Early Childhood CARES

Service Provider Handbook

2011-2012
TABLE OF CONTENTS

Overview and General System Information ...................................................................................... 7
EI/ECSE System Graph .......................................................................................................................... 8
Early Childhood CARES Mission and Values ...................................................................................... 9
Early Childhood CARES Contact Information .................................................................................. 11
   Early Childhood CARES Program ................................................................................................. 11
   West Lane Programs (Florence) .................................................................................................... 11
   Subcontractors ............................................................................................................................... 11
   Early Childhood CARES Representative Contacts for Subcontractors (process, legalities, general
   collaboration, site reviews) ........................................................................................................... 11
Contacts for Eligibility, Placement and Services ................................................................................ 12
   EI .................................................................................................................................................... 12
   EI to ECSE Transition .................................................................................................................... 12
   ECSE ............................................................................................................................................. 12
   Rural Area Coordinators ............................................................................................................... 12
   Related Services Contacts ............................................................................................................ 12
Early Childhood Special Education (ECSE) Service Days 2011-2012 .............................................. 13
Early Intervention (EI) Service Days 2011-2012 ............................................................................ 14
Early Childhood CARES Process – Referral through Placement ....................................................... 15
   Referral ....................................................................................................................................... 15
   Screening ..................................................................................................................................... 15
   Evaluation ..................................................................................................................................... 15
   Eligibility Determination ............................................................................................................. 15
   Individualized Family Service Plan (IFSP) .................................................................................... 15
   Placement ..................................................................................................................................... 15
Early Childhood CARES Databases (ecWeb) .................................................................................... 16

II. Areas of Focus for the Early Childhood CARES System ............................................................... 18
   Focus Areas from Strategic Plan 2011-2012 ................................................................................ 19
   Why is Parent Involvement Important? ........................................................................................ 20
   Early Childhood CARES can help parents: ................................................................................. 20
   Helping Parents Prepare for IFSP Meetings ................................................................................... 20

III. IFSP and Placement Procedures and Legal Requirements ............................................................ 22
   IFSP Coversheet Dates .................................................................................................................. 23
      Annuals ..................................................................................................................................... 23
      Reviews ..................................................................................................................................... 23
   Meeting Date vs. Revision Date ...................................................................................................... 23
   IFSP Team Members .................................................................................................................... 24
   IFSP Directions ............................................................................................................................. 24
      Introduction ................................................................................................................................. 24
      Individualized Family Service Plan (IFSP) Page (EI/ECSE Services) ........................................ 25
      Early Childhood Special Education Page .................................................................................. 26
      Individualized Family Service Plan Participants ....................................................................... 27
      Present Level of Development .................................................................................................... 28
      Goals and Objectives .................................................................................................................. 29
      Family Outcomes/Transition ....................................................................................................... 30
   Examples of Coversheet Components ............................................................................................ 31
      Cover Sheet Justifications for Services not Provided in Natural Environments or with Typical Peers
      (specific site examples) ................................................................................................................. 31
      Calculating Hours With and Without Typical Peers for ECSE-Age Children ............................... 32
   Placement Decision ....................................................................................................................... 33
      Placement Team Members ......................................................................................................... 34
Placement Decision Directions ......................................................................................... 34
Continuum of Placement ................................................................................................. 34
Progress on IFSP Goals .................................................................................................. 35
Mid-cycle IFSP Review .................................................................................................... 36
  For Early Intervention (EI) Eligible Children (birth to three years old) .................... 36
IFSP Reviews .................................................................................................................. 36
  For Early Childhood Special Education (ECSE) Eligible Children (three to five years old) .................. 36
Legal Timelines .................................................................................................................. 37
  Early Childhood Special Education (three to five years old) ........................................ 37
  Early Intervention (birth to three years old) ................................................................. 37
  EI and ECSE ................................................................................................................ 37
  When to Send a Prior Notice of Action Form ............................................................... 37
  When to Give Procedural Safeguards ......................................................................... 37
  Parent Definition .......................................................................................................... 38
DHS/Surrogate Parent/Foster Parent Consent Chart ....................................................... 39
  Program Operating Guideline (POG) ........................................................................ 39
  Subpoenas .................................................................................................................... 40

IV. Transitions and Exits ................................................................................................. 41
EI to ECSE Transition ...................................................................................................... 42
  Screening ...................................................................................................................... 42
  Other Frequently Asked Questions ............................................................................ 43
  Summary ...................................................................................................................... 44
The Typical Kindergarten Transition Sequence With School Districts ......................... 45
Service Coordinator Kindergarten Transition Responsibilities ...................................... 46
EI/ECSE Guidelines for Exit Criteria for Communication Disorder Eligibility in Oregon .................................................................................................................. 47
Exiting Early Childhood CARES Services – Moved, Can’t Locate or Deceased .......... 47

V. Related Services and Regional Services ...................................................................... 48
Related Services .............................................................................................................. 49
  Behavior / Autism ...................................................................................................... 49
Early Childhood CARES Autism Team Behavior Referral Process ................................ 50
  Speech / Language ................................................................................................... 51
  Motor .......................................................................................................................... 51
  Audiology ................................................................................................................... 51
  Transportation ............................................................................................................ 52
  Augmentative and Alternative Communication (AAC)/Assistive Technology (AT) .... 52
Early Childhood CARES’ Services for Children with Autism Spectrum Disorder (ASD) and their Families .......................................................................................................................... 53
  Guiding Principles of Services to Children with Autism: ........................................ 53
  Mission Statement .................................................................................................... 53
  Toddler Plus ............................................................................................................... 53
  Classroom Consultation ............................................................................................ 54
  A Child’s Garden Preschool Classrooms .................................................................. 54
  Home Consultation and Family Support Services .................................................... 54
  Home Based Instructional Services ............................................................................ 55
  Other Parent Classes and Supports .......................................................................... 55
Children Who May Need Additional or Different Services ........................................ 55
  When no additional assessment information is needed about skill level(s): .......... 55
  When information is needed about the child’s skill level(s): .................................. 56
  Other considerations: ............................................................................................... 56
Regional Services ........................................................................................................... 56
Early Childhood CARES and Regional Process for Referral and Eligibility .......... 58
VI. Service Delivery Policies and Procedures ................................................................. 60
  Service Logs ............................................................................................................... 61
  Staffing for Year-Round Early Intervention Services ............................................... 61
    EI/ECSE Specialists and Related Service Providers ............................................... 61
    Summer Services for Children Transitioning to Kindergarten ............................... 62
    Extended Year Services for ECSE Age Children ...................................................... 62
  Regression Recoupment Grid ...................................................................................... 64
  Review for Extended Year Services ............................................................................ 65
  Extended Year Services: Planning Guide .................................................................. 66
  Working Alone with Children ..................................................................................... 67
  Behavioral Supports and Interventions Guideline ...................................................... 67
    Emphasis on Positive Behavioral Intervention ....................................................... 67
    Using Behavioral Consequences ............................................................................. 67
    Responding to unanticipated dangerous behavior ............................................... 68
  Suspension and Change of Placement Guideline ...................................................... 68
  Physical Restraint Guideline ..................................................................................... 70
    Definition of Restraint ............................................................................................ 70
    Minimum Training Required for Specific Restraint Procedures .............................. 70
    Cautions for Using Restraint .................................................................................. 71
  Physical Restraint Procedures for Early Childhood CARES ...................................... 71
    Reviewing Consultation Requests or Intervention Plans Involving the Use of Physical Restraint .............................................................. 71
  Separated or Divorced Parents and IFSP Meetings .................................................... 72
  Missed IFSP Services .................................................................................................. 72
    Missed IFSP Services Due to Service Provider Absence ........................................ 72
    Missed IFSP Services Due to Child’s Frequent or Prolonged Absence .................... 72
  Completion and Entry of AEPS and ASQ Scores ....................................................... 73
    EI Evaluation and Eligibility .................................................................................... 73
    EI to ECSE Transition .............................................................................................. 73
    ECSE Evaluation and Eligibility (not CD) ............................................................... 73
    ECSE CD Evaluation and CD Eligibility .................................................................. 73
    4J ECSE Evaluations ............................................................................................... 74
    ECSE Evaluation for CD Eligibility for articulation, fluency or voice only .............. 74
  Guidelines for the AEPS and ASQ Administration .................................................... 74
    Introduction ............................................................................................................. 74
    Timelines .................................................................................................................. 74
  Interpretation (Verbal) and Translation (Written) Services ........................................ 75
    General information ............................................................................................... 75
    Translation ............................................................................................................... 76
    Interpretation ........................................................................................................... 76
    Other ....................................................................................................................... 76
  Translation of Early Childhood CARES Database Documents .................................. 76
  Guidelines for Working with Early Childhood CARES Interpreter .......................... 77
    Before the Meeting ................................................................................................. 77
    During the Meeting ................................................................................................. 77
    After the Meeting .................................................................................................... 77
    General Information to Remember .......................................................................... 77
  Family Training .......................................................................................................... 78
    What is family training money for? ........................................................................ 78
    Who may apply for family training money? ............................................................ 78
    Are there any guidelines or restrictions to the family training funds? .................... 78
    How does a family apply? ...................................................................................... 78
  Equipment Loan Policy ............................................................................................... 78
    Adaptive Toys, Switches, Augmentative Communication Devices and Computer Resources .......................................................... 78
VII. Health and Medical Processes and Procedures.......................................................... 79
  When to Contact the Early Childhood CARES Nurse ................................................. 80
  Health Emergency Form ......................................................................................... 80
  Usual Procedure for Asthma, Allergies and Seizures ................................................. 80
    Asthma .................................................................................................................. 80
    Allergic Reaction ................................................................................................. 80
    Seizure ................................................................................................................. 80
  Health-Related Trainings .......................................................................................... 81
  Administering Medical Treatments in School .......................................................... 81
  Administering Medication in School ....................................................................... 81
  Pandemic Influenza Plan ........................................................................................ 82
  Action Steps: Children at High Risk for Flu Complications ..................................... 82
    Keep children at high risk for flu complications from getting sick with the flu .... 82
    Recognize if children are sick ........................................................................... 83
    Educate parents about tips for taking care of high risk children with the flu ...... 83
  Exclusion Guidelines for Sick Children .................................................................... 83
  Exclusion Guidelines for Staff ................................................................................ 84
  Exposure to Bloodborne Pathogens ....................................................................... 84
    University of Oregon Bloodborne Pathogens Exposure Control Plan ................... 85
    Introduction .......................................................................................................... 85
    Scope .................................................................................................................... 85
    Responsibilities .................................................................................................... 85
    Definitions ............................................................................................................. 85
    Exposure Determination ....................................................................................... 86
    Methods of Compliance ........................................................................................ 86
    Hepatitis B Vaccine ............................................................................................... 89
    Post-Exposure Evaluation and Follow-up .............................................................. 89
    Labels and Signs .................................................................................................... 89
    Information and Training .................................................................................... 90
    Recordkeeping ...................................................................................................... 90
    Plan Revisions ...................................................................................................... 90
    Early Childhood CARES Bloodborne Pathogens Addendum ................................ 90
    Decontamination Supplies and Procedures ....................................................... 90
    Exposure Determination List ................................................................................ 91
  General Guidelines for Safe Feeding ...................................................................... 92
    Signs of Aspiration ................................................................................................. 92
    Potential Risks for Aspiration ............................................................................... 92
  Feeding Team Protocol ............................................................................................ 92

VIII. Educational Records and Files .............................................................................. 94
  What is in the Main Educational File Maintained by Early Childhood CARES? ...... 95
  Requests for Information ....................................................................................... 95
  Who Has Access to a Child’s Educational Records? ............................................... 95
  Early Childhood CARES Records Laws/Policies/Procedures .................................. 96
    Access / Confidentiality ....................................................................................... 96
    Retention / Destruction ...................................................................................... 97
    Amendment of a Record / Filing a Complaint ....................................................... 97

IX. Staff Qualifications ................................................................................................. 98
  Staff Qualifications ................................................................................................ 99
    EI/ECSE Specialists, Related Service Providers, Supervisors and Assistants ...... 99
  Reauthorization Approval Form .............................................................................. 103
  Information for the Reauthorization Approval Form ................................................ 104
X. Checklists and Forms .......................................................................................................................... 105
Access to Student Records .................................................................................................................. 106
Annual Notice to Parents of Children in Early Intervention (EI) and Early Childhood Special
Education (ECSE) Programs About Records ...................................................................................... 107
  Looking at Records ........................................................................................................................... 107
  Disclosure of Records ......................................................................................................................... 107
  Disclosure of Directory Information .................................................................................................. 107
  Retention of Records ......................................................................................................................... 107
  Records Policy ................................................................................................................................ 107
  Correcting Records ........................................................................................................................... 107
  Filing A Complaint ............................................................................................................................. 107
Use the EI/ECSE Evaluation to Placement Checklist for: ................................................................. 108
EI/ECSE Evaluation to Placement Checklist ..................................................................................... 109
EI/ECSE IFSP Checklist ...................................................................................................................... 111
Parent Preparation for the IFSP Meeting-EI ....................................................................................... 113
Parent Preparation for the IFSP Meeting-ECSE ................................................................................ 114
Mid-cycle Review Checklist ............................................................................................................... 115
ecEval Checklist .................................................................................................................................. 116
EI to ECSE Transition Screened Out.................................................................................................... 117
Exiting Early Childhood CARES Services- Moved, Can’t Locate or Deceased ....................... 118
EYS (Extended Year Services) Checklist ............................................................................................. 119
IFSP Changes Checklist ....................................................................................................................... 120
Placement Change Checklist ............................................................................................................... 121
Photo/Video Authorization and Release ............................................................................................. 122
Photo/Video Authorization and Release- Spanish .............................................................................. 123
Refusal or rejection of Services Checklist .......................................................................................... 124
Regional Referral Checklist for ASD Eligibilities ............................................................................. 125
Regional Referral Checklist for VI, HI and, OI Eligibilities ................................................................. 126
When a Child No Longer Qualifies for EI or ECSE Services Checklist ........................................... 127
Written Agreements between the Parent and the EI/ECSE Program (ECSE Only) ....................... 128
Written Agreements Form Instructions ............................................................................................. 130
  1A. IFSP meeting without a team member present whose expertise is not needed ...................... 130
  1B. IFSP meeting without a team member present whose expertise is needed ............................ 130
  2. IFSP changes made without a meeting ....................................................................................... 130
Overview and General System Information

Early Childhood CARES Mission and Values ................................................................................................................. 9
Early Childhood CARES Contact Information ............................................................................................................... 11
Contacts for Eligibility, Placement and Services .......................................................................................................... 12
Early Childhood Special Education (ECSE) Service Days 2011-2012 ................................................................. 13
Early Intervention (EI) Service Days 2011-2012 ......................................................................................................... 14
Early Childhood CARES Process – Referral through Placement .............................................................................. 15
Early Childhood CARES Databases (ecWeb) ............................................................................................................. 16
EI/ECSE System Graph

Oregon Department of Education

Lane ESD Region VII

Early Childhood CARES Program

Service Coordination
- Referral
- Screening
- Identification of service needs
- Placement

Early Intervention Services (EI)
- Home visits
- Toddler groups

Early Childhood Special Education Services (ECSE)
- Community Preschools
- Head Start preschools
- Speech and language services
- Autism classrooms
- ECSE classrooms

Related Services
- Speech
- Motor
- Autism
- Behavior
- Augmentative Communication
- Audiology
- Nursing
- Interpretation/Translation
- Regional Services VI, HI and OI (provided by Lane Regional Program)

Evaluation Services
Eligibility testing for EI and ECSE (Paid for by local school districts)

Community Partners
- Head Start/OPK
- Early Head Start
- DHS/CAPTA
- Regional Program for low incidence disabilities (OI, DHH, VI)

Subcontractors

Lane Regional Program Preschool and Toddler Services for Deaf and Hard of Hearing (DHH)

Early Education Program (EEP) Specialized Preschools

Eugene Hearing and Speech Center (EHSC) Speech and language services

Relief Nursery, Inc. (RN) Preschool and home visits

Community Preschools
Early Childhood CARES Mission and Values

Mission
Early Childhood CARES provides early intervention and early childhood special education to all children in Lane County who are birth to school age and have delays in their development.

Values

**Individualized services and supports**
We provide individualized services and supports to children and their families. Each child and family is unique and benefits from choices and flexibility.

**Accessible services**
We reach out to every community and make services available to all children in Lane County free of charge and as early as possible.

**Community-based services**
We provide educational services where children can be most successful. We utilize existing community resources and serve children with typical peers and in natural environments whenever possible.

**Exemplary leadership**
We act as leaders in our field and as models of collaboration and competence. We are open to new ideas and information and encourage continuous learning, growth and improvement.

**Relationships**
We build relationships with families through compassion, empathy, caring, encouragement and acceptance. We share their hopes and possibilities and listen to and acknowledge their ideas, wishes and plans.

**Respect for diversity of families**
We treat all families with honor and respect. We value diversity of cultures and perspectives such as language, customs, religion, family type, social and economic status and education.

**Responsible and accountable use of resources**
We are responsible and resourceful in how we use our fiscal, technical, material and human resources.

**Community collaboration**
We build relationships with community partners and are an integral and well-respected part of the community. We work together to help make it a better place for children and families to live, work and grow.

**Community resource**
We are a valuable resource to the community. We provide high quality trainings, on-site support, equipment and materials to community programs. We offer practicum experiences for students and opportunities for volunteers.

**Partners with parents**
We support parents in their role as parent and treat families as partners in all aspects of the process. We value working together as a team and learning from each other. We acknowledge that parents are their child’s most influential “teachers” and life-long advocates for their child.

**Children make progress**
We are committed to ensuring that all children make progress towards achieving their potential, develop strong self-esteem and enter school ready to succeed.

**High-quality services**
We provide high-quality services with well-trained professionals that use evidence-based strategies to provide state-of–the-art services. Staff are dynamic, creative, passionate, determined, experienced, compassionate and committed to continuous improvement.
Service coordination and integration
We help families navigate a complex system. We provide coordinated services, supports and strong links to other community resources such as medical, recreational and social services.
Early Childhood CARES Contact Information

Early Childhood CARES Program

- Early Childhood CARES 541-346-2578
- 299 E. 18th Ave 541-346-6189 (fax)
- Eugene, OR 97401 800-925-8694 (toll free)

West Lane Programs (Florence)

- 2325 Oak St.
- PO Box 717 541-997-1513
- Florence, OR 97439 541-902-9029 (fax)

  Early Childhood CARES
  - Classroom 541-997-1513
  - Healthy Start 541-997-3101

Subcontractors

- Early Education Program (EEP)
  - Office 541-485-0368
  - Georgia Layton GeorgiaLLayton@aol.com

- Eugene Hearing & Speech (EHSC)
  - Office 541-485-8521
  - Doris Towery dtowery@eugenehearingspeech.org
  - Karlie Geiser kgeiser@eugenehearingspeech.org

- Head Start
  - Suzanne McManus 541-747-2425 x1254 suzanne.mcmanus@hsolc.org
  - Annie Soto 541-747-2425 x1205 asoto@hsolc.org

- Lane Regional
  - Larry Sullivan 541-687-3360 sullivan_la@4j.lane.edu

- Relief Nursery
  - Ari Puhn 541-343-9706 x136 aippn@reliefnursery.org
  - Sharri da Silva 541-343-9706 x108 program@reliefnursery.org

- All subcontractors
  - ecs subcontractor@lists.uoregon.edu

- All EI Council
  - eicouncil@lists.uoregon.edu

Early Childhood CARES Representative Contacts for Subcontractors (process, legalities, general collaboration, site reviews)

- Early Education Program/Lane Regional OI Kelly Oatman
- EHSC Kim Giansante
- Early Childhood CARES Community Preschools Cheryl Henderson
- Early Childhood CARES Early Intervention Judy Newman / Val Close
- Lane Regional VI, HI, Autism LaWanda Potter
- Relief Nursery LaWanda Potter
- Speech Only Individual and Groups Kim Giansante

January 2009
Contacts for Eligibility, Placement and Services

EI
All districts Val Taylor Close 541-346-8032
Judy Newman 541-346-2639

EI to ECSE Transition
All districts Judy Newman 541-346-2639
EI to ECSE Evaluation Coordinator Heather Waddell 541-346-0748

ECSE
Communication-only eligibility Kim Giansante 541-346-3471
4J, Fern Ridge, CroA, Bla, Creswell Kelly Oatman 541-346-0744
Bethel, Springfield, Marcola, Pleasant Hill, Lowell LaWanda Potter 541-346-2592

Rural Area Coordinators
South Lane Vicki Swanson 541-346-2640
Oakridge Jeanine Taylor 541-346-2640
Mapleton, Siuslaw Bobbie Spencer 541-997-1513
Junction City Krista Shultz 541-346-3467
Creswell Christy Baird 541-206-3013
Veneta Nancy Blashaw 541-346-0729

Related Services Contacts
Additional Assessments LaWanda Potter 541-346-2592
Audiology Evaluations Carla Metz 541-346-0278
Augmentative Communication Elaine Toper / Kara Gladstone 541-346-3577
Autism Team (not regional) LaWanda Potter 541-346-2592
Behavior Team LaWanda Potter 541-346-2592
Feeding Team Elaine Toper 541-346-3577
Motor Team Kelly Oatman 541-346-0744
Nursing Faith LaCross 541-346-3534
Regional Referrals LaWanda Potter 541-346-2592
Spanish Interpreter/Translator Guadalupe Moreno 541-346-0742
Speech/Language Therapy Kim Giansante 541-346-3471
Transportation Heather Waddell 541-346-0748

Early Childhood CARES staff email addresses and phone numbers are posted on the Early Childhood CARES web page http://eccares.uoregon.edu

When to call Early Childhood CARES Representative:
To invite/include in meeting to determine eligibility or placement
To notify of change in placement
To notify of referral for regional identification or service
To notify of refusal or rejection of services
To notify of any controversy or lack of progress
To notify of any unusual request

When to call Early Childhood CARES Office Coordinator (541-346-2578 or 541-346-3518):
To notify of any move
To notify of change in parent status
To notify of changes that impact the database
To ask questions about the child’s main file and required documentation
Early Childhood Special Education (ECSE) Service Days 2011-2012

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Shaded days = NO ECSE Services
Días en negro= No hay clases o servicios de Early Childhood CARES

For most children entering kindergarten in the fall of 2012, ECSE services will end June 12, 2012
Los servicios de Educación Especial Preescolar terminan en junio 12, 2012 para la mayoría de los niños que entran al Kindergarten en septiembre del 2012.
# Early Intervention (EI) Service Days
## 2011-2012

### July 2011

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Shaded days = NO EI Services  
Días en negro= No hay clases o servicios de Early Childhood CARES  
7/12/11 hw
Early Childhood CARES Process – Referral through Placement

Referral
Referrals may come from anyone. The most common referrals come from parents, preschool teachers, physicians and other public agencies. Referrals may be made on a referral form available from the Early Childhood CARES office, by calling the main telephone number at 541-346-2578, or by calling the referral coordinator directly at 541-346-0748.

Screening
A developmental specialist will check the child’s overall development. Information is obtained about the child’s health, vision, hearing and development of skills in speech and language, gross and fine motor, cognitive, social/emotional and self-care (adaptive) skills. Typically the Ages and Stages Questionnaire (ASQ) for the appropriate age is used. If a child is enrolled in Head Start or another program where a reliable and valid developmental screening is completed, information may be obtained from that program’s screening if it is current.

Evaluation
If there are concerns in one or more areas of development, an evaluation will be conducted in the area(s). Evaluators may include speech/language pathologists, educational psychologists, physical or occupational therapists and developmental specialists. Two standardized measures must be administered in each area of delay or additional information must be obtained for some specialized assessments. A child under the age of three years must be evaluated in all five areas of development.

Eligibility Determination
Evaluation results will be shared at an educational team meeting. The most appropriate category of eligibility will be determined and it will be decided if the child meets the criteria necessary for eligibility in that category.

Individualized Family Service Plan (IFSP)
If the child is eligible for services, team members will identify the child’s current levels of development and what the child needs to learn. The completion of the IFSP addresses how the child’s educational and family goals will be met.

Placement
Based on the goals identified in the IFSP, service options will be considered and those that best meet the needs of the child and family will be selected. Services will be delivered whenever possible in a natural environment for children under age three (EI) and in the least restrictive environment for children over age three (ECSE).
Early Childhood CARES Databases (ecWeb)

ecWeb is a web-based system used by EI/ECSE agencies to track child information and assist with forms processing. The web address is [http://ecweb.uoregon.edu/eccares/](http://ecweb.uoregon.edu/eccares/). Its features include:

- Demographic, case and site information for each child served by Early Childhood CARES
- Forms subsystem with:
  - State required forms such as IFSP meeting notice, action form, etc.
  - Eligibility forms
  - IFSP forms
  - Service requests for related services (speech/language, motor, etc.)
  - Progress reports
  - Data sheets from IFSP goals
  - Template feature for repetitive entries on IFSP and other forms
- Process checklists (annual and mid-cycle review, EI to ECSE transition, ETM for eligible and ineligible, etc.)
- Assessments tab for entering AEPS and ASQ scores
- Immunization analysis and tracking
- Medicaid billing subsystem
- Preschool site information and assistant schedules
- Ability to change user settings
- Easy to navigate and use
- Accessible from any computer with internet access

Where to get help:

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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</table>
| Demographic updates to client files (new addresses, phone numbers, parent names, etc.) | Carla Metz, 541-346-2578  
cmetz@uoregon.edu |
| Data administration (use of ecWeb, new staff account access, and process questions) | Kathy Clark, 541-346-3518  
kclark@uoregon.edu |
| Questions about the database program and problem resolution | Dan Smellow, 541-346-0819  
dsmellow@uoregon.edu |
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<td>Head Start referral</td>
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| Placement | p   | Currently receiving services |

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### Eligibility Codes

- **Autism**
- CD: Communication Disorder
- DD: Developmental Delay
- DeafBlind: Deaf Blind
- ED: Emotional Disturbance
- HI: Hearing Impairment
- MR: Mental Retardation
- OHI: Other Health Impaired
- OI: Orthopedic Impairment
- SLD: Specific Learning Disability
- TBI: Traumatic Brain Injury
- VI: Visual Impairment

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Early Childhood CARES Service Provider Handbook  
September 2011 v.1  
17
II. Areas of Focus for the Early Childhood CARES System

Focus Areas from Strategic Plan 2011-2012 ................................................................. 19
Why is Parent Involvement Important? ........................................................................... 20
Early Childhood CARES can help parents: ................................................................. 20
Helping Parents Prepare for IFSP Meetings................................................................. 20
Focus Areas from Strategic Plan 2011-2012

• Parents will be fully involved in the education of their child.

Focus: Use of Parent Talking Points, and ways for parents to be prepared for the IFSP meeting in order to promote meaningful involvement (see next section). Continued emphasis on involving parents in some way in all the services and placements we offer. Each month parent training classes on a variety of topics are offered. The ongoing Parent Support Group, the annual “Power of Parenting Conference” and the annual “Family Fun Night” will be sponsored. Monthly e-News, annual fall printed newsletter, updated website and we plan to begin a Facebook page. The Early Childhood CARES website, http://earlychildhoodcares.uoregon.edu, will have up-to-date information.

• Early Childhood CARES will meet the educational needs of all eligible children and be responsive to changing demographics and research.

Focus: Building capacity in working with the following issues: autism and social/emotional/behavioral. We will continue with training on specific skills and interventions for service staff including but not limited to: discrete trial, pivotal response, PECS and picture schedules, early childhood positive behavior supports and mental health consultation.

The New Consultation Model will begin to be rolled out system-wide with the use of the Meetings Form and it will be implemented fully in many classrooms. All service providers and community partners will receive training and support on the process.

• Early Childhood CARES will have culturally and linguistically competent staff and services.

Focus: Classroom materials and curriculum will be culturally diverse. Continue to recruit and support bicultural and bilingual staff.

• Early Childhood CARES will maximize the use of technology for efficiencies of resources and time.

Focus: We will promote the use of speakerphones and Skype for meeting participation. We will promote the use of e-mail and phone for between-visit check-ins and conveying information to parents and teachers. We will promote the use of video as an intervention and feedback tool with parents and teachers and the use of Skype for consultation with parents and providers.

• Early Childhood CARES will have adequate space to perform all program functions.

Focus: Annually a group of subcontractors will be convened to ensure space is in the right locations and is as inexpensive as possible and that we maximize coordinated use.

• The community will be aware of Early Childhood CARES so that all children who need help will be referred for educational services.

Focus: Continue on-going child-find plan and share the responsibility will all staff and subcontractors.

• Early Childhood CARES staff will be well-trained and supported in their work. Early Childhood CARES will be a well-defined and effective organization.

Focus: Offer free high quality trainings for staff to continue to develop skills and earn professional development units (PDUs) that are low or no cost and continue our ability to build capacity on our teams. Conduct a survey with professional and paraprofessional staff to learn what are the highest priorities for training.
Why is Parent Involvement Important?

The following talking points are to be shared with parents at the initial entry into services, at the initial placement and at least annual at the IFSP meeting.

At Early Childhood CARES, we know that:
• Parents know their child better than anyone else.
• Parents spend more time with your child than anyone else.
• Parents know what will work and will not work for their family (based on your beliefs, resources, other responsibilities and time).

We know that the best investment of our time, knowledge and resources is in helping you, the parent, become as knowledgeable, confident and skilled as you can be. Why is this true?

• You will be with your child throughout his or her growing-up years and beyond. We leave you when your child goes to kindergarten and you continue the parenting marathon.

• There is a large body of research which shows that parent involvement in their child’s development and education is the most critical factor in determining his or her success in school which is the most critical predictor of success in life!

Early Childhood CARES can help parents:
• Understand children’s development (including social, emotional and sensory development) and know the critical importance of these early years.
• Access accurate information about research, disabilities, interventions, and good parenting skills and be discriminating about the information available.
• Understand the importance of play and know how to play with their child to make it fun and educational.
• Understand their child’s non-verbal ways of communicating.
• Set up child friendly environments that are safe, nurturing, and that promote learning and good health for children.
• Make every moment count: know how to organize family’s routines and everyday interactions and objects as teaching opportunities for a child.
• Understand their child’s special learning needs, set realistic expectations for their child and enjoy their child.
• Set loving and realistic limits for their child and have good behavior management skills.
• Stay emotionally healthy, handle stress, prioritize what is important, and balance the needs of all family members.
• Be an advocate for their child and a good team member.
• Understand how to navigate systems: special education, Early Childhood CARES and other community resources.

Helping Parents Prepare for IFSP Meetings

Every service coordinator needs to share the information below with parents BEFORE each annual IFSP meeting. This information is available on the Early Childhood CARES website and in the Checklists and Forms section of this handbook. It should be e-mailed or sent to parents.

What is the IFSP?
Every child who receives services from Early Childhood CARES has an Individualized Family Service Plan (IFSP). This plan is developed with the child’s team once a year and reviewed in the middle of the year. The IFSP describes the child’s current skills and the skills the team wants the child to learn in the coming year (written as goals and objectives). The IFSP identifies the services the child will receive to meet these goals, and it also acknowledges who will provide the services and where they will occur.
Here are the steps parents can take to prepare for an IFSP (see Checklists and Forms):

- Identify your child’s strengths and interests. What does your child like to do?

- Decide what you want your child to learn this year. Check out possible goals for both younger and older children. (There are examples of goals on the Early Childhood CARES website, you can refer parents to them or print the appropriate set out for them).

- Think about the questions, concerns or needs Early Childhood CARES can help you address related to your child or to parenting your child.

- Determine how you would like to be involved in your child’s learning and services.
III. IFSP and Placement Procedures and Legal Requirements

IFSP Coversheet Dates........................................................................................................................................... 23
Meeting Date vs. Revision Date ............................................................................................................................ 23
IFSP Team Members................................................................................................................................................ 24
IFSP Directions.................................................................................................................................................... 24
Examples of Coversheet Components .................................................................................................................... 31
Placement Decision.............................................................................................................................................. 33
Progress on IFSP Goals......................................................................................................................................... 35
Mid-cycle IFSP Review........................................................................................................................................ 36
IFSP Reviews....................................................................................................................................................... 36
Legal Timelines.................................................................................................................................................... 37
DHS/Surrogate Parent/Foster Parent Consent Chart .............................................................................................. 39
IFSP Coversheet Dates

Meeting date (select if meeting notice sent)  Revision date (Select only if Agreements Form used)

IFSP Date
Eligibility date
Review date
Annual review date

Date of the annual IFSP. This date changes only for annual IFSP meetings.

Date of child’s primary eligibility. Change eligibility date if subsequent primary eligibility established.

For EI-age children the mid-cycle date is automatically computed. No mid-cycle review date is automatically computed for ECSE-age children.

Date 364 days from IFSP date or one day before the child’s third birthday (automatically computed).

Annuals
- Always hold the annual IFSP meeting on or before annual review date.
- IFSP meetings may be held no more than one month before the annual review date.
- After the annual IFSP meeting is held, use the date of the IFSP meeting as the new IFSP date. The computer will automatically calculate the new annual review date.
- Use and turn in to Early Childhood CARES the Annual IFSP checklist (see Checklists and Forms).
- A review to document progress on IFSP goals must occur at least once during the IFSP cycle. Review date on the IFSP cover sheet should reflect the actual date of the meeting.

Reviews
- The review for an EI-age child must be on or before the actual mid-cycle review date.
- The review for an ECSE-age child is more flexible in that it must occur at least once during the IFSP cycle. For example, the review may be tied to a change of placement or kindergarten transition meeting.
- Change the review date on the IFSP coversheet.
- For all EI & ECSE reviews, fill out and turn in the Mid-cycle Review Form (see Checklists and Forms).

Meeting Date vs. Revision Date

At the top of the IFSP cover sheet, service providers have the option of selecting "Meeting date" or "Revision date."

When the meeting date is changed, it indicates that a meeting notice was sent to the IFSP team members and a meeting was held. The revision date is not used for changes to the IFSP of an EI-age child. For EI-age children, a meeting must be held for any IFSP changes.

Documents that need to be submitted for the child's main file when a meeting is held include:
- meeting notice
- action form
- team page
- cover sheet (with changes)
- any other IFSP pages on which changes were made
The revision date is used for changes to an IFSP when the agreements form is used. The agreements form may be used only for ECSE-age children. Section two of the form allows revisions to the IFSP made between annual IFSP meetings for which parents agree that no IFSP meeting is necessary. An example of this type of change may be the addition of transportation services to the IFSP. The revision date on the IFSP cover sheet needs to match the IFSP revision date on the agreements form.

Documents that need to be submitted for the child's main file when an agreements form is used include:
- action form
- agreements form
- cover sheet (with changes)
- any other IFSP pages on which changes were made

IFSP Team Members

OAR 581-015-0980

- One or both of the child’s parents
- EI or ECSE specialist
- A representative of the contractor or subcontractor
- A qualified person to provide or supervise the provision of EI or ECSE services to meet the unique needs of children with disabilities
- A person knowledgeable of typical child development and appropriate activities for infants and young children
- A person knowledgeable about the availability of resources
- Family members and/or advocates as requested by the parents
- Other individuals at the discretion of the parents, contractor or subcontractor who have knowledge or special expertise regarding the child
- An individual who was involved with the evaluation or is knowledgeable about the child’s disability and can interpret the developmental or instructional implications of the evaluation
- The child’s service coordinator who is responsible for the implementing of the IFSP for a child eligible for EI services
- The child’s preschool teacher if the child is or may be participating in a regular preschool for a child eligible for ECSE services
- A representative from the child’s school district the year before he/she enters kindergarten

IFSP Directions

Introduction
This document contains the Individualized Family Service Plan (IFSP) forms used in the Oregon Early Intervention (EI) and Early Childhood Special Education (ECSE) programs (finalized in 2006-2007). The forms include requirements of Part C (birth to three), Part B (three to twenty-one) and requirements for the IFSP in Oregon Revised Statute (ORS 343.521) and Oregon Administrative Rules (OARs 581-015-27-20680.)

For further information about this document, please call or write the Office of Special Education

Oregon Department of Education
255 Capitol Street, NE
Salem, Oregon 97310-0203
(503) 947-5600

Form 581-5137a-P (Rev. 6-10)
Individualized Family Service Plan (IFSP) Page (EI/ECSE Services)

Demographic information and a summary of early intervention, early childhood special education and/or other services for the child are documented on this page. This is a summary of services so the bulk of this page (EI/ECSE Services) is completed after the IFSP team has formulated the child’s goals and objectives.

Directions:

1. Enter the child’s complete legal name, gender, date of birth, including month, day and year and the child’s student identification number assigned by Oregon Department of Education.

2. Enter the parent(s) or guardian’s name, home phone, work phone and home address.

3. Enter the name of the Service Coordinator and the resident school district. All children birth to three must have an assigned Service Coordinator. Service Coordinators may be assigned for children three to school age.

4. List all pertinent dates, including the IFSP meeting date, the date when the child’s eligibility for EI/ECSE services was established, and projected dates for reviews. IDEA 2004 permits changes to an IFSP for children age 3 to age 5 (ECSE) between annual IFSP meetings without an IFSP meeting if the parent and the authorized EI/ECSE program representative agree. Instead the parent and the authorized EI/ECSE program representative may develop a written document to amend or modify the IFSP. IDEA 2004, Sec 614(d)(3)(D)(new). See EI/ECSE form: Written Agreements between the Parent and the EI/ECSE Program.

5. List the specific EI/ECSE services necessary to meet the unique needs of the child and family to achieve the identified goals in the child’s IFSP. Specify the service, such as, physical therapy, speech therapy, social skills training, mobility training, concept development, sensory development activities, etc. Sometimes a child is placed in a preschool classroom to receive instruction on specific skills. The service is the specialized instruction the child will receive, not the preschool.

   • Method – Describe how the service will be provided (e.g., individual instruction, small group instruction (usually 3 to 4 children), total group instruction, consultation with family).

   • How often? – Specify the frequency and duration of the services (amount of service provided per day, per week, or per month, e.g., 2 hours per day, 3 days a week).

   • Location – Specify the place(s) where services will be provided. The natural environment (settings that are natural for the child’s typical age peers) is required for early intervention. If the child’s services are not provided in the natural environment, explain why not at the bottom of the page. The least restrictive environment with typical peers to the maximum extent appropriate is required for children receiving ECSE services. If services are not provided with typical peers, explain (at the bottom of the page) the extent to which services are not provided with typical peers and the reason why.

   • Who will do this? – Specify the agency and role of the person who will provide the service.

   • Who will pay? – Specify the agency with financial responsibility for each service.

   • Start date – Specify the date (month, day and year) that each service will begin.

   • Stop date – Specify the anticipated duration (month, day and year) of each service.

   • Other (non EI/ECSE) Services – Specify other services the child and family may need but are not early intervention or early childhood special education services. These may be medical services, health services, Oregon Head Start Prekindergarten services, childcare, etc. Indicate the method, location, who will do it, who will pay, start date and stop date for the service(s). If the source of funding is undetermined list the steps that will be taken to secure those services through public or private sources.

6. Are EI services in the child’s natural environment? If not, please explain why EI services could not be achieved in the natural environment. This item applies to children under the age of three. If the child is over age three, indicate that the item is not applicable. For children under the age of three, “home” or the place where the child’s typical peers are (e.g., the babysitter’s house) is the natural environment. If the child will receive services in a setting other than the natural environment, explain the reason(s) for not providing services in such a setting.

Note: Federal placement (educational environments) codes for the Special Education Child Count (SECC) changed in August 2006. The codes are no longer limited to only when ECSE services are provided to the child but encompass all early childhood environments the child accesses. To capture this information EI/ECSE programs must determine the amount of time each child accesses any early childhood environment, including those environments not funded by IDEA (e.g., child care).

7. How many hours per week does the child attend an early childhood program? This applies to children age three and older. For a child under age three, indicate that the item is not applicable. Record the number of hours per week the child attends a regular early childhood program (for example, enter 30 hours for a child attending child care 5 times a week for 6 hours per day). A regular early childhood program is defined as a program that contains at least 50% nondisabled children. Early childhood programs include, but are not limited to Head Start; kindergarten; reverse mainstream classrooms; private preschools; Oregon Prekindergarten; Migrant Seasonal Head Start; and group childcare.

   • How many hours per week will ECSE services be provided with typical peers in an early childhood program? Record the number of hours (or fractions of an hour) per week the child will receive ECSE services with typical peers in
an early childhood program. For example an IFSP team that plans for a child to receive the 6 hours per week of his ECSE services in the Head Start classroom he attends records 6 hours per week in this section of the IFSP.

- **How many hours per week will ECSE services not be provided with typical peers in an early childhood program?** Record the number of hours (or fractions of an hour) per week the child will not receive ECSE services with typical peers in an early childhood program. For example an IFSP team that plans for a child to receive the majority of his ECSE services in the Head Start classroom he attends and 30 minutes per week of ECSE services outside the classroom records 1/2 hour per week in this section of the IFSP.

- If ECSE services will not be provided with typical peers in an early childhood program, explain the reason(s) for not providing services with typical peers. This item applies to children age three to school age. If the child is under age three, indicate that the item is not applicable. For children age three and older, explain why the services cannot be provided in such a setting.

- If you have questions on the SECC or federal placement codes, please see: http://www.ode.state.or.us/search/page/?id=2964

8. **Parents will be informed of the child’s progress toward annual goals.** Children birth to age three must have progress reviewed at least every six months and annually. Children age three to school age must have progress reviewed periodically. Review schedules are indicated on the IFSP services page. The team also indicates how progress will be reported to parents. For children under age three this will happen in a meeting with the child’s parents. Children age three and older may have their progress reviewed in a meeting or a progress report may be sent home to the child’s parents. The IFSP goal and objective pages of the IFSP with completed progress reporting information are sufficient for meeting this requirement.

Parents will be provided with information about their child’s results on the Assessment, Evaluation, and Programming System (AEPS) or Ages and Stages Questionnaire (ASQ) at the annual IFSP. Explain the AEPS or ASQ to the parents and their child’s assessment results.

9. **Parents or any IFSP member may request an IFSP meeting at anytime, regardless of when the most recent IFSP occurred.** Make sure that everyone on the team understands that any member of the team may request an IFSP review at anytime.

**Early Childhood Special Education Page**

IFSPs for preschool children (three to five) require the consideration of and documentation of some specific services and special factors. These are described below.

**Directions:**

1. Enter the child’s name, date of birth and the date the form is completed.

2. Specify any **supplementary services, adaptations and/or accommodations** necessary for the child to advance appropriately toward annual goals; progress in appropriate activities; participate in nonacademic activities and to be educated and participate with other children. Include how often the services will occur, where it will occur, who will provide the service and the anticipated dates of initiation and duration.

3. Specify any **modifications or supports for program personnel** that are necessary for the child to advance appropriately toward annual goals; progress in appropriate activities; participate in nonacademic activities and to be educated and participate with other children. Include how often the services will occur, where it will occur, who will provide the service and the anticipated dates of initiation and duration. Supports for program personnel could include special training for a teacher but should address specific skills targeted for the child and not simply general information on educating young children with disabilities.

4. **Consideration of Special Factors.** The IFSP must reflect consideration of communication needs and assistive technology services and/or devices for all children. The other special factor considerations are required in those circumstances for which children show a specific need, such as children for whom behavior is an issue, children with limited English proficiency, children who are blind/visually impaired and children who are deaf/hard of hearing.

*Children who demonstrate behaviors which impede learning:* When a child’s behavior impedes learning (his/her own or others), the IFSP must reflect strategies and supports, including positive behavioral interventions, to address those behaviors. A functional behavior analysis should be conducted for all such children to provide information on why a child engages in a behavior, when the child is most likely to demonstrate the behavior and situations in which the behavior is least likely to occur.

*Children and/or families with limited English proficiency:* For children and/or families who speak limited English, the IFSP must reflect how the child’s language needs relate to the IFSP. The IFSP team may want to consider: whether the child has been assessed in his/her native language; what language will be used for instruction; and what language or mode of communication will be used to address and report information to the child’s parents and/or family members.

*Children who are blind or visually impaired:* For children who are blind or visually impaired, the IFSP must reflect instruction in pre-Braille or Braille, unless the team determines, after an evaluation of the child’s pre-reading and writing
skills, that Braille is not appropriate for the child. Consideration of future needs for instruction in Braille or the use of Braille must be considered and documented annually.

**Children who are deaf/hard of hearing:** For children who are deaf or hard of hearing, the IFSP must explain the communication and language needs and the opportunities for interaction with peers and educational personnel in the child’s own language and communication mode. Opportunities for direct interaction in the child’s own language and communication mode must be described.

**Children with communication needs:** The IFSP must reflect the teams’ consideration of the child’s communication needs. If the child has communication needs, indicate whether these needs are addressed in the IFSP.

**Children who need assistive technology (AT) services or devices:** AT devices are items, equipment or product system(s) that are used to increase, maintain, or improve the functional capabilities of a child. These devices may be either “low-tech” (e.g., colored overlays, specialized eating utensils) or “high-tech” (e.g., computers). AT service is any service that assists the child in the selection, acquisition or use of such devices.

**Extended Year Service:** EYS is special education and related services for maintaining a child’s acquired skills and to reduce regression during periods of time ECSE is not in session. Most children lose skills during breaks from instruction but regain the lost skills in a short amount of time. The purpose of EYS is to prevent significant regression and to facilitate recoupment (regaining) of skills after an interruption of instruction (e.g., summer vacation). If the Team determines that EYS services are to be considered at a later date, indicate the date by which the Team will meet again to discuss the need for EYS services.

### Individualized Family Service Plan Participants

IFSPs require the participation of certain individuals. While the team requirements for early intervention and early childhood special education are closely aligned, there are some minor differences.

**Directions:**
1. Enter the child’s name, date of birth and the date the form is completed.
2. Enter the date of the meeting.
3. List all of the IFSP team members participating in the IFSP meeting.

#### IFSP team membership for children birth to three (EI) includes:
- The child’s parents;
- The EI specialist who works most frequently with the child. This could be a licensed or authorized EI specialist or other appropriately licensed or certified EI service provider such as an Occupational Therapist or Physical Therapist.
- The child’s service coordinator, who may be the child’s specialist;
- A representative of the contractor or subcontractor who may be another member of the team and who is:
  - Qualified to provide or supervise the provision of EI/ECSE services to meet the unique needs of children with disabilities;
  - Knowledgeable of typical child development and appropriate activities for infants and young children; and
  - Knowledgeable about the availability of resources.
- An individual, who may be another member of the team who:
  - Was involved in conducting the evaluation of the child;
  - Is knowledgeable about the child’s disability; and
  - Can interpret the developmental or instructional implications of the evaluation.
  - There are several options for meeting this requirement. The evaluator can participate in the meeting via telephone conference call, or a knowledgeable representative can attend the meeting or the evaluation records can be made available to the IFSP team;
- Advocate(s) and / or other family members as requested by the parents; and
- Other individuals, including related services personnel as appropriate, invited by the parent, contractor or subcontractor, who have knowledge or special expertise regarding the child.

#### IFSP team membership for children three to five (ECSE) includes:
- The child’s parents;
- The ECSE specialist who works most frequently with the child. This could be a licensed or authorized EI/ECSE specialist or other appropriately licensed or certified EI/ECSE service provider such as an Occupational Therapist or Physical Therapist.
- A representative of the contractor or subcontractor who may be another member of the team and who is:
  - Qualified to provide or supervise the provision of EI/ECSE services to meet the unique needs of children with disabilities;
  - Knowledgeable of typical child development and appropriate activities for infants and young children; and
  - Knowledgeable about the availability of resources.
- The child’s preschool teacher if the child is or will be participating in a regular preschool program;
- An individual, who may be another member of the team who:
Present level of development information guides the IFSP team in developing goals, objectives and services for the child. The child’s present level of development is based on relevant, functional and developmental evaluation information, including information provided by the parents. In addressing the child’s present level of development, the IFSP must reflect the child’s disability, discuss how the disability affects the child’s involvement in appropriate activities (activities engaged in by typical children of the same age), and address the child’s pre-literacy, language and numeracy skills if the child has needs in these areas. Information from the child’s curriculum based assessment should provide sufficient information to inform the team if the child has needs in these areas.

The present level of development is a summary of information discussed by the IFSP team in considering the following:

- The strengths of the child;
- The concerns of the parents for enhancing the development of their child; and
- The results of the initial or most recent evaluation.

Present levels of development give a summary sketch of what the child can do and the skills the child needs to learn as a result of his/her disability. These present level statements lay the foundation for the succeeding components of the IFSP. There must be a direct relationship between the present levels of development, the annual goals, short-term objectives and the specific EI/ECSE services to be provided to the child. Whenever there is a developmental area identified in “needs to learn” there must be corresponding goals and objectives in the IFSP. If the child is at “age level” in a particular area the team should indicate that the child is functioning within normal limits and that there are no “needs to learn” to target for early intervention or early childhood special education. The present level of development page also includes the child’s needed skills in the areas of pre-literacy, language, and numeracy.

Directions:

1. Enter the child’s name, date of birth and the date the form is completed.
2. Identify the child’s strengths and interests. These are supportive comments made by parents and other team members and are used by the team as a starting point upon which to build new skills.

3. Describe how the child’s disability affects his/her participation in appropriate activities. Appropriate activities are activities that children of the same age engage in such as banging objects together, babbling and cooing to a caregiver, coloring, sharing, playing and listening to stories told or read by a parent or caregiver.

4. Indicate the information considered in developing the IFSP. Include the date of the most recent evaluation.

5. Enter information on the child’s health, vision and hearing. Screening instruments developed by the EI/ECSE program are available to provide this information.

6. Summarize the child’s present levels of development. For children in early intervention information is required in all areas: cognitive, communication, social, physical (including health, vision and hearing) and adaptive. For children in early childhood special education information may be reported in all areas but is required in the areas of suspected disability.

**Goals and Objectives**

Goals and objectives are used to develop and implement the IFSP for the child. Once the team develops goals for the child they can develop strategies for teaching the goals and formulate short-term objectives to help the team monitor the child’s progress throughout the year. Accomplishment of short-term objectives also should help the team to revise the IFSP as needed. Annual goals and short-term objectives must relate to:

- Meeting the child’s needs that result from her/his disability;
- Meeting the child’s needs to enable his/her involvement in and progress in appropriate activities (the same or similar activities as typical peers);
- Meeting the child’s pre-literacy, language and numeracy skills, if needed (use the child’s curriculum based assessment results to determine needs); and
- Meeting other educational needs that result from the child’s disability.

**Directions:**

1. Enter the child’s name, date of birth, the date the form is completed and the area of development the goal addresses.

2. Long-term goals are statements, written in measurable terms that are related to meeting the child’s needs that result from her/his disability. An example of an annual goal is:

   “Seth will eat and drink independently (use a spoon, fork and cup) at home and at child-care.”

3. Each annual goal must include:
   - **Criteria:** the standard by which the skill is judged as successful. For example, the criteria for the above is that Seth will independently use a spoon, fork and cup at home and at child-care.
   - **Evaluation Procedures:** the process or procedures used to evaluate the child’s performance. For example, the goal above will be evaluated by completing an observation checklist and a rating scale for each item. The rating scale indicates that the skill is completed independently, with help, with total help (full physical assistance) or was not attempted.

<table>
<thead>
<tr>
<th>Item</th>
<th>Home</th>
<th>Childcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoon</td>
<td>Independently</td>
<td>With Help</td>
</tr>
<tr>
<td>Fork</td>
<td>With total help</td>
<td>Did not attempt</td>
</tr>
<tr>
<td>Cup</td>
<td>With help</td>
<td>With help</td>
</tr>
</tbody>
</table>

4. Short-term objectives are measurable intermediate steps that provide the team with guidance for teaching the annual goal. Short-term objectives for Seth could include:

   - Drink from cup ¼ filled; return to surface with no spilling;
   - Drink from cup ½ filled; return to surface with no spilling;
   - Drink from cup ¾ filled; return to surface with no spilling;
   - Eat with spoon with help to scoop;
   - Eat with spoon; no spilling;
   - Eat with fork with help to spear food;
   - Eat with fork; no spilling.

5. Review date. IFSP progress for children birth to age three is reviewed at least every six months and annually. IFSP progress for children age three to age five is reviewed periodically according to the review schedule on the IFSP services page.

6. Progress made toward goal (based on the criteria and evaluation). At the review date indicate, using the criteria and evaluation procedures prescribed, the progress the child has made toward reaching the goal.

7. Is the progress sufficient for the child to meet the goal? Indicate whether or not the child’s progress is sufficient for meeting the goal by the annual review date.
8. **If not, what changes are planned?** If the child’s progress is not sufficient to meet the goal by the annual review date, indicate changes planned by the IFSP team. Remember, if the team changes the goal, types of service or frequency of service (anything but teaching strategies) the IFSP team must have a meeting or an agreement with the parent to make a change without a meeting (allowed between annual IFSP meetings). A written document amending or modifying the IFSP is developed and a special education action form, describing the changes, is completed and given to the parents.

9. **Annual review date.** This is the date of the annual review.

10. **Progress made toward goal (based on the criteria and evaluation).** At the annual review indicate, using the criteria and evaluation procedures prescribed, the progress the child has made toward reaching the goal and whether or not the goal was met.

### Family Outcomes/Transition

This page of the IFSP is used to address Family Outcomes, Early Intervention Transition and Early Childhood Special Education Transition.

#### Family Outcomes: Plan to Enhance the Child’s Development

The IFSP must include a statement of Family Outcomes addressing needs identified by the family for enhancing the development of their child. Needs identified by families can range from learning more about their child’s disability, getting trained baby-sitters to stay with their child, obtaining child care so parents can work, working with community agencies to include their child with disabilities, etc. There is no end to the list because each child and family is different and come with different strengths and needs. It is important to identify, with the family, their strengths and assets when completing this part of the IFSP. Family strengths and assets are used as building blocks for establishing other supports the family indicates it needs.

**Directions:**

1. Enter the child’s name, date of birth, and date the form is completed.

2. Families have the choice of completing the family outcomes. If a family indicates that a plan is not needed at this time, request that they initial and date the line at the top of the left-hand side of the page. This documents that the provider gave this option to the family. All families should be encouraged to participate in completing the family outcomes section. The service coordinator could ask the family to think about their priorities and concerns prior to the meeting (even suggest writing them down) so they are prepared for this section of the IFSP. Family outcomes should be completed toward the beginning of the meeting since this section of the IFSP may relate to goals, objectives and services.

3. List the family priorities and concerns. This could include the family’s concerns about their child’s disability, how to enhance their child’s development, how to include the child in family activities, etc. Priorities and concerns are identified by the family and not by other team members. A priority or concern exists only if the family perceives it as important.

4. Document family resources that are available or that are needed. Resources, strengths and abilities that can be mobilized to meet family priorities and concerns are listed here. Resources needed by the family also are documented in this space. Needs may include material, monetary and/or additional services needed by the family to enhance their child’s development.

5. Document the steps for addressing the family’s priorities and concerns, including who will do what and timelines for accomplishing the activities.

**Transition (right-hand side of the page)**

Transition planning is required for children leaving early intervention services at age three and leaving early childhood special education services when eligible for school. Steps to support both of these transitions must be included in the child’s IFSP during the year prior to the transition.

**Directions:**

1. Describe the steps to support the child’s transition from EI to ECSE or other services. Teams for all children transitioning out of EI must determine if the child is eligible for ECSE, provide families with information about the child’s transition, prepare the child and parent for changes in service delivery including helping the child adjust to the new setting, and prepare the child and family to exit the program. Include steps that are individual to the child and family.

2. Describe the steps to support the child’s transition from ECSE to school. There are many common “transition steps” for children transitioning from ECSE to school. It is acceptable to use a checklist that includes individualized information for the child and is attached to the IFSP.
Examples of Coversheet Components

Cover Sheet Justifications for Services not Provided in Natural Environments or with Typical Peers (specific site examples)

When an early-intervention-age child is not getting all of his or her services in a natural environment, write a "no" on the cover sheet and explain why. (Parent/toddler group is not considered a natural environment). The explanation MUST relate to the individual child's needs - their goals and objectives, their leaning needs or other needs that necessitate the child being served in other than a natural environment. ODE cautioned against using a "cookie cutter" explanation for every child in every situation. If a template explanation is used, it is good practice to personalize it in some way.

When an early-childhood-special-education-age child is not getting all of his or her services with typical peers, write the amount of time per week this is happening and a justification as to why those services are provided without typical peers. The explanation MUST relate to the individual child's needs - their goals and objectives, their leaning needs or other needs that necessitate them being served in other than with typical peers. Again, ODE cautioned against using a "cookie cutter" explanation for every child in every situation. If a template explanation is used, it is good practice to personalize it in some way.

Below are a few examples of wording for justifications that relate to individual child goals, learning styles and other needs. These examples give some acceptable wording for a justification.

A Child in Toddler Group
Billy has social goals that need to be addressed in a small group setting where interactions with other children can be facilitated.

Miranda has social/language goals that need to be worked on with other children in a structured environment.

Henry needs a small-group setting with other children to be able to make progress on his communication, gross motor, and cognitive and adaptive skills.

A Child Who is Being Pulled Out of Preschool for Speech
Julio has a longer latency period than average before he can respond verbally. Other children often speak for him or answer for him before he can generate a response. For this reason, therapy will be delivered in a quiet one-on-one setting until he progresses to have a faster response time.

Penny needs a quiet environment where she can hear the sounds and focus on the position of the lips and tongue to learn the speech sounds and words targeted in her goals.

Pete's individual speech therapy time provides him with minimal distractions so he can focus on specific speech sounds he needs to learn without hearing competing sounds. This will enable him to make progress on his goals.

A Child in a Communication Class
Noah needs specialized assistance in an individual or small group setting to progress in his communication skills.

Grant needs focused activities and repeated practice in a situation with one-on-one adult attention or in a small group with only one or two other children and with a lot of teacher attention in order to progress on his goals.

A Child at EEP
Rita needs to be in a small structured classroom with a low teacher/child ratio in order to make progress on educational goals and objectives. Approximately one-third of the children at EEP are typically developing so she will have some regular contact with typical peers.

Sam needs significantly more time to practice skills than typical peers and needs activities and routines broken into very small steps to make progress on his goals. EEP offers small groups and repeated practice at a
level to meet Sam’s educational needs. EEP has one-third typical peers, so he will have some contact with them.

**A Child in A Child’s Garden or Circle of Friends Classrooms**

Tim needs a highly structured environment with numerous sensory opportunities and therapy services to be able to make progress on his goals.

The one-on-one instruction and very small-group activities are necessary for Luke to learn and progress on his goals. The sensory focus and therapies that are embedded in the classroom are necessary for him to learn new skills.

Jill needs specialized instruction throughout the day to be able to make progress on her goals. Clear and consistent routines and visual cues are necessary all day and in the environment in order for her to follow a routine and directions and attend to tasks so she can learn.

Tom needs an environment with significantly fewer distractions than a typical preschool to learn. He also needs one-on-one instruction using research-based strategies for teaching children with autism in a very structured setting to make progress on goals and reduce behaviors that interfere with learning.

**Calculating Hours With and Without Typical Peers for ECSE-Age Children**

There are three boxes at the bottom of the IFSP cover sheet that relate to the time ECSE-age children spend with typical peers. The number of hours entered into these boxes is used to determine the federal placement code for the December 1st census report that is automatically calculated by the computer.

In the first box, record the total number of hours per week (Monday through Friday) that the child spends with typical peers. Examples of the hours to count include but are not limited to group childcare (three or more unrelated children), Head Start or community preschool time, swim lessons, gymnastic or art classes, etc. The total number of hours per week may not exceed 40 hours.

In the second box, record the total number of hours per week (Monday through Friday) that the child receives early childhood special education services with typical peers. Examples of hours to include would be the Head Start or community preschool time. (Note: Do not record here the number of hours a child attends an Early Education Program preschool class – there are too few typical peers in these classes to enter those hours in this box.)

In the third box, record the total number of hours per week (Monday through Friday) that early childhood special education services are provided without typical peers. Examples of the hours to include would be pull-out individual speech therapy, home visit time or class time in any of the Early Childhood CARES run classroom such as A Child’s Garden or Circle of Friends.

The hours in box three where early childhood special education services are provided without typical peers (pulled out for speech therapy, home visits, etc.) must be subtracted from the hours in box two where ECSE services are provided with typical peers.

If any time is recorded in box three, a justification must be written on the IFSP cover sheet that describes why the child is receiving ECSE services without typical peers. The justification must relate to the needs of the child.

The following are examples of how to calculate hours (assuming no additional time with typical peers other than indicated).

**Examples for children with Developmental Delay (DD) eligibilities:**

12 hours per week at EEP and 28 hours per week in-group childcare.

1. 28 hours
2. 0 hours
3. 12 hours

12 hours per week at EEP and at home the rest of the time.
1. 0 hours
2. 0 hours
3. 12 hours

6 hours per week of class in a Relief Nursery classroom and pulled out for 45 minutes per week for speech therapy and pulled out 1 hour a month for PT (equals .25 hours per week).
   1. 6 hours
   2. 5 hours
   3. 1 hour

14 hours per week in a Head Start classroom with 30 minutes of speech in the classroom per week.
   1. 14 hours
   2. 14 hours
   3. 0 hours

14 hours per week in a Head Start classroom with 30 minutes of pull out speech per week.
   1. 14 hours
   2. 13.5 hours
   3. .5 hours

**Examples for children with Communication Delay (CD) eligibilities:**

1 hour of individual speech therapy per week at EHSC and 30 hours per week in group child care.
   1. 30 hours
   2. 0 hours
   3. 1 hour

14 hours per week in a Head Start classroom with 30 minutes of pull-out speech per week.
   1. 14 hours
   2. 0 hours
   3. .5 hours

**Examples for children with either DD or CD eligibility:**

Home visits every other week for 1 hour each time.
   1. 0 hours
   2. 0 hours
   3. .5 hours

Use decimal equivalents for parts of an hour, rounding to the nearest quarter of an hour (examples below).

10 minutes or less do not include
20 minutes = .25 of an hour
25-35 minutes = .5 of an hour
45 minutes = .75 of an hour
60 minutes = 1 hour

**Placement Decision**

Documentation for placement is required for children receiving ECSE services. It is not required for children receiving EI services. The setting where the child receives services (i.e., placement determination) is made by a group of people, including the parents, who are knowledgeable about the child, the child’s special education needs, and the various placement options. The placement decision is based on the child’s IFSP by determining where the goals and objectives in the IFSP can most appropriately be taught. According to OAR 581-015-2845, EI/ECSE programs must ensure that unless the child’s (IFSP) requires some other arrangement, the child is educated in the public school or public program, if any, that he or she would attend if not disabled. Federal and State law and regulation (34 CFR 300.115, OAR 581-015-2845) require that a continuum of alternative placements be available to meet the needs of children with disabilities. There are a variety of placement options that can meet these requirements and the needs of preschool children with IFSPs.
In selecting the placement, consideration is given to any harmful effects on the child or on the quality of services that the child needs for any of the options considered. Also, this documentation must identify any modifications/services that were considered to reduce any of the identified harmful effects noted for a placement option.

An appropriate setting for a particular child may be child care, community preschool, an ECSE operated preschool, a Head Start classroom, a clinic or skill group targeting specific skills for children, or a home-based program. Integrated placement options such as community-based settings with typically developing peers, must be available to preschool children with disabilities who require those settings to implement their goals and objectives. An integrated setting is not required if a child’s IFSP goals and objectives do not require it. The overriding requirement is that placement decisions for children with disabilities are made on an individual basis.

**Placement Team Members**
This is almost always done as part of the IFSP Team meeting. The required participants include:

- Person knowledgeable about the child
- Person knowledgeable about the evaluation data
- Person knowledgeable about the placement options
- Parent

**Placement Decision Directions**

1. Enter the child’s name, birth date, date of placement decision, and date of the IFSP.

2. Enter the placement option(s) considered.

3. Document consideration of each option, including the setting or school the child would attend if not disabled.

4. Document the benefits, possible harmful effects on the child or on the quality of services which he or she needs, and the modifications, aids or services for each placement consideration.

5. Indicate the evaluation reports upon which the placement decision is based.

6. Indicate the selection or rejection of each option.

7. Provide an explanation why an option was selected. The explanation should clearly indicate why the option did or did not meet the child’s educational needs. Statements to avoid:
   - Statements that merely name or describe the child’s disability category.
   - Statements that are too general and that do not adequately explain the team’s decision based on each child’s unique needs.
   - Justification statements that simply state "1:1 instruction."

8. Indicate the evaluation reports upon which the placement decision is based.

9. List the individuals who participated in the meeting. The placement decision is made by a group of persons, including the parents, and other persons knowledgeable about the child, the meaning of the evaluation data and the placement options.

**Continuum of Placement**

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Early Childhood CARES Placement Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution/Hospital</td>
<td>South Hills Care Facility</td>
</tr>
<tr>
<td></td>
<td>Scar Jasper Mountain</td>
</tr>
<tr>
<td>Self-Contained Classroom</td>
<td>A Child’s Garden / autism</td>
</tr>
<tr>
<td></td>
<td>Deaf Hard of Hearing</td>
</tr>
<tr>
<td></td>
<td>Communication Classes</td>
</tr>
</tbody>
</table>

Early Childhood CARES Service Provider Handbook
September 2011 v.1
Who makes the placement decision?
The child’s educational team (IFSP team).

When does the educational team make the placement determination? The educational placement of a child is not a one-time process. Placement needs to be reviewed by the child’s educational team at the following times:

- At least annually after the needs, goals and objectives have been identified
- Anytime new needs and/or goals and objectives are identified

What are the guidelines for determining placement?

- Identify the child’s needs, accommodations and special factors
- Determine the least restrictive environment (LRE) in which the child’s educational needs can be met
- Decide on options that best meet child’s needs

What are some other factors to consider when determining ECSE placement?

<table>
<thead>
<tr>
<th>Child/Educational Factors</th>
<th>Family Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to model/benefit from peers</td>
<td>Need for child care</td>
</tr>
<tr>
<td>Ratio of staff to children</td>
<td>Convenience (close to home/work/school)</td>
</tr>
<tr>
<td>Need for home visits/support</td>
<td>Need for home visits/support</td>
</tr>
<tr>
<td>Specific need such as:</td>
<td>Need for other services</td>
</tr>
<tr>
<td>Sign language</td>
<td>Wrap around services</td>
</tr>
<tr>
<td>Nursing</td>
<td>Parent preference</td>
</tr>
<tr>
<td>Onsite physical/occupational therapy</td>
<td>DHS Child Welfare involvement</td>
</tr>
<tr>
<td>Spanish/ESL</td>
<td>Siblings who attend(ed) a preschool or childcare site</td>
</tr>
<tr>
<td>DHS Child Welfare involvement</td>
<td></td>
</tr>
<tr>
<td>Independence in adaptive skills</td>
<td></td>
</tr>
</tbody>
</table>

Progress on IFSP Goals

Progress towards meeting the long term goals (LTG) identified on an IFSP must be reported at least two times during the IFSP cycle. Progress must be noted sometime during the IFSP cycle, which is often midway (mid-cycle review) through the IFSP cycle. However, it can be at another logical or needed time. Progress also must be reported at the conclusion of the IFSP cycle before new goals are written. This end of the IFSP cycle progress report may be the foundation for the child’s present level of development information for the next IFSP. The progress notes must be recorded on the IFSP and must relate directly to the LTG and the criteria set. The progress notes describe which short term objectives have been met because these show progress towards the long-term goal. Be specific about progress.

The question “is adequate progress being made” – yes? or no? - must be answered for each long-term goal. This is a team decision. If progress is being made and the child is on track with the goal, write “yes.” If the team is not pleased with the progress, write “no” and explain what changes will be made so adequate progress can be achieved.
progress may be achieved. Some examples are: change the goal, break it down into smaller steps, try new
teaching strategies, etc.

Mid-cycle IFSP Review

For Early Intervention (EI) Eligible Children (birth to three years old)

• A mid-cycle IFSP review is required in both federal and state law for EI-age children, birth to three years old.

• The mid-cycle review needs to be held before the actual review date, but no more than 30 days before, unless requested by parents.

• An official IFSP meeting with all IFSP team members invited, must be held only if changes will be made to the IFSP. See the IFSP changes checklist for what needs to be done. If no changes are made to the IFSP and only progress towards meeting the IFSP goals is discussed and documented, this can be done with only the service coordinator and the parent.

• Always complete and turn in to Early Childhood CARES the Mid-cycle Review Form and Checklist (found in Section X, Checklists and Forms) whether you have an IFSP meeting or just review goals with no change of service. Turn in the Mid-cycle Review Form within 30 days of the actual review.

• Document the progress towards each goal on the IFSP in the progress review column based on the criteria and evaluation procedure specified for each goal. If the child is not making sufficient progress toward meeting the goal, describe what changes are to be made so sufficient progress may occur. Be sure to write in the actual date of the mid-cycle review at the top of the progress review column.

• Remember: The mid-cycle and annual reviews for EI age children are the minimum requirements for review of an IFSP. An IFSP meeting may be held anytime if changes need to be made on an IFSP, and any IFSP team member can request an IFSP meeting.

IFSP Reviews

For Early Childhood Special Education (ECSE) Eligible Children (three to five years old)

• As of July 1, 2003, the requirement for a mid-cycle IFSP review for ECSE-age (three to five years old) children was removed from state law and rules.

• A mid-cycle review for ECSE age children is not required in federal law, however, the law requires progress on IFSP goals to be reported and changes made if a child is not making adequate progress during the IFSP cycle. The law still clearly states that an IFSP meeting may be held anytime changes need to be made to an IFSP, and any IFSP team member may request an IFSP meeting at any time.

• If there is no schedule for typical children or the placement is an ECSE placement, it is recommended that a review be completed at about six months (mid-cycle). If a child is going to transition to kindergarten in the following fall, spring may be the best time to review the IFSP and progress.

• In addition, progress must be documented on each goal, within the IFSP in the progress review column, based on the criteria and evaluation procedure specified for each goal. If the child is not making sufficient progress toward meeting a goal, describe what changes are to be made so sufficient progress may occur. Be sure to write in the date of the actual review at the top of the progress review column. The progress must be documented at least one time during the year the IFSP is being implemented.
Legal Timelines

Early Childhood Special Education (three to five years old)

Evaluation  An initial evaluation must be completed within 60 school days from written parent consent to the date of the meeting to consider eligibility.

A re-evaluation must be completed within 60 school days from written parent consent (or from the date the evaluation is initiated under OAR 581-015-2095(3)(c)) to the date of the meeting to consider eligibility, continuing eligibility or the student’s educational needs.

Circumstances under which an evaluation maybe completed in more than 60 school days are listed in OAR 581-015-2110(3)(c).

IFSP  An IFSP must be developed within 30 calendar days of the date eligibility was established (SB 898, Section 7, 343.521, (1)(b)-amended; ORS 343.521; OAR 581-015-0968).

IFSP Services  Services must begin as soon as possible after the completion of the IFSP document (OAR 581-990).

Early Intervention (birth to three years old)

Eligibility and IFSP  Eligibility must be determined and an IFSP written within 45 calendar days of the referral. This rule does not apply if the child will turn three years old before the 45 calendar day deadline. ecWeb automatically computes the EI timeline for applicable children.

IFSP Services  Services must begin as soon as possible after the completion of the IFSP document (OAR 581-990).

Mid-cycle IFSP Review  A meeting to review the IFSP must be held every six months for each eligible child to review the IFSP goals and progress and revise if necessary (ORS 343.475; OAR 581-015-0968).

EI and ECSE

IFSP  For each eligible child, an annual IFSP meeting must be held every 365 days to review and revise the IFSP (ORS 343.475; OAR 581-015-0968).

When to Send a Prior Notice of Action Form

- After the initial IFSP and every annual IFSP
- After identification (i.e. an eligibility determination)
- Whenever there is a change on the IFSP (i.e. goal added, service level changed)
- Whenever there is a change of placement
- Whenever there is a disagreement about services or goals and objectives at an annual IFSP meeting

When to Give Procedural Safeguards

Procedural Safeguards booklets (also known as Parental Rights) give parents an overview of their rights. These booklets are available from the Early Childhood CARES main office in English and Spanish. Other languages are also available from the Oregon Department of Education.

Below is a list of when a parent should receive and / or be offered a copy of the Procedural Safeguards booklet.

- Once a year
- When the parent or guardian asks for a copy
• The first time the child is referred for an early intervention (EI) or early childhood special education (ECSE) evaluation, including the EI to ECSE evaluation.

• If the parent or guardian files a complaint or requests a due process hearing

Parent Definition
Who is a parent? This is the definition of “parent” as it appears in IDEA law as of November 2004

The term parent means:

• A natural, adoptive or foster parent of a child (unless foster parent is prohibited by state law from serving as a parent);
• A guardian but not the state if the child is a ward of the state;
• An individual acting in the place of a natural or biological parent (including grandparent, step-parent or other relative) with whom the child lives or an individual who is legally responsible for the child’s welfare.

Does Early Childhood CARES ever need to appoint a surrogate parent?
Under the current legal definition of “parent,” Early Childhood CARES does not need to appoint a surrogate parent as long as there is someone with whom the child lives who meets this definition of “parent.” If however, a parent that fits this definition cannot be located, Early Childhood CARES must appoint a surrogate parent for the child within 30 days using the criteria, process and paperwork established in past years. If a surrogate parent is needed, contact the Early Childhood CARES records manager as soon as possible for assistance with the necessary paperwork.
**DHS/Surrogate Parent/Foster Parent Consent Chart**

**Program Operating Guideline (POG)**

<table>
<thead>
<tr>
<th>Area:</th>
<th>Procedural Safeguards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>December 16, 2004</td>
</tr>
<tr>
<td>Citation:</td>
<td>OAR 581-015-0935</td>
</tr>
<tr>
<td>Guideline:</td>
<td>For children who are a ward of the court and in the custody of the Department of Human Services (DHS), the attached chart specifies who provides consent in various circumstances: the DHS caseworker, the surrogate parent*, or the foster parent.</td>
</tr>
</tbody>
</table>

This consent chart provides information regarding a child in foster care who is a ward of the court and in the custody of DHS and may be or is eligible for EI/ECSE services.

| a) Who must consent for an EI/ECSE evaluation? | Surrogate parent (NOT DHS case worker)  
• Could be foster parent if foster parent is appointed as surrogate OR  
• Could be parent if parent is appointed as surrogate. DHS worker may refer the child for an evaluation, but cannot provide consent for the evaluation. |
| b) Who can refer a child for an evaluation? | DHS worker, a CASA*, the parent, foster parent, child welfare, etc. |
| c) Who must consent for participation in EI services and/or ECSE placement? | Surrogate parent (NOT DHS case worker)  
• Could be foster parent if foster parent is appointed as surrogate OR  
• Could be parent if parent is appointed as surrogate |
| d) Who must give consent for release of EI/ECSE records (such as name, birth date or other confidential information) when consent is needed to release information or records to another educational agency or outside agency (e.g., DMAP)? | Surrogate parent (NOT DHS case worker)  
• Could be foster parent if foster parent is appointed as surrogate OR  
• Could be parent if parent is appointed as surrogate |
| e) Who must consent to medical treatment for the child? Who signs a permission form to seek emergency medical treatment for a child enrolled in an EI/ECSE program? | DHS case worker for both questions.  
However, DHS delegates to each physical custodian, e.g., foster family, the routine medical care and dental care, including vaccinations and immunizations, routine examinations and lab tests under OAR 413-020-0140. |
| f) Who must consent for release of medical records? | DHS case worker |
| g) Who must consent for authorization to bill Medicaid for EI/ECSE services? | EI/ECSE does not need to obtain consent to bill Medicaid—they only need to obtain consent to have records released for Medicaid billing purposes. See c) above. |
| h) Who must consent for media access? | It is DHS’ standard policy not to allow media access to children who are in state custody. |
| i) Who signs permission for field trips or other daily activities where consent is requested? | Foster parent |

*Note: Persons who can be appointed as surrogate parents include the following: foster parent; parent; a CASA (Court Appointed Special Advocate); a relative; persons included on surrogate parent lists that schools and ESDs maintain.
**Subpoenas**
EI/ECSE service providers often receive subpoenas concerning children and they must respond to all subpoenas. Send a copy of all subpoenas to records manager immediately.

Staff members are not allowed to talk with attorneys in civil suits without a release of information consent signed by a parent whose parental rights have not been terminated.

The most common subpoena received is from The Department of Justice (DOJ) and they provide options that can reduce the staff time needed. The following steps are followed when a subpoena is received from the DOJ:

1. A subpoena includes a number to call for an interview and the court date. **Call to request a telephone interview** rather than waiting to be called. You may be dismissed within hours if the results of this interview indicate you are not needed at the trial.

Prepare for the phone interview by reviewing the child's educational record. If you feel the need to have the child's main file in front of you for the phone interview, it must be checked out from the file room and returned immediately following the interview. You may not remove the child’s main file from the Early Childhood CARES office.

After the interview, the law clerk will work with the attorney to determine if your testimony is needed. In most cases, those who have had only minimal contact with a child and family will be dismissed unless there is something particularly vital to share (something observed in the home or interactions that were particularly noteworthy). Ask for a release if you feel you have nothing relevant to share.

2. If it is determined that you must testify, note that the subpoena includes a specific appointment time. If this is in Lane County, you will need to be present for about one hour. **You do not need to remain at the courthouse for the duration of the trial** despite the wording “remain in attendance upon the Court until the matter is concluded.” You may return to work as soon as your testimony is provided and you can plan on a little more than one hour for this appointment. If you do need to testify, let the records manager know beforehand in order to be informed of what to do on the witness stand.

3. If you receive a subpoena for a trial outside of Lane County, request a phone testimony. The court system recognizes that it is unrealistic for EI/ECSE personnel to travel to other counties to testify. **You must request the option of a phone testimony.**

4. If records are requested, this request is directed to the records manager.

If the subpoena is not from the DOJ, the records manager will send all non-routine subpoenas to the University of Oregon’s attorney before we respond. They will advise us as to what we need to do and we will let you know.

If a check is received with the subpoena, send it to the records manager with the subpoenas. Do not cash it.

There is wording on the Consent for Mutual Exchange of Information form for children in DHS Child Welfare custody that allows Early Childhood staff to talk to DOJ without additional signed consent. The consent says “Department of Human Services, Child Welfare and/ or its authorized representatives.” If the mutual exchange does not have this wording, a signed consent is needed to talk with DOJ or the judge/court needs to order us to do so.
IV. Transitions and Exits

EI to ECSE Transition ........................................................................................................................................42
The Typical Kindergarten Transition Sequence With School Districts ..............................................................45
Service Coordinator Kindergarten Transition Responsibilities ........................................................................46
EI/ECSE Guidelines for Exit Criteria for Communication Disorder Eligibility in Oregon .........................47
Exiting Early Childhood CARES Services – Moved, Can’t Locate or Deceased .............................................47
EI to ECSE Transition

Before children who are eligible for early intervention services turn three years old, it must be determined whether or not they qualify for early childhood special education (services for eligible three to five-year-olds) because there are different eligibility requirements. This is called the early intervention to early childhood special education (EI to ECSE) transition process.

Who is responsible for the transition?
The service coordinator is responsible for making sure that the transition is completed before the child’s third birthday for ALL children they service coordinate.

The transition process must be discussed with parents no more than nine months before the child’s third birthday, and not less than 90 days before the child’s birthday. This may be documented on the mid-cycle review form or on the child’s annual IFSP, or at another IFSP meeting.

Screening
The evaluation coordinator will send out the EI to ECSE Transition Planning Form approximately three months before the child’s third birthday. The packet will include the Ages and Stages Questionnaire (ASQ), articulation screener and health, hearing and vision checklist.

The service coordinator will complete and return the packet to the evaluation coordinator at least six weeks before the child’s third birthday.

If screening indicates the child is typically developing:
If there are no areas of delay based on the ASQ and articulation screening, the child is “screened out” and no additional testing is required. The service coordinator will complete an action form (template available) indicating the child is typically developing based on the ASQ and articulation screening, and that early intervention services will end on the child’s third birthday. Service coordinators will need to complete and turn in for the child’s main file:
- Completed ASQ, articulation, health, hearing and vision screening forms.
- Action form indicating that based on the ASQ, the child is typically developing and will not be referred for an evaluation (use template).
- Final progress toward goals
- Service log(s)
- Exit AEPS protocol entered into the Assessments tab on ecWeb

If child will clearly be DD eligible:
The service coordinator schedules and completes the evaluation in all of the areas of potential delay as indicated on the ASQ screening.

All documents, including an IFSP meeting notice, are turned into the child’s main file (see Checklists and Forms).

If the service coordinator believes that a related service may be needed after eligibility has been completed, a related service request is submitted. If related services are recommended by the related service provider, they are added to the IFSP at that time.

If screening of the child shows no delays except in the area of communication:
The service coordinator returns all screening information to the transition coordinator. The transition coordinator will determine who is available to do the evaluation. Whenever possible, the SLP at the site where a child attends will be assigned to the evaluation. If the child is not at a site where an SLP goes, the evaluation will be assigned to the evaluation clinic SLP or another appropriate SLP.

If a child is tested in other areas of development and does not qualify, but will likely qualify under CD:
The service coordinator returns all screening information to the transition coordinator. The transition coordinator will determine who is available to do the speech evaluation. The transition coordinator will pass the screening information to the SLP evaluator for review and consultation with the service coordinator if
necessary. The SLP evaluator must receive this information at least three to five weeks before the child’s third birthday in order to be able to complete the process before the child turns three years old.

**When the SLP does the evaluation:**
- The SLP will ensure the Consent for Evaluation is signed and that the evaluation tools reflect the assessments used.
- The SLP will complete speech testing.
- After evaluation, the SLP will write a report.
- SLP will complete the eligibility form (all tests and the date they were administered, but not the date of the eligibility) and signs the eligibility form.
- SLP will complete the Consent for Provision of Special Education Services.
- SLP will include appropriate speech goals in the evaluation report and enter the goals on the IFSP goal pages.
- The report, eligibility form and provision consent will be given to the service coordinator before the child’s third birthday
- If there is a question about placement for the child, the service coordinator will discuss appropriate and available possibilities with the communication representative before the IFSP / eligibility meeting so placement options and service levels are clearly articulated if a change is needed.
- The service coordinator will schedule an IFSP/eligibility meeting with parents and complete all the rest of the documents and turn in for the child’s main file.

**For all children going through the EI to ECSE transition process, the following documents must be completed and turned in for the child’s main file:**
- New ECSE IFSP with new annual review and eligibility date on coversheet
  - Time with typical peers on coversheet
  - Parent signature on ECSE line of team page
- Action form
- Meeting notice
- Old IFSP goals with progress
- Service log(s)
- Consent for provision of special education services, signed by parent
- Eligibility form
- Consent for evaluation with evaluation tools checklist
- Evaluation Report
- Protocols of tests given
- AEPS or ASQ form (scores entered on the Assessments tab of ecWeb)

**Other Frequently Asked Questions**

**Can previous testing be used to establish ECSE eligibility?**
If a child has been tested within the last several months and the team feels that the previous testing still reflects the child’s current developmental skills, then no new testing is needed. A consent for evaluation and the evaluation tools checklist must be signed indicating the previous evaluation date(s) used to establish ECSE eligibility. The date testing was reviewed and an evaluation report must be written referring to the previous evaluation and current AEPS scores.

**Does an AEPS need to be administered?**
An AEPS must be completed on all children going through the transition process and the scores entered into the Assessments tab on ecWeb. These scores are used as the EI exit score and the ECSE entry score. The scores do not need to be entered twice if the same version of the AEPS was used. If the AEPS II is more appropriate for the child, enter exit scores for the AEPS I and entry scores for AEPS II. If the child will be eligible under CD with only articulation needs, the ASQ will be entered for the initial entry into ECSE and the AEPS I as the exit from EI scores.
Who does the testing?
Service coordinators trained in one or more of the standardized assessments used to test development are responsible for testing children on their caseloads who are likely to qualify for ECSE under the category of developmental delay. A child may be referred to the evaluation team for testing if he or she may not qualify for ECSE services, may be eligible for ECSE under the category of communication disorder or if the service coordinator needs assistance in this determination for a particular child.

For a child currently eligible for early intervention who may qualify for ECSE under the categories of autism spectrum disorder, vision, deaf and hard of hearing, deaf and blind, or orthopedic impairment, contact the regional program coordinator.

If the evaluation team or a regional program is doing the testing, the service coordinator will be notified when testing is completed and given the results. The service coordinator must call the educational team meeting to determine eligibility, develop an ECSE IFSP and complete and submit for the child’s main file all the required paperwork with signatures.

When can ECSE eligibility be established for a child?
An ECSE eligibility should be signed as close as possible to the child’s third birthday and must be completed on or before the third birthday.

What changes need to be made to the child’s IFSP?
When a child is found eligible for ECSE services, a new IFSP that meets the ECSE requirements is written. On the coversheet, the new annual IFSP cycle will start on the same date that ECSE eligibility was established. Also, the number of hours per week with typical peers is added to the coversheet. The EI to ECSE Transition Checklist shows the paperwork needed to complete the transition process.

Summary
EI to ECSE Transition Process Must be completed BEFORE child turns three years old.

The transition from early intervention plan must be listed on the IFSP no less than 90 days before the child turns three years old. This can be done at the EI annual IFSP meeting, at the mid-cycle review or other IFSP meeting.

The EI to ECSE evaluation coordinator gives the EI to ECSE Transition Planning Form to service coordinator 90 days before a child turns three years old.

The service coordinator returns the completed Transition Planning Form to evaluation coordinator by the specified date.

The evaluation coordinator gives an EI to ECSE Transition Checklist to the service coordinator to guide the transition process for children when the completed EI to ECSE Transition Planning Form is returned.

The transition coordinator completes an evaluation plan on the database and gives it to service coordinator ONLY if the child is going to the evaluation clinic. Otherwise the service coordinator is responsible for completing the evaluation and the EI to ECSE Transition Planning Form will be reviewed and placed in the child’s main file as the evaluation plan.

Once the evaluation is complete, service coordinator schedules and convenes an educational team meeting to determine if the child qualifies for ECSE services and to complete a new IFSP.

The service coordinator turns in all eligibility and IFSP documents for the child’s main file within 30 days of the eligibility meeting.

The service coordinator requests copies using the Copy Request Form on the reverse side of the EI to ECSE Transition Checklist.
The Typical Kindergarten Transition Sequence With School Districts

As a child moves from a preschool special education setting to a kindergarten level class, the family will interact with people from both the current early childhood special education (ECSE) program and the school district where the family lives. Although each district varies somewhat in how it will prepare a child for kindergarten, most transitions from ECSE to school follow the general sequence described below:

1. **Transition is planned at the IFSP meeting**
   
   In the year before a child enters school, planning for transition to kindergarten will be added to the child’s IFSP. A school district representative is invited to attend the IFSP meeting.

2. **Districts are notified about children who are eligible for ECSE**
   
   When a child was made eligible for ECSE services, the school district was notified. The year before the child enters kindergarten, the district is again notified about the child’s special needs.

3. **Districts request records from the child’s ECSE program**
   
   The school district will contact the child’s service coordinator to request a copy of the child’s early childhood special education (ECSE) records.

4. **Districts review records and plan the next steps**
   
   A case manager from the school district is assigned and may consult with the parents and the child’s ECSE service provider. If any additional observation or testing is needed, parents are contacted for permission.

5. **The school district evaluates and/or holds a team meeting for eligibility**
   
   The district special education representatives will meet with the family to review any new eligibility testing and to establish the child’s eligibility for school-age services.

6. **The IEP meeting with the school district takes place**
   
   At the IEP meeting the child’s needs will be reviewed and any additional testing will be discussed. The IEP (Individualized Education Plan) will be developed to replace the IFSP when the child actually enters school. Once the IEP is written, the district may discuss placement options with the family.

7. **The IEP team meets to determine placement**
   
   The parents may have visited some of the placement options prior to this meeting. The child will be placed in a particular school program.

Parents will be notified and invited to the eligibility, IEP and placement meetings
Service Coordinator Kindergarten Transition Responsibilities

• Add the transition to kindergarten plan to the annual IFSP the year before the child is due to transition to kindergarten. The cover sheet of the last IFSP prior to kindergarten should show the last day of services in June as the stop date for ECSE services. Remember that school districts begin the transition process shortly after January 1st. For children with annual IFSP dates in April or May, add the kindergarten transition the previous IFSP cycle.

• Invite a representative of the school district to this and all future IFSP meetings and any other relevant meetings.

• Add the following service to the IFSP cover sheet for children with an autism eligibility: “Autism support to the educational team for transition to kindergarten one time for one hour.” Lane Regional Autism Program will provide and pay for this service.

• Early Childhood CARES will print and distribute to service coordinators the Kindergarten Transition Manual and the Transition Letter for children with communication eligibilities. Give parents the appropriate kindergarten transition information when distributed by Early Childhood CARES (normally early February).

• For children eligible for communication-only services, send most recent progress notes, any current testing and other relevant information to the school district after March 1.

• By March 1st, children who might be appropriate for a Life Skills class placement for kindergarten are identified.

• Prior to the child’s exit to kindergarten, complete an exit AEPS or ASQ. Enter the AEPS or ASQ scores into the Assessments tab on ecWeb if the child’s initial ECSE eligibility was after May 1, 2008.

• If a child does not receive extended year services, enter the exit AEPS or ASQ by the end of summer services. An AEPS completed in May in conjunction with an annual IFSP may be used for the exit. Children receiving extended year services will need an exit assessment in July. The six-month guideline does not apply to exiting kindergarteners.

• At the end of the child’s Early Childhood CARES services, send copies of most recent progress notes and any new relevant information on the child to the school district and send the following information to the Early Childhood CARES main file:
  – Service log
  – Final progress toward goals and/or progress report
  – Protocol from the exit AEPS or ASQ

• Keep the working file on the child for one year.

• Remind families to register their child for kindergarten at their neighborhood school.
EI/ECSE Guidelines for Exit Criteria for Communication Disorder Eligibility in Oregon

In an effort to assist teams in determining that a child is no longer eligible under the category of Communication Disorder (50), the EI/ECSE speech/language working group has developed the following guidelines.

1. If a child has met all IFSP communication goals and no further goals are deemed necessary; AND

   If the child’s speech and language skills are functional in home, school and social environments over time; AND

   If the child's communication skills are progressing at an expected developmental level; THEN

2. A meeting is held with the team to discuss re-evaluation and the need for continuing special education services.

3. If the team determines an evaluation should be completed and consent for the evaluation is given, follow the eligibility process as written in OAR 581-015-0051(2) Communication Disorder.

4. When holding the eligibility meeting, the following guidelines are used to determine that the child is no longer eligible:
   a. A language sample, AEPS or ASQ and other informal measures indicate articulation intelligibility and language performance within typical development AND
   b. Performance on a standardized test(s) progresses to percentiles of 16, or 1.00 standard deviation below the mean.

OAR 581-015-0955
Termination of Eligibility
(1) A school district must evaluate a child with a disability in accordance with OAR 581-015-0072, 0074, and 0071 before determining that the child is no longer a child with a disability.
(2) The contractor or subcontractor shall provide written notice under OAR 581-015-0940 when a team determines that a child is no longer eligible for EI or ECSE services.

Exiting Early Childhood CARES Services – Moved, Can’t Locate or Deceased

When a family moves out of Lane County or out of state, the child must be exited from Early Childhood CARES services. If possible, hold an IFSP meeting to update goal progress and to complete an exit AEPS. If no meeting is held, update progress if it has not been done in the last six months and complete an exit AEPS.

If a child misses 50% or more of his or her IFSP services in one month, it is the service coordinators responsibility to call an IFSP meeting to discuss the circumstance. If the service coordinator is unable to make contact with the family, notify the records manager. A certified letter will be sent asking the family to contact the service coordinator or the main office within two weeks. If no response is received, the child’s file will be inactivated.

To exit a child when the family moves, the child/family cannot be located or the child dies, use the Exiting Early Childhood CARES Services checklist (see Checklists and Forms).
V. Related Services and Regional Services

Related Services ........................................................................................................................................49
Early Childhood CARES Autism Team Behavior Referral Process .........................................................50
Early Childhood CARES’ Services for Children with Autism Spectrum Disorder (ASD) and their
Families ....................................................................................................................................................53
Children Who May Need Additional or Different Services ....................................................................55
Regional Services ....................................................................................................................................56
Early Childhood CARES and Regional Process for Referral and Eligibility ..........................................58
Early Childhood CARES Autism Evaluation Process Flowchart for Parents ...........................................58
Related Services

Related services are additional services that may be requested when a child demonstrates a need that requires a different expertise. Early Childhood CARES endorses a consultation model as much as possible to maximize the impact of the intervention. However, a variety of service options will be considered based on the child and family’s need. For each related service area, a person from Early Childhood CARES is designated to receive all related services requests. Related services available to children and their families include behavior or possible autism, speech/language, motor, audiological evaluations, augmentative and alternative communication, autism (not regional), transportation, Spanish interpretation and translation and nursing.

To refer a child for a related service, complete the appropriate referral form on ecWeb (Forms menu) and give it to the person designated on the form. Attach any other pertinent information to the referral. Note whether the related service person should contact the service coordinators before the parent.

The related service person will review the records and decide what assessments and/or observations are necessary to determine whether services are needed and what level. The Parent Notification section on the related service request form will be completed indicating how the parent was notified by phone, in writing, or in person. A recommendation will be made as to whether or not related services are needed and if they are needed, what is the appropriate level and type of service. The related service provider will most likely recommend additional goals and objectives. The addition of related service time and/or goals and objectives will require an IFSP meeting for EI-age children. Related services may be added to an ECSE-age child’s IFSP using the agreements form. Remember to add the related service to the child’s IFSP.

Behavior / Autism

Any child eligible for EI/ECSE services may be referred for a behavior or autism-related service, regardless of eligibility. Because behavior and autism concerns with young children can be most effectively addressed in his or her natural environment by regular caregivers and service providers, the emphasis of the related service will be on assisting the regular EI/ECSE specialist to acquire the needed skills to address the child’s needs. Either an autism specialist or behavior consultant will be assigned to work with the educational team based on the child’s primary behavior concerns. For children with behavior concerns only, a behavior specialist will be assigned. An autism specialist will be assigned for children with an autism eligibility or if the educational team suspects a child may have autism. See flowchart on following page.

Early Childhood CARES endorses a model for autism and behavior services that emphasizes building the skills of the staff working directly with children and families. A service coordinator may access behavior/autism services to address classroom or family needs in the home. The behavior or autism specialist will work with the service coordinator to develop strategies that may be implemented over time without the ongoing assistance and intervention of the behavior or autism specialist. Ongoing parent groups and topic-related trainings are offered by both autism and behavior teams.

To refer a child for either a behavior or autism-related behavior, complete the Behavior/Autism Related Service Request on the database. To request an autism spectrum disorder evaluation, refer to Checklists and Forms.
Early Childhood CARES Autism Team Behavior Referral Process

Behavior / Autism Form Check one:
- Autism eligibility completed
- Consent for autism signed
- Suspect autism
  - Need opinion of autism specialist to determine need for evaluation
  - Family / classroom needs assistance
- Do not suspect autism

Give to Autism Team Referral Coordinator
Regional Referral Coordinator for Autism reviews and assigns Autism Specialist

Autism Specialist

Autism Eligibility already-completed
- Determine level / need for services

Suspect Autism
- Determine need for autism evaluation within three visits
- Help coordinate referral for autism evaluation if needed
- Provided services to classroom / family for maximum of three months if no referral for autism evaluation is signed

Does not Qualify for Autism
- Refer to Behavior Team

Consent for Autism Eligibility Signed
- Determine level / need for services
- Provide any observations as needed for evaluation
- Attend eligibility meeting

Qualifies for Autism Eligibility
- Continue serving as needed
Speech / Language
Children receiving EI/ECSE services may access a speech language pathologist when an appropriate referral is received. Speech/language services include a variety of service options including consultation to EI/ECSE Specialist, family and/or preschool, 1:1 speech therapy or small communication groups. Speech language pathologists also see children in a variety of settings including preschool, home and daycare settings. Please use the following guidelines when considering a referral to the Speech/Language Team:

- Children who primarily have language delays may not require a referral for speech/languages services. The specialized instruction provided to the child through teaching staff, the EI/ECSE consultant and/or Autism consultant could provide the necessary intervention for a child to progress in communication.
- Children who have a mild articulation delay may not require a referral for speech/language services. The specialized instruction provided to the child through teaching staff or the EI/ECSE consultant could provide the necessary intervention for a child to progress in communication.
- Consider the environment of the child. A preschool with a lot of opportunities for language practice may be enough intervention for a child to progress.

A referral is warranted if you feel you need assistance and/or ideas from a speech language pathologist to help a child meet their communication goals. In addition, a referral is warranted if others have a difficult time understanding them or if there are concerns related to the child’s voice or fluency.

Also please keep in mind that when a child’s placement is changed, their need for speech language services may change as well. For example, if a child has been in a community preschool and then moves to an Early Education Program (EEP), they may or may not need continued support from the speech language pathologist. Please make sure this is discussed with the speech language pathologist and the family at the time of the placement change.

Motor
Children receiving EI/ECSE services may access occupational or physical therapy when an appropriate referral is received. Occupational and physical therapists see children in a variety of settings, including preschool, home and daycare settings. The motor team provides occupational therapy and physical therapy to children ages zero to five with motor, sensory and adaptive needs. The team facilitates children’s development of skills so that they can effectively access their environment and education. The motor team also does evaluations and planning, adapts equipment and environments, provides consultation services to teams and parents and at times can recommend direct services to children with the most need.

The motor team collaborates with and educates families, teachers and caregivers to support the child at home or in the classroom. They believe in creative problem solving in collaboration with others in the child’s community to provide successful interventions. The team trains parents, teachers and caregivers to provide opportunities for guided practice, an effective tool for the child’s acquisition of new skills.

To refer a child to the motor team, carefully read and complete the Motor Services Request form and submit it to the appropriate team member. Consider a careful look at the environment to determine if adaptations could be made without the assistance of a motor specialist.

Audiology
If there is a speech and language pathologist (SLP) involved with the child, talk to him or her about your concern for the child’s hearing.

- Each child who is receiving speech/language services will have at least one equipment-based hearing screening. If the child has a medical history that could result in fluctuating hearing, the SLP is encouraged to screen hearing each year the child is in services. If the child passes at least one hearing screening and has no relevant medical history, the annual parent-reported Health, Hearing and Vision questionnaire is sufficient for yearly IFSPs.
- The speech and language pathologist will encourage parents to take their child to a physician if the child fails two screenings for both tympanograms and pure tones. The SLP will then provide the audiologist with a copy of the screening form with test results attached. The audiologist will follow up with the child’s parent to confirm that the child’s physician has found the ears to be clear and inform the SLP.
when the child is ready for a rescreen following medical attention. If the child fails the rescreen, the SLP will refer the child for an audiological evaluation, using the service request form on the database.

- The speech and language pathologist may request an on-site screening from the audiologist if the first screening attempt does not provide conclusive results and if the SLP strongly suspects that a second attempt would be equally unsuccessful because of the child’s behavior or learning problems.

- If a child with a delay in language development is not receiving direct speech-language services, either because of age or educational placement at a language-based preschool, the EI/ECSE specialist will do a hearing screening using the calibrated noisemakers (see audiologist for more information). If a speech and language pathologist makes regular visits to serve other children at a site, the service coordinator may request screening by that SLP or by the audiologist. In addition, staff may also give families information about audiological services in the community that may be covered by health insurance, such as the Eugene Hearing and Speech Center or the University of Oregon Communication Disorders and Services (CDS) Program. Families may choose to pursue these options.

**Transportation**

Transportation may be identified as a related service on the IFSP. The child’s resident school district is responsible for providing transportation to the child’s early intervention/early childhood special education services if it is identified as a need and written as a related service on the child’s IFSP. When discussing transportation, the following is encouraged:

- Whenever possible, family members transport the child to their program because that is how typically developing peers go to preschool and other activities and it will help to minimize differences. When a family member transports the child, it provides the opportunity for regular, daily contact with the child’s teachers and familiarity with the classroom environment. This will give the family member information to talk about with the child and first hand knowledge of the experiences the child is having.

- If parents feel they cannot transport their child to her/his EI/ECSE service, have a discussion to see why they cannot do this and brainstorm ways to overcome barriers. Perhaps they can transport one way or receive reimbursement for mileage if the school district offers this option.

- If it is determined that transportation from the school district is necessary in order for the child to participate in her/his EI/ECSE services, attempts should be made to coordinate locations, days and times with the school district’s transportation department whenever possible. This is to avoid long bus rides and unnecessary expenses. Reimbursement to the parent for mileage to and from EI/ECSE services may also be an option from some school districts.

- Some school districts have requested that a representative from their school district participate in the IFSP meeting if transportation will be needed as a related service. At the least, the representative should be invited to the IFSP meetings.

- If a child is in daycare in a district other than their resident school district, an IFSP meeting will need to be held with a district representative prior to submitting the request. Please contact the transportation coordinator to get the names of the district representatives.

If transportation is requested from a school district, it must be listed on the cover sheet of the IFSP. Also complete the Transportation Request form on ecWeb and if any equipment or special accommodations are required, identify those on the form.

If you have any questions about transportation, contact the transportation coordinator.

**Augmentative and Alternative Communication (AAC)/Assistive Technology (AT)**

Children receiving EI/ECSE services may access AAC/AT services when an appropriate referral is received. Please discuss the need for an AAC/AT referral with the speech language pathologist and/or motor therapist involved with the child. AAC/AT services may include the following:
**Assessment**

Evaluation to determine the need for AAC/AT
Assessment of the child’s developmental skills
Assessment of the child’s ability to access toys and activities in the environment

**Intervention**

Development of a communication system may include object symbols, picture symbols and/or voice output device. Provision of adapted materials to help the child access toys and activities in the environment.

The AAC/AT specialist will act as a consultant to train the child’s educational team to use the systems designed for the child. After appropriate training, the AAC/AT specialist will contact the child’s team or direct service providers on a regular basis to review the child’s progress with the communication system and/or adapted materials.

**Early Childhood CARES’ Services for Children with Autism Spectrum Disorder (ASD) and their Families**

**Guiding Principles of Services to Children with Autism:**

1. We use what has been proven to work; evidence-based practices in all placements and individualized for all children.
2. Parent involvement, training and support improve positive outcomes for children and are critical components in all aspects of services.
3. We strive to strengthen educational teams through sharing knowledge and building capacity to meet the needs of all children with ASD. Evidence based practices must be embedded in all service programs and implemented by all staff.
4. We facilitate coordinated services and supports for each individual and family through team communication and cooperative planning and implementation.
5. We use positive behavior support intervention as a foundation in addressing challenging behaviors to that a child’s pre-academic and social skills can fully develop.
6. We equally value self-regulation, social thinking and social interaction skills alongside pre-academic skills and provide individualized services that address these needs.
7. We strive to identify children early and provide comprehensive services to address the needs of very young children with ASD and their parents.

**Mission Statement**

As a link in the circle of support for children with autism spectrum disorder, we join, collaborate with and coach families and others working in the life of a child. We are mutual and continuous learners in our partnership with families and team members, seeking to identify and build on each unique child’s strengths. We celebrate each child’s individual growth as they journey in their community and towards their hopes and dreams.

**Toddler Plus**

Toddler Plus offers classes for children and parents. The children are two-and-three-years-old who are suspected to have ASD or who have an educational ASD eligibility. Children can be placed in Toddler Plus after their initial Early Intervention evaluation or moved to Toddler Plus if they are not making progress in their current placement and the team suspects the child may have ASD and the toddler plus curriculum is the best match for the child’s level of need and learning style. A child without an ASD eligibility can be placed in Toddler Plus for a limited time (usually three months) as the team explores the suitability of a referral for an autism evaluation.

Toddler Plus provides individualized instruction to parents and caregivers in a classroom setting for two to four sessions a week depending on the needs of the child and the family. Sessions are two hours long and are taught by the Early Childhood CARES autism team staff. The autism team works with each family to develop an educational program incorporating evidence-based practices specific to children with ASD. Families are provided training and information related to understanding and teaching a child with ASD. Instruction may be in the form of small group trainings with other families, individual training sessions,
practice/direct work with the child in the classroom setting and bridging the skills learned at school to the home.

Regular parent chats with the autism team and other professionals are incorporated into the curriculum with topics drawn from the interests and needs of the group. Speech and language services and motor services are provided through consultation to the staff and parents. Families participating in Toddler Plus also receive home visits from the autism team one to two times a month.

**Classroom Consultation**

Classroom consultation from an autism specialist to EI/ECSE providers and/or preschool and toddler teachers and staff is available upon request for children who can function in and make adequate progress in their existing preschool classroom, childcare site or toddler classroom. The focus of classroom consultation will be on building teacher and specialist skills. In addition, for those families who receive more support services, the autism specialist will focus on training parents to bridge the gap to help generalize skills between home and school. The consultation and support from the autism specialist may be provided directly to the child or as training and coaching to the EI/ECSE service provider working directly with the child. These children are benefiting from their classroom's curriculum with some adaptations, teaching strategies and/or environmental changes to address their learning needs related to ASD. Consultation may also be beneficial for children who need assistance on specific behaviors or skills such as social interactions or decreasing self-stimulation behavior, etc. Trainings are available for classroom staff by the autism specialist in evidence-based intervention strategies and these can be individually incorporated to meet each child’s educational needs. This may be done in a one-on-one session, in groups and/or in classroom routines. Related services such as speech and language therapy, occupational therapy and physical therapy are provided based on individual child needs identified in the IFSP. Home visits may be provided to parents as needed.

**A Child’s Garden Preschool Classrooms**

A Child’s Garden Preschool Classrooms offers classrooms for three to five year old children with autism educational eligibilities. Children are placed in the classrooms when they are not benefiting from a less restrictive placement without significant and continuous support from a specially trained adult. Some examples include children who have:

- No or very few attending and/or learning to learn skills
- No or minimal ability to self-manage
- Frequently occurring interfering behaviors
- No functional communication system

Children attend four or five days a week for three hours a day. Hopefully, children will stay in this classroom placement for 12 months and then transition to a less restrictive educational placement.

Instruction is individualized in the classroom based on the needs of the child and may be provided in one or more of the following ways: one-on-one instruction, in small group, and/or in large group instruction. All children receive some one-on-one instruction daily, however the amount varies depending on the ability of the child to benefit from learning in small and large groups. Evidence-based instructional strategies are used throughout the child’s day.

A speech and language pathologist and an occupational therapist are in the classroom on a regular schedule. They consult with the classroom teacher and assistants about embedding speech and language, fine motor, gross motor and adaptive goals into the curriculum, activities and intervention strategies throughout the day. The speech and language pathologists assists the staff in addressing the expressive and receptive communication needs of the children including the use of augmentative communication strategies. The occupational therapist assists the classroom staff in addressing the motor and sensory based needs of the children. Children may receive home visits if assistance is needed in the home. Parents may attend Parent Chat opportunities and RPATS (see below).

**Home Consultation and Family Support Services**

Home Consultation and Family Support Services are provided when the child does not function adequately within home/family routines; or the child has significant behavior issues at home or in the community; or there is a large discrepancy between the child’s functioning/behavior at home and at their preschool, or the
family wants to learn how to develop play and social skills in the home. The focus of home services is on environmental safety, arrangement and support, functional communication, addressing interfering behaviors, developing adaptive and play routines and specific skill development related to IFSP goals. Any Early Childhood CARES child with ASD may receive home consultation and support regardless of where they receive their educational services.

Families who receive home services are those who want to learn how to teach and manage their child at home and in the community. For home visits to be successful, parents need to be actively involved with their children during home sessions and practicing and embedding strategies between sessions. Families may receive home visits while attending any other Early Childhood CARES classrooms (e.g. EEP, A Child’s Garden, Toddler Plus).

**Home Based Instructional Services**

Home Based Instructional Services are provided to children at their home when the child is too developmentally young to attend a preschool or toddler classroom (usually under three years of age) or when the child has extreme health or sensory issues that prohibit him/her from accessing a classroom environment. It is also essential that the parents are willing and able to be very involved in the home instruction.

**Other Parent Classes and Supports**

Other Parent Classes and Supports are offered to families. A nine-week parent coaching program is co-lead by two Early Childhood CARES Autism specialists and is offered one to three times a year. This effective program is designed by RPATS (Regional Parent Autism Training System). Classes on specific topics related to ASD are offered at different times throughout the year. Open to all Early Childhood CARES families are The Incredible Years behavior classes, which meet every term, and a parent support group facilitated by a professional which meets twice a month.

**Training Site** - A Child’s Garden Classrooms are model classrooms for children with ASD. Intensive training is provided to professionals and paraprofessionals at a Child’s Garden. Evidence-based instructional strategies are taught with readings, lectures, DVD reviews, modeling and “hands on” practice. In addition, follow-up coaching on site with the trainee is provided. Competencies for working with children with ASD are in the process of being identified and written. The competencies will be the basis for the training content and they will help focus the efforts of the trainees and document their learning and skills.

**Children Who May Need Additional or Different Services**

What to do about children who have an eligibility and are being served, but appear to have more needs than were originally identified?

This most commonly occurs when a child has a communication disorder eligibility and another area(s) of need(s) surfaces. The following guidelines have been developed to address these concerns.

REMEMBER: Eligibility DOES NOT dictate what services a child can receive. It is the charge of Early Childhood CARES to meet the early intervention and early childhood special education needs of eligible children.

When no additional assessment information is needed about skill level(s):

- An IFSP meeting will be called by the service coordinator and will include the parents, people who are working with the child and those who may be working with the child.
- The purpose of the meeting is to add or change goals, objectives, and services and to determine who will do them. The ECSE service provider(s) who are already at the site will be the one(s) providing any additional services and supports needed. This will be most often done as a related service. If the need is for occupational or physical therapy, a behavior specialist, and/or an autism specialist, use the regular related service request form and process. A change of placement will be considered if necessary to meet the child’s needs. If a change of placement is being considered, invite the Early Childhood CARES representative for the child’s school district to the meeting.
• If the child is going to kindergarten the following fall, this additional information should be part of the transition process as school-age eligibility and services are considered by the school district.

When information is needed about the child’s skill level(s):

• The service coordinator will complete an Ages & Stages Questionnaire to determine areas of need.  
• The service coordinator will call a meeting that includes the appropriate Early Childhood CARES representative, the parent and any other people who are working with the child.  
• The purpose of the meeting is to discuss the child’s needs and make a plan to get additional information that may be needed to clarify educational needs and goals. This meeting will most likely be face-to-face, but could be a phone conference or e-mail conversation.  
• The plan should identify what information is needed, who will get the information and when it will be obtained.
  
  – If the need for more information is in the motor area, or the communication area, or if the child has interfering behaviors or if autism is suspected, use the regular related service forms and process.  
  – If the child has cognitive, adaptive and/or social needs complete the assessment request form and give it to the Early Childhood CARES representative. The EI/ECSE specialist at the child’s site will complete an AEPS and/or ASQ in the domains of concern. If there is no EI/ECSE specialist at the site, a member of the Early Childhood CARES Evaluation Team will be assigned to complete an AEPS and/or ASQ.  

• After the information is gathered, and additional needs are identified, an IFSP meeting is called by the service coordinator to add or change goals and objectives, services, and to determine who will do them. A change of placement will be considered if necessary to meet the child’s needs. If a change in placement is being considered, an Early Childhood CARES representative must be at the meeting.  

• If the child is going to kindergarten the following fall, this additional information should be part of the transition process as school age eligibility and services are considered by the school district.

Other considerations:

• When would an eligibility change be recommended? Eligibility will be reviewed and possibly changed if there is suspicion of a regional eligibility. In these cases the child will be referred through the regional program coordinator to the appropriate regional program. If there are important extenuating circumstances, the IFSP Team will discuss them with the Early Childhood CARES representative and a referral may be made to the Early Childhood CARES Evaluation Team.

Regional Services

Regional programs are provided for children from birth through school age with “low incidence” disabilities. Consultants from these programs work within IFSP teams to supplement the child’s educational program. Regional programs include:

• Visually Impaired (VI)  
• Hearing Impaired (HI)  
• Orthopedically Impaired (OI)  
• Autism  
• Deaf and Blind Services (can only be accessed when child already has a vision or deaf and hard of hearing eligibility)  
• Traumatic Brain Injured (TBI)
Regional programs are funded by the state through legislative action to assist districts and EI/ECSE programs to meet the needs of children ages 0-21 in the areas of autism, blindness, visual impairments, deaf and hard of hearing, orthopedic impairments and traumatic brain injuries.

The Lane Regional Program offices of the deaf and hard of hearing, visually impaired and blind, and orthopedic specialists are housed in the Eugene 4-J School District building at 200 N. Monroe. Specialists in the area of autism are housed at the Lane Education Service District building at 1200 Highway 99N, Eugene. The role of the Lane Regional Program is to provide the support necessary so that children can benefit from their educational environment and become as independent as possible in school, home and community settings.

Services provided can include assistance with assessment, consultation, help with technical equipment and materials and services to children including specially designed instruction. Direct instruction provided by the Lane Regional Program staff is meant to augment areas where Early Childhood CARES staff may not have training, i.e., Braille, orientation and mobility, care of hearing aids, sign language development, use of an interpreter, wheelchair accessibility and equipment modification.

Materials and equipment for regionally eligible children when available can be loaned on a short-term basis.

Complete the Lane Regional referral form and send to the Early Childhood CARES regional referral coordinator.

The designated Early Childhood CARES representative will approve the form and be sure the next steps are taken which includes getting the referral to the appropriate regional program representative.

The service coordinator will be asked to participate in the process of gathering information to determine eligibility. The service coordinator will schedule the meeting to determine eligibility and add services (if recommended) and possibly goals and objectives.

See the Early Childhood CARES and Regional Service Process for Referral and Eligibility charts (next 2 pages) and Regional Referral to Eligibility Checklist (see Checklists and Forms).
Early Childhood CARES and Regional Process for Referral and Eligibility

Parents

- Complete regional referral form
- Obtain parent signature on Prior Notice of Consent for Evaluation
- Obtain Consent for Mutual Exchange if needed
- Schedule and convene eligibility team meeting

Early Childhood CARES Autism

- Complete Prior Notice of Consent for Evaluation
- Request needed assessment (i.e. functional communication assessment)
- Schedule and/or convene eligibility team meeting

Regional Referral Coordinator

- Track regional referrals
- Send for medical health statement and appropriate medical reports

Office Assistant

- Report of eye exam
- Other reports

Hearing Impairment

- Audiological evaluation
- Other reports

Orthopedic Impairments

- Diagnosis (if available)
- Other reports
- Functional communication

Vision

- Complete: Functional vision
- Learning Media Assessment (3-5 yrs)
- Educational needs
- Evaluation report

Orthopedic Impairments

- Complete: OREST (3-5 yrs)
- Standardized Motor Assessment
- Educational needs
- Evaluation report

Hearing Impairments

- Complete: Functional hearing evaluation
- Educational needs
- Evaluation report

Autism

- Complete: File review
- Three observations
- Developmental history
- Teacher/parent interview
- Behavior rating scale
- Evaluation report

For motor referrals all necessary testing will be completed by the Early Childhood CARES motor team if child is currently seen by that team.

Early Childhood CARES Service Provider Handbook
September 2011 v.1
<table>
<thead>
<tr>
<th>Referral Process</th>
<th>Steps in Evaluation</th>
<th>Eligibility Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Educational team meets to determine if autism evaluation is recommended</td>
<td>1. Early Childhood CARES assigns an autism evaluator and gives her all the necessary paperwork</td>
<td>1. Child’s service coordinator or teacher calls a meeting to review results</td>
</tr>
<tr>
<td>2. Educational team refers child for an autism evaluation</td>
<td>2. Early Childhood CARES requests <em>Medical Health Statement</em> from child’s doctor</td>
<td>2. Educational team decides if child qualifies and signs a Statement of Eligibility for <em>Autism Spectrum Disorder</em></td>
</tr>
<tr>
<td>3. Parent signs <em>Prior Notice about Evaluation</em></td>
<td>3. Early Childhood CARES speech therapist conducts a <em>Functional Communication Evaluation</em> in either the home, school or Early Childhood CARES clinic</td>
<td>3. Educational team will review services, placement and goals to make sure the child’s needs are being met</td>
</tr>
<tr>
<td></td>
<td>4. Autism evaluator conducts evaluation including: <em>three observations, parent interview, teacher interview, development history, file review and behavior rating scales</em>. The autism evaluator compiles all the information and writes an <em>eligibility report</em>.</td>
<td></td>
</tr>
</tbody>
</table>
VI. Service Delivery Policies and Procedures

Service Logs .......................................................................................................................... 61
Staffing for Year-Round Early Intervention Services ............................................................... 61
Regression Recoupment Grid .................................................................................................... 64
Review for Extended Year Services ......................................................................................... 65
Extended Year Services: Planning Guide .................................................................................. 66
Working Alone with Children ...................................................................................................... 67
Behavioral Supports and Interventions Guideline ................................................................. 67
Suspension and Change of Placement Guideline .................................................................... 68
Physical Restraint Guideline ..................................................................................................... 70
Physical Restraint Procedures for Early Childhood CARES .................................................... 71
Separated or Divorced Parents and IFSP Meetings ................................................................ 72
Missed IFSP Services ................................................................................................................ 72
Completion and Entry of AEPS and ASQ Scores .................................................................. 73
Guidelines for the AEPS and ASQ Administration .................................................................. 74
Interpretation (Verbal) and Translation (Written) Services .................................................... 75
Translation of Early Childhood CARES Database Documents ............................................. 76
Guidelines for Working with Early Childhood CARES Interpreter ....................................... 77
Family Training ........................................................................................................................ 78
Equipment Loan Policy ........................................................................................................... 78
Service Logs

The purpose of the service log is to document the provision of services identified on the IFSP.

- All services that are written on the IFSP must be documented on a service log. This includes attendance at preschool on the IFSP cover sheet as a service paid for by Early Childhood CARES and all other primary or supplemental services.
- Service logs are generated for a new IFSP cycle from ecWeb.
- Each service provider may maintain a separate service log. Complete the log by entering the name of the service provider and the EI/ECSE services provided by that provider. List each service separately (1, 2, 3) and the time designated on the IFSP cover sheet or related services page. For example:

<table>
<thead>
<tr>
<th>IFSP Service</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. physical therapy</td>
<td>60 min/mo</td>
</tr>
<tr>
<td>2. preschool</td>
<td>3 hours, 2x/wk</td>
</tr>
<tr>
<td>3. service coordination</td>
<td>30 min/mo</td>
</tr>
</tbody>
</table>

- The service log dates must match the IFSP dates (e.g. if the IFSP services begin on July 15, 2010 and end on July 14, 2011, the services recorded on the service logs must begin on July 15, 2010 and end on July 14, 2011).
- Complete the calendar for each month. Indicate which service was provided on each day by entering the number that corresponds to the service listed on the service log. There is no need to include the length of time on the calendar day unless it differs from the IFSP. Use the “M” to record a meeting pertaining to the child.
- Use the appropriate code to indicate if the child is absent/no shows or the family cancelled a scheduled session. This service does not need to be made up. If the service provider is ill and cannot provide the service, the service needs to be made up within a reasonable length of time. Non-service days, such as Early Childhood CARES vacation or in-service days which fall on a day when a child typically receives services, should be indicated and do not need to be made up.
- If an existing provider adds a service during the IFSP cycle, it should be added to that provider’s service log and the service tracked during the IFSP cycle. If a new provider begins serving the child, that provider should print a new service log on which to track the new service. If a service is terminated on the IFSP, indicate this on the appropriate service log on the date it was stopped and no longer document this service.
- The service coordinator is responsible for ensuring that a service log recording each service listed on the IFSP (with the exception of transportation) is turned in at the end of the IFSP cycle. The completed service logs must be turned in with the annual IFSP paperwork, specifically the final IFSP document with the annual progress data recorded on it.
- Related service providers may keep their own service log and turn it in at the end of the IFSP cycle.

Staffing for Year-Round Early Intervention Services

EI/ECSE Specialists and Related Service Providers

For any child who is early intervention eligible (under three years of age) we ask that you schedule to deliver the child’s regular IFSP services during any breaks exceeding three weeks in duration. Providers will be paid for the agreed upon time during the breaks. This may be done on an hourly basis for Early Childhood CARES staff using a “flex” schedule or by a mutually agreed upon contract with regional programs. A family may choose to not receive services during that time or any other time and we should honor that. The intent is to have the services on the IFSP provided consistently all year. If you are going to be out of town the whole time or unable to do this for other reasons, and a child is scheduled for service, please talk to an Early Childhood CARES co-director to make other arrangements.

It is important to note that this is for early intervention age children only. Once a child turns three years old, and is early childhood special education eligible, this requirement does not apply. For children going to kindergarten, the extended year service process and criterion are used.
Summer Services for Children Transitioning to Kindergarten

Summer services may be offered to all children going to kindergarten unless the school district in which they live determines that the child will not be eligible for services in kindergarten.

- No summer services for those children who will not have an eligibility for services in kindergarten.
- Children in preschools that end in June will be provided services as needed and recommended by educational team (i.e. home visits, speech therapy). Paperwork needed: IFSP changes. If a change of placement is requested (i.e. BOOST), talk to an Early Childhood CARES representative.
- Children in preschools that continue during the summer will need no changes on the IFSP, and there is no need to add summer services to the coversheet or document need for EYS on the ECSE page.
- Children receive speech therapy only. Same guidelines apply.

Extended Year Services for ECSE Age Children
OAR 581-015-1003

Extended Year Services (EYS) is the provision of special education and related services outside the Early Childhood CARES service calendar.

The primary goal of EYS is to maintain a child’s current level on their IFSP goals and prevent serious regression of skills. EYS services are structured around the child’s IFSP and individual needs.

The IFSP team determines the need for EYS services. The team must consider EYS if a parent or school personnel feel that a student will lose skills during a break in the school year and will have difficulty regaining those skills in a reasonable period of time.

Considerations in determining need for EYS:

- The purpose of EYS is maintenance of a child’s previously learned skills on IFSP objectives, not the teaching or the learning of new skills. Skills a child can relearn or recoup given a reasonable number of instructional days once the services resume do not meet criteria for EYS services. Only those children who demonstrate potential need for EYS services should actually be considered.
- Eligibility for EYS must be made on an individual basis and cannot be based solely on the category and/or severity of a child’s disability or disabilities. No disability category is excluded from consideration of EYS.
- The teaching staff must collect data about the child’s learning and recoupment ability, communicating this information to the IFSP team. Parents may also contribute data or information for the IFSP team to consider.
- If there is no documented evidence of regression and recoupment, predictions may be used based on the professional judgment of the team.
- EYS services may consist of related services only when it is determined that these services are necessary for maintenance of a child’s previously learned skill on IFSP objectives.
- The child’s IFSP team is responsible for ensuring:
  - Children who require EYS are provided the service.
  - The standards for determining whether EYS is required are equitably applied for all children being considered.
  - The program is not placed in a position of long-term responsibility for services they are not required to provide.
- The least restrictive environment available during the period of extended year services will be made available to children eligible for such services.
- EYS is not restricted to self-sufficiency and independence, but should be considered for any area that is included in the IFSP.
- EYS must be documented on the IFSP under consideration of special factors and EYS documentation attached to the IFSP.
- If the IFSP team considers EYS and determines that the child does not qualify, the parent must be notified in writing using the Prior Notice of Early Intervention or Early Childhood Special Education Action form.
• Suggested sources of data for documenting regression and recoupment periods include but are not limited to:
  – Daily or weekly monitoring of progress of goals on IFSP
  – Progress reports maintained by educators, therapists and others having direct contact with the student before and after interruptions in the education program
  – Parent assessments or reports of negative changes in adaptive behaviors over break periods
  – Medical and other agency reports indicating degenerative-type difficulties which become exacerbated during breaks in educational services
  – Observations by educators and others
  – Results of criterion referenced tests
  – Behavior checklists

• The following are guidelines for acceptable recoupment periods:
  – At least six to eight week break is 30 instructional days
  – Three week break is 7 instructional days
  – Two week break is 3 instructional days
  – One week break is 1 1/2 instructional days
<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Service Coordinator:</th>
</tr>
</thead>
</table>

Provide information for each objective requiring EYS maintenance service.

Regression Recoumment Grid

<table>
<thead>
<tr>
<th>IFSP Objective and Domain</th>
<th>Dates of Break and Number of Instructional Days Missed</th>
<th>Level Prior to Break and Date Data Taken</th>
<th>Level After Break and Date Data Taken</th>
<th>Relearning Time to Level Prior to Break and Date Data Taken</th>
<th>Dates of Break and Number of Instructional Days Missed</th>
<th>Level Prior to Break and Date Data Taken</th>
<th>Level After Break and Date Data Taken</th>
<th>Relearning Time to Level Prior to Break and Date Data Taken</th>
</tr>
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</tr>
</tbody>
</table>
Review for Extended Year Services
Date initiated: ____________________

Child: _______________________________  Birthdate: ____________________

School/Program: ________________________  Resident District: __________________

Section 1
Yes  No

1. Does the child demonstrate significant regression on previously learned skill levels on IFSP goals and objectives following a scheduled break and does the child demonstrate a limited capacity to recoup previously learned skill levels on IFSP goals and objectives within a reasonable period of instruction once services resume after a scheduled break?

OR

2. If there is no documentation, does the professional judgment of the team identify predictive factors that may lead to significant regression on skill levels obtained on IFSP goals and objectives following a scheduled break and from relearning (recouping) skill levels obtained on IFSP goals and objectives within a reasonable period of instruction once services resume?

If answer to both questions above are no, stop and file form
If answer to either question above is yes, complete the appropriate section below and submit information to Educational or IFSP team for review

Section 2

1. Attach a list of IFSP objectives which the child was not able to recoup within a reasonable period of time and the probe data for each objective that documents significant regression and limited recoupment for each objective listed.

2. Attach a list and explanation of the predictive factors identified by the team’s professional judgment that will most likely lead to significant regression on skill levels obtained on IFSP goals and the likelihood of preventing recoupment of those skills in a reasonable amount of time.

Section 3

Check one:

☐ The child does not require Extended School Year Services

☐ The child requires Extended School Year Services
Extended Year Services: Planning Guide

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

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

Motor Skills

Communication Skills

Behavior and Social Skills

Cognitive Skills

Self-Help Skills

Name: Sample, Lisa
Birthdate: 9/6/2007
Meeting date:
Working Alone with Children

Early Childhood CARES staff do not work alone with children except in the rare situations when the therapeutic needs of the child make it warranted. This is for the safety of staff and children.

If an employee must be alone with a child (either for intervention or for toileting), doors must be open so that others can see and hear you.

If a child has emergency medical needs, staff should never be alone with the child.

If an employee works with a child alone on any regular basis, parents must be informed at the IFSP meeting. On the IFSP cover sheet write exactly “where”, in that column, for example “private speech room” to ensure that parents are informed.

Behavioral Supports and Interventions Guideline

Program Operating Guideline (POG)

AREA: Discipline

DATE: February 21, 2002 (Contractor Meeting)

CITATION: 34 CFR 300.519 through .529; OAR 581-015-0550 through 0558, and OAR 581-021-0060 through 0061

GUIDELINE: Behavioral Supports and Interventions

Emphasis on Positive Behavioral Intervention

Oregon’s EI/ECSE Program is committed to using positive, age appropriate behavioral strategies when teaching young children how to manage their own behavior. Further, the statewide EI/ECSE Program is committed to working with families to assist them in their primary role in fostering the development of their children in all areas including behavior. The most effective intervention occurs when there is close collaboration between EI/ECSE staff and families.

Such strategies typically include, but are not limited to:

• Using affirmation, encouragement and other naturally occurring reinforcers for the child’s appropriate behavior;
• Clearly communicating expectations for appropriate behavior both verbally and visually;
• Changing the classroom structure, environment or curriculum;
• Teaching children positive social skills through direct teaching,
• Modeling, practicing, and visual supports;
• Providing children alternative choices and redirection away from inappropriate behavior;
• Distracting children from inappropriate activities.

Using Behavioral Consequences

Young children may present challenging behaviors to their teachers as they learn to behave appropriately. In some circumstances, children may need more intrusive behavioral strategies to help them learn appropriate behavior. Staff may supplement the above positive strategies, by linking inappropriate behavior to the loss of privileges, objects, or activities.

Examples of such consequences might include:

• Using natural consequences - explaining to the child that when he or she hits another child, that child no longer wants to play;
• Using logical consequences - removing an object or material from the child when it was being inappropriately used;
• Using time away - briefly removing the child from the immediate situation when he or she is behaving inappropriately.

It is critical that natural, positive consequences be used to strengthen behavior. Natural or logical consequences can be employed both in positive (benefits or privileges) or negative ways (loss of benefits or privileges). EI/ECSE and all early childhood staff are aware that for negative consequences to be effective, there must be consistent and frequent positive consequences.

**Responding to unanticipated dangerous behavior**

Occasionally, young children may also present dangerous behavior in the educational setting, with the potential to injure themselves or others. In consultation with the IFSP team, which includes the family, a specific plan should be developed to address potentially dangerous behavior. Occasionally, staff may be unaware of a child’s potential for dangerous behavior, which may occur very quickly and with little warning. In such instances, staff will take immediate action to ensure the safety of the child and of others in the area. Crisis intervention may include escorting the child to a safer area with gentle, firm physical direction and/or other intervention to protect the child from possible harm. In rare circumstances physical restraint may be necessary to protect the child or others. The use of physical restraint techniques requires specific training (please refer to the Physical Restraint POG) and completing an incident report.

If a situation occurs which requires crisis intervention and/or physical restraint, as soon as it is reasonably possible staff will contact the child’s parent to debrief the incident. Staff should determine if this was an isolated event or if there is potential for the behavior to occur again. If the behavior has happened previously or is likely to happen again, a Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP) is pursued. If it is appropriate to develop a behavior plan, at minimum the plan should include:

• The behavior of concern;
• The setting and function of the behavior;
• Additional developmental evaluation, if appropriate (e.g., sensory integration; communication skills);
• Consideration of need for a mental health evaluation;
• Positive alternative behaviors for the child;
• Methods to teach and reinforce the alternative behaviors;
• Strategies to deal with inappropriate behavior;
• Opportunities for family involvement, education, and training;
• A timeline for implementation;
• A method to monitor progress;
• A system for follow-up and review;
• Team members participating, including the parent and parent’s signature indicating agreement with the plan.

Each EI/ECSE program develops emergency procedures, which should include appropriate crisis intervention techniques. Emergency procedures include specific plans as to where to take a child or, if it is more appropriate where to take the rest of the class, when a child becomes a danger to himself, herself and/or others.

**Suspension and Change of Placement Guideline**

**Program Operating Guideline (POG)**

**AREA:** Discipline

**DATE:** February 21, 2002 (Contractor Meeting)

**CITATION:** 34 CFR 300.519 through .529; OAR 581-015-0550 through 0558 and
GUIDELINE: Suspension and Change of Placement

All children with disabilities have the right to be educated in the least restrictive environment, in the company of children their same age. While some preschool aged children have behaviors that make this difficult, suspension or expulsion of the child are not viewed as an appropriate method of discipline. The removal of a child from a classroom or child care setting is considered only when the health or safety of the identified child, other children, or staff is compromised by the child’s continued placement, and only after documented intervention efforts are unsuccessful in altering either the child’s behavior or the environment to the point where the safety of children and staff can be assured.

While federal and state regulations allow suspension or expulsion, these generally are not appropriate forms of discipline for preschool aged children. However, there may be situations that require consideration of a change of a child’s placement in order to insure the health and safety of all involved, as well as to provide the most appropriate educational program for the child. Under these circumstances a program may suspend a child pending the IFSP meeting. When a placement change is considered, due to concerns about a child’s behavior, the following procedures are followed:

A. Immediately notify the supervisor when concerns arise.

B. Request a classroom observation from another observer (e.g. the supervisor, the evaluation staff, a behavior consultant, the Head Start Mental Health Consultant, etc.) to document the problem behaviors and evaluate whether environmental changes or different teaching strategies might address the problem.

C. Call a meeting of the child’s IFSP team (including the EI/ECSE Supervisor, the observer, child’s teacher, and the child’s parent(s)) to discuss the problem and brainstorm possible solutions. The focus of the meeting should be solution oriented and not punitive. The following factors should be considered in the discussion:

1. Are there changes, which could be made in the current environment (e.g., rearranging the room into more defined spaces), which might address the problem behaviors? (The IFSP team must document changes attempted and assure that the changes were given sufficient time to be effective.)

2. Are there changes, which could be made in current teaching practices or classroom curriculum (e.g. use of picture or object schedules, adjustments in schedule, additional staff), which might address the problem? (The IFSP team must document changes attempted and determine if there was sufficient time for implementation.)

3. Has the problem behavior been adequately analyzed so that staff knows what events are likely to trigger the problem? Are all staff consistently applying behavior management strategies? Has a Functional Behavioral Assessment (FBA) been completed? Are a health assessment and/or a mental health assessment needed? Has a behavior Intervention Plan (BIP) been implemented? Is there a clear understanding of what the child’s behavior is about? Would additional training or consultation resolve the situation?

4. Are there additional resources and/or agencies that might be brought in to help in addressing the problem? (e.g. behavior consultant, Mental Health Department for a mental health assessment, physician or health department for health assessment, parent education, counseling or family support, etc.).

[A useful resource for addressing these questions is the ECSE Behavior Cadre Technical Assistance Manual. Appendix 5 of Section 3 contains three very useful Functional Behavioral Assessment approaches: The CHEERS Model; Behavior Mapping; and CABIN.]

D. After consideration of these questions, if the IFSP team determines a change in the child’s placement is warranted including placement in the home, then the decision is documented on the “Placement Decision” form and on the “Prior Notice of EI/ECSE Action” form. A change is made on the IFSP cover
sheet if appropriate, and copies given to the parent(s). Again, all decisions should be solution oriented and not punitive. The change in placement may begin as soon as appropriate arrangements can be made with the agreement of the parent(s).

When the health and safety of the child and/or other children in the classroom is threatened, then it may be necessary for the identified child to remain at home a few days or attend an alternative classroom, until the necessary arrangements are made for the new placement. These decisions are made by the child’s IFSP team, including the parent(s) and are noted on the IFSP and on the “Prior Notice of EI/ECSE Action” form.

EI/ECSE community partners, including Head Start programs, private preschools, and Relief Nurseries, vary in available personnel and resources. Contracts or interagency agreements should include language-specifying procedures to follow, including notifying the EI/ECSE program, when staff is concerned about a child’s behavior.

**Physical Restraint Guideline**

**Program Operating Guideline (POG)**

**AREA:** Discipline

**DATE:** February 21, 2002 (Contractor Meeting)

**CITATION:** 34 CFR 300.519 through 529; OAR 581-015-0550 through 0558, and OAR 581-021-0060 through 0061

**GUIDELINE:** Physical Restraint

**Definition of Restraint**

Physical restraint means restricting the movement or normal function of a child or of a portion of the child’s body by forcefully and involuntarily depriving the child of freedom of movement. Simple physical redirection or guidance, such as a teacher’s hand on a child’s back to redirect the child or the teacher briefly holding the upper arm(s) or clasping of the hand of a child, is not considered physical restraint.

In providing care and educational instruction to young children there is always some physical contact for guiding, directing or preventing harm. It is normal and natural for an adult to guide or direct a child by gently laying a hand on the child’s shoulder, back or arm. It may be necessary for an adult to hold a child on the lap to maintain the child’s attention or to provide structure or security for some activities. An adult may use his or her body to block a child from exiting an area of safety or entering a dangerous area. The normal, typical activities that adults use to guide, direct and protect children are not considered restraint activities. Children with disabilities who are placed in tray chairs, high chairs, or other adapted equipment for physical support or instructional purposes, are not considered as physically restrained. Placing and securing a child in a chair for other than instructional or support purposes is not permitted unless determined appropriate by the child’s IFSP team as part of the child’s Behavior Intervention Plan (BIP). Discretion must be used to ensure that placement in such chairs or adapted equipment meets the instructional or physical support needs of the child and is not for restricting the child’s mobility.

Only when the frequency, intensity, and duration of physical contact is outside of normal, naturally occurring adult–child interactions is it considered physical restraint. That is, restraint only occurs when there is contact in excess of briefly holding a child in order to calm the child, to comfort the child, to secure the child into a chair for instructional and/or support purposes, or the minimum contact necessary to safely escort the child from one area to another.

**Minimum Training Required for Specific Restraint Procedures**

EI/ECSE programs should have appropriate behavior management and behavior intervention training programs that are provided to staff having direct contact with children. Selected staff should receive training in appropriate restraint techniques and how to determine when restraint is appropriate.
Cautions for Using Restraint

Restraint procedures are used only when a child is in imminent danger of hurting himself/herself or others and all less restrictive alternatives have been tried and have failed. Restraint is applied when the child has started or is about to start an activity that potentially will hurt him/her or others. The amount of force of the restraint should be a minimal amount that will stop the child’s intended activity. At no time and under no circumstances is it appropriate for any EI/ECSE staff member to use any life threatening physical restraint on a child.

When physical restraint is necessary as an emergency procedure to prevent harm to the child or others, an incident report is made. Incident reports are made to the staff member’s supervisor who is responsible to monitor the appropriateness of actions taken and provide direction as necessary.

For children, for whom it is suspected or determined that physical restraint may be necessary, the use of physical restraint is included in a behavioral plan that is referenced in the child’s IFSP. The behavior plan is signed by the parent(s) to indicate their agreement with the plan.

In summary, physical restraint is used only:

1. In emergency situations when needed to ensure the safety of the child and/or others; or
2. In accordance with a behavior intervention plan and the child’s IFSP; and
3. With extreme caution to prevent any harm to the child.

Physical Restraint Procedures for Early Childhood CARES

Reviewing Consultation Requests or Intervention Plans Involving the Use of Physical Restraint

Early Childhood CARES is committed to using positive, age appropriate behavioral strategies when teaching young children how to manage their own behavior. However, in some circumstances, children may need more intrusive behavioral strategies to help them learn appropriate behavior. Staff may supplement positive strategies, typically by linking inappropriate behavior to the loss of privileges, objects, or activities and by using natural, positive consequences to strengthen appropriate behavior. For negative consequences to be effective there must be consistent and frequent positive consequences.

Occasionally, staff may be unaware of a child’s potential for dangerous behavior, which may occur very quickly and with little warning. If a situation occurs which requires crisis intervention, staff will contact the child’s parent to debrief the incident as soon as it is reasonably possible. Staff should determine if this was an isolated event or if there is potential for the behavior to occur again. If the behavior has happened before or is likely to happen again, a Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP) are completed.

In developing a BIP, staff should be cautious in using physical restraint procedures. According to the ODE EI/ECSE Program Operation Guideline, Physical Restraint, established 2/21/2002, “Physical restraint means restricting the movement or normal function of a child or of a portion of the child’s body by forcefully and involuntarily depriving the child of freedom of movement.

... Only when the frequency, intensity, and duration of physical contact are outside of normal, naturally occurring adult-child interactions is it considered physical restraint. That is, restraint only occurs when there is contact in excess of briefly holding a child in order to calm the child, to comfort the child, to secure the child into a chair for instructional and/or support purposes, or the minimum contact necessary to safely escort the child from one area to another.”

If a child’s proposed Behavior Intervention Plan calls for the use of physical restraint, the plan will be reviewed by a team consisting of the IFSP service coordinator and a member of the Early Childhood CARES Behavior Related Services team. The Behavior Intervention Plan is based upon the following key items:

- A functional behavior assessment of the problem behaviors
- Statement describing the problem behavior (including frequency, intensity etc.)
• Strategies to replace the problem behavior
• A plan for crisis intervention strategies, specific to the child, with specific descriptions regarding the use of physical restraint
• Plan for collecting and reviewing data on the effectiveness of the BIP
• A date for review and modification of the plan
• An area for signatures, including the child’s parent

Parent consent (signature) is required prior to implementation of the BIP.

**Separated or Divorced Parents and IFSP Meetings**

Each child has only one IFSP with only one eligibility and placement decision. ECSE specialists are not to have separate meetings for each parent. It is in the best interest of the child, parents and team members to plan together to achieve agreement on goals, objectives and services. Send the notice for an official IFSP meeting to both parents. If it is impossible for the parents to be at the meeting together, the ECSE specialist may agree to meet separately to share information but may not make changes outside of the one official meeting.

Legally both biological parents have the right to review their child’s educational records. If there is one custodial parent, she or he cannot prevent the other parent from having access to the records or observing the child in her/his educational placement. The only exception to this involves an actual legal restraining order or specific wording in the legal divorce agreement. If this is the situation, the ECSE specialist must be provided with a copy of the document. Make sure Early Childhood CARES also has a copy in the main educational file.

**Missed IFSP Services**

**Missed IFSP Services Due to Service Provider Absence**
The IFSP is a legally binding agreement between the parent(s) of the eligible child and the public education agency (Early Childhood CARES). It is Early Childhood CARES responsibility to provide the services as written on the IFSP and to address the agreed upon goals and objectives for each child. When service providers miss providing services for planned or unplanned reasons (illness, family emergencies or trainings), it is the legal responsibility of Early Childhood CARES to address the missed services.

If the service provider knows in advance that more than one week of service will be missed, she/he contacts the supervisor to make a plan to address children’s IFSP needs before the scheduled time off.

It is the responsibility of the service provider to notify the supervisor if:
• She/he is out more than three consecutive days
• Misses three consecutive services with a child
• Misses 25% or more of the IFSP services within a month

Whenever possible, the service provider and the supervisor will work together to develop a plan to address children’s needs. If this is not possible, the supervisor will develop a plan and will contact parents and preschool teachers.

**Missed IFSP Services Due to Child’s Frequent or Prolonged Absence**
When a child misses scheduled IFSP service time, the service coordinator checks with the child’s parents and/or preschool teacher to learn why services were missed. If there is no “reasonable” explanation for why services were missed, such as the child is ill or the parent is ill, the following guidelines will be followed:

If a child misses 50% or more of his or her IFSP services over a one month period, it is the responsibility of the service coordinator to call an IFSP meeting to consider the child and circumstances. The discussion should include reasons for missing services, strategies to help the child access services consistently, how the absences are affecting the child’s progress and what will be done to remedy the situation.
One of the following actions is recommended at the IFSP meeting:

- Strategies or adjustments are made which will enable the child to attend regularly (attend an afternoon group rather than a morning group, set up transportation, feed the child breakfast at school, etc.).
- A criterion for attendance is specified for the parents with clear expectations of attendance and next steps if child does not attend consistently (change of services or discontinuing services).
- Services and / or placement are changed (include Early Childhood CARES representative in this discussion).
- A letter is sent to family indicating that Early Childhood CARES has been unable to provide services to their child and that services will be terminated unless the family contacts Early Childhood CARES.

In the case of a medically fragile child, the team discusses what will be done when the child has prolonged or frequent absences as part of the IFSP planning process and this plan is specified in the IFSP.

**Completion and Entry of AEPS and ASQ Scores**

**EI Evaluation and Eligibility**
EI evaluator will complete all the domains of the AEPS and enter into the Assessments tab on ecWeb all the AEPS required scores. This only needs to be done for children who are eligible for EI services, not those children who DNQ.

**EI to ECSE Transition**
For a child transitioning from EI to ECSE, the service coordinator will enter the exit and entry AEPS scores at the time of transition. If the child will qualify for ECSE with a CD eligibility with only articulation, fluency or voice needs, the service coordinator enters the exit AEPS scores. The ECSE entry score will be from the age-appropriate ASQ. If a child will DNQ for ECSE eligibility, the service coordinator enters only the exit AEPS scores.

**ECSE Evaluation and Eligibility (not CD)**
For ECSE children going through the Early Childhood CARES evaluation team or receiving an evaluation by an Early Childhood CARES service provider in the field, the evaluator completes the AEPS in the areas of delay. Then the assigned service coordinator will finish the other domains of the AEPS and enter all of the required scores into the Assessments tab on ecWeb. The service coordinator can do this on an initial home visit or an initial visit to a childcare or preschool site the child attends.

The evaluator will record items they observe or test in other domains whenever possible. The full (all domains) protocol will follow the child from the evaluator to the service coordinator. A copy of the domains of the AEPS tested for the eligibility will be turned in with the evaluation protocols.

The date that the AEPS must be completed (30 calendar days from the initial eligibility date) will be written on the front page of the AEPS protocol and the protocol will follow the child.

**ECSE CD Evaluation and CD Eligibility**
For the ECSE children going through the Early Childhood CARES evaluation team or being evaluated by an Early Childhood CARES SLP in the field, and who will get a CD eligibility with a language component (not articulation, fluency or voice only), the social communication section of the AEPS is completed by the evaluator. The AEPS Parent Survey form is given to the parent to complete, either before the evaluation while they wait, or at the beginning of the evaluation to complete during the evaluation. The AEPS Parent Survey form will be given to the service coordinator and the information recorded by the parent will be used to help the service coordinator complete the AEPS in all domains. Once the AEPS is completed in all domains, the service coordinator will enter the required scores into the Assessments tab on ecWeb. The AEPS can be done by the service coordinator on an initial home visit before services begin, or in a childcare or preschool site the child attends.

The evaluator will record items on the AEPS protocol that they observe or test in other domains whenever possible. The entire protocol (all domains) will follow the child from the evaluator to the service
Early Childhood CARES Service Provider Handbook

September 2011 v.1

4J ECSE Evaluations
The 4J evaluation team does not use the AEPS when evaluating ECSE-age children. Service coordinators receiving children evaluated by 4J will need to complete an AEPS within 30 days of eligibility.

ECSE Evaluation for CD Eligibility for articulation, fluency or voice only
For ECSE children getting a CD eligibility for articulation or fluency or voice only, the ASQ scores obtained at the ECSE screening, will be entered into the Assessments tab on ecWeb the evaluator. For a child who was evaluated by the 4J team, the Early Childhood CARES Representative will enter the scores into the Assessments tab. The Early Childhood CARES screeners will record the ASQ scores from each domain onto the screening summary form.

Which date should be used when entering the scores into the Assessments tab on ecWeb? Since the AEPS is often given over more than one day, a date must be selected to enter in the Assessments tab. For the first administration of the AEPS, use the initial eligibility date as the date the AEPS was given when entering the scores into the Assessments tab. For mid-cycle reviews, use the date it was started as the test date when entering the scores into the Assessments tab. For annual IFSP reviews, use the date of the annual review when the AEPS is discussed with the parents.

Remember to use the AEPS forms that identify the X, Y, and Z items to be tallied.

Remember there is a 30 calendar day timeline to complete the AEPS.

Remember that any child who is evaluated for the first time and does not qualify (DNQ) does not need to have scores entered into the Assessments tab. If a child DNQs after an evaluation and has been in services, give an exit AEPS and enter the scores in the Assessments tab if the last AEPS administered has been mid-cycles or more.

Remember that if a child is going to be in services less than six months, you do not need to enter the AEPS data into ecWeb (for example, a child enters services six or less months before they will go to kindergarten).

Guidelines for the AEPS and ASQ Administration

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

Timelines

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

When children exit EI or ECSE services because they no longer qualify, are moving out of Oregon, or their parent refuses services, the AEPS or ASQ must be administered. It is also administered when a child exits for kindergarten. The assessment should be given no more than 30 calendar days before or 30 days after the exit date.

When a child transitions from EI to ECSE services, an AEPS must be completed because he or she is exiting EI and entering ECSE. The same assessment scores can be used for exit and entry at this time unless:
• The child changes AEPS levels; from AEPSI to AEPSII (this is individually determined).
• The child only qualifies for ECSE services with CD eligibility with only articulation and/or voice and/or fluency needs. In this circumstance the ASQ will be used as the initial entry score for ECSE.

The appropriate assessment(s) should be given no longer than 30 calendar days before or 30 days after the exit date from EI and the initial eligibility date for ECSE.

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

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

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

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

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

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

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

Yes, list the AEPS or the ASQ (depending on which is the appropriate one to administer) on the IFSP cover sheet under “How will parents be informed of the child’s progress?”

**Can parents opt out of the AEPS or ASQ?**

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

**Interpretation (Verbal) and Translation (Written) Services**

Interpretation refers to oral communication. Translation refers to written communication. There are some documents that must be translated (see below). Other information will be shared orally so that there is an opportunity for parents to have interactions with Early Childhood CARES personnel.

**General information**

- Interpretation and translation services must be relevant to the child’s special education services.
- Schedule time for interpretation and/or translation no less than TWO WEEKS ahead of time. If Spanish interpretation is needed, contact the Early Childhood CARES interpreter. If interpretation is needed for a language different than Spanish, contact the screening and evaluation coordinator for assistance.
- If another agency or program has an interpreter available, there is no need to schedule time with the Early Childhood CARES translator.
- It is important to ask parents if interpretation or translation is needed. This information is collected at the time of referral, but needs may change over time and the issue should be reviewed with the parent annually.
Translation

- Early Childhood CARES must translate the following due process forms required by the state:
  - Medical disclosure
  - DMAP
  - Mutual exchange
  - Evaluation consent and evaluation tools checklist
  - Meeting notice
  - Provision consent
  - Action notice
  - Emergency protocol
  - Refusal of media access
  - Agreements form
  - All eligibility forms
  - Team page and family page of the IFSP

- In addition, Early Childhood CARES will provide translation of the:
  - IFSP cover sheet
  - Development page
  - Progress notes

Interpretation

An Early Childhood CARES interpreter will be available for:
- Evaluation reports
- Eligibility meetings
- IFSP meetings
- Home visits
- Phone calls

Other

- Evaluation reports will be orally interpreted and explained. Translation will be provided when parents need it to access the information.
- All flyers advertising Early Childhood CARES parent events will be translated into Spanish
- The Monthly e-News will be translated into Spanish.
- It is preferred that notes home are presented orally. If teachers have notes to send home after a class or a group, the notes are sent electronically or given to the Early Childhood CARES translator. She will call the parent to share the information. If the parent has questions they will be forwarded to the service coordinator. If oral communication is not effective, these notes may be translated.
- Forms with dates, proper names of people, agencies and test protocols do not need additional translation. Any other text must be translated before submitting the form for the main file.

Translation of Early Childhood CARES Database Documents

Important to Remember

- Checklists for completing evaluations and eligibility team meetings for Spanish speaking families are found in Section IX, Checklists and Forms.
- All forms that require a parent signature must be provided in the native language.
- Any information in English entered on a form or changed on a template will need to be translated.
- Prior to an evaluation appointment or IFSP meeting (at least two weeks ahead of time), call / e-mail the Early Childhood CARES interpreter / translator to request translation of documents needed for the meeting. The interpreter / translator will notify the service provider when the documents are ready to print.
- After an evaluation appointment or IFSP meeting when all forms are complete on the database in English, request translation of required bilingual forms (refer to chart above). The Early Childhood CARES interpreter / translator will notify the service provider when translation is complete.
- Print and turn in all evaluation and IFSP documents for the child’s main file, including documents that require English and Spanish text.
• Request to have a copy of all signature pages sent to the Early Childhood CARES interpreter / translator.
• The Early Childhood CARES interpreter / translator will send copies of all documents to the family and turn in Spanish translations of other IFSP forms such as the cover sheet, development page and progress notes.
• Forms available in English and Spanish are listed on the forms menu.
• If any English on a template used for standard processes is changed (such as EI to ECSE and kindergarten transition, EI and ECSE eligible or not eligible), translation must be requested.

Guidelines for Working with Early Childhood CARES Interpreter

Before the Meeting
• Plan sufficient time for the meeting - it will take more time than a meeting in a single language.
• Have the forms ready, which need to be signed in both languages.
• Provide the interpreter with an overview of the purpose of the session.

During the Meeting
• Introduce yourself, other members of the team and the interpreter to the family. Describe the role each person will serve.
• Speak directly to the family and not to the interpreter. Look at and listen to each family member as they speak. Let the interpreter become your voice. Families should also be encouraged to look at and talk to the speaker, not the interpreter.
• Speak clearly and slowly. Pause to allow the interpreter to translate what has been said. This also allows the parents more time to understand what has been said. Give examples.
• From time to time, check on the family’s understanding of what has been said by asking them to repeat back information, comment about their child at home or ask questions.
• If a family member and the interpreter start talking to each other, ask for a translation.
• Do not allow side conversations.
• Summarize the meeting and go over important points. Clarify any confusions or complicated information.

After the Meeting
• Once all information has been entered on the database, inform the interpreter/translator that the information is ready to translate.

General Information to Remember
• Listen to what the interpreter says to detect any errors.
• Avoid body language that can be misunderstood.
• Avoid using slang words or jargon.
• Whenever possible, use materials printed in the family’s language.
• Learn basic words and phrases in the family’s language, such as typical greetings.
• Make sure the interpreter understands the importance of maintaining confidentiality about anything related to the family and all information discussed in the meeting.

Sources:
Practice Notes from North Carolina Division of Social Services and the Family and Children Resource Project SALUTE, US Department of Education, California State University, Northridge.
Family Training

What is family training money for?
The family training money is made available to families to help them access training opportunities related to their child with special needs. Each family and child is unique and therefore this provides a medium for parents to attend training opportunities geared to their individual needs.

Who may apply for family training money?
Any family with a child in the Early Childhood CARES program who is currently eligible and receiving services may apply for family training funds.

Are there any guidelines or restrictions to the family training funds?
When family funds are available, a maximum of $400 per family and only one request per fiscal year. The request must be for a learning or training opportunity related to parenting or teaching their child with special needs.

How does a family apply?
Complete the training money request on ecWeb and send to an Early Childhood CARES co-director.

Equipment Loan Policy

Early Childhood CARES has a policy for equipment loaned to families and / or classrooms.

Early Childhood CARES asks each interventionist to loan equipment with the understanding that the equipment is to be used only with the child for whom it was intended. Proper training needs to be given to each family and / or classroom personnel when the equipment is to remain for a time period in a location where the interventionist will not be present.

When leaving equipment with a family or in a classroom the following guidelines are recommended:

- Train the family / classroom personnel on the appropriate use of the equipment including possible dangers and safety precautions
- Make sure the equipment is in good repair to ensure safety
- Demonstrate the use of the equipment for each child
- Review where equipment will be kept when not in use
- Complete the protocol with the family. Specify equipment you are leaving.

Early Childhood CARES can loan equipment for up to one month. The Early Childhood CARES staff person needs to check out the equipment from the Motor Team office. The Early Childhood CARES staff will be responsible for returning equipment and noting any damage. If equipment is in poor repair, missing parts or not safe this needs to be reported to the Motor Team. Equipment is expensive so return it!

Due to liability issues Early Childhood CARES has a new policy for trampolines. Trampolines are not to be loaned to families. Trampolines are not to be used in classroom settings unless there is direct, one-on-one supervision at all times when a child is using the trampoline. Please follow your program policies relating to trampoline use.

Adaptive Toys, Switches, Augmentative Communication Devices and Computer Resources

These materials are located in the wooden cupboards in the hallway across from the toy library, in the wooden cupboards on the left side of the toys area and on the wire shelves nearby. There is a separate black check out notebook for these items arranged by category so they can be easily found. Please check out items by writing your name, the date and who was loaned the item. Only Early Childhood CARES employees may check these out. When they are returned, please put them in the correct place and cross off your name. If an item is broken, or parts need to be replaced, contact the motor team. These items are particularly expensive so they must be returned in a timely fashion.
# VII. Health and Medical Processes and Procedures

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>When to Contact the Early Childhood CARES Nurse</td>
<td>80</td>
</tr>
<tr>
<td>Health Emergency Form</td>
<td>80</td>
</tr>
<tr>
<td>Usual Procedure for Asthma, Allergies and Seizures</td>
<td>80</td>
</tr>
<tr>
<td>Health-Related Trainings</td>
<td>81</td>
</tr>
<tr>
<td>Administering Medical Treatments in School</td>
<td>81</td>
</tr>
<tr>
<td>Administering Medication in School</td>
<td>81</td>
</tr>
<tr>
<td>Pandemic Influenza Plan</td>
<td>82</td>
</tr>
<tr>
<td>Action Steps: Children at High Risk for Flu Complications</td>
<td>82</td>
</tr>
<tr>
<td>Exclusion Guidelines for Sick Children</td>
<td>83</td>
</tr>
<tr>
<td>Exclusion Guidelines for Staff</td>
<td>84</td>
</tr>
<tr>
<td>Exposure to Bloodborne Pathogens</td>
<td>84</td>
</tr>
<tr>
<td>General Guidelines for Safe Feeding</td>
<td>92</td>
</tr>
<tr>
<td>Feeding Team Protocol</td>
<td>92</td>
</tr>
</tbody>
</table>
When to Contact the Early Childhood CARES Nurse

To maintain optimal health and safety for each child who attends a preschool classroom, please routinely complete a Nursing Services Request form for the Early Childhood CARES nurse to report any child in or entering your classroom who has:

- Gastrostomy feeding tube
- Diabetes
- Life threatening allergies
- Asthma
- Seizure Disorder
- Serious cardiac or pulmonary concerns (currently under care of physician)
- Brain shunt
- Serious liver or kidney concerns (currently under care of physician)
- Immuno-compromised
- Other health concerns you may have questions about

Refer to the instructions on the form. If you are unclear whether or not to complete a Nursing Service Request or have questions, call or email the Early Childhood CARES nurse.

Health Emergency Form

Each Early Childhood CARES child needs to have a completed health emergency form readily accessible to all classroom staff and signed by the parent authorizing classroom staff to call an ambulance if necessary and providing instructions on how to manage any unique health issues the child has. Please contact the Early Childhood CARES nurse for any questions.

Usual Procedure for Asthma, Allergies and Seizures

**Asthma**

1. Assist child with prescribed medication.
2. Encourage child’s relaxation (e.g. slow, deep breathing, sipping warm, clear fluids).
3. Observe child for inadequate breathing. Call 911/EMS if inadequate breathing is observed. Some signs of inadequate breathing include:
   - The child is hunched over, with shoulders lifted and straining to breath
   - The child has difficulty completing a sentence without pausing for a breath
   - The child’s lips or fingernails are blue or dusky

**Allergic Reaction**

1. Assist child with prescribed medication.
2. Observe child for vomiting, swelling of the face and lips, itchiness, throat tightness, difficulty breathing, coughing, sneezing and watery eyes, skin that is red and bumpy.
3. If inadequate breathing, signs of shock, and/or unusual swelling, call 911/EMS.

**Seizure**

1. Remove hazardous objects and protect from injury. Loosen child’s clothes if tight.
2. Turn child to his/her side to maximize breathing capacity.
3. Remove other children from the immediate environment to give privacy.
4. Time the seizure.
5. If child has never had a seizure, child’s breathing is inadequate after the seizure, injury occurs, seizure lasts longer than five minutes, or if one seizure follows another for greater than five minutes, call 911/EMS
6. Notify parent (immediately if 911/EMS is called or if seizure is markedly different).
7. Allow child to rest as needed. If child is unable to return to class after 20 minutes, notify parents again.

Health-Related Trainings

- **CPR/First Aid Training.** Both CPR and First Aid training are required each year. Early Childhood CARES, through the University of Oregon, offers these trainings a couple times a year.
- **Bloodborne Pathogens.** OSHA requires that all Early Childhood CARES employees receive an annual review of management of bloodborne pathogens in the classroom. This will be done during the September in-service training each year.
- **Medication Training.** In order for any Early Childhood CARES employee to give any medication to a child at school, she/he must have taken the one-hour medication training from the Early Childhood CARES nurse. After the initial training, the nurse and classroom staff will communicate briefly each time a new medication is begun by any child in the class. (Please see Administering Medication in School.)
- **Epi-pen Training.** Children who are known to be at risk of a severe systemic allergic reaction (anaphylaxis) have prescriptions for epinephrine to be injected by an Epi-pen in case of emergency. The Early Childhood CARES nurse will provide a one-and-a-half hour training and certification (valid for three years) for staff desiring the certification. Training is required if staff are providing services for a child with a life threatening allergy.

Administering Medical Treatments in School

Before assisting a student with a treatment, school personnel shall contact the Early Childhood CARES nurse to receive required training, review the policies and procedures, and complete the necessary forms.

School personnel shall not provide any medical treatments to students, except as provided for in this policy. A parent or guardian and a qualified physician must provide written notice before any treatment may be done.

Students who must have regularly scheduled treatments (i.e. urinary catheterization or tube feedings) in order to stay in school must have an individualized treatment plan (based on parent and physician instructions) completed by the Early Childhood CARES nurse. The treatment plan will be on file at the site and in the main office.

The Early Childhood CARES nurse shall maintain a list of students receiving treatments and shall designate and train the staff members who will assist with treatments. By the end of the school year, Any treatment consent forms required by this policy and documentation of administration will be returned to and maintained in Early Childhood CARES main file.

In the event of an emergency that requires treatment, a designated member of the school staff must notify parents or guardian as quickly as possible. The student’s record should contain the current telephone number of the parent specifically for this purpose.

Administering Medication in School

Before assisting a student with medication, school personnel shall contact the Early Childhood CARES nurse to receive required training, review the policies and procedures, and complete the necessary forms.

Children who must depend upon prescribed medication as defined by OAR 581-021-0037 in order to stay in class must have written permission from a parent or guardian requesting that Early Childhood CARES comply with the instructions of the physician. The medication is to be in its original prescription bottle or container, clearly labeled by the pharmacy with the name of the child, drug, dosage, name of the prescribing physician, and the time interval that the medication is to be taken. The label may serve as the physician’s instruction.
Children may receive a non-prescription medication at school as long as it is on the list of acceptable medications (available from Early Childhood CARES nurse) as defined by OAR 581-02-10037. Parents will provide written permission for their child to receive non-prescription medication at school including instructions for amount, time interval, and indications for use. Prescription and non-prescription medication will be brought to school by the parent in its original container and maintained in its original container at school.

Early Childhood CARES staff will document medication administration on the appropriate form provided by the Early Childhood CARES nurse. Staff shall store student medications in a locked cupboard or box. Any consent forms required by this policy will be completed prior to administration of the medication. The original signed version will be maintained in the Early Childhood CARES main file.

For specific emergency medication such as Diastat (Valium) for seizures, a parent or guardian and a qualified physician must provide written notice before the prescribed medication may be given. The Early Childhood CARES nurse, acting under directives signed by the physician, will provide special training for involved staff.

In the case of potential need of epinephrine (Epi-pen) for a severe allergic reaction or Glucagon for a diabetic emergency, the Early Childhood CARES nurse will provide a one-and-a-half hour training and three-year certification to involved staff.

If an emergency medication is used, classroom staff must notify parents or guardian immediately. The current phone number of the parents or guardian will be maintained on the child’s Emergency Protocol Form for this purpose.

Pandemic Influenza Plan

1. The Early Childhood CARES nurse and administrative staff will follow the University of Oregon Pandemic Response Plan and keep employees informed.
2. Employees will be notified if there are special precautions that are indicated or if there is specific information that should be sent to families or posted in classrooms.
3. Strictly adhere to the Exclusion Guidelines for Sick Children and implement additional measures if directed to do so by the Early Childhood CARES nurse or administrative staff.

Action Steps: Children at High Risk for Flu Complications

Children with chronic health problems such as asthma, diabetes, heart disease, metabolic conditions, neurologic and neuromuscular disorders, or who are pregnant are at higher risk of having complications from flu. In addition, all children younger than five years old are at higher risk of flu complications compared to older children. Encourage parents to consult their child’s pediatrician if they are unsure if their child is at higher risk for flu complications.

Keep children at high risk for flu complications from getting sick with the flu

- Make sure children wash hands for 20 seconds with soap and water or an alcohol-based hand rub often and especially after coughing or sneezing.
- Have children cough and sneeze into a tissue or into his or her elbow or shoulder if a tissue is not available.
- Keep children away from people who are sick.
- Clean surfaces and objects that children frequently touch with cleaning agents that are usually used.
- When there is flu in the community, encourage parents to consider their child’s risk of exposure if they attend public gatherings. In communities with a lot of flu, people who are at risk of complications from flu should consider staying away from public gatherings.
- If flu is severe in the community, encourage parents to talk to their child’s doctor and their child’s school to develop a plan on how to handle their child’s special needs.
- Encourage parents to get their child vaccinated for seasonal flu and any additional recommended flu vaccine when vaccines are available.
Recognize if children are sick
Some children may not be able to tell you about their symptoms, which can result in a delay in responding to their illness. It is important to watch carefully for the signs and symptoms of flu or unusual behavior that may be a sign your child is sick. Symptoms of flu include fever, cough, sore throat, runny or stuffy nose, body aches, and fatigue. A fever is a temperature taken with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). If you are not able to measure a temperature, a child might have a fever if he or she feels warm, has a flushed appearance, or is sweating or shivering.

Watch for emergency warning signs that need urgent medical attention. These warning signs include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Not urinating or no tears when crying
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Flu-like symptoms improve but then return with fever and worse cough

Educate parents about tips for taking care of high risk children with the flu

- Contact their child’s doctor immediately if their child is sick. This is important because the antiviral medicines used to treat flu work best when started within the first 2 days of getting sick. Their child’s doctor will tell them what special care is needed for their child.
- Keep sick children at home until at least 24 hours after there is no longer a fever or signs of a fever (without the use of a fever-reducing medicine). Keep children home unless they need to go to the doctor.
- Make sure children get plenty of rest and drinks clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants, Pedialyte®) to keep from being dehydrated.
- If their child has a fever, use fever-reducing medicines that the doctor recommends based on their child’s age. Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have flu; this can cause a rare but serious illness called Reye’s syndrome.
- Keep sick children in a separate room (a sick room) in the house as much as possible to limit contact with household members who are not sick.

For more information visit [www.flu.oregon.gov](http://www.flu.oregon.gov), the CDC site – [www.flu.gov](http://www.flu.gov) or call the flu hotline: 1-800-978-3040

Exclusion Guidelines for Sick Children

In order to ensure the safety and health of our children and staff, children who have any of the following conditions will be excluded from the classroom until either the condition subsides, is no longer contagious or a note is received from the child’s doctor stating that they are not contagious and that they may return to school.

1. Fever, a temperature over 100 degrees Fahrenheit or 37.8 degrees Celsius. May return to school once fever is gone for 24 hours without the use of fever-reducing medicine.
2. A sore, red throat, even if no fever is present.
3. An earache.
4. A deep, hacking cough.
5. Severe congestion.
6. Difficulty breathing or untreated wheezing (see their doctor).
7. An unexplained rash.
8. Vomiting (more than one time in last 24 hours).
9. Diarrhea (more than two times in last 24 hours).
10. Stiff neck and headache with one or more of the above symptoms (contact their doctor immediately).
11. Thick green or brown drainage from the nose along with sinus pressure, fever or tiredness.
12. Colored drainage from eyes or ears.
13. An unusual yellow coloring to the skin or eyes (contact their doctor).
14. Cuts or openings on the skin that are pus-filled or oozing (bring a note from doctor and keep sores covered).
15. Lice - live (Staff will suggest least toxic treatment).
16. A contagious disease. If you know or suspect a child has a contagious disease, the classroom should be notified and the child should see a doctor to confirm the diagnosis and receive medication(s) if needed. A note will be needed from the doctor describing the condition and when it is okay for the child to return to the classroom.
17. Symptoms that prevent the child from participating in usual school activities or if the child requires more care than the classroom staff can safely provide.

Parents who feel their child is too ill to participate in outdoor activity, should keep her/him home an extra day to insure a complete recovery.

If staff are unsure about a parent’s concern regarding their child’s condition or a child is brought in to the classroom that they suspect is ill, they will call the parent if available or another person listed on the emergency contact form. In cases where the parent and staff are in conflict about the child’s condition staff will call the Early Childhood CARES nurse and/or the child’s physician’s office for further advice.

**Exclusion Guidelines for Staff**

In order to ensure the safety and health of our staff and children, staff who have any of the following conditions will be excluded from the classroom until either the condition subsides, is no longer contagious or a note is received from the staff member’s doctor stating that they are not contagious and that they may return to school.

1. Fever, a temperature over 100 degrees Fahrenheit or 37.8 degrees Celsius. May return to work once fever is gone for 24 hours without the use of fever-reducing medicine.
2. A sore, red throat, even if no fever is present.
3. An earache.
4. A deep, hacking cough.
5. Severe congestion.
6. Difficulty breathing or untreated wheezing (see their doctor).
7. An unexplained rash.
8. Vomiting (more than one time in last 24 hours).
9. Diarrhea (more than two times in last 24 hours).
10. Stiff neck and headache with one or more of the above symptoms (contact their doctor immediately).
11. Thick green or brown drainage from the nose along with sinus pressure, fever or tiredness.
12. Colored drainage from eyes or ears.
13. An unusual yellow coloring to the skin or eyes (contact their doctor).
14. Cuts or openings on the skin that are pus-filled or oozing (bring a note from doctor and keep sores covered).
15. Lice - live (Staff will suggest least toxic treatment).
16. A contagious disease. If a staff member may have a contagious disease, the classroom should be notified and the staff should see a doctor to confirm the diagnosis and receive medication(s) if needed. A note will be needed from the doctor describing the condition and when it is okay to return to work in the classroom.
17. Symptoms that prevent the staff from participating in usual work duties.

If there are questions or concerns regarding whether a staff member can be at work, call the Early Childhood CARES nurse. If the nurse is not available you can contact the University of Oregon Health Center.

**Exposure to Bloodborne Pathogens**

Every program must have policies and procedures related to bloodborne pathogen exposure. Consult the Early Childhood CARES nurse if your program does not have one.
University of Oregon Bloodborne Pathogens Exposure Control Plan
Original Preparation Date: August 11, 1992
Latest Revision Number: 13
Latest Review Date: June 29, 2006
Authorization: Kay Coots, EHS Director

Introduction
The following plan is intended to bring the University of Oregon into compliance with the Oregon Occupational Safety and Health Administration’s Oregon Administrative Rule (OAR) 437 Division 2 Subdivision Z: Toxic and Hazardous Substance: Bloodborne Pathogens. This plan will serve as the written exposure control plan for the University of Oregon. Individual departments will provide supplemental information to act as addenda to this written program.

Scope
The following program will apply to any University of Oregon employee with possible risk of occupational exposure to potentially infectious materials as defined below. In addition, the post exposure part of this program will apply to all University employees who experience an exposure incident as a result of the performance of their duties. This written program will be available to any employee upon request and will be provided to departments who have employees identified in the exposure determination.

Responsibilities

Departmental
Departments will be responsible for carrying out the Bloodborne Pathogens Exposure Control Plan in accordance with this written program and for funding program expenses such as immunizations. Departments will also be responsible for keeping Environmental Health and Safety (EHS) informed of any necessary addendum changes.

Supervisor
Supervisors will be responsible for identifying employees with risk of occupational exposure, assuring that employees are aware of and following this written program and immediately notifying EHS of any occupational exposure incident. It is also the supervisor’s responsibility to assure each employee receives annual training from Environmental Health and Safety.

Employees
Employees will be responsible for complying with procedures established by their supervisors in accordance with this program to minimize the risk of exposure. Employees are also responsible for informing their supervisors of any exposure incident.

Environmental Health and Safety
EHS will be responsible for administering and managing the bloodborne pathogens program, assisting departments in evaluating potential exposures, maintaining employee medical records as per this program, conducting employee training in conjunction with the University Health Center, coordinating the disposal of infectious waste materials and making necessary program revisions.

University Health Center
The University Health Center (UHC) will be responsible for administering Hepatitis B vaccines to employees who are identified in the exposure determination. The University Health Center may also assist in employee training and will provide post exposure care and counseling to employees who experience an occupational exposure.

Definitions
"Exposure Incident"
means a specific eye, mouth, other mucous membrane or non-intact skin contact with blood or other potentially infectious materials which results from the performance of one's duties.

"Occupational Exposure"
means reasonably anticipated skin, eye, mucous membrane or non-intact skin contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. A covered
employee will have a position description that specifically describes the duties involving occupational exposure.

"Other Potentially Infectious Materials"
means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Also, any unfixed human tissue or organ or HIV containing cells or tissue cultures from experimental animals.

"Regulated Waste"
means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps and pathological or microbiological wastes containing blood or other potentially infectious materials.

"Universal Precautions"
means an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Exposure Determination**
The following departments within the University of Oregon have been determined to have employees who may have occupational exposure as per OAR 437 Div 2 Subdivision Z during the course of performing their duties:

- Athletic Department
- Biology
- Department of Public Safety
- Early Childhood CARES
- Environmental Health and Safety
- Erb Memorial Union
- Facilities Services
- Human Physiology
- Human Resources
- Molecular Biology
- Neuroscience
- Physical Activity Recreation Services
- University Health Center
- University Housing

Attached is a list from each department of their job classifications as well as tasks and procedures that are performed within the specific department (see addendums). Determinations will be based upon a review of position description information by the supervisor. Final determination will be approved by EHS and/or UHC.

**Methods of Compliance**
Universal precautions will be used to prevent contact with blood or other potentially infectious materials by those involved in this program whenever possible. When distinction between body fluids is not possible, the material will be considered potentially infectious.

1. **Engineering Controls**
Whenever practical, engineering controls will be used to eliminate or minimize exposure. When employed, engineering controls will be reviewed by supervisors on a periodic basis to ensure their effectiveness.
At least annually, the UHC and any other department that uses sharps in direct patient care, will identify, evaluate and select engineering and work practice controls, including safer medical devices. This evaluation will include input from front-line employees using such devices. That evaluation will consider all departments. The manager of the department will maintain written documentation of the evaluation process and in the event employee recommended devices are not used, these reasons as well as the employee’s reasons for preferring such devices will be documented.

2. Work Practices
When engineering controls are not available or feasible, work practice controls will be used.

a) Whenever possible, employees will be provided with easily accessible hand washing facilities. When this is not possible, employees will be provided with antiseptic hand cleanser or towelettes in first aid kits for use until a sink with hot and cold running water, soap and disposable towels is accessible.

b) Employees will wash their hands immediately or as soon as feasible after removing gloves or other personal protective equipment. In the event of contact with blood or other potentially infectious materials the eyes, nose or mouth, those mucous membranes will be flushed with water immediately or as soon as feasible.

c) Needles used by University of Oregon employees will not be bent, sheared or broken off. If needles must be recapped, it will be done with a one-hand scoop or a recapping device.

d) All contaminated sharps will be placed in appropriate containers immediately or as soon as possible after use. These containers will be puncture resistant, leak proof on the sides and bottoms and labeled or color-coded as per OR-OSHA regulations. Sharps which are reusable shall not be stored in such a manner that employees will be required to reach into the containers. Sharps containers are available from Science Stores or other commercial sources.

e) Eating, drinking, smoking, applying cosmetics (including lip balm) or handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

f) Food and drink will not be allowed in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

g) Procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

h) Mouth pipetting or suctioning of blood or other potentially infectious material is prohibited.

i) Specimens of blood or other potentially infectious materials will be placed in containers that prevent leakage during collection, handling, processing, storage, transport or shipping. The following items will have a biohazard tag or be stored in a red bag or container: Regulated waste that has not been decontaminated, refrigerators or freezers used to store blood or other potentially infectious material, and contaminated equipment or containers used to store, transport or ship blood or other potentially infectious materials.

j) Departments may choose to substitute red bags or red containers for labels. Transport, shipment or disposal may require additional labeling.

k) If the primary container leaks or becomes contaminated, employees will put the container in a secondary container which meets the above criteria. Containers will be available for purchase through Science Stores as well as private commercial sources.

l) Equipment that may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and decontaminated as necessary. If the equipment cannot be decontaminated, it shall be tagged with biohazard labels and all persons to come into contact with the equipment shall be informed of the hazard as well as to which pieces of the equipment are contaminated.

3. Personal Protective Equipment
Personal protective equipment will be used when appropriate to protect employees from potential occupational exposure incidents. Equipment will be provided to employees at no cost. Appropriate sizes of personal protective equipment will be available to employees and when necessary, hypoallergenic gloves or similar alternative will be provided. The specific equipment for the situation will be determined by the department in which the potential for occupational exposure occurs and may include gowns, lab coats, face shields, masks, eye protection and mouthpieces or pocket masks. At a minimum, gloves will be used whenever there is a reasonable anticipation of hand contact with blood or other potentially infectious materials. Appropriate means capable of preventing blood or other potentially infectious materials from passing through or reaching the employee's skin, mucous membranes or clothes under normal conditions of use. Attached are individual department determinations of appropriate personal protective equipment and the availability of such equipment (see addenda).

When circumstances dictate that personal protective equipment cannot be worn, employees will report the incident to their supervisor who will investigate and document the situation to determine whether changes in work practices, engineering controls, or personal protective equipment is required. When necessary, appropriate follow up action will occur.

Employees will be instructed on the proper disposition of their personal protective equipment. In most cases, employees will be encouraged to discard any disposable personal protective equipment after use. In all cases, disposable gloves will be discarded and replaced as soon as practical when in disrepair or contaminated. For reusable equipment, cleaning and when disinfection will occur, specific training will be provided to employees. In no case will employees be allowed to wear their personal protective equipment outside the work area.

Employees will also be instructed to replace their personal protective equipment as often as necessary. These replacements will be available at no cost to the employee. At a minimum, this will occur after each use where the equipment becomes contaminated and cannot be decontaminated effectively, and when equipment becomes old and ineffective.

4. Housekeeping.
Generally, departments are responsible to ensure that the work site is maintained in a clean and sanitary condition. Departments will implement an appropriate written schedule for cleaning and method of decontamination that best suits their situations. This will include an explanation of the cleaning and decontamination of equipment that has been in contact with blood or other potentially infectious materials.

Contaminated laundry will be handled as little as possible. By OR-OSHA definition, this does not apply to gym towels and gym shorts under normal conditions. Contaminated laundry will be bagged at the location and identified as a biohazard. If a hazard of soaking through exists, the laundry will be double bagged.

Individual departments will make their own laundry arrangements, which will include documentation that the laundry facility uses Universal Precautions in handling the linen.

5. Regulated Waste
Waste generated during the course of work with potentially infectious materials will be disposed of as per Oregon Revised Statute Chapter 459.386-459.400, and through an approved hauler to a facility approved by EHS. Other than biohazard Sharps, those materials that meet the definition of those rules will be immediately transferred upon generation into a red biohazard bag. Bags will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping and closed prior to removal to prevent spillage or protrusion of contents at any time. If there is a potential for spillage, a secondary container will be provided.

Biohazard Sharps will be disposed of in a sharps container which will be closable, puncture resistant, leak proof on both sides and bottoms and labeled or color coded as per this plan. During use, the containers will be easily accessible to employees and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g. treatment rooms or areas, hazardous waste facility. Sharps containers will be maintained in an upright position and routinely replaced to avoid overfill. When sharps containers are moved, they will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents. If leakage is a possibility, a secondary container shall be provided which is closable, constructed to contain all contents and labeled as per this plan.
Waste material that does not meet the Oregon Revised Statute (ORS) definition of regulated waste will be put in either a Ziploc bag or a plastic garbage bag, sealed and disposed of in the normal waste stream.

6. Decontamination Procedures

Generally, decontamination of equipment and the surrounding area will be the responsibility of the department involved in the task. However, in those situations where there is no clear responsibility for the situation, Facilities Services will clean up and decontaminate the area.

Hepatitis B Vaccine

University departments will make the Hepatitis B vaccine series available at no cost to employees who have been identified in this plan as having occupational exposure. The vaccine series will be explained at the employee training session held prior to the effective date of the OR-OSHA regulation or within 10 days of initial assignment of the duties that may result in potential exposure. Departments will coordinate the vaccines through EHS and the UHC. In most cases, employees will be offered the vaccines at the UHC on a drop-in basis. Alternate arrangements can be made by contacting EHS.

Employees identified in the exposure determination will be asked to sign the University's Hepatitis B Immunization Form (appendix 1). This form will notify employees that should they decline to accept the vaccine, yet experience continued occupational exposure, they can at any time ask for and receive the vaccine series without cost to the employee. If employees who are not identified as having the potential for exposure have an exposure, they will receive the same follow-up treatment as employees who are pre-identified.

Post-Exposure Evaluation and Follow-up

The University of Oregon will make a post-exposure evaluation and follow up immediately available to any employee who has experienced an occupational exposure incident.

In the event of an occupational exposure incident, the employee’s supervisor will fill out a Supervisor Accident Investigation Form and a SAIF 801 form. At the time of the employer’s knowledge of the incident, the employee will be given an envelope packet which will contain a copy of OAR 437 Division 2 Subdivision Z: Toxic and Hazardous Substances: Bloodborne Pathogens and the University's Post Exposure Form. The front side of the Post Exposure Form is to be filled out by the supervisor and sent in the packet with the employee to their personal physician. The form instructs physicians that the information must be returned to the employer within 15 days of the evaluation.

The supervisor will immediately contact EHS upon the knowledge of an exposure incident. They will then conduct an accident investigation and attempt to identify the source of any potentially infectious materials. If the source individual did not consent to having their blood drawn for testing, the University will confirm that consent could not legally be obtained. Employees will have the choice of obtaining an initial evaluation with appropriate lab analysis at the University Health Center, their personal physician office or the local emergency room. Then, the employee can make an informed choice regarding post-exposure immunization.

Regardless of whether the source individual can be identified immediate or not, employees will be advised to seek medical consultation within 2 hours of the exposure.

Additionally, in the event of an exposure counseling is available to employees from designated University Health Center staff.

Labels and Signs

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious material, as defined by OAR 437 Division 2 Subdivision Z: Bloodborne Pathogens. Labels will be of the type found in the appendix 2 or similar. Red bags or red containers may substitute for labels.
Information and Training

Departments within the University will be responsible for assuring that their employees receiving training in Bloodborne Pathogens. Training for compliance with the OR-OSHA regulation will be done by designated staff through EHS or UHC. Training will be done at no cost to the employee and will be conducted during working hours or the employee will otherwise be compensated for the time in training, as per labor contracts.

Training will be provided to employees at the time of the initial assignment to the tasks where occupational exposure may occur and at least annually thereafter. The annual training will occur prior to the anniversary date of the previous year's training. When modifications of tasks or procedures occur after the training period, the supervisor shall provide or arrange for any additional necessary training. When necessary, the training program will be modified to accommodate the educational level or language of the employee.

Recordkeeping

1. Medical Records.

Environmental Health and Safety will establish a file for each employee identified in the exposure determination. This file will include the following:

- Employee name
- Employee UO Identification number
- Hepatitis B Immunization Recommendation form with dates of injections
- Post exposure forms, if employee has had an exposure

Files related to employee exposure will be kept confidential and information in these files will not be disclosed or reported without the employee’s written consent except as required by law. These records will be maintained for the duration of employment plus 30 years.

Medical records or laboratory studies obtained for past exposures will be maintained by the practitioner or agency administering the care.

2. A Sharp’s log will be maintain to record the following:

Type and brand of device involved in a stick, department/work area where incident occurred and explanation of incident. The sharps log will be maintained for five years.

3. Training Records

Documentation of attendance at a training class will include the date of the session, the content, and the names and positions of the trainers. Departments will be responsible for maintaining documentation of their employees training for three years from the date of the training session. EHS will also maintain copies of training class record for classes conducted by EHS staff. Documentation of training records may be made available to employees or their representatives upon request.

Plan Revisions

This plan will be reviewed and updated as necessary at least annually as well as whenever necessary to reflect new or modified tasks, procedures, exposures or rule changes.

Early Childhood CARES Bloodborne Pathogens Addendum

Reviewed 7/31/06

Decontamination Supplies and Procedures

A decontamination kit will be located in each Early Childhood CARES classroom. The kit will be used to decontaminate areas where blood or other potentially infectious materials has been left at the scene of a crime or a medical emergency. The kit will contain the following:

- Disposable gloves
- 1 pair of utility gloves
- 1 large plastic garbage bag
• A supply of paper towels
• 1 brown bottle of 5.25 chlorine (bleach—*needs to be replaced yearly*)
• 1 spray bottle for water
• 1 garbage sack tie
• Safety glasses
• Mask

Upon determining a cleanup is necessary, the bottle of bleach is poured into the water. Employees are instructed to use the utility gloves and thoroughly spray the area of contamination with the bleach water. The employees are then instructed to wipe up the sprayed down area with the paper towels. The paper towels are then disposed of in the garbage sack and lastly the utility gloves are added to the garbage sack. The sack is tied shut and disposed of in the nearest dumpster, unless the material which was used was saturated with blood or other potentially infectious materials. In that case, employees are instructed to label as infectious waste or put in red biohazard bag and contact Environmental Health and Safety for pick up.

Following a decontamination, employees are instructed to wash their hands at the nearest sink with hot water and soap. If a sink is not available near by, they are instructed to use the portable hand cleaning solution that has been provided to them.

**Exposure Determination List**

Job classifications used within Early Childhood CARES in which all employees have occupational exposure:

- EI/ECSE Specialists
- Motor Specialists
- Speech and Language Pathologists
- Early Childhood Assistants C2315
- Early Childhood Associates C2315
- Nurse

Tasks and procedures in which occupational exposure can occur:

- Providing first aid to children for minor injuries such as cuts and scrapes.
- Cleaning of contaminated areas or following an emergency medical response.
- Collection, storage and arrangement for disposal of regulated waste, including but not limited to infectious waste.

Personal protective equipment includes:

- Disposable gloves
- Microshields
- Utility gloves

A stocked first aid kit is kept in each Early Childhood CARES classroom. Each kit includes:

- Disposable gloves
- Microshield
- Ziploc bag
- Antiseptic towelettes

Also available if needed:

- Safety glasses
- Goggles
- Mask
General Guidelines for Safe Feeding

- All feeders must be CPR trained and trained in safe feeding techniques.
- Child should be rested and toileted.
- Position child in stable position per therapist instructions.
- Maintain head slightly forward for greatest ease in swallowing. Do not allow head to tip back or neck or back to arch.
- Allow sufficient time for eating.
- Minimize outside distractions.
- Feed only food consistencies and liquids specified in diet guidelines.
- Offer small bites and time to swallow each bite—do not use spoon larger than teaspoon.
- Watch for a complete swallow (larynx will move up) and do not feed more until this has occurred.
- Check palate and cheeks to be sure food has been swallowed every three to four bites.
- Alternate food with liquid, but do not wash food down with liquid.
- Remind child to chew and swallow every few bites or as needed.
- Wait for child to open mouth before putting spoon in and wait for the child to close around the spoon—do not scrape food off against teeth or gums (jaw control techniques may be necessary and should be demonstrated by a trained therapist). Place spoon in the center of the mouth.
- Place solids in alternating sides of the mouth, on the molar surface or in the space between teeth and cheek.
- Provide good oral hygiene after each meal, clearing pocketed food in cheek and lip areas.
- NEVER LEAVE THE CHILD ALONE TO FINISH EATING UNLESS IT HAS BEEN DEMONSTRATED BY TRAINED STAFF THAT THE CHILD IS 100% SAFE.
- DISCONTINUE ORAL FEEDING IF THERE IS FREQUENT COUGHING, CHOKING, COLOR CHANGES, ORAL OR NASAL REGURGITATION, OR AGITATION.

Signs of Aspiration

1. Rigid feeding behaviors, refusal, turning away, agitation
2. Wet/gurgly sounds before, during or after eating and drinking
3. Regurgitation, watery eyes, and/or color change
4. Frequent upper respiratory infections, and/or pneumonia
5. Poor weight gain
6. Frequent irritability and poor sleep

Potential Risks for Aspiration

1. Frequent coughing, choking and/or gagging during meals
2. Poor control of oral secretions
3. Motor involvement which affects respiratory coordination, muscle tone, oral-motor control
4. Functional problems of the oral and/or pharyngeal mechanisms
5. Eating new food textures
6. Food stuffing

Feeding Team Protocol

For a child that is choking or has signs of aspiration (i.e. color change, difficulty breathing, food coming out of nose):

1. Stop feeding immediately and do not resume feeding
2. Notify parent
3. Provide emergency procedures if necessary, (i.e. Heimlich maneuver or resuscitation)
4. Do not resume feeding, until okay given by M.D., and individualized safe feeding protocol in place

For feeding concerns not involving choking or aspiration risk:
1. **ANYONE DOING FEEDING FOR EARLY CHILDHOOD CARES, MUST BE TRAINED BY CHILD’S THERAPIST, OR EARLY CHILDHOOD CARES FEEDING TEAM,** and their name listed on the child’s individualized feeding protocol.

2. If you have feeding concerns for a child, contact child’s PT/OT if one is on the IFSP team. If there is not a motor therapist on the team, contact the motor team.

3. If you are serving a child who has a feeding protocol in their file, contact the Early Childhood CARES feeding team for training.

4. A copy of the child’s individualized feeding protocol should be in the child’s working file, Early Childhood CARES main file, and sent to the feeding team coordinator.

5. Call the feeding team coordinator for general training or training of specific feeders.
VIII. Educational Records and Files

What is in the Main Educational File Maintained by Early Childhood CARES? ........................................... 95
Requests for Information ........................................................................................................................................ 95
Who Has Access to a Child’s Educational Records? ............................................................................................ 95
Early Childhood CARES Records Laws/Policies/Procedures .............................................................................. 96
What is in the Main Educational File Maintained by Early Childhood CARES?

- Referral information
- Past and current consents to exchange information
- Refusal for media and directory disclosure (if signed)
- Surrogate parent forms (if appropriate)
- Division of Medical Assistance Program (DMAP) disclosure authorization
- Practitioner’s recommendation for school-based health services for speech, occupational and physical therapy and nursing
- Legal documents (restraining order, guardianship papers, etc.)
- All screening documents and screening outcome results
- All evaluation protocols, reports and supporting documentation for eligibilities (physician statements, medical reports, evaluation protocols, initial AEPS, etc.)
- Signed prior notice for evaluation form(s) and evaluation tools checklists
- Current and past signed eligibilities
- Prior Notice and Consent for Initial Provision of Special Education Services (for ECSE)
- Consent for EI placement (found on team page of the IFSP)
- All Prior Notice of Early Intervention or Early Childhood Special Education Action
- Current and past IFSP meetings notices, IFSPs and placement grids
- All mid-cycle reviews, other reviews and annual review of progress toward IFSP goals
- All documentation that services on the IFSP have been provided (service logs from all providers)
- Other relevant information

When a progress report, evaluation report or other document relating to a child is received and it does not have an Early Childhood CARES stamp on it, please provide a copy of the document for the child’s main file.

Requests for Information

When an employee receives a request from an outside agency for information about a child, a signed consent from the parent to give information to that agency/person must exist. The most common requests are from the Social Security Administration Disability Determination Services (DDS), the Child Development and Rehabilitation Center (CDRC) and attorneys. Be sure the signed consent is in the file.

Often multiple requests for information about the same child are received. If a service coordinator or related service provider receives a request for information, forward the request to the Early Childhood CARES main office. Support staff will send the most current IFSP, current eligibility and eligibility report(s). Only educational documents will be sent. Reports from other agencies (unless used for eligibility) and test protocols may not be copied or sent. The laws governing records are complex and include IDEA, Family Education Rights and Privacy Act (FERPA), Oregon archives laws, and the Health Information and Privacy Act (HIPPA). If there are any questions, contact the records manager before sending information or talking to an agency or individual.

Who Has Access to a Child’s Educational Records?

A child’s educational record is confidential and the management of it is subject to federal and state laws. The child’s parents, of course, have access to all their child’s educational records. Employees of the program serving the child have access to the records and are listed on the Early Childhood CARES program EI/ECSE list of officials having access to student records. This form is to be posted on any file cabinet where records are kept. Examples of educational programs/agencies that need to follow this requirement include the child’s school district, Lane Regional programs and Head Start.

If in doubt about whether a program/agency meets these criteria, call the Early Childhood CARES records manager and ask.
Other programs, agencies or individuals requesting information about a child must be listed on the current Mutual Exchange of Information form signed by the parents.

Parents may refuse to have their child’s directory information released to others and/or to have their child photographed or videotaped in his/her preschool classroom or in EI/ECSE services. An annual notice is sent to every parent and they must return the form to the service coordinator or Early Childhood CARES indicating their refusal.

When Early Childhood CARES staff members want to use photographs and/or video of children on the internet, in official publications about Early Childhood CARES or in instructional materials, a consent and release of liability form must be signed by the parent or guardian (see Checklists and Forms). Once it has been completed, signed and dated by the parent or guardian, turn in the original form to the Early Childhood CARES office.

Children in DHS child welfare custody may not be photographed or videotaped; however, a signed refusal of media access is not required.

**Early Childhood CARES Records Laws/Policies/Procedures**

**Access / Confidentiality**

- Main files are stored at 299 East 18th Avenue
- Both parents have a right to look at records, unless there is legal documentation revoking the parent(s) rights to records. Legal documents revoking a parent’s rights to records must be in the child’s main file.
- Parent requests to review a child’s file should be forwarded to main office. Main office staff will fulfill requests within ten days of receipt of request.
- Personally identifiable information from a child’s file may be shared with outside parties only with written consent from the parent. There are some exceptions to this rule. The following parties may inspect a child’s record without written consent of the parent:
  - Personnel within the EI/ECSE program
  - Personnel of another State of Oregon education program/service (e.g., Head Start, local school district) in which the child seeks to enroll, intends to enroll or is attending
  - State/federal auditors
  - Subpoena directed parties
  - Health/safety emergency personnel
  - Personnel from accredited organizations fulfilling accredited functions (e.g., CASAs)
  - Personnel conducting studies on behalf of EI/ECSE program
- A list of who may have access to files is posted in the file room at the main office. Requests for personally identifiable information by either parent or personnel should be submitted to Early Childhood CARES main office at 541-346-2578. These requests will be documented as part of the child’s file. Please call in advance to schedule a file review appointment. Copy requests received by telephone, fax or mail will be fulfilled within a reasonable amount of time.

**Please Note:** The student records access form (see Checklists and Forms) MUST be posted wherever files are stored. This includes the desk drawer, file cabinet, etc. at a subcontractor site. Please post this form in a clearly visible place and list the personnel and service providers who may have access to the files.

- Directory information (name, address, phone number) may be shared on a class list unless the parent(s) object with documented refusal of release.
- If parent(s) sign the Refusal of Media Access and/or Refusal of Release of Directory Information (on ecWeb), a copy of this refusal will be forwarded to the subcontractor when received by the main office. Likewise, subcontractors are asked to forward a copy to the main file if a signed refusal is obtained from the parent.
• Each year, parents receive the Annual Notice to Parents of Children in Early Intervention (EI) and Early Childhood Special Education (ECSE) Programs About Records, which highlights their rights in regards to their child’s records.

Retention / Destruction
• Main files are maintained for five years after the child enters kindergarten or otherwise exits the program.
• Records may be destroyed after five year if there are no outstanding requests to review file. Parents will be notified of destruction date.
• Records of speech and language and occupational and physical therapy services will be destroyed when the child is 21 years old.
• A permanent record will be maintained for all time. The record will include the child’s legal name, address, phone number, birth date, parent/guardian, name of EI/ECSE program attended, including entry and exit dates.

Amendment of a Record / Filing a Complaint
• The parent has a right to request that a child’s record be amended if they believe it to be inaccurate, misleading or otherwise in violation of the child’s rights and/or privacy.
• Any requests for amendment of a child’s record should be sent to the program administrator of Early Childhood CARES.
• If program administrator agrees to amendment, then the record will be amended and parents will be notified in writing.
• If amendment is denied, parents have the right to request a hearing. Program administrator must appoint a hearing officer who does not hold a vested interest in the outcome of the hearing.
• If a hearing concludes that the record is not inaccurate, misleading, or in violation of rights, parents have the right to document their objection to the record as a part of the child’s file.
• A parent may issue a complaint with the US Department of Education if they believe the program is in violation of Family Education Rights and Privacy Act (FERPA). Complaints can be issued to:
  Family Compliance Office
  US Department of Education
  600 Independence Ave. SW
  Washington, DC 20202
IX. Staff Qualifications

Staff Qualifications ............................................................................................................................................. 99
Reauthorization Approval Form ............................................................................................................................ 103
Information for the Reauthorization Approval Form ............................................................................................ 104
Staff Qualifications

EI/ECSE Specialists, Related Service Providers, Supervisors and Assistants
581-015-2900

Personnel Standards

(1) Personnel employed to provide EI or ECSE services include:

(a) Supervisors;
(b) EI and ECSE specialists;
(c) Related services personnel; and
(d) EI and ECSE assistants.

(2) Supervisors must meet the following criteria:

(a) Possess a minimum of a masters degree in early childhood, special education or a related field, and have three years experience with infants, toddlers, young children, and families.

(b) Hold a TSPC administrative endorsement or, within 12 months of employment, complete authorization as an Early Childhood Supervisor under OAR 581-015-2910; and

(c) Have a professional development plan based on the content of the EI/ECSE competencies.

(3) EI and ECSE specialists must meet the following criteria:

(a) Possess a minimum of a baccalaureate degree in early childhood, special education or a related field;

(b) Have a professional development plan based on the content of the EI/ECSE competencies; and

(c) Hold one of the following credentials:

(A) TSPC licensure or endorsement in EI/ECSE;

(B) TSPC licensure or endorsement in related field; or

(C) Within 12 months of employment, authorization as an Early Childhood Specialist under OAR 581-015-2905.

(4) Related services personnel must possess a minimum of a baccalaureate degree and a valid license necessary to practice in Oregon. Related services personnel who also provide service coordination as outlined in OAR 581-015-2840 must have:

(a) TSPC licensure in their area of discipline; or

(b) State licensure in their area of discipline; and

(c) A professional development plan based on the content of the EI/ECSE competencies.

(5) EI and ECSE assistants must be at least 18 years old, have a high school diploma or equivalent, experience working with young children. EI/ECSE assistants must have a professional development plan based on the content of the EI/ECSE competencies.

Stat. Auth.: ORS 343.055, 343.475
Stats. Implemented: ORS 343.055, 343.475
Hist.: EB 23-1992, f. & cert. ef. 6-23-92; EB 10-1997, f. & cert. ef. 6-26-97; ODE 24-2000, f. & cert. ef. 10-16-00; ODE 2-2003, f. & cert. ef. 3-10-03; Renumbered from 581-015-1100, ODE 10-2007, f. & cert. ef. 4-25-07

581-015-2905

Authorization of Early Childhood Specialist

(1) This rule establishes an alternative to Teacher Standards and Practices Commission (TSPC) licensure or endorsements for individuals to serve as Early Childhood Specialists for Programs. Individuals with TSPC issued endorsements in EI/ECSE or a related field are not covered by sections (4)-(12).

(2) Responsibilities of the Early Childhood Specialist may include but are not limited to:

(a) Coordination of EI/ECSE services to children and their families;

(b) Assessment of children in EI/ECSE programs;

(c) Development and implementation of IFSP;

(d) Development and implementation of data collection systems;
(e) Provision of consultation and support, as necessary, to families and staff;

(f) Training of EI/ECSE assistants;

(g) Compliance with procedural safeguards; and

(h) Provision of specialized instruction.

(3) Early Childhood Specialists must possess a minimum of a bachelor degree in early childhood education, special education or a related field.

(4) Individuals without a TSPC endorsement in EI/ECSE or a related field must successfully demonstrate competency at the specialist level in the following areas, which are described in the document, "Competencies for Professionals Working in EI/ECSE in Oregon":

(a) Typical/Atypical Childhood Development;

(b) Assessment;

(c) Family;

(d) Service Delivery;

(e) Program Management;

(f) Service Coordination;

(g) Research; and

(h) Professional Development Values/Ethics.

(5) Candidates for the Early Childhood Specialist authorization must complete an application and portfolio that documents their mastery level of each component within the competency areas listed in section (4) of this rule.

(6) The candidate must submit the application and portfolio to the Oregon Department of Education for review. Specialist employed on or after October 1, 1998, must complete the authorization within 12 months of employment. The Office of Special Education will convene a panel at least two times per year to review the candidate’s portfolio. The panel will consist of a minimum of three professionals representing the Oregon Department of Education, higher education, and EI/ECSE service providers. The panel will recommend approval or non-approval of the Early Childhood Specialist authorization for the candidate to the State Superintendent of Public Instruction.

(7) The Superintendent will approve or deny the candidate’s application considering the recommendation of the panel:

(a) Each approved candidate will receive authorization from the Department as an Early Childhood Specialist;

(b) Each nonapproved candidate will receive notice from the Department. The notice will include the reasons for denial and the right of appeal to the State Board of Education.

(8) If a candidate is unable to complete the authorization process within a 12-month period, the EI/ECSE contractor may request a waiver from the Oregon Department of Education for up to one year to allow for the candidate’s completion of the authorization process.

(9) Initial authorization is valid for a period of three years. Subsequent authorization is valid for a period of five years.

(10) Applicant renewal of the Early Childhood Specialist authorization must include the following:

(a) For initial renewal, a minimum of two years experience between issuance of initial authorization and renewal application;

(b) For subsequent renewal, a minimum of three years experience between previous renewal and current application.

(c) Written verification by the applicant’s supervisor documenting:

(A) Completion of a minimum of 75 Professional Development Units for initial reauthorization or a minimum of 125 Professional Development Units for subsequent reauthorization;

(B) Completion of a Professional Development Plan developed with the applicant’s supervisor; and

(C) Development of a new Professional Development Plan developed with the applicant’s supervisor.

(11) The Department will deny or revoke authorization of an Early Childhood Specialist under any of the following conditions:

(a) The individual has been convicted of any of the crimes listed in ORS 342.143, or the substantial equivalent of any of those crimes if the conviction occurred in another jurisdiction or in Oregon under a different statutory name or number; or

(b) The individual has made a false statement as to the conviction of a crime.

(12) The Department may deny or revoke authorization for an Early Childhood Specialist if the individual is charged with a breach of professional responsibilities, which is verified by his/her immediate supervisor.

(13) Individual whose authorization has been revoked will receive notice from the Department. The notice will include the reasons for denial and the right of appeal to the State Board of Education.
(14) All specialists employed by EI/ECSE contractors or subcontractors must have a professional development plan based on the content of the EI/ECSE Competencies as listed in section (4) of this rule.

(15) A temporary waiver may be requested by the EI/ECSE contractor when an emergency arises due to a misassignment or unsuccessful recruitment efforts. The request for the waiver must be submitted to the Oregon Department of Education and must include:

(a) Documentation of efforts to employ personnel who meet the required competencies;

(b) The name, position, and qualifications of the employed personnel;

(c) A copy of the professional development plan as described in section (13) of this rule; and

(d) Assurances that the plan will be implemented.

Stat. Auth.: ORS 343.055, 343.475
Stats. Implemented: ORS 343.055, 343.475
Hist.: EB 15-1997, f. & cert. ef. 12-29-97; ODE 24-2000, f. & cert. ef. 10-16-00; ODE 8-2003, f. 6-9-03, cert. ef. 6-10-03; Renumbered from 581-015-1105, ODE 10-2007, f. & cert. ef. 4-25-07

581-015-2910

Authorization of Early Childhood Supervisor

(1) This rule establishes an alternative to a Teacher Standards and Practices Commission (TSPC) administrative license for individuals to serve as Early Childhood Supervisors for Programs. Individuals with a TSPC issued administrative license and who hold a masters degree in early childhood education, special education or a related field with three years of experience working with infants, toddlers, young children and families are not covered by sections (4) through (12) of this rule.

(2) Responsibilities of the Early Childhood Supervisor may include but are not limited to:

(a) Oversight of EI/ECSE services;

(b) Supervision and training of personnel in EI/ECSE programs;

(c) Serving as administrative representative at IFSP meetings;

(d) Facilitating meetings with personnel and families; and

(e) Facilitating interagency collaboration.

(3) Early Childhood Supervisors must possess a minimum of a master's degree in early childhood education, special education or a related field.

(4) Individuals without a TSPC administrative license must successfully demonstrate competency at the supervisor level in the following areas, which are described in the document, "Competencies for Professionals Working in EI/ECSE in Oregon":

(a) Typical/Atypical Childhood Development;

(b) Assessment;

(c) Family;

(d) Service Delivery;

(e) Program Management;

(f) Service Coordination;

(g) Research;

(h) Professional Development Values/Ethics.

(5) Candidates for the Early Childhood Supervisor authorization must complete an application and portfolio that documents their mastery level of each component within the competency areas listed in section (4) of this rule.

(6) The candidate must submit the application and portfolio to the Oregon Department of Education for review. Supervisors employed on or after October 1, 1998, must complete the authorization within 12 months of employment. The Office of Special Education will convene a panel at least two times per year to review candidate portfolios. The panel will consist of a minimum of three professionals representing the Oregon Department of Education, higher education, and EI/ECSE service providers. The panel will recommend approval or non-approval of the Early Childhood Supervisor authorization for the candidate to the State Superintendent of Public Instruction.

(7) The Superintendent will approve or deny the candidate's application considering the recommendation of the panel:

(a) Each approved candidate will receive authorization from the Department as an Early Childhood Supervisor;

(b) Each non-approved candidate will receive notice from the Department. The notice will include the reasons for denial and the right of appeal to the State Board of Education.
(8) Initial authorization is valid for a period of three years. Subsequent authorization is valid for a period of five years.

(9) Applicants renewal of the Early Childhood Supervisor authorization must include the following:
(a) For initial renewal, a minimum of two years experience between issuance of initial authorization and renewal application;
(b) For subsequent renewal, a minimum of three years experience between previous renewal and current application.
(c) Written verification by the applicant's supervisor documenting:
(A) Completion of a minimum of 75 Professional Development Units for initial reauthorization or a minimum of 125 Professional Development Units for subsequent reauthorization;
(B) Completion of a Professional Development Plan developed with the applicant's supervisor; and
(C) Development of a new Professional Development Plan developed with the applicant's supervisor.

(10) The Department will deny or revoke authorization of an Early Childhood Supervisor under any of the following conditions:
(a) The individual has been convicted of any of the crimes listed in ORS 342.143, or the substantial equivalent of any of those crimes if the conviction occurred in another jurisdiction or in Oregon under a different statutory name or number; or
(b) The individual has made a false statement as to the conviction of a crime.

(11) The Department may deny or revoke authorization for an Early Childhood Supervisor if the individual is charged with a breach of professional responsibilities, which is verified by his/her immediate supervisor.

(12) Individuals whose authorization has been revoked will receive notice from the Department. The notice will include the reasons for denial and the right of appeal to the State Board of Education.

(13) All supervisors employed by EI/ECSE contractors or subcontractors must have a professional plan based on the content of the EI/ECSE competencies as listed in section (4) of this rule.

(14) A temporary waiver may be requested by the EI/ECSE contractor when an emergency arises due to a misassignment or unsuccessful recruitment efforts. The request for the waiver must be submitted to the Oregon Department of Education and must include:
(a) Documentation of efforts to employ personnel who meet the required competencies;
(b) The name, position, and qualifications of the employed personnel;
(c) A copy of the professional development plan as described in section (13) of this rule; and
(d) Assurances that the plan will be implemented.
Reauthorization Approval Form

For EI/ECSE Specialist and Supervisor applicants
(To be filled out by applicant’s supervisor & sent to ODE)

Applicant Information

☐ For Specialist Reauthorization  ☐ For Supervisor Reauthorization

Name of Applicant: __________  __________  __________

Last  First  Middle

Current Mailing Address:
City, State & Zip Code

Social Security Number  Email Address  Business or Cell Phone #

Verification of Experience

☐ For initial reauthorization, I hereby certify that the above-named applicant successfully completed a minimum of two years experience between initial authorization and renewal

OR

☐ For subsequent reauthorizations, I hereby certify that the above-named applicant successfully completed a minimum of three years experience between previous renewal and current application.

Verification of Requirements

I hereby certify that the above-named applicant has successfully completed:

☐ A Professional Development Plan based on the EI/ECSE competencies.
☐ A new Professional Development Plan for the upcoming 5 year period of authorization.
☐ The required number of Professional Development Units (75 for initial reauthorization, 125 for subsequent reauthorizations).

Verification of Background Check

☐ I certify the above-named applicant has not been convicted of any of the crimes found in ORS 342.143.

Supervisor’s Signature/Information

________________________________  ______________________  ______/____/____
Name of Supervisor  Supervisor’s Program  Date

Supervisor Licensure:

☐ TSPC  OR  ☐ Supervisor Authorization  (Date of Expiration: ___/___/___)

Please send completed form to Sandy Bates (by fall or spring date of reauthorization expiration)
by:  Fax: 503-378-5156
Mail: Oregon Department of Education, Office of Student Learning & Partnerships, 255 Capitol St NE, Salem, OR 97310
Information for the Reauthorization Approval Form

The proposed revisions for Reauthorization (OAR 581-015-1105: Specialist and OAR 581-015-1106: Supervisor) were approved and went into effect on June 10th, 2003. The new process requires the applicant’s supervisor to fill out the attached Reauthorization Approval Form and send to ODE.

The new process requires:

Supervisors to verify applicant’s successful completion of:

- A PDP based on the EI/ECSE Competencies
- A new PDP for the upcoming 5 year period
- PDU credits:
  - 75 PDUs for the initial reauthorization (3 years from date of initial authorization) and
  - 125 PDUs for the subsequent 5 year reauthorizations
- Experience:
  - Minimum of two years between initial authorization and renewal
  - Minimum of three years between previous renewal and current reauthorization application

Additional Information:

1) **Self-evaluation**: There will be no self-evaluation requirement for reauthorization.

2) **Supervisors/Specialists**: The reauthorization requirements are the same for supervisors and specialists.

3) **Format for PDP**: There is not a required format for the PDP. The requirement that PDPs are based on the EI/ECSE competencies still exists (ODE will verify that PDPs include the EI/ECSE competencies through Service Area Plan information).

4) **Options for PDUs**: As we are trying to align as much as possible with TSPC, it is at the discretion of the EI/ECSE contractor as to what is appropriate to count as PDU credits.

5) **Year of Experience**: At least 8 consecutive months, of at least half-time or more, will count as one year of experience.

6) **Reminder Notices**: ODE will send out reminder notices to candidate’s supervisor 2 months before reauthorization is due.

7) **Submission of Approval to ODE**: Supervisors should send the Reauthorization Approval Form to Sandy Bates at ODE (email and address is at bottom of form) when each applicant’s reauthorization is due (Fall or Spring).

8) **Reauthorization Notification**: ODE will send out an official reauthorization letter to applicant.
X. Checklists and Forms

Access to Student Records ...........................................................................................................106
Annual Notice to Parents of Children in Early Intervention (El) and Early Childhood Special
Education (ECSE) Programs About Records ...............................................................................107
Use the EI/ECSE Evaluation to Placement Checklist for: ..............................................................108
EI/ECSE Evaluation to Placement Checklist ................................................................................109
EI/ECSE IFSP Checklist .................................................................................................................111
Parent Preparation for the IFSP Meeting-EI ..................................................................................113
Parent Preparation for the IFSP Meeting-ECSE ............................................................................114
Mid-cycle Review Checklist ..........................................................................................................115
dEval Checklist ...............................................................................................................................116
EI to ECSE Transition Screened Out ..............................................................................................117
Exiting Early Childhood CARES Services- Moved, Can't Locate or Deceased.................................118
EYS (Extended Year Services) Checklist .......................................................................................119
IFSP Changes Checklist .................................................................................................................120
Placement Change Checklist .........................................................................................................121
Photo/Video Authorization and Release .........................................................................................122
Photo/Video Authorization and Release- Spanish ........................................................................123
Refusal or rejection of Services Checklist ......................................................................................124
Regional Referral Checklist for ASD Eligibilities ..........................................................................125
Regional Referral Checklist for VI, HI and, OI Eligibilities ...............................................................126
When a Child No Longer Qualifies for EI or ECSE Services Checklist ........................................127
Written Agreements between the Parent and the EI/ECSE Program (ECSE Only) ......................128
Written Agreements Form Instructions .........................................................................................130
Access to Student Records
Early Childhood CARES Program Officials with Access to Student Records

_________ School Year

The following is a current list of the names and positions of those EI/ECSE program officials in Lane County who, because of their legitimate educational interest, may have access to personally identifiable information without consent from parent, legal guardian, or eligible student. As required by the Buckley Amendment (45 CFR Part 99.5), the EI/ECSE student records policy specifies the criteria for determining which parties are EI/ECSE officials and what the EI/ECSE program considers to be a “legitimate educational interest.”

Note: The requirement to maintain a record of the parties requesting or gaining access to a student’s records does not apply to the following persons:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position:</th>
<th>Name:</th>
<th>Position:</th>
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<tbody>
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Annual Notice to Parents of Children in Early Intervention (EI) and Early Childhood Special Education (ECSE) Programs About Records

Looking at Records
You have the right to look at your child’s records. The EI/ECSE program will not destroy any educational records if there is an outstanding request to review the records.

Disclosure of Records
Your written consent is needed to disclose personally identifiable information contained in your child’s records, except where EI/ECSE policy permits disclosure without your consent. Your consent is not needed to disclose education records to another education program, such as Head Start or your local school district, when that program has requested records and when your child seeks to or is enrolled in or receives services from that program. The term “receives services from” includes, but is not limited to, an evaluation or re-evaluation for the purposes of determining whether a child has a disability. Transportation is also considered a service.

Disclosure of Directory Information
This EI/ECSE program considers the following information to be directory information: student’s name, address, telephone number and date of birth. You have the right to refuse the disclosure of directory information about your child. To refuse, you must return the enclosed refusal form within 30 days of your child’s enrollment in this EI/ECSE program. Directory information may be disclosed without your consent unless we have your written refusal.

Retention of Records
The EI/ECSE program will retain your child’s educational records for five years after the end of student’s participation in the EI/ECSE program. If there is no outstanding request to review your child’s educational records, they will be destroyed following the five-year period.

Records Policy
You can get a copy of the EI/ECSE records policy by asking the person listed below. You also have the right to obtain a list of the types and locations of records maintained by the EI/ECSE program, and the name of the person designated by the program to be responsible for keeping and releasing records.

Correcting Records
You can request that your child’s records be corrected if you think the records are inaccurate, misleading or otherwise violate your child or family’s privacy rights.

Filing A Complaint
You can file a complaint with the U.S. Department of Education under 34 CFR 99.64 concerning any alleged failure by this program to comply with the Family Educational Rights and Privacy Act (FERPA). Complaints can be directed to the Family Compliance Office, US Department of Education, 600 Independence Avenue SW, Washington, DC 20202.

For Your Information:

The Parent Rights in Early Intervention and Special Education brochure includes more information about your rights relating to your child’s educational records.

For a copy of the records policy or questions about your child’s records, please contact Early Childhood CARES records manager at 541-346-2578.
Use the EI/ECSE Evaluation to Placement Checklist for:

- Initial EI Evaluation – Eligible
- Initial EI Evaluation – Not Eligible (DNQ)

- Initial ECSE Evaluation – Eligible
- Initial ECSE Evaluation – Not Eligible (DNQ)

- EI to ECSE Transition – Eligible
- EI to ECSE Transition – Not Eligible (DNQ)
**EI/ECSE Evaluation to Placement Checklist**

*Child's Name: ________________________________ Date of Birth: ________________________________

* Indicates forms that need to be signed by parent

**Note:** Turn in this form with all paperwork within **30 days**

*Consent for Evaluation*

- [ ] Used approved template
- [ ] Team and parent are mentioned as part of decision
- [ ] Date mutual exchange was signed is recorded
- [ ] Parent signature and consent box checked

**Consent for Evaluation**

- [ ] Proper date
- [ ] All tests listed on eval tools checklist

**Eligibility**

- [ ] Appropriate tests listed with evaluator’s name
- [ ] Dates tests administered and reviewed (accurate)
- [ ] All boxes checked to answer eligibility questions
- [ ] Proper signatures and agreement/disagreement checked
- [ ] Report given to parent(s) – box checked
- [ ] Write "NA" on blank lines on CD eligibility

**ECSE (only) Initial Provision of Special Education Services**

- [ ] Used an approved template
- [ ] Date services were identified (same as IFSP meeting date)
- [ ] Date that mutual consent was signed is recorded
- [ ] Parent signed and dated

**Note:** DO NOT USE acronyms or abbreviations

**Evaluation Report**

- [ ] All tests on evaluation tools checklist must be referenced in report
- [ ] Scores are clearly recorded
- [ ] Date of evaluation is correct

**Tests all match on the following five forms**

- [ ] Tests listed on evaluation tools checklist
- [ ] Tests listed in evaluation report
- [ ] Tests listed on the eligibility form
- [ ] ECSE (only) Initial Provision of Special Education Services
- [ ] Tests administered are listed on action form

**Consent for Mutual Exchange**

- [ ] School district documented
- [ ] Preschool is included if appropriate
- [ ] Physician included
- [ ] Parent signed/dated
- [ ] Parent signed for parents rights brochure
- [ ] Parent's current e-mail

**DMAP Consent**

- [ ] Date of current IFSP is recorded
- [ ] Parent checked box for consent or no consent
- [ ] Parent signed and dated
- [ ] New DMAP and new Mutual Consent forms are signed
- [ ] only if they were signed and dated before the eligibility date

**Meeting Notice**

- [ ] Scheduled on or before the meeting held
- [ ] All correct people are invited (include school district year before Kdg)

**Action Form**

- [ ] Used an approved template
- [ ] Correct boxes checked
- [ ] Action described

**STOP HERE if child did not qualify (DNQ)**

**IFSP**

**Coversheet**

- [ ] Services are clearly stated
- [ ] A single method of service delivery
- [ ] Amount and frequency is clear
- [ ] Single location
- [ ] Who will do this is indicated
- [ ] Who will pay
- [ ] Start and stop dates are correct
- [ ] EI services are provided in the natural environment - Yes/No
- [ ] If not in the natural environment justification REQUIRED
- [ ] Total hours with typical peers (ECSE), M-F don't exceed 40 hrs.
- [ ] Number of hrs. ECSE services not provided w/typical peers

**Number of hrs. ECSE services not provided w/typical peers**

**Justification REQUIRED if ECSE services not w/typical peers**

**How is progress reported to parents is noted**

**Review schedule indicated. If “Other” box is checked must indicate what the review schedule will be**

**Administration of AEPS or ASQ at least one time per IFSP cycle is noted**

**Check boxes of other agencies serving child; enter confirmation date at bottom of page**

**Team Page - Required team members (one person may function in multiple roles) and MUST have a presence at meeting**
<table>
<thead>
<tr>
<th>Subcontractor representative</th>
<th>School district representative (year prior to kindergarten)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>Preschool teacher, if applicable</td>
</tr>
<tr>
<td>EI/ECSE specialist</td>
<td>Related service providers, if applicable</td>
</tr>
<tr>
<td>Service coordinator</td>
<td>Parent(s) signed and dated at the bottom of team page</td>
</tr>
<tr>
<td></td>
<td>(for EI children on the first line, for ECSE children - second line)</td>
</tr>
</tbody>
</table>

**ECSE Page**

If the IFSP includes supplemental services, adaptations and accommodations

- Services are clearly stated
- Amount and frequency is clear
- Single location
- Who will do it
- Who will pay
- Start and Stop date
- If no services listed, computer enters "None Needed"

If the IFSP includes modification or support for program personnel

- Services are clearly stated
- Amount and frequency is clear
- Single location
- Who will do it
- Who will pay
- Start and Stop date
- If no services listed, computer enters "None Needed"

Consideration of special factors - if any are checked YES, they must be addressed in the IFSP

**Note:** Attach Behavior Plan if behavior is checked

**Developmental Information Page**

- Strengths and interests are included
- How the child's disability affects participation in appropriate activities
- Information considered in developing IFSP - boxes checked
- Health, hearing and vision screenings are noted with dates for current IFSP
- Present levels of development are included for each domain
- "Needs to learn" are described and match current goals
- Write "No Early Childhood Special Education goals needed" or "No Early Intervention goals needed" if development typical in any domain

**Goals and Objectives Page(s)**

- All long-term goals have short-term objectives
- Criteria is stated
- Evaluation procedures identified
- Goal progress noted if IFSP review and/or annual

**Family Outcomes**

- Documentation if family indicates plan is not needed ("*initialed by parents"
- All three questions are answered
- Timelines or timeframes are noted under the third question

**Transition Page**

- The EI to ECSE transition plan is on the IFSP no less than 90 days before the child's third birthday
- The ECSE to kindergarten transition plan is on the IFSP at least ONE year prior to entering kindergarten

**Placement Grid**

- Used an approved template
- Option(s) listed
- Benefits, possible harmful effects & modification, leave no blank boxes
- Reason why each placement option was selected or rejected
- Check the box that says "attached"
- List name and title of team members determining placement.
- A name on each line, one person can fill multiple roles

**Other**

- AEPS or ASQ scores entered on the Assessments tab of ecWeb for eligible children only
- Service logs complete if EI to ECSE transition
- Service recommendation completed for Medicaid eligible children
- Refusal of Media Access - turn in if signed
- Transportation request submitted if it is on cover sheet

Revised 9/26/11
**EI/ECSE IFSP Checklist**

Child's Name: 

Date of Birth: 

* Indicates forms that need to be signed by parent

**Note:** Turn in this form with all paperwork within **30 days**

<table>
<thead>
<tr>
<th>*Consent for Mutual Exchange</th>
<th>*DMAP Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>School district documented</td>
<td>Date of current IFSP is recorded</td>
</tr>
<tr>
<td>Preschool is included if appropriate</td>
<td>Parent checked box for consent or no consent</td>
</tr>
<tr>
<td>Physician included</td>
<td>Parent signed and dated</td>
</tr>
<tr>
<td>Parent signed/dated</td>
<td>New DMAP and new Mutual Consent forms are signed</td>
</tr>
<tr>
<td>Parent signed for parents rights brochure</td>
<td>only if they were signed and dated before the eligibility date</td>
</tr>
<tr>
<td>Parent’s current e-mail</td>
<td></td>
</tr>
</tbody>
</table>

**Meeting Notice**

- Scheduled on or before the meeting held
- All correct people are invited (include school district year before Kdg)

**Action Form**

- Used an approved template
- Correct boxes checked
- Action described

**IFSP**

**Coversheet**

- Services are clearly stated
- A single method of service delivery
- Amount and frequency is clear
- Single location
- Who will do this is indicated
- Who will pay
- Start and stop dates are correct
- EI services are provided in the natural environment - Yes/No
- If not in the natural environment justification REQUIRED
- Total hours with typical peers (ECSE), M-F don’t exceed 40 hrs.
- Number of hrs. ECSE services are provided w/typical peers

<table>
<thead>
<tr>
<th>Services are clearly stated</th>
<th>Number of hrs. ECSE services not provided w/typical peers</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Amount and frequency is clear</td>
<td>How is progress reported to parents is noted</td>
</tr>
<tr>
<td>Single location</td>
<td>Review schedule indicated. If “Other” box is checked</td>
</tr>
<tr>
<td>Who will do this is indicated</td>
<td>must indicate what the review schedule will be</td>
</tr>
<tr>
<td>Who will pay</td>
<td>Administration of AEPS or ASQ at least one time</td>
</tr>
<tr>
<td>Start and stop dates are correct</td>
<td>per IFSP cycle is noted</td>
</tr>
<tr>
<td>EI services are provided in the natural environment - Yes/No</td>
<td>Check boxes of other agencies serving child; enter</td>
</tr>
<tr>
<td>If not in the natural environment justification REQUIRED</td>
<td>confirmation date at bottom of page</td>
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<tr>
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</tbody>
</table>

**Team Page - Required team members (one person may function in multiple roles) and MUST have a presence at meeting**

- Subcontractor representative
- Parent
- EI/ECSE specialist
- Service coordinator
- Evaluator or individual who can interpret evaluation results

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</table>

**ECSE Page**

If the IFSP includes supplemental services, adaptations and accommodations

- Services are clearly stated
- Amount and frequency is clear
- Single location
- Who will do it

<table>
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<th>Services are clearly stated</th>
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<td>Amount and frequency is clear</td>
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<td>Who will do it</td>
<td>If no services listed, computer enters &quot;None Needed&quot;</td>
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</tbody>
</table>

If the IFSP includes modification or support for program personnel

- Services are clearly stated
- Amount and frequency is clear
- Single location
- Who will do it

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<tr>
<td>Single location</td>
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<tr>
<td>Who will do it</td>
<td>If no services listed, computer enters &quot;None Needed&quot;</td>
</tr>
</tbody>
</table>

**Note:** Consideration of special factors - if any are checked YES, they **must** be addressed in the IFSP

**Note:** Attach Behavior Plan if behavior is checked
### Developmental Information Page

- Strengths and interests are included
- How the child's disability affects participation in appropriate activities
- Information considered in developing IFSP - boxes checked
- Health, hearing and vision screenings are noted with dates for current IFSP
- Present levels of development are included for each domain
- "Needs to learn" are described and match current goals
- Write "No Early Childhood Special Education goals needed" or "No Early Intervention goals needed" if development typical in any domain

### Goals and Objectives Page(s)

| All long-term goals have short-term objectives | Evaluation procedures identified |
| Criteria is stated | Goal progress noted if IFSP review and/or annual |

### Family Outcomes

- Documentation if family indicates plan is not needed (*initialed by parents)
- All three questions are answered
- Timelines or timeframes are noted under the third question

### Transition Page

- The EI to ECSE transition plan is on the IFSP no less than 90 days before the child's third birthday
- The ECSE to kindergarten transition plan is on the IFSP at least ONE year prior to entering kindergarten

### Placement Grid

| Used an approved template | Reason why each placement option was selected or rejected |
| Option(s) listed | Check box "Listed below:" Must list AEPS or ASQ |
| Benefits, possible harmful effects & modification, leave no blank boxes | List name and title of team members determining placement. |
| A name on each line, one person can fill multiple roles |

### Other

- AEPS or ASQ scores entered on the Assessments tab of ecWeb for eligible children only
- Service logs complete if EI to ECSE transition
- Service recommendation completed for Medicaid eligible children
- Refusal of Media Access - turn in if signed
- Transportation request submitted if it is on cover sheet

Revised 9/26/11
Parent Preparation for the IFSP Meeting - EI

Today’s date: ____________________

Preparation for the IFSP Meeting is for: ___________________________________

Contact me if you have any questions: ______________________________________

The purpose of the Individualized Family Service Plan (IFSP) meeting is to identify the progress your child has made on last year’s goals and objectives, to consider your child’s current skills and abilities, to identify what your child needs to learn over the coming year, and to identify what would be helpful to you as you support your child’s learning.

We value your input and full participation in this process including learning about your priorities for your child. Please consider these questions before the IFSP meeting:
You can jot down notes and bring them with you. The meeting will last about one hour.

What are your child’s strengths and interests? What does your child like to do?

What do you want your child to learn in the next six months?

What do you need or what would be helpful to you and your family so you can help your child learn and develop?

How would you like to be involved in your child’s education and services?

Questions, concerns or comments?
Parent Preparation for the IFSP Meeting- ECSE

Today’s date: ___________________

Preparation for the IFSP Meeting is for: ___________________________________

Contact me if you have any questions: _______________________________________

The purpose of the Individualized Family Service Plan (IFSP) meeting is to identify the progress your child has made on last year’s goals and objectives, to consider your child’s current skills and abilities, to identify what your child needs to learn over the coming year, and to identify what would be helpful to you as you support your child’s learning.

We value your input and full participation in this process including learning about your priorities for your child. Please consider these questions before the IFSP meeting; you can jot down notes and bring them with you. The meeting will last 60 to 90 minutes.

What are your child’s strengths and interests? What does your child like to do?

What do you want your child to learn this year?

What do you need or what would be helpful to you and your family so you can help your child learn and develop?

How would you like to be involved in your child’s education and services?

Questions, concerns or comments?
Mid-cycle Review Checklist

Child: ________________________  Birthdate: ______________

Service coordinator: _______________  IFSP date: ___________  Review date: ___________

Complete steps 1 through 5 for all mid-cycle reviews. Print and send this form to Early Childhood CARES within 30 days of the review.

1. Actual review date (meeting required for EI-age children) ______________________

2. Enter goal progress on the database. Send all goal progress to Early Childhood CARES office at the end of IFSP cycle when new annual IFSP is submitted.

3. Notify the main office of any registry changes such as a new address or phone number, parent(s) name, etc.

4. List team members participating:

5. Progress was shared with parents on (date): ____________________________

   Progress was shared: _____by phone _____in writing / e-mail _____in person

☐ EI to ECSE transition process was discussed with parents.

Transition will include screening using the Ages and Stages Questionnaire, an evaluation (if needed) to establish ECSE eligibility, developing an ECSE IFSP and placement into ECSE services.

☐ No changes were recommended at this time.

Enter goal progress on the database. Within 30 days of the review, turn in this form indicating actual date of the review.

☐ Changes were recommended (check one).

   _____Modified, deleted or added goals or objectives
   _____Change of services or change of placement
   _____Other (indicate change) ________________________________

☐ Complete IFSP meeting notice.
   Invite a school district representative if the child will be attending kindergarten within the next year.
   Invite DHS child welfare caseworker to the meeting with permission from the foster parent(s).

☐ Complete new IFSP team page and have parent(s) sign and date it.
   No team page is necessary if agreements page is used (ECSE-age children only).

☐ Document the changes on the IFSP by adding new pages or editing existing pages.

☐ Complete action notice.

☐ Compile and send to Early Childhood CARES office:
   ☐ IFSP meeting notice
   ☐ Action notice
   ☐ New IFSP team page or agreements form (ECSE-age children only)
   ☐ Written changes such as new cover page with new services, new goals, new placement page, etc.
Any child made **eligible** for early intervention (EI) or early childhood special education (ECSE) **after** 5/1/08, needs to have curriculum based data entered into the ecEval system. Data needs to be entered at eligibility (initial and transition from EI to ECSE only), at the IFSP annual review and when a child exits the program if it has been at least six months since the last ASQ/AEPS administration.

**Assessment administered (check one)**

- [ ] ASQ
- [ ] AEPS Level I
- [ ] AEPS Level II

**Reason for assessment (check one)**

- [ ] Initial eligibility  
  Date (use eligibility date) ________________________________

- [ ] EI to ECSE transition  
  Date (use eligibility date) ________________________________

- [ ] Annual IFSP review  
  Date (use IFSP date) ________________________________

- [ ] Exiting program  
  Date (use date child exited program) ________________________________

- Log into the ecEval system: https://ecweb.uoregon.edu/eceval/ or click the ecEval link on the main menu (top right-hand corner) or on the registry page (middle of page, right-hand side)
  - To enter the system, use your EC Data log in and password
  - Search for child by SSID number, name or birthdate. To add the child to your list, click the word add in the “child list” field.
  - Select assessment record (ASQ, AEPS Level I or AEPS Level II)
  - Change the date to the date of eligibility or date of annual IFSP
  - For AEPS, enter eligibility (DD, CD, HI, etc.)  
    For ASQ, enter month used
  - Enter data
  - Exit record by clicking on child list or search. To exit ecEval, click “Logout” in upper right-hand corner.

- Return this completed checklist to the records manager at Early Childhood CARES.

**Data for this child has not been entered into the ecEval system. Please enter the data and return this checklist to the records manager as soon as possible. Use the following date_________________**

Data entered into ecEval by ________________________________

Date returned to Early Childhood CARES ________________________________
When a child is transitioning from Early Intervention to Early Childhood Special Education and the educational team believes that the child no longer has any developmental concerns, the child may be screened out at transition. If this is the case, follow the steps below.

- Complete and submit the yellow transition planning form to the transition coordinator indicating the child may no longer have any developmental concerns.
- Complete a screening using all appropriate screening materials, including the Ages and Stages Questionnaire and/or the Ages and Stages Questionnaires: Social-Emotional and the articulation/language sheet.
- If there are no developmental concerns as documented on the ASQ, the child may be screened out and does not need to be referred for an ECSE evaluation. Services continue for the child until their third birthday.

Complete and compile the following documents and send to the Early Childhood CARES main office for the child’s main file:

- All screening materials used including the ASQ and articulation/language sheet
- Goal pages with final progress documented
- Meeting notice
- Action form indicating child has no developmental concerns and will not be referred for an ECSE evaluation
- Complete an exit AEPS and enter the data into the ecEval system
- All AEPS forms for the child’s main file
- All service logs
- Request to have copies sent to parents and any other appropriate parties
## Exiting Early Childhood CARES Services - Moved, Can’t Locate or Deceased

<table>
<thead>
<tr>
<th>Child: ___________________________</th>
<th>Birthdate: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service coordinator: ______________</td>
<td>IFSP date: __________</td>
</tr>
</tbody>
</table>

**When a child’s family moves from the county (circle below)**

- Moved in state
- Moved out of state

Hold an IFSP meeting, if possible, to document current progress.

If the child moves out of state, complete an exit AEPS or ASQ and enter scores on ecEval database if the child was made eligible after 5/1/08.

- [ ] Compile and send to Early Childhood CARES:
  - [ ] IFSP meeting notice, if meeting held prior to move
  - [ ] IFSP goal pages with progress documented
  - [ ] Service log(s)
  - [ ] Any original documents not in the Early Childhood CARES main file
  - [ ] Final AEPS or ASQ protocol
  - [ ] This form with exit date ________________________________

A child’s records will be sent to the new early intervention program when a request is received from the new program or the family.

**When a child cannot be located**

When a child has been absent from class for an extended period of time and the service coordinator is unable to make contact with the family, notify the records manager. A certified letter will be sent asking the family to contact the main office or the service coordinator within two weeks. If no response is received, the child’s file will be inactivated. Complete an exit AEPS or ASQ and enter scores on ecEval database.

- [ ] Compile and send to Early Childhood CARES:
  - [ ] IFSP with documented goal progress
  - [ ] Service log(s)
  - [ ] Any new information not in the Early Childhood CARES main file
  - [ ] Final AEPS or ASQ
  - [ ] This form with exit date ________________________________

It is recommended that you keep your complete working file for at least one year.

**Other exit reason**

- [ ] Deceased, date ________________________________
- [ ] Other
**EYS (Extended Year Services) Checklist**

<table>
<thead>
<tr>
<th>Child: _______________________________</th>
<th>Birthdate: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service coordinator: __________________</td>
<td>IFSP date: __________</td>
</tr>
</tbody>
</table>

For ECSE-age children, the EYS process is used only when the IFSP team thinks that the child will lose skills over scheduled service breaks and will be unable to recoup those skills in a reasonable amount of time or if there are predictive factors that would lead to significant regression on skills.

- [ ] Document appropriately on ECSE page of IFSP.
- [ ] Complete the review for extended year services form located on the Forms and Reports page.
- [ ] Identify IFSP objectives and data collection method and schedule. Use the regression/recoupment grid.
- [ ] Collect necessary data on the targeted goals and objectives.
- [ ] If EYS is recommended based on predictive factors, provide a short paragraph that details factors that may either lead to significant regression or are likely to prevent a child from relearning (recouping) skills in a reasonable amount of time.
- [ ] Set up IFSP team meeting. Send IFSP meeting notice to parent(s) and all other appropriate team members.
- [ ] If EYS is recommended, make changes to the IFSP following the procedure listed on the IFSP changes checklist. Send the following documentation to Early Childhood CARES for the child’s main file:
  - [ ] IFSP meeting notice
  - [ ] Action notice
  - [ ] Cover page documenting EYS services
  - [ ] Team page signed and dated by parent(s)
  - [ ] Review for extended year services form
  - [ ] Regression/recoupment data OR predictive factors paragraph
  - [ ] ECSE page documenting EYS - enter “yes” in box #7
## IFSP Changes Checklist

<table>
<thead>
<tr>
<th>Child:</th>
<th>Birthdate:</th>
<th>Service coordinator:</th>
<th>IFSP date:</th>
<th>Review date:</th>
</tr>
</thead>
</table>

An IFSP meeting may be called at any time by any team member in order to review and make changes to the IFSP.

- [ ] Send an IFSP meeting notice to the parent(s) and other IFSP team members.
- [ ] Record the IFSP team members present on the IFSP team page. (Being on a speakerphone during the meeting is considered participation.)
- [ ] Document the changes on the IFSP by adding new pages or clearly and legibly editing existing pages.
- [ ] Do not remove from the cover page any services which have been stopped during the current IFSP cycle. Cover page must show all placements and services provided during the entire yearly IFSP cycle with appropriate start and stop dates.
- [ ] Parent(s) signs and dates the team page at the IFSP meeting.
- [ ] Complete an action notice indicating changes made to IFSP.
- [ ] Compile and send to Early Childhood CARES:
  - [ ] IFSP meeting notice
  - [ ] Action notice
  - [ ] New cover page showing date meeting held
  - [ ] New team page with parent(s) signature OR the signed agreement form
    - **Note:** If agreement form is used, no meeting notice is required and the date on the cover page will be date of revision.
  - [ ] Written changes; either new pages or edited old pages
Placement Change Checklist

Child: ___________________________ Birthdate: ___________

Service coordinator: _______________ IFSP date: ___________ Review date: ___________

When a child’s team is considering moving the child from one EI/ECSE program to another, it is considered a change of placement. The child’s current service coordinator must complete the following for a placement change.

☐ Contact the appropriate Early Childhood CARES representative to discuss placement options and invite to the meeting.

☐ Send an IFSP meeting notice to the parent(s) and all other IFSP team members.

☐ Record the IFSP team members present on the IFSP team page.

☐ Review IFSP goals, objectives, services and make any changes.

☐ Complete a new placement grid.

☐ Notify the main office of registry changes such as a new address or phone number, parent name, etc.

☐ Document the changes on the IFSP as needed by adding new pages or clearly and legibly editing existing pages. Be sure the start and stop dates are accurate for the former and new placements. The cover page should show all placements and services during the IFSP cycle with appropriate start and stop dates. Do not remove any services which have been stopped or changed during the IFSP cycle.

☐ Parent(s) signs and dates on the team page at the IFSP meeting.

☐ Complete an action notice.

☐ Complete and have parent(s) sign and date a new consent for mutual exchanging, adding the new EI/ECSE program.

☐ Compile and send to Early Childhood CARES:

☐ IFSP meeting notice
☐ New team page
☐ Placement grid
☐ Action notice
☐ Service log completed up to the date of placement change
☐ Written changes on the IFSP; either new pages or edited old pages including cover page showing date meeting was held and new and former placements during the IFSP cycle

☐ Compile and send to the new program:

☐ Eligibility statement
☐ Eligibility reports and any other pertinent information
☐ Current IFSP
☐ Placement grid
☐ Current consent for mutual exchange signed and dated by parent(s) with new program added
☐ AEPS protocol
Parent or Guardian name ____________________________________________

Child name ______________________________________________________

1. I hereby authorize the University of Oregon to publish on the internet, in official publications about Early Childhood CARES services, and in instructional materials the following (check each that apply):

<table>
<thead>
<tr>
<th>in instructional materials or training materials</th>
<th>on the Early Childhood CARES Website</th>
<th>in official publications about Early Childhood CARES</th>
</tr>
</thead>
<tbody>
<tr>
<td>my child’s photograph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my photograph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my name</td>
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</tr>
<tr>
<td>video footage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other: __________________________________________</td>
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</tr>
</tbody>
</table>

2. I release the University of Oregon and its employees, agents, and assigns from any and all liability whatsoever arising out of the use, as applicable, of my photograph, my child’s photograph, video footage, my name, and other items checked in paragraph 1.

3. If I am providing the University with a photograph or video footage, I assure the University that use of the photograph or video footage will not infringe any copyright or other rights, and I agree to hold the University harmless from and against any and all claims relating to the use of the photograph or video footage, including but not limited to claims of copyright infringement.

4. The authorization and releases mentioned above are made freely and voluntarily.

5. The authorization in paragraph 1 may be revoked by me in writing at any time. However such revocation will not apply to items checked in paragraph 1 that have already been published or released.

6. A copy or facsimile of this authorization and release shall be as valid and effective as the original.

Signature ________________________________________________________

Date ________________

Form ver 2.1.1 10/14/10
Photo/Video Authorization and Release

Nombre Completo del Padre ó Tutor ________________________________

Nombre Completo del Niño ________________________________

1. Por la presente autorizo a la Universidad de Oregon publicar en la red, en publicaciones oficiales de los servicios para La Atención de los Primeros Años de la Infancia (Early Childhood CARES) y en material de instrucción en lo siguiente (marcar lo conveniente):

<table>
<thead>
<tr>
<th>En material para instrucción o materiales de entrenamiento</th>
<th>En el sitio de la red de Early Childhood CARES</th>
<th>En publicaciones oficiales acerca de Early Childhood CARES</th>
</tr>
</thead>
<tbody>
<tr>
<td>la fotografía de mi niño</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mí fotografía</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mí nombre</td>
<td></td>
<td></td>
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<tr>
<td>video</td>
<td></td>
<td></td>
</tr>
<tr>
<td>otros: ___________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Yo libero a la Universidad de Oregon y a sus empleados y agentes de cualquier atribución y responsabilidad que se derive del uso, en su caso, de mi fotografía, de la foto de mi niño, video, mi nombre y otros elementos que figuran en la sección 1.

3. Si estoy proporcionando a la Universidad con una fotografía o video, tengo la seguridad que la Universidad hará buen uso de la fotografía y video y no infringirá en ningún derecho de autor u otros derechos y estoy de acuerdo en liberar de responsabilidad a la Universidad por y contra cualquiera y todas las reclamaciones relativas a la utilización de la fotografía o video, incluyendo, pero no limitado, a las reclamaciones de infracción de derechos de autor.

4. Este consentimiento esta hecho libre y voluntariamente.

5. La autorización en la sección 1 se mantendrá efectivo hasta que sea revocado por mí en forma escrita. No obstante la declaración de nulidad no se aplicará a los elementos comprobados en la sección 1.0 que ya han sido publicados o anunciados.

6. Una copia o facsímile de este documento puede ser válido y efectivo como el original.

Firma ________________________________ Fecha __________________

Form ver 2.1.les 10/11/10
Refusal or Rejection of Services Checklist

Child: ___________________ Birthdate: __________

Service coordinator: ___________________ IFSP date: __________ Review date: __________

If a family refuses or reject services once the child has an IFSP, notify the child’s Early Childhood CARES representative as soon as possible.

☐ Hold an IFSP meeting as soon as possible. Send IFSP meeting notice to parent(s) and other team members. Also send the Parent Rights pamphlet to the parent(s).

☐ Document on IFSP cover page “Refused” in the date initiated column for all identified services. Have the parent(s) initial or sign and date the refusal.

☐ Document on the placement decision grid by checking the “Rejected” box in the last column on the right and writing an explanation in the box. Have the parent(s) initial or sign and date the refusal.

☐ Fill out an action notice.

☐ Give the parent(s) the Parent Rights pamphlet.

☐ Write a letter documenting the refusal or rejection reasons and/or steps taken to avoid this action. Have the parent(s) sign if possible.

☐ Compile and send to Early Childhood CARES:
  ☐ IFSP cover page
  ☐ Placement grid
  ☐ IFSP meeting notice
  ☐ Action notice
  ☐ Letter documenting refusal/rejection of services
Regional Referral Checklist for ASD Eligibilities

Child: ___________________________ Birthdate: _____________

Service coordinator: ___________________________ IFSP date: ___________ Review date: ___________

☐ Service coordinator completes observation of child.

☐ Service coordinator completes the regional referral form and sends to the Early Childhood CARES regional referral coordinator. This form is in the Service Provider Handbook Checklist and Forms section.

☐ Consent for evaluation will be filled out by Early Childhood CARES. The service coordinator may obtain the parent signature or Early Childhood CARES will send the consent for evaluation directly to the parent(s).

☐ Early Childhood CARES sends the completed regional referral form and consent for evaluation to the regional autism program.

☐ Medical statement is obtained by Early Childhood CARES.

☐ Functional communication assessment is completed by Early Childhood CARES.

☐ Regional personnel inform the service coordinator and Early Childhood CARES representative when the evaluation is complete.

☐ Educational team meeting is called by the service coordinator. IFSP meeting notice sent to parent(s) and all other team members.

☐ Eligibility statement is prepared and brought to meeting by service coordinator. Statement is signed by parent(s), evaluator and other appropriate team members.

☐ Changes to IFSP are added as determined by educational team. See checklist for IFSP changes.

☐ Complete an action notice documenting initiation of new of eligibility.

☐ Compile and send to Early Childhood CARES within 30 days of eligibility meeting:
  ☐ IFSP meeting notice
  ☐ Action notice
  ☐ Eligibility form (original)
  ☐ All reports and documents supporting eligibility including the functional communication assessment
  ☐ IFSP changes such as cover page, new goals, new placement, etc.
  ☐ Signed team page if changes were made to the IFSP

☐ Request/send copies to parent(s), DHS child welfare worker, doctor, etc. Send copy of all signed forms for Spanish translation if needed.
Regional Referral Checklist for VI, HI and OI Eligibilities

Child: ___________________________  Birthdate: ____________

Service coordinator: ____________________  IFSP date: ____________  Review date: ____________

☐ Service coordinator completes the regional referral form and sends to the Early Childhood CARES regional referral coordinator. This form is in the Service Provider Handbook Checklist and Forms section.

☐ Consent for evaluation will be filled out by Early Childhood CARES. The service coordinator may obtain the parent signature or Early Childhood CARES will send the consent for evaluation directly to the parent(s).

☐ Early Childhood CARES sends the completed regional referral form and consent for evaluation to the appropriate regional program.

☐ Medical statement is obtained by Early Childhood CARES.

☐ Medical reports as needed are obtained by Early Childhood CARES.

☐ Regional personnel inform the service coordinator and Early Childhood CARES representative when the evaluation is complete.

☐ Educational team meeting is called by the service coordinator. IFSP meeting notice sent to parent(s) and all other team members.

☐ Eligibility statement is prepared and brought to meeting by service coordinator. Statement is signed by parent(s), evaluator and other appropriate team members.

☐ Changes to IFSP are added as determined by educational team. See checklist for IFSP changes.

☐ Complete an action notice documenting initiation of new of eligibility.

☐ Compile and send to Early Childhood CARES within 30 days of eligibility meeting:

   ☐ IFSP meeting notice
   ☐ Action notice
   ☐ Eligibility form (original)
   ☐ All reports and documents supporting eligibility
   ☐ IFSP changes such as cover page, new goals, new placement, etc.
   ☐ Signed team page if changes were made to the IFSP

☐ Request/send copies to parent(s), DHS child welfare worker, doctor, etc. Send copy of all signed forms for Spanish translation if needed.
When a Child No Longer Qualifies for EI and ECSE Services Checklist

Child: ___________________________ Birthdate: __________

Service coordinator: ___________________________ IFSP date: __________ Review date: __________

When the educational team suspects a child is no longer eligible for early intervention or early childhood special education services, the following procedure should be used to exit the child:

☐ Contact the child’s Early Childhood CARES representative to discuss evaluations, database changes, etc.

When conducting the eligibility evaluation:

☐ Complete the consent for evaluation form and evaluation tools checklist and have the parent(s) sign and date it.

☐ Retest the child in the eligible areas of delay. Use approved assessment measures for each area of delay and use standard Early Childhood CARES evaluation procedures including at least two different approved tests/measures. Complete an AEPS and enter scores on ecEval database if eligibility was established after 5/1/08.

☐ Write a brief assessment report providing scores, discussion and recommendations.

☐ Send an IFSP meeting notice to the parent(s), Early Childhood CARES representative, and all other IFSP team members including the child’s teachers, therapists, etc.

☐ Conduct an educational team meeting with the parent(s) and other appropriate team members.

☐ Complete the IFSP goals page showing the progress achieved and goals met.
☐ Record the IFSP team members present on the team page and have the parent(s) sign and date.
☐ Review the most recent re-evaluation.
☐ Complete a new statement of eligibility for special education showing that the child does not meet the eligibility criteria and that the team agrees that the student does not qualify for special education.
☐ Complete an action notice stating child is no longer eligible for EI/ECSE services.

☐ Provide the parent(s) with a copy of the evaluation report, IFSP goals page with goals met, the IFSP team page, the statement of eligibility, the action notice and consent for evaluation.
Send copy of all signed forms and progress notes for Spanish translation if needed.

☐ Notify all programs involved with the child’s special education services, including the school district (send copy of new eligibility) and district transportation department if transportation is being provided.

☐ Compile and send to Early Childhood CARES:

☐ Consent for evaluation signed and dated by parent(s) and the evaluation tools checklist
☐ New evaluation report
☐ IFSP team page
☐ Goals pages with progress noted
☐ New statement of eligibility (original) indicating child does not qualify for special education services
☐ IFSP meeting notice
☐ Action notice
☐ Service log
☐ Protocol from the exit AEPS
Written Agreements between the Parent and the EI/ECSE Program (ECSE Only)

Child Name ___________________________ Birth Date_________________ Student ID # ______
Attending Program ______________________ Service Coordinator _____________________

The authorized EI/ECSE staff has explained to the Parent that he or she is not required to enter into any of these agreements. **These agreements only apply to children receiving ECSE services.**

_______________________________________________________ ______________________
Authorized EI/ECSE Staff – Print Name __________________________ Date

A copy of this document has been given to the parent(s)

1. **IFSP TEAM ATTENDANCE NOT REQUIRED**

   **A. AREA OF EXPERTISE OF EXCUSED MEMBER NOT DISCUSSED AT MEETING**

   The EI/ECSE Program and the Parent agree that the following member(s) of the IFSP team is not required to attend the IFSP meeting specified below, in whole or in part, because the member’s area of expertise or related service is not being modified or discussed in the meeting.

   IFSP date:______________

   Names of team members:__________________________________

   __________________________ Date __________________________

   Parent Signature ___________________________

   __________________________ Date __________________________

   Authorized EI/ECSE Staff Signature

   __________________________ Date __________________________

   **B. AREA OF EXPERTISE OF EXCUSED MEMBER DISCUSSED AT MEETING**

   The EI/ECSE Program and the Parent agree that the following members of the IFSP team may be excused from attending the IFSP meeting specified below, in whole or in part, when the meeting involves a modification to or discussion of the member’s area of expertise or related services, if the member submits in writing to the team input into the IFSP before the meeting.

   IFSP date:______________

   Names of team members:__________________________________

   __________________________ Date __________________________

   Parent Signature ___________________________

   __________________________ Date __________________________

   Authorized EI/ECSE Staff Signature

   __________________________ Date __________________________

2. **REVISIONS TO IFSP OTHER THAN AT ANNUAL IFSP MEETING**

   The EI/ECSE Program and the Parent agree that an IFSP meeting is not necessary to revise the child’s IFSP specified below between annual IFSP meetings.
   • The IFSP revision must be written on the child’s IFSP and dated. If new IFSP pages are required, these pages must be stapled to the IFSP, a complete copy filed with the child’s education records, and a copy given to the parent upon request.
   • The EI/ECSE Program must give the Parent **Prior Notice of Early Childhood Special Education Action** describing the IFSP change.

   IFSP revision date:______________
These agreements only apply to children receiving ECSE services

This form is used to:

- Document new provisions for written agreements between parents and EI/ECSE Programs in IDEA 2004, and document that staff have explained that the agreement is voluntary;
- Document parent and EI/ECSE Program agreement that specific members of the IFSP team are not required to attend a specific IFSP meeting, in whole or in part, because the member’s area of expertise or related service is not being modified or discussed at the meeting, as permitted by IDEA 2004, Sec. 614(d)(1)(C)(i);
- Document parent and EI/ECSE Program agreement that specific members of the IFSP team are excused from attending an IFSP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member’s area of expertise or related service if the member submits in writing to the parent and other members of the IFSP team input into the IFSP before the meeting, as permitted by IDEA 2004, Sec. 614(d)(1)(C)(ii);
- Document parent and EI/ECSE Program agreement that an IFSP meeting is not necessary to revise the child’s IFSP between annual IFSP meetings, as permitted by IDEA 2004, Sec 614(d)(3)(D); and
- Document that parents have been given a copy of this completed form.

Directions:

1. Enter the child’s name, birth date, student ID#, attending program and the name of the child’s service coordinator.

2. Enter the name of the EI/ECSE staff person who is authorized to enter into a written agreement with the parent and explains to the parent that the agreement is voluntary. Write in the date of that this information is provided to the parent and check the box to document that a copy is given to the parent.

3. This form includes several different types of agreements. Select the agreement(s) that applies by checking the box.

   (1) IFSP team attendance:

   A. Content not discussed: The parent and EI/ECSE Program may agree to excuse from attendance IFSP team members who are not necessary because the member’s area of expertise or related service is not being modified or discussed at the meeting. List the date of the IFSP meeting and the names of the excused members. Parent and authorized EI/ECSE staff person each sign and date the agreement.

   B. Content discussed: The parent and EI/ECSE program may agree to excuse from attendance IFSP team members when the member’s area of expertise or related service is being modified or discussed at the meeting, if the member submits input in writing to the IFSP team before the meeting. List the date of the IFSP meeting and the names of the excused members. Parent and authorized EI/ECSE staff person each sign and date the agreement.

   (2) Revisions to IFSP: The parent and EI/ECSE Program may agree that an IFSP meeting is not necessary to revise the child’s IFSP between annual IFSP meetings. If so, indicate the date of IFSP revision. Parent and authorized EI/ECSE staff person each sign and date the agreement. This can be completed at the time the parent and the EI/ECSE program make the IFSP changes.

   Note: The IFSP revision must be written on the child’s IFSP and dated. If new IFSP pages are required, these pages must be stapled to the IFSP, a complete copy filed with the child’s education records, and a copy given to the parent upon request. The EI/ECSE Program must give the Parent Prior Notice of Early Childhood Special Education Action describing the IFSP change.
Written Agreements Form Instructions

1A. IFSP meeting without a team member present whose expertise is not needed
   • Check box 1A. on the written agreements form and have the parent sign it preferably before the meeting. If that is not possible, get their permission on the phone before the meeting and have the parent sign at the meeting.
   • Follow the appropriate (changes, mid-cycle or annual) IFSP checklist.
   • Send the paper work to the Early Childhood CARES main office, including the signed written agreements form.

1B. IFSP meeting without a team member present whose expertise is needed
   • Check box 1B. on the written agreements form and have the parent sign it preferably before the meeting. If that is not possible, get their permission on the phone before the meeting and have the parent sign at the meeting.
   • Get the excused team member’s written input into the IFSP before the meeting.
   • Follow the appropriate (changes, mid-cycle or annual) IFSP checklist.
   • Send the paper work to the Early Childhood CARES main office, including the signed written agreements form.

2. IFSP changes made without a meeting
   • Check box two on the written agreements form and have the parent sign it.
   • Talk to the parent by phone to discuss the suggested IFSP change(s).
   • Make the changes on the IFSP. Select revision date button. Revision date on IFSP cover sheet needs to match date on the written agreements form.
   • Complete an action form describing the IFSP change(s).
   • Send the paper work to the Early Childhood CARES main office, including the signed written agreements form.