An Academy for Developmental Intervention Assistants

FUNDAMENTALS OF THE IFSP PROCESS

Instructor's Guide & Handouts

Module A: The IFSP – First Steps
Module B: Overview of Evaluation and Assessment in the IFSP process
Module C: Understanding the Development and Implementation of the IFSP
Module D: Teaming and Collaboration in the IFSP process

University of Colorado Denver
School of Education and Human Development (SEHD)
1380 Lawrence Street, Suite 710, Denver, CO 80204
Phone: (303) 315-6355, Fax: (303) 315-6367
Website: www.paracenter.org

FUNDAMENTALS OF THE IFSP PROCESS

Instructor's Guide

***This manual is accompanied by a PowerPoint document titled, *"Fundamentals of the IFSP Process Slides"* that the instructor may project or prints slides and convert them into transparencies to project them using a traditional overhead projector.**

ACKNOWLEDGEMENTS

The **Fundamentals of the IFSP Process Instructor's Guide** is part of the curriculum developed under the Comprehensive Training Opportunities for Paraeducators for Early Intervention Services (CO-TOP*EIS) Project. This project is a collaboration between the Colorado Department of Human Services, Division for Developmental Disabilities - Early Intervention Colorado Program with The Paraprofessional Research and Resource (PAR^{2}A) Center, in the School of Education and Human Development (SEHD) at the University of Colorado Denver. This work was funded by the Early Intervention Colorado, Colorado Department of Human Services (CDHS), Division of Developmental Disabilities (DDD).

There are so many people who have provided input, support and encouragement for the CO-TOP*EIS curriculum which we wish to acknowledge.
We appreciate the valuable assistance given by the Curriculum Review Panel (CRP) that established the content for instructors' guides for all the CO-TOP*EIS Academies and ensured its alignment to DEC (Division for Early Childhood) Recommended Practices. Without their expertise the publication of the instructors' guides would not have been possible.

We express our gratitude to the CRP members:

Barbara J. Smith, Ph.D., University of Colorado Denver
Peggy Hayden, Ph.D., Educational Consultant
Susan Sandall, Ph.D., University of Washington
Donna Wittmer. Ph.D., University of Colorado Denver (retired)
Susan Moore, MA-SLP, University of Colorado Boulder

We'd especially like to thank the following for their efforts in bringing **Fundamentals of the IFSP Process Academy Instructor's Guide** to its current form:

Ritu Chopra. Ph.D., University of Colorado Denver
Rashida Banerjee, Ph.D., University of Northern Colorado
Laura Merrill, MA, Early Intervention Colorado CDHS-DDD
Ardith Ferguson, M.Ed., Early Intervention Colorado CDHS-DDD
Geraldine DiPalma, MA, University of Colorado Denver
Vivian Strand, Graphic Designer

We would also like to place on record our appreciation for the invaluable input rendered by the members of the state-wide coalition of the CO-TOP*EIS Project throughout the curriculum development process. Their passion, inspiration and commitment have been the driving forces for all aspects of the CO-TOP EIS Project.

TECHNICAL SUPPORT FOR CO-TOP*EIS ACADEMIES

The following technology information is to assist with using the video clips within the slides of the CO-TOP*EIS Instructors' Guides.

You must have Media Player for viewing (Windows & Mac versions available). We also recommend using external speakers for your computer.

To view a video, you must have Media Play installed on your computer. Media Play operates on Windows and Mac systems and is available FREE. To obtain Media Player visit:

http://www.microsoft.com/windows/windowsmedia/player/10/default.aspx

TABLE OF CONTENTS

Academy Introduction ix

Module A: The IFSP – First Steps 13

Goal 1: Demonstrate understanding of Individualized Family Service Plan (IFSP) process and the required timelines. 15

Goal 2: Describe the timelines and requirements regarding referral and identification of infants and toddlers for early intervention services as described in federal and state regulations. 18

Goal 3: Recognize the importance of delivering supports and services using a family-centered approach. 21

Module B: Overview of Evaluation and Assessment in the IFSP Process 27

Goal 1: Demonstrate understanding of key concepts and requirements regarding evaluation and assessment. 29

Goal 2: Develop understanding of how early intervention teams' form informed clinical opinion to determine eligibility for early intervention services 35

Goal 3: Describe the criteria for eligibility for Early Intervention Services. 36

Goal 4: Develop an understanding of the DI Assistant role as well as the roles of parents, service coordinator and other professionals in the IFSP process 41

Module C: Understanding the Development and Implementation of the IFSP 45

Goal 1: Describe the steps to be followed after eligibility determination 47

Goal 2: Describe the allowable Early Intervention Services. 47

Goal 3: Explain the process of an IFSP meeting 48

Goal 4: Recognize the components a meaningful IFSP 52

Goal 5: Explain the steps taken to implement IFSP 55

Module D: Teaming and Collaboration in the IFSP process 61

Goal 1: Describe the membership of the IFSP team 63

Goal 2: Recognize the importance of collaboration in the IFSP process? 65

Goal 3: What are the factors that lead to successful collaboration? 67

Goal 4: Recognize the state agency partners in early intervention services in Colorado 70

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Fundamentals of the IFSP Process Handouts 75
H1 Have you ever…? 76
H2 Module Goals........ 77
H3 Pre/ Post IFSP Quiz: Module A........ 78
H4 Individualized Family Service Plan (IFSP), Early Intervention Services & Natural Environments........ 79
H5 Colorado's IFSP Forms 80
H6 Steps: From Referral to Exit for Early Intervention 81
H7 Identification and Referral........ 82
H8 Prioritizing and Understanding One's Values 83
H9 Family-Centered Supports and Practices 84
H10 Notice of Child & Family Rights and Procedural Safeguards 85
H11 California's Driving Test 86
H12 Guidance on Developing the IFSP........ 88
H13 Key concepts in Assessment and Evaluation 89
H14 The Power of the Routines-Based Interview (RBI)........ 90
H15 Informed Clinical Opinion 91
H16 Early Intervention Eligibility Determination 92
H17 Guidance on Early Intervention Services........ 93
H18 Roles in the IFSP Process........ 94
H19 Evaluation: Take Home Activity#1 Guidelines 101
H20 Assessment: Take Home Activity#2 Guidelines........ 103
H21 Allowable EI Services under Early Intervention (Part C of IDEA) 105
H22 Planning the IFSP Meeting........112
H23 IFSP Process: Quick Review........113
H24 Michelle's Story: Part One 114
H24 Michelle's Story: Part Two 118
H25 Creating Meaningful Plans........ 122
H26 Tips for Putting the Plan in Motion........ 123
H27 Documentation during Implementation 124
H28 Periodic and Annual Reviews 125
H29 Strategies for Addressing Implementation Challenges........ 126
H30 Take Home Activity Guidelines: IFSP Meeting 127
H31 IFSP Team Members: Possible Key Players........ 129
H32 Who are the IFSP Team members? 130
H33 What is Collaboration? 131
H34 Elements of Collaboration........ 132
H35 Benefits of and Challenges to Collaboration........ 133
H36 State Agency Partners........ 134
H37 State Agency Partners Match Quiz 136

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

This academy is designed to provide the Developmental Intervention Assistant (DI Assistant) an overview of the Individualized Family Service Plan (IFSP) under Early Intervention Colorado and Part C of the Individuals with Disabilities Education Act (IDEA). It will also clarify their role in the (IFSP). The DI Assistant will also gain knowledge about the different components of the Individualized Family Service Plan (IFSP) process as well as their role in the implementation of the IFSP.

While many of the activities in the academy assume that the participants are in DI Assistant positions, your audience may consist of in-service DI Assistants as well as those who are not in DI Assistant positions yet. You may advise the latter group to reflect on their previous work experience or any related experience with infants, toddlers, and families with children with special needs.

This manual is accompanied by a PowerPoint document titled, "Fundamentals of the IFSP Process Slides" that the instructor may project, print slides from or convert into transparencies to project using a traditional overhead projector.

Note to Instructor:
At the beginning of the training, advise participants to procure a 3-ring binder to keep handouts, personal notes and materials used in the class. It is recommended that the instructor brings a 3-hole punch to class for participants' use or make sure that all handouts are run on 3-hole paper. Instructor may choose to copy different handouts in different colored papers for easy identification

A. Discussion: Logistics & Norms(Slide 2)

At the beginning of the training the instructor needs to:

a. Welcome participants and introduce yourself as the instructor(s).
b. Give them a brief overview of who you are, where you are from, and information about your background that is relevant to teaching this academy.
c. Have participants at each table introduce themselves (who they are, where they work, and what they do)
d. Explain the concept of establishing group norms with regards to what behavior is considered acceptable and is important to the class (e.g. respects others, increases productivity, reduces annoying disruptions) and encourage participants to contribute any norms they consider important (e.g. no side conversations, stick to the schedule etc.).
e. Use chart paper to post the norms of the group.
f. Address logistical issues (e.g., breaks, bathrooms, lunch plans).
g. Encourage participants to ask questions throughout or to post them in a specially marked place (post parking lot chart on wall).

Use the following activity to allow participants to learn not only each others' names, but also something about each other.

Note to Instructor: Do not spend more than 15 minutes on this activity.

B. Large Group Activity- Getting to know each other:

B.1 Steps:

- Use **Activity: Have you ever…?** slide (**Slide 3).**
- Distribute the **Have you ever..?** handout (**H1, page 76)**
- Ask the participants to find another person in the room who may have done any of the activities in the handout. Only one name needs to be included per item. A participant cannot be named for more than one item.
- Give the participants 10 minutes. After 10 minutes ask the participants to reconvene. The person with the most items completed with names is the "winner". There may be more than one winner. Give the winners a standing ovation.
- Remember the purpose of the activity is not to win – but to know a little bit more about each other. It reminds the participants that while each one of us have a "work-life", we do have a personal life where we may achieve many "feats". Let us celebrate that!

C. Module Goals

Inform the participants that there are 4 modules in this academy.

Using **Slides 4-7** and **Module Goals** handout **(H2, page 77)**, briefly review the modules with the DI Assistants at the beginning of the class. Remind them that this is an overview only.

Module A: The IFSP – First Steps (3.5 hours)
The DI Assistant will:
1. Demonstrate understanding of Individualized Family Service Plan (IFSP) process and the required timelines.
2. Describe the timelines and requirements regarding referral and identification of infants and toddlers for early intervention services as described in federal and state regulations.
3. Recognize the importance of delivering supports and services using a family-centered approach.

Module B: Overview of Evaluation and Assessment in the IFSP process (5.0 hours)
The DI Assistant will:
1. Demonstrate understanding of key concepts and requirements regarding evaluation and assessment.
2. Develop an understanding of how early intervention teams use informed clinical opinion to determine eligibility for Early Intervention Services.
3. Describe the criteria for eligibility for Early Intervention Services.
4. Develop an understanding of the DI Assistant role as well as the roles of parents, service coordinator and other professionals in the IFSP process

Module C: Understanding the Development and Implementation of the IFSP (4.0 hours)
The DI Assistant will:
1. Describe the steps to be followed after eligibility determination.
2. Describe the allowable early intervention services.
3. Explain the process of an IFSP meeting.
4. Recognize the components a meaningful IFSP.
5. Explain the steps taken to implement the IFSP.

Module D: Teaming and Collaboration in the IFSP process (2.5 hours)
The DI Assistant will:
1. Describe the membership of the IFSP team.
2. Recognize the importance of collaboration in the IFSP process.
3. Describe factors that lead to successful collaboration.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Module A:
The IFSP– First Steps

A. Module A Goals

Use **Module Goals** handout and **Module A: The IFSP- First Steps** handout **(H2, page 77/ Slide 8) to revisit** the goals of Module A.

The DI Assistant will:
1. Demonstrate understanding of the Individualized Family Service Plan (IFSP) process and the required timelines.
2. Describe the components of the Early Intervention Colorado State Plan regarding referral and identification of infants and toddlers for early intervention services.
3. Recognize the importance of delivering supports and services using a family-centered approach.

Inform the participants that we will now discuss Goal 1 of Module A. But, before we do that, let us first take a short quiz to understand their current knowledge base.

B. Individual Activity: Pre/ Post Quiz: Module A

This activity will help DI Assistant assess their knowledge of content covered in Module A. Consider this a “pretest”. You will come back to this quiz after completing Module A.

B.1. Steps:

- Use **Slide 9** and **Pre/ Post IFSP Quiz: Module A** handout **(H3, page 78).**
- Ask the participants to take 10 minutes and check the correct answer complete the test in the handout. Inform them that the answers will not be discussed yet.
- The completed test remains with the participants.
- The questions on the quiz are as below.

Question	Yes	No
The IFSP is a document that must be completed to ensure that the child is eligible for early intervention services.		
Only medical professionals can refer a child for early intervention services.		
Upon the receipt of a referral, a service coordinator must be appointed within 3 working days.		
The IFSP process assures families access to available developmental, medical, and social services in a community.		
The guidance for IFSP process comes from the Individuals with Disabilities Education Act (IDEA) *and* the Colorado State Plan		
Family centered practice requires professionals to put the family at the center of the delivery system and the families to drive the services.		
Notice of Child and Family Rights and Procedural Safeguards is a document that describes the rights and safeguards of children and families as defined under federal IDEA Part C regulations.		

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Goal 1: Demonstrate understanding of Individualized Family Service Plan (IFSP) process and the required timelines.

1.1 Discussion: What is IFSP?

- Using **What is IFSP** slide (**Slide 10**), ask the participants what they think IFSP stands for. Remind them that they had learned briefly about IFSP in Academy I: Orientation to Early Intervention.

- After eliciting responses from a few participants, show **IFSP** slide (**Slide 11**) and emphasize the following points:
  - There are sometimes variations in the exact words used for the IFSP acronym, but the meaning is still the same.
  - *Individual* - means a plan that is specific for an eligible child. Eligibility is a small part of the whole piece.
  - *Family* - the plan is for the family, not just the child. It is not developed just for the program or service.
  - *Services* - what are the specific supports and services for this child/family?
  - *Plan* - it is ongoing, the planning process is never finished and although it involves a document, the document is only one piece of the process.

- Distribute **Individualized Family Service Plan (IFSP) Early Intervention Services and Natural Environments** handout **(H4, page 79).** Inform the participants that the handout is available on the Early Intervention Colorado Website for free download. The website address is: **http://www.eicolorado.org/Files/IFSP_EIServices_NaturalEnvironments_FINAL.pdf**.

- Explain to them that the information provided in the next few slides is also available in this handout for later reference.

- Using **General Description of the IFSP** slide (**Slide 12**), provide the general description of the IFSP. Emphasize that the important points in this description are that:
  - The IFSP is a process, not just a written document or a single point in time
  - It is strengths-based, individualized to the strengths and challenges of a specific child and family, and
  - Is focused on supporting the family to enhance the child's development in whatever they choose to do each day.

1.2 Discussion: The IFSP process

- Ask participants to read the description of the IFSP process on the first page of the **Individualized Family Service Plan (IFSP), Early Intervention Services and Natural Environments** handout (**H4, page 79)**

- Seek and acknowledge comments from participants with regard to what they think are the key features of the IFSP process based on what they read.

- Show **The IFSP process:** slide **(Slide 13**) and explain that The IFSP process is family directed and developed jointly by the family, other individuals of the family's choice, members of the multidisciplinary assessment team, the service coordinator and appropriate qualified personnel providing early intervention services.

- Show **Key Features of IFSP Process** slide (**Slide 14)** and summarize the discussion:
  IFSP process:
  - The service coordinator explains and provides a copy of procedural safeguards to families.
  - The IFSP process and services provided to the family are culturally sensitive.
  - The IFSP is based on the multidisciplinary evaluation and assessment information, including family assessment, and the family's concerns, resources and priorities
  - The IFSP includes the services to be provided in the family's identified natural environment(s) that are necessary to enhance the child's development and the capacity of the family to meet the needs of the child.
  - The IFSP identifies and organizes the formal and informal community resources and funding sources that can facilitate the achievement of a family's outcomes for their child and family. .
  - The service coordinator assures that all services documented on the IFSP are provided to the child and family.
  - The service coordinator develops, implements, reviews, and keeps current the IFSP document for each eligible child

1.3 Discussion: What is the content of the IFSP document?

Note to the instructor: Prior to the class, visit Early Intervention Colorado Website http://www.eicolorado.org/index.cfm?fuseaction=Documents.content&linkid=293. Download blank Individualized Family Service Plan (IFSP) form as well as the Individualized Family Service Plan (IFSP) with Infant Developmental Focus (for children less than one year of age) form and make copies for the participants. Also download the Instruction Booklet: Completing Colorado's Individualized Family Service Plan Form and make a few copies that you may circulate in the class.)

- Using S**lide 15**, **Nolan's story**, introduce Nolan's Story videotape. **Approximate running time: 6 minutes (There is a video clip however if it does not work you can order a copy at Western Media Products 303-455-4177)**

  Nolan is almost three years old. He likes to read with his sister, play on the computer, and "drive" his remote-controlled car. Nolan has cerebral palsy with significant motor delays. In a conversation with Lisa, a physical therapist serving as the primary service provider, Nolan's mother and father, Kim and Ron, described bath time as the most difficult part of their day – an exhausting experience for the whole family. This vignette shows how Lisa worked with the family using low-tech adaptations and household items to make bath time a fun, social, and enriching experience for the whole family. Follow with a brief discussion. This video is an example of a smooth

and successful IFSP process. It demonstrates the supports and services that may be available to a family when the IFSP process is implemented fully.

- Ask participants what major points they observed relating to completing the IFSP for Nolan.

- Discuss responses and show **Major Points Illustrated in Nolan's Story** slide **(Slide 16)** to sum up the discussion:
  - o Supports and services need to be meaningful to the family.
  - o It is important for service providers to "be there."
  - o Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
  - o It is important to center supports and services around family members.
  - o Early intervention activities and experiences should be fun, interesting, and engaging for the child.
  - o Providing consultation to families and other caregivers involves more than "just talk."

- Use **Slide 17** to emphasize to the participants that IFSP process can be viewed as a "walk of discovery" with families versus a "race" of getting information or a race to fill out a form. It is fluid and ever changing. It is a journey we take side by side with families. One essential part of the IFSP process is developing a written plan. Let us take a look at the mandated components of the IFSP document.

- Ask the participants if they have seen an IFSP document. What information was included in the document? Encourage a couple of responses and move to the next slide.

- Using **Components of the IFSP Document** slide (**Slide 18**), inform the participants of the federally mandated components of the IDEA. They are:
  - i. Information About the Child's Status:
  - ii. Family Information
  - iii. Outcomes
  - iv. Early Intervention Services
  - v. Other Services
  - vi. Dates and Duration of Services
  - vii. Service Coordinator
  - viii. Transition from Part C Services

- Use **Colorado's IFSP Forms** handout and slide (**H5, page 80/Slide 19).** Distribute the previously downloaded blank Individualized Family Service Plan (IFSP) form and Individualized Family Service Plan (IFSP) with Infant Developmental Focus (for children less than one year of age) form. Refer to **Colorado's IFSP Forms** handout **(H5, page 80)** and inform the participants that the handout is available on the Early Intervention Colorado Website for free download.

- Give participants a few minutes to review them telling them to keep in mind the components that were just reviewed. Tell them that they will have an opportunity to look at a completed IFSP later on in the training.

- Walk the group through the form.
- Inform participants that a number of other versions of IFSP forms are available on the Early Intervention Colorado Website for specific subgroups—e.g. Forms in Spanish, Chinese, or Arabic; or forms for children in Neonatal Intensive Care Unit (NICU).
- Circulate the copies of the Instruction Booklet: Completing Colorado's Individualized Family Service Plan and allow them a few minutes to review. Remind them that this document is listed on the **Colorado's IFSP Forms** handout **(H5, page 80)** and is available on the Early Intervention Colorado Website for free download.
- Check for understanding and ask for any clarifying questions before moving to the next goal.

Goal 2: Describe the timelines and requirements regarding referral and identification of infants and toddlers for early intervention services as described in federal and state regulations.

2.1 Discussion: Referral and Identification

- Show **Slide 20** and inform the participants that now they will learn about the timelines and steps that are followed in Colorado from the point a child is referred to the point that he/she exits the Early Intervention (EI Colorado) program.
- Use **Slide 21** and **Steps: From Referral to Exit for Early Intervention** handout (**H6, page 81**) and remind participants that this slide and handout were used earlier in Academy #1: **Orientation to Early Intervention**. Inform the participants that we will look at each of the steps in detail. Let us first look at the Identification and Referral step.
- Use **Referral Procedures** slide (**Slide 22**) to ask the participants: Who do they think can refer a child for early intervention services? Acknowledge responses and show **Answer: Referral Procedures** slide (**Slide 23**) to confirm the answer i.e. d. all of the above. Explain that anyone can make a referral not only those listed on the slide.
- Use **Referral Procedures** slide (**Slide 24**) to ask: Once the public agency receives a referral, how soon shall the public agency appoint a service coordinator? Acknowledge responses and show **Answer: Referral Procedures** slide (**Slide 25**) to confirm the answer i.e. c. within three working days of the receipt of referral.
- What do they think "identification" and "referral" means?
- Distribute **Identification and Referral** handout (**H7, page 82)** and ask participants to take 5 minutes and read the handout.
- Ask participants to turn the handout over and ask them the following question:
  - o What does the process of identification and referral include**?**

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

- Acknowledge responses and show (**Identification and Referral** slide **(Slides 26)** and to confirm or expand on what was said.
  - o Anyone in the community may identify (meets, knows of) a child who may be eligible for early intervention.
  - o The point of entry for the early intervention system is contacted to make a formal referral.
  - o A service coordinator is assigned within 3 working days of referral.

- Explain to the participants that the term "identification" is different in Part C than it is in Part B. In Part C when we say we have "identified" a child it means someone has identified a child that may be eligible for Part C. However, "Identification" in Part B means a child has gone through evaluation and has been identified as being eligible for Part B services.

- Continue the discussion on identification and referral and show **Colorado's Referral Procedures** slides **(Slide 27)**. Remind participants that they had learned in the Orientation Academy that in Colorado, Community Center Boards are responsible for ensuring a local system of child find that includes public awareness, identification and referral, eligibility determination, and evaluation. Inform the participants that:
  - o Referrals are made to the early intervention system no more than two working days after a child has been identified. This requires outreach by the early intervention program to the primary referral sources in their community so that they understand their responsibility to refer and the steps to make a referral.
  - o Upon the receipt of a referral, a service coordinator is appointed within 3 working days. [Source: *Colorado Application under Part C of the Individuals with Disabilities Education Act, Year XII, 1998-99* (Section III, Part III, D, p.43)]. Colorado's Early intervention system has defined "as soon as possible" as three working days. Best judgment should be used in the interpretation of this rule – if a referral agency is closed for a week or longer, steps should be taken to follow up with referrals in the interim.
  - o Further, when we say that a service coordinator is appointed within 3 days, we do not mean just "on paper". The parent must know who their service coordinator is, and ideally, the SC should have made contact with the family.

- Ask participants: What are the responsibilities of the agency during the Referral process? Acknowledge responses; then, show **Referral to Early Intervention Services** slide (**Slide 28**) to confirm and expand their responses. During a referral the Community Center Board or the agency contracted with the Community Center Board needs to:
  - o Collect necessary information to initiate referral.
  - o Provide information about the early intervention system, including procedural safeguards.
  - o Link to another parent or support group if family wishes.
  - o Obtain written parental consent to share information.
  - o Provide service coordination within 3 days.

- Use **Identification and Referral: Colorado's Public Awareness Efforts** slide (**Slide 29**) to explain the Public Awareness efforts that are undertaken in Colorado to help educate the community about who may be eligible and how to identify and refer a child/family:
  - Statewide toll free number
  - Posters, brochures and other printed material
  - Referral information by county
  - Outreach to physicians
  - Links to other websites (central directory)

  ***Note to the instructor*:** If you can collect examples of some of these documents, before the session, please share them with the participants. During the session, ask the participants to share examples of these efforts they may have seen in their community.)

- Continuing the discussion on the proactive efforts made in Colorado to identify children who may be eligible for early intervention services, show **Agencies That Need to Coordinate Identification Efforts** slide (**Slide 30**)
  - Early Intervention Programs at Community Centered Boards
  - Child Find (or other local assessment teams)
  - Maternal and Child Health Programs
  - Early Periodic Screening, Diagnosis and Treatment (EPSDT)
  - Head Start and Early Head Start
  - Neonatal Intensive Care Units (NICUs)
  - Social Services agencies

  Source: *Early Intervention Colorado State Plan under Part C of the Individuals with Disabilities Education Act (2010)*

- Ask participants to refer to **Identification and Referral** handout (**H7, page 82).**

- Use **Primary Referral Sources for Part C** slide (**Slide 31**) to explain who the primary referral sources are for Part C. They include:
  - Parents
  - Hospitals
  - Prenatal and postnatal care facilities
  - Physicians
  - Child care programs
  - Local Educational Agencies or other school personnel
  - Public health facilities
  - Homeless shelters
  - Social service agencies
  - Other health care providers

- Emphasize that these are "primary referral sources". However, *anyone* in the community may make a referral (ex. religious leaders, civic leaders, etc.) Source: *Early Intervention Colorado State Plan under Part C of the Individuals with Disabilities Education Act (2010)*

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

- Check for understanding and ask for any clarifying questions before moving to the next goal.
- Show **Slide 32** and inform that we will now discuss the importance of family-centered approach in early intervention.

Goal 3: Recognize the importance of delivering supports and services using a family-centered approach.

3.1 Activity: Prioritizing and Understanding One's Values

The purpose of this activity is to encourage DI Assistants to explore the importance of setting aside one's personal biases and respecting the family's culture, attitudes, beliefs, values, and decisions.

3.1.1 Steps:

- Distribute the handout, **Prioritizing and Understanding One's Values** handout and slide **(H8, page 83/Slide 33)**
- Introduce the activity by saying that values play an important part in the work that we do. Inform that the following activity will help us better understand our own values and how we regard the values of the families we work with.
- Before they begin, explain that just so that everyone is on the same page, let us make sure that we have a common definition of "values". For this activity we will define values as a belief, a mission, or a philosophy that is meaningful and that people follow to help make the 'right' decisions in life.
- Have participants write down their top 5 values. (The top five things that are most important to them – the things they value above all else in life – their priorities). Tell them to work independently and silently.
- After everyone is finished tell them they can only keep 2 values. They must eliminate/cross out 3 values.
- After everyone is finished Show **Here's a deal for you…..** slide (**Slide 34**), tell them you have a deal for them. They can trade one of the values that they kept for 2 values that they crossed out.
- Ask for the values that people kept. Write these down on a flip chart. You may also seek a volunteer from among the participants to do this.
- Lead a discussion asking these questions:
  - o Could anyone have picked these values for you?
  - o Did you trade one of the top values for the 3 crossed out values? Why or why not?

- Think about the families you work with. Do you respect their values as much as you would want your values to be respected?
- Do we make judgments on their values based on the fact that they have a child who has special needs?

- End the discussion by highlighting that as early intervention professionals (providers as well as DI Assistants) we need to set aside one's personal biases and respect the family's unique culture, attitudes, beliefs, values, and decisions.

3.2 Discussion- What is a 'family'?

- Using **Family-Centered Supports & Services** slide **(Slide 35)** inform the participants that we will now learn about family-centered supports and practices. Explain that we will only cover the main essence of the topic here. The topic will be covered in depth in **Academy** III: Early Intervention Teamwork and **Academy IV: Working with Families**.

- Use **Slide 36** to ask participants what their definition of a family is.

- After a several participants have shared their ideas, using **What Is A Family?** slide **(Slide 37).** Tell them that the definitions of family will be covered in detail in Academy 4: Working with Families; but for now, you will share one comprehensive definition.
"Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support...A family is a culture unto itself, with different values and unique ways of realizing its dream; together, our families become the source of our rich cultural heritage and spiritual diversity...Our families create neighborhoods, communities, states and nations (Task Force on Young Children and Families, New Mexico Legislature).

- Seek comments/reactions to the definition and address questions.

3.3 Discussion: Family-Centered Supports and Practices

The purpose of this section is to encourage DI Assistants to explore basic concept of family centered supports and services.

- Show **Question??** slide (**Slide 38**) and encourage participants to share what is the implications of the term *family- centered supports and services*.

- After a few responses from the audience, review the **Definition: Family-Centered Practices** slide (**Slide 39**):
Family-centered practices refers to a combination of beliefs and practices that define particular ways of working with families that are consumer driven and competency enhancing. (Dunst, Trivette, and Deal, 1994)

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

- Review **Family-Centered Practices** slide **(Slide 40)** that states the Division for Early Childhood (DEC) Recommended Practice definition of family-centered practices:
  "*a philosophy or way of thinking that leads to a set of practices in which families or parent are considered central and the most important decision maker in a child's life and that service systems and personnel must support, respects, encourage and enhance the strengths and competence of the family.*"

- Inform the participants that they will be reviewing the DEC recommended practices for Family-Centered Practices in detail in the Module C of Academy II: Early Intervention Teamwork.

- Ask participants to discuss in pairs what would family-centered supports and practices look like to them? or in other words, what are the key characteristics of family-centered practices.

- Have them share their discussion notes with the large group.

- Use **Family-Centered Supports and Practices** handout and **Characteristics of Family-Centered Practices** slide **(H9, page 84/Slide 41)** to wrap up the discussion.
  Family-centered practices:
  - Are characterized by beliefs and practices that treat families with dignity and respect;
  - Are individualized, flexible, and responsive to family situations;
  - Focus on information sharing so that families can make informed decisions
  - Focus on family choice regarding any number of aspects of program practices and intervention options
  - Focus on parent-professional collaboration and partnerships as a context for family-program relations and the active involvement of families in mobilization of resources and supports necessary for them to care for and rear their children in ways that produces optimal child, parent, and family benefits. **(Dunst, 2008, p. xii).**

- Close the discussion with any summary thoughts you or participants may want to share. Finally show the cartoon on **Slide 42** to demonstrate this is *not* what is meant by family centered practices.
  Source: Ants in His Pants: Absurdities and Realities of Special Education & Flying by the Seat of Your Pants: More Absurdities and Realities of Special Education by Michael F. Giangreco & Kevin Ruelle

3.4 Discussion: Family-Centered Supports and Practices

- Show **Metaphor: The Copernican Revolution** slide (**Slide 43**) and ask the participants if they have heard of "Copernican Revolution'?

- Explain that until the 15th Century it was believed that the earth was the center of the Universe. Copernicus was a 15th century astronomer who made a startling

reversal – he put the sun in the center of the universe rather than the Earth. His declaration caused profound shock. The earth was not the epitome of creation; it was a planet like all other planets! The successful challenge to the entire system of ancient authority required a complete change in the philosophical conception of the universe. This is rightly termed the 'Copernican Revolution.'

- Ask participants what would happen if we had a Copernican Revolution in the field of disability. Ask the participants to visualize the family with a child with disability as the center of the universe and the service delivery system as one of the many planets revolving around it.

- Now ask them to visualize the service delivery at the center and the family in orbit around it.

- Discuss:
  - Do they see the difference?
  - How are the two scenarios different?

- Emphasize the point that families should drive services, NOT services driving families. Show **Slide 44**:
  We would move from an emphasis on parent involvement (i.e. parents participating in the program) to family support (i.e. programs providing a range of support services to families). This is not a semantic exercise – such a revolution leads us to a new set of assumptions and a new vista of options for service. (Turnbull & Summers, 1985, p. 12)

3.5 Lecture: Family Rights and Procedural Safeguards in the Early Intervention Colorado System

Note to the instructor*:* Prior to teaching the class, visit the following page on the Early Intervention Colorado website**. http://www.eicolorado.org/index.cfm?fuseaction=Family.content&linkid=123 . (H10, page 70)** Download *Notice of Family Rights and Procedural Safeguards in the Early Intervention Colorado System* brochure and make a few copies to share with the participants. You can send a list of required materials via the website to order copies.

- Using **Family Rights and Procedural Safeguards in Early Intervention Colorado System** slide (S**lide 45)**, explain to the participants that:
  - The Early Intervention Colorado system is designed to maximize family involvement and ensure parental consent in each step of the early intervention process, beginning with determination of eligibility and continuing through service delivery and transition.
  - Families involved with Colorado's early intervention system have special rights protected by federal law to protect parents and children.
  - Parents must be informed about these rights and procedural safeguards in EI Colorado so that they can have an active role in the services provided to their family.

- Notice of Child and Family Rights and Procedural Safeguards in the Early Intervention Colorado System is an official notice of the rights and safeguards of children and families as defined under federal IDEA Part C regulations.
- Information about child and family rights and safeguards are provided to families through local Community Centered Boards (CCBs) or other appointed participating agency(ies)/providers, which are responsible for early intervention services under federal IDEA Part C at the community level.

- Distribute the *Notice of Family Rights and Procedural Safeguards in the Early Intervention Colorado System* brochure and point to main headings and their implications. (Note to the instructor. You do not need to go into detail. The idea is to highlight the families' rights and the procedural safeguards that are in place to protect those rights.)

- Address questions and comments.

- Ask participants if they ever received pamphlets from a hospital that were from Health Insurance Portability and Accountability Act of 1996 (HIPAA) stating their rights as a patient?

- Acknowledge responses.

- Inform them that HIPAA is one of the two federal laws that protect privacy of children's personal information. The other act is the Family Educational Rights and Privacy Act (FERPA).

- Show **Slides 46 and 47** and state that at this point they only basic awareness with regards these two acts:
  Slide 46: The Health Insurance Portability and Accountability Act or better known as **HIPAA** protects the privacy of individually identifiable health information. HIPAA Security Rule:
  - Sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, and
  - Protects identifiable information being used to analyze patient safety events and improve patient safety. This law is part of the U.S. Department of Health and Human Services and the Office of Civil Rights (OCR) enforces the HIPAA Privacy Rule.

  Slide 47: FERPA stands for Family Educational Rights and Privacy Act and is a Federal law that protects the privacy of child/student education records. The law applies to all schools or educational agencies that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. This includes but is not limited to:
  - The right to inspect their own education records;
  - The right to prevent disclosure of their own education records;
  - The right to seek amendment to their own records if they are inaccurate or misleading, and in certain cases append a statement to their records;
  - The right to be notified of their privacy rights under FERPA; and
  - The right to file a complaint with the U.S. Department of Education in Washington concerning an alleged failure by the agency to comply with FERPA.

- Inform participants that they will l learn more about the implications of these acts with regards to protecting confidentiality and privacy of children's information in Academy III: Early Intervention Teamwork Academy

3.6 Individual Activity: Post Quiz: Module A

This activity will help DI Assistant assess their knowledge of content covered in Module A. Consider this a "posttest".

3.6.1 Steps:

- Show **Post Quiz: Module A** slide **(Slide 48**) and ask DI Assistants to pull out the quiz (**H3, page 63)** they had completed at the beginning of the Module.
- Ask the participants to take 10 minutes to review their answers from last time and make changes to correct the responses based on their new learning.
- After 10 minutes, have participant share their responses.
- Show **Slide 49** and give answers to the participants to make sure that they got the correct responses on the quiz are as below.

Question	Yes	No
The IFSP is a document that must be completed to ensure that the child is eligible for early intervention services.		
Only medical professionals can refer a child for early intervention services		
Upon the receipt of a referral, a service coordinator must be appointed within 3 working days.		
The IFSP process assures families access to available developmental, medical, and social services in a community.		
The guidance for IFSP process comes from the Individuals with Disabilities Education Act (IDEA) *and* the Colorado State Plan		
Family centered practice requires professionals to put the family at the center of the delivery system and the families to drive the services.		
Notice of Child and Family Rights and Procedural Safeguards is a document that describes the rights and safeguards of children and families as defined under federal IDEA Part C regulations.		

- Check for understanding and ask for any clarifying questions before moving to the next Module.

Module B: Overview of Evaluation and Assessment in the IFSP Process

Note to the instructor: If you are covering this on a different day or after a short break, welcome the participants to the session and revisit the group norms agreed upon at the beginning of Module A.

A. Recap of Module A

- Using **Slide 50,** remind The DI Assistant what they had covered in the previous module. They learned about:
  - o Individualized Family Service Plan (IFSP) process and the required timelines
  - o The timelines and requirements regarding referral and identification.
  - o The importance of delivering supports and services using a family-centered approach.

- Inform the participants that we will now learn about Module B. Remind the participants that the goals are available in **Module Goals** handout **(H2, page 77)** distributed in the previous module.

B. Module B Goals

- Using **Module Goals** handout and slide (**H2, page 77/ Slide 51),** revisit the goals for module B. DI Assistants will:
  1. Demonstrate understanding of key concepts and requirements regarding evaluation and assessment.
  2. Develop understanding of how early intervention teams use informed clinical opinion to determine eligibility for Early Intervention Services.
  3. Describe the criteria for eligibility for Early Intervention Services.
  4. Develop an understanding of the DI Assistant role as well as the roles of parents, service coordinator and other professionals in the IFSP process.

- Inform the participants that now they will learn about each goal. However, before they do that—how about a short assessment of their driving skills?

C. Energizer: Assessment of Driving Skills

- Use **California's Driving Test** handout and slide (**H11 pages 86-87/Slide 52**). Ask the participants to take this assessment to see how well they know California's driving rules. They have 5 minutes to answer 10 questions. Instructions and questions are as below:
  - o Read the test questions carefully. Don't read anything extra into the question. There will be one correct answer and the other two answer choices will be either obviously wrong or not appropriate for the question asked.
  - o Remember, all the test questions are taken from the handbook. If you miss a question, the field office employee can tell you on which page to find the correct answer.
  - o Don't be nervous. DMV wants you to pass your test. Good Luck!

- After 5 minutes, ask the participants to exchange the handouts with their neighbor. As you read out the correct answers below, ask the participants to grade the responses of their neighbors. The correct responses are:
  1. *You may drive off of the paved roadway to pass another vehicle:*
     Under no circumstances.
  2. *You are approaching a railroad crossing with no warning devices and are unable to see 400 feet down the tracks in one direction. The speed limit is:*
     15 mph
  3. *When parking your vehicle parallel to the curb on a level street:*
     Your wheels must be within 18 inches of the curb.

4. *When merging onto the freeway you should be driving:*
   At or near the same speed as the traffic on the freeway.
5. *When driving in fog you should use your:*
   Low beams.
6. *A white painted curb means:*
   Loading zone for passengers or mail only.
7. *A school bus ahead of you in your lane is stopped with red lights flashing. You should:*
   Stop as long as the red lights are flashing.
8. *California's "Basic Speed Law" says:*
   You should never drive faster than is safe for current conditions.
9. *You just sold your vehicle. You must notify the DMV within _____ days:*
   5
10. *To avoid last minute moves, you should be looking down the road to where your vehicle will be in about _______________.*
    10 to 15 seconds

- Ask the participants to return the test back to the owner. Ask participants to raise their hands if they got all 10 correct. Celebrate! How many got 9 correct? How many got 8 correct? Inform the participants that anyone who received less than 8 correct or 80% on the test would have failed California's driving test. Conduct a large group discussion using the following leading questions:
  - What was it like to be in a testing situation?
  - What was challenging about this test?
  - The participants who passed the test- does it mean that they know all that there is to know about driving in California? Do they have nothing more to learn about driving in general or driving in California specifically?
  - The participants who failed the test- does it mean that they do not know how to drive or how to drive in California specifically?

- Ask the participants to hold on to this learning. They will come back to it as we talk about assessments later.

Goal 1: Demonstrate understanding of key concepts and requirements regarding evaluation and assessment.

1.1 Lecture- Definition of Assessment and Evaluation

- Show **Slide 53** and refer to **Steps: From Referral to Exit for Early Intervention** handout **(H6, page 81**). Highlight that this module will discuss the second section in the IFSP Process- *Evaluation and Assessment Planning, Child Evaluation and Assessment, and Eligibility Determination*

- Distribute **Guidance on Evaluation and Assessment** handout **(H12/ page 88)** and explain that this handout provides overall guidance from IDEA and the State Plan on evaluation and assessment in the IFSP process. Explain that this is a supplemental handout and the contents of this document are woven into the key concepts in assessment and evaluation that they are going to learn in this section.

- Remind participants that some of this information was touched upon in Academy I: Orientation to Early Intervention earlier.

- Use **Key Concepts in Assessment and Evaluation** handout and slide (**H13, page 89/ Slide 54**):
  - Evaluation
  - Assessment
  - Multidisciplinary
  - Informed Clinical Opinion
  - Eligibility Determination

- Inform the participants that each of these key concepts will be reviewed in the next few slides.

- Explain to the participants that assessment and evaluation are two terms that are commonly misunderstood. Use **Slides 55-57** to review the concepts of evaluation and assessment as follows.
  - **Evaluation** is the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility. Evaluation is a place to start, a snapshot of where a child is developmentally at a given moment in time - not an end all or be all. Evaluation gives us information about the child in a single point in time. The evaluation must include:
    a. a review of pertinent records related to the child's current health status and medical history
    b. an evaluation by a multidisciplinary team to determine the child's developmental level in each of the following developmental domains (Note to the instructor - Remind the participants that they had learned of the 5 domains in Academy #1, Orientation to Early Intervention):
      - ✓ Motor Development (use of hands and movement of body)
      - ✓ Communication Development (understanding and use of gestures, speech and language)
      - ✓ Cognitive Development (playing, thinking, and exploring)
      - ✓ Social/Emotional Development (relating to others)
      - ✓ Adaptive Development (eating, dressing, and toileting)
  - **Assessment** is the *ongoing* procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:
    - ✓ The child's unique strengths and needs and services appropriate to meet those needs
    - ✓ The resources, priorities and concerns of the family and the supports/services necessary to enhance the family's capacity to meet those needs
  - Assessment is a process by which information is obtained relative to some known objective or goal. Assessment begins at the time of eligibility determination and continues while the child is in Early Intervention Services and while they continue to be eligible. The assessment must include:
    a. a review of pertinent records related to the child's current health status and medical history, and
    b. an assessment of the unique needs of the child in terms of each developmental area.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Note to the instructor: This information comes from the federal law, IDEA, section 303 as referenced on the **Slide 56& 57.**

1.2 Discussion: Why Evaluate and Assess?

- Ask participants to review the definitions of Evaluation and Assessment in pairs using **Key Concepts in Assessment and Evaluation** handout **(H13, page 89)** and discuss:
  - o What the purposes of evaluation and assessment?
  - o What are the differences between the purposes of evaluation and assessment?
- Discuss as a large group.
- Show **Purposes of Evaluation & Assessment** slide (**Slide 58**) to sum up the discussion. Highlight that the same methods are often used to gather information for both evaluation and assessment. The difference is in how the information is used and at what stage in the IFSP development are the child and family.
- Show **Evaluation and Assessment Procedures** slide (**Slide 59**): and state that evaluation and assessment must be (a) conducted by personnel trained to utilize appropriate methods and procedures, (b) based on informed clinical opinion. This information comes from the federal law, IDEA, section 303 as referenced on the slide 58
- Direct participants to look at the **Key Concepts in Assessment and Evaluation** handout (**H13/page 89)** and state that 'informed clinical opinion' refers to a decision made by a multidisciplinary team using qualitative and quantitative information in order to determine eligibility and as a basis for planning. Inform that the law changed in 1991 to use Informed Clinical Opinion rather than a single standardized test score. Point out that they will be leaning more about Informed Clinical Opinion in a later section of this module.
- Remind participants about the California Driving Test they had taken earlier. It was a single assessment conducted at a moment in time. Ask:
  - o Did it give true picture of the participant's driving skills? Would a single assessment of a child at a point of time give the professionals a true picture of the child's skills?
  - o What other information should the professionals collect in order to give them a true picture of the child's skills?
- Encourage a couple of responses and move to the next slide.

1.3 Lecture: Ways to collect information for Assessment and Evaluation

- Inform the participants that now that we have clarified the terms assessment and evaluation, they will gain an understanding of how information is collected from child and family.

- Show **Information that need to be collected** slide (**Slide 60**) by professionals to make a decision about the child's current ability and to form an understanding of strengths and needs include:
  - Developmental history
  - Review of records
  - Additional reports from the family
  - Routines based interviews
  - Language samples
  - Observation of the child
  - Play-based observations
  - Developmental checklists
  - Criterion referenced instruments such as developmental checklists that are appropriate, reliable and predictive
  - Norm referenced instruments that are appropriate, reliable and predictive

Note to Instructor: It is not necessary to gather information from all of these sources, but multiple sources on information, including family assessment, and Routine Based Interviews (RBI) must be considered.

- Point out that the multidisciplinary team may choose to use a standardized test IF it is appropriate, considering the child, the child's level of development and the limitations of norm referenced instruments for young children. Should the team make this decision and get a score from the instrument, this score cannot be used as the SOLE source of information in determining eligibility, but only as ONE source.

- Emphasize that the tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so.

1.4 Activity: Importance of Family Assessment

Through this activity, DI Assistants will develop an understanding about the importance of family assessment as a part of child assessment in early intervention services.

1.4.1 Steps:

- Ask participants to discuss in pairs: Why is it important to gather information from and about the family as a part of Child Evaluation and Assessment.
- Have them discuss with the large group.
- Acknowledge answers and sum up the discussion with **Family Assessment as part of Child Evaluation and Assessment** slide (**Slide 61**):
  - Family-centered practice warrants it
  - Family's has a role in evaluation and assessment
    Family's role includes:
    - ✓ Participate as a team member
    - ✓ Share information and observations within developmental areas
    - ✓ Identify concerns, priorities, and resources
    - ✓ Participate in decision making
    - ✓ Identify strengths and challenges within the context of daily routines

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

1.5 Discussion: Family Assessment using Routines-Based Interview

- Show **Family Assessment** slide (**Slide 62**). Family assessment must be family directed and designed to determine the resources, priorities and concerns of the family related to enhancing the development of the child. This information comes from the federal law, IDEA, section 303 as referenced on the slide 61
- Ask the participants what they think routine means? And acknowledge responses.
- State that in early intervention a Routines-Based Interview (RBI) model is often used to assess the family.
- Use **The Power of the Routines-Based Interview** handout and slide **(H14, page 90/Slide 63)** and explain that the RBI is a method of gathering information developed by Dr. Robin McWilliam.
- State that it is one of the most powerful components of the Individualizing Inclusion model for conducting early intervention in natural environments is our process for intervention planning called routines -based assessment (RBI). Professionals and parents who have watched or participated in one of these routines-based interviews (RBIs) are amazed at the amount of information that emerges about, the child's developmental status; the family's day-to-day life; and the feelings of the family member being interviewed. Highlight that a RBI requires the assessment team to collect information about a family's routines.
- Refer to their definition and explanation of the word routine and explain that routines are not necessarily things that happen routinely. They are simply times of day. All families wake up, eat, hang out at home, bathe, go places. It is impossible for a family to "have no routines". An RBI may be facilitated by a service coordinator, an assessment/ evaluation team member, a service provider or any team member who has received training on the protocol for interviewing.
- Explain that the process consists of the following steps:
  - **To prepare the family to report on routines**: In RBIs, families are prepared to identify their typical-day routines and to talk about (a) what everyone does, (b) what the child does, and (c) how happy they are with the routine.
  - **To have the family report on their routines:** and unlike traditional meetings, where professionals sometimes give evaluation reports, the RBI starts with families discussing any concerns that they may have. The interviewer writes these down and then prompts the family to report on their routines, beginning at the start of the family's day (e.g., "How does your day start?"). The interviewer asks about six questions without the family fully aware of this structure:
    1. What does everyone do at this time?
    2. What does the child do?
    3. How does the child participate (engagement)?
    4. What does the child do by him or herself (independence)?

5. How does the child communicate and get along with others (social relationships)?
6. How satisfied is the caregiver with the routine?
4. Interviewer will move from one routine to the next, the interviewer simply says, “Then what happens?” or “What’s next?” This avoids making assumptions about how the family conducts its daily life.

- o **To review concerns and strength areas -** the interviewer goes through the marked items from the home and reports to refresh the family’s memory.
- o **To have the family select outcomes** - the interviewer asks, “When you think about all these areas of concern and strengths, what would you like the team to concentrate on? What do you want to go on the plan?” The interviewer should be prepared to remind the family of concern areas if they are not mentioned (e.g., “You said that she doesn’t accept chunky food at breakfast. Is this something you want to deal with?”).
- o **To have the family put outcomes into priority order**

- Summarize that the purpose of the RBI family interview is to gather information about the family’s routines to help determine their concerns, priorities, and resources and gain a clear picture of the family’s day.

1.6 Activity: The RBI

The DI Assistant will observe an RBI wrap up and identify the steps demonstrated by the interviewer.

1.6.1 Steps:

- Inform the participants that they will watch a video clip of Dr. Robin McWilliam conducting an RBI and ask them to identify the steps that he is demonstrating. Suggest that they can take notes on the steps they observe and write the examples for the follow-up discussion.

- Click on the video on **Activity: Routines-Based Interview** slide **(Slide 63).**

- After watching the video, ask the participants to what steps did they observe Dr. McWilliam demonstrate.
  - o Some responses should include:
    - ✓ Reviewed the concerns areas when he asked the mom to go back over the items she spoke about -
    - ✓ Had the family select outcomes – “out of all this what would you like to work on – feeding” “food without gagging” “standing – standing independently” “breakfast – breakfast for Julie” “Mom mentioned not to play in the toilet could be a safety concern”

- Ask the participants if they have any other observations that they wish to discuss.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

- Mention how Dr. McWilliam wrote the mom's responses and shared his notes with her to assist in recalling all she mentioned in the interview. Also mention that he informed mom that they will use this information with the team to write the IFSP.

1.7 Discussion: Recap – Evaluation and Assessment

- Using **Recap – Evaluation and Assessment** slide **(Slide 64)**, inform the participants that you will now do a quick recap of the information they have learned so far. Lead a discussion with following questions:
  - o How is an assessment different than an evaluation? How are they similar?
  - o What is the different kind of information that the evaluation/ assessment team gathers?
  - o How can this information be gathered?
  - o What are some typical daily routines that a family may participate in ?
  - o Select a routine and suggest the questions that a facilitator may ask to gather information about the child's skills and the family's resources, priorities, and concerns.
  - o What kind of information may a facilitator receive from the discussion of the selected routine?
  - o Besides a Routines Based Interview, what other forms of assessment may the facilitator use to gain information about the family's resources, priorities, and concerns?

- Check for understanding and ask for any clarifying questions before moving to the next goal.

Goal 2: Develop understanding of how early intervention teams' form informed clinical opinion to determine eligibility for early intervention services.

2.1 Lecture: What is a multidisciplinary team?

- Draw the participants' attention to **Key Concepts in Assessment and Evaluation** handout (**H13, page 89)** and inform them that you are briefly going to talk about the third concept, multidisciplinary team.

- Using **Multidisciplinary** slide (**Slide 65**), remind participants that according to the federal law, Individuals with Disabilities Act (IDEA, 2004), every child is entitled to a multidisciplinary evaluation and assessment. By multidisciplinary we mean the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities. Highlight the fact that this means there must be 2 or more disciplines represented not just 2 or more professionals (i.e. there cannot be 2 Speech Language Pathologists).

- Ask the participants for examples of members of multidisciplinary teams. Encourage them to respond to the team that may include any combination of the following members: early interventionists, speech language pathologists, occu-

pational therapists, a service coordinator, physical therapists, vision specialists and hearing specialists. Although parents provide valuable information necessary to the evaluation process, they are not considered members of the multidisciplinary evaluation team.

2.2 Interactive Lecture: Informed clinical opinion

- Once again refer to **Key Concepts in Assessment and Evaluation** handout and slide (**H13, page 89)** and inform them that you are briefly going to talk about the fourth concept, **Informed clinical opinion).**

- Use **Informed Clinical Opinion** handout and slides **(H15, page 91/Slides 66-67)** to explain to the participants that 'informed clinical opinion' refers to a decision made by a multidisciplinary team using qualitative and quantitative information in order to determine eligibility and as a basis for planning.

Informed Clinical Opinion means	Informed Clinical Opinion DOES NOT mean
An opinion made by *practitioners qualified* to evaluate the child's five developmental domains.	An opinion made by *just anyone*.
An opinion is made based on *multiple sources of qualitative and quantitative information* about the child's development	An opinion is made based on just a *single source of information* isolated information or test scores alone
A conversation among parents, service coordinators, and the multidisciplinary team members who were a part of the evaluation process accompanied by a written explanation is provided.	A team's opinion that a child is eligible without an accompanying conversation with the parents or a written explanation.
Documenting a disability or delay.	Documenting a *risk* of having a delay.

Goal 3: Describe the criteria for eligibility for Early Intervention Services.

3.1 Review: Eligibility Determination

- Draw the participants' attention to **Key Concepts in Assessment and Evaluation** handout and slide **(H13, page 89)** and inform them that you are briefly going to talk about the last concept, Eligibility Determination. Remind participants they had briefly covered the issues and requirements for determination of eligibility in **Academy I: Orientation to Early Intervention.** They will now briefly revisit that information. Mention that for more information, they may refer to the handouts that were provided in the previous academy.

- Remind participants that eligibility for early intervention (Part C) is determined by each state's definition of developmental delay and includes children with established physical or mental conditions with a high probability of resulting in a

developmental delay. Although states may choose to include children at risk for disabilities in the group eligible to receive early intervention services, Colorado does not currently serve this group of children, except for children with a parent who has a developmental disability.

- Show **Eligibility Determination in Colorado** slide (**Slide 68**) and explain that in Colorado, Community Center Boards are responsible for ensuring a local system of child find that includes public awareness, identification and referral, eligibility determination, and evaluation. In Colorado, this is done through collaboration with the Colorado Department of Education.

- Remind the participants that there are two ways to determine eligibility for the Early Intervention System**.** Ask them if they can recollect what the first category is.

- Acknowledge responses and review by showing **Category # 1: Eligibility Determination in Colorado** slide (**Slide 69**) on the first eligibility determination category:
  Category #1: Children who have a Developmental Delay: having a significant delay in development in one or more of the following domains:
  - thinking and learning skills (cognitive development)
  - moving, seeing, and hearing (physical development)
  - understanding and using sounds, gestures, and words (communication development)
  - responding to and developing relationships with other people (social-emotional development)
  - taking care of one's self when doing things like feeding or dressing (adaptive development)

- Ask them if they can recollect what the definition used in Colorado for **Developmental Delays**.

- Acknowledge responses and review by showing C**olorado's Definition of Developmental Delay** slide **(Slide 70)***:*
  Colorado's Definition of Developmental Delay In Colorado the rigorous definition of a "developmental delay" means an infant or toddler who has a 25% or greater delay in one or more areas of development when compared with chronological age or the equivalent of 1.5 standard deviations or more below the mean in one or more areas of development.

- Explain that we know there is a wide range of typical development that ranges from what professionals would consider a "little early" or a "little late". Example – most babies begin walking around 12 months. However, some babies can begin as early as 9 months or as late as 16 months. These are still within the "typical" range of development. The level of delay is determined through consideration of all assessment information that has been gathered, using informed clinical opinion. Play-based and family assessments, observation, and standardized testing are all methods that might be used to inform the eligibility determination

- Ask them if they can recollect what the second category of eligibility determination is.

- Acknowledge responses and review by showing **Category # 2: Eligibility Determination in Colorado slide (Slide 71)** about the second eligibility determination category:
  Category #2: Children with an Established Condition: having a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development.

- Show **Conditions That May Be Associated with Delays in Development** slide **(Slide 72)** to explain what conditions that fall into the second category: Explain that Colorado has an interactive database of established conditions, which can be found on the eicolorado.org website. You can type in the name of a condition and if it is an established condition under which a child is eligible, it will show up as such in the database.
  - Low birth weight infants weighing less than 1,200 grams
  - Postnatal (after birth) acquired problems resulting in delays in development, including but not limited to severe attachment disorder
  - Chromosomal syndromes and conditions (e.g. Down syndrome)
  - Congenital syndromes and conditions
  - Sensory impairments (some hearing and visual impairments)
  - Metabolic disorders
  - Prenatal or perinatal infections resulting in significant medical problems and health issues

- Inform the participants that the second eligibility determination category is often referred to as "categorical eligibility." The key issue here is: does the condition have a *high probability* of resulting in a delay?

- Ask for and respond to any clarifying questions before moving to the next activity.

- Distribute **Early Intervention Eligibility Determination** handout **(H16, page 92)** and inform that this handout sums up the information on eligibly determination they just discussed. Remind them that this handout was given to them in **Academy I: Orientation to Early Intervention as well.**

3.2 Activity: Eligibility Determination

The purpose of this activity is to allow DI Assistants to practice some scenarios to better understand determination of eligibility of infants and toddlers. Please explain to the DI Assistants that they are not qualified to determine eligibility. This is a practice exercise for them to get **ONLY** an overview and understanding of the process.

3.2.1 Steps:

- Mention to the participants that they will now be reading about 4 scenarios that Child Find Team may typically face. Review the scenarios in **slides 73-76** one by one

- Encourage and discuss participant responses.

Scenario #1: Demitri
Demitri is 22 months old. His multidisciplinary team conducted an evaluation and found that he was performing at a 14 month level in his expressive and receptive language. Additionally, unlike his peers, he was just learning to walk. His walk was broad based and he falls often. His team feels that without additional intervention, Demitri will increasingly fall behind his peers in both these areas. Is Demitri likely to be eligible to receive early intervention services?
Answer: *Yes, since Demitri is showing a current delay of more than 25% in the area of communication and his physical delay may be more than 25%. (The evaluators would be able to provide a more precise percentage of delay, after considering all sources of assessment information). He qualifies based on the fact that he is demonstrating a 25% delay in one or more areas of development.*

Scenario #2: Josie
Josie is 9 months old. Her pediatrician recently diagnosed that she has bilateral sensorineural profound hearing loss which means both ears have nerve or inner ear damage which creates a very severe or profound (90dB or greater on the audiogram) hearing loss. Based on this information alone, is Josie likely to be eligible to receive early intervention services?
Answer: *Yes, Josie will qualify for early intervention services due to sensory impairments under the established conditions category. A multidisciplinary team does not need to determine eligibility but they must conduct an evaluation and consider all sources of evaluation information to determine Josie's current level of development in each of the five developmental areas or domains.*

Scenario #3: Taniya
Chris, the father of Taniya, who is seven months old, had noticed that Taniya turned stiff when he picked her up or when she was excited. He also noticed that she was unable to turn from side to side when lying and was unable to sit when supported. During the next few weeks of consulting and testing with her pediatrician, Dr. Rose, it was confirmed that Taniya had cerebral palsy. Dr. Rose referred them to the early intervention system in their community. Is the evaluation team likely to find Taniya eligible to receive early intervention services?
Answer: *Yes, Taniya will qualify for early intervention services under the established risk conditions category. The evaluation team does not need to determine eligibility but a multidisciplinary evaluation must be conducted and consideration of all sources of assessment information, including family assessment, must be used to determine Taniya's current level of development in each of the five developmental areas or domains.*

Scenario #4: Asad
Asad, who is 30 months old, was born two months prematurely; Asad is developing typically, when his age is adjusted for prematurity. Asad's parents are refugees from Somalia who have recently moved to Colorado. Asad's father is looking for a job. They are currently barely able to make ends meet. The family speaks Somali at home. Dad is learning English at the local community center. A neighbor suggested that Asad may qualify to receive early intervention services. Due to the economic and language challenges, Asad may be at risk of falling behind his peers. Is the evaluation team likely to find Asad eligible to receive early intervention services?
Answer: *No, Asad is developing typically and will likely not qualify for EI services in Colorado. While federal law allows states to choose to provide services to infants and toddlers who are "at risk" for developmental delays (due to language and poverty challenges in Asad's case), Colorado currently does not provide service to such children and their families, except for when a child has a parent with a developmental disability. The family should be connected with resources that may be able to help their current situation and that are culturally and linguistically supportive and appropriate.*

3.3 Discussion: Guidance on Early Intervention Services

The purpose of this discussion is to recapitulate the key principles that are outlined in the federal law (IDEA) and Colorado State Plan with regards to developing and implementing the IFSP and delivery of early intervention services.

- Distribute this **Guidance on Early Intervention Services** handout **(H17, page 93)** and remind them that the information stated in the handout has previously been covered
- Ask participant to read the handout in pairs and highlight the key principles underlying the process of developing and implementing the IFSP process that are stated in the handout.
- Ask them to share the key principles outlined in the handout. Possible responses may be as follows.
  Early Intervention Services must:
  - Ensure collaboration and consultation with and full participation /Involvement of parents in the IFSP process
  - Be family-centered and delivered in natural environments.
  - Be provided in an environment that is natural and normal for the everyday routines and activities of that child and family
  - Be determined and delivered by multidisciplinary teams which have parents as active participants

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Goal 4: Develop an understanding of the DI Assistant role as well as the roles of parents, service coordinator and other professionals in the IFSP process

4.1 Discussion: Different Roles in the IFSP Process

- Show **Slide 77** and inform participants that now they will learn about their role versus the roles of parents, service coordinator and other professionals in different steps of the IFSP process.

- Ask participants to restate the definition of the DI Assistant that they learned in the previous academy.

- After acknowledging a few responses, show **Definition of DI Assistant** slide (**Slide 78)** and remind them in Colorado, Developmental Intervention Assistant (DI Assistant) is the title used for some paraprofessionals in early intervention. This tile was established by a statewide coalition coordinated by Early Intervention Colorado under its Comprehensive Training Opportunities for Paraeducators for Early Intervention **s**ervices (CO-TOP*EIS) Project. The coalition established the following definition for the DI Assistant:
  Developmental Intervention Assistant (DI Assistant) *provides developmenta intervention services to families, infants and toddlers* ***under the supervision of a qualified early intervention provider*** *who has completed*
  – *Developmental Intervention Supervisor Academy (DISA).*
  – *DISA is a two-day training that enables the CCB nominated early intervention providers to expand their communication, collaboration, problem solving, and supervisory skills needed to work with DI Assistants.*

- Remember to highlight the underlined words and emphasize that in compliance with the law, the DI Assistant always works under the supervision of a qualified/licensed early intervention provider (e.g. special educator, speech language pathologist, occupational therapist, etc). Point out that the role of the DI Assistant is different than that of the early intervention provider and they will learn more about their role and that of their supervisor (i.e. the early intervention provider in the supervisory position) in the **III. Early Intervention Teamwork Academy.**

- Distribute the **Roles in the IFSP Process** handout (**H18, pages 94-100**) and explain that this handout is a sketch of the roles that family members, service coordinators, and other participants play throughout the landmarks of the process.

- Ask them to divide into groups of four. Assign one column per person in each group. Each person reads the role in the column assigned and then explains to the rest of the group about what they learned.

- Facilitate a discussion in the large group and have the class share what they learned about the roles of the DI Assistant, parents, service coordinator and other professionals in the IFSP process.

- Summarize the discussion by emphasizing that the DI Assistant role begins only at the implementation step of the IFSP.

- Address any questions and comments.

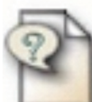
4.2 Take Home Learning Activities

4.2.1 Evaluation: Take Home Activity #1

In this activity DI Assistants will observe a real life evaluation scenario and reflect on the experience**.**

4.2.1.1 Steps:

- Show **Take Home learning activities** slide **(Slide 79).**
- Distribute the **Evaluation: Take Home Activity#1 Guidelines** handout (**H19, pages 101-102).**
- Ask the participants to look at their handout as you review the requirement for the assignment.
- Ask participants to observe an evaluation and answer the following questions.
- Ask them to observe the following and take notes on the handout provided.
    - Provide a brief introduction to your observation (e.g. where you observed, a brief introduction to the child and family who participated in the evaluation, how you obtained consent to participate etc.).
    - How was the session organized (in terms of the physical and social environment, professionals present, etc.)?
    - What sources of information were used (interview, checklists, standardized tools, observations, etc.)
    - How was the family included in the evaluation process?
    - How was information about the family's daily life, priorities and routines gathered? How was this information shared?
    - If eligibility was determined, how was it made and by whom?
    - What follow-up procedures were planned the child and family, if found eligible?
    - What follow- up procedures were planned for the child and family, if found ineligible? How were families to receive results?
    - How were families to receive results?
    - What parts of the process worked very well?
    - What might have been done differently to improve this process?



4.2.2. Assessment: Take Home Activity #2 Guidelines

In this activity DI Assistants will observe a family assessment, often conducted through conversational interview, which gathers information about the child's developmental status, the family's day to day life, and the feelings of the family member being interviewed.

4.2.2.1 Steps:

- Distribute the **Assessment: Take Home Activity #2 Guidelines** handout **(H20, pages 103-104).** Ask the participants to look at their handout as you review the requirement for the assignment.

- Remind participants that family assessment, which gathers information on the family's concerns, resources and priorities, is a required part of the assessment process. Family assessment may be conducted in different ways, depending on the CCB. The Routines-Based Interview, discussed earlier in this Academy, is a recommended and commonly used method of conducting a family assessment.

- Explain that family assessment information may be gathered by the service coordinator during an intake home visit or by a member of the IFSP team during the evaluation.
  - If a method other than conversational interviewing is being used for conducting family assessments or gathering information about the family, such as a questionnaire or checklist, the same type of information should be gathered, and the DI assistant can observe how well the tool collects this type of information.
  - If the family assessment is conducted at the same time as the evaluation, it is recommended that whenever possible, the DI assistant set up two separate opportunities for observation, one to focus on the evaluation process, and the other to focus solely on the family assessment.

- Suggest that they contact the early intervention coordinator in their CCB to gain permission to observe a family assessment and to learn more about how family assessments are conducted in their community.

- Ask the participants to observe the following and take notes in the handout provided.

- Review the handout below to assure that the DI Assistant understands how to complete it.
  - Provide a brief introduction to your observation (e.g. where did you observe, introduction to the child/ family who participated in the assessment, how did you get consent to participate etc.).
  - How was the session organized (in terms of the physical and social environment, professionals present etc.)?
  - What sources of information were used (interview, checklists, standardized tools, observations, etc.)?

- Explain to the participants that for each of the questions below, when possible, have the DI assistant note an actual example from their observation, such as "The interviewer asked "tell me more about that"

when the family said that their child had trouble telling them what they wanted.", as an example of asking open-ended questions to gain understanding. For any question, if they did not observe this information being gathered, they should simply note this.

- Did the interviewer greet the family?
- Did the interviewer ask the family what their major concerns were for their family and child?
- Did the interviewer ask about each part of the family's day, such as: waking up, mealtimes, playtime, bath time, bedtime?
- Were open-ended questions used to gain an understanding of each time of day and how the child and family members are participating?
- Did the interviewer ask if the family was satisfied with each part of the day discussed?
- Did the interviewer get information about the parent's "down time", or time for themselves?
- Did the interviewer get information about activities outside the home that the family liked to participate in?
- Did the interviewer take notes?
- Did the interviewer summarize the concerns with the family?
- Did the interviewer ask the family what they would like to work on first (priorities)?
- What went well with the process?
- What could have gone better?

- Review expectations and timelines for completion and submission of take-home activities with participants.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Module C: Understanding the Development and Implementation of the IFSP

Note to the instructor: If you are covering this on a different day or after a short break, welcome the participants to the session and revisit the group norms agreed upon at the beginning of Module A.

A. Recap of Module B

- Using **Slide 80,** remind the DI Assistants what they had covered in the previous module. Module B provided the DI assistants with an overview of evaluation and assessment in the IFSP process. They learned:
  - o The purpose of evaluation and assessment
  - o Key concepts and requirements regarding evaluation and assessment
  - o The criteria for eligibility for the system of early intervention in Colorado
  - o Their role as well as that of others in the different steps of the IFSP process

- Inform the participants that they will now learn about Module C, the third Module out of a total of 4 modules. Remind the participants that the goals are available in handout **H2, page 77**, distributed at the beginning of the academy.

B. Goals of Module C

- Using **Module C: Understanding the Development and Implementation of the IFSP** slide **(Slide 81)**, revisit the goals for Module C
  At the end of this module, DI assistants will:
  1. Describe the steps to be followed after eligibility determination.
  2. Describe the allowable early intervention services.
  3. Explain the process of an IFSP meeting.
  4. Recognize the components of a meaningful IFSP.
  5. Explain the steps taken to implement the IFSP.

C. Energizer: IFSP Word Game

This is a “warm up” activity with the purpose of getting the audience involved and focused.

- Show **Energizer: IFSP Word Game** slide **(Slide 82)**.

- Divide the participants into pairs or groups of four, depending on the size of your class. Each pair/group will need paper and pens for this energizer.

- Ask the each pair/group to use the phrase and write as many words as they can from **INDIVIDUALIZED FAMILY SERVICE PLAN**

- Give them the following examples:
  INDIA, LAZY, MAFIA

- Explain that the 3 or 4 letter words = 1 point, 5 letter word = 2 points, 6 letter word = 3 points.

- Give the groups 5 minutes to complete.

- Have each group count their points and applaud the winners.

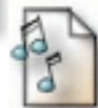
Goal 1: Describe the steps to be followed after eligibility determination

1.1 Interactive Lecture: Review: Guidance on Developing the IFSP

- Show **Slide 83** and draw the participants' attention to **Steps: From Referral to Exit for Early Intervention** handout (**H6, page 81**) and explain to the participants that they will learn about the last section of the IFSP process. That is, the step to be followed after the eligibility has been determined. Specifically, they will learn about:
  - o Planning for Initial IFSP Meeting
  - o Initial IFSP Meeting
  - o Early Intervention Services Begin
  - o Implementation of the IFSP
  - o Review and Evaluation of the IFSP
- Inform them that the final two steps i.e. Transition Planning and Transition Conference are will not be covered in this academy as **Academy XV: Transition to Age 3** is addresses them in dental.
- Use this slide to remind them about the specific timelines for each of these steps. Remind them that they had received the handout in **Academy I: Orientation to Early Intervention Services**.

Goal 2: Describe the allowable Early Intervention Services.

2.1 Lecture: What are "Allowable Services"?



***Note to instructor*:** Download allowable services prior to the class from the following link: http://www.eicolorado.org/Files/Appendix%20F%20Allowable%20Early%20Intervention%20Services.pdf
It is recommended that you review them prior to the class. Print out a few copies of the document to circulate in the class. Do not spend more than 20 minutes on this a lecture. The main purpose is to give the DI Assistant an overview of the services that infants/toddlers and their families are allowed under Early Intervention.

- Distribute handout **Allowable EI Services under Early Intervention (H21, pages 105-111).**

- Using **What are Allowable Services**? slides (**Slides 84-85), e**xplain the following to the participants:
  Allowable early intervention services are those services that are:
  - o Designed to meet the developmental needs of an infant or toddler with a significant developmental delay or the needs of the family related to enhancing the infant's or toddler's development;
  - o Selected in collaboration with the infant's or toddler's family;
  - o Provided in conformity with an Individualized Family Service Plan (IFSP);
  - o Based on appropriate evidence-based practices and related to functional outcomes;

- o Provided under public supervision to assure, through monitoring, that services are provided in accordance with these requirements;
- o Provided by qualified personnel as defined in the Early Intervention Colorado State Plan;
- o Provided in the natural environments of the infant or toddler and the family including the family's home and/or community settings in which infants and toddlers without disabilities participate, unless otherwise justified on the IFSP;
- o Provided in a culturally relevant manner, including the use of an interpreter if needed.

- Use **Types of Allowable Early Intervention Services** slide (**Slides 86**) and list the following 14 allowable services:
  1. Assistive Technology
  2. Audiology Services
  3. Developmental Intervention
  4. Health Services
  5. Nutrition Services
  6. Occupational Therapy
  7. Physical Therapy
  8. Psychological services
  9. Respite care
  10. Service Coordination
  11. Social/Emotional intervention
  12. Speech-language pathology
  13. Transportation
  14. Vision

- Refer the participants to the handout for more information on each of these services.

- Address questions/comments.

Goal 3: Explain the process of an IFSP meeting

3.1 Activity: Why Plan?

The purpose of this activity is to demonstrate to the DI Assistants the importance of planning.

3.1.1. Steps:

- Use **Activity: Why Plan?** slide (**Slide 87**) and explain to the participant that they will participate in an activity that will demonstrate the importance of planning.

- Ask the group: "What are things you plan for?" Typical responses might include: birth of a child, retirement, job change, wedding, graduation, etc.

- Record the responses directly on a **flip chart.**
- Once the group has offered their ideas, go onto the next slide. Show **What are things you plan for?** slide (**Slide 88**) and share any event that was not discussed by the group.
- Ask the group the question on **Why do we plan for these things?** slide (**Slide 89).**
- Record on a flip chart. Once the group has offered all of their ideas go to the next slide Show **We plan….**slide **(Slide 90)** to sum up the responses: We plan:
    - to reduce anxiety
    - to be organized
    - for better outcomes
    - to ease stress
    - to have some control
    - because we want to
    - because someone says we have to
    - to avoid complications
    - so it works
    - so we can afford it
    - so it will happen
    - so we can look forward to it
    - so it will be pleasant
- Show **Slide 91** and ask the group the next question: "What are things that families who receive Early Intervention or Part C services need to plan for?"
- Record on a flip chart. Typical responses might include:
    - How to find information about a child's delays or disability?
    - How to receive supports and services?
    - Where to find childcare settings, community groups or preschools that will welcome and support my child?
    - How to pay for specialized supports for my child
      The important thing to emphasize here is that parents of children with disabilities or delay want the same things out of life as everyone else, but their planning may need to be much more intensive. For instance, for most people a trip to the grocery store does not involve much planning, but for a family who has a child with a disability, many factors may need to be considered, such as:
    - How to support their child who has difficulty sitting up in a shopping cart.
    - What to do if their child has a "melt down" and the shopping isn't finished.
    - How to juggle groceries and specialized equipment that their child needs.
    - How to manage siblings if a child requires constant vigilance.

- Summarize:
    - We plan to make sure that our goals are clear, that we have the resources we need, and so that we accomplish our goals.
    - To be meaningful, our plans need to be well thought out.
    - The reasons why anyone plans the things in their lives are the same reasons we develop IFSPs for families with children eligible for early intervention. It is extremely important to learn as much as we can about the daily life of the family, so that the plan that we develop and the supports provided can truly make a difference in the life of a child and family.

3.2 Lecture: Steps before the actual IFSP meeting takes place

- Distribute the handout **Planning the IFSP Meeting** (**H22, page 112)** and ask the participants to take five minutes to read the handout.

- Using **Steps: Before IFSP meeting** slides (**Slides 92-93),** review the following steps that take place even before the IFSP meeting takes place. Explain to the DI Assistants that this is for their information only as they do not have a role in the planning of the initial IFSP meeting. It is the Service Coordinator's responsibility to undertake the following steps.
    - Complete intake, including supporting the family in the completion of required forms
    - Review and explain procedural safeguards with family
    - Coordinate with other agencies and professionals to schedule evaluation to determine eligibility or to document the child's level of functioning in all developmental domains.
    - With agreement from family, gather family information, including pertinent medical and developmental information. Through family interview, gather and document the activities of the family's day, including resources, concerns, and priorities
    - Schedule the IFSP meeting, ensuring that the time and place are accessible and convenient to the family and with sufficient notice to ensure that all participants can attend
    - Contact and invite all appropriate participants
    - **Conduct all of the "before" activities in a manner that begins the building of a collaborative team and partnership with the family. Begin developing a positive relationship from the first contact!**

3.3 Discussion: Steps during the IFSP meeting:

- Remind the DI Assistants that the whole IFSP team will be involved, but the Service Coordinator will be primarily responsible for coordinating the steps specified below.

- Using **Steps: During IFSP Meeting** slides (**Slides 94-95)**, go over the following steps that take place during the IFSP meeting.

- Introduce members of the IFSP team
- Briefly go over agenda and timeline for meeting; periodically as meeting progresses check with family and others for questions
- Review and confirm child eligibility
- Share and document information gathered during the family interview
- Document a child's present abilities in all developmental domains, both strengths and challenges
- Review family concerns
- Review family priorities
- Along with IFSP team members, develop outcomes based on the priorities of the family and brainstorm strategies to meet the outcomes
- Identify family resources and needs for each outcome
- Identify services necessary to meet the outcomes and document the details for each service
- Develop a transition plan, if child is between 2 years 3 months and 2 years, 9 months of age.
- Complete IFSP Form as meeting progresses, checking with all members for wording, and provide family with copy at the end of the meeting

- Remind participants that the last two bullets will be addressed in **Academy XV: Transition to Age 3.**

3.4 Lecture: Steps after the IFSP meeting:

- Using **Steps: After the IFSP Process** slide (**Slide 96**) review the following steps that take place after the IFSP meeting.
  The team must:
  - Complete regular reviews and evaluations of the child's progress toward the IFSP outcomes, updating or revising as needed
  - Must formally review no less than every 6 months

- Inform the participants that you will now discuss each of the steps in detail. But before they do that—how about a quick review of the steps of the IFSP meeting?

3.5 Activity: IFSP Process- Quick Review

The DI Assistant will participate in this activity to identify the importance of planning by prioritizing the IFSP components

3.5.1 Steps:

- Distribute **IFSP Process: Quick Review** handout and slide (**H23, page 113/Slide 97**).
- Ask the participants to put the following components of the IFSP meeting in order from first to last.
  - Identifying Family resources and needs for each outcome
  - Introduction of IFSP team members
  - Documentation of a child's present abilities in all developmental domains

- o Development of a transition plan
- o Identifying services necessary to implement strategies
- o Developing outcomes and brainstorming strategies
- o Reviewing family concerns
- o Reviewing family priorities

- Give participants 5 minutes to compete the exercise. After 5 minutes, ask them to do a quick check using **Quick Review: Correct Order** slide (**Slide 98**) The correct order is:
  1. Introduction of IFSP team members
  2. Documentation a child's present abilities in all developmental domains
  3. Reviewing family concerns
  4. Reviewing family priorities
  5. Developing outcomes and brainstorming strategies
  6. Identifying Family resources and needs for each outcome
  7. Identifying services necessary to implement strategies
  8. Development of a transition plan

3.6 Activity: Michelle's Story

This activity will afford the opportunity for the DI Assistants to use a case study and identify important information needed to plan the initial IFSP meeting

3.6.1 Steps:

- Show **Activity: Michelle's Story** slide **(Slide 99)** and tell the participants: One kind of planning that is important for families is planning for the initial IFSP meeting. Let's read an example of how this was done in Michelle's story.

- Distribute **Michelle's Story** handout **(H24, pages 114-121)**

- Ask the participants to skim through Part One and the first section of Part Two when they get to "please stop reading here." Ask the participants to highlight the important information that the family needs to plan the initial IFSP meeting.

- Lead a brief group discussion around this question: What planning activities took place in this section of *Michelle's Story*?

Goal 4: Recognize the components a meaningful IFSP

4.1: Discussion: Creating Meaningful Plans

- Using **Slides 100 and 101**, tell participants that they will be learning about how meaningful IFSPs are created. Do emphasize that creating plans is not within the scope of the responsibilities of the DI Assistants but it is important for them to develop an understanding of what it takes to create a meaningful IFSP. While

the service coordinator and early intervention providers have the primary role in ensuring that the supports and services are delivered in a way that is meaningful to families, the DI Assistant will help implement the plan under the direction and guidance of the supervisor, i.e. the early intervention provider. Thus, it is important to understand the different components of the plan.

- Ask participants to pull out the blank IFSP as well as Michelle's story form and refer to it as you present the next few slides

- Remind participants that earlier in this module, we discussed the contents of the IFSP form and the importance of planning. Show **Content of the IFSP** slide (**Slide 102**) and briefly review the content of the IFSP form which includes the following:
  1. Information About the Child's Status
  2. Family Information
  3. Outcomes
  4. Early Intervention Services
  5. Other Services
  6. Dates and Duration of Services
  7. Service Coordinator
  8. Transition from Early Intervention Services

- Use **Creating Meaningful Plans** handout and slide (**H25, page 122**/**Slide 103**) and state that a meaningful IFSP must addresses the following components :
  - Family's desired future for their child
  - Child's profile which includes their areas of strengths and needs
  - Family's concerns and priorities
  - Outcomes and strategies to support the child and family
  - Supports and services that are necessary to implement the strategies to achieve those outcomes
  - And, finally, who pays for the supports and services.

- Tell the participants that they will briefly review the steps that service coordinators and the IFSP team use from that step on to create meaningful plans.
  Note to the instructor: As you talk about these components, refer to Michelle's story and point out or seek input from participants with regards to how each component was addressed in Michelle's case).

- Inform the participants that you will now very briefly review each component. You will touch upon what the purpose of each is and what the key questions are that the IFSP team may ask of families to be able to create meaningful plans.

- Use **Family's Desired Future for Their Child** slide (**Slide 104**). Ask participants:
  - What do you want to see happen for your child? or What do you want for your child.

- Explain that future can be an ambiguous word. For example if a child is in the

NICU, the parents' desired future may be to get him/her home in the next few months, or even survive. If it's an infant with some motor concerns, the parents' desired future may be that he/she walks. The "future" can be misleading. We want families to dream, but then think in small steps.

- Show **Child Profile s**lide **(Slide 105)** and explain that it is important to create the child's profile by collecting information about the child and family from a variety of sources and in a variety of ways. Some of the key questions the IFSP team may ask to obtain this information may include: (a) What are the child's strengths? (b) What does your child enjoy? (c) Where do you go with your child in a typical week? (d) How does the assessment information fit with what you know and believe about your child? If you are using the protocol for the RBI, you will gather much of this information as the family tells you about their daily routines.

- Use **Meaningful Outcomes** slide **(Slide 106)** and explain that the purpose of this component is to identify specific abilities and behaviors that may be achieved, evident in the child's daily life, that address the family's priorities. Some of the key questions the IFSP team may ask to obtain this information may include: in which part of the day would having him be able to walk help? Can you tell me more specifically what it means when you say that you want her to talk? How would you know that you have accomplished that? Use **Best Practices in Identifying Outcomes** slide (**Slide 107**) and share with the participants that some of the key features the IFSP team must keep in mind while developing outcomes include:
  - Outcomes are based on the family's priorities.
  - Outcomes are written within the context of daily routines/activities.
  - Outcomes are developed through a team process.
  - Outcomes are meaningful to families.
  - Outcomes are worded in ways that are understood by families.

- Using **Supports and Services** slide (**Slide 108**) and inform the participants that the next step in creating a meaningful IFSP is to identify the supports and services that the team may need to achieve the outcomes. This is the time for the team to take into consideration the family's resources as well as external resources necessary to implement the strategies to meet the outcomes. Ask the following questions:
  - How can the strategies be addressed through the people, places, and routines in which the family is already involved?
  - Who are the people that are a part of the family's daily lives that can help implement these strategies?
  - Which of the allowable early intervention services are needed to implement the strategies?
  - Are there "Other Services" (typically medical) needed to address the outcome?

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

- Use **Who, Where, When, How, and** $$$ slide (**Slide 109**) to explain to the participants that in the final component of developing meaning plans the team must answer the following questions:
  - **Who** are the people who can provide the identified early intervention services?
  - **Where** will the intervention occur that best fits the family's typical routine?
  - **When** will the intervention occur that will have the greatest impact?
  - **How** will the identified provider work with the family and others?
  - What **funding** sources need to be explored?

- Use **IFSP must specify..** slide (**Slide 110**) inform the participants that the IFSP team must determine:
  - **Frequency and intensity of services: frequency refers to how often and for how much time an identified early intervention provider provides an early intervention support to the child and family.**
  - **Method: means how a service is provided.**
  - **Natural environments: settings that are natural or normal for the child's age peers who have no disability.**
  - **Location: means the actual place or places where a service will be provided.**
  - **Payment arrangements: who is paying for the service? The federal regulations do not stipulate that the dollar cost be listed on the IFSP document. EI Colorado does not want dollar amounts listed on the IFSP ho**wever local agencies may require this information to be noted on the IFSP document.

- Summarize this section by saying that developing a meaningful IFSP that is relevant for the family takes a great deal of creativity and is a team process.

Goal 5: Explain the steps taken to implement IFSP.

5.1 Lecture: Tips for implementation of IFSP

- Using **Slide 111** explain to the participants that they so far we've looked at the IFSP process from identification through the development of the IFSP. What activities need to happen to turn the plan into actual supports and services? Highlight that it is at the implementation stage that the DI Assistant role comes into play under the supervision of an early intervention provider. Remind them that they will learn about the Transition Planning in **Academy XV: Transition to Age 3.**

- Use **Tips for Putting the Plan in Motion** handout and slides **(H26, page 123/ Slides 112-113**) to discuss what needs to be done (and by who) to put the developed IFSP in "motion". Remind participants that this is what is referred to as implementation of the IFSP. Slowly read through each of the tips in the slide. Be sure to allow ample time to discuss each of these tips.
  The service coordinator needs to:
  - Serve as the single point of contact in helping families obtain the services and assistance they need.

- o Send copies of the completed IFSP to members of the IFSP team and others requested by the family as soon as possible.
- o Make a list of what has to happen immediately to set the wheels in motion and be sure that all steps are addressed.
- o Offer assistance to the family in contacting new people or agencies.
- o Check back with the family early and often in the beginning to make sure that things are happening as planned.
- o Make sure that everything on the IFSP gets put in place.

The Service coordinators and early intervention providers need to;

- o View implementation as the beginning of the process, rather than the end.
- o Realize that the planning piece is critical - the better the planning, the fewer problems with implementation.
- o Be sure that everyone knows who will do what, when, where, and how.

The DI Assistants need to:

- o Follow directions and intervention plans, based o n the IFSP, given to them by their supervisors i.e. early intervention providers.

- After discussing the tips, ask the participants to share additional ideas and strategies that they may think will be helpful in the implementation of the IFSP.

5.2 Discussion: Documentation During Implementation

- Inform the DI Assistants that next you are going to touch upon documenting the supports and services as per the IFSP as well collecting data on child's progress. Emphasize that under the guidance of their supervisors, DI Assistants may play a critical role in this aspect of the IFSP.

- Ask the group why is important to document supports and services as well as progress with regards to infants/toddlers and their families**.** After acknowledging several answers, show **Why Document Progress and Collect Data**? slide (**Slide 114**) to sum up the discussion:
  - o IFSPs require monitoring child's progress, known as on-going assessment.
  - o Planning, implementing modifications and teaching families takes a great deal of time and effort; therefore warrants documentation of progress.
  - o Data collected on the child's progress is the only way of determining :
    - ✓ If the intervention strategies are working or making a difference, i.e. whether or not a particular intervention used to teach a skill is effective.
    - ✓ What changes are required in the strategies being used, i.e. whether an intervention needs to be changed because the child is not learning the skill.
    - ✓ When a child has mastered a skill.

- Explain that there are several ways to document when a child is making progress on an outcome or objective. It is important to use some form of data collection in order to determine whether or not the supports provided are enabling the child to participate and learn.

- Inform that In **Academy VI. Instructional Strategies for Early Intervention,** they will be learning in detail about the following ways to document the progress that children make:
  - Counting
  - Note taking
  - Collection of Permanent products (child's artwork, make videotapes or audio-tapes, or take photographs)
  - Checklists and measures associated with a curriculum

- To end the discussion, show **Key Messages about Documenting Progress** slide **(Slide 115):**
  - Remember that families have the right to look at records. Of course, this means that we need to communicate in our written notes the same way we would communicate verbally, i.e. respectfully, using people-first language, It is important to remember that families should be able to review the documentation of their child's progress.
  - We need to respect families' right to confidentiality – the data and notes that you take about a child and their family are considered part of that child's file. Only those who have the family's written permission should have access to this information.

- Distribute **Documentation during Implementation** handout (**H27, page 124**) at the end of the discussion.

  Note to the instructor: The reason that this handout is to be distributed at the end is to allow participants' active participation in the preceding discussion.

5.3 Lecture: Periodic and Annual Reviews

- Show **Guidance on Periodic and Annual Reviews** slide **(Slide 116**) and introduce the topic. Inform the participants that the federal rules and regulations specify certain activities, timelines, and conditions for reviewing the IFSP.

- Distribute **Periodic and Annual Reviews** handout **(H28, page 125)**.

- Use **Periodic Review** slides (**Slides 117-118)**, explain to the participants that the periodic review:
  - Is conducted at least every six months.
  - Involves review by the service coordinator of the progress achieved on outcomes based on ongoing assessment information and progress information provided by the all members of the IFSP team, including the DI Assistants.
  - Requires completion of the Periodic Review page of the IFSP by the service coordinator along with the family, service providers, and DI Assistants. This includes:
    a) Review of family's current concerns and priorities and documentation as needed.

b) Documentation of new information on the following pages of the IFSP (as needed):
  - ✓ Health Information
  - ✓ Present Levels of Development
  - ✓ Concerns and Priorities
  - ✓ Plan of Action
  - ✓ Supports and Services

- Emphasize that while the service coordinator facilitates the IFSP Review, this is done based on ongoing assessment information gathered from all team members, including the family, if applicable. The primary early intervention provider and DI Assistant(s) should be documenting and collecting data for ongoing assessment at each session of intervention. If outcomes or supports and services need to be changed at any time, the service coordinator must facilitate discussion among all team members and this new information needs to be reflected in the IFSP, This would be considered a review of the IFSP.

- Using **Annual Review** slide (**Slide 119**), inform the participants that annual reviews are
  - o Conducted at least once a year and it involves full team participation including the service coordinator, family, service providers, and the DI Assistant(s).
  - o The team reviews any current evaluations and ongoing assessment information
  - o The team updates and develops new IFSP document
  - o There is full team participations.

5.4 Activity: Michelle's Story- Part II

This activity will afford the DI Assistant an opportunity to identify the questions they may have about implementation and review of the IFSP.

5.4.1 Steps:

- Show **Activity: Michelle's Story- Part II** slide (**Slide 120**) and ask the participants to:
  - o Read **Part Two of Michelle's Story: (H24, pages 104-107)**
  - o Highlight information that relates to what we've just been discussing about implementation (including documentation) and review.

- Lead a large group discussion about what the group just read using questions such as:
  - o What did you read in Michelle's Story that illustrated the information that we've just been discussing about implementation and review?
  - o Whose input was consistently requested?
  - o What else you found important in the section that you read?
  - o What questions do you have?

5.5 Take Away Message

- Show **Slide 121** and highlight :
  It is essential to have a plan that is "written" in a way that is meaningful to families, but the implementation of such a plan is where the "rubber hits the road." Tell participants that we will now discuss some possible "road blocks" during implementation.

5.6 Activity: Challenges during implementation

This activity will familiarize the DI Assistants with possible challenges in the implementation of the IFSP and allow them to brainstorm possible strategies to address with their group members.

5.6.1. Steps:

- Using **Slide 122**, inform the participants that there may be a number of issues and challenges related to implementing of the IFSP.
- Distribute **Strategies for addressing Implementation Challenges** handout **(H29, page 126).**
- Participants assemble into small groups with their community team members.
- Ask the participants to identify three or four specific challenges or problems related to implementation of the IFSP on the left hand column of the worksheets. **Remind the groups not to get fixated on complaining about the challenge, but to focus on finding strategies to address them.**
- After three or four challenges have been identified, choose one challenge and brainstorm two kinds of strategies to address it: 1) strategies that might be used to prevent the problem, and 2) strategies that might be used to address the problem when it surfaces.
- Give about 10 minutes to groups. After 10 minutes, have each of the small groups share a challenge and strategies with one another
- Using **Slide 123**, summarize by acknowledging that there are some very real challenges and sometimes there are "perceived" challenges. Often this results in just throwing darts at one another or blaming each other. We need to focus on strategies that can prevent problems from occurring. Remind the group that as DI Assistants, they may not be in the position to make sweeping changes in the service systems and that they are not expected to have all the answers, but they are certainly in the position to collect information on the problems that occur and alert others about the problems.

5.7 Take Home learning Activity: Observe an IFSP meeting

This activity will familiarize the DI Assistants with the implementation guidelines for an IFSP meeting.

5.7.1 Steps:

- Show **Slide 124** and distribute the **Take Home Activity Guidelines: IFSP Meeting** handout **(H30, pages 127-128).**
- Walk through the directions and questions in the handout:
- Ask the participants to observe a complete IFSP meeting and comment on the questions. They may respond within the document itself or report in another word document. Set realistic guidelines on when and how they should return the assignment. Support the participants in connecting them with the agency (CCB) or other entities that can help them complete this assignment.

Module D: Teaming and Collaboration in the IFSP process

Note to the instructor: If you are covering this on a different day or after a short break, welcome the participants to the session and revisit the group norms agreed upon at the beginning of Module A.

A. Recap; Module C

- Using **Slide 125,** remind The DI Assistant what they had covered in the previous module. Module C covered the **Development and Implementation of the IFSP**. They learned about:
  - The steps to be followed after eligibility determination
  - The process of an IFSP meeting
  - The components of the IFSP in Colorado
  - The steps taken to implement an IFSP

  Inform the participants that we will now learn about Module D, the final Module out of a total of 4 modules. Remind the participants that the goals are available in handout **H2, page 77**, distributed earlier.

B. Module D Goals

- Use **Slide 126** and review Module D Goals.

  The DI assistants will:
  1. Describe the membership of the IFSP team.
  2. Recognize the importance of collaboration in the IFSP process.
  3. Describe factors that lead to successful collaboration.

- Mention to the participants that they will only receive an overview of teaming and collaboration in this module as it relates to the IFSP process. Academy III: Early Intervention Teamwork will cover this topic in greater depth.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Goal 1: Describe the membership of the IFSP team

1.1 Activity: Who Are the IFSP Team Members?

DI Assistants will participate in an activity to briefly identify the team members they think are on the IFSP Team.

1.1.1 Steps:

- Use **IFSP Team Members** slide **(Slide 127)** and distribute **IFSP Team Members: Possible Key Players** handout **(H31, page 129)**
- Ask participants to work with a partner and write as many team members they think would be part of the IFSP team.
- Ask participants to share what they wrote with the entire group.

1.2 Lecture: IFSP Team Members

- Using **IFSP Team Members** handout and **So... Who Are the IFSP Team Members?** slide **(H32, pages 130/Slide 128)**, point out the overall categories of IFSP team members:
  1. Parents
  2. Service Coordinators
  3. Early intervention providers
  4. Additional people important to the family

- Highlight that parents and service coordinators are the only constants on the team. Who the other team members are depends on which part of the IFSP process we are focusing on and the individual child and families concerns, priorities and resources. It is important to note that there must always be someone with developmental expertise on the IFSP team, even though who that member is may change. An IFSP team may not consist solely of the parent(s) and the service coordinator.

- Use **IFSP Team Members: Possible Key Players** handout and **Possible Early Intervention Providers on the IFSP Team** slide **(H32, pages 130/Slide 129)**.

- Remind the participants that early intervention providers who are members of the IFSP teams are individuals with varied and specialized training, who coordinate their activities to provide early intervention services to specific needs based on the IFSP outcomes and strategies.
  This category of team members of the IFSP Team may include:
  - Early Childhood Special Educators
  - Speech and Language Pathologists
  - Audiologists
  - Occupational Therapists
  - Physical Therapists
  - Early Childhood Mental Health Specialists
  - Social Workers

- Psychologists
- Family Therapists
- Providers of Social/Emotional Intervention
- Psychologists and Behavior Specialists
- Special Educators (early childhood specialists)
- Nurses
- Pediatricians and other physicians
- Nutritionists
- Orientation and Mobility Specialists
- Interpreters
- **AND DI Assistants**

- Address any questions that might come up from the participants. Remember to include examples from the notes shared by the participant s in the preceding activity.

- Use **IFSP Team Members** handout and **Additional People Important to the Family on IFSP Team** slide (**H32, pages 130/Slide 130)** and explain additional people important to the family that may be IFSP team members:
  - Immediate family members (e.g. brother, sister, step parents)
  - Extended family members (e.g. grandparents, aunts)
  - Other parents
  - Advocates
  - Child care providers
  - School district personnel
  - Clergy
  - Friends and Neighbors
  - Elders from the families cultural community

1.3 Lecture: Attendance at the Initial and Annual IFSP Meetings

- Once again highlight that at different stages of the IFSP process, the IFSP team may differ, depending on what needs to happen during that stage and who is needed to help in carrying out that stage.

- Show **Attendance at the Initial and Annual IFSP Meeting** slides (**Slides 131 &132**) and refer to **IFSP Team Members** handout **(H32, pages 130)**
  Slide 131: Each Initial and Annual IFSP meeting must include the following participants:
  - The parent or parents of the child
  - Other family members, as requested by the parent
  - An advocate or person outside of the family, if the parent requests
  - The service coordinator who has been working with the family
  - A person or persons directly involved in conducting the evaluations and assessments
  - As appropriate, persons who will be providing services to the child or family

Slide 132: If any of these people are unable to attend the meeting, arrangements

must be made for the person's involvement through other means, including:
- o Participating in a telephone conference call or a web conference.
- o Having a knowledgeable authorized representative attend.
- o Making pertinent records available at the meeting.

- Emphasize that it is not enough to have only written documentation or records. There must be a knowledgeable representative that can interpret these to the family actually at the meeting.

Goal 2: Recognize the importance of collaboration in the IFSP process?

2.1 Activity: Drawing game

This activity assists the participants to recognize the importance of teambuilding, collaboration and communication for successful outcomes.

Source: *This activity is adapted from: www.businessballs.com.*

Materials needed: writing tools [e.g. pens/ pencils/ crayons] and paper

2.1.1 Steps:

- Show **Activity: Drawing Game** slide (**Slide 133**) and have participants read the following directions:
  - o Divide in teams of 3 or 4 members
  - o One person in each team starts by drawing a shape or outline when the instructor shouts "start."
  - o Pass the drawing to the next member when you hear the word "change" from the instructor. (Each participant gets 5 seconds).
  - o Next member adds to the drawing until the instructor shouts "change" again.
  - o Remember, no discussion is permitted during the drawing, nor can you decide previously what you plan to draw.
  - o The drawing continues to pass around in the group until the instructor shouts "Stop".
  - o YOU HAVE A TOTAL OF ONE MINUTE TO COMPLETE THE DRAWING.

- Clarify or address any questions that the participants might have with regards to the activity.

- Show **Review the Drawing** slide (**Slide 134**) and ask participants to reflect on the process by asking the following guiding questions:
  - o Did the team draw anything recognizable?
  - o How easy was the understanding between the team members?
  - o How did each team member work similarly or differently on the task?
  - o What was the effect of time pressure?

- Was there a natural tendency to draw supportively and harmoniously, or were there conflicting ideas?
- What factors led to the drawings being recognizable? Or unrecognizable?
- Are "drawing skills" helpful for this exercise? Or are there other competencies or characteristics that supported you to create a "meaningful" drawing?
- What does this activity demonstrate about mutual understanding and how to achieve success?
- What obstacles to understanding and teamwork does this activity illustrate?
- Would this activity have gone differently if you had mutually agreed on a theme or topic for your drawing?

2.2 Discussion: Collaboration in IFSP process

- Ask participants what they learned from the activity with regards to collaboration in the IFSP process.
- Acknowledge responses and use **Collaboration in IFSP process** slide (**Slide 135**) to sum up the discussion with:
  IFSP process requires coordinated teamwork in a variety of stages of the IFSP process. There are a couple of reasons why this is necessary.
  From a Family's Perspective:
  - Professionals must be available to answer families' questions and support them to achieve the direction in which they want to go.
  - In order for parents to make informed decisions they need complete and reliable information. One person can't provide all information to families.
  - The team concept brings together all of the pieces of information that can help families.

  From a Practitioner's Perspective:
  - As professionals we can't know all of the perspectives of the various players unless we have a collaborative team process.
  - We need teaming and collaboration to assure that all team members are working toward common goals and that those goals are meaningful to the family.
  - We need teaming and collaboration to help assure that the federally mandated process happens.

2.3 Discussion: Teaming and collaboration?

- Use slide **"What is Teaming?"** slide **(Slides 136)** to define *teaming* and *interactive teaming. Professional and parental sharing of information and expertise in which two or more persons work together to meet a common goal.*

  Interactive teaming: "where there is mutual or reciprocal effort among and between team members to meet this goal"

- Emphasize the words "mutual" and "reciprocal" in the sentence.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

- Using **Slide 137,** ask the participants what the word collaboration means to them.

- Encourage participants to share either a phrase or a sentence.

- Acknowledge participants' responses and show **Slide 138**:
  Co-Labor = Work Together

- Summarize the discussion using **Collaboration is….** slide (**Slide 139):**
  Collaboration is a particular kind of relationship among professionals. One characterized by:
  - shared goal
  - voluntariness
  - parity
  - shared responsibility for decision making
  - shared accountability for outcomes
  - shared resources
  - and the emergence of trust, respect, and a sense of community
    (Friend & Cook, 1996)

- Show **Mobile Analogy** slide (**Slide 140**) and discuss the implications of the statement :
  "*In a mobile all the pieces no matter what size or shape, can be grouped together and balanced by shortening or lengthening the strings attached or rearranging the distance between the pieces."* (Satir, 1972, p 119-120)

- Distribute **What is Collaboration?** handout (**H33, page 131**) at the end of the discussion. (Note that giving this handout prior to the discussion will interfere with active participation on the part of the participants. Therefore it is recommended that it is given at the end of the discussion)

Goal 3: What are the factors that lead to successful collaboration?

3.1 Discussion: What are the elements of collaboration?

- Show **Slide 141** and lead the participants in to the next topic.

- Refer back to **Collaboration is….** slide (**Slide 139)** and lead a discussion around the question:
  - Are there any additional characteristics of successful collaboration that we might want to add to this list?

- Record additional ideas on flip chart.

- Show **Elements of Successful Collaboration** slide (**Slide 142)** and highlight the points that may not have been brought up by the participants.

- Mutual respect for skills and knowledge
  - Honest and clear communication
  - Understanding and empathy

- o Mutually agreed upon goals
- o Shared planning and decision making
- o Open and two-way sharing of information
- o Accessibility and responsiveness
- o Joint evaluation of progress
- o Absence of labeling and blaming

[Source of this list: Vosler-Hunter, R.W. (1987). Families and Professionals Working Together: Issues and Opportunities. Focal Point (1987), Vol.2, No.2.]

- Show **Collaboration: Take Home Messages** slide **(Slide 143)** and discuss each point :
  - o We often need to work together to achieve a common goal. We need to collaborate.
  - o Collaboration can happen in different ways.
  - o There are many elements to collaboration.
  - o Professionals must recognize that parents are competent individuals, and that in order to truly collaborate, a respectful partnership must be formed.
  - o We need to ask families how they want to collaborate, what roles they want to play.
  - o We need to recognize how we as individuals define professional and family roles in collaboration.
  - o The qualities that served the team to draw successfully a recognizable picture are the same kinds of qualities that make any kind of team successful.

- Conclude by distributing **Elements of Collaboration** handout (**H34, page 132**) that summarizes the above discussion.

3.2 Discussion: Challenges to Collaboration

- Show **Slide 144** and give participants a few moments to read the cartoon and react to it. . Highlight that although collaboration is important and has many benefits, it is also difficult.

- Show **Collaboration?** slide (**Slide 145**) and read the quote:
  Collaboration: an unnatural act committed by non-consenting adults.

- Then, ask the participants why do they think collaboration may not work sometimes?

- Allow participants to voice their thoughts, before moving to the next activity.

3.3 Activity: Potential Benefits of and Challenges to Collaboration

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

The purpose of this activity is to highlight the potential benefits and potential barriers to collaboration.

3.3.1 Steps:

- Use **Activity** slide (**Slide146)** and **Benefits of and challenges to collaboration** handout **(H35, page 133)**
- Ask the participants to discuss in groups at their table and write about the benefits of collaboration and potential challenges to collaboration in the handout. As they discuss, mention that they should think of these for all stakeholders—the professional themselves, the professional team, the family, and the child.
- Give participants about 10-15 minutes for this discussion.
- Ask each group to share what they found as the potential benefits and potential challenges to collaboration.
- Use **Collaboration: Potential Challenges and Benefits** slide (**Slide 147)** to summarize the potential benefits and potential challenges to collaboration:

  Potential Challenges:
  - Separate entities of professionals (turf issues/ language/ jargon)
  - Lack of Time
  - Inadequate resources/ unequal resource allocation
  - Differences in levels of skills / expertise
  - Lack of role definition
  - Policies at the leadership level
  - Lack of consistent implementation
  - Lack of common mission

  Potential benefits:
  - Synergy - The interaction of two or more agents or forces so that their combined effect is greater than the sum of their individual.
  - Potential for improved services for children and families
  - Opportunity for professional development
  - Professional retention
- Remind the participants that this is only an overview. They will be covering the elements in detail in Academy III: Early Intervention Teamwork.

Goal 4: Recognize the state agency partners in early intervention services in

Colorado

4.1. Activity: State Agency Partners

The DI Assistants will participate in an activity to identify the range of services within each state department agency stated.

4.1.1 Steps:

- Show **Activity: State Agency Partners** slide (**Slide 148**) and ask participants to reflect on the broad range of services that are included in the IFSP and try and identify what other state departments or agencies might be involved in the IFSP process.
- Acknowledge responses.
- Show **State Agency Partners** slide (**Slide 149**):
  - Colorado Department of Human Services (CDHS)
  - Colorado Department of Education (CDE)
  - Colorado Department of Public Health and Environment (CDHE)
  - The Department of Health Care Policy and Financing (HCPF)
  - Division of Insurance
- Inform the participants that you will be sharing brief information about each of these agencies with them in order to develop an understanding of each agencies connection with early intervention service.

4.2 Lecture: State Agency Partners

Note to Instructor: If you are unfamiliar with the role of the above state partners, you may want to visit the websites prior to the class.

- Distribute **State Agency Partners** handout **(H36, pages 134-135)**
- Show **Colorado Department of Human Ser**vices (CDHS) slide (**Slide 150**) and remind that they learned some of this in **Academy I: Orientation to Early Intervention.**
- Explain that:
  - The Colorado Department of Human Services (CDHS), Division for Developmental Disabilities (DDD) is the lead agency for Part C in Colorado, and the program is referred to as Early Intervention Colorado. The IDEA Part C funds come from the federal Office of Special Education Programs (OSEP) to CDHS/DDD. The CDHS has many additional sub-agencies, including Child Care and Child Welfare.
  - The Colorado Interagency Coordinating Council (CICC) acts as the advisory body to the DDD. The CICC consists of appointed representatives of a variety of statewide stakeholders - parents, providers, representatives of other

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

state departments involved in early intervention services and other entities (e.g., Insurance, Head Start, Protection and Advocacy agency, etc.).

- Inform them that, next, we will briefly discuss other state departments that may be involved in providing early intervention services outlined in the IFSP.
- Show **Colorado Department of Education (CDE)** slide (**Slide 151**) and explain that:
  - o The CDE administers preschool special education (Part B of IDEA) and many other early care and education programs
  - o Through Child Find, the CDE:
    - ✓ Evaluates children entering the early intervention system.
    - ✓ Determines eligibility for preschool special education.
    - ✓ Assists in facilitating the transition between early intervention and preschool for eligible children.
- Show **Colorado Department of Public Health and Environment (CDPHE)** slide (**Slide 152**). The CDPHE administers the Health Care Program for Children with special Needs (HCP) and other public health programs including the Colorado Registry for Children with Special Needs (CRCSN).
- Emphasize that through the Health Care Program for Children with Special Needs (HCP) services are provided to children and youth (birth to 21 years of age) and their families in every county of Colorado for CSHCN through organized health departments and local nursing services. The amount of services available and how they are implemented in each region of the state may vary based on local health departments' capacity and focus.
- Show **The Department of Health Care Policy and Financing** slide (**Slide 153**). Explain that this department administers the Medicaid and Child Health Plan Plus (CHP+) programs as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities.
- Inform that approximately one-third of infants and toddlers eligible for early intervention services are also eligible for Medicaid. Medicaid offers waiver programs that allow children who meet certain medical or developmental criteria to access Medicaid, without meeting the financial eligibility limitations
- Show **Division of Insurance** slide (**Slide 154**) and explain that this division is a part of Colorado Department of Regulatory Agencies (DORA).
- Inform that Division of Insurance at DORA:
  - o Regulates the insurance industry and assists consumers and other stakeholders with insurance issues.
  - o Assures that all legislation involving insurance companies, including the Coordinated System of Payment legislation for early intervention services is implemented.

    Note to instructor: If participants have questions about coordinated

system of payment and if time permits, share the brochure available at http://www.eicolorado.org/Files/Coordinated%20System%20of%20Payment_Family%20Guide_May09Revisions.pdf?CFID=10728483&CFTOKEN=48688258

- Show **State Partner Website Links** slide (**Slide 155**) and encourage participants to visit the websites and learn more about the role of these departments in early intervention services .

4.3 Activity: State Agency Partners Matching Quiz

This activity will provide DI Assistants an opportunity to review and identify the state agency partners in early intervention services in Colorado.

4.3.1 Steps

- Use **Activity: State Agency Partners Matching Quiz** handout and slide **(H37, page 136/Slide 156**).
- Ask the participants to turn over **State Agency Partners** handout **(H36, pages 134-135*).***
- Next, ask them to complete the quiz matching the state agency partners with the appropriate role in the table.
- Ask volunteers to report to the large group on one question until all answers have been shared.
- Show **Answers: State Agency Partners Matching Quiz** slide **(Slide 157)** with answers to The Body Systems Match Quiz.

- Allow participants a minute or so to review the slide and verify their answers.

Answers: State Agency Partners Matching Quiz

State Agency/Department	Role in Early Intervention Services
The Department of Health Care Policy and Financing (HCPF)	Assures that all legislation involving insurance companies, including the Coordinated System of Payment legislation for early intervention services is implemented.
Colorado Department of Public Health and Environment (CDHE)	This department administers the health care service for children with special needs as well as other and other public health programs
Colorado Department of Human Services (CDHS)	This is the lead agency for Part C (early intervention services)
Division of Insurance	This agency is responsible for Medicaid as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities.
Colorado Department of Education (CDE)	Through one of its programs, this department facilitates the transition between early intervention and preschool for eligible children.

- Review information with regards to the assignments for the academy and address any questions that the participants may have.

- Inform the participants, that this is the end of the Academy II: Fundamentals of **Individualized Family Service Plan**.

- Show **This Ends Module D** slide **(Slide 158)** and summarize:
  - o The importance of collaboration in the IFSP process.
  - o Factors that lead to successful collaboration.
  - o The membership of IFSP teams and roles of different member on the IFSP throughout the IFSP process
  - o Show **Slide 159** and ask the participants if they have any questions
  - o Thank them for their participation and inform them they will complete an evaluation for UCD and The PAR²A Center.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Fundamentals of the IFSP Process Handouts

Have you ever…?

Add the name of the person who may have participated in or done any of the following. Remember only one name per item and no names must be repeated.

1. Have you ever eaten frogs' legs?
   Participant's name: ________________________________
2. Have you broken 3 or more bones in your body?
   Participant's name: ________________________________
3. Have you ever cooked a meal by yourself for more than 20 people?
   Participant's name: ________________________________
4. Have you ever ridden a camel/ elephant/ or any other animal besides a horse?
   Participant's name: ________________________________
5. Can you speak 3 or more languages?
   Participant's name: ________________________________
6. Have you ever gone on a hot air balloon ride?
   Participant's name: ________________________________
7. Have you ever forgotten a person's name while introducing him or her?
   Participant's name: ________________________________
8. Have you traveled to another continent (Asia, Europe, South America, Australia, or Antarctica)?
   Participant's name: ________________________________
9. Have you ever lived overseas for more than 1 year?
   Participant's name: ________________________________
10. Have you swum in 3 or more different oceans?
    Participant's name: ________________________________

Module Goals

Module A: The IFSP – First Steps (3.5 hours)
The DI Assistant will:
1. Demonstrate understanding of Individualized Family Service Plan (IFSP) process and the required timelines.
2. Describe the timelines and requirements regarding referral and identification of infants and toddlers for early intervention services as described in federal and state regulations.
3. Recognize the importance of delivering supports and services using a family-centered approach.

Module B: Overview of Evaluation and Assessment in the IFSP process (5.0 hours)
The DI Assistant will:
1. Demonstrate understanding of key concepts and requirements regarding evaluation and assessment.
2. Develop understanding of how early intervention teams form informed clinical opinion to determine eligibility for early intervention services.
3. Describe the criteria for eligibility for early intervention services.
4. Develop an understanding of the DI Assistant role as well as the roles of parents, service coordinator and other professionals in the IFSP process

Module C: Understanding the Development and Implementation of the IFSP (4.0 hours)
The DI Assistant will:
1. Describe the steps to be followed after eligibility determination.
2. Describe the allowable early intervention services.
3. Explain the process of an IFSP meeting.
4. Recognize the components of a meaningful IFSP.
5. Explain the steps taken to implement the IFSP.

Module D: Teaming and Collaboration in the IFSP process (2.5 hours)
The DI Assistant will:
1. Describe the membership of the IFSP team.
2. Recognize the importance of collaboration in the IFSP process.
3. Describe factors that lead to successful collaboration.

Pre/ Post IFSP Quiz: Module A

Check the correct answer.

Question	Yes	No
The IFSP is a document that must be completed to ensure that the child is eligible for early intervention services.		
Only medical professionals can refer a child for early intervention services.		
Upon the receipt of a referral, a service coordinator must be appointed within 3 working days.		
The IFSP process assures families access to appropriate developmental, medical, and social services in a community.		
The guidance for IFSP process comes from the Individuals with Disabilities Education Act (IDEA) *and* the Colorado State Plan		
Family centered practice requires professionals to put the family at the center of the delivery system and the families to drive the services.		
Notice of Child and Family Rights and Procedural Safeguards is a document that describes the rights and safeguards of children and families as defined under federal IDEA Part C regulations.		

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Individualized Family Service Plan (IFSP), Early Intervention Services & Natural Environments

http://www.eicolorado.org/Files/IFSP_EIServices_NaturalEnvironments_FINAL.pdf]

Source: Centers for Disease Control and Prevention http://www.cdc.gov/ncbddd/actearly/milestones/

Colorado's IFSP Forms

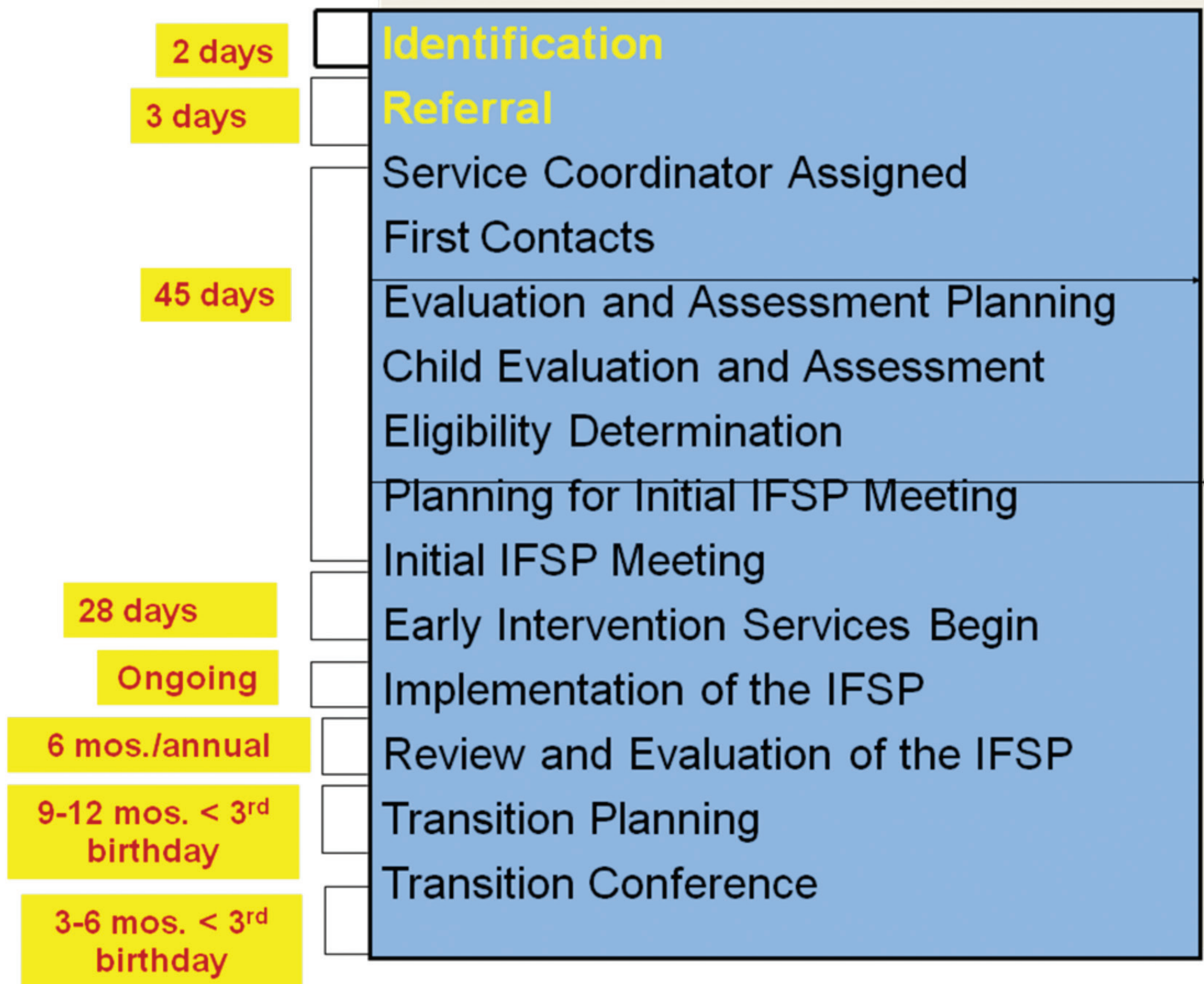
Free downloads for the forms listed here are available at the following website:
http://www.eicolorado.org/index.cfm?fuseaction=Documents.content&linkid=293

1. Individualized Family Service Plan (IFSP) Form
2. Individualized Family Service Plan (IFSP) with Infant Developmental Focus
3. Instruction Booklet: Completing Colorado's Individualized Family Service Plan (IFSP) Form

Source: Centers for Disease Control and Prevention http://www.cdc.gov/ncbddd/actearly/milestones/

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Steps: From Referral to Exit for Early Intervention



Source: Centers for Disease Control and Prevention http://www.cdc.gov/ncbddd/actearly/milestones/

Identification and Referral

What does the process of identification and referral include?

- Anyone in the community may identify (meets, knows of) a child who may be eligible for early intervention.
- The point of entry for the early intervention system is contacted to make a formal referral.
- Referrals are made to the early intervention system no more than two working days after a child has been identified.
- Upon the receipt of a referral, a service coordinator is assigned within 3 working days.

During a referral, the Community Center Board or the agency contracted with the Community Center Board needs to:

- Collect necessary information to initiate referral.
- Provide information about the early intervention system, including procedural safeguards.
- Link to another parent or support group if family wishes.
- Obtain written parental consent to share information.
- Provide service coordination within 3 days.

Public awareness efforts that are undertaken in Colorado to help educate the community about who may be eligible and how to identify and refer a child/family:

- Statewide toll free number,
- Posters, brochures and other printed material
- Referral information by county
- Outreach to physicians
- Links to other websites (central directory)

Agencies that need to coordinate identification efforts include:

- Early Intervention Programs at Community Centered Boards
- Child Find (or other local assessment teams)
- Maternal and Child Health Programs
- Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- Head Start and Early Head Start
- Neonatal Intensive Care Units (NICUs)
- Human Services programs
-

Primary Referral Sources

- Parents
- Hospitals
- Prenatal and postnatal care facilities
- Physicians
- Child care programs
- Local Educational Agencies or other school personnel
- Public health facilities
- Homeless shelters
- Social service agencies
- Other health care providers

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Prioritizing and Understanding One's Values

List 5 values that are important to you

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

5. ________________________________

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Family-Centered Supports and Practices

What Is A Family?
Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support...A family is a culture unto itself, with different values and unique ways of realizing its dream; together, our families become the source of our rich cultural heritage and spiritual diversity...Our families create neighborhoods, communities, states and nations

Definition: Family Centered Practices):
Family-centered practices refer to a combination of beliefs and practices that define particular ways of working with families that are consumer driven and competency enhancing.
(Dunst, Trivette, and Deal, 1994)

Division for Early Childhood (DEC) Recommended Practice definition of family-centered practices:

> "*a philosophy or way of thinking that leads to a set of practices in which families or parent are considered central and the most important decision maker in a child's life and that service systems and personnel must support, respects, encourage and enhance the strengths and competence of the family.*"

Characteristics of Family-Centered Practices

- Are characterized by beliefs and practices that treat families with dignity and respect;
- Are individualized, flexible, and responsive to family situations;
- Focus on information sharing so that families can make informed decisions
- Focus on family choice regarding any number of aspects of program practices and intervention options
- Focus on parent-professional collaboration and partnerships as a context for family-program relations and the active involvement of families in mobilization of resources and supports necessary for them to care for and rear their children in ways that produces optimal child, parent, and family benefits.
  (Dunst, 2008, p. xii)

Notice of Child & Family Rights and Procedural Safeguards

Download document from the following website.

http://www.eicolorado.org/Files/EI%20Colorado%20Family%20Rights%20Brochure_FINAL.pdf?CFID=8346524&CFTOKEN=26860568

California's Driving Test

Read the test questions carefully. Don't read anything extra into the question. There will be one correct answer and the other two answer choices will be either obviously wrong or not appropriate for the question asked.

Remember, all the test questions are taken from the handbook. If you miss a question, the field office employee can tell you on which page to find the correct answer.

Don't be nervous. DMV wants you to pass your test. Good Luck!

1. You may drive off of the paved roadway to pass another vehicle:
If the shoulder is wide enough to accommodate your vehicle
If the vehicle ahead of you is turning left.
Under no circumstances

2. You are approaching a railroad crossing with no warning devices and are unable to see 400 feet down the tracks in one direction. The speed limit is:
- ☐ 15 mph
- ☐ 20 mph
- ☐ 25 mph

3. When parking your vehicle parallel to the curb on a level street.
- ☐ Your front wheels must be turned toward the street.
- ☐ Your wheels must be within 18 inches of the curb.
- ☐ One of your rear wheels must touch the curb.

4. When you are merging onto the freeway, you should be driving:
- ☐ At or near the same speed as the traffic on the freeway.
- ☐ 5 to 10 MPH slower than the traffic on the freeway.
- ☐ The posted speed limit for traffic on the freeway.

5. When driving in fog, you should use your:
- ☐ Fog lights only.
- ☐ High beams.
- ☐ Low beams.

6. A white painted curb means:
- ☐ Loading zone for freight or passengers.
- ☐ Loading zone for passengers or mail only.
- ☐ Loading zone for freight only.

7. A school bus ahead of you in your lane is stopped with red lights flashing. You should:

- ☐ Stop, then proceed when you think all of the children have exited the bus.
- ☐ Slow to 25 MPH and pass cautiously.
- ☐ Stop as long as the red lights are flashing.

8. California's "Basic Speed Law" says:

- ☐ You should never drive faster than posted speed limits.
- ☐ You should never drive faster than is safe for current conditions.
- ☐ The maximum speed limit in California is 70 mph on certain freeways.

9. You just sold your vehicle. You must notify the DMV within ___ days.

- ☐ 5
- ☐ 10
- ☐ 15

10. To avoid last minute moves, you should be looking down the road to where your vehicle will be in about _______________.

- ☐ 5 to 10 seconds
- ☐ 10 to 15 seconds
- ☐ 15 to 20 seconds

Source: California Department of Motor Vehicles: http://www.dmv.ca.gov/pubs/interactive/tdrive/clc2written.htm

Guidance on Developing the IFSP

Guidance from IDEA

- Evaluation and assessment procedures must be conducted by personnel trained to utilize appropriate methods and procedures
- Evaluation and assessment procedures must include an evaluation by a multidisciplinary team
- Multidisciplinary – the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities
- Evaluation and assessment procedures must include a review of pertinent records related to the child's current health status and medical history
- Evaluation and assessment procedures must include an evaluation to determine the child's level of capacity in each of the following developmental areas:
  - Cognitive,
  - Physical, including vision and hearing,
  - Communication,
  - Social emotional,
  - Adaptive
- Evaluation and assessment procedures must be based on informed clinical opinion
- Assessment… procedures (are) used… to identify the supports/services necessary to enhance the family's capacity to meet (the child's) needs
- Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so
- No single procedure is used as the sole criterion for determining a child's eligibility

Federal Rules and Regulations Section 303.322 and 303.17

Guidance from Colorado's State Plan

- A statewide system of early intervention supports and services includes the provision of a timely, comprehensive, multidisciplinary evaluation and assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet such needs.
- A multidisciplinary evaluation team consists of at least two early childhood professionals who are appropriately qualified in their areas of expertise, with at least one of whom is qualified in the area of concern.
- The service coordinator works with the multidisciplinary team to facilitate the evaluations, ensuring that all of the appropriate evaluations are completed and properly documented.
- A child is evaluated to determine if there is a developmental delay based upon the informed clinical option of a multidisciplinary evaluation team…
- The determination is supported by information gathered through multiple and appropriate methods and procedures that indicate a child has the equivalent of 25% or greater delay in one or more areas of development when compared with chronological age, or the equivalence of 1.5 standard deviations or more below the mean in one or more areas of development.
- The evaluation team gathers information from a review of pertinent records related the child's current health status and medical history, family report, and the results of…methods and procedures that may include:
- Developmental history
  - Additional reports from other sources
  - Routines-based interviews
  - Observation of the child
  - Language samples
  - Play-based evaluations
  - Criterion referenced instruments, such as developmental checklists, that are appropriate, reliable and predictive
  - Norm referenced instruments that are appropriate, reliable and predictive
- Information provided by a norm-referenced instrument …is to be used in conjunction with…information gathered through other appropriate procedures and cannot be used as the sole source of information in making a decision about the child's eligibility.
- Evaluation and assessment methods… are administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so. Evaluation and assessment procedures and methods used are selected and administered so as not to be racially or culturally discriminatory.

Colorado State Plan 2010 Section II, E. 1, 2

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Key concepts in Assessment and Evaluation

1. **Evaluation** is the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility. Evaluation gives us information about the child in a single point in time. The evaluation must include (a) a review of pertinent records related to the child's current health status and medical history (b) an evaluation by a multidisciplinary team to determine the child's level of capacity in each of the following developmental areas: Cognitive, Physical, including vision and hearing, Communication, Social or emotional, and Adaptive.

2. **Assessment** is the *ongoing* procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify the child's unique strengths and needs and services appropriate to meet those needs; and the resources, priorities and concerns of the family and the supports/services necessary to enhance the family's capacity to meet those needs

   Assessment is a process by which information is obtained relative to some known objective or goal. Assessment begins at the time of eligibility determination and continues while the child is receiving early intervention services and while they continue to be eligible. The assessment must include, (a) a review of pertinent records related to the child's current health status and medical history. (b) an assessment of the unique needs of the child in terms of each developmental area, and (c) with permission, a family assessment.

3. **Multidisciplinary** means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities.

4. **Informed Clinical Opinion** refers to a decision made by a multidisciplinary team using qualitative and quantitative information in order to determine eligibility and as a basis for planning.

5. **Eligibility Determination.** There are two ways to determine eligibility for the Early Intervention System:
   Category 1. Children who have a Delay in Development: Having a current, significant developmental delay in one or more of the following domains: cognition, communication, physical including vision and hearing, social or emotional development or adaptive behavior. The term significant developmental delay will be discussed later in this module.

Children with an Established Condition: Having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay and typically results in developmental delay.

The Power of the Routines-Based Interview (RBI)

Family assessment must be family directed and designed to determine the resources, priorities and concerns of the family related to enhancing the development of the child.
Professionals and parents who have watched or participated in one of these routines-based interviews (RBIs) are amazed at the amount of information that emerges about:

- The child's developmental status
- The family's day-to-day life
- The feelings of the family member being interviewed

What are Routines?

- Routines are not necessarily things that happen routinely. They are simply times of the day. It is impossible for families to have no routines. All families, for example, wake up, eat, hang out at home, and go places.

The process consists of the following steps:

- **To prepare the family to report on routines:** In RBIs, families are prepared to identify their typical-day routines and to talk about (a) what everyone does, (b) what the child does, and (c) how happy they are with the routine.
- **To have the family report on their routines:** and unlike traditional meetings, where professionals sometimes give evaluation reports, the RBI starts with families discussing any concerns that they may have. The interviewer writes these down and then prompts the family to report on their routines, beginning at the start of the family's day (e.g., "How does your day start?"). The interviewer asks about six questions without the family fully aware of this structure:
  1. What does everyone do at this time?
  2. What does the child do?
  3. How does the child participate (engagement)?
  4. What does the child do by him or herself (independence)?
  5. How does the child communicate and get along with others (social relationships)?
  6. How satisfied is the caregiver with the routine?
  5. Interviewer will move from one routine to the next, the interviewer simply says, "Then what happens?" or "What's next?" This avoids making assumptions about how the family conducts its daily life.
- **To review concerns and strength areas -** the interviewer goes through the marked items from the home and reports to refresh the family's memory.
- **To have the family select outcomes** - the interviewer asks, "When you think about all these areas of concern and strengths, what would you like the team to concentrate on? What do you want to go on the plan?" The interviewer should be prepared to remind the family of concern areas if they are not mentioned (e.g., "You said that she doesn't accept chunky food at breakfast. Is this something you want to deal with?").
- **To have the family put outcomes into priority order**

Activity: The RBI

What steps did you observe Dr. McWilliam demonstrate?

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Informed Clinical Opinion

Informed clinical opinion' refers to a decision made by a multidisciplinary team using qualitative and quantitative information in order to determine eligibility and as a basis for planning.

Informed Clinical Opinion means…	**Informed Clinical Opinion DOES NOT mean…**
An opinion made by *practitioners qualified* to evaluate the child's five developmental domains.	An opinion made by *just anyone*.
An opinion is made based on *multiple sources of qualitative and quantitative information* about the child's development	An opinion is made based on just a *single source of information* isolated information or test scores alone
A conversation among parents, service coordinators, and the multidisciplinary team members who were a part of the evaluation process accompanied by a written explanation.	A team's opinion that a child is eligible without an accompanying conversation with the parents or a written explanation.
Documenting a disability or delay.	Documenting a *risk* of having a delay.

Early Intervention Eligibility Determination

In Colorado, Community Center Boards are responsible for ensuring a local system of child find that includes public awareness, identification and referral, eligibility determination, and evaluation.

There are two ways/categories to determine eligibility for the Early Intervention System

Category #1*: Children who have a Developmental Delay:* having a significant delay in development in one or more of the following domains:

- ✓ thinking and learning skills (cognitive development)
- ✓ moving, seeing, and hearing (physical development)
- ✓ understanding and using sounds, gestures, and words (communication development)
- ✓ responding to and developing relationships with other people (social-emotional development)
- ✓ taking care of one's self when doing things like feeding or dressing (adaptive development)

Colorado's Definition of Developmental Delay In Colorado the rigorous definition of a "developmental delay" means an infant or toddler who has a 25% or greater delay in one or more areas of development when compared with chronological age or the equivalent of 1.5 standard deviations or more below the mean in one or more areas of development.

Category #2: *Children with an Established Condition:* having a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development

Conditions That May Be Associated with Delays in Development:

- o Low birth weight infants weighing less than 1,200 grams
- o Postnatal (after birth) acquired problems resulting in delays in development, including but not limited to severe attachment disorder
- o Chromosomal syndromes and conditions (e.g. Down syndrome)
- o Congenital syndromes and conditions
- o Sensory impairments (some hearing and visual impairments)
- o Metabolic disorders
- o Prenatal or perinatal infections resulting in significant medical problems and health issues

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Guidance on Early Intervention Services

From the Federal Rules and Regulations

- Throughout the process of developing and implementing IFSPs for an eligible child and the child's family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child's development.
- It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with the full agreement and participation of the parents of the child.
- Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services under this part.

(Sec. 303.344)

The appropriate location of services for some infants and toddlers might be a hospital setting--during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child.
(Sec. 303.344)

From the Colorado State Plan

Early intervention services are available in settings that individual families have identified as natural or normal for their family meaning home and community settings where the family's everyday and routines and activities occur.

Individual planning procedures for early intervention services in a natural environment:

- A family's lifestyle, routines, schedule, priorities and the environment that are natural and normal for that family are first identified.
- Appropriate services for a child are driven by the identification of functional outcomes that are relevant to those natural environments identified by the family.
- Strategies and activities to address the functional outcomes are developed by the IFSP team. Qualified early intervention personnel may support specific strategies and activities in consultation with family members and other caregivers.
- If there is a determination that early intervention services cannot be provided in a child and family's natural environment as defined above, written documentation is provided on the IFSP as defined in the Early Intervention Colorado State Plan, Section II, G (c) (6).
- Service settings are not selected based solely on factors, such as category of disability, severity of disability, configuration of the delivery system, age, availability of services, availability of space, availability of equipment or administrative convenience.
- The IFSP team determines which early intervention services are needed. The preference of any single team member is not a justification for services to be provided in an environment other that one that is natural and normal for the everyday routines and activities of that child and family.

Colorado State Plan 2010 Section II, H. 2 (a) (1-6)

Roles in the IFSP Process

Steps of IFSP Process	Parent Role	Service Coordinator Role	Other Professional Role	DI Assistant's Role
1. Identification	• Share any concerns. • Give consent for referral or make referral personally.		• Contact early intervention point of entry within two days to begin referral process.	
2. Referral	• Write down questions. • Think about what would help your family. • Give consent for referral or make referral personally.	• Assign service coordination.	• Collect necessary information to initiate referral. • Provide as much information as the parent wants. • Link to another parent or support group if the parent wishes. • Obtain written parental consent to share information.	
3. First Contacts	• Share how you and other members of the family view your child. • Share your most important concerns if comfortable. • Share records: medical or developmental screening information. • Ask about parent-to-parent assistance or support groups. • Ask for clarification about any information that you don't understand. • If you are not satisfied with any aspect of your first contact, ask to talk with the Program Director.	• Obtain an interpreter or cultural mediator if needed. • Provide information about: your role as a service coordinator, what the parent can expect from you; the early intervention system; entitlements /procedural safeguards; the IFSP process. • Begin establishing rapport with the parent. Provide them with an opportunity to share concerns, joys, etc. as they are comfortable. • Show interest in family members as individuals. • Learn about and respect family values and practices. • Take time to listen and to get to know the family. • Interact with the infant/toddler. • Collect information/ records. • Respect the emotional tone the family sets. • Link to another parent or support group if needed/ wanted.	• Show interest in the family. • Listen to what the family is telling you. • Learn about and respect family's values and practices. • Interact with the infant/toddler.	

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Steps of IFSP Process	Parent Role	Service Coordinator Role	Other Professional Role	DI Assistant's Role
4. Evaluation & Assessment Planning	• Determine and share expectations and questions regarding what they want answered through the evaluation/assessment process. • Assist in determining the date, time, and location for evaluation. • Ask for clarification about any information that you don't understand. • Plan with the service coordinator the conditions that you feel are best for your child's evaluation and the role you would like to play. • Collect any previous medical or developmental information that you wish to share with the evaluation team. • Collect information from family, child care providers, friends, and neighbors about your child's strengths and interests and any concerns they might have. • Understand and sign permission for evaluation.	• Support the parent in determining their expectations and questions regarding what they want answered through the evaluation/assessment process. • Provide information about: the evaluation/assessment process; eligibility; ways the parent should contribute; purpose/ outcomes of the evaluation/ assessment; types of assessments that may be used; family's rights – timelines, consent to evaluate; next steps in the process; - Gather information about: child's strengths and interests; what's important to the family; what the family likes to do; family's resources; - the people who are of support to the family; - family's concerns. • Provide connections to any immediate community resources. • Provide written notice of the date, time, and location of the assessment in the family's native language at least 10 days prior to evaluation/assessment. • Arrange for interpreters or evaluators in family's native language if needed. • Answer questions that the parent might have about the evaluation process.	• Plan with the team (including the parent) how the evaluation/assessment will be conducted so that the child and parent are prepared and comfortable and that the evaluation/assessment addresses the parent's questions. • Offer written materials about the evaluation/assessment process or assessment tools if appropriate. • Review, with the parent's permission, any records and reports in the child's file.	
5. Child Evaluation and Assessment	• Observe your child. • Participate as an assessment team member. • Share information and observations in developmental areas. (Note: If your child can do an activity at home but is not doing it during the assessment, share with team.) • Share information about your family's daily routines and activities. • Ask for clarification about anything that you don't understand. • Help your child feel comfortable if this is an unfamiliar situation. • Actively participate in the assessment.	• Provide support to parent – answer any questions the parent may have about the process. • Ensure that evaluators explain to the parent what they are doing and what they are looking for. • Ensure all areas of development have been addressed and documented on the IFSP within the daily routines and activities of the family. • Ensure that parent's questions and expectations are addressed. • Ensure that the parent fully understands all of the developmental information gathered at the assessment. • Support the parent(s) in sharing or gathering information of importance to them.	• Provide information: • the name and role (of each evaluation team member); • the evaluation process and/or evaluation tools that will be used (what you are doing, and why); • the focus area(s) of the evaluation. • Recognize the parent as part of the evaluation team. • Ask for the parent's feedback on observations made of the child at the evaluation.(Does this match what the family sees at home?) • Address questions and concerns. • Provide jargon-free written explanation of evaluation/assessment results.	

Steps of IFSP Process	Parent Role	Service Coordinator Role	Other Professional Role	DI Assistant's Role
6. Eligibility Determination	• Listen and make sure you understand assessment results. • Decide if you agree with the evaluation/assessment results. • Decide whether to accept entitlements offered.	• Explain how information will be used. • Explain entitlements and procedural safeguards. • Answer any questions the parent has. • Explain next steps of IFSP process. • Explain what happens next if the child is determined to be not eligible for early intervention supports and services.	• Share results with the parent. • Explain how information will be used. • Discuss next steps of IFSP process.	
7. Planning for the Initial IFSP Meeting	• Talk with other families who have gone through this process. • Decide whether to participate. • Participate in selecting a convenient date, time, and place for the initial IFSP meeting. • Identify: • who you would like to be at the meeting; • what results you would like from the meeting; • what information you would like to share; • what information you want to ask about.	• Assist the parent to prepare for the initial IFSP meeting: • explain the purpose for the initial IFSP meeting to the parent; • process with the parent the concerns, priorities, and resources that they would like to address at the initial IFSP meeting. • Familiarize the family with the IFSP form and how information is recorded on the document. • Arrange a convenient date, time, and place for the initial IFSP meeting. • Arrange to have an interpreter at the initial IFSP meeting if needed. • Notify all necessary team members of the date, time, and location of the initial IFSP meeting. • Give the parent written notice in their native language at least ten days prior to the initial IFSP meeting. • Gather all necessary paperwork.	• Assist in deciding on convenient time and place for the initial IFSP meeting. • Gather any necessary paperwork. • Provide written reports of evaluation/assessment results to the parent prior to the initial IFSP meeting.	

Steps of IFSP Process	Parent Role	Service Coordinator Role	Other Professional Role	DI Assistant's Role
8. Initial IFSP Meeting	• Expect to develop a plan for receiving supports and service within your family's everyday routines, activities, and places. • Share more information about your daily routines and activities. • With input from the team identify most important outcomes for your child and the entire family. (Begin the plan of action.) • Along with other team members, brainstorm strategies that will help your child meet the outcomes. • Along with the team, develop and study possible options for services and supports and discuss what would work best for your family.	• Review information gathered thus far from family and child evaluation and assessments • Assist the family in clarifying their priorities by using questions that prompt the opportunity to develop insight about critical issues and priorities. • Respect family privacy. • Assist in developing functional outcomes around the priorities the parent has identified with the input of all team members. • Listen to the daily routines and activities of the family. • Brainstorm ideas, strategies and supports and services (plan of action) that can help meet outcomes. • Help the parent decide which strategies will work best for them. • Document decisions made into the plan making sure all components required by the law are addressed. • Explain and give copies of procedural safeguards. • Ensure all team members sign the IFSP form. • Ensure service coordinator's name and phone number are on the IFSP form.	• Respect family privacy. • Support the parent's understanding of the child's development. • Communicate honestly and openly. • Focus upon child's strengths and the family's priorities. • Look at the child as a family member. • Listen to daily routines and family activities. • Listen and ask questions. • Assist in developing functional outcomes around the priorities the parent has identified. • Provide information about options and resources within the family's daily routines.	

Steps of IFSP Process	Parent Role	Service Coordinator Role	Other Professional Role	DI Assistant's Role
9. mplementation of the IFSP	• Talk to professionals often regarding how things are working. • Expect to take part in your child's supports and services – a practitioner's role should be to assist you in supporting your child's learning, development, and participation. • Observe child's progress. • Share new accomplishments or concerns as necessary. • Share knowledge and ideas with providers in creative problem solving. • Plan for transition from early intervention. • Ask any questions along the way. • Contact service coordinator as needed. • Show consideration for professional's time and other commitments. • Request a review of the IFSP as needed.	• Ensure each provider on the plan knows what he/ she will be doing to carry out the plan. • Monitor to make sure that the family is receiving all of the supports and services identified on the IFSP. • Ensure procedural safeguards are being followed and that the parent understands the family's rights. • Assist the parent in identifying and resolving barriers and challenges. • Communicate with the parent on a regular basis. • Assist the parent in navigating funding sources and systems. • Facilitate transition at appropriate time.	• Show consideration for parent's time and other commitments. • Listen, observe, and ask questions regarding progress and satisfaction. • Show genuine interest and concern for the child and family. • Celebrate the child and family's accomplishments. • Share knowledge and ideas with parents in creative problem solving. • Assist in transition from early intervention at appropriate time. • Communicate with the service coordinator on a regular basis.	• Implement activities (strategies) to facilitate IFSP outcomes as directed by the supervisor • Video tape sessions • Carry out adapted instruction according to the adaptation list provided or specific directions (e.g. IFSP strategies) • Facilitate parents' active participation in intervention strategies as directed by the supervisor • Translate supervisor made materials / text materials into another language • Use another language (e.g. sign, Spanish), to discuss and elaborate on concepts that have been presented in English • Monitor infant/ toddler's performance as directed • Re-teach/reinforce intervention strategies introduced by supervisor to infant/toddlers and their parents

Steps of IFSP Process	Parent Role	Service Coordinator Role	Other Professional Role	DI Assistant's Role
10.IFSP Review & Evaluation	• Review IFSP informally monthly or bi-monthly. • Discuss any new concerns. • Make on-going revisions as needed with service coordinator. • Formally review IFSP every 6 months with service coordinator and input from team members. • Participate in annual review with all team members.	• Check in with the parent on a regular basis (at least monthly) to review how things are going and document your contacts. • Be familiar with the content of the IFSP when contacting the parent. • Make on-going revisions to the IFSP as needed with the parent and team's agreement. • Provide information as needed to parents. • Provide advocacy support as needed. • Discuss any new concerns. • Schedule and coordinate a review at least every 6 months with the parent. • Plan and coordinate the annual review.	• Review IFSP informally monthly or bi-monthly. • Discuss any new concerns. • If changes to the IFSP are needed, discuss with family and contact service coordinator. • Participate or provide input to 6-month reviews. • Participate in formal annual reviews.	• Observe and record infant/toddler's progress in areas identified on the IFSP as needing improvement (e.g. infant/toddler's behaviors, health needs, food/liquid intake, use of communication skills, adaptive equipment or devices, social interactions/initiative, peer interaction/socialization behavior) as directed by the supervisor for ongoing assessment and ongoing IFSP reviews • Attend IFSP meetings as required by the individual child and family needs • Attend annual review meetings • May assist the service coordinator with family access culturally relevant services

Steps of IFSP Process	Parent Role	Service Coordinator Role	Other Professional Role	DI Assistant's Role
11. Transition	• Begin transition planning no later than 9-12 months prior to child's third birthday. • Provide written consent to share information with the school district. • Understand Part B preschool as a possible option and review parental rights. • Participate in the transition process. • Share your knowledge of your child with all team members. • Discuss options for services other than Part B (community or private options). • Help to prepare your child for a new beginning.	• Initiate transition planning 9-12 months prior to child's third birthday. • Notify school district;. • Obtain written consent to evaluate and share information about the child. • Make referral to the school district. • Assure the transition conference is held no less than 3 months prior to the child's third birthday. • Arrange for evaluation to determine eligibility for Part B services. • Coordinate transition conference with appropriate personnel. • Provide opportunities for the receiving team to get to know the child. • Answer questions the parents have about the transition process. • Convene and facilitate the transition conference. • Help the family to feel as comfortable as possible about the new beginning. • Attend the initial IEP • • meeting if requested by the parents.	• Provide current assessment information in all developmental areas. (EI providers). • Answer any questions the parent might have. • Explain Part B eligibility. • Discuss options for supports and services and where they might be provided. • Attend transition conference. • Share information with the parent about the evaluation and assessment process. • Evaluate the child for Part B eligibility. • Receiving team member(s) meet with parents if requested. • When appropriate, schedule and facilitate an IEP meeting. • Help the entire family to feel as comfortable as possible about the new beginning.	• As member of the child and family's IFSP team, and along with your supervisor, provide information gathered through observation and implementation of strategies that is important to consider in the transition of the child to a new setting.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Evaluation: Take Home Activity#1 Guidelines

Observe an evaluation and answer the following questions:

Observe the following and comment in the space provided below or type it in a new word document. Submit the assignment to your instructor.

- Provide a brief introduction to your observation (e.g. where you observed, a brief introduction to the child and family who participated in the evaluation, how you obtained consent to participate etc.).

- How was the session organized (in terms of the physical and social environment, professionals present etc.)?

- What sources of information were used (interview, checklists, standardized tools, observations, etc.)

- How was the family included in the evaluation process?

- How was the information about the family's daily life, priorities and routines gathered? How was this information shared with all team members?

- If eligibility was determined, how was it made and by whom?

- What follow-up procedures were planned the child and family, if found eligible? What follow-up procedures were planned for the child and family, if found ineligible? How were families to receive results?

- What parts of the process worked very well?

- What might have been done differently to improve this process?

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Assessment: Take Home Activity#2 Guidelines

Observe a family assessment. Family assessment is often conducted through conversational interview, which gathers information about the child's developmental status, the family's day to day life, and the feelings of the family member being interviewed.

Observe the following and comment in the space provided below or type it in a new word document. Submit the assignment to your instructor.

- Provide a brief introduction to your observation (e.g. where did you observe, introduction to the child/ family who participated in the evaluation, how did you get consent to participate etc.).

- How was the session organized (in terms of the physical and social environment, professionals present etc.)?

- What sources of information were used (interview, checklists, standardized tools, observations, etc.)

When possible for each of the questions below, note an actual example from your observation, such as "The interviewer asked "tell me more about that" when the family said that their child had trouble telling them what they wanted.", as an example of asking open-ended questions to gain understanding. For any question, if you did not observe this information being gathered, simply note that you did not observe this.

- Did the interviewer greet the family?
- Did the interviewer ask the family what their major concerns were for their family and child?
- Did the interviewer ask about each part of the family's day, such as: waking up, mealtimes, playtime, bath time, bedtime?
- Were open-ended questions used to gain an understanding of each time of day and how the child and family members are participating?
- Did the interviewer ask if the family was satisfied with each part of the day discussed?
- Did the interviewer get information about the parent's "down time", or time for themselves?
- Did the interviewer get information about activities outside the home that the family liked to participate in?
- Did the interviewer take notes?
- Did the interviewer summarize the concerns with the family?
- Did the interviewer ask the family what they would like to work on first (priorities)?
- What went well with the process?
- What could have gone better?

Allowable EI Services under Early Intervention (Part C of IDEA)

Allowable early intervention services are those services that are:

1. Designed to meet the developmental needs of an infant or toddler with a significant developmental delay or the needs of the family related to enhancing the infant's or toddler's development;
2. Selected in collaboration with the infant's or toddler's family;
3. Provided in conformity with an Individualized Family Service Plan (IFSP);
4. Based on appropriate evidence-based practices and related to functional outcomes;
5. Provided under public supervision to assure, through monitoring, that services are provided in accordance with these requirements;
6. Provided by qualified personnel as defined in Colorado's Part C State Plan;
7. Provided in the natural environments of the infant or toddler and the family including the family's home and/or community settings in which infants and toddlers without disabilities participate, unless otherwise justified on the IFSP;
8. Provided in a culturally relevant manner, including the use of an interpreter if needed.

Types of allowable early intervention services:

1. ASSISTIVE TECHNOLOGY

a. Assistive Technology Services: services that directly assist an infant or toddler with a disability or the family, other caregivers or other service providers in the selection, acquisition or use of assistive technology in the following ways (this may include high technology or low technology, see addendum for more information):
   i. The functional evaluation of the needs of an infant or toddler with a disability in his or her usual environments.
   ii. The selection, acquisition, modification or customization and maintenance of assistive technology.
   iii. Training or technical assistance for an infant or toddler with a disability, the family, other caregivers or other service providers on the use of assistive technology determined to be appropriate.
   iv. Collaboration with the family and other early intervention service providers identified on an infant or toddler's IFSP.

b. Assistive Technology Devices: items or pieces of equipment, whether acquired commercially, modified or customized, that are used to increase, maintain or improve the functional capabilities of an infant or toddler with a disability in his or her usual environments;

c. Assistive Technology Devices ARE NOT: devices that are primarily intended to treat a medical condition or to meet life sustaining needs or medical devices that are surgically implanted or the replacement of such devices (see addendum for clarification and examples);

2. AUDIOLOGY SERVICES *(also fundable through EI State dollars)*

a. Identification and ongoing assessment of an infant or toddler with an auditory impairment and determination of the range, nature and degree of hearing loss and communication function;

b. Collaboration with the family, service coordinator and other early intervention service pro-

viders identified on an infant's or toddler's IFSP;
c. When necessary, provide referral for community services, health or other professional services;
d. Provision of services including auditory training, aural rehabilitation, sign language and cued language services and other training to increase the functional communication skills of an infant or toddler with a significant hearing loss;
e. Determination of an infant's or toddler's need for individual amplification, such as a hearing aid, and selecting, fitting and dispensing appropriate amplification and evaluating the effectiveness of the amplification;
f. Family training, education and support provided to assist the family of an infant or toddler with a significant hearing loss in understanding his or her functional developmental needs related to the hearing loss and to enhance his or her development.

3. *DEVELOPMENTAL INTERVENTION* *(also fundable through EI State dollars)*
a. Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on a variety of developmental areas including, but not limited to, cognitive processes, communication, motor, behavior and social interaction;
b. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c. When necessary, provide referral for community services, health or other professional services;
d. Consultation to design or adapt learning environments, activities and materials to enhance learning opportunities for an infant or toddler with a disability;
e. Providing consultation on child development to families, other caregivers and other service providers;
f. Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

4. HEALTH SERVICES
a. Services provided by a licensed health care professional to determine an infant's or toddler's developmental status and need for early intervention services only when such determination cannot be otherwise made;
b. Assessment to determine an infant's or toddler's health status and special health care needs that will impact the provision of other early intervention services;
c. Collaboration with the family and other early intervention service providers identified on an infant's or toddler's IFSP;
d. When necessary, provide referral for community services, health or other professional services;
e. Consultation by health care professionals with family members or other service providers who are identified on an infant's or toddler's IFSP concerning the special health care needs of the infant or toddler that will impact the provision of other early intervention services;
f. Provision of required medical care, under specific circumstances when such care is not otherwise available, when needed by the infant or toddler or family in order to participate in another early intervention service (see addendum for examples);
g. Family training, education and support provided to assist the family of an infant or toddler

with a disability in understanding his or her special health care needs and the health needs of other family members and the impact on the provision of early intervention services.

h. Health services ARE NOT: hospital or home health care required due to an infant's or toddler's health status; services that are surgical in nature, that are primarily intended to treat a medical condition, or that are routinely recommended for all infants and toddlers.

5. ***NUTRITION SERVICES***

a. Assessment of the nutritional and feeding status of an infant or toddler with a disability related to his or her development;
b. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c. When necessary, provide referral for community services, health or other professional services;
d. Consultation to develop, implement and monitor appropriate plans to address the nutritional needs of an infant or toddler with a disability related to his or her development;
e. Referrals to appropriate community resources to carry out nutritional plans;
f. Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to nutrition and feeding and to enhance his or her development.

6. ***OCCUPATIONAL THERAPY*** *(also fundable through EI State dollars*)

a. Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on self-help skills, fine and gross motor development, mobility, sensory integration, behavior, play and oral-motor functioning;
b. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c. When necessary, provide referral for community services, health or other professional services;
d. Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;
e. Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;
f. Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

7. ***PHYSICAL THERAPY*** *(also fundable through EI State dollars*)

a. Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on mobility, positioning, fine and gross motor development, and both strength and endurance, including the identification of specific motor disorders;
b. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c. When necessary, provide referral for community services, health or other professional services;
d. Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;

e. Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;
f. Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

8. ***PSYCHOLOGICAL SERVICES*** *(also fundable through EI State dollars)*
a. Intervention services to address the development, cognition, behavior or social emotional status of an infant or toddler with a disability;
b. Administering psychological and developmental tests and other assessment procedures to address the development, cognition, behavior and social emotional status of an infant or toddler;
c. Obtaining, integrating and interpreting test results and other information about an infant's or toddler's development and behavior and about his or her family and living situation related to learning, social-emotional development and behavior;
d. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e. When necessary, provide referral for community services, health or other professional services;
f. Providing individual or family-group social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
g. Integrating test results to recommend a program of psychological services for an infant or toddler with a disability or the family related to the infant's or toddler's disability and enhancing his or her development;
h. Providing consultation on child development to families, other caregivers and other service providers;
i. Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to development, cognition, behavior or social-emotional functioning and to enhance his or her development.

9. RESPITE CARE
a. Short-term temporary care, in or out of the home, for an infant or toddler with a disability that is needed by the family in order to participate in another service identified on the IFSP.
b. Respite Care as an allowable early intervention service IS NOT assistance that is customarily needed by all families to provide temporary relief or an opportunity to perform routine family chores or for recreation for the family or care for siblings of the infant or toddler with a disability.

10. SERVICE COORDINATION *(also fundable through EI State dollars)*
a. Assistance provided to an infant or toddler with a disability or the family that is in addition to the basic requirements of a Service Coordinator as defined in Part C regulations, 34 CFR Section 303.22;
b. Service Coordination as an additional early intervention service may include the coordination of extraordinary services related to significant medical, neurological or mental health conditions (see addendum for examples)

11. SOCIAL/EMOTIONAL INTERVENTION *(also fundable through EI State dollars)*

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

a. Assessment and intervention services that address the social and emotional development of an infant or toddler with a disability in the context of the family and parent-child interaction;
b. Making home visits to evaluate an infant or toddler's living conditions and patterns of parent-child interaction;
c. Preparing a social or emotional developmental assessment of an infant or toddler within the family context;
d. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e. When necessary, provide referral for community services, health or other professional services;
f. Providing individual or family-group counseling to the family of an infant or toddler with a disability related to the infant's or toddler's disability and enhancing his or her development;
g. Providing social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
h. Addressing issues in the living or care giving situation of an infant or toddler with a disability and the family or caregiver that may affect the infant's or toddler's development;
i. Identifying, mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the family to receive maximum benefit from other early intervention services;
j. Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to social and emotional development and to enhance his or her development.

12. ***SPEECH-LANGUAGE PATHOLOGY*** *(also fundable through EI State dollars*)
a. Assessment and intervention services to address the functional, developmental needs of an infant or toddler with a disability with an emphasis on communication skills, language and speech development, sign language and cued language services and oral motor functioning, including the identification of specific communication disorders;
b. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c. When necessary, provide referral for community services, health or other professional services;
d. Consultation to adapt the environment and activities to promote speech and language development and participation of an infant or toddler with a disability;
e. Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

13. TRANSPORTATION

Reimbursement for reasonable and most appropriate travel expenses, including mileage, taxis, common carriers, tolls or parking, necessary to enable an infant or toddler with a disability and the family to receive early intervention services (see addendum for examples).

14. ***VISION SERVICES*** *(also fundable through EI State dollars*)
a. Assessment and intervention services to address the functional developmental needs of an

infant or toddler with a significant vision impairment with an emphasis on sensory development, communication skills development, orientation and mobility skill development and adaptive skills training

b. Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c. When necessary, provide referral for community services, health or other professional services;
d. Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a significant vision impairment;
e. Family training, education and support provided to assist the family of an infant or toddler with a significant vision impairment in understanding his or her functional developmental needs related to the vision impairment and to enhance his or her development.

ADDENDUM TO ALLOWABLE EARLY INTERVENTION SERVICES: EXAMPLES AND ADDITIONAL CLARIFICATIONS

1. Assistive Technology

When determining whether or not an assistive technology device or service is an allowable early intervention service, ask this question: "If the assistive technology were removed, would it have an impact on the infant's or toddler's **development** and not on the **medical condition?"**

Assistive technology may include High Technology or Low Technology:

High Technology: For example, the IFSP may include an orthotic device that will assist the infant or toddler to learn to walk. That would be an assistive technology device that is an allowable early intervention service that is directly related to the child's development. Once the infant or toddler is walking the physician may recommend a similar orthotic device to maintain the structure of the foot. That would be related to the infant or toddler's medical condition and would not be an allowable early intervention service.

Low Technology: For example, the IFSP may include PECS (Picture Exchange Communication System) to address a child's outcome around communication or consulting with a family for adaptation of the bath time routine to assist a child to sit in the bathtub using common items found around the house.

4. Health Services

Examples of when health services may be an allowable early intervention service:

- When the parent typically provides the health service, such as suctioning, in the home and the parent can only benefit from another early intervention service, such as instruction from a physical therapist, if the health service (i.e., the suctioning) is provided by another service provider during the instruction so that the parent can give his or her full attention to the instruction by the physical therapist.
- When an infant typically receives health services, such as IV monitoring, at home from a home health provider and the IFSP justifies that the infant receive an early intervention ser-

vice, such as audiology, in another setting, the health service may need to be provided by another provider during the time that the infant is receiving the audiology service.

9. Respite

Respite is used in order for the child/family to receive another EI service that is directly related to a specific developmental outcome as identified on the IFSP. For example, a parent may need respite in order to attend a sign language class.

10. Service Coordination

Coordination of extraordinary services related to significant medical, neurological or mental health conditions, which may include, but is not limited to, HCP Care Coordination, WRAP Facilitation.

13. Transportation

Transportation may be an allowable early intervention service, if it is directly related to attaining IFSP outcomes. Examples are:

i) Vision or hearing testing requiring specialized equipment;
ii) A parent attending a specialized signing class at the local community college;
iii) A parent attending other limited specialized training;
iv) Obtaining health services that meet the definition of an allowable early intervention services.

Planning the IFSP Meeting

Steps before the actual IFSP meeting takes place:
Service Coordinator must:

- Complete intake, including supporting the family in the completion of required forms
- Review and explain procedural safeguards with family
- Coordinate with other agencies and professionals to schedule evaluation to determine eligibility or to document the child's level of functioning in all developmental domains.
- With agreement from family, gather family information, including pertinent medical and developmental information. Through family interview, gather and document the activities of the family's day, including resources, concerns, and priorities
- Schedule the IFSP meeting, ensuring that the time and place are accessible and convenient to the family and with sufficient notice to ensure that all participants can attend
- Contact and invite all appropriate participants
- **Conduct all of the "before" activities in a manner that begins the building of a collaborative team and partnership with the family. Begin developing a positive relationship from the first contact!**

Steps during the IFSP meeting include
The whole IFSP team will be involved, but the Service Coordinator will be primarily responsible for coordinating the event specified below:

- Introduce members of the IFSP team
- Briefly go over agenda and timeline for meeting; periodically as meeting progresses check with family and others for questions
- Review and confirm child eligibility
- Share and document information gathered during the family interview
- Document a child's present abilities in all developmental domains, both strengths and challenges
- Review family concerns
- Review family priorities
- Along with IFSP team members, develop outcomes based on the priorities of the family and brainstorm strategies to meet the outcomes
- Identify family resources and needs for each outcome
- Identify services necessary to meet the outcomes and document the details for each service
- Develop a transition plan, if child is between 2 years 3 months and 2 years, 9 months of age.
- Complete IFSP Form as meeting progresses, checking with all members for wording, and provide family with copy at the end of the meeting

Steps after the IFSP meeting:
The team must:

- Complete regular reviews and evaluations of the child's progress toward the IFSP outcomes, updating or revising as needed
- Must formally review no less than every 6 months

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

IFSP Process: Quick Review

In front of each component below, put number that determines the order in which that particular component is addressed during the IFSP meeting **:**

- Identifying Family resources and needs for each outcome
- Introduction of IFSP team members
- Documentation of a child's present abilities in all developmental domains
- Development of a transition plan
- Identifying services necessary to implement strategies
- Developing outcomes and brainstorming strategies
- Reviewing family concerns
- Reviewing family priorities

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Michelle's Story: Part One

Background

Michelle Davidson moved to Colorado on June 10th, from Montana. She moved with her son, Adam, 9 months old and her daughter, Kayla, 3 years old. The children's father stayed in Montana. Michelle is 25 years old. Michelle and her children moved in with her mother Eunice. Adam was born 2 months prematurely. Although there were no major complications, Adam spent 10 days in the NICU and was on oxygen for the first 8 days. He was being followed by his pediatrician in Montana. Just before leaving Montana, Adam was diagnosed as having cerebral palsy. The staff at the pediatrician's practice informed her about Part C and the entitlements under the law. Because Michelle was getting ready to move to Colorado she decided to wait until she got to Colorado to begin the IFSP process.

When Michelle first arrived in Colorado she devoted most of her attention to the details of the move, settling in, finding a job, and enrolling in a junior college. She then turned her attention to Adam's needs. Her biggest concern for Adam was his eating. At Eunice's prompting, Michelle applied for Medicaid and Adam began seeing Ruby, an occupational therapist, to work on feeding issues.

Identification – August 14th

Ruby, the occupational therapist, was very familiar with the local early intervention system and suggested that Michelle call the early intervention office at her local Community Centered Board (CCB) to begin a formal referral. Ruby briefly described the early intervention system, and offered to make the referral call if Michelle wished. Michelle chose to call the office herself.

Initial Referral – August 15th

The staff person who received Michelle's call explained the referral process. She told Michelle that a service coordinator would be assigned and briefly explained the role of the service coordinator. She also reviewed procedural safeguards and said she would send a brochure with further information regarding Michelle's family rights in the mail. She explained that included with the family rights brochure there would be additional brochures containing general information about Early Intervention Colorado and funding early intervention services. The staff person gathered some preliminary information from Michelle over the phone about Adam, her family, the reason for referral, and insurance information. She told her to expect a phone call from the service coordinator within three days. The intake person shared this information with Annie, who will be Michelle's service coordinator.

Two days later, August 17th, Annie, Michelle's service coordinator, called Michelle. Annie told Michelle a little more about her role as a service coordinator and the IFSP process. Annie asked Michelle when and where it would be most convenient to meet. She told Michelle they would probably need about an hour and that Michelle could invite anyone else to join them. Michelle said she would like for her mother to be present and that the best time for a meeting would be when Adam and Kayla weren't napping so that Annie could meet her children as well. They scheduled a time to meet at Michelle's home. Annie told Michelle it would be useful to have on hand any recent reports, medical records, insurance information or other similar documents about Adam that Michelle would like to share. She suggested that Michelle jot down any questions that she might have. She asked if Michelle had any immediate questions. Michelle did not. Annie asked for directions to the house and gave Michelle her phone number.

The day before their meeting Annie gave Michelle a call just to make sure the meeting was still convenient for Michelle. It was. After the phone call, Annie gathered the paperwork and information she would need for their visit.

First Contact – August 22nd

Annie arrived at Michelle's home on time. She was greeted by Eunice who invited her into the living room where Michelle and the children were. After introductions, Annie spent some time playing with Adam and Kayla. Annie reiterated the purpose of the visit and confirmed that Michelle had received the documents sent out by the referral staff person. Michelle was somewhat familiar with the early intervention system and had some basic knowledge of the IFSP process.

Annie began the discussion by reviewing the family rights document and assuring that Michelle understood her rights. She then explained how the family interview process works and began collecting information through a conversation with Michelle and Eunice. Michelle talked about Adam's strengths, interests and needs. While talking about their daily routines, she identified times of the day that were particularly difficult with Adam, as well as times of the day that went well. This would be the information from Michelle that would drive the evaluation and assessment process and would be critical in developing Adam's IFSP. Annie recorded the information that Michelle had shared onto the IFSP form. Annie explained that at the evaluation, they would complete the IFSP.

Annie asked Michelle if there were any resources with which she would like to be connected immediately. Michelle told Annie that she had found a good pediatrician, was receiving some Medicaid-funded intervention for Adam, and, for now, this seemed sufficient. Michelle had a few other questions and Annie did a thorough job of answering them. All of the information would be used in creating a plan for Adam that was meaningful for the family. Michelle had copies of an evaluation report that had been done in Montana just prior to her move. She also shared some of Adam's medical records with Annie. Annie also talked about how important this information was and asked if Michelle could bring it with her to the evaluation and share it with the team. Michelle agreed.

Michelle wanted clarification on the eligibility process and how this information from Montana would be used. Annie explained that in Colorado there are two ways of determining eligibility: 1) having a current developmental delay; and 2) having a condition that is associated with delays in development. Annie explained that cerebral palsy is considered a condition that is associated with possibly having developmental delays. Annie further explained that even though Adam would be considered eligible for services under the early intervention system based on documentation that he has cerebral palsy, it was still important to gather a team of professionals to look at Adam and talk with Michelle. In doing this everyone would have a current picture of Adam's development in all areas, his strengths, daily routines, and Michelle's concerns and priorities. Annie told Michelle that this was part of the evaluation and assessment process. Annie explained that it was an entitlement to her and also that the information gathered in this process was pertinent in developing a plan which would focus on Adam's development within their daily routines and activities. Annie assured Michelle that family members are partners in the planning process.

She also explained further about funding for services and asked more about Adam's insurance to see if his services, when determined, might be covered through the Coordinated System of Payment. Annie reviewed the timelines and shared that the evaluation and assessment process would be completed and a plan developed within 45 days from Michelle's initial referral. Michelle understood the evaluation

process and signed the consent for initial evaluation. She also signed acknowledgement that she had received a copy of and understood her family rights.

Michelle asked Annie if Ruby, Adam's occupational therapist, could participate in the evaluation. Annie said that would be great, as she would have valuable information to share. Annie had Michelle sign a release of information form so she could speak with Ruby to invite her to participate in the evaluation and get copies of records Ruby may have concerning Adam, if appropriate. Annie asked if she could share this information as well as the information she recorded on the IFSP during the family interview with the evaluation and assessment team prior to the actual evaluation. Michelle agreed and made sure this was noted on the release of information form.

Annie took a few minutes to talk with Michelle about connecting with another parent of a child who had cerebral palsy. She explained that sometimes it helps a parent who is just beginning this process to get the perspective of another parent who has already experienced the process. Michelle told Annie she would like to take some time to think about this option.

At the end of her visit, Annie summarized what they had discussed. She had Michelle look over what she had written onto the IFSP form for accuracy and asked if she or Eunice had any other questions or information to add. They did not. Annie left them with her business card and "A Family Guidebook I". She explained that the guidebook contained more information about the referral and assessment process. Annie asked Michelle to give her some dates and times that would work for her to participate in the evaluation. Annie told them she would call in a few days to confirm the date and time, but that Michelle should feel free to call her if she had any questions before then.

Evaluation and Assessment Planning – August 25th

Michelle received a call from Annie August 25th telling her that the evaluation and assessment was scheduled for Tuesday September 12th at 9:30 a.m. She confirmed that this date still worked for Michelle. Annie told her the team that would be present would consist of Michelle (parent), Eunice (grandmother), Ruby (Adam's private occupational therapist), Maria (a physical therapist), and Sam (a speech and language pathologist).

Annie reviewed the evaluation and assessment process and discussed the various ways the evaluators would be gathering information. This would include following up with the information Michelle and Eunice had previously shared about their daily routines and gathering new information by interacting with Adam through play. Annie had already shared the information that she had gathered at their previous meeting and recorded on the IFSP form with the evaluation team members. She let Michelle know that this had happened. Annie asked Michelle to share with her some of the questions she would like to have answered about Adam's development as a result of the evaluation and assessment. Annie made note of the questions and expectations Michelle had. Annie also told Michelle that as the parent, she knew Adam the best and the information that she would be providing to the evaluators would be very important.

Annie mailed prior written notice of the meeting to Michelle, who received a letter in the mail on August 29th verifying this information.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Evaluation and Assessment – September 12th

Michelle, Eunice, Kayla and Adam arrived at the evaluation a few minutes before 9:30 a.m. They met with Annie for a few moments prior to the evaluation. The visit began with introductions followed by Annie explaining the purpose of the evaluation and assessment process and the roles of each person on the team, including Michelle and Eunice. Annie briefly reviewed the information that she had gathered through the family interview. Michelle introduced Adam and talked about some of his strengths.

The team determined even before the formal evaluation and assessment began that Adam was eligible for early intervention based on his diagnosis of cerebral palsy. This was documented on the records that Michelle had provided. The team also discussed the importance of the evaluation and assessment process in developing a current and accurate picture of Adam's development and daily life on which his IFSP would be based. Annie asked Michelle if she had any questions before they began and answered those that she had.

The team used a play-based process with Maria taking the lead. Each evaluator either observed Adam playing or interacted with him during play. Throughout the process, the evaluators explained what they were doing and what they were looking for. Ruby shared information about her experience with Adam. They also asked for Michelle's observations. Part of the process included observing Michelle, Eunice, and Kayla interact with Adam. As each team member gathered information, Annie documented that information on the appropriate pages of the IFSP form.

After the team finished their interactions, observations, and interviews, everyone gathered to discuss Adam's levels of development within his activities, his strengths, and areas of concern. The conversation began with Michelle and Eunice sharing their observations and knowledge about Adam's development and how it affected his ability or inability within his daily routines. The rest of the team members shared their observations. After the conversation Annie read to the team the information that she had recorded on the IFSP taken during the evaluation and conversation. She checked with the team for accuracy and agreement. After clarifying a couple of details, and with the team's input, Annie added to the IFSP any information that was not already captured in the present levels of development and family information sections of the IFSP form.

Eligibility Determination – September 12th

Adam was eligible for early intervention based on his diagnosis of cerebral palsy. Cerebral palsy is considered a condition that is associated with developmental delays and is a basis for determining eligibility. The team conducted the evaluation and assessment to develop a current and accurate picture of Adam's development and day-to-day life and to identify his unique strengths and needs.

To be continued…..

Michelle's Story: Part Two

Evaluation and Assessment/ IFSP Planning – August 25th (re-cap)

The evaluation and assessment was scheduled for Tuesday September 12th at 9:30 a.m. The IFSP would also be completed at this time. She confirmed that this date still worked for Michelle. Annie told her the team that would be present would consist of Michelle (parent), Eunice (grandmother), Ruby (Adam's private occupational therapist), Maria (a physical therapist), and Sam (a speech and language pathologist).

Annie reviewed the evaluation and assessment process and discussed the various ways the evaluators would be gathering information. This would include following up with the information Michelle and Eunice had previously shared about their daily routines and gathering new information by interacting with Adam through play. Annie reviewed with Michelle the priorities that she had identified at the intake visit through the family interview process Annie had already shared the information that she had gathered at their previous meeting and recorded on the IFSP form with the evaluation team members. She let Michelle know that this had happened. Annie asked Michelle to share with her some of the questions she would like to have answered about Adam's development as a result of the evaluation and assessment. Annie made note of the questions and expectations Michelle had. Annie also told Michelle that as the parent, she knew Adam the best and the information that she would be providing to the evaluators would be very important.

Annie mailed prior written notice of the meeting to Michelle, who received a letter in the mail on August 29th verifying this information.

The IFSP Meeting – September 12

Annie facilitated the completion of the IFSP. Annie continued to review what had already been written on the IFSP form. Annie checked for accuracy and asked if Michelle or Eunice wanted to add anything or if they needed any clarification. Eunice had some questions about Ruby's information. Ruby did a good job of answering her questions. Annie asked the other team members if they had any information to add. As information was offered Ruby wrote them down on the IFSP. After all the members had the chance to share their thoughts, Annie summarized what had been discussed so far. Michelle reviewed her priorities with the team. Annie then asked Michelle if she wanted to revise or add to this list. She did not. The team began the process of developing meaningful outcomes based on Michelle's priorities, which addressed specific routines of Adam. After the outcomes were developed, the team brainstormed all the possible strategies that could address the outcomes. Michelle and the team selected the strategies that seemed most appropriate for Adam and his family. The team then began identifying the informal supports, which could be used to implement the strategies. They reflected on the information written on the "Information About Our Family" page of the IFSP as they selected the informal supports. After those were documented on the "Supports and Services" page, the team began evaluating which of the fourteen allowable early intervention services were needed to implement the chosen strategies. Those were documented in the "Early Intervention Services" box on the "Supports and Services" page of the IFSP, along with the details of how they would be delivered: who, which activity, where, when, etc. Finally the team considered if there were any "Other Services" needed. Those were identified and documented in the corresponding box on the "Supports and Services" page.

Three outcomes were written along with the strategies and supports and services for each. Annie reviewed them and everyone agreed with the plan. Annie asked Michelle if she had any questions about the plan and addressed those she had. Annie reminded Michelle of her rights and procedural safeguards. The signature page was signed by each member of the team and Michelle indicated who she wanted copies of the IFSP sent to. Annie made sure that all the team members understood what each person would be doing to implement the plan. Annie reminded the group what her role as service coordinator would be during the implementation of the plan. Michelle thanked each person for attending as the meeting came to a close.

Implementation

Throughout the implementation period Annie called Michelle regularly (at least once a month) to see how things were going. At the same time, Michelle called Annie when she had a question or concern. Annie kept notes about each conversation she had with Michelle or any of the providers who were working with the family. Michelle understood that she could request a meeting to review Adam's IFSP at any time. Following are a few examples of what happened during implementation.

September 13: Annie mailed a copy of Adam's IFPS to Michelle and Eunice and distributed copies as requested by other team members. Annie reminded Michelle that they would be reviewing Adam's IFSP in March but that it could be reviewed at any time prior to that if needed.

October 10: Annie called Michelle to see how things were going and to make sure the services and supports listed on Adam's IFSP had begun. Michelle said that all of the services had begun and she was satisfied with the choices the team had made. She reminded her that she could call whenever she had questions or concerns and that she would also continue to touch base with her on a regular basis to assure that the plan put in place for Adam was meeting their needs.

January 16: Michelle called Annie and told her that she had recently met a mother of a two and a half year old who had cerebral palsy. Michelle said the mother was talking about preschool for her daughter. Michelle remembered Annie talking to her about "transition" planning when Adam turned two. Michelle had read the information that Annie had provided about transition. Although Adam was only one and a half, Michelle wanted to know more about transition. Annie carefully explained the transition process.

March 5 – Periodic Review: The team (Michelle, Eunice, Annie, and Ruby) met to discuss the IFSP and how Adam was progressing. Sam could not attend the meeting, but shared her most current assessment of Adam's progress with Michelle the week before. The team reviewed Adam's outcomes and made notes on the "Periodic Review" page of the IFSP regarding his progress. This included Ruby going over the assessment information she had been gathering on Adam. Adam had accomplished the outcome they had developed on eating. A new outcome was developed and documented on the IFSP form. Annie once again reviewed Michelle's family rights and made sure that Michelle understood them and had a copy of them in writing. At the end of the meeting, Annie said that she would be sending a copy of the changes made in the IFSP to Michelle and the other team members.

June 30: Michelle had a new concern that Adam was not progressing as quickly as she had hoped he would with the outcome "eating by himself." Ruby and Sam came together to Michelle's home and observed lunchtime. They brainstormed with Michelle some simple adaptations that would help Adam be better able to use his utensils during meal times so he could eat more independently. While

Ruby was holding Adam and moving him into different positions, she noticed an unusual tightness in his hips. She moved him a little more and asked Michelle what she noticed about his movements. She explained to Michelle that young children with cerebral palsy sometimes have complications with their hips. Based on this discussion they suggested Adam have an orthopedic evaluation. Michelle agreed and asked for a name and phone number. Ruby told her to contact Dr. Swanson to assist with the referral and gave her the information for the doctor. When Ruby got back to her office she called Annie and told her what happened at the meeting. Annie thanked her and made note of the changes to the IFSP.

August 5: Michelle called Annie to discuss Adam's annual review, which she knew would be coming up in September. She wanted to begin looking at dates. Annie told her she would make plans to reconvene the team. She asked Michelle if she had a couple dates in mind for the meeting. Michelle gave her a few dates. Michelle wanted clarification on how the annual review would be different from the other reviews they had had in the last year. Annie explained that this would be a more formal review in that the whole team would be getting together to provide current information on Adam's strengths and any new areas of concern that may have emerged, including information from the orthopedic evaluation. Annie also explained that since Adam would be turning two in September they would also begin more formal planning for his transition out of early intervention services. After honing in on a date that would work for everyone, Annie mailed out notices of the meeting date, time, and location.

September 4 – Annual Review: Adam's IFSP team gathered at Michelle's home. The team reviewed the outcomes and plans from the initial IFSP, the information from previous reviews, new evaluation and assessment information provided by the team members, the orthopedic evaluation, and Adam's current levels of development and his strengths. Based on Michelle's current concerns and priorities, two new outcomes and the plans to address them, were developed. All of the new information was recorded onto the IFSP form. Annie and Michelle also began the discussion about transition planning. Annie once again reviewed Michelle's family rights and made sure that Michelle understood them and had a copy of them in writing.

Transition

September 4 (continued - *12 months prior to transition*): Michelle, Annie, and other members of Adam's IFSP team discussed Adam's transition out of early intervention services. Annie explained what some of the options might be when Adam turned three years old, including preschool programs and services through the school district (Part B preschool services). She explained the timelines for transition and the process of determining eligibility for Part B services. She told Michelle about other options, such as neighborhood preschools, and they discussed those. Annie told Michelle that, regardless of what program Michelle was interested in, they would begin working with someone from the school district in the transition planning. This would help to assure a smooth transition for Adam and Michelle. Michelle said she would like to get some more information about her options and asked Annie for the names of contact people for the programs that they discussed. Annie had the names on hand and gave them to her. Annie and Michelle discussed enrolling Adam in some type of program that would help Adam become more comfortable in group situations. Annie told Michelle that the transition conference would be held no later than June 1st. Before she left Annie had Michelle sign a release of information form so that she could send information to the school district. When Annie got back to her office she called Casey Mauro, the Child Find coordinator in Adam's school district, to begin the process of exchanging information. Annie began documentation on the Transition Plan page of the IFSP.

February 15th (8 months prior to transition): Annie contacted Casey to initiate Adam's Part B eligibility determination evaluation. Casey asked for current assessment information that Annie could forward to the Child Find team in preparation for the evaluation. Annie got the information from Adam's current providers and sent that along with Adam's most recent IFSP to Casey. At this time Annie also discussed in more detail with Michelle the differences between Part C and Part B.

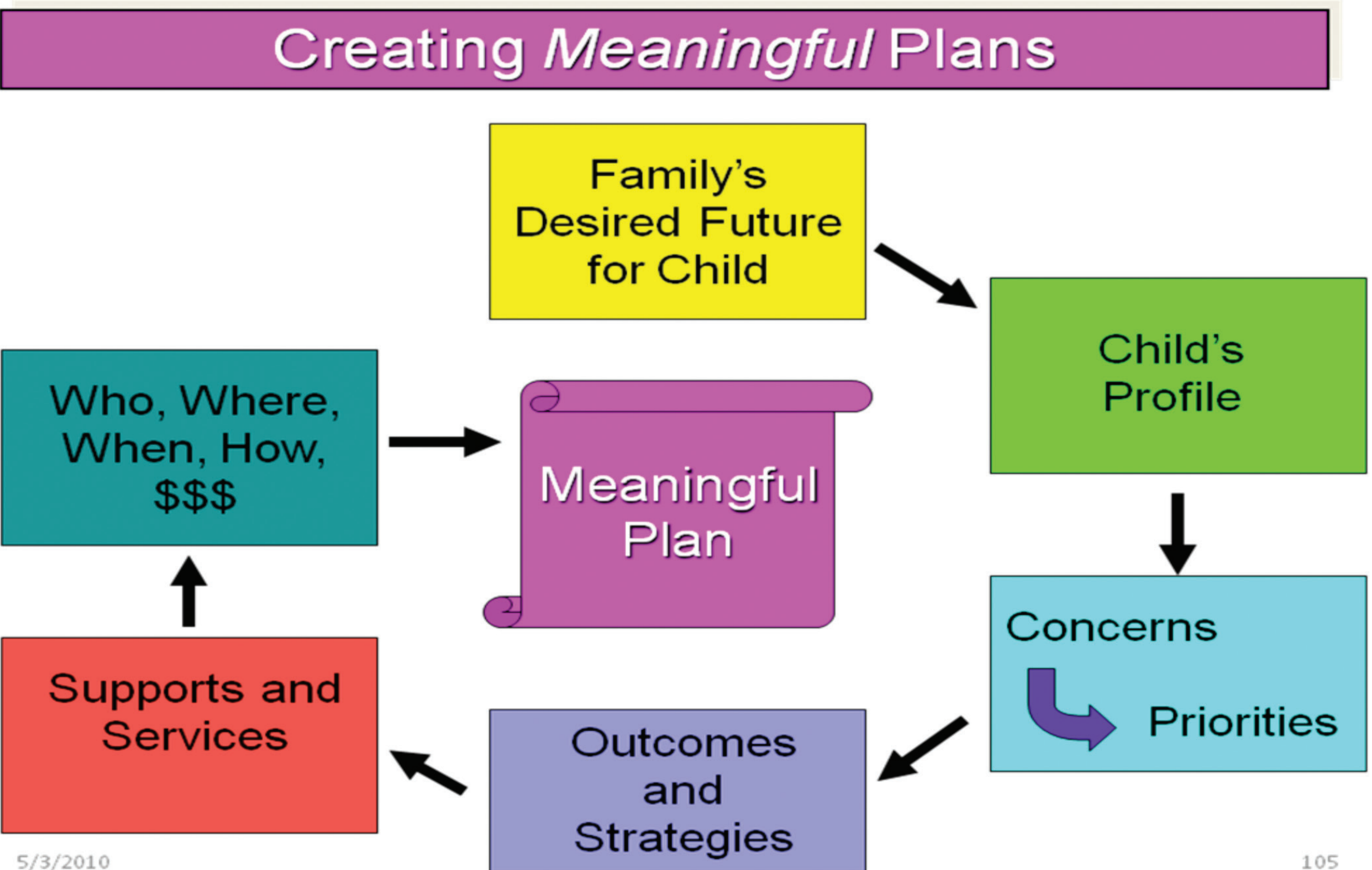
April 29th ***(4 months prior to transition)*****:** Adam's Child Find evaluation took place. He was determined eligible for Part B services. A date was set for May 28th to convene the team for the transition conference in order to continue writing Adam's transition plan.

May 5th: Michelle had decided she wanted Adam to attend one of the neighborhood preschool programs, Grassy Creek Preschool. Michelle had talked with Grassy Creek's director, Jessie, who indicated that there were other children at Grassy Creek who were receiving special education services through the school district. She explained to Michelle that the staff at Grassy Creek was familiar with the therapists who came in to work with the children and teachers. Jessie had some questions about how to best meet Adam's needs. Michelle asked her if she would be on the transition team and attend the transition conference. Jessie thought that would be a good idea. Annie contacted Casey, and together they confirmed that they could attend the transition conference on May 28th.

May 28th ***(3 months prior to transition)*****:** Michelle, Annie, Ruby, Sam, Jessie, and Casey met at Grassy Creek Preschool to continue developing Adam's written transition plan. During the conference Michelle had several questions for Casey about what services would look like once Adam had an IEP. Casey explained the IEP process and reviewed the information that Annie had shared with Michelle regarding the similarities and differences between Part C and Part B. Jessie had several questions for Ruby and Sam about the kinds of supports that they thought Adam might need.

The team continued the plan outlining the steps and services that would be taken for transition, including the person who would be responsible and the timelines for accomplishing each step. At the end of the conference, Michelle felt she had a clear idea of what would be happening in the next few months for transitioning Adam into preschool.

Creating Meaningful Plans



PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Tips for Putting the Plan in Motion

The service coordinator needs to:

- Serve as the single point of contact in helping families obtain the services and assistance they need.
- Send copies of the completed IFSP to members of the IFSP team and others requested by the family as soon as possible.
- Make a list of what has to happen immediately to set the wheels in motion and be sure that all steps are addressed.
- Offer assistance to the family in contacting new people or agencies.
- Check back with the family early and often in the beginning to make sure that things are happening as planned.
- Make sure that everything on the IFSP gets put in place.

The Service coordinators and early interventionists need to;

- View implementation as the beginning of the process, rather than the end.
- Realize that the planning piece is critical - the better the planning, the fewer problems with implementation.
- Be sure that everyone knows who will do what, when, where, and how.

The DI Assistants need to:

- Follow directions and intervention plans, based on the IFSP, given to them by their supervisors i.e. early intervention providers.

Documentation during Implementation

Why Document Progress and Collect Data?

- IFSPs require monitoring child's progress, known as on-going assessment.
- Planning, implementing modifications and teaching families takes a great deal of time and effort; therefore warrants documentation of progress.
- Data collected on the child's progress is the only way of determining :
  - ✓ if the intervention strategies are working or making a difference. i.e. whether or not a particular intervention used to teach a skill is effective
  - ✓ what changes are required in the strategies being used i.e. whether an intervention needs to be changed because the child is not learning the skill.
  - ✓ when a child has mastered a skill

Ways to document child's progress:

- Counting
- Note taking
- Collection of Permanent products (child's artwork, make videotapes or audiotapes, or take photographs)
- Checklists and measures associated with a curriculum

Key Messages about Documenting Progress:

- Remember that families have the right to look at records. Of course, this means that we need to communicate in our written notes the same way we would communicate verbally: respectfully, using people-first language. It is important to remember that families should be able to review the documentation of their child's progress.
- We need to respect families' right to confidentiality: the notes that you are keeping about a child and their family are considered part of that child's file. Only those who have the family's written permission should have access to this information.

Periodic and Annual Reviews

- Is conducted at least every six months.
- Involves review by the service coordinator of the progress achieved on outcomes based on ongoing assessment information and progress information provided by the all members of the IFSP team, including the DI Assistants.
- Requires completion of the Periodic Review page of the IFSP by the service coordinator along with the family, service providers, and DI Assistants.
- This includes:
  - Review of family's current concerns and priorities and documentation as needed.
  - Documentation of new information on the following pages of the IFSP (as needed):
    - ✓ Health Information
    - ✓ Present Levels of Development
    - ✓ Concerns and Priorities
    - ✓ Plan of Action
    - ✓ Supports and Services
- IFSP Review, this is done based on ongoing assessment information gathered from all team members, including the family, if applicable.
- **Annual Review** are
  - Conducted at least annually.
  - Review any current evaluations and ongoing assessment information.
  - Update the IFSP.
  - Full team participation.

Early Intervention Colorado
for Infants, Toddlers & Families

Strategies for Addressing Implementation Challenges

Challenges	Strategies

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Take Home Activity Guidelines: IFSP Meeting

Observe an IFSP meeting and answer the following questions.

Observe the following and comment in the space provided below or type it in a new word document. Submit the assignment to your instructor.

- Provide a brief introduction to your observation (e.g. where did you observe, a brief introduction to the child and family who participated in the IFSP meeting, how you obtained consent to participate etc.).

- How was the session organized (in terms of the physical and social environment, professionals present etc.)?

- Interview the service coordinator or other professional briefly to understand what happened before this meeting and document their responses here.

- How was the family included in the IFSP process?

- What follow-up procedures were planned after the IFSP meeting?

- What parts of the process worked very well? [remember to review **Planning the IFSP meeting** handout (**H19, page 101**) when commenting]

- What might have been done differently to improve this process? [remember to review **Planning the IFSP meeting** handout (**H19, page 101**) when commenting]

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

IFSP Team Members: Possible Key Players

How many key players can you list who you might work with on the IFSP team?

- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____

Who are the IFSP Team members?

Overall categories of IFSP team members:

1. Parents
2. Service Coordinators.
3. Trans-disciplinary team members
4. Additional people important to the family

1. & 2. i.e. parents and service coordinators are the only constants on the team, other members vary depends on which landmark of the IFSP process is the focus.

Depending on the IFSP Landmarks to be addressed,

Possible Early Intervention Providers on the IFSP Team may include:

- o Early Childhood Special Educators
- o Speech and Language Pathologists
- o Audiologists
- o Occupational Therapists
- o Physical Therapists
- o Early Childhood Mental Health Specialists
- o Social Workers
- o Psychologists
- o Family Therapists
- o Providers of Social/Emotional Intervention
- o Psychologists and Behavior Specialists
- o Special Educators (early childhood specialists)
- o Nurses
- o Pediatricians and other physicians
- o Nutritionists
- o Orientation and Mobility Specialists
- o Interpreters
- o And Developmental Intervention Assistant

Additional people important to the family may include:

- o Immediate family members (e.g. brother, sister, step parents)
- o Extended family members (e.g. grandparents, aunts)
- o Other parents
- o Advocates
- o Child care providers
- o School district personnel
- o Clergy
- o Friends and Neighbors
- o Elders from the families cultural community

Initial and Annual IFSP meeting

Each Initial and Annual IFSP meeting must include the following participants:

- The parent or parents of the child
- Other family members, as requested by the parent
- An advocate or person outside of the family, if the parent requests
- The service coordinator who has been working with the family
- A person or persons directly involved in conducting the evaluations and assessments

As appropriate, persons who will be providing services to the child or family

If any of these people are unable to attend the meeting, arrangements must be made for the person's involvement through other means, including:

- Participating in a telephone conference call
- Having a knowledgeable authorized representative attend
- Making pertinent records available at the meeting

What is Collaboration?

What is Teaming?

Professional and parental sharing of information and expertise in which two or more persons work together to meet a common goal.

Interactive teaming: "where there is mutual or reciprocal effort among and between team members to meet this goal"

Co-Labor = Work Together

Collaboration is a particular kind of relationship among professionals. One characterized by:

1. shared goal
2. voluntariness
3. parity
4. shared responsibility for decision making
5. shared accountability for outcomes
6. shared resources
7. and the emergence of trust, respect, and a sense of community
   (Friend & Cook, 1996)

Applying the mobile analogy to collaboration:

"*In a mobile all the pieces no matter what size or shape, can be grouped together and balanced by shortening or lengthening the strings attached or rearranging the distance between the pieces."* (Satir, 1972, p 119-120)

Elements of Collaboration

- Mutual respect for skills and knowledge
- Honest and clear communication
- Understanding and empathy
- Mutually agreed upon goals
- Shared planning and decision making
- Open and two-way sharing of information
- Accessibility and responsiveness
- Joint evaluation of progress
- Absence of labeling and blaming

Source of this list: Vosler-Hunter, R.W. (1987). Families and Professionals Working Together: Issues and Opportunities. Focal Point (1987), Vol.2, No.2.

Collaboration: Take Home Messages

- We often need to work together to achieve a common goal. We need to collaborate.
- Collaboration can happen in different ways.
- There are many elements to collaboration.
- Professionals must recognize that parents are competent individuals, and that in order to truly collaborate, a respectful partnership must be formed.
- We need to ask families how they want to collaborate, what roles they want to play.
- We need to recognize how we as individuals define professional and family roles in collaboration.
- The qualities that served the team to draw successfully a recognizable picture are the same kinds of qualities that make any kind of team successful

Benefits of and Challenges to Collaboration

1. What are the potential benefits to the achievement of consultation and collaboration (for yourself, team members, children, families, etc?)

2. What are some potential barriers to the successful achievement of consultation and collaboration?

State Agency Partners

State Agency Partners in early intervention services are:

- o Colorado Department of Human Services (CDHS)
- o Colorado Department of Education (CDE)
- o Colorado Department of Public Health and Environment (CDHE)
- o The Department of Health Care Policy and Financing (HCPF)
- o Division of Insurance

- **Colorado Department of Human Services** (Remember, you learned some of this in Academy I: Orientation to Early Intervention!)
  - o The Colorado Department of Human Services (CDHS), Division for Developmental Disabilities (DDD) is the lead agency for Part C in Colorado, and the program is referred to as Early Intervention Colorado. The IDEA Part C funds come from the federal Office of Special Education Programs (OSEP) to CDHS/DDD. The CDHS has many additional sub-agencies, including Child Care and Child Welfare.
  - o The Colorado Interagency Coordinating Council (CICC) acts as the advisory body to the DDD. The CICC consists of appointed representatives of a variety of statewide stakeholders - parents, providers, representatives of other state departments involved in early intervention services and other entities (e.g., Insurance, Head Start, Protection and Advocacy agency, etc.).

- **Colorado Department of Education (CDE:**
  - o The CDE administers preschool special education (Part B of IDEA) and many other early care and education programs
  - o Through Child Find, the CDE:
    - ✓ Evaluates children entering the early intervention system.
    - ✓ Determines eligibility for preschool special education.
    - ✓ Assists in facilitating the transition between early intervention and preschool for eligible children.

- **Colorado Department of Public Health and Environment (CDPHE)** administers the Health Care Program for Children with special Needs (HCP) and other public health programs including the Colorado Registry for Children with Special Needs (CRCSN).
  - o Through the Health Care Program for Children with Special Needs (HCP) services are provided to children and youth (birth to 21 years of age) and their families in every county of Colorado for CSHCN through organized health departments and local nursing services. The amount of services available and how they are implemented in each region of the state may vary based on local health departments' capacity and focus.

- **The Department of Health Care Policy and Financing** administers the Medicaid and Child Health Plan Plus (CHP+) programs as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities.
  - o Approximately one-third of infants and toddlers eligible for early intervention services are also eligible for Medicaid. Medicaid offers waiver programs that allow children who meet certain medical or developmental criteria to access Medicaid, without meeting the financial eligibility limitations

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

- **Division of Insurance** is a part of Colorado Department of Regulatory (DORA).
    - o Regulates the insurance industry and assists consumers and other stakeholders with insurance issues.
    - o Assures that all legislation involving insurance companies, including the Coordinated System of Payment legislation for early intervention services is implemented.

  If you have questions about coordinated system of payment and you may review brochure available at http://www.eicolorado.org/Files/Coordinated%20System%20of%20Payment_Family%20Guide_May09Revisions.pdf?CFID=10728483&CFTOKEN=48688258

  Also, you may visit the following websites and learn more about the role of these departments in early intervention services:
    - o Early intervention Colorado at Colorado Department of Human services http://www.eicolorado.org/
    - o Child Find at Colorado Department of Education http://www.cde.state.co.us/early/childfind.htm -
    - o **Colorado Department of Public Health and Environment** http://www.cdphe.state.co.us –
    - o Health Care Program for Children with special Needs at Department of Health Care Policy and Financing - http://www.cdphe.state.co.us/ps/hcp/
    - o Department of Health Care Policy and Financing http://www.colorado.gov/hcpf
    - o Colorado Division of Insurance - http://www.dora.state.co.us/insurance/

State Agency Partners Match Quiz

Directions:
From the list below, pick the state agency that matches the role in the table. Write your answer in the "State Agency/Department" column in the table.

- Colorado Department of Human Services (CDHS)
- Colorado Department of Education (CDE)
- Colorado Department of Public Health and Environment (CDHE)
- The Department of Health Care Policy and Financing (HCPF)
- Division of Insurance

State Agency/ Department	Role in Early Intervention Services
	Assures that all legislation involving insurance companies, including the Coordinated System of Payment legislation for early intervention services is implemented.
	This department administers the health care service for children with special needs as well as other and other public health programs
	This is the lead agency for Part C (early intervention services)
	This agency is responsible for Medicaid as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities.
	Through one of its programs, this department facilitates the transition between early intervention and preschool for eligible children.

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org

Fundamentals of the IFSP Process for Developmental Intervention Assistant Resource List

PARAprofessional Resource and Research Center • 1380 Lawrence Street, Suite 700, Denver, CO 80204
Phone: 303-315-6355 • Fax: 303-315-6367 • Website: www.paracenter.org