSP. If the parent will not be present for the consultation, the service coordinator or OT/PT provider should obtain verbal parental consent, and the assessment is completed at the consultation. If services are needed then an IFSP revision will be completed.
- We do not bill Medicaid for eligibility evaluations or assessments due to nuances regarding start dates. Once the services have been added to the IFSP, Medicaid services can be billed.

FAQs:

★ Can an OT/PT be invited to a virtual session to complete the assessment?

- Yes, the initial consultation where the service coordinator invites an OT/PT to attend to provide ideas and determine whether services may be needed is the assessment (the parent is present & offers consent). Assuming the child's file has been reviewed ahead of the consultation, in many, if not most cases, talking with the parent at that session and observing the child is sufficient to complete the initial assessment to determine whether OT or PT services are needed and should be added to the IFSP.

★ Is a comprehensive assessment of significant sensory concerns necessary prior to making a referral for a medical OT evaluation?

- We do not make medical referrals. However, you can suggest that a family discuss concerns with their primary care provider and/or explore their insurance options regarding private therapies. It is very important that a *recommendation* for private services is not made by an agency employee, as the agency may then be responsible for paying for that service.

★ Is written parental consent needed to assess sensory concerns (such as Sensory Processing Measure [SPM] or the Sensory Profile [SP])?

- If used for program planning or screening, written parental consent is not needed to complete a SPM or SP. If one of those tools or the results of those tools will be used in determining eligibility it should be referenced on the consent for evaluation obtained to determine eligibility and included on the eligibility form, if applicable.

[Link to definitions from IDEA](#)

[Back to the Top](#)

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](#)
 - Send notice of meeting to parents and other IFSP team members
 - Evaluation Planning Meeting
 - Team develops an evaluation plan. All existing information (e.g., previous testing, progress toward goals, AEPS, observations, parent input) should be reviewed in this meeting.
 - The plan should identify what additional data are needed to determine continuing eligibility or non-eligibility.
 - Program policy requires current standardized testing (no more than 9 months old) anytime continued eligibility is to be considered.
 - Current testing from other providers can be considered.
 - Prior Notice About Evaluation
 - 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 – file review).
 - 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 6 months since the most recent evaluation, the service coordinator completes the billing form on ecWeb and sends a memo via ecWeb to the data administrator (Vicky S, Laura G, Laura W, or Misty B). Do not wait until the eligibility meeting to complete the billing form. See evaluation billing and report writing instructions.
4. The eligibility team meets to determine whether the child continues to qualify for services.
 - The team completes the appropriate eligibility statement
 - Signatures of team members are obtained
5. The service coordinator completes [Prior Notice of EI/ECSE](#) Action in which eligibility determination is clearly explained.
6. The service coordinator prepares paperwork for distribution. The parent receives copies of:
 - Notice of Team Meeting
 - Prior Notice About Evaluation
 - Eligibility Statement
 - Evaluation Results Report
 - Prior Notice of EI/ECSE Action.

[Back to the Top](#)

Making a File Inactive

During the 2020 COVID-19 pandemic, until such time as it is resolved, refer to the guidance provided in [Contacting Families and Making Files Inactive during COVID](#) for when to make a file inactive. Additional information about this process is also located in the [Non-Attendance or Participation](#) section of this manual.

Key File Status Definitions		
Term	ecWeb Code	Definition
Notification	n	The “n” code is used only when the referral source is CAPTA (child under 3 referred by DHS) or the referral does not include basic identifying information (child’s name, DOB, parents’ names, parents’ contact information).
Referral	r	An “r” code is entered upon receipt of all referrals for EI (non-CAPTA) and ECSE children and referral includes all basic identifying information.
Placed	p	A “p” code is entered when the child is receiving EI/ECSE Services (child has a current IFSP).
Inactive	ia	The “ia” code is entered when a child’s file is closed and will not be processed further until a re-referral is received.

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 reasons when **service coordinators** or **intake/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 chart below offers all parent and program-based reasons for making a file inactive. The codes, definitions, documentation, and follow-up steps needed for each reason are listed. Immediately below, are the initial steps needed any time a file is made inactive.

Initial Steps: When making a file inactive, service coordinators and evaluators should always:

1. Carefully review and determine appropriate code after consulting the team and family.
2. Complete a census/billing form on ecWeb and send memo to data administrator via ecWeb.
(Vicky S, Laura G, Laura W, or Misty B)
3. Enter Contact Log explaining why file is being made inactive
4. Complete needed documentation based on the appropriate reasons (see charts below), submit for distribution, and send the original file to the ESD, if appropriate.

Note: *To ensure codes are current and accurate, data administrators enters all inactive (ia) codes in the child’s placement history deactivating the child’s file in ecWeb based on the information offered on the census form.*

SERVICE COORDINATORS: Making Files Inactive

Each time a file is made inactive:

- Submit a [census/billing ecWeb form](#), send memo via ecWeb, update contact log, send file to ESD if appropriate

- Complete additional documentation (see chart below) and submit for distribution (also refer to examples of action forms)

Service Coordinator Inactivation Options		
Parent-Based Inactive Scenarios	Inactive Code Definition	Additional Documentation and Follow-up
<p>ECSE Revocation of Consent for special education services.</p> <p>When a parent chooses to:</p> <ol style="list-style-type: none"> 1. Discontinue ECSE services, 2. Take a “break from services” with no defined date of return to services, the service coordinator should consult a coordinator. <p>Note: Consult coordinator when ECSE parents indicate they will be accessing only private services.</p> 	<p>ia-rev Revoked Consent</p>	<p>Service coordinator consults coordinator about parent’s request to revoke services.</p> <p>Before making a file inactive the coordinator will:</p> <ol style="list-style-type: none"> 1. Contact the parent to discuss reason(s) for revoking consent for ECSE services and offer an IFSP meeting. 2. Send a letter explaining the revocation process if parent decides to revoke consent, and ask parents for written notice revoking their consent. <p>Once written notice is received, service coordinator completes the Action form using example in process manual, updates file and sends it to the ESD.</p>
<p>Parent decides not to access or refuses services:</p> <p>EI - parent decides to discontinue EI services.</p> <p>ECSE - Parent declines services after child found eligible for ECSE but before Provision Consent is signed.</p>	<p>ia-rs Refused Services</p>	<p>Action form</p>
<p>EI or ECSE parent chooses to access private services only</p>	<p>ia-ps Private Services</p>	
<p>Parent not responding to communication attempts: At least 3 attempts were made to contact the parents using multiple methods (phone, email, and text) to schedule a meeting or visit, or ask why child is not attending. After the 3 attempts, a 10-day letter was mailed and parents have not responded within the 10 days.</p>	<p>ia-cl Cannot Locate</p>	
<p>Eligibility established and parent is not responding to communication attempts to develop IFSP</p> <p>Note: ECSE services cannot be offered until the IFSP has been reviewed with the family and provision consent is signed.</p>	<p>ia-cl Cannot Locate</p>	<p>Team should hold a meeting to develop a draft IFSP, <i>then continue steps to make file inactive.</i></p>
<p>EI IFSP Expires - annual review cannot be completed by the annual due date.</p> <p>Note: EI services cannot be offered until the IFSP has been reviewed with the family.</p>	<p>Use ia code appropriate to the situation: ia-cl (cannot locate) ia-rs (refused services) ia-ps (access only private services)</p>	<ol style="list-style-type: none"> 1. Team has 20 days after the expiration date to continue contacting the family to schedule the review. 2. If it is clear the review cannot be completed within 30 days of the IFSP expiration, the file should be made inactive using the appropriate code. 3. Action form.
Parent-Based	Inactive Code	Additional Documentation

Inactive Scenarios	Definition	and Follow-up
EI team, including parents, no longer have concerns prior to the before EI to ECSE transition planning window.	ia-nc No Concerns	Action form Census form sent prior to the child's third birthday.
EI team, including parents, after screening, have no concerns at EI to ECSE transition and do not refer child for ECSE evaluation. 1. Services continue until child's 3rd birthday. 2. Family decides to discontinue services immediately after screening.	1. ia-nc (exit date is day before 3rd birthday) 2. ia-nc No Concerns	1. Screening summary EI exit action notice 2. Screening Summary Action Form to make the child's file inactive with note that NWRESD stands ready to provide services as written on the IFSP until 3rd birthday
EI team recommends ECSE evaluation at EI/ECSE transition based on evidence of delays or disability, but parent declines evaluation.	ia-re Refused Evaluation	1. Parent must sign and decline eval on Eval Consent form. 2. Action form indicating that parent declined ECSE eval.
Child ages out of EI	Census needed, code will vary based on situation	Action notice indicating child is no longer eligible for EI services because they are now over the age of 3 years.
Family moves to another county in Oregon OR Family moves to another state or plans to live in another state 4 weeks or longer OR Family moved to another country but will live on a military base	ia-mi Moved In-State ia-mo Moved Out-of-State	1. 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. 2. Provide family with intake phone number of receiving county to continue services. 3. Attempts should be made to ensure a family moves with a current IFSP, so family can easily access services in receiving county or state.
Family moves to another country OR plans to live in another country 4 weeks or longer.	ia-mo Moved Out-of-state	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.
Child will no longer receive cross-county services	ia-cc No longer Cross County	No action form needed
Child passes away	ia-d Deceased	Action form (copy of action form should not be distributed to the family).

Program-based Inactive Scenarios	Inactive Code Definition	Documentation and Follow-up Needed
No longer eligible: Child was re-evaluated and determined to be no longer eligible for EI or ECSE services.	ia-dnq Did Not Qualify	1. Action form

INTAKE TEAM OR EVALUATORS: Making Files Inactive

Each time a file is made inactive:

- Complete ecWeb census/billing form and send memo via ecWeb
- Update Contact Log
- Complete additional documentation (see chart below) and submit for distribution (also refer to examples of action forms)

Evaluator Inactive Options for Children in Notification (n)		
Program-based Inactive Scenarios	Inactive Code Definition	Documentation and Follow-up Needed
Screened out: EI CAPTA screening reveals no concerns, child not referred for further evaluation.	ia-n-so Screened out	Parent letter

Evaluator Inactive Options for Children in Referral (r)		
Parent-based Inactive Scenarios	Inactive Code Definition	Documentation and Follow-up Needed
EI eval scheduled but at eval, team decides to screen and screening indicates no areas of delay or disability	ia-so Screened out	1. EI consent to screen 2. Action form
Parent stops the evaluation process before consent for eval is signed.	ia-re Refused Evaluation	1. Ask parents to sign Consent to Eval to refuse evaluation. 2. Parent letter.
Parent stops evaluation after consent for eval is signed.	ia-dnq Does not qualify	Follow DNQ process (due to inadequate information to determine eligibility)
Parent refuses services after eligibility completed but before EI IFSP or ECSE Provision Consent signed.	ia-rs Refused Services	Action form
EI 45-Day eval timeline missed.	Use ia code appropriate to the final situation ia-cl (cannot locate) ia-rs (refused services) ia-ps (access only private services)	1. ia-cl - after 45-day timeline has been missed, intake will make at least 3 additional attempts to contact the parents using multiple methods (phone, email, and text). After the third attempt, a 10-day letter will be mailed to parents. If parents have not responded within 10 days, intake will send action notice making file inactive – cannot locate. 2. ia-rs and ia-ps - If during additional attempts to contact the parents, parents indicate they are no longer interested or will access only private services, send appropriate action notice making file inactive – refused services (rs) or only private services (ps).
Family moving In State or Out of State shortly after eval (within a week or two of eval): Child was made eligible for EI and/or ECSE but will be moving prior to receiving services.	ia-mi Moved In-State OR ia-mo Move Out-of-State	1. Action form proposing identification, but not provision of services. 2. Complete EI IFSP (to ensure family can quickly access services in receiving program). 3. Consider completing ECSE IFSP , if feasible, so family can quickly access services in receiving program.
Program-based Inactive Scenarios	Inactive Code Definition	Documentation and Follow-up Needed
Did not qualify (DNQ): Child was evaluated and determined not eligible.	ia-dnq Did Not Qualify	1. DNQ Parent letter. 2. Site notification email, if child is an out-of-state move-in.

[Back to the Top](#)

Reactivating an Inactive File

There are many situations where a previously inactive file needs to be made active again.

- A family that paused services has now decided that they wish to access services again.
- A family that we were unable to locate has now returned.
- (During the pandemic) A family decides they want to wait until in-person services are available again.

When a file needs to be reactivated, complete the following steps:

- Service Coordinator needs to verify the following information from the Registry Page in ecWeb with the parent:
 - Home address
 - Phone numbers
 - Email addresses
- Service Coordinator emails intakemgr@nwresd.k12.or.us (Columbia or Washington County, Misty Burris in Tillamook or Laura Germond in Clatsop) to notify them that the child needs to be reactivated in ecWeb. Please include any updates that were provided by the parent so that she can update ecWeb.

Non-Attendance or Participation

Attending ECSE site:

If a child is absent more than one day without a parent phone call explaining the absence, it is very important to contact the family to make sure everything is okay. If the family cannot be reached, leave a message, and send an email or text. If the absences persist, attempt to contact the family weekly using multiple methods (phone, email, text) until the child returns or the absences are explained. Document all attempts in the Contact Log.

After **8** consecutive absences from ECSE SAIL/Intensive classroom without explanation from the family:

- Send a 10-day letter offering concern for the child/family well-being.
 - List all dates and methods used to contact the family (Minimum of **3** attempts using at least **2** methods [phone, email, text]).
 - Offer to schedule an IFSP meeting to discuss any barriers (transportation, placement concerns) to accessing services. Provide email and phone number of the service coordinator.
 - State that the child's [file will be made inactive](#) **10** school days from the date of the letter if child has not returned to services.
 - If no contact from the family within the specified 10 school days, [make the file inactive](#):
 - Complete and distribute a Prior Notice of Action offering intake line to restart services.
 - Complete census on ecWeb, indicating file is inactive, send memo to data administrator, send file to ESD.

Services Offered in Homes or Community Settings:

If an EI/ECSE provider has made a minimum of **3** attempts, using at least **2** methods (phone, email, text), to schedule a home/community visit without success:

- Send a 10-day indicating concern for the child/family well-being,
 - List all dates and methods used to contact the family (Minimum of **3** attempts using at least **2** methods [phone, email, text]).
 - Offer to schedule an IFSP meeting to discuss any barriers (placement concerns) that may be prohibiting the child/family from accessing services. Provide email and phone number of the service coordinator.
 - State in the letter that if the child has not resumed services or the family contacted the service coordinator to arrange a visit within **10** school days of the date of the letter, the child's [file will be made inactive](#).
 - If no contact from the family within the specified 10 school days, [make the file inactive](#):
 - Complete and distribute a Prior Notice of Action offering intake line to restart services.
 - Submit census via ecWeb and send memo indicating file is inactive and send file to ESD.

Family Makes Contact within 10 days, Child Did Not Attend on Agreed Date:

If a family makes contact within the 10-day period stating that child/family will resume services on a specified date, and the child does not attend on the agreed upon date, or an arranged visit is missed, make the file inactive:

- Complete and distribute a Prior Notice of Action, offering intake line to restart services.
- Submit census via ecWeb and send memo indicating file is inactive and send file to ESD.

If anything falls outside of these parameters, see your coordinator for guidance.

[Back to the Top](#)

Additional Family Information

The Additional Family Information form is utilized to collect information about a family's housing status, other resources a family may be accessing, and to confirm race/ethnicity information. Families are asked to complete this form annually so all information is current within ecWeb. For virtual visits the form should be added to the Zoom chat and the parent should complete the form while on the call, or before the IFSP meeting as a part of the planning process. It is important that families have the option to select their own race, otherwise an observer makes the designation for them (often his observer will be you, so please encourage the family to self-select). Alternatively, this form can be completed by the service coordinator with the collaboration of the parent(s) or caregiver(s) and submitted on their behalf. Either is fine, please select the option that works best for the family you are working with.

For in-person meetings, you may print the [Additional Family Information Form- Hardcopy](#) and use it instead. When complete, please scan a copy and include it in your electronic distribution.

Once completed, service coordinators should:

- Use the information listed under “Other agencies...” section and list these agencies as “Other, Non-EI/ECSE Services” on the Cover Page of the IFSP.
- The file reviewer/ administrative assistant will enter the Additional Family Information/ McKinney-Vento information in ecWeb. This information when submitted in the form below, populates to a Google Sheet and will be retrieved by the Administrative Assistant.

[Additional Family Information FORM- English/Spanish](#)

[Back to the Top](#)

Census Form Instructions

Please use the Billing/**Census form on ecWeb** each time. Refer to the picture tutorial (next section) for the step-by-step instructions.

When census is complete,

- **Archive the form,**
- **Write a note in the archived notes section and send it via the memo function to your Administrative Specialist (Clatsop: Laura Germond, Columbia: Laura Weaver, Tillamook: Misty Burris, Washington County: Vicky Schroeder) the same day the evaluation is completed (don't wait for eligibility).**

When do I submit the 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
 - Note: If an Interpreter was scheduled but not used, notate that they were excused in the note field.

Individual Family Service Plans

- After an **initial IFSP**
- After an **annual IFSP**
- When **revisions** are made to an **IFSP** (*only needed if the revision follows an ASD eligibility and includes a change in services in consideration of that eligibility, OR when establishing cross county services--see below*)
- Do not send a census form when a review is done

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

Tips for submitting the perfect census form

Make sure to stay on the Billing/Census form when you send the memo otherwise Vicky, Laura G., Laura W. or Misty B. will be directed to a different page. **The child's name and information regarding the reason you're sending them a memo along with the date of the event should always be written in the "Title" line of the memo.**

Here are some examples of how to write the note:

- Sam Smith: Annual IFSP 9/30/21
- Sam Smith: evaluated 8/8/21 pend
- Sam Smith: 7/20/21 DD 3-5 elig & IFSP
- Sam Smith: moved out of the country 7/8/19 - "will return in Sept. 2019" (I would also need this part written in the Billing/Census form note area)

When Vicky/Laura G./Laura W. /Misty B. sends you a memo in ecWeb that requires a response, please respond to her within that same memo thread as ecWeb has no method for tracking threads except for keeping the thread in the memo itself. To do this:

- Use the "reply" button at the bottom right of the memo message, and
- Be sure to check the "Include link to page" box and link the child in question to the memo each time you respond.

If they send a memo requesting a correction to the billing form that you submitted:

- Make the change
- Archive the new form
- *Delete the earlier versions of the form from the archive.* Unlike IFSP changes where we do keep a copy of the original form for tracking purposes, since this is an internal-use only form, we have no need to save the change history. Once the corrected form has been submitted, you should delete the incorrect versions from the archive.

For EI/ECSE transition students:

- It is helpful for the EI billing form to be sent in prior to (or at the same time) as the census notification.
- When the EI team sends one form and the ECSE team sends the other, it will be imperative that the form is archived and **cleared** between each activity.
- Vicky would like a note in memo regarding the event, letting her know that it is an EI/ECSE transition, and the date of the event.

[Back to the Top](#)

Census Form How-To in ecWeb

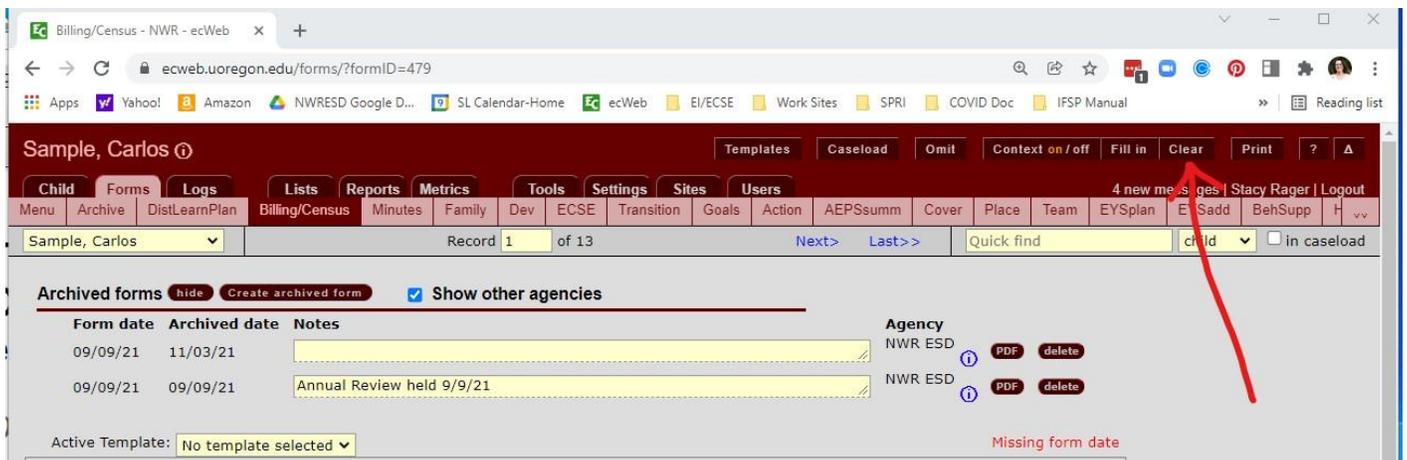
To use the Census/Billing form in ecWeb

On the Forms page, click on "Billing/Census NWR" (For easy access to the form, click "add to menu" button next to the form so that it will appear on your Quick access forms bar.) **Important:** The [Billing/Census form](#) should be completed when a new event has occurred i.e. Evaluation, IFSP meeting, New Eligibility being added, putting a child inactive, etc.



Complete the form

First, make sure that the current form has been archived. If it has not, please archive the form and enter a note for the event. Next, "Clear" the form before you enter the new information; do not add new information to an existing form. Then select "fill in" so that it populates the demographic info; the date on the Census form should be the date of the meeting or event. Only enter the information that is relevant to the situation; previous evaluation/ eligibility/ IFSP dates should not be entered.



Complete billing section for evaluations

If an eval was completed and you are billing, complete the billing section. If eligibility is pending, this is the only section that needs to be completed on this form. See notes for archiving and notifying Vicky, Laura G., Laura W., or Misty B. However, if eligibility has been established, then proceed to the eligibility section.

Clear form before entering new information

Please archive and note type of Billing/Census upon completion of this form.
Do not wait for elig meeting to submit billing.

Billing/Census Notification: From the Billing/Census Form click "Users" and send a memo to the appropriate Admin Specialist for your county (Vicky S., Laura G., Laura Weaver, Misty B.).

Child's Name: Birthdate: District:

Notes:

EVALUATION BILLING
(you are billing for the evaluation, not the eligibility)

Evaluation Date: Consent Date: evaluating for Age Class: EI ECSE ECSE tk

Type of Evaluation:

Eligibility pending Eligibility determined (if child did or did not qualify; complete section below)

New Eligibility

Complete only the sections that apply to your evaluation. Please note: The "Exit child on" date box in this field is only used for children who were evaluated and found ineligible, not for children exiting for other reasons. To notify Vicky/Laura/Laura/Misty of an exiting child, scroll to the bottom of the form and complete the exit section. The New Eligibility Information portion of this form is only to report on eligibility.

NEW ELIGIBILITY INFORMATION
(if billing has not been submitted complete section above)

Eligibility Date:

Not Eligible

Child evaluated and did not qualify for: EI eligibilities: ECSE eligibilities:

Exit child on: — or —

Child did not qualify for ECSE but it still eligible for EI services until:

Evaluated and did not qualify but is still eligible under previous eligibility: EI eligibilities: ECSE eligibilities:

Eligible

EI — (if child is found eligible for DD 0-2, enter areas of delay below)

DD 0-2 areas of delay Communication Adaptive Physical Social/Emotional Cognitive

Primary eligibility: Categorical eligibility is always primary

Secondary eligibility:

Additional eligibility: more additional eligibilities

ECSE — (if child is found eligible for DD 3-5 or CD, enter areas of delay below)

DD 3-5 areas of delay Communication Adaptive Physical Social/Emotional Cognitive

CD eligibility areas of delay Voice Fluency Articulation Language

Primary eligibility: Categorical eligibility is always primary

Secondary eligibility:

Additional eligibility: more additional eligibilities

REGIONAL REFERRAL FORM submitted on:

IFSP Meeting

If an IFSP was completed, fill in this section. Please notice the section for cross-county notes. Note regarding cross-county: the cross-county effective date should be the date of the IFSP meeting or revision, or the date you begin providing services.

IFSP MEETING: Date: 

Type of meeting: 

Cross County effective date:  Child to be served by: for

Cross County Notes:

Program Exit

Complete this section if the child is exiting the program.

EXITING PROGRAM

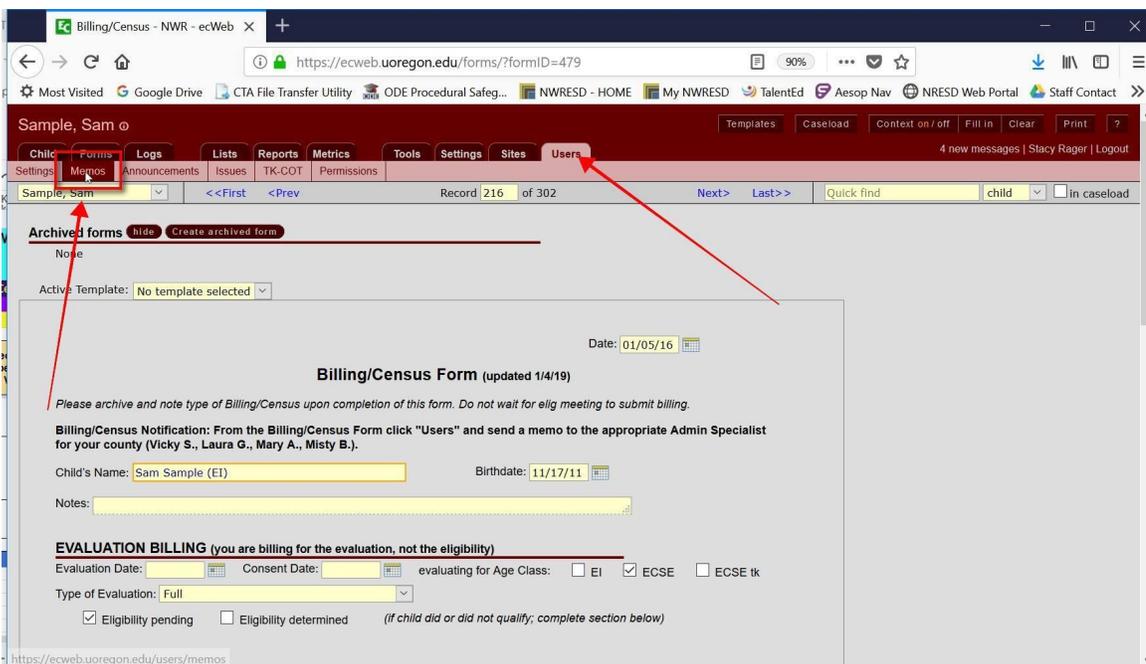
Exit Date:  Exit Reason: 

Archive the form!

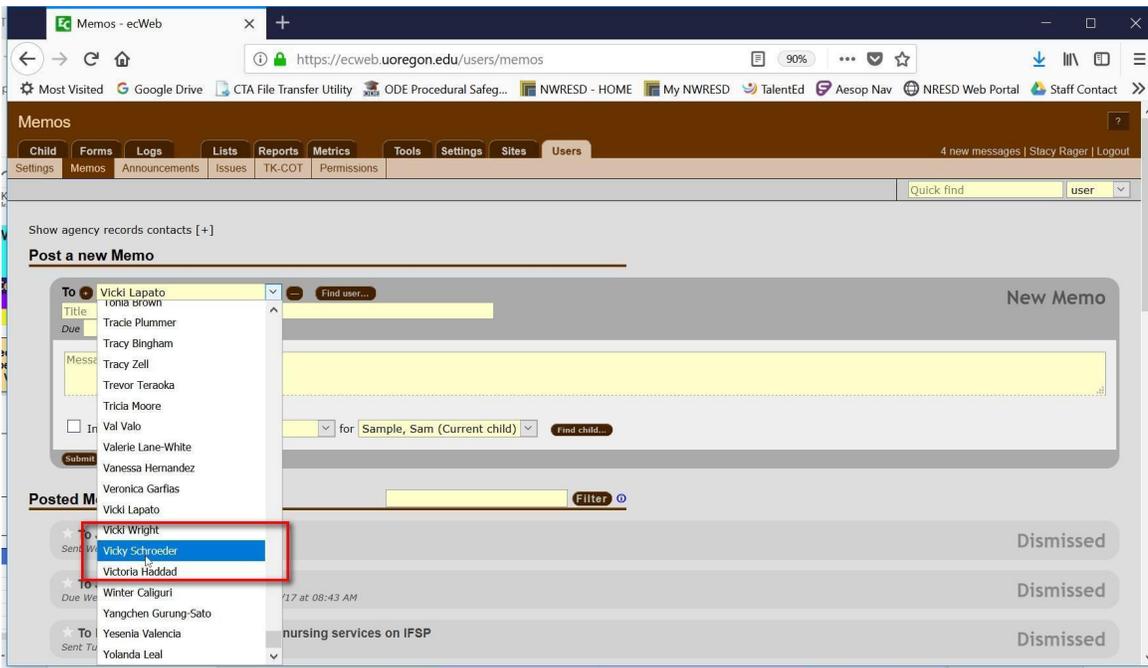
When archiving the form, enter the date of the action and what was done; i.e. "3/18/21: Annual IFSP" or "3/18/21: Elig for CD dnq for DD 3-5" the date is important because if you complete the form on a different date than the meeting, it is harder to know which archived form is the one you are looking for.

To notify your county's census collector: Vicky/Laura/Laura/Misty

Please use this function to submit your billing/census forms (not an email). Click on the Users Tab, and select "Memos."



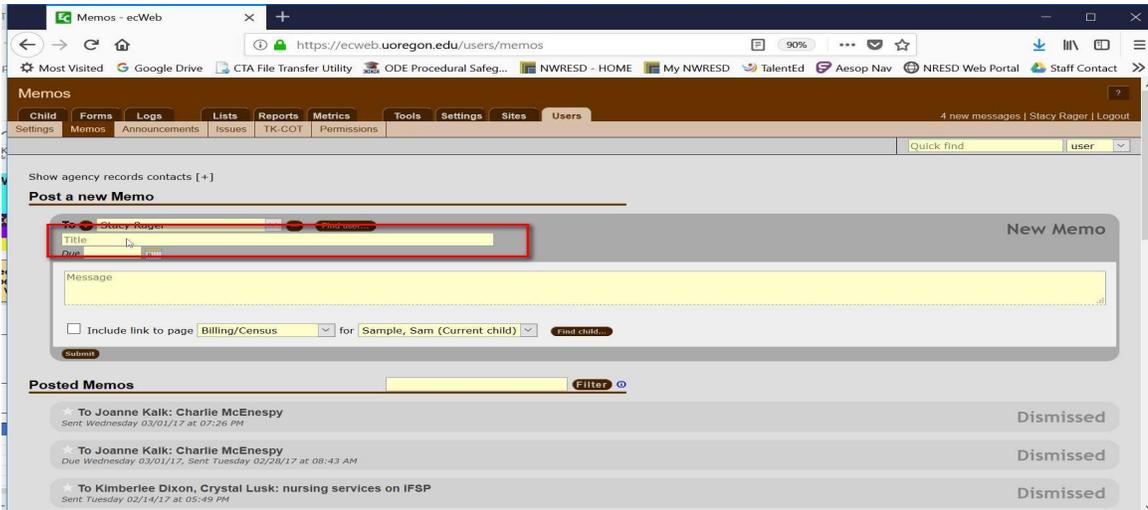
Select their name from the "To" drop-down menu.



For the "title," put the event description in this field.

For the title, put what the form is about i.e., "[Child's Name]: Billing/Census - Evaluated 3/18/21" or "[Child's Name] Billing/Census - Made inactive 3/29/21," or "[Child's Name]: moved out of the country temporarily," etc. **Include the date of the event in the description field.**

For more information, refer back to [Tips for submitting the perfect census form.](#)



For the "due date," put in the date of the event.

The date of the event is the date of the IFSP/billing/exit/etc. In most cases it will be the same day you are completing the form.

Memos

Child Forms Logs Lists Reports Metrics Tools Settings Sites Users

1 new message | Stacy Rager | Logout

Quick find user

▶ Data admins

▶ Records contacts

▶ EHDI contacts

Post a new Memo

To + Laura Weaver Find user...

Due [calendar icon]

Message

Include link to page Registry for No child Find child...

Submit

Enter a note in the Message field

You will not be able to submit this form without a note here. Must include date of event.

To + Vicky Schroeder Find user...

Sam Sample: ASD 0-2 eval pend 2/11/22

Due 02/11/22 [calendar icon]

Held eval eligibility is pending

Include link to page Billing/Census for Sample, Sam

Click the box "include link to page" for the child that you are submitting the census for

If you have followed the steps so far, the current child will be in the child field so you don't have to change that.

Memos - ecWeb

https://ecweb.uoregon.edu/users/memos

90%

Most Visited Google Drive CTA File Transfer Utility ODE Procedural Safeg... NWRESD - HOME My NWRESD TalentEd Aesop Nav NRESD Web Portal Staff Contact

Memos

Child Forms Logs Lists Reports Metrics Tools Settings Sites Users

4 new messages | Stacy Rager | Logout

Quick find user

Show agency records contacts [+]

Post a new Memo

To + Vicky Schroeder Find user...

Census/Billing

Due [calendar icon]

Message

Include link to page Billing/Census for Sample, Sam (Current child) Find child...

Submit

Check this box!

Submit the form

In order for children to be counted properly on the monthly reports it is very important that all Census forms be Submitted on the day of meeting/event or no later than the following day.

The screenshot shows a web browser window with the URL <https://ecweb.uoregon.edu/users/memos>. The page title is "Memos" and the user is logged in as "Stacy Rager". The navigation menu includes "Child", "Forms", "Logs", "Lists", "Reports", "Metrics", "Tools", "Settings", "Sites", and "Users". A "Quick find" search bar is present with the text "user".

The main content area is titled "Post a new Memo" and contains a form with the following fields:

- To:** Vicky Schroeder (with a "Find user..." button)
- Subject:** Census/Billing
- Due:** 03/11/19
- Message:** A large text area for the memo content.
- Include link to page:** A checkbox that is checked, with a dropdown menu showing "Billing/Census" and a "Find child..." button.
- Child:** A dropdown menu showing "Sample, Sam (Current child)" and a "Find child..." button.
- Submit:** A yellow button with a red arrow pointing to it.

Below the form is a section titled "Posted Memos" with a search bar and a "Filter" button.

[Back to the Top](#)

Immunization Procedures for Svc Coord.

All children who attend classes in an EI/ECSE site must have immunization information submitted and up-to-date prior to beginning services.

Both EI and ECSE served at centers

- Families are asked to bring immunization information to the initial IFSP meeting
- Service coordinators are responsible for assisting families to complete the Certificate of Immunization Status (CIS) form at the initial IFSP meeting and check to be sure it is signed and dated. If families do not have immunization information with them, they are asked to take the form home to complete it. Or, families may sign and date the immunization form and the service coordinator will hold it until immunization information is received in any of the following ways.
 - Family may ask pediatrician/primary care doctor's office to fax immunization record. The record from the doctor's office must include the following;
 - Clinic and/or Doctors name, address and phone number, child's name and date of birth.
 - Family may fax immunization record
 - If record is faxed to us it must include information as to who has sent it
 - Service coordinator should obtain a signed Health Consent (HIPAA/FERPA) form with the doctor's office to enable her/him to request immunization information
- Once completed immunization information is received, the service coordinator can attach it to the signed immunization form, write "SEE ATTACHED" on the front of the form and submit it to the site clerical.
- Site clerical then goes to the Immunizations tab on ecWeb and enters dates of immunizations, or Exemptions information. Once all immunizations have been entered, check the Primary review status. This will indicate whether the child is up-to-date, incomplete, or complete. Notify the service coordinator via email the child's immunization status.
 - 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 who will be receiving site-based services: Status must read, "Up-to-date" or "complete" before the child can begin services.
- After entering the information into ecWeb clerical staff should date stamp and initial the form in the box that says "For school/facility use only" located on the bottom right hand corner of the form.
- Original immunization form is scanned and uploaded to the child's ecWeb records archive and returned to the parent.

What to do if families do not provide immunization records:

- Use the Alert system for Washington County to look up a child's information.
 - Site clerical staff must be trained and submit appropriate paperwork to the Health Department before they can use Alert.

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.
- For these children (Head Start, Community Preschools, Childcare, etc.) it is not required to obtain immunization information for them to receive consultative services in the community.
 - However, the record would be used if the child's placement changes to site-based services.

When this is complete, document the contact log that you have received and entered the immunization record and who the record came from i.e., from parent, Doctors office (with name), from Alert

How to enter exceptions

Parents need to complete the demographical information on the front of the form.

There are three types of exceptions:

- Non-medical
- Medical
- History "of disease"

Non-Medical exemption:

The parent watches an online Vaccine Education Module and prints out the Vaccine Education Certificate at the end of the module. They fill out the nonmedical exemption section of the CIS form and turns the CIS form and the Immunization Certificate they printed off after watching the video into the school. Additional information is available at:

<https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/gettingimmunized/pages/non-medical-exemption.aspx>

Medical exemption:

The parent would submit a letter signed by a licensed physician to the ESD stating the following:

- Child's name, birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

Clerical staff should forward the letter to Vicky or your EI/ECSE Service Center Administrative Assistant (for Tillamook, Clatsop, or Columbia County) and they will contact the Health Department for approval.

- If approved, Vicky, Laura W., Laura G., or Misty will enter the information into ecWeb indicating who approved the exemption
 - Medical exemptions are usually good for one year from the date the doctor signed the letter after that time the parent will need to either update the information or submit another Medical exemption letter
 - This does not apply if the doctor has indicated a date later than one year

History of Disease (history of disease or positive titer):

The parent would submit a letter signed by a licensed physician to the ESD stating the following:

- Child's name, birth date

- Diagnosis or lab report
- Physician's signature and date

Chicken Pox (Varicella):

- If the child has had the disease this information would be entered into the Exemptions area by choosing:
 - o "Add"
 - o Change "Type" to "history"
 - o Enter date
 - o Check the box next to "Varicella"
- Parent can give this information to us over the phone

Not acceptable:

- CIS form that does not have the parents signature and date
- Information sent in from a Clinic or Doctors office that does not include the Clinic and/or Doctors office name, address and phone number, child's name and date of birth.
- Information given over the phone
 - o **Exception:** If the child has had Chicken Pox the parent can give the date the child had the disease
- Information written on a form that has not been approved by the Health Dept. This includes the immunization page in ecWeb however, the "Status Letter" in ecWeb has been approved



- School immunization form from another state not signed by parent/guardian or health care provider

CAUTION: Whenever a child's placement changes to site-based services, site clerical MUST review immunization information and update the provider's page. This is very important for the program to have accurate reporting of immunization status as it must be reported to the health department.

Vicky, Laura W., Laura G. and Misty are responsible for completing reports for the health department for their respective county and will provide feedback to sites about immunization status annually prior to the February exclusion date for incomplete or missing records.

Student Services Information Update

The Student Services Information Update form is required to be used at **EVERY** IFSP. This information should be submitted immediately using the linked form below (bookmark this form, you will use it frequently). Information provided in this form is essential for maintaining accurate registry pages and site class lists.

It's important to notate everything that will be provided for the child. If you have any questions about completing this form, please see your site-based administrative assistant..

[Student Services Information Update Form](#)

[Back to the Top](#)

Regional Referrals

Regional Referrals are submitted for the following eligibility categories:

- Deaf Blind
- Deaf Hard of Hearing
- Vision Impairment
- Traumatic Brain Injury
- Orthopedic Impairment, or
- Autism Spectrum Disorder

To submit a regional referral, select the correct from from [EI/ECSE Staff Processes and Forms - MY NWRES D](#) page.

Please note: ASD evals in Washington County and Columbia County will not be entered prior to eligibility. Each county has an ASD eval team and that team will submit Google Form when eligibility is determined.

[Back to the Top](#)

Contact and Service Logs on ecWeb

For the most up-to-date information regarding properly documenting services in the Contact and Service log, please refer to [ecWeb Service Documentation \(Service Log\)](#).

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 submitted in ecWeb.

Service Log

Required to record services provided by related service providers in any setting, and primary service providers in community or home visit settings. Duration of the visit (service minutes) must be included in each entry.

- All services indicated on the IFSP cover sheet must be logged after delivery. (The exception is transportation.) For information on how to do that, please refer to [ecWeb Service Documentation \(Service Log\)](#).
- All Initial home visits and visits in the community **must be logged**. It is helpful to label these initial visits as *Initial Visit* to help in identifying if start dates of services were met.
- The child's first day in an SAIL class also should be entered and labeled as *First Day*. Other attendance data does not need to be entered in this log.
- At a minimum, all EI home visits must be entered in the service log. Best practice would suggest details about the visit should also be included.
- Additionally, each visit to a community setting must be logged with details related to the visit.
- Consultations offered by related service providers (OT, PT, SLP) during home visits, when seeing a child in a community setting, or when consultations are offered in site-based programs should be entered into the service log. Again, best practice is to offer specific details about each consultation. Specific details are required for Medicaid eligible children.

Composite Log

Shows both Contact Log and Service Log in one view. No entries may be made in this view. See below for common examples of the types of communication and where they should be recorded.

Type of Contact	Service Log	Contact Log
Home Visit	X	
Community Visit	X	
Consultation by related service to ECSE Classroom	X	
Phone Call with family		X
IFSP Meeting Scheduling		X
IFSP Meeting	X	
Letter to family		X
Calls to/from family		X
Census and billing		X
Paperwork Distribution		X

Note - It is important to record the child's first day of service and service dates per the IFSP. That information is critical for the SPR&I review process.

[Back to the Top](#)

Medicaid Consent & Billing

Written Consent to Access Public Insurance (Medicaid) and Release Personally Identifiable Information for Medicaid Billing Purposes (called *Insurance Consent* in ecWeb), commonly known as Medicaid consent, must be obtained at the initial IFSP, and annually at each IFSP thereafter. Additional information may be found in the [Mutual Exchange](#) portion of this manual.

Parental consent or refusal must be documented and is a required part of the paperwork distribution at initial and annual IFSP meetings. You may obtain this using the Zoom chat or by email for virtual meetings by using the verbiage provided in the [Electronic Medicaid Consent Request](#).

For virtual services, the SLPs, OTs, and PTs much obtain consent for Telehealth. Please review the [Telehealth Verbal Consent Script for Medicaid Billers](#) before providing virtual services.

Consent for telehealth services are noted in ecWeb on the Child's Registry page, select the "Medical" tab and "Add" under the telehealth field. Consent for telehealth must be obtained annually.

Sample, Ginny ⓘ Find Caseload Show Panel Omit Print ? ▲

Child Forms Logs Lists Reports Metrics Tools Settings Sites Users 1 new message | Stacy Rager | Logout

Registry Providers Medical Consents AEPS/ASQ Immunizations Problems Pictures Perm Rec

Sample, Ginny Record 1 of 1 Quick find child in caseload

Medicaid hide

Currently Medicaid Billable No

Medicaid eligibility start date (optional) 10/01/18 Omit from Medicaid Reason

Medicaid id check date 08/11/17 Medicaid id

Insurance Consents

No Medicaid authorizations found

Telehealth add

Start date	End date	Provider	Provider type	Consent obtained via
12/15/21				

Medicaid Providers

Name	Type	Frequency
Rosa Waller	OT	
Leila Raphael	SLP	

Insurance notes

[Medicaid Billing Basics](#) (ecWeb How-To plus other helpful tips)

[Back to the Top](#)

Parent Consent & Medicaid Billing Q&A

The Oregon Health Authority (OHA), as Oregon's Medicaid agency, operates the School-Based Health Services Program. OHA helps school programs by allowing them to receive Medicaid reimbursement for certain medical services provided to students with disabilities, as per the child's Individualized Family Service Program (IFSP). This guide is intended to provide answers to frequently asked questions.

Why does Northwest Regional ESD Early Intervention Early Childhood Special Education (EI/ECSE) Program bill Medicaid?

The [Individuals with Disabilities in Education Act \(IDEA\)](#) is a federal law governing special education services for eligible infants, children, and youth with disabilities. Under IDEA, the EI/ECSE programs are required to provide health-related services in a school setting to meet the needs of students as outlined in their IFSP. Billing Medicaid for eligible services for special education is a way to bring more money and resources into schools.

What services can the EI/ECSE program bill Medicaid for?

EI/ECSE programs can bill for health-related services when certain conditions are met:

1. Student is Medicaid eligible and parent consent to bill Medicaid has been provided;
2. Services are covered by the Oregon Medicaid State Plan and identified on the IFSP;
3. Services are delivered by medically licensed providers— this can include speech and audiology, occupational therapy, physical therapy, mental health, social work, and nursing.

Will Medicaid services that a family receives outside of school (Private Therapy) be affected if EI/ECSE programs bill?

No. Medicaid services received outside of school and the child's IFSP are authorized separately. School health-based Medicaid reimbursement has no impact on a family's community Medicaid benefits or eligibility. [OAR 410-141-3420\(8\)\(h\)](#).

Can a parent withdraw their consent?

Yes. Parents can withdraw consent at any time by notifying the school district in writing.

If a parent does not give consent to bill Medicaid, or withdraws consent, will their child still receive IFSP services?

Yes. Under IDEA, EI/ECSE programs are required to provide all appropriate IFSP services at no cost to parents.

What type of information will be shared? Who will see the information?

Personally Identifiable Information to be released:

- Name and address of the child, the child's parent, or other family member;
- Child's date of birth, gender, diagnosis and procedure codes for billing Medicaid; and
- Records of special education and related services provided under (IDEA).

Who will see the information?

The State Medicaid Agency (OHA) and its affiliates.

Who should parents contact with questions?

Please contact your Early Childhood Early Special Education program with any questions or concerns.

[Back to the Top](#)

Non-Regulatory Guidance on the IDEA Part B Regulations Regarding Parental Consent for the Use of Public Benefits or Insurance to Pay for Services under the IDEA Issued February 14, 2013, and Effective March 18, 2013

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? Obtaining Parental Consent

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 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.

[Back to the Top](#)

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 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 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.

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.

Date 07/28/14

Written Notice and Consent for the Use of Public/Private Insurance for Early Intervention (EI)

SAMPLE, SAM 06/07/12 123456789 07/28/14
Child's Name Date of Birth SSID Number 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.~~ (Not applicable—agency does not bill private insurance for EI services.)
- I decline consent to bill my 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

[Back to the Top](#)

Mutual Exchange & Health Consent

(aka: FERPA & HIPAA Exchanges of Information)

- All NWRESD EI/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 NWRESD 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. **NOTE: A separate mutual exchange form should be used for each center or agency.**

- 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, the district already retains the rights to those records.

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.

The Health Consent (HIPAA/FERPA) form is used to exchange information with medical agencies.

- A separate form is needed for each provider or clinic. Include the name of the specific clinic when possible (e.g., Providence Scholls Ferry), address and phone number to ensure information will be released.
- The specific EI/ECSE site (e.g., BECC, TECC, HECC, ESD) requesting the information should be included along with the complete address and phone number.
- It is very important that you attend to which boxes you are checking (section 1,2, and 3) because the receiving agencies will be very stringent about what information they will release.
- In section 4, specify mental health, genetic, or drug/alcohol records requesting (e.g., assessments, treatments, discharge plans) and ask parents to initial these sections. Without this information, reports from some providers (developmental pediatricians will not be released).

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.

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 database to see if we would be able to receive Medicaid reimbursement for some of the services rendered to their child.

Texting and Email are both available through ecWeb; however, it is important to obtain parents' explicit consent prior to utilizing these features. This must be documented in either the [Contact Log](#) or the Meeting

Minutes that parents have agreed to receive text messages and/or documents via email. It may also be documented on the Mutual Exchange form.

Addresses if parent agrees to receive educational documents and other information electronically:

Email description and address (e.g. Mom's work, janedoe@oregonstar.com)

Mom: fanny@email.com

Text messaging description phone and carrier (e.g. Dad's personal, 555-555-5555, Verizon)

Home: (010) 222-3333 AT&T (txt.att.net)

[Back to the Top](#)

Surrogate Parents Q & A

Before considering whether surrogate parent documentation needs to be completed, please note the guidance in procedural safeguards: [Procedural Safeguards ECSE 2021](#)

Who is considered a “parent”?

Under the IDEA, a parent may be:

- A biological or adoptive parent of a child;
- A resource 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.

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.

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)

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.

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.

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 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.

[Back to the Top](#)

Guidelines for Consent for Children in Foster Care

The most up-to-date information about who can sign which forms for children in foster care can be found here: [☰ Obtaining consent for children in Foster care](#)

EXCEPTIONS to when a Resource Parent may not sign:

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 resource 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 (see Educational Surrogate). (This is a rare situation.)

Media Access Consent: It is DHS/OYA standard policy not to allow media access to children who are in state custody.

Who gives written permission for field trips or other daily activities where consent is requested? The Resource parent

[Back to the Top](#)

Cross-County Procedure for Service Coordinators

When a child attends a preschool or child care setting outside of their resident county and is unable to access their special education services otherwise (ex: full day preschool), it is appropriate to include the county where the early childhood setting is located to consider Least Restrictive Environment (LRE).

To view this as a standalone document: [2022-2023 Cross-County Procedure for Service Coordinators](#)

RESIDENT COUNTY:	
If the child is less than 35 hrs. per week in the nonresident county, the Resident County SC will:	If the child is 35 hrs.+ per week in the nonresident county, the Resident County SC will:
<ul style="list-style-type: none"> <input type="checkbox"/> 1. Schedule, facilitate and complete all paperwork for the initial IFSP meeting, including a complete AEPS, speaking only to the services that can be provided in the resident county. <input type="checkbox"/> 2. Obtain Consent for Initial Provision of Special Education Services. <input type="checkbox"/> 3. Schedule and facilitate the IFSP revision cross county meeting to include the following people: the potential serving county’s service coordinator, parents, preschool teacher or child care provider, and the resident school district representative if it is a transition year. The purpose of this meeting is to review the IFSP the resident county has created and to determine whether or not the nonresident county will serve the child (with everyone at the table from both counties). <input type="checkbox"/> 4. Serving county will complete all paperwork for IFSP revision meetings based on the serving counties program guidelines. <input type="checkbox"/> 5. Obtain Release of Information (ROI) <u>including both agencies</u> and community preschool/child care on every ROI so that both agencies can communicate with the community preschool. <input type="checkbox"/> 6. Obtain signed current Insurance Form for Medicaid eligibility identification & submit billing for Medicaid for the resident county. <input type="checkbox"/> 7. Facilitate the transition to kindergarten process in cooperation with the serving district. <ul style="list-style-type: none"> <input type="checkbox"/> Ensure the serving district has appropriate LEA information the year the child transitions to 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Schedule an IFSP meeting with both resident and nonresident county present for the meeting. <ul style="list-style-type: none"> <input type="checkbox"/> Be sure to include the following people: the potential serving county’s service coordinator, parents, preschool teacher or child care provider, and the resident school district representative if it is a transition year. <input type="checkbox"/> 2. Facilitate and complete all paperwork for the IFSP at this meeting, including a complete AEPS, speaking only to the services that can be provided in the resident county. <ul style="list-style-type: none"> <input type="checkbox"/> Resident county must offer services in their county first and document these on the IFSP PRIOR TO the nonresident county services being discussed. <input type="checkbox"/> 3. Obtain Consent for Initial Provision of Special Education Services. <input type="checkbox"/> 4. Determine whether or not the nonresident county will serve the child. <ul style="list-style-type: none"> <input type="checkbox"/> If the nonresident county will be providing services, the nonresident county should provide all information to the resident county SC so that the resident county SC can complete all paperwork. <input type="checkbox"/> 5. Complete the IFSP paperwork in ecWeb within 10 days of the IFSP meeting and submit the paperwork per the resident county’s program procedures. This includes ensuring the family receives a copy of all IFSP paperwork. <input type="checkbox"/> 6. Notify the serving county contact that

RESIDENT COUNTY:

If the child is less than 35 hrs. per week in the nonresident county, the Resident County SC will:

- Kindergarten so the serving district can send out Notice of Team meeting(s), etc.
- 8. Attend all meetings where a change in placement is discussed.** (Resident county does not need to attend if adjustments are just being made to the IFSP and placement is staying the same).
- 9. Complete and upload the AEPS/ASQ initial entry assessments.
 - For children transitioning from EI to ECSE under a cross county agreement, the AEPS/ASQ will be completed and uploaded by the serving county. If the AEPS is not completed at the evaluation, then confirm that the serving county will complete and upload the AEPS.
- 10. All eligibility evaluations are completed by the resident county. Copies of the due process paperwork related to the evaluation are archived in ecweb for all counties to see.
- 11. If the child will be transitioning from EI to ECSE under a cross county agreement, it is the responsibility of the resident county service coordinator to ensure that the transition meeting and evaluation/eligibility process is completed within timelines.
 - Serving county will write the initial ECSE IFSP with resident county in attendance at the meeting.
- 12. Resident county contact will participate in meetings by phone or in person in circumstances where concerns have been identified by a parent.**
- 13. For all subsequent IFSPs, once notified by the serving county service coordinator that the IFSP is complete in ecWeb, follow the procedures to import the IFSP into ecWeb for the resident county.
- 14. Maintain the permanent file and essential information in ecWeb
- 15. The records department of the

If the child is 35 hrs.+ per week in the nonresident county, the Resident County SC will:

- the IFSP is complete so that it may be imported into the serving county's ecWeb record.
- 7. Obtain Release of Information (ROI) including both agencies and community preschool/child care on every ROI so that both agencies can communicate with the community preschool.
- 8. Obtain signed current Insurance Form for Medicaid eligibility identification & submit billing for Medicaid for the resident county.
- 9. Provide to the family a copy of the completed IFSP paperwork and the cross county letter (template in ecweb) that states these agreements are in effect for the duration of the initial IFSP, will be reviewed annually and imply no commitment on behalf of the program serving the child at school age.
- 10. Facilitate the transition to kindergarten process in cooperation with the serving district.
 - Ensure the serving district has appropriate LEA information the year the child transitions to Kindergarten so the serving district can send out Notice of Team meeting(s), etc.
- 11. Attend all meetings where a change in placement is discussed.** (Resident county does not need to attend if adjustments are just being made to the IFSP and placement is staying the same).
- 12. Complete and upload the AEPS/ASQ initial entry assessments.
 - For children transitioning from EI to ECSE under a cross county agreement, the AEPS/ASQ will be completed and uploaded by the serving county. If the AEPS is not completed at the evaluation, then confirm that the serving county will complete and upload the AEPS.
- 13. All eligibility evaluations are completed by the resident county. Copies of the due process paperwork related to

RESIDENT COUNTY:

If the child is less than 35 hrs. per week in the nonresident county, the Resident County SC will:

- resident county will ensure that LEA reps have access to information needed for the transition to Kindergarten year.
- ❑ 16. For extended school year services (EYS), everyone will follow the process for establishing these services.
- ❑ 17. If a family calls the resident county contact, the resident county will refer the family to their service coordinator in the serving county.
- ❑ 18. Ensure that all procedural safeguards and timelines are followed.

If the child is 35 hrs.+ per week in the nonresident county, the Resident County SC will:

- the evaluation are archived in ecweb for all counties to see.
- ❑ 14. If the child will be transitioning from EI to ECSE under a cross county agreement, it is the responsibility of the resident county service coordinator to ensure that the transition meeting and evaluation/eligibility process is completed within timelines.
 - ❑ Serving county will write the initial ECSE IFSP with resident county in attendance at the meeting.
- ❑ **15. Resident county contact will participate in meetings by phone or in person in circumstances where concerns have been identified by a parent.**
- ❑ 16. For all subsequent IFSPs, once notified by the serving county service coordinator that the IFSP is complete in ecWeb, follow the procedures to import the IFSP into ecWeb for the resident county.
- ❑ 17. Maintain the permanent file and essential information in ecWeb
- ❑ 18. The records department of the resident county will ensure that LEA reps have access to information needed for the transition to Kindergarten year.
- ❑ 19. For extended school year services (EYS), everyone will follow the process for establishing these services.
- ❑ 20. If a family calls the resident county contact, the resident county will refer the family to their service coordinator in the serving county.
- ❑ 21. Ensure that all procedural safeguards and timelines are followed.

SERVING COUNTY:

If the child is less than 35 hrs. per week in the nonresident county, AND Once the initial IFSP meeting has been completed by the resident county and a cross county IFSP meeting has been called by the resident county.....**the nonresident SC will:**

- ❑ 1. Serving county will complete all paperwork for IFSP revision meetings based on the serving counties program guidelines.
- ❑ 2. Obtain signed current Insurance Form for Medicaid eligibility identification & submit billing for Medicaid for the serving county.
- ❑ 3. Provide to the family a copy of the completed IFSP revision paperwork and the cross county letter (template in ecweb) that states these agreements are in effect for the duration of the initial IFSP, will be reviewed annually and imply no commitment on behalf of the program serving the child at school age.
- ❑ 4. Maintain data of nonresident students served in their county.
- ❑ 5. Schedule, facilitate and complete all IFSP review/annual meetings and invite participants including: the resident school district representative if the child is a K transition, preschool teacher or child care provider, and parents. **Invite the resident county contact to attend all IFSP meetings where a change in placement will be discussed.**
- ❑ 6. Update AEPS/ASQ information at annual IFSP (or exit from program) and upload into ecWeb.
- ❑ 7. On an annual basis, provide to the family the cross county letter that states these agreements are in effect for the duration of the IFSP, will be reviewed annually and imply no commitment on behalf of the program serving the child at school age.
- ❑ 8. On an annual basis, obtain current Release of Information (ROI) including both agencies and community preschool/child care on every ROI so that both agencies can communicate with the community preschool.
- ❑ 9. For children transitioning from EI to

If the child is 35 hrs.+ per week in the nonresident county, the nonresident county SC will:

- ❑ 1. Attend the IFSP meeting with the resident county.
 - ❑ Resident county must offer services in their county first and document these on the IFSP **PRIOR TO** the nonresident county services being discussed.
- ❑ 2. In collaboration with the resident county, determine whether or not the nonresident county will serve the child.
 - ❑ If the nonresident county will be providing services, the nonresident county should provide all information to the resident county SC so that the resident county SC can complete all paperwork.
- ❑ 3. Obtain signed current Insurance Form for Medicaid eligibility identification & submit billing for Medicaid for the serving county.
- ❑ 4. Maintain data of nonresident students served in their county.
- ❑ 5. Schedule, facilitate and complete all IFSP review/annual meetings and invite participants including: the resident school district representative if the child is a K transition, preschool teacher or child care provider, and parents. **Invite the resident county contact to attend all IFSP meetings where a change in placement will be discussed.**
- ❑ 6. Update AEPS/ASQ information at annual IFSP (or exit from program) and upload into ecWeb.
- ❑ 7. On an annual basis, provide to the family the cross county letter that states these agreements are in effect for the duration of the IFSP, will be reviewed annually and imply no commitment on behalf of the program serving the child at school age.
- ❑ 8. On an annual basis, obtain current Release of Information (ROI) including both agencies and community

SERVING COUNTY:

If the child is less than 35 hrs. per week in the nonresident county, AND Once the initial IFSP meeting has been completed by the resident county and a cross county IFSP meeting has been called by the resident county.....**the nonresident SC will:**

- ECSE under a cross county agreement, the AEPS/ASQ will be completed and uploaded by the serving county. Serving county will write the initial ECSE IFSP with resident county in attendance at the meeting.
- ❑ 10. Complete the IFSP paperwork in ecWeb within 10 days of the IFSP meeting and submit the paperwork per the serving county's program procedures. This includes ensuring the family receives a copy of all IFSP paperwork.
 - ❑ 11. Notify the resident county contact that the IFSP is complete so that it may be imported into the resident county's ecWeb record.
 - ❑ 12. Ensure that all procedural safeguards and timelines are followed.
 - ❑ 13. Provide services as detailed on the IFSP.
 - ❑ 14. Maintain a working file, including current IFSP, data and progress notes.
 - ❑ 15. Document services in the ecWeb Service Log and contacts in the Contact Log.
 - ❑ 16. Contact resident county contact with concerns or issues.
 - ❑ 17. Send all questions related to eligibility and evaluation to the resident county contact as resident county is responsible for evaluation/eligibility.
 - ❑ **18. No changes to placement may be made without the resident county's involvement.**
 - ❑ 19. "Who Will Do"=specific discipline to be listed and "Who Will Pay"=EI/ECSE program. Example: For NWRESD child being served by MECP: "Who Will Do"= SLP/SLPA ; "Who Will Pay"= EI/ECSE Program
 - ❑ **20. Serving county will immediately notify resident county contact of any concerns identified by a parent and resident county will participate in**

If the child is 35 hrs.+ per week in the nonresident county, the nonresident county SC will:

- preschool/child care on every ROI so that both agencies can communicate with the community preschool.
- ❑ 9. For children transitioning from EI to ECSE under a cross county agreement, the AEPS/ASQ will be completed and uploaded by the serving county. Serving county will write the initial ECSE IFSP with resident county in attendance at the meeting.
 - ❑ 10. For all future meetings, complete the IFSP paperwork in ecWeb within 10 days of the IFSP meeting and submit the paperwork per the serving county's program procedures. This includes ensuring the family receives a copy of all IFSP paperwork.
 - ❑ 11. Notify the resident county contact that the IFSP is complete so that it may be imported into the resident county's ecWeb record.
 - ❑ 12. Ensure that all procedural safeguards and timelines are followed.
 - ❑ 13. Provide services as detailed on the IFSP.
 - ❑ 14. Maintain a working file, including current IFSP, data and progress notes.
 - ❑ 15. Document services in the ecWeb Service Log and contacts in the Contact Log.
 - ❑ 16. Contact resident county contact with concerns or issues.
 - ❑ 17. Send all questions related to eligibility and evaluation to the resident county contact as resident county is responsible for evaluation/eligibility.
 - ❑ **18. No changes to placement may be made without the resident county's involvement.**
 - ❑ 19. "Who Will Do"=specific discipline to be listed and "Who Will Pay"=EI/ECSE program. Example: For NWRESD child being served by MECP: "Who Will Do"= SLP/SLPA ; "Who Will Pay"= EI/ECSE

SERVING COUNTY:

If the child is less than 35 hrs. per week in the nonresident county, AND Once the initial IFSP meeting has been completed by the resident county and a cross county IFSP meeting has been called by the resident county.....**the nonresident SC will:**

meetings by phone, virtually, or in person in these circumstances.

- ❑ 21. If a child requires an FBA/PBIS plan, the serving county will create the plan in collaboration with the resident county.
 - ❑ Should a child have their hours reduced, be asked to not return or expelled/suspended in any manner, the serving county provider will report this to their direct administrator who will submit the information in their monthly removal/reduction report to ODE.
- ❑ 22. For extended school year services (EYS), everyone will follow the process for establishing these services.
- ❑ 23. It is the serving county service coordinators responsibility to ensure that the information on the registry page in ecweb is correct at all times. This includes the following sections:
 - ❑ "resident county" and "serving county"
 - ❑ "resident district" and "Kindergarten district"
 - ❑ "providers" should list both a resident contact and serving county service coordinator

If the child is 35 hrs.+ per week in the nonresident county, the nonresident county SC will:

Program

- ❑ 20. **Serving county will immediately notify resident county contact of any concerns identified by a parent and resident county will participate in meetings by phone, virtually, or in person in these circumstances.**
- ❑ 21. If a child requires an FBA/PBIS plan, the serving county will create the plan in collaboration with the resident county.
 - ❑ Should a child have their hours reduced, be asked to not return or expelled/suspended in any manner, the serving county provider will report this to their direct administrator who will submit the information in their monthly removal/reduction report to ODE.
- ❑ 22. For extended school year services (EYS), everyone will follow the process for establishing these services.
- ❑ 23. It is the serving county service coordinators responsibility to ensure that the information on the registry page in ecweb is correct at all times. This includes the following sections:
 - ❑ "resident county" and "serving county"
 - ❑ "resident district" and "Kindergarten district"
 - ❑ "providers" should list both a resident contact and serving county service coordinator

Cross County Service Reminders/Details

Reminder: The first step for all cross county requests MUST come through the resident county supervisor for each county. Please do not send requests directly to the other county.

NWRESA: Heather Botcheos, Coordinator **Please send requests** to Sabine Eaton
seaton@nwresd.k12.or.us

MECP: Kevin Anderson, kevin_anderson@ddsd40.org

CESD: Kimberly Long KLong@clackesd.k12.or.us **Please send requests** to Miranda Hopkins
mhopkins@clackesd.k12.or.us

WESD: Tracy Taylor-Duffy tracy.taylor-duffy@wesd.org

MECP, NWRESA, CESD and WESD will follow the current cross county procedures. If an ECSE student attends a preschool less than 3 days per week, cross county agreements are not established and services are provided by the resident county within that county (not crossing county lines for services). Cross county agreements may be considered **(not always automatically approved)** for ECSE children who attend a preschool at least 12 hours and 3+ days per week. Cross County services for EI children is limited to full time attendance in a non-resident county site (with a conversation with the potential serving county about the specific hardships).

Some of the reasons cross county requests ARE approved:

- At-risk considerations
- Parents having difficulty finding care/school who will enroll their child
- Parents enrolling children in care/school close to their work location due to child's unique medical needs

Send the following information to the appropriate resident county contact:

Child ID#:

Community site attending:

Days/Times and total number of hours child is attending:

Community site address:

Community site phone:

Community site teacher:

Resident County service coordinator:

Recommended discipline of serving service coordinator:

Any other relevant information (ex: parent works at site, works in that county, etc.):

For MECP, NWRESA and WESD: Email this information to your resident county contact listed above.

For CESD: Fill out the electronic request form.

New students entering into cross county agreements:

1. Should a preschool close down due to COVID, the serving county will create a CDLP following their county's processes and provide the services for CDL.
2. Serving county will provide technology devices (iPad/laptop, hotspot) to ensure families can participate in services following the procedures for the serving county.

3. MECP will NOT complete an RBI when cross county services are anticipated with another county. MECP will NOT complete an RBI at the initial cross county meeting with both resident and serving county together. MECP WILL complete RBI's for all IFSP's after the initial cross county meeting.

Move-ins (student who is currently receiving services from another county participating in this Cross County agreement)

Scenario: Child is being served by county X currently at X daycare. Family informs provider they have moved to county Y but plan to remain at X daycare in the other county.

1. The current resident county admin (where the child has been receiving services) will check in with their provider to determine # of days child is in that site.
2. If a cross county agreement would usually be set up (they meet the criteria for cross county listed above), then the former resident county (county X in the scenario above) will continue to serve (no gap in services).
3. The former resident county (county X in the scenario above) will have the family contact the new resident county so that records can be transferred over to the new county.
4. The former resident county(county X in the scenario above) will close out the file on their end and code the file for cross county services.
5. The new resident county (county Y in the scenario above) will assign a cross county contact person and connect with the former resident county contact.
6. Former resident county (county X in the scenario above) will continue to serve throughout this process.
7. The new serving county (county X in the scenario above) will provide to the family the cross county letter that states these agreements are in effect for the duration of the initial IFSP, will be reviewed annually and imply no commitment on behalf of the program serving the child at school age.

[Back to the Top](#)

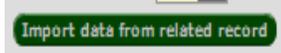
EI/ECSE Cross-County Importing Records Process

Whenever there is a request for cross-county service provision, the serving county is responsible for duplicating the existing record. This duplication occurs when the cross county request is made and sent to Sabine (see [Cross County Services During COVID](#)). 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.

When another county completes the IFSP, we much import a copy to our record (see instructions below). This import may be completed by the Service Coordinator, or you may request it of the site Admin Assistant once you have received notification that the serving county has completed the IFSP.

Action	Resident County	Serving County
Time of request	Emails request to serving primary contact. Enters request into Google Docs.	Duplicates ecWeb record. Archives current IFSP. Confirms service provider, enters that info into Google Docs, emails confirmation to resident county primary contact.
Following initial IFSP mtg. where cross-county service is determined.	Completes IFSP paperwork and distributes.	Imports new IFSP. Begins service provision.
Progress Review	Importing progress is not currently possible. Hard copies need to be obtained from serving district or accessed via uploads.	Completes 6 month progress and distributes, sends hard copy to resident district, or emails notification upon completion if records are uploaded. Notifies resident county of completion.
Annual IFSP	Imports new IFSP.	Schedules and conducts IFSP. Completes IFSP paperwork and distributes. Notify resident SC of completion. If change of placement is being considered, resident county service coordinator will be invited to meeting.

Once the serving district has created a new IFSP, the updated IFSP documents must be imported. Please follow these steps:

- Click “Show Panel” 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’s 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** 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:

Student	Keep original values ▼
Parents	No differences
Case	Keep original values ▼
Other Attributes	Keep original values ▼
Notes	Keep original values ▼
IFSP Coversheet	Keep original values ▼
IFSP ECSE	No differences
IFSP Team	Keep original values ▼
IFSP Developments	Keep original values ▼
IFSP Goals	Keep original values ▼
IFSP Family	No differences
IFSP Transition	No differences
IFSP Placement	No differences
IFSP EYS	No differences
IFSP EYS Addendum	No differences
Behavior Plan	No differences

Perform Merge

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 been 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.

[Back to the Top](#)

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.

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. Submit [Student Services Information Update Form](#) regarding the child's placement to the site admin assistant.

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 previous service coordinator completes the site-to-site transfer process with their admin assistant to ensure that ecWeb is accurately coded and updated. The new service coordinator takes over all responsibilities – service coordination and service provision.

[Back to the Top](#)

Helpful How-Tos

ecWeb Basics

Log-in address is: <https://ecweb.uoregon.edu/>

[A brief how-to with screen shots for accessing caseload](#)

[Create and Share Templates in ecWeb](#)

[ecWeb Problems, Sentinels, and Warnings- How to set up and use](#)

[Texting through ecWeb](#)

[Texting and email from ecWeb with Video](#)

[Running a "Paperwork Not Received" \(aka: pnr\) report in ecWeb](#)

[☰ Contact and Service Log Shortcuts \(Templates\)](#) - A How-to for creating common log entry shortcut templates that will autofill in ecWeb.

Program How-Tos

[Language Interpreters & Translation Requests](#)

[Requesting a video interpreter using Linguava](#)

[Setting up email Templates in Gmail](#)

[How to enter mileage reimbursement](#)

[How to quickly calculate mileage using Google Maps](#)

[Creating a YouTube Playlist](#)

[Online Parent Coaching- A guide to get you started](#) and a [Sample Coaching Agenda](#)

[EI/ECSE AAC Referral Form](#)

Agency How-Tos

There are a large number of How-To guides for various departments in the agency located in the G Drive,

- Shared Drives,
- Staff Resources

Select the desired department and see if there is a how-to guide in that folder that can assist you.

EI/ECSE Equipment Loan

General Information

Early Intervention (EI) and Early Childhood Special Education (ECSE) maintains a small inventory of specialized equipment designed to support motor and communication development in young children.

- When a child is under the age of 3 and eligible for EI services, this equipment is for use in the child's home or child care program. It is loaned to a family on a short-term trial basis to determine what might be most appropriate for purchase through the child's insurance for long-term use. Each family's IFSP team will help evaluate equipment effectiveness and possibly assist in acquiring equipment in collaboration with healthcare providers.
- For children eligible for ECSE services, equipment is for use in the child's educational placement to support their access to educational experiences.
- Equipment is loaned to families or programs after the IFSP team discusses needs and when equipment is available (supplies are very limited). When the equipment is delivered to the family home, child care program, or preschool, a therapist will review the safe and appropriate use of the equipment and discuss individual use expectations. The [loan agreement](#) is also reviewed and parents or teachers are asked to sign the form.

Expectations/Agreements

To maintain a useful inventory of equipment, the following general expectations/agreements apply. By signing this form, you agree to:

- Use the equipment only in the ways in which they were instructed.
- Be responsible for reasonable care and routine maintenance of the equipment and return all loaned items in good working order (clean, free of dust or other residue).
- Not use the equipment to access the internet to download apps or connect to social media.
- Be responsible for the cost of major repairs should the equipment be damaged beyond normal wear and tear or damaged from acts of nature or disaster.
- Not sell, give away, or loan out the equipment to anyone.
- Notify the service coordinator if repairs are needed and discontinue use of the equipment if damaged or defective.
- Notify NWRESD immediately when the equipment is lost and agree to replace the equipment when requested.
- Submit a police report to local law enforcement if the equipment is stolen, notify NWRESD of the theft and provide a copy of the police report to NWRESD. The family or program may be responsible for replacing the equipment.
- Return the equipment when any of the following apply:
 - The child moves out of the Northwest Regional ESD service area.
 - The child transitions from EI to ECSE. The IFSP team can then check out equipment appropriate to the child's educational placement.
 - The child is no longer eligible for Early Intervention or Early Childhood Special Education services.
 - The equipment is no longer appropriate in the child's home, child care, or educational setting.

If you have questions or need additional information, please contact your therapist or service coordinator.

Expectativas de EI/ECSE para el préstamo del equipo para la motricidad Versión para los padres

Información General

- Los Programas de Intervención Temprana (EI) y Educación Especial en la Primera Infancia (ECSE) mantienen un inventario pequeño de equipo especializado y diseñado para apoyar el desarrollo de las habilidades motoras de los niños/as pequeños. Cuando un niño/a es menor de 3 años de edad y es elegible para los servicios de Intervención Temprana, el equipo está disponible para ser usado por el niño en su casa o en su programa de cuidado de niños. El equipo es prestado a la familia por un corto plazo de tiempo para ser probado y para determinar si sería más apropiado comprarlo a través del seguro médico del niño para que así pueda darle uso a largo plazo. Cada coordinadora de servicios para la familia y/o las terapeutas de la motricidad ayudarán a evaluar la efectividad del equipo, a identificar los recursos para fondos y en algunos casos ayudarán a la familia a completar el proceso de la compra. Esto se hará en colaboración con los proveedores de salud, ya que es requerido que el equipo sea recetado por un médico. Los niños que son elegibles para los servicios de ECSE podrán usar el equipo para apoyar el acceso a las experiencias educativas en donde sean asignados.
- Las solicitudes para usar el equipo son hechas por la terapeuta o coordinadora de servicios después de haber hablado con la familia y el equipo educativo referente a lo que se necesita y después de haber revisado el inventario para ver qué equipo hay disponible. Cuando el equipo es enviado a la casa de la familia, al programa de cuidado de niños o al preescolar, una terapeuta de la motricidad revisará que el equipo sea usado de una manera segura y apropiada y hablará sobre las expectativas del uso individual. El acuerdo del préstamo también es revisado y se les pide a los padres o maestros que firmen el formulario.

Cuidado y uso del equipo

Para mantener un inventario práctico del equipo, aplicaremos las siguientes expectativas cuando se le preste el equipo a una familia o programa.

- La familia, el cuidado de niños o el preescolar es responsable de darle un cuidado razonable y un mantenimiento rutinario al equipo. El equipo debe ser regresado en buenas condiciones (limpio, sin polvo u otro residuo). Se le debe notificar a la terapeuta o coordinadora de servicios de su niño si el equipo necesita reparaciones.
- Si el equipo es dañado durante el tiempo que es prestado, el costo de las reparaciones grandes podría ser cobrado a la familia o al programa. El deterioro por uso es de esperarse, sin embargo, cualquier daño serio o destrucción del equipo podría ser cobrado a la familia, al cuidado de niños o al preescolar.
- La familia, el cuidado de niños o el preescolar podrían ser responsables de reemplazar el equipo si se pierde o es robado durante el periodo que lo tienen prestado.

El equipo debe ser devuelto cuando alguna de las siguientes cosas ocurran:

- Cuando el niño/a se mude fuera del área de servicio de Northwest Regional ESD.
- Cuando el niño se cambie del programa de EI al programa de ECSE. En este caso, el equipo del IFSP puede entonces pedir prestado el equipo apropiado de acuerdo a la asignación educativa del niño.
- Cuando el niño deje de ser elegible para los servicios de Intervención Temprana o Educación Especial en la Primera Infancia.
- Cuando el uso del equipo deje de ser apropiado en la casa del niño, en el cuidado de niños o en el entorno educativo.

Si tiene preguntas o necesita información adicional, por favor comuníquese con su terapeuta o coordinadora de servicios.

EI/ECSE Equipment Loan Agreement

Student Name: _____ Loan Date: _____

Parent Name: _____ Parent Phone: _____ Parent Email: _____

Teacher Name: _____ Teacher Email: _____

SC/Therapist Name: _____ SC/Therapist Email: _____

Equipment Loaned	Equipment Location	Bar Code

NWRES D is able to loan limited equipment to children currently in our Early Intervention (EI) and Early Childhood Special Education (ECSE) programs. Equipment is loaned short-term for trial purposes to assist the family and community providers in determining what might be most appropriate to purchase through the child's insurance for long-term use. EI equipment is loaned for use in the family home or child care. ECSE equipment generally is loaned for use in a child's educational placement.

By initialing and signing below you agree to the following:

1. I have been trained in the proper use of this equipment and understand I am responsible for the above child's supervision and safety while the child is using this equipment.
2. I understand the equipment listed above is a short-term loan and must be returned to NWRES D.
3. I agree to the expectations/agreements listed on the back of this form regarding the care, maintenance, use, and replacement of the equipment.

Special Instructions

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

SC/Therapist Signature: _____ Date: _____

[Back to the Top](#)

EI/ECSE Equipment

Loan Expectations and Check-out/Return Procedures

NW Regional Early Intervention (EI)/Early Childhood Special Education (ECSE) programs maintain a small inventory of specialized equipment designed to support motor and communication development in EI/ECSE eligible children who do not have an Orthopedic Impairment (OI) or vision eligibility (if child has OI or vision eligibility, check Regional Equipment Center for motor or AAC equipment availability first).

When a team decides that trialing equipment available in the EI/ECSE equipment inventory would benefit an EI-age child and family, or the ECSE-age child needs the equipment to access his/her educational environment, please follow the steps below.

Expectations

Early Intervention

When the child is under 3 years of age, equipment can be loaned to a family on a **short-term trial basis** to help a family determine the equipment that is most appropriate to purchase through the child's insurance or other funding source for long-term use. The EI IFSP team helps each family evaluate equipment effectiveness, identify funding sources, and in some cases helps a family complete the purchasing process in collaboration with healthcare providers.

- When loaning the equipment to a family, the approximate timeline for returning the equipment must be discussed with the parents (**the loan should be short-term**).
- When a child is eligible for EI services, loaned equipment is for use in the child's home or child care program.
- During the transition process to ECSE, the EI team must discuss equipment expectations in ECSE.

Early Childhood Special Education

When the child is over 3 years of age, equipment is for use in the child's educational placement to support access to educational experiences.

When the equipment is delivered to the family home, child care program, or preschool, a motor and/or speech therapist must review the safe and appropriate use of the equipment and discuss individual use expectations.

Parents or teachers in community settings will be asked to sign a loan agreement after the therapist(s) carefully review all expectations.

To maintain a useful inventory of equipment, the following general expectations apply when equipment is loaned to a family or program.

- The family, child care, or preschool is responsible for reasonable care and routine maintenance of the equipment and equipment must be returned in good working order (clean, free of dust or other residue). If repairs are needed, the child's therapist or service coordinator should be notified.
- The cost of major repairs, should the equipment be damaged while on loan, may be charged to the family or program. Normal wear and tear is expected, however, serious damage or destruction of equipment may be charged to the family, child care, or preschool.
- Should the equipment be lost or stolen during the loan period, the family, child care, or preschool also may be responsible for replacing the equipment.
- Please do not cover up barcodes, identification labels, or serial numbers. Please do not remove labels at any time.

Equipment should be returned when any of the following apply (see return steps below):

- The child moves out of the Northwest Regional ESD service area
- The child transitions from EI to ECSE. The IFSP team can then check out equipment appropriate to the child's educational placement once transitioned to ECSE
- The child is no longer eligible for EI or ECSE services
- The equipment is no longer appropriate for the child
- The equipment is broken and a safe repair is not possible

Equipment that is checked out to one student may not be transferred to another student without following the check-in and check-out process.

AAC Check-out and Return Process

AAC equipment checked out to a specific child

- IFSP team, including the AAC specialist, determines what equipment is needed.
- The AAC specialist will check out the equipment and deliver it to the family, child care or preschool program along with the child's service coordinator. The family or educators should be offered appropriate safety and use instructions for each piece of equipment loaned. The loan agreement expectations (reverse side of the agreement form) should be reviewed with the family or educators before asking them to sign the form. The top copy should be given to the parents and the AAC specialist should retain the second copy.

Returning loaned AAC equipment

- All AAC equipment should be returned to the AAC specialist. Service coordinators: work directly with your AAC specialist when equipment needs to be returned.

Motor Equipment Check-out Process

Motor equipment checked out to a specific child

- IFSP team determines what equipment is needed.
- **Email Kim Smith (ksmith@nwresd.k12.or.us)**. In the email indicate:
 - The name of the child (first and last names) needing the equipment
 - Child's date of birth
 - The specific name of the equipment (try to be as accurate as possible)
 - Where you would like the equipment to be sent or if it is to be picked up at WSC
 - The date needed.
- Kim will check to see if the equipment is available, check out each piece of equipment to the person making the request, and enter the information into a tracking system. She will then email that it is ready for pick-up or include the date it will be put into courier.
- If the equipment is needed quickly or you would like to examine the equipment before requesting it, email Kim Smith prior to coming to the WSC to set up a time to meet. Kim can check out the equipment at that time so you can take it with you. **Please always email Kim before coming to the ESD to pick up equipment. Kim can do a much better job of keeping up with inventory if she is directly involved in the check-out process. If Kim is not available email Peggy Freund (pfreund@nwresd.k12.or.us or Karen Dalbey (kdalbey@nwresd.k12.or.us)**
- The motor therapist must then deliver the equipment to the family, child care or preschool program along with the child's service coordinator to fit the equipment to the child. The family or educators should be offered appropriate safety and use instructions for each piece of equipment loaned. The loan agreement expectations (reverse side of the agreement form) should be reviewed with the family and/or educators before asking them to sign the form. The top copy should be given to the parents and the motor therapist should retain the second copy.

Returning Motor Equipment

Returning motor equipment directly to the EI motor room:

- **Email Kim Smith that you will be returning motor equipment to the WSC warehouse.**
- Inspect equipment, checking for needed repairs, missing parts, or parts needing to be replaced. Also, returned equipment should be clean and free of dust or other residue.
- Place the equipment in the designated location under the label on the wall in the EI room in the WSC warehouse.
- Complete a return slip (located on desk in EI motor room) and securely attach it to the equipment so each piece can be checked in correctly. Please add specific details about needed repairs, missing parts, or parts needing to be replaced.
- Kim will check in the equipment through Destiny and update her tracking system.

Returning through courier

- **Email Kim Smith that you will be returning motor equipment to the WSC warehouse.**
- Inspect equipment, checking for needed repairs, missing parts, or parts needing to be replaced. Also, returned equipment should be clean and free of dust or other residue.
- Securely attach a note with the following information:
 - Name of therapist or service coordinator
 - Name of child equipment checked out to
 - Specific details about needed repairs, missing parts, or parts needing to be replaced.
 - Also, please note which equipment does not have bar codes to ensure it is included in the inventory.
- Kim will check in the equipment through Destiny and update her tracking system.

When equipment is deemed **unfixable**, Peggy Freund and Karen Dalbey should be contacted to consider replacement options.

[Back to the Top](#)

Securely Sending Documents to Parents Electronically

When sending documents electronically, documents should be sent to parents or community agencies through the ESD's Secure Document Transfer application: [CTA File Transfer Utility](#). This is done to protect the family's confidentiality and outside email servers are not guaranteed to be secure. Confidential documents should only be sent through regular email to users within the ESD.

Below are the steps for sending documents through the electronic document drop off process. The parents will receive a link via an email to access the files. The link stays active for 14 days.

1. Confirm that the parent is willing to receive documentation via email. Ask if they have ever received an email through our secure document transfer system, Cascade Technology, before. If not, inform the parent: "The email will come from a sender called 'CTA HelpDesk'. The subject of the email will say that I have dropped off files for you. You will need to click on the link in the body of the email to open the files I have sent you."
2. Save the document you need to send to the parent: From a form window in ecWeb (such as Meeting Notices), click: Print > Open with (Adobe)> Save. This will open a PDF, save it in a place that you can easily find it later.
3. Open the file transfer system website: <https://files.cascadetech.org/> or find the link for Secure File Transfer on the [ESD Technology Webpage](#).
4. Follow the instructions on the webpage (see next page). Note in the contact log that you have sent the files electronically using the secure email system.

Go to the website: <https://files.cascadetech.org/>

Follow the [step-by-step tutorial with screenshots](#)

[Back to the Top](#)

New Kids- How to Process

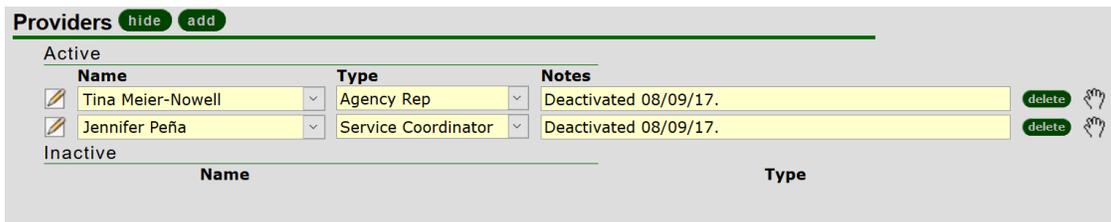
Each team will have a slightly different version of this process, but below is a general overview on what to expect.

The Eval Team sends a [site notification](#) for eligible children via email.

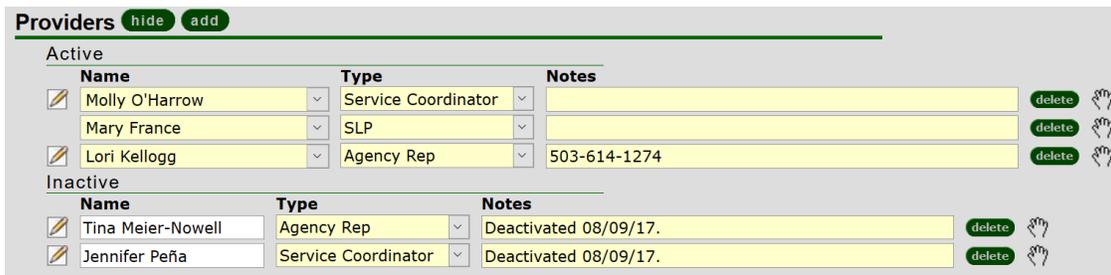
These notifications should state the following in the subject line, based on the program(s) the child is eligible for:

- New EI student and evaluation billing
- New ECSE student and evaluation billing
- New EI/ECSE student and evaluation billing

- Emails are directed to designated site staff at the following email addresses and all are in the agency directory and can be found by typing in the first few letters of the email address in the To field of your email.
 - o Washington County:
 - BECC: becc-schedulingandrecords@nwresd.k12.or.us
 - HECC: hecc-schedulingandrecords@nwresd.k12.or.us
 - TECC: tecc-schedulingandrecords@nwresd.k12.or.us
 - Head Start children: wsc-schedulingandrecords@nwresd.k12.or.us
 - Columbia: col-co-schedulingandrecords@nwresd.k12.or.us
 - o Clatsop and Tillamook Counties: emails are directed to site administrative assistant and relevant service providers and copied to site administrators.
- Site administrative assistants maintain a list of “New Referrals” with all of the relevant information, frequently referred to as “New Kid Lists.”
- A printout of the email or a list of the new kids will be prepared and organized for weekly “New Kid” (NK) meetings held with each site and/or team.
- Files are reviewed by the team and a service coordinator is designated for scheduling and facilitating the initial IFSP meeting.
- The “New Referrals” list is updated with the assigned service coordinator’s name by site administrative assistant.
- Service coordinators are responsible for entering their names on the Provider tab of ecWeb and the Cover Page of the IFSP following the NK meeting.
 - o When new kids are sent from Eval Team, the Providers Page will look like this:



- o ***It is the new receiving service coordinator’s responsibility to pull former service providers and evaluators to Inactive status on the Providers’ Page.*** Please keep Service Coordinator as top on the list.



- o For EI OT/PT/SLP, immediately after the new kid meeting, services should be split on Cover Page to facilitate Medicaid billing. (See [Service Guidelines-EI](#) for more details.)

[Back to the Top](#)

Move-ins: In-State & 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.

EI/ECSE In-State Move-in Process

The following process is specific to Columbia and Washington Counties, it will vary in Tillamook or Clatsop Counties. For Tillamook or Clatsop Counties, please see your Service Center Administrator for EI/ECSE Administrative Assistant for more information.

Intake will:

- Notify the appropriate site and data administrator, via email, when there is confirmation that the family is residing in one of our counties 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 uploaded to the ecWeb archive, and indicate if the IFSP is current or will be due soon.
- Request records from the previous Oregon program. Once the file is received it will be uploaded to ecWeb.

The site must:

- o 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.
 - o If the IFSP is **current**, the team can:
 - o 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**
 - o 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.
 - o If IFSP is **not current**:
 - o Convene an IFSP meeting following all normal processes (**make sure the census is submitted immediately after the meeting to activate the 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.

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.

Out-of-State Move-in Process

The following process is specific to Columbia and Washington Counties, it will vary in Tillamook or Clatsop Counties. For Tillamook or Clatsop Counties, please see your Service Center Administrator for EI/ECSE Administrative Assistant for more information.

Historically our program had a practice of not starting services for a move-in child with an expired IFSP. However, ODE has clarified that a child must be started in services with a temp IFSP honoring their former plan as closely as possible, whenever the child has a current out-of-state eligibility (regardless of if the IFSP/IEP from the other state is current).

At Intake:

- When out-of-state documentation has been obtained and the family is residing in Washington or Columbia County, the one of the program School Psychologists reviews records to **determine if there is sufficient information to determine Oregon eligibility**. The school psychologist will notify the site of next steps, and will email the Intake Team Manager at intakemgr@nwresd.k12.or.us if an evaluation needs to be scheduled.
- **If there is sufficient information to determine Oregon eligibility:**
 - All out-of-state documents are uploaded to ecWeb and forwarded to the appropriate site via email.
 - Site convenes meeting to consider Oregon eligibility and complete an Oregon IFSP, with the goal of implementing services within 10 days of site notification.
 - For the IFSP, this often looks like transferring the child's existing goals to Oregon forms in ecWeb, and matching (as closely as possible) the services from the out-of-state IEP/IFSP. Treat this like an initial IFSP with a new eligibility and IFSP date.
 - **Team obtains consent for evaluation to complete a file review for eligibility.**
 - Team determines eligibility, completes IFSP, and assuming that the child is determined to be eligible, submits a census, and distributes the paperwork as usual.
- **If there is not sufficient information to determine Oregon eligibility, but the 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 complete a temporary IFSP.** The IFSP is considered temporary because it must be revisited after Oregon eligibility has been established.
 - 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 for the temporary IFSP:
 - Use the existing IFSP, as written by the 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 field will be left blank since eligibility is pending, and typically the annual and 6-month review dates are the same as was indicated on the previous plan.
 - Follow typical service start and stop guidance with service projections being within 10 days of site notification.
 - The entire existing IFSP with the new Oregon cover sheet gets distributed via PDF.
 - **Print/PDF the Cover sheet and distribute IFSP.** Note: If Oregon Eligibility has not been established, you cannot archive the IFSP. Send a PDF attachment to distribution instead for upload to the archive.
- Census and action forms not needed at this time, child cannot be made active until Oregon eligibility is determined.
- Once the Eval Team has notified the Service Coordinator of the child's evaluation outcome, eligibility may be established and a full, initial IFSP is written with new eligibility and IFSP dates and all accompanying paperwork is completed and distributed.

OR

- If the IFSP has to be revised (for example, due to different service delivery models)
- 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 field should be left blank since the eligibility is pending, and typically the annual and 6-month review dates are the same as was indicated on the previous plan.
 - Follow typical service start and stop guidance with service projections being within 10 days of site notification
 - If revisions to the move-in IEP/IFSP are needed, complete Prior Notice of Special Education Action describing the reason(s) for the revision(s)
 - Census is not needed at this time, child cannot be made active until Oregon eligibility is determined - Note: If Oregon Eligibility has not been established, you cannot archive the IFSP. Send a PDF attachment to distribution.
 - Make revisions and distribute IFSP via PDF.
- Once the Eval Team has notified the Service Coordinator of the child's evaluation outcome, eligibility may be established and a full, initial IFSP is written with new eligibility and IFSP dates and all accompanying paperwork is completed and distributed.

Note: The IFSP team should attempt to design an IFSP as close to the previous IFSP as possible.

- The 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 the child is eligible, IFSP team convenes meeting to develop new annual Oregon IFSP (typically, an EI IFSP will be completed by the eval team) within 30 days of the eligibility determination.

- 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.
- 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.

If the parent of the child moving in 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 or Columbia counties 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 the site directly after the notification email if no evaluation is needed.

The site should:

- Coordinator ensures 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, 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.
- 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:
 - 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 (continued on next page)

- 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.

[Back to the Top](#)

Within NWRESD Move-Out Guidelines

- When a child moves out of your site but remains within Tillamook, Washington, Clatsop or Columbia counties: (Admin Assistants- please take care to read the note on the next page)

Within Washington County (Transfers between HECC, BECC, TECC and Head Start teams)	Between Counties within NWRESD service area (Transfers between Tillamook, Clatsop, Columbia, Washington Counties)
<p>1. Service coordinator will:</p> <ul style="list-style-type: none"> a. Determine which site will now serve the child. b. If a progress review is close to being due, the service coordinator should complete the review prior to the transfer to a new team. c. Provide all pertinent information to the administrative assistant at the current site (i.e. new address, anticipated move date, if child is in a community preschool, etc). <p>2. Current Site administrative assistant will:</p> <ul style="list-style-type: none"> a. Notify the receiving site of the transfer student utilizing an Gmail signature template providing all pertinent information. b. Complete any pending file review and distribution promptly. <p>3. Receiving administrative assistant will:</p> <ul style="list-style-type: none"> a. Contact the family to update registry page information including address, phone numbers and resident schools. b. Add child to “new kids list” for service coordinator assignment. <p>4. Receiving Service coordinator will:</p> <ul style="list-style-type: none"> a. Update provider information on ecWeb b. Provide services at the level indicated on the IFSP c. Establishing contact with family within 10 days of receipt. 	<p>1. Service Coordinator will:</p> <ul style="list-style-type: none"> a. Determine which site will now serve the child. b. Send a census form making the child inactive with the code, IA-MI <p style="text-align: center;">No Action Form is Required</p> <ul style="list-style-type: none"> c. Provide parents with phone number/contact info for the new county so they have it for their records. d. If a progress review is close to being due, complete the review prior to the transfer to a new team. e. Provide all pertinent information to the administrative assistant at the current site (i.e. if child is in a community preschool). <p>2. Current Site administrative assistant will:</p> <ul style="list-style-type: none"> a. Notify the new county intake desk of the transfer student utilizing an Gmail signature template providing all pertinent information. b. Complete any pending file review and distribution promptly. <p>3. Census specialist will:</p> <p>Make file IA-MI in ecweb once the census is received.</p> <p>4. Receiving Intake/administrative assistant will:</p> <ul style="list-style-type: none"> a. Contact the family to update registry page information including address, phone numbers and resident schools. b. Update ecweb coding: refer child into new county, update SSID, add placement coding as long as IFSP is current. c. Add child to “new kids list” for service coordinator assignment. <p>5. Receiving Service coordinator will:</p> <ul style="list-style-type: none"> a. Update provider information on ecWeb b. Provide services at the level indicated on the IFSP c. Establish contact with family within 10 days of receipt.

- **When a child moves outside your county, region, or state:**
 - Submit change of address (if known) to site Admin. Assistant and note on Contact Log.
 - Provide contact information for the new program child will potentially attend.
 - Complete Census Form on ecWeb, send memo and complete any outstanding paperwork promptly.
 - If progress review is pending, enter progress data, archive, and distribute.
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 using multiple methods (phone, text, email). Track all actions in the contact log.
 - Send written attempt to contact (a letter). Note when mailed in contact log.
 - If no response to letter, complete Action Form to make the child's file inactive with note that NWRES D stands ready to provide services as written on the IFSP. File may be re-activated by parent by contacting the intake line at 503-614-1446.
 - Complete census form on ecWeb, send memo, and promptly complete any outstanding paperwork.
 - Give working file to site Administrative Assistant to send to ESD.
 - **Action Form is required.**

- **When a child moves out of the country, or leaves the country for more than four weeks, the file should be made inactive;**
 - Complete census form on ecWeb, send memo, and promptly 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 line at 503-614-1446.
 - Give working file to site Administrative Assistant to send to ESD.
 - **Action Form is required.**

Admin Assistants: If a child is moving out of Washington county, DO NOT change the school district or School on the ecWeb Registry Page. This info is needed by the Regional Admin Specialist (Vicky Schroeder) for her reports. If the child is moving within NWRES D service area, the Receiving Site admin assistant will change the address and school designations when the child moves into their area. If you have any questions about this rule, please contact Vicky for more information.

[Back to the Top](#)

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 be 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 NWRESA, 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
[Family Educational Rights and Privacy Act \(FERPA\)](#)

AVISO ANUAL PARA PADRES DE NIÑOS

EN LOS PROGRAMAS DE INTERVENCIÓN TEMPRANA (EI) Y EDUCACIÓN ESPECIAL DE LA PRIMERA INFANCIA (ECSE) CON RELACIÓN 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 mas información acerca de como 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 esta limitado a una evaluación o re-evaluación con el propósito de determinar si un niño tiene una discapacidad. El transporte también se considerada 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 culaquier 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 NWRESO, 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**

[Ley de Privacidad y Derechos Educativos de la Familia \(FERPA\)](#)

[Back to the Top](#)

Student Intervention Team (SIT) Request

Early Intervention/Early Childhood Special Education

All documents related to the Student Evaluation Team Request process may be found in the [Student Intervention Team \(SIT\)](#) folder in the G Drive.

A SIT Request should be initiated when:

- 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.

Steps of the SIT Process:

1. Providing team (SC, Community provider, Family) needs help with student: lack of progress, behavior, complex situation
 - a. The SC will email the designated IC requesting SIT support
 - i. The email will include the child's name and brief concern
 - b. The IC will assign a SIT Facilitator on the [tracking list](#), and the Facilitator will schedule a meeting with the SC and providing team
 - c. The Facilitator will create and record each step of the process in the case's [SIT Log](#)
2. SIT Facilitator meets with the SC and providing team to complete the [planning form](#)
 - a. SIT Facilitator schedules follow-up meeting with the SC within 5-10 business days
 - b. SIT Facilitator completes the [action plan](#) based on the planning form and meeting
3. SIT Facilitator and SC meet to discuss completed action plan and materials
 - a. SC shares plan with team and sets date for training/implementation
 - i. The SIT Facilitator can and will help with training the team: see [SIT Folder](#) for supplemental materials
4. Providing team team implements action plan
 - a. Take ongoing, consistent data
 - b. SC Oversees plan for 4-6 weeks and monitors progress
 - c. SIT Facilitator checks in with SC weekly to discuss progress and help problem solve
 - d. SIT Facilitator schedules a 4-6 week follow-up meeting with SC
5. SIT Facilitator meets with SC and team (if possible) to discuss review data and discuss student progress
 - a. **If the student has made adequate progress and the plan is working:** The SIT Facilitator will close the case on the [tracking log](#) and the team will discuss next steps and how to fade support
 - b. **If the student has not made adequate progress and the plan is not working:** Repeat process and try a new intervention approach
 - i. After 3 intervention cycles and/or student needs are not being met: SC emails SIT Facilitator to discuss placement, send Facilitator data
 - ii. SIT Facilitator schedules meeting with SC and Coordinator (5-10 business days), data is shared, LRE is discussed
 - iii. SC schedules IFSP meeting to discuss next steps

[Back to the Top](#)

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.

[Back to the Top](#)

Community/Head Start IA Role

Instructional Assistants in the EI/ECSE program may be assigned to support ECSE eligible children who are placed in community preschool programs including (but not limited to) Head Start, Preschool Promise, or district partnership preschool classrooms. When assigned to these locations, the IA should be provided with the completed [Community IA Action Plan](#) and/or have had an active role in developing the plan.

- Support the classroom team in helping students eligible for ECSE services in meeting IFSP goals.
- Along with Head Start/community staff, implement protocols, adaptations and modifications so that children are able to access learning opportunities within the classroom environment.
- Implement and model to the 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 timeline established by the IFSP team so that Head Start/community 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/community staff are available to work directly with students on IFSPs in implementing instructional strategies and modifications needed to target IFSP goals.

Other notes:

- In order for an IA to start in a community classroom, the team must first complete the Community IA Action form found in the [IA and SC Planning Folder](#).
- IAs will be systematically faded out of classrooms and only provide temporary support to classrooms (unless specifically identified as a 1:1 aid on IFSP.) 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.

[Back to the Top](#)

NWRESD EI/ECSE School Psychologist/Behavior Specialist

Roles and Responsibilities

School psychologists are available to provide support to children and families in both the EI and the ECSE programs. 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 or preschool visit to consult on challenging behavior and/or to connect a family to other community resources. **Always ask permission from the parent/guardian to get the school psychologist involved prior to seeking consultation/support.**

When requesting school psychologist support (via email or calendar invite) consider:

- A home and/or school 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.
- Consulting with an instructional coach and/or initiating the Student Intervention Team process
- For highly significant behavioral, family, or community concerns please email the school psychologist at the earliest sign of concern. The school psychologist can help create a plan for ongoing monitoring and/or support and would prefer to be in the loop sooner, rather than later.
- School psychologists can be invited to an initial IFSP if significant concerns are known based on initial evaluation or evaluator recommendation
- School psychologists are also available for one time consultations regarding behavior, mental health, evaluation/eligibility planning, or community resource concerns. You can email your local school psychologist at any time to request a one-time consultation.

School psychologist services can only be added to an IFSP with school psychologist approval. Please do not share specific school psychologist action plans with parents without consulting with the school psychologist first.

Evaluation requests for any student already receiving EI/ECSE services should be sent first to your coordinator (ideally before consent for evaluation is signed). The coordinator will forward the request to the assigned school psychologist or the Psych Referral mailbox at psychreferrals@nwresd.k12.or.us. The assigned school psychologist will follow up with the service coordinator.

EI/ECSE School Psychologist Roles and Specialities

<p>Colleen Nolan School Psychologist (FTE 1.0 for Clatsop & Columbia Counties) cnolan@nwresd.k12.or.us</p> <p>Lisa Regier School Psychologist (FTE 1.0 for TECC & Tillamook County) lregier@nwresd.k12.or.us</p> <p>Lorinda Kirkland School Psychologist (FTE 1.0 for BECC) lkirkland@nwresd.k12.or.us</p> <p>Megan Wattman-Smart School Psychologist (FTE 1.0 for HECC) mwattmansmart@nwresd.k12.or.us</p>	<ul style="list-style-type: none"> ● PBIS support, Functional Behavioral Assessments and Behavior Support Plans to address challenging behaviors ● PBIS /Safety First trainings ● Student Intervention Team Participation ● Parent and community provider workshops ● Consultation to families for family setting needs: behavioral needs and supports, parenting a child with special needs, structuring family routines, self-care, accessing community resources, etc. ● Screening and Evaluations ● Evaluation/eligibility consultation ● Consult to EI/ESCE providers and Community program providers on the following specialty areas: behavioral needs and supports, trauma, foster care, complex family needs, mental health, developmental needs, screening/referrals for evaluation consideration ● Collaborative Problem Solving support ● <u>Colleen and Megan</u>: State-wide Early Childhood PBIS and Safety First working groups ● <u>Lisa</u>: Collaborative Problem Solving Lead for the program, Collaborative Problem Solving parent trainer
<p>Candice Campo School Psychologist (FTE 1.0 for Washington County Evaluation Team) ccampo@nwresd.k12.or.us</p>	<ul style="list-style-type: none"> ● Initial Screenings and Evaluations (Children not already eligible for EI/ECSE services)

[Back to the Top](#)