



Arizona Department of Education  
Tom Horne, Superintendent of Public Instruction

# Help for Early Learning Professionals



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**A Resource Manual**  
The Arizona Department of Education  
Early Childhood Special Education Unit  
[www.ade.az.gov/earlychildhood](http://www.ade.az.gov/earlychildhood)



# **HELP FOR EARLY LEARNING PROFESSIONALS**

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## FORWARD

On behalf of the Arizona Department of Education I would like to thank you for your dedication to young children and their families. Your connection with families that are in need of assistance at a very crucial time in their lives will help them to get their child's education off to a positive start. Many families with young children are moving into Arizona. We have a challenging task to meet their needs. Through ongoing collaboration within our districts, from district to district, with Head Start, Arizona Early Intervention Program (AzEIP) and other agencies that serve young children, we can meet this challenge. The key is open communication.

The Early Childhood Education Section strives to provide you with the knowledge and tools to create quality early childhood education environments for **all** young children while maintaining compliance with federal and state requirements. I want to thank the members of the HELP team, a group of dedicated professionals from all over the Grand Canyon State, who continue to share their knowledge and expertise of best practices with early childhood educators who serve young children and young children with special needs.

We want to continue in our efforts to provide you with the best customer service and technical assistance in order to help you focus your efforts on creating positive relationships with families and children. The **H**elp for the **E**arly **L**earning **P**rofessional manual is designed to provide you comprehensive information on early childhood special education processes from Child Find and Early Intervention Transitions to Transition to School-Aged Services as children leave your programs to go into kindergarten.

We hope that this will become a working reference tool to you and all your early childhood staff members. If we can be of further assistance to you, we are always a phone call or an e-mail away and are very happy to answer any question that you may have.

Sincerely,

*Val*

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## INTRODUCTION

The unique problems of screening and evaluating young children suspected of having disabilities calls for understanding a variety of strategies in assessment and evaluation of young children for eligibility for special education. In 1991, the Arizona Department of Education (ADE), Special Education Department sponsored the Arizona Preschool Assessment Summit. It was during that meeting that recommendations and regulations were made for Arizona's eligibility criteria for preschool children, ages 3-5, which were found in need of special education.

The Summary and Recommendations of the Arizona Preschool Assessment Summit were reviewed by a team of professionals throughout the state in December 2003 and found to be best practices as well as in direct alignment with federal legislation in Individuals with Disabilities Education Act (IDEA).

In November 2002 a Preschool Resource Notebook Task Force developed a document "The Journey for a child who receives preschool special education services". This document provided important information to early childhood special education programs.

A team of professionals from different parts of the state met in December 2003 and January 2004 for the purpose of obtaining clarification in regard to screening and evaluation of young children, ages 3-5, with disabilities. A review of current literature as well as resource manuals previously developed by Exceptional Student Services (ESS) and Early Childhood Education (ECE) were used to create "A Team Approach to Screening and Assessment" resource manual and the "A Team Approach" conferences.

Most recently, the task force has expanded the resource manual and conferences to **HELP! Help for the Early Learning Professional** to encompass all aspects of preschool services from Child Find, screenings, assessments, eligibility, placement, inclusion, IEP development and transition to school-aged (kindergarten) services.

An appropriate and comprehensive evaluation for any child requires that parents and professionals work together to determine the components, which are necessary to provide a rich picture of the child's abilities. Following a thorough review of existing data, it is the responsibility of the evaluation team to select the specific assessment instruments for each child.

In addition to the list of preschool assessment instruments, this document contains the following:

- IDEA requirements for preschoolers with disabilities;
- Portions of the Arizona Revised Statutes (ARS) and Arizona Administrative Code (AAC) which reference special education for preschool children;
- Definitions and recommendations for the evaluation of preschool children;

- Sample forms;
- Ongoing Progress Monitoring Information for Early Childhood Outcomes;
- Vision and Hearing Screening guidelines and regulations;
- Least Restrictive Environment and Continuum of Services Information;
- Transition to School-Aged Services information.

The forms included in this document are examples compiled from schools districts and Exceptional Student Services. They are not a requirement, but a means to assist you in creating forms that work for your individual program. In addition, the assessments listed in this resource should not be considered a listing of approved assessments as no endorsement or recommendation by the ADE Early Childhood Education unit is implied by their inclusion.

For further information regarding this document or for technical assistance for your district or school, contact the ADE Early Childhood Education office at 602-542-5448.



## **IDEA EDUCATION LAWS AND RULES**

The Individuals with Disabilities Education Act (IDEA), previously the Education of the Handicapped Act (EHA), was originally passed by the U.S. Congress in 1975 as Public Law (P.L.) 94-142. Its purpose was to ensure all children and youth with disabilities in the United States access to a free appropriate public education (FAPE).

The legislation was amended in 1986 as P.L. 99-457, and included a new Part H – The Infants and Toddlers with Disabilities program for eligible birth through two-year-old children with disabilities and their families. It also changed the existing Preschool Incentive Grant program to the Preschool Grants program under Section 619 of Part B for children with disabilities aged three through five. As a result of these federal provisions and significant efforts on the part of professionals, parents, and state and local policy-makers, by 1992 all states made FAPE available to all children with disabilities, aged 3 through 5.

In the years that followed, IDEA was amended a number of times with the most significant revisions occurring in 1997 through P.L. 105-17, the IDEA Amendments of 1997. According to the U.S. Department of Education (Federal Register, October 22, 1997, pgs. 55028-55029), this reauthorization, referred to as IDEA '97, was directed at improving the results for children with disabilities by promoting the following improvements to Part B:

- Early identification and provision of services;
- Individualized Education Programs (IEPs) that focus on improving results through the general curriculum;
- Education with non-disabled children;
- Higher expectations for children with disabilities and agency accountability;
- Strengthened role of parents and partnerships between parents and schools; and,
- Reduced paperwork and other burdens.

The reauthorized Individuals with Disabilities Act of 2004 (IDEA) (20 USC 1414) was signed into law on Dec. 3, 2004, by President George W. Bush. The provisions of the act went into effect on July 1, 2005, with the final Regulations authorized on August 14, 2006.

The regulations implementing Part B of IDEA '04 apply to children and youth with disabilities ages 3 through 21. The U.S. Department of Education, Office of Special Education Programs (OSEP) is responsible for enforcing these regulations as well as state departments of education.

## **ARIZONA EDUCATION LAWS AND RULES**

### **ARS §15.771. Preschool programs for children with disabilities; definition**

**A.** Each school district shall make available an educational program for preschool children with disabilities who reside in the school district and who are not already receiving services that have been provided through the department of education. The state board of education shall prescribe rules for use by school districts in the provision of educational programs for preschool children with disabilities. School districts are required to make available educational programs for and, for the purposes of calculating average daily attendance and average daily membership, may count only those preschool children who meet the definition of one of the following conditions:

1. Hearing impairment
2. Visual impairment
3. Preschool moderate delay
4. Preschool severe delay
5. Preschool speech/language delay

The school district may make available an educational program for speech or language impaired preschool children whose performance on a standardized language test measures one and one-half standard deviations, or less, below the mean for children of their chronological age. The superintendent of public instruction shall prescribe guidelines for the eligibility of speech or language impaired children, except that eligibility under this subsection is appropriate only when a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another preschool category.

**B.** The state board of education shall annually distribute to school districts at least ten per cent of the monies it receives under 20 United States Code section 1411(c)(2) for preschool programs for children with disabilities. The state board shall prescribe rules for the distribution of the monies to school districts.

**C.** The governing board of a school district may submit a proposal to the state board of education as prescribed by the state board to receive monies for preschool programs for children with disabilities as provided in this section. A school district which receives monies in the special projects section of the budget as provided in section 15-903, subsection F.

**D.** All school districts shall cooperate, if appropriate, with community organizations that provide services to preschool children, with disabilities in the provision of the district's preschool program for children with disabilities.

**E.** A school district may not admit a child to a preschool program for children with disabilities unless the child is evaluated and recommended for placement as provided in sections 15-766 and 15-767.

**F.** For the purpose of allocating monies pursuant to 20 United States Code section 1419(g)(1)(B)(i), "jurisdiction" includes high school pupils whose parents reside within the boundaries of a common school district. The common school district shall ensure such high school pupils are not counted by any other school district.

**G.** For purposes of this section, “preschool child” means a child who is a least three years of age but who has not reached the age required for kindergarten. A preschool child is three years of age as of the date of the child’s third birthday. The governing board of a school district may admit otherwise eligible children who are within ninety days of their third birthday, if it is determined to be the best interest of the individual child. Children who are admitted to programs for preschool children prior to their third birthday are entitled to the same provision of services as if they were three years of age.



1. Screening/Child Find	2. CDA – Initial Evaluation	4. MET Determination of Elig.	5. IEP Development
<ul style="list-style-type: none"> <li>❖ A brief developmental Screening of: <ul style="list-style-type: none"> <li>Cognitive</li> <li>Communication</li> <li>Physical</li> <li>Social or emotional</li> <li>Adaptive</li> </ul> </li> <li>❖ Must include results of: <ul style="list-style-type: none"> <li>Vision screening</li> <li>Hearing Screening*</li> <li>Previous records/ information</li> <li>Observation</li> <li>Parent report</li> <li>Home language survey</li> </ul> </li> </ul> <p><b>Outcomes:</b></p> <p>Pass?  <b>Yes – Stop</b></p> <p><b>No – Provide Procedural Safeguards &amp; PWN for referral</b></p> <p>See Step 2</p> <p>Refer for further evaluation  Proceed to Step 2</p> <p>*Hearing Screenings should be conducted according to Department of Health Services Rules (four-frequency puretone, three-frequency puretone with tympanometry or otoacoustic emissions (OAE) testing).  Arizona Administrative Code, Article 1. R9-13-102 &amp; R9-13-103</p> <p>*Procedural Safeguards given to parents upon initial referral or when parent requests evaluation and then 1 time per year thereafter</p>	<ul style="list-style-type: none"> <li>❖ Review existing data w/ team signatures for team decision.</li> </ul> <p>If more information is needed:</p> <ul style="list-style-type: none"> <li>❖ Obtain parent consent to evaluate</li> <li>❖ <b>Give Prior Written Notice (PWN)</b> (Can combine with Referral PWN)</li> <li>❖ Conduct Comprehensive Developmental Assessment of: <ul style="list-style-type: none"> <li>Cognitive</li> <li>Communication</li> <li>Physical</li> <li>Social or emotional</li> <li>Adaptive</li> </ul> </li> <li>❖ <b>Measures can be:</b> <ul style="list-style-type: none"> <li><u>Norm-referenced</u> (at least one instrument must be norm-referenced)</li> <li>Criterion-referenced</li> <li>Judgment-based</li> <li>Play-based</li> <li>Behavior observation</li> <li>Communicative/Behavior sampling</li> <li>Checklist</li> <li>Other instruments for any other info needed in specific domains</li> <li>Parent Input Solicited</li> <li>Test Selection: <ul style="list-style-type: none"> <li>Culturally relevant</li> <li>Consider child’s needs</li> <li>Valid for child</li> </ul> </li> </ul> </li> </ul> <p><b>Outcomes:</b></p> <p>Sufficient information for determining eligibility is obtained.  See Step 3</p> <p><b><u>RULE OF TWO’S FOR FURTHER EVALUATION:</u></b></p> <p>Minimum of:  2 Evaluators must be used  2 Instruments must be used  2 Settings are suggested</p>	<ul style="list-style-type: none"> <li>❖ Explain/discuss assessment results with parents</li> <li>❖ Multidisciplinary Evaluation Team (MET) decision made based on all sources from the CDA Initial and Area – Specific Assessments. If discrepancy exists between test results from different instruments and/or judgments, eligibility is based on preponderance of information.</li> </ul> <p><b>Outcomes:</b></p> <p>Written MET report to include strengths, needs and priority educational needs to access general education curriculum which will translate into a PLAAFP for IEP.</p> <p><b>Eligible?</b></p> <p><b>No –</b>Proceed with MET conference deeming child non-eligible.  <b>Provide Prior Written Notice</b></p> <p><b>Yes –</b> Proceed with MET conference deeming the child eligible:</p> <p><b>Identify Preschool Category:</b></p> <ul style="list-style-type: none"> <li>Preschool Moderate Delay (PMD)</li> <li>Preschool Severe Delay (PSD)</li> <li>Preschool Speech/Language Delay (PSL)</li> <li>Vision Impaired (VI)</li> <li>Hearing Impaired (HI)</li> </ul> <ul style="list-style-type: none"> <li>❖ <b>Provide Prior Written Notice</b> (one PWN may be written for MET &amp; IEP if held at the same time. IEP must be developed within 30 days of the MET. Indicate initial educational placement</li> </ul>	<ul style="list-style-type: none"> <li>❖ IEP team (which includes the parents) develops goals based on Present Levels of Academic and Functional Performance (PLAFP).</li> <li>❖ Include priority educational needs that will drive goal writing (ie: priority educational needs are in the areas of motor and communication and affect student’s ability to access the preschool curriculum).</li> <li>❖ For ELL Students include how language acquisition needs will be addressed (ie: language acquisition needs will be addressed through developmentally appropriate language activities within the preschool environment).</li> </ul> <p><b>Outcomes:</b></p> <p><u>Placement decision</u> based on least restrictive environment (LRE) to implement IEP</p> <p><u>Preschool Services to be Provided</u></p> <ul style="list-style-type: none"> <li>Cognitive Intervention</li> <li>Adaptive Intervention</li> <li>Social or emotional/Behavioral Int.</li> <li>Language Therapy</li> <li>Articulation Therapy</li> </ul> <p><u>Related Services</u></p> <ul style="list-style-type: none"> <li>OT and/or PT</li> <li>Assistive Technology</li> <li>Transportation</li> </ul> <p><u>Supplementary Aides &amp; Services</u></p> <ul style="list-style-type: none"> <li>AT Devices</li> <li>Aide for Toileting Assistance</li> <li>PECS</li> </ul> <p><u>Supports for School Personnel</u></p> <ul style="list-style-type: none"> <li>PECS Training</li> <li>Training on tube feeding</li> <li>Training on AT device</li> </ul> <p><u>Initiation &amp; Duration Dates</u></p> <p><u>ESY Consideration</u></p> <ul style="list-style-type: none"> <li>❖ <b>Provide Prior Written Notice</b> (one PWN may be written for MET &amp; IEP if held at the same time. IEP must be developed within 30 days of the MET. Indicate initial educational placement.</li> </ul>



## CHILD FIND

The state must have in effect policies and procedures to ensure that –

- All children with disabilities residing in the state, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated; and
- A practical method is developed and implemented to determine which children are currently receiving needed special education and related services. (20 USC 1414 §612); (34 CFR 300.111)

Districts are required to train all district staff on Child Find procedures each school year and have documentation in the form of sign in sheets and agendas for monitoring purposes. (R7-2-401.D.2). District personnel such as bus drivers, cafeteria workers, administrative assistants, teachers, paraeducators, etc., should receive training on child find policies and procedures each year, including how to make referrals to Arizona Early Intervention Program (AzEIP) for children birth to three. Tragically, sometimes parents are told by school staff that they should call back when the child turns three. Staff that are unaware of AzEIP referral procedures may prohibit a child from receiving valuable early intervention services.

Child Find has three parts, the public relations aspect and the screening process of locating and identifying those children in need of services and the referral of birth to 3 children to Arizona Early Intervention Program

### **(1) Public relations**

Child find may take many forms such as advertising in newspapers, sending brochures to physicians and childcare facilities within the district, putting notices in school newsletters or lunch menus, websites, flyers and brochures in school offices and many other creative means of notifying the public of available services. Giraffe Child Find posters are available in English and Spanish at the Child Find website listed at the end of this section. Each district should keep records of dates, locations and methods of their public relations efforts for Child Find as this will be monitored by the Arizona Department of Education.

### **(2) Screening process**

Some people refer to their screening process as “Child Find.” A procedure for screening children should be in effect for each district. It is important to have staff and equipment available every 45 days for referrals that may come into the district during that time. Often large districts schedule screenings once or twice a month. Smaller districts may choose to schedule a screening every 45 days so that staff and equipment are available if a parent makes a referral for the developmental concerns of their child. If no children are referred in that 45 day period the screening may then be cancelled.

Districts should also have procedures, such as a central contact person, for children that are birth to three years old and who should be referred to AzEIP. A notebook of Arizona Child Find referral forms should be kept for monitoring purposes. These procedures and the Child Find referral form are in the Child Find Intergovernmental Agreement (IGA) available on the website.

### **(3) Birth to 3 Referrals**

The suggested process is to have one main contact point for the district. Through district child find trainings, everyone is informed of the contact person for birth to 3 referrals to AzEIP. This may be an administrative assistant or member of the early childhood/special education team that is trained in the process of taking referrals and faxing them to AzEIP and following up. The full procedures for Child Find and the referral form to AzEIP is located in the Child Find Intergovernmental Agreement (IGA) at [www.ade.az.gov/earlychildhood/preschool/programs/presch/childfind/ChildFindIGA.pdf](http://www.ade.az.gov/earlychildhood/preschool/programs/presch/childfind/ChildFindIGA.pdf).

The direct link to Arizona Early Intervention Program is at <http://www.ade.az.gov/ess/childfind/CfBirthTo3.asp>

For further information and resources on Child Find, contact the Arizona Department of Education at:

**Child Find: 1-800-352-5448**  
**928.679.8106**  
[www.ade.az.gov/ess/childfind](http://www.ade.az.gov/ess/childfind)

## **CHILD FIND PUBLIC RELATIONS IDEAS**

- Trainings for staff yearly with agendas and sign in sheets for monitoring documentation
- Information in elementary, middle and high school registration packets
- Newspaper ads (share with adjoining districts)
- School Website
- School Newsletters
- Child Find posters in school offices
- Child Find posters in Head Start centers
- Child Find posters in childcare centers
- Brochures with school bus drivers
- Work w/community guidance center
- Information available during community events (ie: basketball games, etc.)
- Flyers to pediatricians, physicians, health clinics and WIC offices
- Training for public health nurses
- Info available during school-wide or community events
- Home visits
- Radio-public service announcements
- Partnership w/physicians and Indian Health Services
- Partnership w/AzEIP
- Joint screenings w/AzEIP
- Yearly trainings – district staff
- Lunch menus
- School/community marquee
- Posters in community such as in stores and laundry mats
- Brochures to Health Department
- Brochure/Flyers in Public Library
- Elementary School Newsletter
- Brochure, flyers and trainings with high school moms
- All preschools, day cares, Head Start
- School TV channels
- Posters in post office
- Posters/brochures in DES office
- Care/wellness fairs
- Child find posters/brochures in churches
- Child find posters/brochures in multigenerational centers
- Info in water bill – once/year
- Parent/Teacher conferences
- Billboards
- Business cards with screening dates or contact number for appointments
- Distribute information door to door
- Banner
- Information distributed to mom's groups

### SAMPLE CHILD FIND DATABASE

The following is a sample data base that is helpful for tracking all preschool students that come through your district's program. It is a useful tool to use data for any purpose. Some examples are the number of screenings that result in eligibilities, number of students referred from Head Start, number of children transitioning from AzEIP, including the reasons for not in-by-3, and number of days past in-by-3. This sample is available in an Excel document that we are happy to share with you via e-mail. Contact an Early Childhood Program specialist if you would like an electronic version of this sample.

Referral	Last Name	First Name	DOB	Screening	Result	Head Start Ref	AzEIP Ref	AzEIP Trans Conf	RED	Permission	Evaluation	Eligibility	Eligibility Cat.	IEP	Start Date	Comments	# of Days beyond 3rd b-day eligibility det.	Reason Not In By 3rd non-eligibility	
01.01.06	Clooney	George	01.01.03	01.05.06	F	N/A	N/A	N/A	01.05.06	01.05.06	02.01.06	02.01.06	PMD	02.28.06	03.01.06				
01.01.06	Anniston	Jennifer	06.06.03	VH 04.01.06	P	N/A	01.01.06	01.30.06	01.30.06	04.05.06	04.05.06	05.05.06	PSD	05.05.06	05.06.06				
01.01.06	Jolie	Angelina	02.01.03	N/A	N/A	N/A	N/A	N/A	05.05.06	N/A	N/A	05.05.06	PSD	02.01.06	02.02.06	Trans; accepted IEP			
02.03.06	Santana	Carlos	08.10.03	V/H Only	Passed Both	N/A	02.03.06	05.01.06	05.01.06	05.01.06	05.15.06	05.15.06	DNQ	N/A	N/A	Tuition Student			
02.03.06	Leger	Heath	08.13.03	V/H Only	Aud ref 06.01.06;	N/A	02.03.06	05.01.06	05.01.06	07.01.06	07.01.06	8.30.06	PSL	N/A	N/A	Eligibility Det. Late	17	Child Hospitalized**	
	*DNQ = Did Not Qualify																		

## SCREENING

A screening procedure is a short, economical, easily administered measure designed to determine whether a more detailed evaluation is needed. **A screening instrument cannot be used as part of an evaluation/CDA.** A screening can be accomplished using a screening tool that has already been standardized or a district may design their own screening procedures to screen in all five developmental areas. It is important that whatever screening instrument the district uses that they remain consistent with all of their population.

**\*Identification (screening for possible disabilities) shall be completed within 45 calendar days after:**

- a. Entry of each preschool or kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
- b. Notification to the public education agency by parents of concerns regarding developmental or educational progress by their child aged three years through 21 years **(AAC. R7-2-401.D.5).**

\*The district should set in place procedures to have screenings every 45 days. During the summer break, this may mean scheduling at least one screening day. It is helpful to schedule screening days throughout the year so that staff and equipment are available. If there are no referrals in that time period the screening may be cancelled.

Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening does not include detailed individualized comprehensive evaluation procedures **(AAC. R7-2-401.D.6).**

Screening means an informal or formal process of determining the status of a child with respect to appropriate developmental and academic norms. Screening may include observations, family interviews, review of medical, developmental, or education records, or the administration of specific instruments identified by the test publisher as appropriate for use as screening tools **(AAC. R7-2-401.B.23).**

### DATA REPORTING

For reporting purposes, a data base of all screenings and results will help the district to collect a variety of data that may need to be submitted to ADE or will be useful for the administration of the district preschool program. For instance a district can use the data to determine if a majority of failed screenings result in a child qualifying for services. If a large number of screenings result in children that do not qualify (DNQ), the PEA should reassess their screening procedure.

### PRIOR WRITTEN NOTICES

For children that fail the screening, complete the first Prior Written Notice (PWN) for referral and move onto the Review of Existing Data (RED). The second PWN may be combined for Review of Existing Data/further evaluation determined by *team* may be combined with the referral PWN.

## **Commonly Asked Questions about the Screening Process**

### **1. Does our district have to screen a child with a formal screening instrument?**

No. A screening may be accomplished using an instrument such as those listed in the Assessment Instrument Section and may also be done by using professional judgment based on informal screening procedures. For example, if a four-year-old shows up at your door exhibiting limited language, is in diapers and is being fed by mother, the district may decide to proceed with a comprehensive developmental assessment. The team may document that the screening of the child's development was accomplished informally by observation and professional clinical judgment. Districts may design their own screening procedures as long as the child is screened in vision and hearing and the five development domains previously mentioned.

### **2. Our district's screening procedure is quite extensive. Can we use our screening as the comprehensive developmental assessment (CDA)?**

No. If the screening instruments are designed for screening, they may not be used for the CDA. For example, if you use the Battelle Screen, it is considered a screening and not part of the CDA. If the child is then thought to need a CDA, you may complete the full Battelle Inventory as one of the components of the CDA.

### **3. When a child passes the screening except for communication development, can the district administer a standardized speech/language measure and from that measure determine eligibility in the category of Preschool Speech/Language Delay (PSL)?**

No. A comprehensive developmental assessment **or** a norm referenced assessment *and* parent input are required to determine PSL eligibility. There is still a requirement for a multidisciplinary evaluation team or minimum of two evaluators. While the law allows for the use of norm referenced assessment and parent input to determine PSL eligibility, it still requires that other eligibility categories be ruled out. Often, parents' knowledge of child development may limit their ability to determine that there are not deficits in other areas of development. For instance, the parent of a child with autism may indicate that a language delay is the only concern; however, social/emotional and adaptive development may be significantly compromised leading to a determination of a different category. This means an evaluation/CDA looking at all 5 areas of development administered prior to consideration of using the eligibility category of PSL is best practice.

### **4. What are the "child find" requirements for children with disabilities?**

Each state educational agency is required to have child find procedures to ensure that all children with disabilities, from birth through 21 years of age residing in the state, who need special education and related services are located, identified and evaluated. This includes children with disabilities attending private and religious schools and highly mobile children with disabilities (such as migrant and homeless children) or children that are wards of the state regardless of the severity of their disability. Each public education agency is responsible to inform the general public and all parents within their boundaries of availability of special education services for students age three through 21. This includes information regarding early intervention services for children aged birth through 2 years. The district must also require all school-based staff to review the written procedures related to child identification and referral on an annual basis (34 CFR 300.111), (AAC. R7-2-401.C.1-3 and D.1-11). Keep documentation of letters, brochures, flyers and notices that are published or posted in various locations and publications for monitoring purposes. Also keep

documentation of yearly staff in-services regarding child find and identification (sign in sheets/agenda) for monitoring purposes.

**5. If staff at a private child care center or preschool program or a Head Start Program thinks a child in their program may need special education, what should they do?**

If staff members at a child care or preschool program believe a child may have a disability and need special education, they may contact the local school district. Staff members are encouraged to communicate closely with parents so that parents understand the concerns about their child. A referral to the local school district may be made by the child's parents, by the child's child care or preschool program, or another individual who believes the child may have a disability. The district has 45 days to screen a child that is referred to their district with a developmental concern. However, districts are encouraged to accept outside screenings when appropriate.

The state educational agency is responsible for ensuring the location, identification and evaluation of children from birth through 21 years of age in order to determine if the child is eligible for IDEA services. The responsibility for implementing these child find requirements for children aged five through 21 years rests with the school district in which the private school is located in. However, Child Find for preschool students under the age of 5 is the responsibility of the district in which the child resides. Teacher or parents should contact the district of residence to refer a preschool child suspected of having a disability. Since regular preschool is not mandated by the state of Arizona and is not included in the definition of elementary school (ARS 15-901(4)), proportionate share services are not required at the preschool level unless the private school meets the definition of an elementary school and has a preschool program within.

School districts should work closely and establish memorandums of understanding (MOUs) and written procedures with Head Start agencies to establish referral procedures. Often Head Start is willing to complete screenings, or be trained by district personnel to complete screenings that would result in appropriate referrals to the district. Head Start is required to screen children within 45 days of enrollment. If Head Start and districts collaborate to establish protocol for appropriate referrals, the need for districts to screen would be greatly reduced, and district could proceed directly to evaluation.

**6. If a parent calls with a concern about an infant between the ages of birth to 3, where should I refer them?**

Under the IDEA Part B, states may develop interagency agreements to address which agency (the state education agency or the IDEA Part C lead agency) will be responsible for child find for children from birth to age 3 years (43 CFR 300.118). Arizona's lead agency for serving children birth through age three is the Arizona Early Intervention Program (AzEIP) through the Department of Economic Security (DES). Districts should have a procedure for keeping documentation of AzEIP Tracking Forms when children ages birth to age 3 are referred to AzEIP and follow-up procedures should be followed. It is required to have all staff in the district trained on referring children birth to 3. It is helpful to have a central person that district staff refer to. This person is trained to document the referral to AzEIP on the Child Tracking Form and the appropriate follow up. Documentation and copies of forms should be kept in a central notebook for monitoring purposes. The Arizona Child Find Intergovernmental Agreement (IGA) can be found on the Arizona Department of Education/Early Childhood Special Education website [www.ade.az.gov/earlychildhood](http://www.ade.az.gov/earlychildhood).

**7. Who should parents call if they have an infant or toddler who they think may be delayed?**

They need to contact the Arizona Early Intervention Program (AzEIP) at (602) 532-9960. If the child is nearly 3 years of age and they have concerns, they should contact their school district. School Districts should refer children to AzEIP using the Child Find Tracking Form.

**8. Which screening tool should be used?**

A district may design their own screening procedures in all developmental areas or choose one that has been standardized. See the Assessment Instrument Section for examples of screening tools.

**9. Why not just evaluate and bypass the screening process?**

The purpose of screening is to quickly probe all developmental areas of a child's development in an attempt to identify those children that may need special education in order to be successful in school. CDA/evaluation instruments are designed to give a more in-depth view of the child in all areas of development, which will assist the team to make eligibility decisions based on the level of performance in each area. CDA/evaluation instruments typically take 1-2 hours to administer while screening instruments typically take about 20-30 minutes. A district could choose to bypass the screening process and go directly into the CDA/evaluation process if the team is in agreement that screening is not necessary. It is helpful to keep a data base of all screenings and the result to determine the percentage of failed screenings that result in eligibility. If a large number of screenings are resulting in children that do not qualify, it may be useful to review the district's screening processes.

**10. What is the screening process for the AzEIP referrals to the school district?**

If a family calls AzEIP close to the age of 3, AzEIP will make a referral to the school district. If the child has not received services through AzEIP, this constitutes a regular referral (not a transition) and therefore, the district has 45 days to screen the child/review existing data to determine if further evaluation is necessary.

**11. Should we screen children that are transitioning from AzEIP?**

There is no screening process for AzEIP transitions, however if there is a need for updated vision and hearing, the district may schedule the child to attend one of their screenings just for vision and hearing. The child is already receiving services for identified needs and the transition process should help determine if the child continues to need further services at the preschool level. During or after the transition meeting, if the parent determines they want to pursue services from the school district, a referral is made to the district and a PWN is completed for referral. This would trigger the Review of Existing Data process to begin determining the child's preschool eligibility.

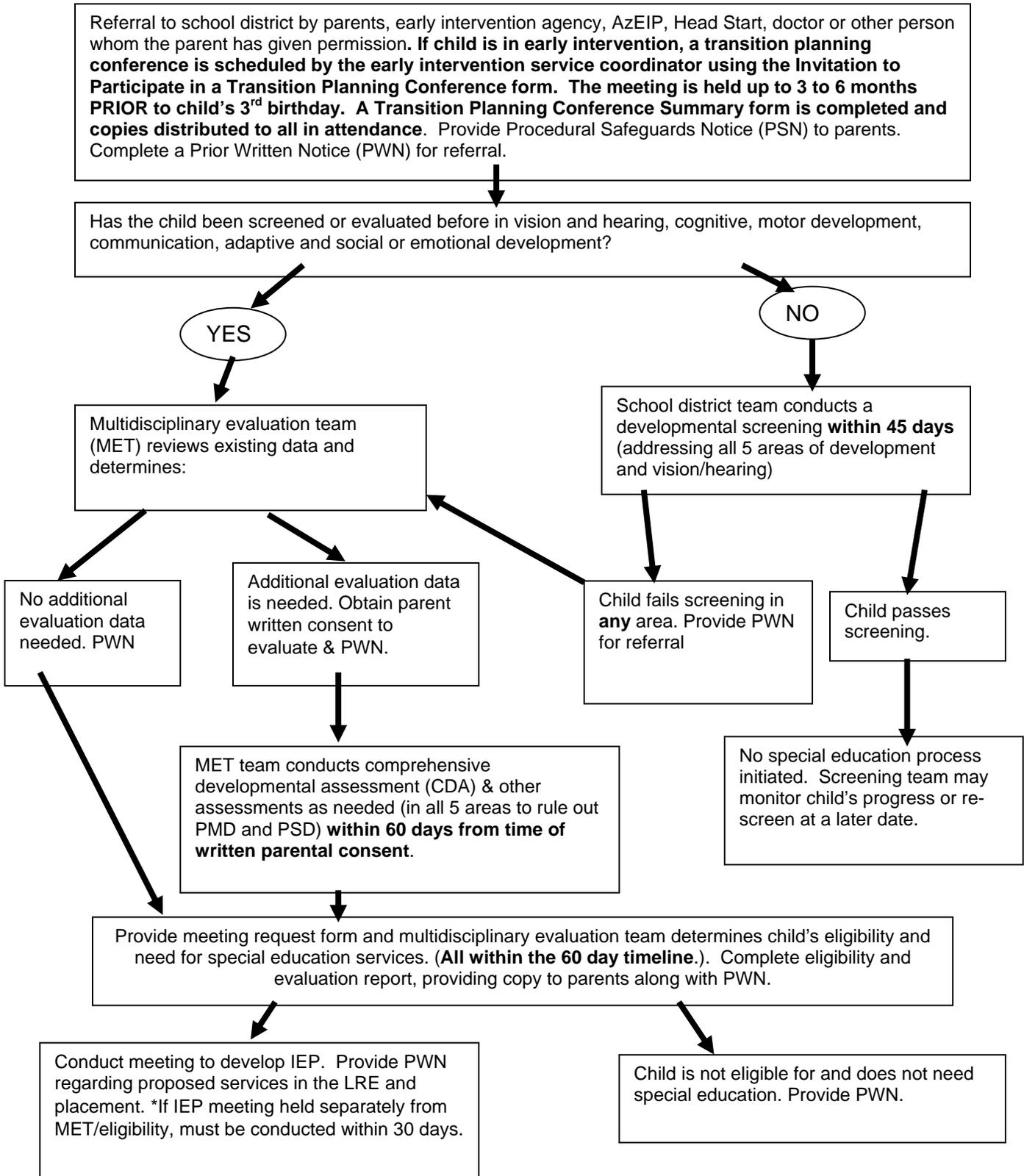
**12. How many staff members help at the screening?**

This decision is made by individual districts. There is no requirement stating that screenings must be administered by a certain number of people. Best practice would be to administer screenings by staff who have been specifically trained to use screening and assessment instruments and are able to use clinical or observational judgment.

**13. Are districts obligated to screen during the summer months?**

Yes. A district must respond to a request for screening within 45 days. This means that for many districts, summer screening dates will be required.

**TIMELINES FOR SCREENING AND EVALUATION OF PRESCHOOL CHILDREN**



## **Early Intervention Transitions from Part C to Part B**

The Individuals with Disabilities Education Act (IDEA) of 2004, requires community agencies to collaboratively develop processes and procedures to facilitate smooth transitions, including establishment of who is responsible for implementing these procedures. Arizona's 2007 Intergovernmental Agreement (IGA) between Arizona Early Intervention Programs (AzEIP) and the Arizona Department of Education (ADE) helps to clarify transition requirements. This document and the accompanying forms may be found at [www.ade.az.gov/earlychildhood/](http://www.ade.az.gov/earlychildhood/), as well as other resources.

The U.S. Department of Education's Office of Special Education Programs (OSEP) requires each state to have a State Performance Plan (SPP) and report annually through the Annual Performance Report (APR) how many children receive Free and Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) by their third birthday. **This indicator requires 100% compliance.** If the family chooses to transition to the school district for special education services, an Individual Education Program (IEP) must be in place by the child's third birthday, even if the actual services will start at a later date identified on the IEP. Early Intervention programs and schools districts can, with little additional financial resources, implement a collaborative transition planning process by developing communication and relationships among staff members of all agencies. The desired outcome is for families to have a smooth transition and for their child to quickly engage in the physical learning and social environment within the first four to six weeks of entering into their new program.

Suggestions to districts to ensure a smooth and seamless transition:

1. Track individual timelines for transition from AzEIP. An electronic sample data base is available through the Arizona Department of Education Early Childhood Unit (see page 13). Track the reason for a child transitioning from AzEIP not receiving services by their third birthday and the number of days past their birthday before the IEP is written and signed.
2. Assign one district contact person for all early intervention transitions.
3. Train staff related to LEA responsibilities. ADE and AzEIP provide joint trainings regionally. Check for scheduled trainings at [www.ade.az.gov/onlineregistration](http://www.ade.az.gov/onlineregistration). Check the website at [www.ade.az.gov/earlychildhood](http://www.ade.az.gov/earlychildhood) for resources or call the ADE Early Childhood Special Education unit for technical assistance.
4. Build relationships with local AzEIP service coordinators and providers and develop written procedures that both parties agree upon. Written procedures ensure smooth transitions when there are staff changes.
5. Ensure data accuracy. *If the child did not receive AzEIP services*, it is considered a *referral* from AzEIP for a child approaching the age of 3. This would be considered a Child Find referral which allows 45 days for screening and **not** an AzEIP Transition. If the parent stops the process at any time, it is no longer considered an AzEIP transition.
6. If there are any questions or ongoing barrier to the 100% compliance requirement for In-By-3, please contact the ADE Early Childhood Special Education unit to issue an AzEIP Alert.

## **HEARING AND VISION SCREENINGS**

Arizona Administrative Code R7-2-401 states that screening procedures shall include vision and hearing status.

**Hearing screenings.** Hearing Screenings should be conducted according to the Department of Health Services Rules (AAC, R-9-13-102 & R-9-13-103), (four-frequency puretone, three-frequency puretone with tympanometry or otoacoustic emissions (OAE) testing. The child must pass the hearing screening prior to being evaluated.

OAE testing is recommended for the hard to test population of preschoolers and children with significant disabilities that would have a hard time being conditioned for puretone audiometry. Describing the child as “unable to test” or performing a “functional” hearing screening is not an acceptable practice. The Department of Health Services provides training and loaner equipment. [http://www.azsos.gov/public\\_services/Title\\_09/9-13.htm](http://www.azsos.gov/public_services/Title_09/9-13.htm)

**Vision screenings.** The district should follow Arizona Department of Health Services (DHS) Recommendations/Guidelines (these are just guidelines and not in statute as the hearing screenings are). [http://azdhs.gov/phs/owch/pdf/vision\\_screening\\_2004.pdf](http://azdhs.gov/phs/owch/pdf/vision_screening_2004.pdf). It is not permissible to indicate on evaluation reports that the child was unable to be tested nor is the use of “functional vision” tools permissible. The child must pass the vision screening prior to being evaluated.

In the State of Arizona, the minimum recommended vision screenings are listed below. Additional screenings beyond these guidelines are encouraged if time and resources are available. The recommended minimum vision screening for children ages 9 years and younger include the following:

- Distance Visual Acuity
- Stereopsis
- Color Deficiency (only if required by school district)

While Arizona Department of Education does not endorse any one product or service, our sources in the field tell us they use LEA symbol cards. Conduct an internet search for “LEA Vision Cards” to find sources from which to purchase. An organization called “Prevent Blindness” may be able to provide Photoscreening for a fee. The source at Prevent Blindness said many organizations are moving toward a tool called Sure Sight, which is similar to Photoscreener in that it is a passive tool and costs around \$4,000.00.

When a child is unable to be conditioned for the vision screening, an LEA should do one of two things. (1) A child may be referred out to be screened with one of the more passive tools; or (2) an LEA may use the Vision Screening Checklist developed by the Arizona State Schools for the Deaf and Blind at:

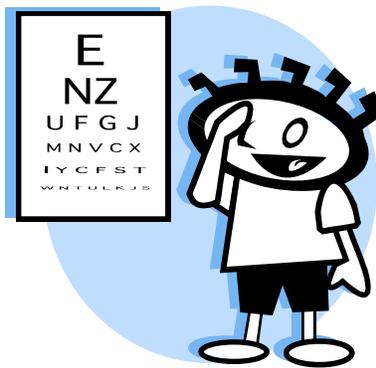
[www.ade.az.gov/earlychildhood/preschool/programs/presch/VisionScreeningChecklist.doc](http://www.ade.az.gov/earlychildhood/preschool/programs/presch/VisionScreeningChecklist.doc)

The screeners should practice due diligence in attempting the vision screening using adaptations and modifications such as having the child match shapes or puzzle pieces. **The Vision Screening Checklist should be utilized only if a child cannot be conditioned to respond to screening assessment tools.**

Resource Links

Department of Health Services, [http://azdhs.gov/phs/owch/pdf/vision\\_screening\\_2004.pdf](http://azdhs.gov/phs/owch/pdf/vision_screening_2004.pdf)  
Arizona Administrative Code R7-2-401(D)(6).

[http://www.azsos.gov/public\\_services/Title\\_07/7-0\\_2.htm#Article\\_4](http://www.azsos.gov/public_services/Title_07/7-0_2.htm#Article_4)



## **COMPREHENSIVE DEVELOPMENTAL ASSESSMENT PROCESS**

A comprehensive developmental assessment is and full and individual evaluation of the child in all developmental areas: cognitive, physical (including vision and hearing screening), communication, social/emotional and adaptive development. A CDA is completed through a review of existing data, criterion referenced assessments, norm referenced assessments, observation and parent input. However, for the purpose of determining eligibility at least one norm referenced assessment to obtain standard deviation information must be used to determine if eligibility criteria is met.

The **Individual with Disabilities Education Improvement Act of 2004** (20 USC 1414 §614; 34 C.F.R. §300.304-305) requires:

### **Evaluation Procedures**

- The public agency must provide notice to the parents of a child with a disability, in accordance with 300.503 (A Prior Written Notice) that describes any evaluation procedures the agency proposes to conduct. The “evaluation” PWN would be completed after the Review of Existing Data (RED) determined that further evaluation will be conducted.
- Use a variety of current assessment tools and strategies to gather relevant functional, development, and academic information about the child, including information provided by the parent, that may assist in determining whether the child is a child with a disability under §300.8.
- The content of the child’s IEP, including information related to enabling the child to be involved in the progress in the general education curriculum (or for a preschool child to participate in appropriate activities); .
- Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child.
- Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

### **Other evaluation procedures**

Each public agency must ensure that assessments and other evaluation materials:

- Are selected and administered so as not to be discriminatory on a racial or cultural basis.
- Are provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer.
- Are used for the purpose for which the assessments or measures are valid and reliable.
- Are administered by trained and knowledgeable personnel; and
- Are administered in accordance with any instructions provided by the producer of the assessments.
- Include those tailored to assess specific areas of education need and not merely those that are designed to provide a single general intelligence quotient.
- Are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child’s aptitude or achievement level or

whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

- \*The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- Assessments of children with disabilities who transfer from one public agency to another public agency in the same school year are coordinated with those children's prior and subsequent schools, as necessary and as expeditiously as possible, consistent with . §300.301(d)(2) and (e), to ensure prompt completion of full evaluations.
- \*In evaluating each child with a disability under §300.304 through 300.306, the evaluation is sufficiently comprehensive to identify all of the child's special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified.
- Assessment tools and strategies that provide relevant information that directly assists person in determining educational needs of the child are provided.

\* Because developmental domains are interrelated (Linder, 1983; Neisworth & Bagnato, 1988), a perceived deficit in one area may mask a deficit in another area. Many tests are designed to evaluate one area of development, and results can be easily misinterpreted by the specialist who is unfamiliar with the child's abilities in other areas of development. For example, a child with emotional problems may exhibit noncompliant behavior during the structured testing, and language patterns may appear bizarre or severely delayed. The scores derived from traditional assessment often distort the child's abilities. Therefore, for preschool children, the evaluation must be sufficiently comprehensive to identify all of the child's special education and related service needs.

Standardized testing of young children comes with a warning label. There is a lack of definition of intelligence in most tests, as well as a lack of theoretical basis. Any score means different things for different individuals; particularly for children with disabilities, developmental skills do not move in relationship to one another. Predictions are poor because early tests assess mainly sensorimotor status, whereas later tests rely to a greater extent on language. The floors of most tests are inadequate and lack instructional utility for young children (Neisworth & Bagnato, 1992).

### **Additional Requirements for evaluations and reevaluations.**

**Review of existing evaluation data.** As part of an initial evaluation (if appropriate) and as part of any reevaluation, the IEP Team and other qualified professionals, as appropriate must Review existing evaluation data on the child, including:

- Evaluations and information provided by the parent of the child.
  - Current classroom-based local, or State assessments, and classroom-based observations, (this would include information from early intervention providers).
  - Observations by teachers and related services providers.
- On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine:
- Whether the child needs special education and related services.
  - In case of a reevaluation of a child, whether the child continues to have such a disability, and the educational needs of the child;

- Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum.

Conduct of review.

- The public agency must administer such assessments and other evaluation measures as may be needed to produce the data needed.

Requirements if additional data are not needed.

- If the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability, and to determine the child’s educational needs, the public agency must notify the child’s parents of that determination and the reasons for the determination; and
- The right of the parents to request an assessment to determine whether the child continues to be a child with a disability, and to determine the child’s educational needs.
- The public agency is not required to conduct the assessment unless requested to do so by the child’s parents.

Evaluations before change in eligibility.

- A public agency must evaluate a child with a disability before determining that the child is no longer a child with a disability.

According to the **Arizona Education Laws and Rules:**

**“Full and individual evaluation” means procedures used in accordance with the IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:**

- A review of existing information about the child;
- A decision regarding the need for additional information;
- If necessary, the collection of additional information; and
- A review of all information about the child and a determination of eligibility for special education services and needs of the child. **(AAC. R7-2-401.B.12)**

The initial evaluation of a child being considered for special education, or the re-evaluation per a parental request of a student already receiving special education services, shall be completed as soon as possible, but shall not exceed **60 calendar days** from receipt of informed written consent to evaluate. If the public education agency (PEA) initiates the evaluation, the 60-day period shall commence with the date of receipt of informed written consent and shall conclude with the date of the Multidisciplinary Evaluation Team (MET) determination of eligibility. **(AAC. R7-2-401.E.3)**

If a parent requests the evaluation and the MET concurs, the 60 day period shall commence with the date that the written parental request was received by the public education agency and shall conclude with the date of the Met determination of eligibility. **(AAC. R7-2-401.E.3).**

The 60-day evaluation period may be extended for an additional 30 days, provided it is in the best interest of the child, and the parents and PEA agree in writing to such an extension. Neither the 60 day evaluation period nor any extension shall cause a re-evaluation to exceed the timelines for a re-evaluation within three years of the previous evaluation **(AAC. R7-2-401.E.4)**.



## **BEST PRACTICES FOR EVALUATION**

**Rule of Twos:** Two settings (Best Practice):

1. The issue of two occasions or two settings must allow for environmental factors – such as a testing room and on the playground, for example, or home and child care.
2. Using parent response can provide information from another setting and time.

Note: Moving from one testing room to another is not an example of two different settings. The environments must be different in order to reflect the abilities of the child in multiple settings.

**Minimum Standard:** None.

**Mandatory:** TWO Evaluators:

The two evaluators may be: teacher, social worker, psychologist, speech/language pathologist, specialist, etc.

TWO Measures:

There is a 2-measure minimum required which includes a comprehensive developmental assessment and at least one norm-referenced instrument.

**Team of Evaluators:** Assessment teams must include at least two individuals who are knowledgeable in the areas of concern (areas of potential eligibility). Team members might include:

- Early childhood special education teacher
- Speech/language pathologist
- Occupational therapist
- Adaptive physical education teacher
- Physical Therapist
- Regular early childhood teacher
- Physician
- Early intervention specialist
- Social worker
- Vision specialist
- Teacher of the hearing impaired
- School Psychologist\*The parent must be a participant providing valuable input in the assessment, but is not to be considered an evaluator.

**Minimum Standard:** A minimum of two evaluators is required.

**Best Practice:** A team comprised of specialists in the areas where concerns are indicated. For example, if a child has been diagnosed with cerebral palsy, occupational and physical therapists may be essential members in assessing motor skill development.

**Comprehensive Development Assessment (CDA):** Evaluation for children aged three to five years, means procedures used in accordance with 34 C.F.R. §§300.300-300.311 to determine whether a child has a disability and is in need of special education services and the nature and extent of special education and related services that the child needs in accordance with 34 C.F.R. §300.500. This evaluation includes: (a) a review of existing information about the child; (b) a decision regarding the need for additional information; (c) if necessary, the collection of additional information; and (d) a review of all information about the child and a determination of eligibility for special education services and needs of the child. A.A.C. R7-2-401 (B)(12).

A comprehensive developmental assessment (CDA) is required to determine eligibility for Preschool Severe Delay (PSD) and Preschool Moderate Delay (PMD). Preschool Speech-Language (PSL) eligibility requires a CDA \*or norm referenced assessment and parental input that indicates the child is not eligible for services under another preschool category. The evaluation team shall determine eligibility based on the preponderance of the information presented. (See Section 4.23) A CDA is and full and individual evaluation of the child in all developmental areas: cognitive, physical (including vision and hearing screening), communication, social/emotional and adaptive development. A CDA may be accomplished through a review of existing data, criterion referenced assessments, norm referenced assessments, observation and parent input, however, for the purpose of determining eligibility, at least one norm referenced assessment to obtain standard deviation information must be used to determine if eligibility criteria is met. The final responsibility for the CDA and eligibility lies with the PEA.

\* While the law allows for the use of norm referenced assessment and parent input to determine PSL eligibility, it still requires that other eligibility categories be ruled out. Often, parents' knowledge of child development may limit their ability to determine that there are not deficits in other areas of development. For instance, the parent of a child with autism may indicate that a language delay is the only concern, however, social/emotional and adaptive development may be significantly compromised leading to a determination of a different category. This means an evaluation/CDA looking at all 5 areas of development administered prior to consideration of using the eligibility category of PSL is best practice.

**Minimum Standard:** A CDA must be administered in the five areas of development.

**Best Practice:** Selection of the instrument is appropriate to the developmental level of the child. If a norm-referenced, single instrument CDA is used, then domain specific measures in the area(s) of concerns, (areas of potential eligibility) may also be utilized as needed.

**Parental Input:** According to ARS § 15-761(21), "parent" means: (a) Either a natural or adoptive parent of a child, the legal guardian of a child. (b) A guardian, but not this state if the child is a ward of this state. (c) a person acting in the place of a natural or adoptive parent with whom the child lives or a person who is legally responsible for the child's welfare. (d) A surrogate parent. (e) A foster parent to the extent permitted by state law.

**Minimum Standard:** An opportunity for parental input must be an integral part of the assessment. This requirement can be met by parent participation in at least one of the following:

1. Completing a judgment based instrument, such as a rating scale;
2. Completing a portion of the comprehensive developmental assessment; and/or
3. Informal/formal interview.

If parent declines or is unable to participate in the assessments, documentation of attempts and results are required.

**Best Practice:** Parent/professional collaboration in assessment is crucial. In addition to providing referral concerns and needs which drive the assessment, parents provide information regarding the child's skills validate test performance and can assist in eliciting responses from the child during assessment. Maximum parental involvement will yield more reliable assessment information and foster consensus regarding assessment results. The interviewer should be culturally sensitive and conduct the interview in the language of parent choice. If parents are unable to participate in the assessment, other caregivers can provide valuable input to this process.

**Norm-Referenced Measures:** Norm-referenced standardized instruments are measures which compare a child's developmental skills to those of a normative group, have standard procedures for administration, and reports validity and reliability data which can be assessed by the examiner.

**Minimum Standard:** A minimum of one norm-referenced test which yields a standard score for all areas of concern identified by the Comprehensive Developmental Assessment and/or parental concern corroborates comprehensive developmental assessment findings for any or all domains where concern and possible eligibility exists.

**Best Practice:** Norm-referenced measures should yield information that is useful for program planning. Efforts are made to select instruments which minimize bias due to cultural, racial, linguistic, sensory and physical factors of the child. Measures should have adequate reliability and validity and should be used in accordance with manual specifications.

**Judgment Based Assessment:** Judgment based instruments use the observations, impressions, and/or verbal report of parents and/or professionals in developing information about a child.

Judgment based assessment is especially useful for those children whose characteristics preclude the use of standardized measures. For example, a child's cognitive level, behavior, physical status, etc., may make reliable and valid assessment impossible. For these children, judgment based assessment and CDA may constitute the major portion of the assessment.

**Minimum Standard:** No administration of a judgment based assessment.

**Best Practice:** Judgment based assessment data should be corroborated by other sources such as developmental, medical or educational history.

Strive for consensus across team members.

Consider intra-individual performance profile across the five domain areas. For example, a two year delay in one domain area may be corroborated by a similar delay in one or more of the remaining domain areas.

**Criterion Referenced Measure:** Defined as curriculum-based assessments designed to trace a child's achievement along a continuum of objectives.

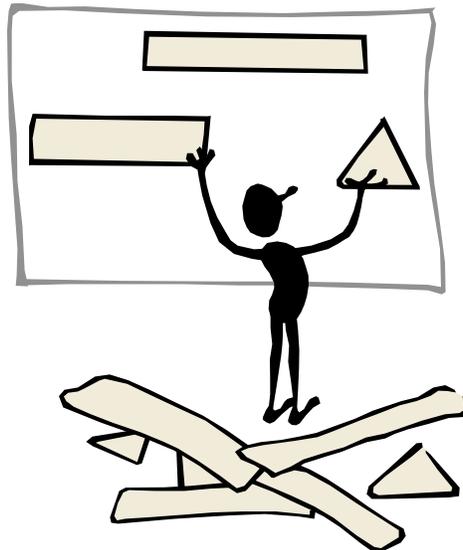
**Best Practice:** Use of a criterion-referenced instrument in all areas of development. IEP goals are aligned with curriculum and result from criterion-referenced assessment. Use of a criterion-referenced instrument as part of a comprehensive developmental assessment is often preferred because of the ability of these instruments to align any needed IEP goals to be written to the classroom curriculum. This makes the IEP a much more useful tool for the teacher.

**Preponderance of Evidence or Information:** If a child cannot be tested (or can be tested and is low in one area such as social emotional) **and** there is a preponderance of evidence (from parents, other caretakers, childcares, and/or doctors, etc.) demonstrating that the child has a delay or delays which are educationally significant, the child can be deemed eligible without standard scores.

**Multidisciplinary Evaluation Team (MET) Report:** A document or combination of documents that include the findings, interpretations, and recommendations of the MET.

**Minimum Standard:** Must be in compliance with A.R.S. § 15-761(15).

**Best Practice:** The MET report is sufficiently comprehensive in scope, detailed, and relevant. The MET report is sufficiently informative to support IEP planning.





## **TEAM APPROACH TO EARLY CHILDHOOD ASSESSMENT**

As a matter of best practice, the Early Childhood Special Education unit within the Arizona Department of Education supports A Team Approach to Early Childhood Assessment. Best practices suggest the implementation of a team assessment model when evaluating young children.

The early childhood special education assessment team is a well-established component of quality early intervention programs. Implementing a team assessment model requires additional staff training, reallocation of staff time, and revision of schedules to conduct team assessments. These initial investments in staff training and time yield many benefits to the children and families served. The reasons for implementing a team assessment model in early childhood special education and preschool programs are as follows:

- The various areas of development overlap in the young child and are less differentiated than in the older child. Therefore, behaviors are more difficult to separate into discipline-specific realms. A single behavior may involve aspects of cognitive, motor, language, and social or emotional development. When a team observes the same behavior, each member can provide a unique perspective and interpretation based on expertise in a particular discipline. Thus, a total picture of the child emerges.
- The whole (assessment result) is greater than the sum of its parts. The team process provides a more valid and complete synthesis of assessment results than individual reports put together.
- Teaming is an efficient process that saves time for both staff and families by reducing the duplication of assessment services.
- The quality of the observations, assessments, and reports is improved. Teaming improves the accuracy of the observations, assists in the recall of specific behaviors, allows synthesis of the information, and provides validation of the observations and recommendations regarding the child's functioning.
- Observations and recommendations are consistent, and the family does not receive conflicting information. The team process allows one of the team members to work with the family to explain the process and clarify assessment activities, providing an educational experience for the family during the assessment. The development of a parent-professional partnership at the initial contact establishes the family's trust in the system and allows for immediate verification and validation of the assessment results.
- Team members receive the benefit of learning from one another so that they are all enriched in their knowledge of child development.
- Team assessment provides an integrated picture of the whole child within the family system and community. The synthesis of information provides a much broader and more accurate view of the child and family.

The composition of an early childhood special education assessment team is dependent on the program's resources, the skills of the staff, and the family's and child's needs. The assessment team should develop a philosophy and service delivery model that reflects and responds to these variables as well as being consistent with best practice.

### **Assessments of Culturally and Linguistically Diverse Children:**

1. Use a variety of current assessment tools and strategies.
2. Do not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability.
3. Use tests and other evaluation materials that are not discriminatory on a racial or cultural basis.
4. Use standardized tests that have been validated for the specific purpose for which they are used. ("technically sound instruments")
5. Assessment and other evaluation materials" must be "provided and administered in the language and form most likely to yield accurate information unless it is not feasible to provide or administer..."
6. The eligibility may not be determined if such determination is based on the lack of reading or mathematics instruction or limited English proficiency.

## **BRIEF SUMMARY**

The evaluation process involves the steps listed below:

**Prior Written Notice for referral.** After a screening or during the early intervention transition process, the district completes a PWN.

**Reviewing of Existing Data (RED).** Some districts refer to this as MET 1. A group of people, including the parents, begins by looking at the information the school and parents already have about the child.

**Deciding if more information is still needed.** The group members look at the information they already have to determine if the child has a particular type of disability. Factors to be considered include how the child is currently functioning at home, school, etc., whether the child needs special education and related services, and the child's educational needs. If the group needs more information to make these decisions, the school must collect it. Complete a Prior Written Notice that a Review of Existing Data is resulting in the need to collect more information. This PWN may be combined with the referral PWN.

**Collecting more information about the child/parent informed consent.** Before the school can collect more information about the child, they must have written parent permission. They should also describe how they will conduct the evaluation to the parents. (Informed written consent).

**Comprehensive Developmental Assessment.**

**Eligibility Determination Meeting.** After the team discusses the evaluation data, the MET determines whether or not the child meets eligibility criteria to be categorized as a child with a disability, and whether or not they need special education services. Complete a PWN for eligibility (which may be combined with the PWN for FAPE/the IEP and the placement IEP if all is determined at the same meeting).



## **Different Scenarios for Administering a Comprehensive Developmental Assessment (CDA) to Determine Eligibility**

**There is no one way to administer a CDA.** There are no specific instruments that must be used. The goal of a CDA is to gain as much information as possible about the child in each area of development. Depending on the screening results/review of existing data, evaluation teams may choose to use a different battery of assessments for specific areas of concern. However, each area must always be assessed. Some areas may be evaluated more in depth depending on the child's needs and/or results of a screening. **Some children may be referred to the district with recent evaluation information that the team must consider in determination of eligibility and further evaluation may not be necessary. This is an MET team decision made after reviewing existing data.** The following are a few **examples** a district evaluation team might use to administer a comprehensive developmental assessment when determining eligibility for preschool children:

### **Scenario 1:**

- Review of existing data; determine needed information which may include:
  - One norm-referenced CDA which assesses all 5 developmental domains (Battelle-2<sup>nd</sup> Edition, Miller Assessment for Preschoolers (MAP), Mullen Scales of Early Learning, Developmental Assessment of Young Children (DAYC), etc.)
- Use of a social or emotional instrument/checklist [Devereux (DECA), PKBS-2]
- Parent interview
- Judgment based checklists/observations

### **Scenario 2:**

- Review of existing data; determine needed information which may include:
  - One norm-referenced CDA which assesses all 5 developmental domains
  - One or two instruments that assess a specific developmental domain of concern
- (Preschool Language Scale-4 (PLS-4), Boehm-3 Preschool/Boehm Test of Basic Concepts, etc.)
- Parent interview
- Observations

### **Scenario 3:**

- Review of existing data; determine needed information which may include:
  - Use of one criterion-referenced CDA which assesses all 5 developmental domains
  - One norm-referenced assessment (Vineland-II for adaptive, etc.)
  - Use of norm-referenced instrument (Bracken for cognitive, etc.)
- Judgment based checklists/observations

### **Scenario 4:**

- Review of existing data; determine needed information which may include:
  - Use of one criterion-referenced CDA which assesses all 5 developmental domains

- One or two instruments to assess specific areas of concern (Peabody Developmental Motor Scales PDMS-2, etc.)
- Parent interview
- Observations

**Scenario 5:** (traditional approach)

- Review of existing data
- Standardized instrument that assesses cognitive domain (IQ testing)
- Norm-referenced instrument which assess communication
- Norm-referenced instrument which assess motor domain
- Norm-referenced instrument which assess adaptive behavior
- Parent interview

**REMEMBER:** There is no one set of instruments to use or one way to evaluate a child for eligibility for special education services. Young children are continually learning and growing and therefore it is to their benefit not to rely on IQ testing. Teams need to gather as much information as possible to make the most informed decisions for eligibility as well as to be able to write the best possible goals for classroom intervention.

### **The Rule of TWOS Team Approach**

Comprehensive developmental assessments to determine eligibility for special education and related services should be administered by a **minimum of two** certified professionals who have received training in administration of assessment instruments and evaluation of young children. This meets the definition of a multidisciplinary evaluation team.

CDAs should be administered using a **minimum of two** instruments, one which must be norm-referenced in order to obtain standard deviations to determine eligibility. It should be noted that there will very rarely be a situation whereby the team cannot obtain standard deviations during a CDA. Looking at the preponderance of evidence would apply in this rare situation.

It is **best practice** to gather information from a CDA from a **minimum of two** settings. For example, it is important to gather information on how the child functions at home and in another setting. This information may be obtained through parent interview or childcare worker interview.

**A team approach to evaluation is best practice** in obtaining information regarding the whole child.

## COMMONLY ASKED QUESTIONS ABOUT A CDA

**1. The State requires standard scores/standard deviations to determine eligibility. How do I obtain a standard score if the child cannot obtain a basal on a standardized instrument designed for children of the same chronological age?**

For some very involved children, the inability to perform on an instrument standardized on other children of their age level is indication of severe delay. Document the attempt to assess on the team report, and assume the child meets the criteria for performing significantly below the mean when compared to others of the same chronological age. There are several assessment instruments whereby the bulk of the evaluation is by parent report (Vineland-II, etc.). The MET should consider the use of these instruments to try and obtain a basal for those children who are difficult to evaluate.

**2. Our district's assessment instruments are all criterion-referenced and play-based. May we use these checklists as our CDA?**

Yes, but not for the entire CDA. The use of criterion-referenced instruments, checklists and play-based assessment is encouraged, but additional area-specific testing must be accomplished in order to satisfy the requirement that eligibility be based on standard scores. If criterion-referenced checklists and/or play-based assessment have been the sole measures used, a norm-referenced instrument should be used for additional area specific testing to examine development in those areas of greatest concern.

**3. What if a child does not qualify for services based upon the scores obtained from the CDA, yet the child clearly needs intervention services?**

The multidisciplinary evaluation team (MET) must make a determination for eligibility based upon a preponderance of information. This information may be obtained from the screening, from the CDA, from parents, and from previous school/agency/medical records. If all the information combined indicates that the child is in need of services, the team may determine eligibility for the child based on the preponderance of the information.

**4. Is the parent part of the team?**

Yes. The parent plays an important role in the screening, evaluation and program planning process. Soliciting parental input is an important requirement of the law. The parent is part of the multidisciplinary team which convenes to report on the child's assessment results and determine eligibility. If the child is eligible, the parent plays an important role in helping professionals determine goals, objectives, placement and programming for the child. \*The parent must be a participant providing valuable input in the assessment, but is not to be considered an evaluator.

**5. How do you conduct team evaluations/team meetings in a rural environment?**

Just remember to use the rule of twos: minimum of two evaluators; two instruments; and two settings. Best practice is to evaluate using a team approach. However, in some small rural districts, staff may not be available except for once or twice a week. The evaluations may be divided and administered separately in this situation. It would minimize confusion if the district assigned a case manager to coordinate this process. The two evaluators should at least discuss over the phone the results of the evaluation and compare evaluation reports. For instance, one evaluator finding that the child is able to perform a skill and another evaluator finding the same skill deficit presents conflicting evidence and may confuse the issue of eligibility.

**6. Can an observer count as an examiner (under the two-examiner rule)?**

Not unless the observer is qualified and part of the evaluating team. Observational feedback is welcomed, as well as the use of more than two examiners and instruments/checklists, etc. in the evaluation.

**7. Do the required two instruments need to be for each area being tested?**

There are comprehensive developmental assessments (CDAs) that are considered one instrument that evaluates all 5 areas of development. They may be norm-referenced or criterion-referenced. If a district administers one CDA that is norm-referenced (such as the Miller's or Battelle Developmental Inventory-2<sup>nd</sup> Edition) to obtain their standard deviations, then the district could use another instrument that would provide them with more in-depth evaluation of the area of concern. A district could also combine the same CDA instrument with a checklist or judgment-based survey. A parent survey should be part of any CDA. Some districts may choose to divide up the five developmental domains and administer different evaluation instruments for each area of development. This also is considered a CDA. Please refer to the CDA scenario examples at the beginning of this section.

**8. What instruments do you use for developmental evaluations?**

Every district uses different evaluation instruments. It is important to remember that each instrument has its own strengths and weaknesses. It is important that the instruments a district decides to use have been normed on large populations similar to the ones with which the district is working. Test-retest reliability of any chosen norm-referenced instrument should be at least 85%.

**9. What do we use for English Language Learners (ELL) if the language is other than English?**

A district must obtain a person who is knowledgeable in the home language to assist with interpretation and evaluation if the child does not speak any English. It is important to determine if the child is limited English proficient and needs more time to acquire the second language or if there is a disability in the primary language of the child.

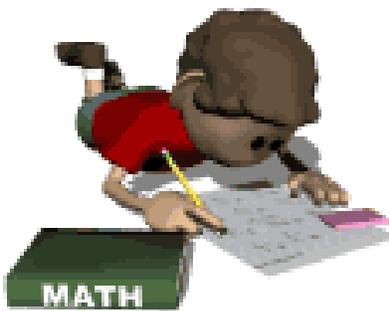
**10. What do you do if the parent only wants a speech/language evaluation and does not want the other areas tested?**

While the law allows for the use of norm referenced assessment and parent input to determine PSL eligibility, it still requires that other eligibility categories be ruled out. Often, parents' knowledge of child development may limit their ability to determine that there are not deficits in other areas of development. For instance, the parent of a child with autism may indicate that a language delay is the only concern, however, social/emotional and adaptive development may be significantly compromised leading to a determination of a different category. This means an evaluation/CDA looking at all 5 areas of development administered prior to consideration of using the eligibility category of PSL is best practice. It is the district's responsibility to explain to the parents the requirement of the law that we must rule out other areas to fully determine that speech and/or language is the only area of need for their child.

**11. What do you do with a child showing age appropriate skills in all areas but social-emotional?**

If, after administering a CDA evaluation, a child fails in one or more domains but the Standard Deviation (SD) does not quite meet the eligibility criteria, the MET team considers existing data as well as evaluations and previous history. If the team believes there is a preponderance of information demonstrating delays in any one area that would affect the child's education, the MET team can determine the child to be eligible based on the preponderance of evidence.

For example, if a child had a two point Standard Deviation in the social or emotional area on a norm-referenced instrument and through observation and information from parents and previous teachers or others, there was a preponderance of information stating that the child had a history of problems in the social or emotional area, the MET team may decide to qualify the child under PSD. Refer to eligibility criteria.



## REQUIRED ELEMENTS IN PRESCHOOL CDA/EVALUATION CHECKLIST

- Provide Procedural Safeguards Notice
- Review of existing data; determine if further evaluation is needed.
- Obtain parent consent to evaluate.
- Procedural Safeguards to parents and Prior Written Notice (referral & review of data/collection of more data).
  
- Components to be obtained**
  - \*Vision and Hearing Screening with appropriate follow up
  - Determination of PRIMARY LANGUAGE of the home and child
  - Developmental, medical and educational history
  - Consideration of racial/ethnic/experiential factors that may impact test results
  - Cultural evaluation
  
- Conduct CDA by a TEAM of evaluators** (two or more including at least one teacher or specialist in the area of concern)
  
- Comprehensive Developmental Assessment (CDA), using a single instrument or multiple measures in the assessment of:**
  - Physical development
  - Social or emotional development
  - Cognitive development
  - Communication development
  - Adaptive development
  
- Multiple procedures/measures** (two or more)
  
- Norm-Referenced Measure(s)** that yields, or can be converted to, standard deviations
  
- Lead to Programmatic Recommendations**
  
- Include PARENTAL INPUT as measured by a norm-referenced, criterion-referenced, or judgment based instrument** such as a rating scale, checklist or survey
  
- MET must determine ELIGIBILITY based upon the preponderance of information and documented in a WRITTEN REPORT**
  
- Provide Prior Written Notice (PWN) to parents that includes a description of the actions proposed or refused.**

\* Hearing Screenings should be conducted according to Department of Health Services Rules (puretone or otoacoustic emissions (OAE) testing). AAC, Article 1. R9-13-102 & R9-13-10.

\* Vision Screenings guidelines are available through Department of Health Services and are guidelines, not regulations.



## **EVALUATION RESULTS AND DETERMINING ELIGIBILITY**

Upon completion of the assessments, the Multidisciplinary Evaluation Team (MET), which includes the parent, will meet to discuss the evaluation results. The results of the evaluation must be written in a multidisciplinary assessment report. Include strengths, needs and priority educational needs that affect the child's ability to participate in appropriate activities (ie: access to the general preschool curriculum or ability to interact with same-aged peers), which will translate into goals (i.e.: "priority education needs are in the areas of motor and communication development and restrict child's access to participate in the general preschool curriculum). This statement would also translate into the Present Levels of Academic Achievement and Functional Performance (PLAFP) on the Individual Education Plan (IEP).

### **Methods of Gathering Information and Determining Eligibility**

The most appropriate and acceptable approach in determining a child's eligibility for special education and related services is to develop the decision from a variety of procedures. The child must be assessed in all areas of development using a variety of ways to gather information. The areas that must be assessed and/or considered include:

- vision
- hearing
- cognitive skills
- communication development
- social or emotional development
- adaptive behaviors
- fine and gross motor skills
- developmental history

Because of the convenient and plentiful nature of standardized tests, it is perhaps tempting to administer a group of tests to a child and make an eligibility or placement decision determination based upon the results. However, tests alone will not give a comprehensive picture of how a child performs or what he or she knows or does not know.

There are a number of other approaches that can be used to collect information about children as well. These include:

- play-based assessment
- curriculum-based assessment
- observational assessment

**Play-based assessment.** An evaluation team is more likely to obtain a true picture of a young child's strengths and needs by administering assessments in a play-based environment utilizing a combination of instruments and observational techniques. For example, an evaluation team could divide the developmental sections of a CDA (such as the Battelle Developmental Inventory – 2, Brigance Inventory of Early Development II, etc.) between team evaluation members and administer the sections in a play-based environment. The evaluation room can be set up like a preschool classroom with a variety of centers and several children can be evaluated simultaneously. The evaluation team is

able to gather authentic information, but can also observe how the child interacts with others and uses materials, and makes choices in the environment. Of course, evaluation teams must gather information from parents including developmental history, to obtain a complete picture of the child.

A play-based assessment approach is valuable in assessing children from culturally or linguistically diverse backgrounds, and therefore, are critical methods in the overall approach to assessment. Children with medical, behavioral or mental health concerns may also have assessment information from outside sources. Such information must be considered along with assessment information from the school's evaluation team in making the appropriate diagnoses, placement decisions, and instructional plans.

**Curriculum-based assessment.** Assessment that is integrated as part of the curriculum, in contrast to tests or other assessments that are given apart from daily teaching and instruction. The teacher assesses the children using the classroom activity itself and not a separate procedure. This method of assessment is useful for children that are already participating in a preschool program. The evaluation team can use this as a technique for gathering developmental information.

Only through collecting data through a variety of approaches (observations, interviews, tests, curriculum and play based assessment, etc.) and from a variety of sources (parents, teachers, specialists, peers, etc.) can an adequate picture be obtained of the child's strengths and needs. In rare instances, a child may be difficult to test and/or not quite meet the criteria for eligibility. However, when the evaluation team utilizes information from a variety of sources, they may be able to make eligibility decisions based on a **preponderance of information** knowing that if the child does not receive the necessary special education and related services, the child will not receive the intervention they need in order to learn in an educational environment.



## **QUESTIONS AND ANSWERS RELATED TO ELIGIBILITY**

### ***1. How is eligibility determined?***

Upon completing the administration of tests and other evaluation procedures, a group of qualified professionals and the parent(s) of the child determine whether the child is eligible under Part B. The school district/public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent. (34 CFR § 300.306)

### ***2. How early should transitioning from AzEIP into the school district begin?***

A transition planning conference must be held between the time the child is 2.6 and 2.9 years. For children who are eligible, the IEP development shall be completed by the child's third birthday. If the child is not eligible, ineligibility must be determined by the child's third birthday. If eligibility/IEP or ineligibility is not completed, the district must keep a data base of how many days past the child's third birthday and the reason the child's eligibility/IEP were not completed by the 3<sup>rd</sup> birthday. This information is reported to the Arizona Department of Education on the End of Year report, which is then reported to the Office of Special Education Programs (OSEP). The district must also document that procedures are in place to ensure that children are "In-By-3". OSEP requires 100% compliance.

### ***3. What is preponderance of information?***

Preponderance of information is the general diagnostic indication when all informal and formal assessment data is considered. Any available data from norm-referenced measures, criterion-referenced measures, judgment based assessment, observations, and interview is holistically considered by the MET. Team members strive for maximum consensus.

### ***4. What happens during an evaluation?***

Evaluation of a child means more than the school just giving the child a test or two. The school must evaluate the child in all areas of suspected disability and the evaluation must be sufficiently comprehensive to identify all of the child's special education and related service needs, which requires a comprehensive developmental assessment (CDA) to rule out other eligibility categories. Preschool Speech-Language eligibility can rely on norm referenced assessment and parent input can be used to rule out other eligibility, however, often parents do not know early childhood development well enough to report on some areas, which may be interfering with speech-language development. For instance, many parents report a concern only in the area of speech and language, but when social-emotional and adaptive skills are examined more closely the indication could be autism. Remember that vision and hearing screenings must be passed prior to an evaluation

**5. When a child passes the screening except for communication development, can the district administer a standardized speech/language measure and from that measure determine eligibility in the category of Preschool Speech/Language Delay (PSL)?**

No. A comprehensive developmental assessment **or** a norm referenced assessment *and* parent input are required to determine PSL eligibility. There is still a requirement for a multidisciplinary evaluation team or minimum of two evaluators. While the law allows for the use of norm referenced assessment and parent input to determine PSL eligibility, it still requires that other eligibility categories be ruled out. Often, parents' knowledge of child development may limit their ability to determine that there are not deficits in other areas of development. For instance, the parent of a child with autism may indicate that a language delay is the only concern, however, social/emotional and adaptive development may be significantly compromised leading to a determination of a different category. This means an evaluation/CDA looking at all 5 areas of development administered prior to consideration of using the eligibility category of PSL is best practice.

**6. Are districts still required to use an ophthalmologist (physician) to determine eligibility for Visual Impairment?**

Verification of a visual impairment may be made by an ophthalmologist or optometrist.

**Child with a Preschool Severe Delay (PSD)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant A.R.S. 15-766 and the following requirements:

- The child demonstrates performance on a norm-referenced test that measures more than 3.0 standard deviations below the mean for children of the same age in one or more of the following areas:
  - Cognitive development
  - Social and emotional development
  - Physical development
  - Adaptive development
  - Communication development
- The results of the norm-referenced measure(s) are corroborated by information from other sources including parent input, judgment-based assessments and/or surveys.
- The child was evaluated in all of the areas of development listed above, which, taken together, comprise a comprehensive developmental assessment.

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Team decision regarding the presence of a disability:

- The child **does** meet the criteria as a child with a preschool severe delay

Team decision regarding the need for special education services

- The child **does not** need special education services.
- The child **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a written notice (PWN) regarding this decision that meets the requirement under the IDEA.

**Child with a Preschool Moderate Delay (PMD)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant A.R.S. 15-766 and the following requirements:

- The child demonstrates performance on a norm-referenced test that measures at least 1.5 but not more than 3.0 standard deviations below the mean for children of the same age in two or more of the following areas:
  - Cognitive development
  - Social and emotional development
  - Physical development
  - Adaptive development
  - Communication development
- The results of the norm-referenced measure(s) are corroborated by information from other sources including parent input, judgment-based assessments and/or surveys.
- The child was evaluated in all of the areas of development listed above, which, taken together, comprise a comprehensive developmental assessment.

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Team decision regarding the presence of a disability:

- The child **does** meet the criteria as a child with a preschool moderate delay
- Team decision regarding the need for special education services
- The child **does not** need special education services.
  - The child **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a written notice (PWN) regarding this decision that meets the requirement under the IDEA.

**Child with a Preschool Speech/Language Delay (PSL)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant A.R.S. 15-766 and the one or both of the following requirements:

- The child demonstrates performance on a norm-referenced language test that measures at least 1.5 standard deviations below the mean for children of the same age.
- The child's speech, out of context, is unintelligible to a listener who is unfamiliar with the child.

**AND**

- The child was evaluated through a comprehensive developmental assessment or norm-referenced assessment and parental input that documents that the child is not eligible for services under another preschool category

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Team decision regarding the presence of a disability:

- The child **does** meet the criteria as a child with a preschool speech/language delay  
Team decision regarding the need for special education services
  - The child **does not** need special education services.
  - The child **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a written notice (PWN) regarding this decision that meets the requirement under the IDEA.

Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and regulations, and State statutes and State Board of Education rules. [AAC R7-2-401(E)(2)]

**Child with a Visual Impairment (VI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a loss of visual acuity or loss of visual field that, even with correction, adversely affects performance in the educational environment. The term includes both partial sight and blindness.
  - The visual impairment has been verified by an ophthalmologist or optometrist.
  - The student was evaluated in all areas related to the suspected disability.
- 

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with a visual impairment.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with a Hearing Impairment (HI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a loss of hearing acuity which adversely affects performance in the educational environment.
  - The hearing loss has been verified by an audiologist through an audiological evaluation.
  - A communication/language proficiency evaluation has been conducted.
  - The student was evaluated in all areas related to the suspected disability.
- 

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with a hearing impairment
- Team decision regarding the need for special education services
- The student **does not** need special education services.
  - The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

## SAMPLE Preschool Eligibility Determination

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Student  
 #: \_\_\_\_\_  
 School: \_\_\_\_\_ Date Eligibility Determined  
 : \_\_\_\_\_

- Preschool Speech/Language Delay:** means performance by a preschool age child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean or whose speech, out of context, is unintelligible (unable to be understood) to a listener who is unfamiliar with the child. (*Eligibility under Preschool Speech/Language Delay is appropriate **only if** a comprehensive developmental assessment **or** norm-referenced assessment and parental input indicate that the child is not eligible for services under another preschool diagnostic category.*)
- Preschool Moderate Delay:** means performance by a preschool age child on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children in two or more of the following areas based on a comprehensive developmental assessment and parent input:
- Cognitive development
  - Physical development
  - Communication development
  - Social **or** emotional development
  - Adaptive development
- Preschool Severe Delay:** means performance by a preschool age child on a norm-referenced test that measures more than three standard deviations below the mean in one or more areas based on a comprehensive developmental assessment and parent input:
- Cognitive development
  - Physical development
  - Communication development
  - Social **or** emotional development
  - Adaptive development

\*\*\*\*\*  
**For all areas, the MET shall determine eligibility based on a preponderance of the evidence presented.**  
 \*\*\*\*\*

- Yes  No Has there been a lack of instruction in reading or math?  
 Yes  No Is the student limited English proficient?  
 If the response to any of these questions is "Yes", please provide an explanation

**Decision**

- Yes  No The student has or continues to meet the criteria for above marked category.  
 Yes  No The student needs or continues to need special education and possible related services.

Position/Relationship to Student	Signature	Agree	Disagree	Date
*Parent/Guardian /Surrogate Student				
*Special Education Teacher				
*Regular Education Teacher				
*Individual to Interpret the Results of Assessment				
*PEA/Designee				
Language Acquisition Teacher				
^Speech Pathologist				
Occupational Therapist				
Physical Therapist				
Nurse				
Other				

\*Signature Required

^Only required for Speech/Language Delay

## **DEVELOPMENT of AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

The Individualized Education Plan (IEP) is a written statement for each child with a disability that is developed, reviewed and revised annually. (20 USC 1414 §614); (CFR § 300.320-324). It is the cornerstone of a quality education for each student with a disability. The IEP is a very important document for students with disabilities and for those involved in educating them. This section examines how the IEP is written, who writes it, and presents the minimal information it must contain.

### **In developing the child's IEP, the IEP Team, shall consider:**

- The strengths of the child;
- The concerns of the parents for enhancing the education of their child;
- The results of the initial evaluation or most recent evaluation of the child; and
- The academic, developmental, and functional needs of the child (documented on the PLAAFP).

### **The IEP must include the following components:**

#### **1. Present Levels of Academic Achievement and Functional Performance:**

The present levels of academic achievement and functional performance (PLAAFP) is a summary describing the student's current knowledge (baseline data), abilities, skills and other educational achievements. It specifically explains the student's competencies and needs. It states how the student's disability affects his or her involvement and progress in the general curriculum. In addition, it links the evaluation results, expectations of the general curriculum (Arizona Early Learning Standards), and the related needs of the student. The present levels should not list test scores or reiterate the MET/Eligibility Report verbatim. It should be a snapshot of the child and list the priority education needs that would then translate into the goals that are written.

- for the preschool children, as appropriate, how the disability affects the child's participation in developmentally appropriate activities. Teams need to consider these things and document in PLAAFP narrative:
- if the use of assistive technology is need considered (e.g. visual schedule, voice output, picture exchange communication system) how it is used should be addressed within the PLAAFP
- if the student is an ELL, then how this need is met should be documented within the PLAAFP (e.g. Johnny benefits from small group instruction to introduce new vocabulary before new content is introduced).
- if the student has challenging behaviors that require more intensive management techniques that differ from those used for other students in the classroom PLAAFP should document how the positive behavior support plan will be used to support progress towards goals.
- If a child is deaf or hard of hearing or is visually impaired PLAAFP shall include how necessary adaptations will be used to support progress in the general education curriculum,

## **Present Level of Academic Achievement and Functional Performance Examples**

The following are examples of present levels of academic achievement and functional performance (PLAAFP) and goals aligned with the AZ Early Learning Standards. It is important to start the PLAAFP with a statement that indicates from what source the strengths and needs of the child are based (see basic format below).

### **Basic Format:**

“Based-on” statement (sources of data, e.g. CDA, ongoing progress monitoring assessment(s), early intervention reports, parent input, and observation).

Strengths:

Needs:

Priority Educational Needs (that should drive the areas for the goals you write) and how the disability affects child’s ability to participate in the preschool environment.

English Language Learner (ELL) Statement: English Language Learner needs will be addressed through developmentally appropriate language development activities within the preschool environment. Pre-teaching of vocabulary either one to one or small group is beneficial.

### **PLAAFP Example 1:**

Based on the comprehensive developmental assessment dated 10-17-05, which includes outside Developmental Psychology, Speech-Language, OT evaluations, observations & parent input, the following strengths and needs are noted:

#### **Cognitive / Adaptive / Social Emotional**

**Strengths:** Mark is able to name pictures/objects, place pegs in pegboard, match pictures and colors, imitate crayon stroke and build cube tower.

**Needs:** Scores fall more than three standard deviations (SD) below the mean in the area of cognition. Unable to discriminate among objects, attend to a story or understand the concept of one. He is easily frustrated and has difficulty taking turns. When frustrated he will throw objects or attempt to hit others. Team agrees that the use of tangible reinforcement (as determined by parent and teacher) will be used for keeping hands to self. Consequences for dangerous behavior may include the use of time out in a designated space. See details of plan outlined in positive behavior support plan. He also requires the use of a visual schedule to support his transitions and to limit behavioral outbursts.

#### **Communication**

**Strengths:** Mark currently has vocabulary of approximately 25-30 words.

**Needs:** Auditory and expressive language skills are more than two SD below the mean. Two word utterances, use of pronouns, concept of one, or understanding of prepositions were not observed. He demonstrates a limited attention span and eye contact during play and in interactions.

### Fine / Gross Motor

Strengths: Skills are developed within 18-20 month age range. Student demonstrates a functional grasp. Play skills include block stacking, placing pegs in pegboard and dumping out of small containers. Uses gross grasp of a marker and demonstrates vertical strokes upon imitation.

Needs: Sensory processing in areas of auditory, visual and oral processing. Tends to mouth non-food items and is very particular about what foods he eats. Seeks out movement activities including swinging, rocking and car rides.

Mother speaks Bulgarian and Greek, however reports that student's primary language/first words spoken were English. If other languages present any impact to the preschool curriculum, language acquisition will be approached developmentally.

Priority educational needs that impact access to the preschool curriculum are in the area(s) of: cognition, social emotional, communication (specifically receptive/expressive communication & pragmatic skills (using language to have needs met), adaptive skills, fine motor and sensory processing.

Note: The PLAAFP drives your goals, and goals should be written for each priority educational need area. One goal may cover more than one priority need area such as a cognitive, communication and adaptive goal.

## **2. A statement of measurable annual goals, including academic and functional goals**

- designed to meet the child's needs that result from the child's disability to enable the child to be involved and make progress in general education curriculum;
- and meet each of the child's other educational needs that result from the child's disability.
- Measurable annual goals set the general direction for instruction and assist a child to obtain the necessary skills identified through the evaluation and IEP. There must be a direct relationship between the goal and the needs identified in the present levels of academic achievement and functional performance (PLAAFP). Goals also are descriptions of what a student can reasonably be expected to accomplish within one school year. They are not meant to be all encompassing of the curriculum, but a goal in an area of need that can be monitored so as to assess the child's progress in that specific area. Goals should be not written for what is covered in the general curriculum.
- The goal(s) should be written so that they are *aligned* to the AZ Early Learning Standards. The standards are not meant to be the goals and should not be copied verbatim as an IEP Goal. The goal should be written based on the child's needs (identified in the PLAAFP). The standards may then be referred to and referenced in making sure the goal is in alignment with skills expected in preschool. The goal must be useful in making decisions regarding the student's education and the effectiveness of the student's IEP.

The ADE Exceptional Student Services (ESS) and Early Childhood Special Education (ECSE) Unit's criteria for writing measurable goals include:

- Based on the Present Levels
- Meaningful to the child and family
- Observable and Measurable
- Targets engagement, independence or social relationships (i.e. a functional goal)
- Useful in deciding needed support/services
- Reflective of real life situations
- Understandable and jargon free
- Aligned with **Arizona Early Learning Standards** (not the Functional Standards\*)

*\*The Functional Standards are no longer used for preschool IEP development. The Functional Standards are designed primarily for students with significant disabilities from Kindergarten through age 21.*

### **Measurable Annual Goal Examples**

#### **Goal 1:**

**Need Areas:** Social/Emotional & Communication

Mark will follow simple classroom directions and demonstrate the ability to make transitions from one activity to another, given picture and verbal cueing with 50% accuracy as measured by data collection and ongoing progress monitoring instrument. [Early Learning Standard, Soc/Emotional Strand 3: Responsibility for Self and Others; Concept 1: Self Control & Language and Literacy Strand 1: Oral Language Development; Concept 1: Listening and Understanding]

#### **Goal 2:**

**Need Areas:** Social/Emotional & Receptive/Expressive Communication

(1) Mark will participate in circle time for 10 minutes by singing songs, imitating finger plays, attending to stories. (2) He will use two words to label or answer simple questions about a story or choice of area given picture and verbal cues @ 50% accuracy as measured data collection and ongoing progress monitoring instrument. [Early Learning Standard Social or emotional Strand 4: Approaches to Learning, Concept 1: Curiosity; Language and Literacy, Strand 1: Oral Language Development, Concept 2: Speaking & Communicating]

#### **Goal 3:**

**Need Areas:** Fine Motor

In order to promote independence in art activities, Mark will demonstrate appropriate 3-fingered grasp of markers/crayons and imitate at least 5 different strokes given initial demonstration & physical, gestural and verbal prompts in as needed with 75% as measured by **data collection and ongoing progress monitoring instrument**. [Early Learning Standard Strand 1: Physical & Motor Development, Concept 3: Fine Motor Development]

## **PLAAFP Example 2:**

Based on the Work Sampling System Checklist along with specialists' observations and parent report, Sara's strengths are: she listens with understanding as stories are read and answers yes/no questions about content of stories. She participates in singing and chanting activities and follows 2 and 3 step directions. Sara speaks clearly using 2 and 3 word phrases.

Sara demonstrates difficulty discriminating the sounds of language (a prerequisite skill to beginning reading), using expanded vocabulary and language for a variety of purposes including difficulty making requests and retelling a story in sequence. She has difficulty with fine motor tasks and is unable to grasp writing tools.

English language learning issues will be addressed through developmental language activities in the context of the preschool environment.

Priority educational needs are in the areas of communication and fine motor skills that affect Sara's ability to participate in age appropriate activities with peers.

### **Goal 1:**

#### **Need Area: Communication**

Sara will verbally sequence a three task activity during center time or snack with 75% accuracy as measured by data collection and ongoing progress monitoring instrument. (Early Learning Standard, Language and Literacy, : Strand 2; Concept 6)

### **Goal 2:**

#### **Need Area: Fine Motor**

Sara will grasp thin objects, such as a crayon, a paintbrush, or a marker, in order to be independent during art activities, for 10 minutes in three art activities a week as measured by portfolio collection and anecdotal records (Early Learning Standard, Physical Development, Health & Safety: Strand 1; Concept 3) *\*Note a copy of the specific strand of the Early Learning Standard may provide the parent more info*

***\*NOTE:** The Work Sampling System Checklist or other form of ongoing progress monitoring assessments along with data and observation may be what the PLAAFP is based on as the next IEP is developed.*

**3. A description of how the child's progress toward meeting the annual goals will be measured and when periodic reports on the progress of the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided;**

**4. A statement of special education and related service and supplementary aids and services, based on peer-reviewed research to the extent practicable to be provided to the child, or on behalf of the child, and a statement of the program modifications and supports for school personnel that will be provided for the child.**

- To advance appropriately toward attaining the annual goals;
- To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and
- To be educated and participate with other children with disabilities and non-disabled children in activities

**5. An explanation of the extent, if any, to which the child will not participate with non-disabled children in the regular class and in the activities with other children with and without disabilities.**

**6. A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district assessments (ongoing progress monitoring assessment to be used),**

**7. The projected date for the beginning of services and modifications; the anticipated frequency, location and duration of those services and modifications.**

**8. In consideration of special factors, the IEP Team shall:**

- In the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports and other strategies to address that behavior;
- In the case of a child with limited English proficiency, consider the language needs of the child such as needs relate to the child's IEP;
- In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation that instruction in Braille or the use of Braille is not appropriate for the child
- Consider the communication needs of the child and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and
- Consider whether the child needs assistive technology devices and related services

**9. Additional information to the IEP beyond what the law requires, is allowable.**

The IEP is:	The IEP is not:
a management tool for monitoring and communicating student performance	a daily lesson plan for the teacher
a communication vehicle between school personnel, parents, and students	a description of everything that will be taught to the student
an ongoing record of commitment of resources to ensure continuity in programming	a "one size fits all" document
a document that provides opportunities for collaborating and resolving differences	a document developed by one person
intended to be a working document and can be modified at any time as goals are met and/or new needs are identified	a static document that can only be changed once a year
Reflects the individual student's needs	is not the same for every student

## **OTHER REQUIREMENTS FOR THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

### **Annual Review Requirement**

- The local education agency shall ensure that the IEP Team reviews the child's IEP periodically, but not less frequently than annually, to determine:
  - whether the annual goals for the child are being achieved; and
  - revise the IEP as appropriate to address any lack of progress, any, reevaluation information and information about the child provided to, or by, the parents.

### **Amendment to the IEP**

- An amendment is a way for IEP teams to document certain changes (e.g. adding, deleting a related service, modification of a goal or objective, changing the frequency or duration of a service). The parent of a child with a disability and the local education agency may agree not to convene an IEP meeting for the purposes of making such changes, and instead may develop and written document to amend or modify the child's current IEP.

### **Initial Placement and Provision of Services**

- Each public agency must ensure that a meeting to develop an IEP for a child is conducted with 30 days of a determination that the child needs special education and related services; and
- As soon as possible following development of the IEP, special education and related services are made available to the child in accordance with the child's IEP.

### **Accessibility of the child's IEP to teachers and others**

- The child's IEP is accessible to each regular education teacher, special education teacher, related services provider, and any other service provider who is responsible for its implementation; and
- Each teacher and provider is informed of:
  - His or her specific responsibilities related to implementing the child's IEP; and
  - The specific accommodations, modifications, and supports that must be provided the child in accordance with the IEP.

### **Monitoring Checklist for IEP Requirements**

- The IEP is current and reviewed annually.
- Required participants are present or properly excused.
- Includes the student's present level of academic achievement and functional performance, including strengths, needs and how the disability affects the student's involvement and progress in the general curriculum.
- How progress toward goals will be measured (usually within the Goal Statement).
- At least 75% of goals are aligned with the Early Learning Standards.
- Special Education and related services to be provided and location of each service (be specific for preschool such as: articulation, phonology, syntax, semantics, pragmatics, receptive/expressive language, fluency, voice, communication, cognitive, motor, adaptive, social emotional, behavioral skills). Include assistive technology, counseling, social work services if necessary.
- Supplementary Aids, Services and Program Adaptations (accommodations and/or modifications) to be provided such as low and high tech assistive technology devices, special seating, special OT or PT equipment, visual supports, Pictures Exchange Communication System (PECS), changes in lighting, tactile cues, modeling, etc.
  - Accommodations means the provisions made to allow a student to access and demonstrate learning. Accommodations do not substantially change the instructional level, the content or the performance criteria, but are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. Accommodations shall not alter the content of the curriculum or a test, or provide inappropriate assistance to the student within the context of the test.
  - Adaptations means changes made to the environment, curriculum and instruction or assessment practices in order for a student to be a successful learner. Adaptations include accommodations and modifications. Adaptations are based on the individual student's strengths and needs.
  - Modifications means substantial changes in what a student is expected to learn and to demonstrate. Changes may be made in the instructional level, the content or the performance criteria. Such changes are made to provide a student with meaningful and productive learning experiences, environments and assessments based on individual needs and abilities.
- Statement of Supports that will be provided to school personnel (such as behavioral training for bus driver, monthly trainings for staff, consultation, specific trainings for staff, etc.)
- Consideration of Extended School Year (ESY) services

- Consideration of: (1) positive behavior supports, interventions and other strategies to address behavior that impeded the student's learning or the learning of other students; (2) communication needs of the student; (3) assistive technology devices and services; (4) language needs of the student who is an English Language Learner (ELL); (5) Students who are visually impaired or have multiple disabilities, the need for Braille was considered; (6) Students who are hearing impaired, the IEP includes consideration of the student's language and communication needs (including opportunities for direct instruction in the student's language and communication mode) were considered.
- Ongoing Progress Monitoring Instrument/Progress Notes Timelines
- Participation in state or district norm referenced tests – state approved ongoing progress monitoring assessment to be used.
- The extent the student will not participate with non-disabled peers is explained.
- Documentation of potential harmful effect or drawbacks to the placement that was selected for the student.
- Progress reports are current and provide a measurement of progress toward IEP Goals.

## **CHILDREN WHO TRANSFER SCHOOL DISTRICTS**

### **Transfer within the same state during the same academic school year**

- The local education agency shall provide a child with an IEP that was in effect in the same State, free and appropriate public education, including services comparable to those described in the previously held IEP, in consultation with the parents until such time as the local education agency adopts the previously held IEP or develops, adopts and implements a new IEP that is consistent with Federal and State law.

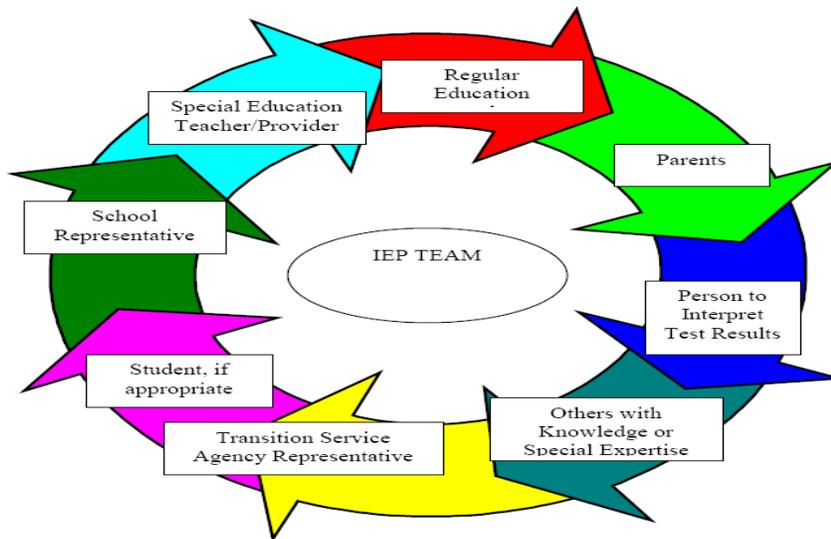
### **Transfer outside state during the same academic school year**

- The local education agency shall provide such child with a free appropriate public education, including services comparable to those described in the previously held IEP, in consultation with the parents until such time as the local educational agency conducts an evaluation, if determined necessary through Review of Existing Data, and develops a new IEP, if appropriate, that is consistent with Federal and State law.

### **Transmittal of Records**

- The new school in which the child enrolls shall take reasonable steps to promptly obtain the child's records, including the IEP and supporting document and any other records relating to the provision of special education services to the child, from the previous school in which the child was enrolled. The previous school in which the child was enrolled shall take reasonable steps to promptly respond to such request from the new school.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM



### **Required Members of the IEP team:**

The public agency must ensure that the IEP Team for each child with a disability includes:

- The parents of a child
- Not less than one general education teacher (if the child is participating in the regular education environment (e.g. community preschool, Head Start, church center) this person is considered the general education teacher; \*\*\*
- Not less than one special education teacher, or when appropriate, not less than one special education provider; (special educator and general educator can not be the same person with dual certification)
- A representative of the public agency who:
  - is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
  - is knowledgeable about the general education curriculum;
  - is knowledgeable about the availability of resources of the public agency;
- An individual who can interpret the instructional implications of evaluation results, who may be a member of the team described above; (this individual may also be the related service provider)
- Other individuals, at the discretion of the parent or the agency, who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- Whenever appropriate, the child with a disability.

There must be a regular education teacher at the child's IEP meeting. This may be a Head Start teacher, childcare teacher, kindergarten teacher, or early childhood education teacher. Case law has even sided with the parents when a district could have invited the faith-based one day a week classroom teacher to the IEP meeting. Input can be obtained via telephone participation, or via an IEP team meeting.

*\*\*\*Note: If a regular education teacher is not in attendance, it would appear that the IEP team is pre-determining the placement decision towards a more restrictive environment. It is important to have a regular education teacher that is knowledgeable of typical development, early childhood curriculum and/or knowledge of the child's performance to contribute in the*

*development of the IEP so that teams always consider the full continuum of objects based on needs of the child.*

### **IEP team meeting attendance**

- A member of the IEP Team is not required to attend an IEP meeting, in whole or in part if the parent of a child with a disability and the public agency agree, **in writing**, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed at the meeting.
- A member of the IEP Team may be excused from attending an IEP Team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related services (addendum meeting), if –
  - The parent, **in writing**, and the public agency consent to the excusal; and
  - The member submits, in writing to the parent and the IEP Team, input into the development of the IEP **prior** to the meeting.
- Initial IEP Team meeting for child under Part C. In the case of a child who was previously served under Part C of the Act, an invitation to the initial IEP Team meeting must, **at the request of the parent**, be sent to the Part C service coordinator or other representatives of the Part C system to assist with the smooth transition of services.

### Conducting an IEP Team meeting without a parent in attendance

- A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parents that they should attend. In this case, the public agency must keep a written record of its attempts to arrange a mutually agreed on time and place (must be three different dates, not three times for same date) , such as:
  - Detailed records of telephone calls made or attempted and the results of those calls;
  - Copies of correspondence sent to the parents and any responses received; and
  - Detailed records of visits made to the parent's home or place of employment and the results of those visits.

### Use of interpreters or other action, as appropriate

- The public agency must take whatever action is necessary to ensure that the parent understands the proceedings of the IEP Team meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English.

### **Parent copy of the child's IEP**

- The public agency must give the parent a copy of the child's IEP at no cost to the parent.

## IEP or Individualized Family Service Plan (IFSP) for Children Age 3 - 5

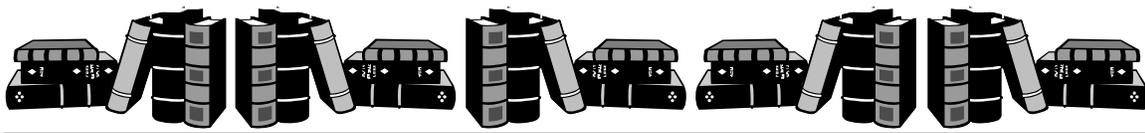
- In the case of a child with a disability aged three through five (or, at the discretion of the State Education Agency, a two year old child with a disability who will turn age three during the school year), the IEP Team must consider an IFSP that contains the IFSP content (including the natural environments statement) described in 20 USC 1414 §636 of IDEA and its implementing regulations (including an educational component that promotes school readiness and incorporates pre-literacy, language and numeracy skills for children with IFSP's under this section who are at least three years of age), and that is developed in accordance with the IEP procedures under this part. The IFSP may serve as the IEP of the child, if using the IFSP as the IEP is:
- Consistent with state policy; and
  - Agreed to by the agency and the child's parents
  - Provide the child's parents detailed explanation between an IFSP and an IEP; and
  - If the parents choose an IFSP, obtain written informed consent from the parents

Although the federal IDEA regulations (above) allow for the use of the IFSP as an IEP, it is not common practice in the state of Arizona as the IFSP is not aligned with the IEP requirements.

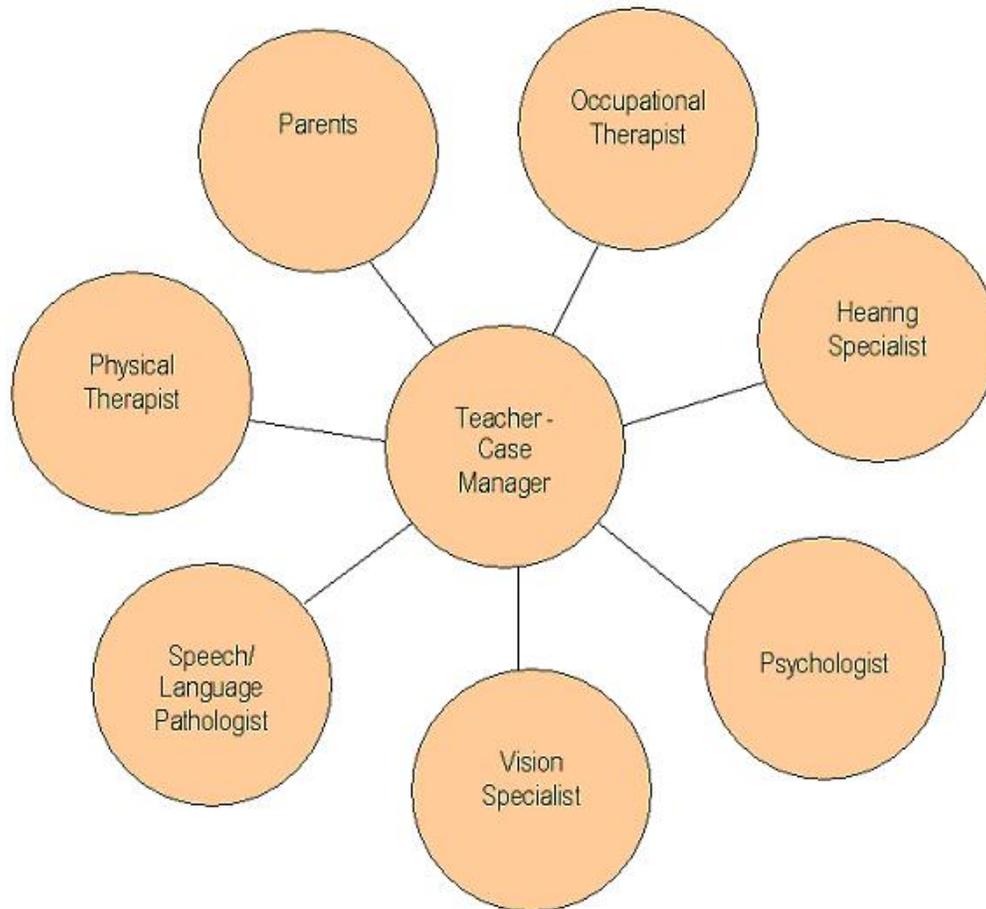
### IEP or Individualized Family Service Plan (IFSP) before age three

- Arizona Statute ARS 15-771(G) allows for the governing board of a school district to admit otherwise eligible children that are within ***ninety days of their third birthday (age 2-9)***, if it is determined to be in the best interest of the individual child. Children who are admitted to programs for preschool children prior to their third birthday are entitled to the same provision of services as if they were three years of age.

It is recommended that this option only be applied on an individual basis based on the needs of the child. For instance, if a child is not receiving services through early intervention, or the early intervention program has been unable to locate a specific service provider such as an SLP.



*BEST PRACTICE FOR IEP CASE MANAGEMENT*



In most cases, it is to the advantage of the child and team to utilize the classroom early childhood special education teacher as the child's case manager. The early childhood special education teacher is in a position to observe the child on a regular basis and can integrate the child's IEP goals into the everyday classroom routines and curriculum.

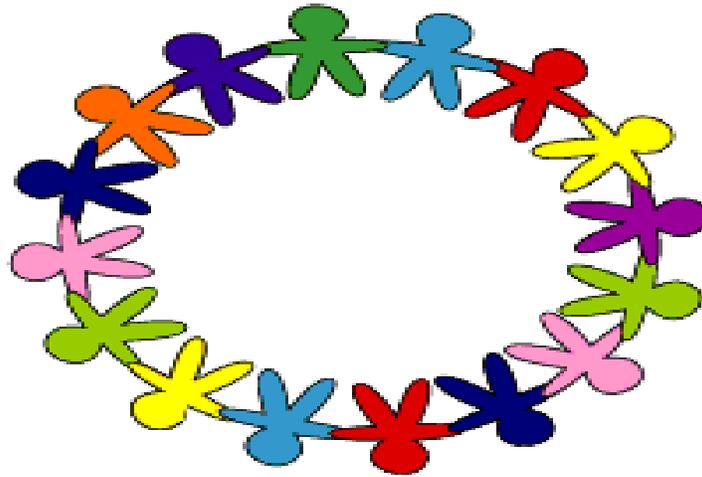
There must be time set aside on a regular basis for all staff and service providers to collaborate regarding a child's IEP goals so that the classroom staff can incorporate all goals into the child's daily routine. Collaboration time on a regular basis ***is critical!***

**For AZ Early Learning Standards:**

<http://www.ade.az.gov/earlychildhood/downloads/EarlyLearningStandards.pdf>



## EDUCATIONAL PLACEMENT OF YOUNG CHILDREN WITH DISABILITIES



The purpose of education is to ensure that every student gains access to knowledge, skills, and information that will prepare them to contribute to America's communities and workplaces. This central purpose is made more challenging as schools accommodate students with ever more diverse backgrounds, abilities, and interests. For students with disabilities, achieving this common purpose means thinking again about the consequences of special and general education as separate systems, and realizing that no longer can we educate children grouped primarily by their differences if we are to achieve a common educational purpose.

Special education is not a place, although for most students with disabilities it has traditionally been a separate classroom or school where they learn different things in different ways from students without disabilities. In order to change these separate experiences for any child, we must first reexamine the assumption that if you are different you will probably learn less and must be taught differently. Instead, educators need to arrange learning and teaching so that all children benefit from learning together.

***Inclusion is.....***

***Not just a School Issue;  
It is about Belonging and Participation of  
Children with Disabilities as  
Equal and Accepted Members of Society.***

**The following is taken from *A New Era: Revitalizing Special Education for Children and their Families* (Commission on Excellence in Special Education, October, 2001)**

“On October 2, 2001, President Bush created the Commission on Excellence in Special Education (the Commission). The Commission continues the President’s education vision for America—an America where every public school reaches out to every single student and encourages every child to learn to his or her full potential. Following is two of the nine findings of this Commission:

- **Finding 1:** The current system uses an antiquated model that waits for a child to fail, instead of a model based on prevention and intervention. Too little emphasis is put on prevention, early and accurate identification of learning and behavior problems, and aggressive intervention using research-based approaches. This means students with disabilities don’t get help early when that help can be most effective. Special education should be for those who do not respond to strong and appropriate instruction and methods provided in general education.
  
- **Finding 2:** Children placed in special education are general education children first. Despite this basic fact, educators and policy-makers think about the two systems as separate and tally *the cost* of special education as a separate program, not as additional services with resultant add-on expense. In such a system, children with disabilities are often treated, not as children who are members of general education and whose special instructional needs can be met with scientifically based approaches, they are considered separately with unique costs – creating incentives for misidentification and academic isolation – preventing the pooling of all available resources to aid learning. General education and special education share responsibilities for children with disabilities. They are not separable at any level – cost, instruction, or even identification.

**SUMMARY OF MAJOR RECOMMENDATIONS –**

Overall, federal, state, and local education reform efforts *must* extend to special education classrooms. What was discovered was that the central themes of the *No Child Left Behind Act of 2001* must become the driving force behind IDEA reauthorization. In short, we must insist on high academic standards and excellence, press for accountability for results at all levels, ensure yearly progress, empower and trust parents, support and enhance teacher quality, and encourage educational reforms based on scientifically rigorous research. In addition, we must emphasize identification and assessment methods that prevent disabilities and identify needs early and accurately, as well as implement scientifically based instructional practices.

In response to the findings, the Commission made three broad recommendations. Following is one of the major recommendations which pertains to consideration of children with disabilities as general education children first:

**Major Recommendation 3:** *Consider children with disabilities as general education children first.* Special education and general education are treated as separate systems, but in fact *share* responsibility for the child with disabilities. In instruction, the systems must work together to provide effective teaching and ensure that those with additional needs benefit from strong teaching and instruction methods that should be offered to a child through general education. Special education should not be treated as a separate cost system, and evaluation of spending must be based on all of the expenditures for the child,

including the funds from general education. Funding arrangements should not create an incentive for special education identification or become an option for isolating children with learning and behavior problems. Each special education need must be met using a school's comprehensive resources, not by relegating students to a separately funded program. Flexibility in the use of all educational funds, including those provided through IDEA, is essential."

## **SPECIAL EDUCATION IS A SERVICE, NOT A PLACE**

*Check out Arizona's own Early Childhood Inclusion Coalition for additional information and resources at.....*

<http://www.ade.az.gov/earlychildhood/ecic>

## CONTINUUM OF PLACEMENT OPTIONS Not a “One Size Fits All Approach”

Typically, in the past, all preschool children eligible for special education attended self-contained programs. There every child received the “whole package”: a strong program, meeting several days a week, addressing all developmental areas and taught by certificated early childhood special education teachers. Now, with the emphasis on least restrictive and natural environments, schools need to make sure that they offer a continuum of placement options.

IDEA requires school districts to place students in the least restrictive environment (LRE). LRE means that, to the maximum extent appropriate, school districts must educate students with disabilities in the regular classroom with appropriate aids and supports, referred to as “supplementary aids and services,” along with their nondisabled peers in the school they would attend if not disabled, unless a student’s individualized education program (IEP) requires some other arrangement. This requires an individualized inquiry into the unique educational needs of each child with disabilities in determining the possible range of aids and supports that are needed. Some supplementary aids and services that educators have used successfully include modifications to the regular class curriculum, assistance of an itinerant teacher with early childhood special education training, special education training for the early childhood certified teacher, use of computer-assisted devices, and use of a resource room, to mention a few.

In implementing IDEA’s LRE provisions, the early childhood regular classroom in the school the student would attend if not disabled is the **FIRST** placement option considered for each child with a disability **BEFORE** a more restrictive placement is considered. If a child with a disability can be educated satisfactorily with appropriate aids and supports in the regular classroom, that placement is the LRE for that child. However, if the IEP team determines that a child cannot be educated satisfactorily in that environment, even with the provision of appropriate aids and supports, the regular classroom would not be the LRE placement for that child. Any alternative placement selected for the child outside of the regular educational environment must maximize opportunities for the child to interact with non-disabled peers, to the extent appropriate to the needs of the child.

IDEA does not require that every student with a disability be placed in the regular classroom regardless of individual abilities and needs. This recognition that regular class placement may not be appropriate for every child with a disability is reflected in the **requirement that school districts make available a range of placement options, known as a continuum of alternative placements**, to meet the unique educational needs of students with disabilities. This requirement for the continuum reinforces the importance of the individualized inquiry, not a “one size fits all” approach, in determining what placement is the LRE for each child with a disability. The options on this continuum must include the alternative placements listed in the definition of special education under 34 CFR § 300.17 (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions).

## CONTINUUM OF SERVICES CHART

Least  
Restrictive  
to

### Regular Preschool Program with Related Services and Supports

Remedial Assist with Developmental Weakness	Child Study Team
Occupational Therapy	Behavior Specialist
Physical Therapy	Speech/Language
Teacher of the Visually Impaired	Counseling
Adaptive Technology	Teacher of the Hearing Impaired
Paraprofessional support	English as a Second Language
Team teaching/co-teaching	Consult/Collaboration
Accommodations/modifications	Specific training for staff

### Part-time Regular Preschool Program/Special Education Program

Consulting Teacher/Resource Room/Collaboration  
May be in class or pull out

### Special Class Program

Self Contained Programs  
More intensive support than resource program  
Paraprofessional Support

### Cooperative Educational Services

Special Education day program

### Private Day Facility

Authorized by PEA

### Residential Facility

24 hour/ 7 day  
Authorized by PEA

More  
Restrictive

# **QUESTIONS AND ANSWERS ON LEAST RESTRICTIVE ENVIRONMENT Requirements of the IDEA**

## **U. S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS)**

Reprinted in its entirety on March, 2004

### **Introduction**

The least restrictive environment (LRE) requirements of Part B of the Individuals with Disabilities Education Act (IDEA) have been included in the law in their present form since 1975. However, these requirements continue to generate complex and interesting questions from the field. In particular, questions have been raised about the relationship of IDEA's LRE requirements to "inclusion."

Consistent with our attempt to provide you and your staff with as much current information as possible and to ensure that the applicable requirements of IDEA that govern the education of students with disabilities are accurately understood and properly implemented, guidance on IDEA's LRE requirements is being provided in a question and answer format.

In most cases, this question and answer document consolidates the prior policy guidance that the Department has provided in this area. We encourage you to disseminate this document to a wide range of individuals and organizations throughout your State. We hope that the above questions and answers are of assistance to you and your staff as you carry out your responsibilities to ensure that disabled students are provided a free appropriate public education in the least restrictive environment.

### **Questions and Answers**

from <http://www.wrightslaw.com/info/lre.osers.memo.idea.htm>

#### **1. What are the least restrictive Environment (LRE) requirements of Part B of IDEA?**

**ANSWER:** In order to be eligible to receive funds under Part B of IDEA (IDEA), States must, among other conditions, assure that a free appropriate public education (FAPE) is made available to all children with specified disabilities in mandated age ranges.

The term "FAPE" is defined as including, among other elements, special education and related services, provided at no cost to parents, in conformity with an individualized education program (IEP).

The IEP, which contains the statement of the special education and related services to meet each disabled students' unique needs, forms the basis for the entitlement of each student with a disability to an individualized and appropriate education.

IDEA further provides that States must have in place procedures assuring that, "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is

such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

This provision, which states IDEA's strong preference for educating students with disabilities in regular classes with appropriate aids and supports, is found in the statute at 20 U. S. C. §1412 (5) (B) and is implemented by the Department's regulations at 34 CFR §§300.550-300.556. Copies of the relevant statutory and regulatory provisions are attached to this question and answer document.

## **2. Does IDEA define the term "inclusion?"**

**ANSWER:** IDEA does not use the term "inclusion"; consequently, the Department of Education has not defined that term. However, IDEA does require school districts to place students in the LRE.

LRE means that, to the maximum extent appropriate, school districts must educate students with disabilities in the regular classroom with appropriate aids and supports, referred to as "supplementary aids and services," along with their nondisabled peers in the school they would attend if not disabled, unless a student's IEP requires some other arrangement. This requires an individualized inquiry into the unique educational needs of each disabled student in determining the possible range of aids and supports that are needed to facilitate the student's placement in the regular educational environment before a more restrictive placement is considered.

In implementing IDEA's LRE provisions, the regular classroom in the school the student would attend if not disabled is the first placement option considered for each disabled student before a more restrictive placement is considered.

If the IEP of a student with a disability can be implemented satisfactorily with the provision of supplementary aids and services in the regular classroom in the school the student would attend if not disabled, that placement is the LRE placement for that student. However, if the student's IEP cannot be implemented satisfactorily in that environment, even with the provision of supplementary aids and services, the regular classroom in the school the student would attend if not disabled is not the LRE placement for that student.

## **3. How can IDEA requirements be implemented to ensure that consideration is given to whether a student with a disability can be educated in the regular educational environment with the use of supplementary aids and services before a more restrictive placement is considered?**

**ANSWER:** The relationship of IDEA's LRE requirements to the IEP process is key, since under IDEA, the student's IEP forms the basis for the student's placement decision.

IDEA requires that the IEP of each disabled student must contain, among other components, a "statement of the specific special education and related services to be provided to the child and the extent that the child will be able to participate in regular educational programs." 34 CFR §300.346 (a) (3).

At the student's IEP meeting, the extent that the student will be able to participate in regular educational programs is one of the matters to be addressed by all of the participants on the student's IEP team before the student's IEP is finalized. In addressing this issue, the team

must consider the range of supplementary aids and services, in light of the student's abilities and needs, that would facilitate the student's placement in the regular educational environment. As discussed in question 4 below, these supplementary aids and services must be described in the student's IEP.

#### **4. Does IDEA define the term "supplementary aids and services?"**

**ANSWER:** No. However, in determining the educational placement for each disabled student, the first line of inquiry is whether the student's IEP can be implemented satisfactorily in the regular educational environment with the provision of supplementary aids and services. This requirement has been in effect since 1975 when the education of the Handicapped Act (EHA), the predecessor to the IDEA, originally became law.

Consistent with this requirement, any modifications to the regular educational program, i. e. , supplementary aids and services that the IEP team determines that the student needs to facilitate the student's placement in the regular educational environment must be described in the student's IEP and must be provided to the student. Appendix C to 34 CFR Part 300 (question 48). While determinations of what supplementary aids and services are appropriate for a particular student must be made on an individual basis, some supplementary aids and services that educators have used successfully include modifications to the regular class curriculum, assistance of an itinerant teacher with special education training, special education training for the regular teacher, use of computer-assisted devices, provision of note takers, and use of a resource room, to mention a few.

#### **5. How frequently must a disabled student's placement be reviewed under IDEA?**

**ANSWER:** Under IDEA, each disabled student's placement must be determined at least annually, must be based on the student's IEP, and must be in the school or facility as close as possible to the student's home.

Under IDEA, each student's placement decision must be made by a group of persons, including persons knowledgeable about the student, the meaning of evaluation data and the placement options. While the student's IEP forms the basis for the placement decision, a student's IEP cannot be revised without holding another IEP meeting, which the school district is responsible for convening.

If either the student's parent or teacher or other service provider wishes to initiate review of the student's IEP at a point in the school year that does not correspond with the annual IEP review, that individual can request the school district to hold another IEP meeting. If the IEP is revised, following the meeting, the placement team would need to review the student's IEP to determine if a change in placement would be needed to reflect the revised IEP.

#### **6. If a determination is made that a student with a disability can be educated in regular classes with the provision of supplementary aids and services, can school districts refuse to implement the student's IEP in a specific class because of the unwillingness of a particular teacher to educate that student in his or her classroom or the teacher's assertion that he or she lacks adequate training to educate that student effectively?**

**ANSWER:** Under IDEA, lack of adequate personnel or resources does not relieve school districts of their obligations to make FAPE available to each disabled student in the least restrictive educational setting in which his or her IEP can be implemented.

Exclusion of a student from an appropriate placement based solely on the student's disability is prohibited by Section 504 of the Rehabilitation Act of 1973.

However, placement in a particular regular class based on the qualifications of the particular teacher is permissible under both statutes.

The public agency has an affirmative responsibility to ensure the supply of sufficient numbers of teachers who are qualified, with needed aids and supports, to provide services to students with disabilities in regular educational environments, and to provide necessary training and support services to students with disabilities. The Department encourages States and school districts to develop innovative approaches to address issues surrounding resource availability. Factors that could be examined include cooperative learning, teaching styles, physical arrangements of the classroom, curriculum modifications, peer mediated supports, and equipment, to mention a few.

**7. Once a determination is made that a disabled student cannot be educated satisfactorily in the regular educational environment, even with the provision of supplementary aids and services, what considerations govern placement?**

**ANSWER:** IDEA does not require that every student with a disability be placed in the regular classroom regardless of individual abilities and needs.

This recognition that regular class placement may not be appropriate for every disabled student is reflected in the requirement that school districts make available a range of placement options, known as a continuum of alternative placements, to meet the unique educational needs of students with disabilities. This requirement for the continuum reinforces the importance of the individualized inquiry, not a "one size fits all" approach, in determining what placement is the LRE for each student with a disability. The options on this continuum must include "the alternative placements listed in the definition of special education under § 300.17 (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions)." 34 CFR §300.551 (b) (1).

These options must be available to the extent necessary to implement the IEP of each disabled student. The placement team must select the option on the continuum in which it determines that the student's IEP can be implemented. Any alternative placement selected for the student outside of the regular educational environment must maximize opportunities for the student to interact with nondisabled peers, to the extent appropriate to the needs of the student.

It also should be noted that under IDEA, parents must be given written prior notice that meets the requirements of §300.505 a reasonable time before a public agency implements a proposal or refusal to initiate or change the identification, evaluation, or educational placement of the child, or the provision of FAPE to the child. Consistent with this notice requirement, parents of disabled students must be informed that the public agency is required to have a full continuum of placement options, as well as about the placement options that were actually considered and the reasons why those options were rejected. 34 CFR §§300.504-300.505; Notice of Policy Guidance on Deaf Students Education Services, published at 57 Fed. Reg. 49274 (Oct. 30, 1992).

**8. What are the permissible factors that must be considered in determining what placement is appropriate for a student with a disability? Which factors, if any, may not be considered?**

**ANSWER:** The overriding rule in placement is that each student's placement must be individually-determined based on the individual student's abilities and needs. As noted previously, it is the program of specialized instruction and related service contained in the student's IEP that forms the basis for the placement decision. In determining if a placement is appropriate under IDEA, the following factors are relevant:

the educational benefits available to the disabled student in a traditional classroom, supplemented with appropriate aids and services, in comparison to the educational benefits to the disabled student from a special education classroom;

the non-academic benefits to the disabled student from interacting with nondisabled students; and the degree of disruption of the education of other students, resulting in the inability to meet the unique needs of the disabled student.

However, school districts may not make placements based solely on factors such as the following:

- category of disability;
- severity of disability;
- configuration of delivery system;
- availability of educational or related services;
- availability of space; or
- administrative convenience.

**9. To what extent is it permissible under IDEA for school districts to consider the impact of a regular classroom placement on those students in the classroom who do not have a disability?**

**ANSWER:** IDEA regulations provide that in selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that the student needs.

If a student with a disability has behavioral problems that are so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the disabled student cannot be met in that environment.

However, before making such a determination, school districts must ensure that consideration has been given to the full range of supplementary aids and services that could be provided to the student in the regular educational environment to accommodate the unique needs of the disabled student. If the placement team determines that even with the provision of supplementary aids and services, that student's IEP could not be implemented satisfactorily in the regular educational environment, that placement would not be the LRE placement for that student at the particular time, because her or his unique educational needs could not be met in that setting.

While IDEA regulations permit consideration of the effect of the placement of a disabled student in a regular classroom on other students in that classroom, selected findings from Federally funded research projects indicate that:

(1) achievement test performance among students who were classmates of students with significant disabilities were equivalent or better than a comparison group ( Salisbury, 1993);

(2) students developed more positive attitudes towards peers with disabilities (CRI, 1992); and

(3) self concept, social skills, and problem solving skills improved for all students in inclusive settings (Peck, Donaldson, & Pezzoli, 1990, Salisbury & Palombaro, 1993). 1

**10. Are there any resources that the Department is aware of that have proven helpful to educators and paraprofessionals in implementing inclusive educational programs?**

**ANSWER:** The Department has supported a variety of professional development and training projects (e. g., preservice, inservice, school restructuring projects) that address the needs of students with disabilities in inclusive educational programs.

In addition, the Department has financed Statewide Systems Change projects which support changing the setting for the delivery of educational services from separate settings to general educational settings in the school that the student would attend if not disabled.

Numerous materials and products have been developed by these projects which have focused on the strategies that support collaborative planning and problem solving, site based control, curriculum and technological adaptations and modifications, parent and family involvement, and the creative use of human and fiscal resource. These projects have underscored the importance of timely access to resources (e.g., people, materials, information, technology) when they are needed.

**Links:**

**National Information Center for Children and Youth with Disabilities**

P. O. Box 1492

Washington, D. C. 20013-1492

Telephone: 1-800-695-0285

( Deaf and hearing-impaired individuals may also call this number for TDD services )

**Consortium on Inclusive Schooling Practices**

Allegheny Singer Research Institute

320 E. North Avenue

Pittsburgh, PA 15212

Telephone: (412) 359-1600

<http://www.asri.edu/CFSP/brochure/abtcons.htm>

**California Research Institute on the Integration of Students with Severe Disabilities**

San Francisco State University

1415 Tapia Drive

San Francisco, California 94132

Telephone: (415) 338-7847-48

(Deaf and hearing-impaired individuals may also call the California Relay Service at 1-(800)-735-2922)

**All of the above is printed from:** <http://www.wrightslaw.com/info/lre.osers.memo.idea.htm>

## **QUESTIONS AND ANSWERS REGARDING PLACEMENT**

### ***1. How do you decide which classroom the qualifying child will be enrolled in?***

A regular classroom setting with appropriate aids and supports should always be considered as the first placement option for a child found eligible for special education and related services. For example, if a child is eligible under PMD because of cerebral palsy, the MET Team should consider placing him/her in the regular classroom first with appropriate services and supports provided in that setting so that the child can be successful in the regular education classroom. If, for some reason(s), after the MET Team decides the child cannot be successful in the regular education placement setting with the appropriate supports and services, ONLY THEN should a more restrictive or different placement option(s) be considered. The reason(s) why the MET Team has determined that the child cannot be successful in the regular education setting must be documented in detail on the IEP. A child should NEVER be placed in a setting because the district decides that is the only setting the district has available.

### ***2. How many minutes do early childhood special education (ECSE) classrooms need to meet according to Arizona Statutes?***

Schools must offer a preschool program that meets 360 minutes or more at least three days per week. The point here is that schools are to provide the amount of special education instruction to meet the individual child's needs. Some children may need more than 360 minutes of instruction per week and some children may need less than 360 minutes per week of instruction. If a school district offers a preschool special education program for a minimum of 360 minutes per week, they can also serve children who do not require 360 minutes a week of services (i.e. children who have articulation needs only) and receive federal reimbursement for those children who need less than 360 minutes a week. If a child is served 360 minutes per week or more, school districts would receive both state and federal reimbursement.

### ***3. What kind of certification must the early childhood special education teacher have?***

The teacher needs to have a teaching certification in early childhood special education (ECSE).

### ***4. Does the preschool ECSE classroom need to be licensed?***

A preschool ECSE classroom does not need to obtain the Department of Health Services (DHS) licensure if the ECSE classroom has no more than 4 preschool children who are typically developing. However, federal law requires children be educated in the least restrictive environment defined as a program that includes at least 50% non-disabled children. Therefore, the Arizona Department of Education, Early Childhood Education unit recommends that all preschool classrooms obtain DHS licensure in order to provide a variety of preschool placement options to meet the federal requirements. ADE/ECE has no authority to approve the license. The licensure is obtained through the Department of Health Services.

**5. How do districts serve the qualifying children enrolled in Head Start programs, private preschools or community preschool settings?**

A school district may choose to provide special education services to a child in a Head Start program, private school or community child care setting if the MET Team decides this setting would be the child's least restrictive environment. The district would need to contract with these programs for these placements. The district would provide services identified on the IEP in the Head Start, private school or child care setting and/or work with the program to share responsibilities. These arrangements may vary depending on the needs of both the district and the local Head Start or program. The district should work together with the program to develop a Memorandum of Understanding (MOU) which delineates the responsibilities of each agency or program in an attempt to clarify program responsibilities in serving the child.



## **COMPONENTS OF APPROPRIATE INCLUSION**

- Establish a philosophy that supports appropriate inclusionary practice.
- Plan extensively for inclusion. Don't just dump and hope!
- Involve the principal as a change agent.
- Involve parents.
- Develop the disability awareness of staff and students.
- Provide staff with training.
- Ensure that there is adequate support in the classroom.
- Provide structure and support for collaboration.
- Make adaptations, accommodations and modifications.
- Establish policies and methods for evaluating student progress.
- Establish policies and methods for evaluating the inclusion program.

*“Special education is not about fitting the child into an existing program, but designing a program to meet the needs of each individual child.”*

## **ORGANIZATION CONTEXTS FOR PRESCHOOL INCLUSION**

(from An Administrator's Guide to Preschool Inclusion by Wolery & Odom, 2000)

### **Public School Programs as a Context for Inclusion**

- Public school preschool programs for children who are educationally at-risk because of family or other circumstances ( Title I or Block Grant funds support these programs)
- Public school Head Start programs
- Special education classes converted to include children without disabilities
- Tuition-based classes in which parents of typically developing children pay fees on a sliding scale for their child to attend a public school child care program

### **Community-Based Child Care as a Context for Inclusion**

- Corporate, for-profit national programs
- Locally owned programs operated by individuals or community organizations
- Mother's Day Out programs at a local church or community center
- Nonprofit preschools for children from low-income families

### **Head Start as a Context for Inclusion**

- Local Head Start programs operated by community agencies and typically housed in a local community or school district facility
- Regional Head Start program operated by an agency other than the public school system and serving children in classroom stretching across many communities

## **QUALITY INDICATORS FOR INCLUSIVE PRESCHOOL PROGRAMS** (Wolery & Odom, 2000)

### **Program Foundation and Philosophy**

- High quality programs are guided by a clearly described philosophy, have written goals and objectives, and promote partnerships with parents.

### **Management and Training**

- In high quality programs, the director communicates expectations to staff, regularly visits classrooms and monitors staff performance, provides ongoing support and feedback, and arranges for on-the-job training.

### **Environmental Organization**

- High quality programs have open classrooms clearly divided into learning areas with appropriate, child-sized equipment and furniture. Material selection is adequate, accessible, and developmentally appropriate.

### **Staffing Patterns**

- In high quality programs, staff schedules and responsibilities are defined and followed; staff prepare activities in advance, and staff has time to plan and exchange information.

### **Instructional Content**

- In high quality programs, functional skills are targeted for instruction, and instruction takes place during naturally occurring classroom routines. Learning activities are developmentally appropriate, and multiple activity options are scheduled and available to children throughout the day. Children do not wait for activities to begin or end.

### **Instructional Techniques**

- In high quality programs, staff responds to child-initiated behaviors, uses appropriate strategies to facilitate practice and learning, and provides individualized attention during activities. Behavior management procedures are planned and used consistently.

### **Program Evaluation**

- In high quality programs, the program has a written plan to monitor goals and objectives. Evaluation is conducted regularly and data used to make decisions toward improvement.

**NEW DATA COLLECTION FOR LRE/PRESCHOOL ENVIRONMENTS**  
**Effective July 1, 2007**

The Individuals with Disabilities Education Act of 2004 established a requirement of all states to develop and submit a State Performance Plan (SPP) to the U.S. Department of Education (USDOE), Office of Special Education Programs (OSEP). 34CFR §300.157 Arizona's State Performance Plan, Indicator 6 collects data for the percent of time preschool children with disabilities spend time in an environment with typically developing peers. IDEA Section 618(a)(1)(A) and 618(a)(3) of IDEA requires that states report the number and percentage of children with disabilities who are: "(i) Receiving a free appropriate public education; (ii) Participating in regular education; (iii) In separate classes, separate schools or facilities, or public or private residential facilities" and any other information that may be required by the Secretary. The environments data is collected through the Student Accountability Information System (SAIS) for SPP, Indicator 6, Preschool Placements.

*Categories for reporting the number and percentage of preschool-aged children with disabilities by educational environment have been revised to more accurately reflect the extent of the children's participation in regular education.* The primary focus of the preschool educational environments data collection has shifted from an emphasis on where the child receives special education and related services to an emphasis on the percentage of time the child spends in an environment with typically-developing age peers.

Regular public preschool education programs are not consistently available through local educational agencies across the country, nor are 3 through 5 year olds generally included in states' mandatory school age range. It is necessary to look to other settings where preschool-aged children are typically found during the day, and to use those settings as proxies for "regular education" settings

While OSEP recognizes that the amount of time that a preschool-aged child may spend in an educational environment will vary widely, in order to enhance comparability of these data, it is important to set a standard. OSEP has determined a maximum of 8 hours per day to be a standard school day for children ages 3 through 5.

To determine whether a child attends a group childcare program: IEP teams should ask the parent if the child is in a non-residential setting where the other children in care are not related to one another. If the child is in a setting like this, the child should be reported as being in a group childcare program. If the child is in a home setting where the other children in care may be related to one another, then the child should be reported in the home category. Group childcare would not be the same as in-home babysitters, nannies, caregivers, au pairs, or the home of a neighborhood babysitter or a relative providing childcare. (See attached FY 2008 Preschool Service Codes).

To calculate percentage of time a child is with typically developing peers: divide the amount of time per week the child spends in a regular early childhood program by the total number of hours (up to 8 hours per day/40 hours per week) the child spends in a regular early childhood program **PLUS** any time the child spent receiving special education and related services outside of the regular early childhood program. The result is multiplied by 100. (See Attached Calculation Sheet). Using the Preschool LRE Calculation Sheet, figure the total number of hours the child is in a regular early childhood program within a 40 hour week across the top, and how many hours they receive SPED services outside a regular Early Childhood Education Program PLUS the hours in a regular early childhood program within a 40 hour week down the side of the calculation sheet.

**This procedure for reporting is effective July 1, 2007, however, all early childhood IEPs must be updated with the revised educational environments by December 1, 2007.**

Data Collection Smorgasbord workshops facilitated by Peggy Staples will include a review of the new service codes for FY 2008. Dates/times will be announced through the SPED Director listserv and the SPED Data Group listserv and will also be posted at <http://www.ade.az.gov/ess/funding/datamanagement/DmHome.asp> under "What's New".

## FY 2008 Service Codes

GRADE	SERVICE CODE	DESCRIPTION	STATE	FEDERAL	Self Contained or Resourced
PS	PA	<b>Inside Regular Early Childhood Program at least 80% of the time.</b> A program that includes at least 50% nondisabled children. This may include, but is not limited to special education and related services provided in: Head Start; kindergarten; reverse mainstream classrooms; private preschools; preschool classes offered to an eligible pre-kindergarten population by the public school system; or group child care.	yes	yes	R
PS	PB	<b>Inside Regular Early Childhood Program 40-79% of the time.</b> A program that includes at least 50% nondisabled children. This may include, but are not limited to special education and related services provided in: Head Start; kindergarten; reverse mainstream classrooms; private preschools; preschool classes offered to an eligible pre-kindergarten population by the public school system; or group child care.	yes	yes	R
PS	PC	<b>Inside Regular Early Childhood Program less than 40% of the time.</b> A program that includes at least 50% nondisabled children. This may include, but is not limited to special education and related services provided in: Head Start; kindergarten; reverse mainstream classrooms; private preschools; preschool classes offered to an eligible pre-kindergarten population by the public school system; or group child care.	yes	yes	SC
PS	PD	<b>Separate Class.</b> Attends a special education program in a class that includes 49% or more children with disabilities. This may include, but are not limited to, special education and related services provided in: special education classrooms in regular school buildings; special education classrooms in child care facilities; hospital facilities on an outpatient basis; or other community-based settings.	yes	yes	SC
PS	PE	<b>Public or Private Separate Day School at public expense for greater than 50% of the school day.</b> Receives all special education and related services in education programs in private day schools designed specifically for children with disabilities.	yes	yes	SC
PS	PG	<b>Public or Private Residential Facility at public expense for greater than 50% of the school day.</b> Receives all special education and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.	yes <sup>1</sup>	yes	SC
PS	PH	<b>Home at least 360 minutes per week.</b> Receives all special education and related services in the principal residence of the child's family or caregivers and who did not attend an early childhood program or a special education program provided in a separate class, separate school, or residential facility. Include children who receive special education both at home and in a service provider location.	yes	yes	R

<sup>1</sup> State funding for students with disabilities is provided through voucher funds to the private or public facility serving the students.

PS	PJ	<b>Private School placement, enrolled by parent(s).</b> Students enrolled by parents or guardians in regular parochial or other private schools who receive special education and related services under a service plan. There is no entitlement to special education and related services. However, PEA must expend proportionate amount of federal funding on students in this type of private placement. This also includes children that are homeschooled.	no	yes	R
PS	PS	<b>Service Provider Location for less than 360 minutes per week.</b> Receives all special education and related services from a service provider and who did not attend an early childhood program or a special education program provided in a separate class, separate school, or residential facility. Services received at private clinicians' office; clinicians' offices located in school buildings; hospital facilities on an outpatient basis; or libraries and other public locations.	yes	yes	R

Service code should be determined by location (not by amount of SPED services received).

**\*\*To calculate percentage of time inside early childhood programs for preschoolers:** divide the amount of time per week the child spends in a regular early childhood program by the *total number of hours (up to 8 hours per day/40 hours per week) the child spends in a regular early childhood program PLUS any time the child spent receiving special education and related services outside of the regular early childhood program.* The result is multiplied by 100. SEE PRESCHOOL CALCULATION CHART at <http://www.ade.az.gov/ess/funding/datamanagement/documents/PSCalc.pdf>

**\*\*See Preschool LRE Calculation Chart:**

<http://www.ade.az.gov/ess/funding/datamanagement/documents/PSCalc.pdf>

## **TRANSPORTATION FOR PRESCHOOLERS WITH DISABILITIES**

Under Title 15 of Arizona Revised Statutes (ARS) 15-901(9)(c) children with disabilities, as defined by Section 15-761 who are transported by or for the school district or who are admitted pursuant to Chapter 8, article 1.1 (refers to open enrollment) of this title and who qualify as full time students or fractional students regardless of location or residence within the school district or children with disabilities whose transportation is required by the pupil's individualized education program.

In researching this question, transportation is a local school district issue and decision. Case law seems to go both ways. Even when a district has had a policy of not providing transportation to preschoolers, an Administrative Law Judge has decided the child was denied FAPE.

The following is an interpretation by Elena Gallegos, attorney at Mountain Plains Regional Resource Center (MPRRC):

Regulations regarding transportation for students with disabilities describe transportation as a required related service if deemed necessary for a child to receive benefit from special education and a free appropriate public education (FAPE). For preschool age children, the question of transportation as a required related service pertains to **access** to special education programming. Preschool children with disabilities are obviously too young to walk to school. They also attend preschool by virtue of their disability and IEP services, that is, there is no mandated preschool program for all preschool age children in our state. Therefore, transportation should be offered when the district ascertains that the child would be unable to attend the program without transportation support. Elena Gallegos, attorney for the Mountain Plains Regional Resource Center, offered this response to CDE's inquiry regarding preschool transportation:

“My understanding is that a preschooler with a disability that does not impair his/her general mobility, is entitled to special transportation as a related service if the child is attending school only pursuant to an IEP. This is because the preschooler cannot be expected to walk to school to access special education, and, the child would not be attending school at that age but for his/her disability.”

Many staffing teams and administrators express concern that this guidance opens the floodgate for families to request transportation as a “convenience” rather than when it is absolutely necessary in order to assure access. When teams ask families, “Do you want transportation services?” or “Do you need transportation services?”, families may indeed assume that it is simply a standard part of the preschool “package”. It may be more useful to phrase the question, “How do you intend to transport your child to preschool?” If it becomes clear that the family is unable to transport their child, then the administrative unit (BOCES or school district) must make arrangements to transport the child and it should be included in the IEP paperwork.



## **TRANSITION TO SCHOOL-AGE SERVICES**

State statute (ARS 15-771.G) requires that all children who turn five by September 1st MUST attend kindergarten in order for the district to receive Average Daily Membership (ADM). A kindergarten-age student may not receive preschool funding. A kindergarten student may receive resource services within a preschool classroom up to 50% of the time and still receive ADM.

Providing a smooth transition for preschool families takes planning and collaboration. Creating procedures and developing a timeline will help to ensure a smooth process. This chapter will provide you with ideas for procedures and timelines along with samples of materials that may be helpful to your district. The transition process can be challenging in that we want to allow children the full scope of the school year to make progress, however, often further evaluation during the last semester of preschool is required to determine school-aged eligibilities.

The preschool teacher, as case manager, should have children identified as transitioning to kindergarten (a database is a helpful tool). In December or January contact the neighborhood or home-school principal and kindergarten teacher of students that will be transitioning from the district preschool program to kindergarten. During classroom team meetings between the teacher and related service providers, teams should be considering potential evaluation needs of the child. In January the case manager begins to schedule Review of Existing Data meetings and determines who to invite to create Transition Teams. It may be helpful to prioritize the children at this stage of planning. Larger school districts may involve the home-school psychologist for students that may require more in-depth evaluation to determine school-aged eligibilities. The home-school psychologist will be familiar with the climate and special education programs within the school where the child will be attending kindergarten. Smaller districts may have preschool evaluation teams that are able to handle the volume of children transitioning to school-aged services (kindergarten), while maintaining their initial eligibility evaluations.

In January or February children that are being initially evaluated, but will be transitioning to kindergarten in the fall, should have preschool and school-aged eligibility determinations completed. The preschool eligibility can be determined for the current date through the last day of summer (so as to include the period for extended school year services if they apply). Indicate the eligibility for school-aged categories to begin the first day of kindergarten through the end of the current IEP cycle. Individual Education Programs (IEP) may also be written for the transition year in this manner. This process takes extra effort for the preschool evaluation team to determine preschool and school-aged eligibility, but reduces the need for additional meetings as the child transitions to kindergarten.

The Transition Team members are different for each child, based on his or her needs. The Transition Team would become the Multidisciplinary Evaluation Team (MET) and/or the Individual Education Program (IEP) Team. The parent becomes an integral part of this team. Other members may include a preschool teacher, kindergarten teacher, psychologist, speech-language pathologist, occupational therapist, physical therapist, adaptive P.E. teacher, vision specialist and/or hearing specialist. Special area teachers such as art, music and P.E. may also be a part of the school's transition team as well.

The first step to transition is a Review of Existing Data. The team will review all existing data, current observations, previous evaluations, ongoing progress monitoring assessment

information, etc., and determine if further evaluations are needed to determine eligibility. If the team determines that more data is to be collected, obtain Permission to Evaluate. Keep in mind the team's evaluation schedule and the 60 day timeline for completing the evaluation and eligibility process. It may be helpful to have parents complete a Parent Input Worksheet and provide them with a Transition Manual that will help them participate and understand the process. (see sample of Parent Transition Handbook at the end of this chapter).

It is important for Transition/MET Teams to consider all school-aged eligibilities, including Specific Learning Disabilities. Our effort should be to continue to provide early intervention to those students that may struggle with reading and the rigors of kindergarten programs in today's climate of standards and expectations in academically based kindergarten programs. It is difficult to address social/emotional and adaptive behavior needs of many children as they transition to kindergarten.

Keep in mind, that many of our children that are transitioning have been identified as having learning issues. From a conceptual standpoint, we know that their "response to intervention" has been less than adequate. Ongoing progress monitoring instruments such as the Creative Curriculum, Work Sampling System, Gallaleo and Classroom Observation Record will provide added information for present levels of academic and functional performance to the Review of Existing Data team.

As Response to Intervention is developed in local schools we may feel more confident that children will receive the instruction and intervention they need and will not have to start the identification process at the beginning level of the Child Study Teams at their elementary school. or when they are not identified with school-aged eligibilities as they transition to kindergarten. However, without a strong Response to Intervention program it is important to identify the child with a learning disability which is possible through the discrepancy model. A discrepancy in verbal expression and/or listening comprehension would provide an SLD category that would provide the student with continued early intervention services, rather than allowing the child to struggle and then identify him or her as having a learning disability in 2<sup>nd</sup> or 3<sup>rd</sup> grade.

Once the evaluation has been completed, in some cases the school psychologist may have an interim meeting with the parents prior to the Multidisciplinary Evaluation Team/Eligibility meeting in order to privately review some of the evaluation results that may be difficult for the parents to hear. He or she may also provide additional information to the parent related to the child's disability. A meeting is held for the Multidisciplinary Evaluation Team to determine the child's eligibility. The IEP must be written within 30 days of the eligibility meeting. This allows for the parents to visit potential classrooms and programs. (See school-aged eligibility forms at the end of this chapter).

If possible, it is helpful for the child's potential kindergarten teacher to be a part of the eligibility process and a member of the IEP Team to assist in a smooth transition and provide the parent information regarding their classroom.

# Kindergarten Transition Timelines

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Timeline	Staff Member(s)/Agencies	Actual Date	Task
January	Preschool Sp. Ed. Team, Lead Team Coordinator		<input type="checkbox"/> Hold informal transition planning meeting* <ul style="list-style-type: none"> <li>▪ Begin discussion of child's transition to kindergarten.</li> <li>▪ Assign Lead Team Coordinator (Name: _____) to gather information for Transition to Kindergarten Conference.</li> <li>▪ Fill out "Review of Existing Data" form.</li> </ul>
January	Lead Team Coordinator		<input type="checkbox"/> Schedule Consideration of Reevaluation/Transition Conference with parent(s), school district personnel, and outside agencies.
February	MET 		<input type="checkbox"/> Hold Consideration of Reevaluation/Transition Conference with parent(s) and educational personnel <ul style="list-style-type: none"> <li>▪ Complete review of existing data.</li> <li>▪ Develop plan of action for transition to kindergarten.</li> <li>▪ Plan for further assessments, if needed.</li> <li>▪ Develop tentative timeline for transition.</li> <li>▪ Develop reference list of all participants for future meetings.</li> <li>▪ Obtain signatures for Consideration of Reevaluation and Permission to Evaluate, _____ if needed (60-day timeline begins).</li> </ul> <input type="checkbox"/> Complete vision and hearing screenings (enter date done). Vision _____ Hearing _____
March	MET		<input type="checkbox"/> Begin additional assessments if needed (60 days from permission to evaluate). (enter date done) Cognitive _____ SP/Language _____ Motor _____ Adaptive _____ Social _____ Pre-Academic Assessment _____
April/May	School District		<input type="checkbox"/> After evaluation components (including vision and hearing) have been completed, schedule Multi-Disciplinary Conference (MDC). <input type="checkbox"/> Schedule parent conference to discuss results of evaluation. <ul style="list-style-type: none"> <li>▪ Discuss eligibility for special education*.</li> <li>▪ Discuss possible options for placement.</li> </ul>
May	School District, Parent(s), Transition Team Participants (including receiving team with regular education teacher and appropriate special education personnel)		<input type="checkbox"/> Hold Transition to Kindergarten Conference/MDC with parent(s) to: <ul style="list-style-type: none"> <li>▪ Discuss evaluation results.</li> <li>▪ Determine eligibility for special education services.</li> <li>▪ Develop or revise Individual Educational Plan (IEP) if appropriate. (IEP must be developed within 30 days of date of eligibility.)</li> <li>▪ Develop classroom visitation plan.</li> <li>▪ Agree on an annual review date of IEP, based on IEP date.</li> </ul> 
Ongoing	IEP Team, Parent(s), Outside Agencies		<input type="checkbox"/> Agree to coordinate staffings together and exchange information for quality service to child and family.

## Pre-Planning Meeting

Classroom: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

NAME	DOB	HOME SCHOOL	CURRENT DX	RELATED SERVICES	POSSIBLE CHANGE IN DX	POSSIBLE RELATED SERVICES	REEVAL? AND COMPONENTS	COMMENTS	EVAL REPORT

## Multidisciplinary Evaluation Team (MET) Report

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's ID #: \_\_\_\_\_ Eligibility Determination Date: \_\_\_\_\_

Prior Eligibility Determination Date: \_\_\_\_\_

Vision Date: \_\_\_\_\_ Results: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Results: \_\_\_\_\_

### **Review of Existing Data by the Multidisciplinary Evaluation Team (300.533)**

Information provided by the parents, including developmental, medical, functional information and history, including any parentally obtained evaluations:

Results of any prior special education evaluation(s) conducted, and an analysis of that data:

Current classroom based assessments and performance in the general curriculum, which could include educational history:

Teacher and related service provider input and, for an initial evaluation, any pre-referral interventions:

Formal assessments such as state or PEA-wide assessments, including language proficiency assessments where applicable:

Educational problems related to or resulting from reasons of educational disadvantage, racial, and/or cultural consideration [15-766(4)]:

A Multidisciplinary Evaluation Team included: Susan B., Psychologist, Terry C., Speech-Language Pathologist, Karen L., Early Childhood Special Education Teacher, Linda L., Occupational Therapist and Mr. and Mrs. C, the parents to make the following determinations:

### **Consideration and identification of the need for additional data to be collected**

Is the existing information sufficient to determine:

- Whether the child has a particular category of disability or continues to have a disability;
- The present levels of performance and educational needs of the child;
- Whether the child needs or continues to need special education and related services, and;
- Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum?

YES  (Omit the following page and complete the eligibility determination.)

If existing data is sufficient to determine the above information, what are the reasons for that determination?

*For reevaluation only*, parents were notified of their right to request additional assessments to determine whether the child continues to be a child with a disability.

NO  (Use the following page to document collection of additional data.)

**Date Review of Existing Data Completed:** \_\_\_\_\_

**If additional data is needed, what information needs to be collected?**

<u>Parental Consent for Collection of Additional Data Identified Above</u>			
_____	_____	_____	_____
Signature	Date	Signature	Date
<input type="checkbox"/> Parents Were Provided With a Prior Written Notice (PWN).			

**Results from Additional Data:**

Document the results of any additional data collected:

Date Review of Additional Data Completed: \_\_\_\_\_

## SAMPLE REVIEW OF EXISTING DATA

Re-Evaluation     
  Out of District Transfer Student     
  Other \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Student's Legal Name	Student Number	Birthdate	Gender	Grade	Ethnicity
Parent/Guardian	Address		City	State	Zip
Home Phone (F) (M)	Work Phone (F) (M)	Cell Phone (F) (M)		E-Mail Address (F) (M)	
Home School		Service School			

**Primary Category:** \_\_\_\_\_ Service Code: \_\_\_\_\_     
 Related Category #3: \_\_\_\_\_ Service Code: \_\_\_\_\_  
 Related Category #1: \_\_\_\_\_ Service Code: \_\_\_\_\_     
 Related Category #4: \_\_\_\_\_ Service Code: \_\_\_\_\_  
 Related Category #2: \_\_\_\_\_ Service Code: \_\_\_\_\_     
 Related Category #5: \_\_\_\_\_ Service Code: \_\_\_\_\_

A review of existing data by the Individualized Education Plan (IEP) Team will determine if there is enough data to make educational decisions or whether additional testing is necessary. Along with parent input, other sources of data may include: teacher(s) in the area(s) of suspected disability, counselor, nurse, related service providers, English for Speakers of Other Languages (ESOL) teachers/evaluators, administrator and others with knowledge of the student.

**The Review of Existing Data includes, but is not limited to:**

**Parent Input**

**Outside Evaluation(s) Provided by Parent(s):**

**Prior Evaluation(s):**

**Current Classroom-Based Assessments:**

**Current Classroom Based Observations:**

**Teacher Observations:**

**Special Education Specialist Observations:**

**The following additional information was reviewed by the team.**

IEP's from Previous Years     
  Cumulative Records     
  Classroom Assessments     
  Ongoing Progress Monitoring  
 Discipline Records     
  Attendance Records     
  Individual Family Service Plan     
  Other \_\_\_\_\_

**The IEP TEAM will determine if additional data is needed to address one or more of the following:**

(1) Does the student continue to have a disability?  
**Comments:**

(2) Does the student continue to need special education services?  
**Comments:**

(3) Determine Present Levels of educational performance.

**Comments:**

(4) Determine if any additions or modifications to the special education and related services are needed to enable the child to meet MEASUREABLE ANNUAL GOALS in the Individualized Education Plan (IEP) of the child and to participate, as appropriate, in the general education curriculum.

**Comments:**

**The IEP TEAM'S recommendation is as follows:**

- Based on the review of existing data, including parent input, additional information is necessary. Develop a re-evaluation plan and obtain parent permission to re-evaluate. Provide Prior Written Notice to parents.
- Based upon review of existing data, including parent input, no additional information is necessary at this time. Parents were informed of the right to request additional data. Proceed with Prior Written Notice and Multidisciplinary Evaluation Team (MET) Report.

**TEAM MEMBERS PARTICIPATING IN THIS DECISION**

<b>Position/Relationship to Student</b>	<b>Printed Name</b>	<b>/</b>	<b>Signature</b>	<b>Circle One</b>
District Representative	/		Agree/Disagree	
Parent(s)/Guardian(s)	/		Agree/Disagree	
Regular Education Teacher	/		Agree/Disagree	
Special Education Teacher	/		Agree/Disagree	
Speech-Language Pathologist	/		Agree/Disagree	
Psychologist	/		Agree/Disagree	
Student	/		Agree/Disagree	
Related Service Provider	/		Agree/Disagree	
Related Service Provider	/		Agree/Disagree	
Related Service Provider	/		Agree/Disagree	
Other	/		Agree/Disagree	
Other	/		Agree/Disagree	

- **Please attach rationale for disagreement of team recommendation.**

\_\_\_\_\_ Parent/Guardian has been given and received an explanation of the Procedural Safeguards and Prior Written Notice  
 Parent Initials

**COPIES: White: District Office**

**Yellow: Sp Ed Teacher**

**Pink: Parent**

**Child with Autism (A)**  
Determination of Eligibility

---

Name of student

---

Date of Eligibility Decision

---

Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a developmental disability that significantly affects verbal and nonverbal communication and social interaction and that adversely affects performance in the educational environment. Characteristics of autism include irregularities and impairments in communication, engagement in repetitive activities and stereotypical movements, resistance to environmental change or changes in daily routines and unusual responses to sensory experiences. Autism does not include children with emotional disabilities as defined in A.R.S.15.761.
- The student was evaluated in all areas related to the suspected disability.

---

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with autism.

Team decision regarding the need for special education services:

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with an Emotional Disability (ED)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student exhibits one or more of the following characteristics over a long period of time and to a marked degree and the behavior adversely affects performance in the educational environment:
  - An inability to build and maintain satisfactory interpersonal relationships with peers and teachers;
  - Inappropriate types of behavior or feelings under normal circumstances;
  - A general and pervasive mood of unhappiness or depression;
  - A tendency to develop physical symptoms or fears associated with personal or school problems
  - An inability to learn that cannot be explained by intellectual, sensory, or health factors.

The disability includes children who are schizophrenic but does not include children who are socially maladjusted unless it is determined that they have an emotional disability.

- The emotional disability has been verified by a psychiatrist, licensed psychologist, or certified school psychologist.
  - The student was evaluated in all areas related to the suspected disability.
- 

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with an emotional disability.

Team decision regarding the need for special education services:

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with a Hearing Impairment (HI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a loss of hearing acuity which adversely affects performance in the educational environment.
- The hearing loss has been verified by an audiologist through an audiological evaluation.
- A communication/language proficiency evaluation has been conducted.
- The student was evaluated in all areas related to the suspected disability.

---

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with a hearing impairment

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with Multiple Disabilities (MD)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has learning and developmental problems resulting from multiple disabilities that cannot be provided for adequately in a program designed to meet the needs of children with less complex disabilities and that adversely affect performance in the educational environment:
  - The student is a student with a disability with two or more of the following conditions:
    - A hearing impairment;
    - An orthopedic impairment;
    - Moderate mental retardation
    - A visual impairment
    - One or more of the following disabilities existing concurrently with any of the above – mild mental retardation, an emotional disability, or a specific learning disability.
  - The student was evaluated in all areas related to the suspected disability.
- 

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with multiple disabilities
- Team decision regarding the need for special education services
- The student **does not** need special education services.
  - The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with Multiple Disabilities with a Severe Sensory Impairment (MDSSI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a severe visual or hearing impairment in combination with one or more of the following disabilities that, taken together, adversely affect performance in the educational environment:
  - Autism;
  - Orthopedic impairment;
  - Moderate or severe mental retardation;
  - Multiple disabilities;
  - Emotional disability requiring private or public intensive therapeutic placement.
- The student has a severe visual **and** a severe hearing impairment.
- The student was evaluated in all areas related to the suspected disability.

---

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with multiple disabilities with a severe sensory impairment.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with Mild Mental Retardation (MIMR)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student exhibits mental retardation that adversely affects performance in the educational environment as evidenced by performance on a standard measure of intellectual functioning that is between two and three standard deviations below the mean for students of the same age.
- The student demonstrates adaptive behaviors that are between two and three standard deviations below the mean for students of the same age.
- The student was evaluated in all areas related to the suspected disability.

---

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with mild mental retardation.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a written notice (PWN) regarding this decision that meets the requirement under the IDEA.

**Child with Moderate Mental Retardation (MOMR)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student exhibits mental retardation that adversely affects performance in the educational environment as evidenced by performance on a standard measure of intellectual functioning that is between three and four standard deviations below the mean for students of the same age.
- The student demonstrates adaptive behaviors that are between three and four standard deviations below the mean for students of the same age.
- The student was evaluated in all areas related to the suspected disability.

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Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with moderate mental retardation.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Non-Eligible Child**  
Determination of Eligibility

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant A.R.S. 15-766 and the following requirements:

- The student was evaluated in all areas related to the suspected disability.

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Team decision regarding the presence of a disability:

- The student **does not** meet the criteria as a child with a disability under the IDEA.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a written notice (PWN) regarding this decision that meets the requirement under the IDEA.

**Child with an Other Health Impairment (OHI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a health impairment that limits his/her strength, vitality, or alertness (including a heightened alertness that results in limited alertness with respect to the education environment) that is due to chronic or acute health problems including but not limited to as asthma, attention deficit disorder, diabetes, epilepsy, heart conditions. The health impairment adversely affects performance in the educational environment.
  - The health impairment has been verified by a doctor of medicine or doctor of osteopathy.
  - The student was evaluated in all other areas related to the suspected disability.
- 

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with other health impairment.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with an Orthopedic Impairment (OI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has one or more severe orthopedic impairments caused by a congenital anomaly, disease or other causes such as amputation, or cerebral palsy that adversely affects performance in the educational environment.
- The orthopedic impairment has been verified by a doctor of medicine or doctor of osteopathy.
- The student was evaluated in all areas related to the suspected disability.

---

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with an orthopedic impairment.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with a Specific Learning Disability (SLD)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a specific learning disability in one or more of the following areas: (check all that apply)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Oral expression      | <input type="checkbox"/> Listening comprehension | <input type="checkbox"/> Mathematics calculation |
| <input type="checkbox"/> Written expression   | <input type="checkbox"/> Reading comprehension   | <input type="checkbox"/> Math reasoning          |
| <input type="checkbox"/> Basic reading skills | <input type="checkbox"/> Reading fluency skills  |  |

Eligibility was determined by: (check all that apply)

- Norm-referenced psychometric testing which identified a severe discrepancy between ability and achievement
- A failure to respond to scientifically based interventions and progress monitoring through the PEA's State approved Response to Intervention Plan
- The student was evaluated in all areas related to the suspected disability.

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with a specific learning disability.  
Team decision regarding the need for special education services
- The student **does not** need special education services.
- The student **does** need special education services.

Special Rule: The team may not identify a student as having a Specific Learning Disability if the discrepancy between ability and achievement is **primarily** the result of a visual, hearing, or motor

impairment, mental retardation, emotional disturbance, or environmental, cultural or economic disadvantage.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

**Certification of Team Conclusion**

<b>Position/Relationship</b>	<b>Signature</b>	<b>Agree</b>	<b>Disagree<sup>2</sup></b>
Parent			
General Education Teacher			
Special Education Teacher			
Agency Representative			
Interpreter of Evaluation Results			

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.
- If eligibility was determined through a response to intervention, the parents have been informed of their right to request an evaluation based on norm-referenced psychometric testing.

---

<sup>2</sup> If a team member disagrees with the conclusions of the team report, the team member must submit a separate statement presenting his or her conclusions.

**Child with a Speech and Language Impairment (SLI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a communication disorder such as stuttering, impaired articulation, severe disorders of syntax, semantics or vocabulary, or functional language skills, or voice impairment to the extent that it calls attention to itself and interferes with communication or causes the child to be maladjusted.
- An evaluation by a certified speech/language pathologist has been conducted.
- The student was evaluated in all areas related to the suspected disability. However, if the impairment appears to be limited to articulation, voice, or fluency problems the evaluation may be limited to the following:
  - An audiometric screening within the past calendar year;
  - A review of academic history and classroom functions;
  - An assessment of the student's functional communication skills.

---

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with a speech/language impairment.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice) regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with Severe Mental Retardation (SMR)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student exhibits mental retardation that adversely affects performance in the educational environment by performance on a standard measure of intellectual functioning that more than four standard deviations below the mean for students of the same age.
- The student demonstrates adaptive behaviors that are between at least four standard deviations below the mean for students of the same age.
- The student was evaluated in all areas related to the suspected disability.

---

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with severe mental retardation.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**Child with a Traumatic Brain Injury (TBI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant A.R.S. 15-766 and the following requirements:

- The student has an acquired open or closed injury to the brain that is caused by an external physical force and that has resulted in a total or partial functional disability or psychosocial impairment, or both, that adversely affects performance in the educational environment. Resulting impairments include such areas of disability as cognition, language, memory, attention, reasoning, behaviors, physical function, information processing, and speech.
  - The injury is not congenital or degenerative or induced by birth trauma.
  - The injury has been verified by a doctor of medicine or doctor of osteopathy.
  - The student was evaluated in all areas related to the suspected disability.
- 

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with traumatic brain injury.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

**For funding purposes, a student with TBI must be listed in SAIS with another disability. Therefore, the team should identify another disability category that most closely resembles the manifestation of the student's TBI and complete eligibility documentation for that disability to the extent appropriate.**

**Child with a Visual Impairment (VI)**  
Determination of Eligibility

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Eligibility Decision

\_\_\_\_\_  
Name of Public Education Agency

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements:

- The student has a loss of visual acuity or loss of visual field that, even with correction, adversely affects performance in the educational environment. The term includes both partial sight and blindness.
  - The visual impairment has been verified by an ophthalmologist or optometrist.
  - The student was evaluated in all areas related to the suspected disability.
- 

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with a visual impairment.

Team decision regarding the need for special education services

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with a notice regarding this decision that meets the prior written notice requirement under the IDEA.

DISTRICT LOGO

DISTRICT NAME

# District Special Needs Preschool

(PRESCHOOL LOGO)

## **TRANSITION TO SCHOOL-AGED SERVICES A HANDBOOK FOR PARENTS**

### **Special Needs Preschool Office**

1345 E. Mountain Top Drive  
Phoenix, AZ 85000  
(602) 555-5551  
(602) 555-5552 (fax)

### **Preschool Evaluation Center**

1345 E. Mountain Top Drive  
Phoenix, AZ 85000  
(602) 555-5553

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## **TRANSITION TO SCHOOL-AGED SERVICES**

It's hard to believe that it's time to start planning for kindergarten, but it is! There will be changes as your child leaves the Special Needs Preschool Program and enters services at the school-aged level. Any transition can be a time of both excited anticipation and of concern for both you and your child.

This handbook is written to:

- Inform you about the transition procedures developed by our school district.
- Encourage you to be involved in the planning process to ensure a smooth transition for your child.

You are the link between preschool and kindergarten. You are the person who knows your child best and who will always be there, from year to year and grade to grade. You will be a member of the Multidisciplinary Evaluation Team (MET) and the Individualized Education Planning (IEP) Team. We hope you will find this handbook helpful to bring along as you attend meetings and are involved in the transition process throughout this year. We look forward to all parents being part of our team!

## **PHILOSOPHY**

We believe that all children have the right to a successful educational experience in the least restrictive environment (LRE). All families have the right to participate as equal partners in a planning process for educational transitions. Sound educational decisions should result from the sharing of complete information.

To ensure these rights, we believe that our transition process needs to be careful, open, and collaborative, incorporating a network of families, community and educational resources. This process will provide a continuum of services resulting in individualized placement decisions that will promote social success, emotional well-being and cognitive/academic growth.

## TRANSITION PROCESS TIMELINE

The following is a summary of the procedures developed by the preschool and elementary school staff to transition children from the Preschool Program to kindergarten.

<u>Activity</u>	<u>When</u>	<u>Completed</u>
Neighborhood school Principals and Kindergarten Teachers are notified of exiting preschoolers.	Jan.	_____
Kindergarten teacher(s) and/or staff are invited to observe exiting preschoolers in their current preschool classroom.	Jan	_____
Parents and preschool staff meet to discuss transition procedure and kindergarten program. A Review of Existing Data meeting is held with the Home School Psychologist and/or preschool staff to determine if further evaluations are needed.	Jan./ Feb.	_____
Parents complete transition worksheet and transition team members are identified.	March	_____
Transition team meets to discuss and develop Individualized Education Plan (IEP). Parents, as part of the transition team, help identify appropriate goals. Placement decisions are made and a transition plan is developed.	March/ May	_____
School/program resources and needs for successful participation in the daily schedule are identified. Any necessary adaptations to classroom and/or building are considered.	April- May	_____

## THE TRANSITION TEAM MEETING

The Transition Team members are different for each child, based on his or her needs. You may also see the Transition Team referred to as the Multidisciplinary Evaluation Team (MET) and/or the Individual Education Program (IEP) Team. You, the parent, are an integral part of the Transition Team. Other team members may include a Psychologist from your child's home school where he/she will attend kindergarten, Speech-Language Pathologist, Occupational Therapist, Vision Specialist, Adaptive Physical Education (P.E.) Teacher, Principal, Special Education Teacher and Regular Education Teacher. Special Area teachers such as art, music and P.E. may also be a part of a school's transition team as well.

Feel free to request any of these caring professionals on the following Parent Input Worksheet. If you would like someone additional to attend, please indicate that as well.

The first step is a Review of Existing Data Meeting. The team will review all existing data, current observations, previous evaluations, etc., and determine if further evaluations are needed.

The purposes of the Transition Team meetings are:

1. To develop an Individual Education Program (IEP) based on your child's strengths, weaknesses and priority educational needs and determine the most appropriate educational placement where we can meet those needs.
2. To discuss how often and where services will be offered/provided.
3. To help the receiving teachers and support staff get to know your child.
4. To discuss how often and in what ways the new teachers will communicate with you about your child's progress.
5. To plan for adaptations and modifications which may be needed in the curriculum, the classroom and/or the building to meet your child's special needs.

The Parent Input Worksheet on the following pages is designed to help you organize your thoughts before the meeting(s). Please bring the completed form with you to the meeting(s). Remember, you are a full member of the team. Your thoughts, feelings and decisions are important.

UNIFIED SCHOOL DISTRICT  
SPECIAL NEEDS PRESCHOOL PROGRAM



Parent Input Worksheet for Transition Planning

My Child's Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_

**MY CHILD'S STRENGTHS:**

Improvements/Progress I have seen:

\_\_\_\_\_

\_\_\_\_\_

Things I really like about my child:

\_\_\_\_\_

\_\_\_\_\_

Things my child really likes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MY CHILD'S NEEDS:**

My child's most difficult area(s): \_\_\_\_\_

\_\_\_\_\_

Special help my child may need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Things we work on at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What I think my child might need next year:

Program(s): \_\_\_\_\_

Changes in classroom and/or building: \_\_\_\_\_

The most important thing(s) for my child next year is (are): \_\_\_\_\_

\_\_\_\_\_

## KEY PEOPLE CHART

As your child moves to kindergarten, there will be several new people to get to know. Below are names and numbers you may need as well as space to record new names and numbers.

Position	Name	Phone Number
Director of Special Education	Angie Jolie	555-555-5550
Asst. Director of Special Education	Debra Winger	555-555-5551
Preschool Program Specialist	Valerie Bertinelli	555-555-5552
Preschool Psychologists	Michelle Fall Nanette Bass	555-555-5553
Preschool Teacher	_____	_____
Psychologist (Home School)	_____	_____
Principal	_____	_____
Kindergarten Teacher	_____	_____
Special Education Teacher	_____	_____
Speech-Language Pathologist	_____	_____
Occupational Therapist	_____	_____
Physical Therapist	_____	_____
Other Specialist _____	_____	_____
Other Specialist _____	_____	_____

Other Important Names and Numbers:

\_\_\_\_\_

## NOTES

## **ONGOING PROGRESS MONITORING IN EARLY CHILDHOOD SPECIAL EDUCATION**

### **(Early Childhood Outcomes)**

Beginning with the 2006/2007 academic year the state of Arizona implemented an assessment requirement for children participating in state funded preschool programs. The assessment options are based solely on authentic assessment methods and are meant to assist instructional staff in making sound decisions in teaching and to promote individual child development and learning. The new on-going progress monitoring is meant to be implemented in developmentally appropriate ways which will improve the quality of our programs and ensure improved outcomes for all our children.

The 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) the Office of Special Education in the U.S. Department of Education identified specific outcome indicator data that all states must now annually report for all preschool children receiving special education services funded by IDEA. Information for this state wide generated report will be directly obtained from the assessment information submitted by each district.

All Public Education Agencies (PEAs) are required to select and implement an on-going progress monitoring tool for the purpose of guiding instruction and reporting to the state. Four on-going progress monitoring assessments were identified as being appropriate while maintaining the definition of developmentally appropriate assessment for young children. All selected instruments are well designed for all Arizona's children including English language learners, children with special needs, and children from diverse cultural backgrounds.

School districts/charters must choose an on-going progress monitoring assessment from the four approved tools listed below:

- Child Observation Record (High/Scope Educational Research Foundation)
- Creative Curriculum Developmental Continuum (Teaching Strategies)
- Galileo Plus (Assessment Technology Inc.)
- Work Sampling System (Pearson Learning Group)

The district/charter stakeholders should create a local assessment policy or system to ensure that assessment data is efficiently entered into SAIS through purchased software for their Student Management System (SMS) or the web-based SAIS Online.

It is recommended that all ECE programs in a district/charter collaborate in choosing an assessment in order to reduce costs. PEAs are responsible for payment of training fees, instrument material costs, and any on-line subscription they choose to use. ADE policy recognizes a district's/charter's choice of on-line system or pencil and paper versions of assessments. Either version of an assessment will allow the PEA to meet the ADE assessment requirements. The PEA should contact the vendors directly to obtain materials.

### **Who should be conducting the assessment?**

Teachers, teacher assistants or therapists will be responsible for collecting data. Training on implementation of assessment instruments is critical to ensure that all teachers or assessors are administering the assessment in the same way.

Children who receive itinerant services on a limited basis are not exempt from the assessment requirement. A person responsible for collecting assessment data should be identified. District personnel may need to interview parents or other private childcare providers to obtain data on all indicators required by the individual assessment tool.

Integrity in the use of the assessment tools is important for the purposes of comparing data and compiling it for state reports. All of the on-going progress assessment tools require the collection of anecdotal notes and other forms of authentic, qualitative information. Training and professional development opportunities should focus on the skill of writing quality observations and using the on-going progress data to drive instructional practices.

### **Assessment Strategies for Itinerant Personnel**

1. Shadow an experienced assessor to observe how they efficiently and effectively gather evidence.
2. Give yourself time to learn the assessment tool.
3. Build observation time into sessions/time with the student.
4. While in a classroom observe more than one child you are serving.
5. Observe multiple indicators from one activity.
6. Strategize how to complete the indicators that you typically would not be able to observe during your session.
7. Plan play based sessions so indicators can be observed in a naturalistic environment.
8. Collaborate with others to collect evidence and information on areas of development you are not familiar with.
9. Work with the parents and help them plan to focus observations on specific skills.
10. Ask for help if you need it.

(SEECAP 2007 Strategies for SLPs; 4/24/07)

### **What does my assessment data look like?**

Assessment is a process and not something “done” to children. During the process, educators will collect evidence of children’s development. The forms of evidence collected may include but are not limited to:

- observational notes
- pictures of the child
- pictures or drawings done by the child
- writing samples by the child
- language samples
- tape or video recordings of the child

Please refer to the assessment tool specific guidelines for specific requirements for collection.

### **Who do I assess?**

All children participating in Pre-K programs benefit from an on-going progress monitoring system. Therefore, when assessing children, be sure to include typically developing children in an inclusive community preschool program and all enrolled children in a state funded ECE program where a child with an Individual Education Plan is also enrolled.

Children with an IEP must be assessed with an on-going progress monitoring assessment instrument regardless of their least restrictive environment (LRE) placement. For example: if a child with an IEP attends a Head Start program as their LRE, then the school district is responsible for ensuring data is collected for this student only. Even if a child only receives itinerant services with a therapist, this child must be assessed with the on-going progress monitoring system. The PEA is responsible for identifying a person to gather and consolidate each student’s data.

ADE recognizes that children with special needs may demonstrate growth that is not captured by the chosen assessment tool. However, these students are not exempt from the assessment obligation. You are not precluded from utilizing other assessment tools to capture the incremental growth as long as the chosen on-going progress monitoring tool is also employed.

### **When do I assess?**

As stated in the book, Basics of Assessment by McAfee, Leong and Bodova, “*assessment is the process of gathering information about children from several forms of evidence, then organizing and interpreting that information*”. Instructional staff begin collecting data on the child’s skills in the various areas of development from the beginning of the child’s enrollment. All children should be enrolled in an early childhood program at least six weeks prior to an assessment being completed. It is best practice to allow the child to acclimate to the teacher, students and classroom environment/routines before completing any culminating assessment forms/ data summary checklist. At the end of the initial six week period, data should be aggregated for a child and submitted into the SMS or SAIS Online. This initial data input is considered their entry level baseline. Exit data should be submitted at the end of the school year or at the time when a child leaves the program.

### **What do I do with the data?**

Once the evidence has been collected, the responsible parties will interpret the information and fill out the appropriate culminating form. The due dates for aggregating the evidence and filling out the checklist will be determined by the local assessment policy. Each of the assessments has a different culminating form to assist educators in organizing and summarizing data.

Once a culminating form has been completed the qualitative information needs to be converted into quantitative numbers in preparation for putting the domain scores into SMS or SAIS On-line. Each domain area will be converted to a single score. Each domain score will be entered into SAIS through use of a SMS or SAIS On-line. It will be necessary for you to include your SAIS coordinator in this process. They hold the key to knowledge about SAIS shut down days, setting up collaborative partners, and how to input the data for your district.

The intent of the on-going progress monitoring system in Arizona is to gather information about children in order to organize and interpret that data. Knowledge of a child's ability and developmental level will assist instructional staff and IEP teams in planning appropriate curriculum, goals and effective instructional strategies. The informational knowledge generated from the on-going progress monitoring will drive the pedagogical decision making of the instructional staff. Classroom environments, lesson plans, whole/small group times, and materials should reflect developmentally appropriate ways in which the teachers are intentionally addressing the individual goals of the students. Information from the on-going progress monitoring will be instrumental in the creation of the Present Level of Academic and Functional Performance (PLAAFP) and goal writing as you transfer students to Kindergarten. Information generated from the on-going progress monitoring will also be useful in your *Review of Existing Data*.

Refer to the *Early Childhood Education Assessment Manual* for further information, clarification, sample forms, and directions.

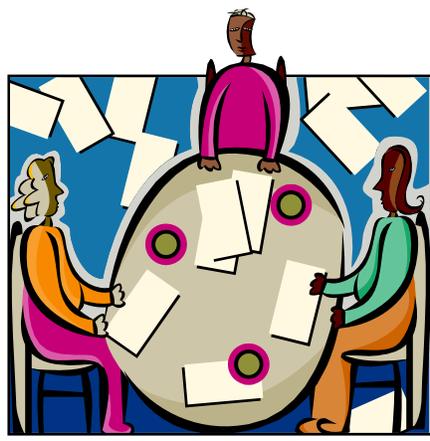
## **FACILITATING SPECIAL EDUCATION MEETINGS**

Training staff to facilitate special education meetings provides a structure to meetings and prevents meetings from getting off track with respect to either content or process. Using an Agenda helps everyone follow the procedures and process of the Special Education meeting, especially parents that are new to the process. It is also a helpful tool to any professional and will reduce meeting times by keeping the group focused on the Agenda and keeping the group in compliance of the law. It is recommended that the Agenda be posted on the wall on chart paper, so as not to get lost in the paperwork and is always available visually to anyone in the group. It is also helpful to personalize the agenda with the child's name or a picture of the child. It's a nice way to keep the group focused on the child and demonstrate to the parents the importance of their child.

Other suggestion in facilitating a special education meeting:

- Be organized and prepared. Have paperwork started.
- **HAVE AN AGENDA!!!**
- Start with introductions/roles; purpose of the meeting. Help the parents get comfortable; listen to their story. Get input.
- Keep the focus on the family
- Conference calls or permission to proceed with meeting and talk to parent prior or after the meeting is an option.
- Keep the meeting on track using the agenda and respect time limits.

You will find sample agendas on the following pages. Some meetings that are more challenging, may require a more personalized agenda.



## PRESCHOOL EVALUATION AGENDA

1. **Introductions; Roles; Purpose of the visit**
2. **Explanation of Procedural Safeguards**
3. **Review of Existing Data (if previous private or AzEIP Reports)**
4. **Permission to Evaluate**
5. **Prior Written Notice**
6. **\*\*\*Other team members starting evaluation\*\*\***
7. **Multidisciplinary Evaluation Team Meeting to discuss strengths and needs of your child (what your child knows, understands and is able to do now?)**
8. **Determine your child's eligibility; obtain signatures**
9. **Prior Written Notice**
10. **Parents informed about preschool program (curriculum, hours, days, service delivery models).**
11. **Parents receive registration forms & immunization information.**
12. **Parents informed that next step is to develop an Individualized Education Program (IEP) for their child within 30 days. Goals and services to be determined at the IEP Meeting. Classroom team will call the parent to set up meeting at the school. Parent may register at any time before or day of meeting, but must be registered at the school office before the meeting.**
13. **Complete the Evaluation Report (written report to be provided to classroom teams within 1 week). \*\*Note: OT completes PLEP & Goals.**
14. **Completed Paperwork in order – all copies made. (Separate copies sent to SLP's & Related Service staff). File to Linda to send to school.**

## AGENDA FOR (personalize with child's name or picture)'s IEP

- **Introductions/Roles\* : Purpose of the Meeting**  
(ie: review or develop the IEP; to make decisions; inform, plan, solve problems , track progress, team build, celebrate, learn, report)
- **Explanation of Procedural Safeguards**
- **Brief review of Assessment Info (where we've been); Teacher signs that she has reviewed MET.**
- **Close out previous goals.**
- **Strengths and Needs of your child - Present Levels of Performance (What your child knows, understands and is able to, do now).**
- **IEP Goals and Objectives**  
(What do we want your child to know, understand and be able to do one year from now?)
- **Services/Amount of Time/Placement**  
(Where can we best meet the needs of your child?)
- **Adaptations/Modifications/Equipment needed to implement the goals.**
- **Consideration of Special Factors**
- **Consent for Initial Placement (if applicable)**
- **Prior Written Notice**
- **Signatures of those that participated in the development of IEP.**

**MULTIDISCIPLINARY EVALUATION TEAM (MET)/ELIGIBILITY  
AND  
INDIVIDUAL EDUCATION PROGRAM (IEP)**

- 1. Introductions/Roles; Purpose of the Meeting**
- 2. Explanation of Procedural Safeguards**
- 3. Current Assessment Info (each area)**
- 4. Strengths and Needs of your child**
  - **What your child knows, understands & is able to do now?**  
(Present Levels of Educational Performance – PLEP)
- 5. Determine Eligibility – Signatures**
- 6. I.E.P. Goals & Objectives**
  - **What do we want your child to know, understand & do a year from now?**
- 7. Placement/Services/Amount of time can the goals be implemented?**
- 8. Adaptations/Modifications & Equipment needed to implement goals? Consideration of Special Factors?**
- 9. Consent for Initial Placement Signature (if applicable)**
- 10. Signatures of Participants**

**\_(personalize)\_\_\_\_\_’s Review of Existing Data**

- 1. Welcome & Introductions; Roles; Purpose of the meeting**
- 2. Overview of Agenda**
- 3. Explanation of Procedural Safeguards**
- 4. Review Existing Data**
  - **Parent Input**
  - **Outside Evaluations Provided by Parents**
  - **Prior Evaluations**
  - **Current Classroom Based Assessments/Report Cards**
  - **Current Classroom Based Observations**
  - **Teacher and Special Education Specialists’ Observations**
  - **Additional Information**
- 5. Is further evaluation needed to help determine:**
  - **Continued Eligibility**
  - **Present Levels of Educational Performance**
  - **If any additions or modifications are needed to enable student to meet annual goals and participate, as appropriate, in the general education curriculum.**
- 6. IEP Team’s Recommendation**
- 7. Permission to Evaluate (if necessary)**
- 8. Review/Summary of Recommendations; Prior Written Notice; obtain signatures**
- 9. Action Plan for Follow-up Activities/Determine schedule  
Multidisciplinary Evaluation Team meeting to review evaluation and determine eligibility.**
- 10. Distribute copies**

**\_(personalize)\_\_\_\_\_’s Multidisciplinary Evaluation Team  
Eligibility Meeting Agenda**

- 1. Welcome & Introductions; Roles; Purpose of the meeting**
- 2. Overview of Agenda**
- 3. Explanation of Procedural Safeguards**
- 4. Review of Evaluation(s)**
- 5. Summary of Strengths and Weaknesses**
- 6. Determine Eligibility**
- 7. Review/Summary; Prior Written Notice; obtain signatures**
- 8. Distribute copies**
- 11. Develop Individual Education Plan within 30 days.**

## SCREENING AND ASSESSMENT TOOLS

### Special Reminder:

The Arizona Department of Education does not recommend any specific assessment instrument for use in evaluation of young children. The following is a small list of screening and evaluation tools for your reference. **This list is by no means comprehensive as there are many other assessment instruments available for screening and evaluation of young children.**

This document is provided based upon valuable input from the field. This committee realizes that some school district/agencies have long-standing and fully implemented preschool programs. Others may be at a different stage in the development toward achieving a fully implemented program. This partial list of screening and evaluation instruments is meant to provide school districts that are in the early stages of implementation of an early childhood program with an idea of some of the available assessment tools that are considered to be developmentally appropriate for use with young children. It is our hope that this list will facilitate growth and change in a manner that promotes promising practices statewide for preschool children suspected of having a disability by providing school districts with a partial list of screening, assessment and evaluation instruments appropriate for use with young children.



## **SCREENING INSTRUMENTS**

### **Developmental Screening Instruments**

In recent years, there has been a growing emphasis on the mental health and social and behavioral developmental needs of very young children. In response, state administrators and local providers of early intervention and preschool programs have worked to strengthen their screening and assessment of children's social and emotional development. To meet this need, the National Early Childhood Technical Assistance Center (NECTAC) [www.nectac.org](http://www.nectac.org) compiled this product. This list of instruments was gathered through a review of infant mental health literature, states' Part C and Part B-Section 619 Web sites, screening and assessment texts, and publishers' Web sites. The screening instruments are further sub-divided into those which must be administered by professionals and those that may be completed by family members or other caregivers. The information for each instrument includes a description, the age range for which the instrument was validated, the time to administer, the scoring procedure, psychometric properties and requirements for the administrators, and a link to, or address for, the publisher or source of more information. <http://www.nectac.org/~pdfs/pubs/screening.pdf>

## **NORM-REFERENCED INSTRUMENTS FOR COMPREHENSIVE DEVELOPMENTAL ASSESSEMENTS**

**Resource: Early Childhood Measures Profile**

[http://www.fpg.unc.edu/~eco/pdfs/early\\_childhood\\_measures\\_profiles.pdf](http://www.fpg.unc.edu/~eco/pdfs/early_childhood_measures_profiles.pdf)

### **Multiple Domains**

#### **Battelle Developmental Inventory, Second Edition (BDI-2) (2004)**

Publisher: Riverside Publishing/Houghton Mifflin Assessment Division

[www.riversidepublishing.com](http://www.riversidepublishing.com)

Phone: 800-323-9540

Age Range: Birth to 7:11

Format: Multiple administration methods: structured activities that include manipulatives; observation; parent or caregiver interview

Domains: Adaptive, Personal-Social, Communication, Motor, Cognitive

Administration Time: 60-90 minutes

Scores: Domain, subdomain, developmental quotients, scaled scores, percentiles, and confidence intervals

User Qualifications: Professional. Can be used by team of evaluators or an individual.

Scoring Program: *BDI-2 ScoringPro*, available on CD-ROM or via Internet. PDA application available. Multiple comprehensive reports available in English and Spanish.

Comments: BDI-2 Spanish available. Separate Spanish norms not available. Publishers suggest development of local norms or estimating child's developmental level using the English norms.

#### **Bayley Scales of Infant and Toddler Development – Third Edition (2005)**

Publisher: Psychological Corporation

[www.PsychCorp.com](http://www.PsychCorp.com)

Phone: 800-232-1223

Age Range: 1 to 42 months

Format: Three scales administered with child interaction (cognitive, motor, language) and two scales conducted with parent questionnaires (social-emotional and adaptive)

Domains: Cognitive, Motor, Language, Social-Emotional, Adaptive

Administration Time: 50- 90 minutes

Scores: Scaled score for each subtest; Standard scores; Age equivalents; Percentiles; Growth scores

User Qualifications: Training in the use, administration and interpretation of standardized assessments and additional specialized training. Requires Masters degree.

Scoring Program: Scoring Assistant Software and PDA Electronic Administration Software. Produces comprehensive score reports and age-appropriate activities.

Comments: Normed with 1,700 children, including children with Down syndrome, cerebral palsy, PDD, premature birth, language impairment, and at risk for developmental delay.

### **Brigance Early Preschool Screen – II (2004)**

Publisher: Curriculum Associates

[www.CurriculumAssociates.com](http://www.CurriculumAssociates.com)

Phone: 800- 225-0248

Age Range: birth to 7 years

Format: Parent interview, observation, individually administered items, teacher interviews, and conversation with child

Domains: Perambulatory Motor, Gross Motor, Fine Motor, Self-Help, Speech and Language, General Knowledge and Comprehension, Social and Emotional Development, Readiness, Basic Reading, Manuscript Writing, Basic Math

Administration Time: 15-20 minutes

Scores: Quotients, percentiles, age equivalents, instructional ranges. Normed in five skills areas.; other areas criterion-referenced.

User Qualifications: Early childhood educators. Requires knowledge of child development and familiarization with procedures outlined in manual.

Scoring Program: On-line service available. CD-ROM creates reports for individual children with at-risk cutoffs, growth indicators, percentiles, quotients, and age-equivalents.

Comments: Most effective with children with mild to moderate difficulties. Available in Spanish.

### **Developmental Assessment of Young Children (1998)**

Publisher: Riverside Publishing/Houghton Mifflin Assessment Division

[www.riversidepublishing.com](http://www.riversidepublishing.com)

Phone: 800-323-9540

Age Range: Birth to 5:11

Format: Flexible administration – observation, interview of caregivers, and direct assessment.

Domains: Adaptive, Social, Communication, Physical, Cognitive

Administration Time: 10-20 minutes

Scores: Developmental Quotient in subdomains and General Developmental Quotient

User Qualifications: Professional. Can be used by team of evaluators or an individual.

Scoring Program: None

Comments: Can be used in a play format with more than one child.

### **Merrill-Palmer-Revised Scales of Development (2004)**

Publisher: Stoelting Company

[PsychTests@StoeltingCo.com](mailto:PsychTests@StoeltingCo.com)

Phone: 630-860-9700

Age Range: 1 month to 6-6 years

Format: Child is seated at a table with toys, manipulatives and easel format, depending on age. Infants tested on mat and in adult's lap.

Domains: Cognitive, Language, Fine and Gross Motor, Social-emotional, Self-help, Adaptive

Administration Time: 45 minutes

Scores: Standard scores, age equivalents, percentile ranks, and criterion-referenced change-sensitive growth scores.

Comments: Spanish instructions included.

## **COGNITIVE MEASURES**

### **Differential Ability Scales – Second Edition (DAS-II) (2006)**

Publisher: Psychological Corporation

[www.PsychCorp.com](http://www.PsychCorp.com)

Phone: 800-232-1223

Age Range: 2:6 to 17:11

Format: Child seated at table; includes manipulatives.

Administration Time: 45 – 60 minutes

Scores: Standard scores and percentiles by age

User Qualifications: Licensed psychologist or certified school psychologist.

Scoring Program: *Scoring Assistant* – provides scores and comparisons.

Comments: Spanish translation of nonverbal subtests provided. Includes signed nonverbal subtest administration instructions for children who are deaf or hard of hearing.

### **Kaufman Assessment Battery for Children, Second Edition (KABC-II) (2004)**

Publisher: Pearson Assessments

[www.pearsonassessments.com](http://www.pearsonassessments.com)

Phone: 800-627-7271

Age Range: 3:0 to 18:11

Format: Child is seated at a table with items presented primarily in easel format.

Administration Time: 25 - 70 minutes

Scores: Age-based standard scores, age equivalents, and percentile ranks

User Qualifications: PhD in psychology or certified/licensed school psychologist.

Scoring Program: *ASSIST* software with four analysis options: score summary, scale profile, achievement/ability comparison, additional diagnostic information for hypothesis generation

Comments: Must be administered in English, but correct responses in other languages on the Knowledge/Gc subtests are given credit. Correct Spanish language responses and teaching text are provided on the easels and record form.

### **Stanford-Binet Intelligence Scales for Early Childhood, (Early SB5) (2005)**

Publisher: Riverside Publishing/Houghton Mifflin Assessment Division

[www.riversidepublishing.com](http://www.riversidepublishing.com)

Phone: 800-323-9540

Age Range: 2:0 to 5:11 (full battery) 6:0 to 7:3 (abbreviated battery)

Format: Child is seated at a table, includes toys and manipulatives.

Administration Time: 30 - 50 minutes for full battery; 15-20 minutes for abbreviated battery

Scores: Standard scores, percentile ranks, age equivalents (FSIQ, NVIQ, VIQ, ABIQ)

User Qualifications: Graduate degree in psychology or related field. Training and supervised experience in administration and interpretation of intelligence tests.

Scoring Program: *ScoringPro*. Includes a parent report.

Comments: Claims to be useful in assessing LEP/ELL, deaf and hard of hearing, and autistic populations. Minimal verbal response required from the child.

## **Wechsler Preschool and Primary Scale of Intelligence – Third Edition (WPPSI-III) (2002)**

Publisher: Psychological Corporation

[www.PsychCorp.com](http://www.PsychCorp.com)

Phone: 800-232-1223

Age Range: 2:6 to 7:3

Format: Primarily easel format with child seated at table. Some manipulatives.

Administration Time: Ages 2:6 to 3:11, 30- 45 minutes; Ages 4:0 to 7:3, 45 – 60 minutes

Scores: Scaled score by age, IQs (FSIQ, VIQ, PIQ, PSQ). Percentile ranks.

User Qualifications: Licensed psychologist or certified school psychologist.

Scoring Program: *WPPSI-III Scoring Assistant* generates score reports. *WPPSI-III Writer* produces interpretative report and narrative interpretation.

Comments: Due to format (different set of subtests for younger and older children), not useful for children with mental retardation.

## **NON-VERBAL MEASURES**

### **Leiter International Performance Scale-Revised (Leiter-R)**

Publisher: Psychological Assessment Resources, Inc.

<http://www3.parinc.com>

Phone: 1-800-331-8378

Age Range: 2.0 – 20.11

Format: Game like administration

Administration Time: Varies depending on battery given

Scores: Standardized; unique growth scores that measure small, but important, improvement in children with significant disabilities.

User qualifications: Licensed psychologist or certified school psychologist.

Comments: Because the Leiter-R is nonverbal, it is especially suitable for children and adolescents that are cognitively delayed, disadvantaged, nonverbal or non-English speaking, ESL, speech, hearing or motor impaired, ADHD, autistic, and TBI.



## **ADAPTIVE, PERSONAL/SOCIAL, AND BEHAVIORAL MEASURES**

### **Adaptive Behavior Assessment System – Second Edition (ABAS-II) (2003)**

Publisher: Psychological Corporation

[www.PsychCorp.com](http://www.PsychCorp.com)

Phone: 800-232-1223

Age Range: Birth to 89 years. Infant and Preschool form for children ages 0 to 5.

Teacher/Day-care Provider form, ages 2 to 5.

Format: Respondents complete checklist.

Domains: Externalizing Problems; Internalizing Problems; Adaptive Skills; School Problems

Administration Time: 15 – 20 minutes

Scores: Standard scores and percentiles by age. Provides an overall adaptive behavior score.

User Qualifications: Master's degree (psychology, education, social work, occupational therapy, speech-language therapy) and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

Scoring Program: *ABAS-II Scoring Assistant* – produces technical report with all scores; provides skill area and composite score profiles; analysis of strengths and needs

Comments: Links to the *Wechsler Scales* to evaluate the relationship between adaptive skills and cognitive functioning. Parent/Primary Caregiver and Teacher/Day Care Provider forms available in Spanish.

### **Behavior Assessment System for Children, Second Edition (2004)**

Publisher: Pearson Assessments

[www.pearsonassessments.com](http://www.pearsonassessments.com)

Phone: 800-627-7271

Age Range: 2:0 to 21:11

Format: Individually administered rating scales. Also has *Student Observation System* and *Structured Developmental History*.

Domains:

Administration Time: 10-20 minutes

Scores: T-scores and percentiles.

User Qualifications: PhD in psychology or certified school psychologist.

Scoring Program: *BASC-II Assist* and *Assist Plus*. Generates profiles, calculates validity indexes, identifies strengths and needs, and computes multirater comparisons.

Comments: Forms available in Spanish.

### **Devereux Early Childhood Assessment (DECA)**

Publisher: Kaplan

[www.kaplanco.com](http://www.kaplanco.com)

Phone: 800-334-2014

Age Range: Birth to 89:0 years

Format: Rating form completed by parent, teacher, or caregiver. 5-point rating scale. 27 items.

Domains: 3 Protective Factor scales: Initiative, Self-Control, and Attachment. Behavioral Concerns scale.

Administration Time: 10 minutes

Scores: T scores and percentiles

User Qualifications: Professionals.

Scoring Program: none

Comments: Available in Spanish.

### **Vineland Adaptive Behavior Scales, Second Edition (Vineland-II)**

Publisher: Pearson Assessments

[www.pearsonassessments.com](http://www.pearsonassessments.com)

Phone: 800-627-7271

Age Range: Survey Interview Form, Parent/Caregiver Rating Form – 0 to 90 years; Teacher Rating Form – 3:0 to 21:11.

Format: Interview with caregiver or rating form completed by caregiver or teacher.

Domains: Communication, Daily Living Skills, Socialization, Motor Skills, Maladaptive Behavior Index.

Administration Time: 20 – 60 minutes

Scores: Domains and Adaptive Behavior Composite: Standard scores, percentile ranks, adaptive levels. Subdomains: V-scale scores (M=15, SD=3), adaptive levels, age equivalents. Maladaptive Behavior Index: V-scale scores, maladaptive levels.

User Qualifications: PhD in psychology **or** certified/licensed school psychologist **or** certified/licensed social worker

Scoring Program: *Vineland-II Survey Forms ASSIST* – score summary, domain and subdomain analysis, narrative report, letter for caregiver

Comments: Forms available in Spanish. Can measure adaptive behavior in relation to mental retardation, ADHD, hearing impairment, autism spectrum disorders, and post-traumatic brain injury

## ACHIEVEMENT

### Bracken Basic Concept Scale – Third Edition: Receptive (2006)

Publisher: Psychological Corporation

[www.PsychCorp.com](http://www.PsychCorp.com)

Phone: 800-232-1223

Age Range: 3:0 to 6:11 for Basic Concept Scales; 2:6 to 7:11 for School Readiness Assessment

Format: Concepts presented orally and visually. Child points or makes short verbal response.

Administration Time: 10 to 40 minutes

Scores: English: Scaled scores, composite scores, percentile ranks. Spanish: Percent mastery.

User Qualifications: Teachers, trained professionals.

Scoring Program: *Bracken Scoring Assistant*. Scores, creates graphical and summary reports. Provides instruction ideas. Reports available in Spanish.

Comments: Available in Spanish, but not normed in Spanish. Suggests development of local norms.



## **OTHER EVALUATION TOOLS FOR USE WITH YOUNG CHILDREN**

The **Autism Diagnostic Interview-Revised (ADIR)** is a technical diagnostic scale for autism developed by the Medical Research Council in London, England. It is a standardized parent interview covering what the child is like now in terms of social reciprocity, communication, and repetitive behaviors and also what the child was like during preschool years. It can be used to assess children and adults with a mental age of 18 months and up.

The **Autism Diagnostic Observation Schedule (ADOS)**: The ADOS is a standardized play session assessing communication, social interaction, and play or imaginative use of materials. It uses planned social occasions, structured activities and material to allow the examiner to observe communication and social behaviors that are associated with autism at different developmental levels and chronological ages. The ADOS consists of four modules, each of which can be administered in 30-40 minutes. Only one module is administered to an individual at a given point in time. The ADOS is one of the only autism tests that is researched-based and standardized. It is costly, and practice or training is required.

The **Checklist for Autism in Toddlers (CHAT)** and the **Early Screening for Autistic Traits (ESAT)** were developed in Holland and designed to try to identify children with autism around age 15 to 18 months. The problem with screening tests is that they miss many children.

The **Oregon Project and Skills Inventory (birth – 6 years)** has three purposes: to assess a child's developmental level in eight categories (cognitive, language, social, vision, compensatory, self-help, fine motor, gross motor); to select appropriate teaching goals; and to record the child's acquisition of new skills. 541.245.5196:or [project@soesd.k12.or.us](mailto:project@soesd.k12.or.us)  
Note: this instrument is designed for the evaluation of children with visual impairments.

“School is a building with 4 walls and tomorrow inside  
The first step is always the hardest  
First person first, disability second  
All the resources we need are in the mind  
A mind stretched by a new idea never retracts  
to the same place.”





# **SAMPLE FORMS**

**SAMPLE**  
**PRESCHOOL INITIAL CONTACT SURVEY**

DATE: \_\_\_\_\_ Type of Contact: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Parent: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home School: \_\_\_\_\_ Primary Language of Home \_\_\_\_\_ Child's Language \_\_\_\_\_

Concerns Regarding Child: \_\_\_\_\_

\_\_\_\_\_

Previous Evaluations: \_\_\_\_\_

Does/did the child receive any outside therapies? \_\_\_\_\_

Does the child have a medical or educational diagnosis? \_\_\_\_\_

Current/previous schools attended \_\_\_\_\_

Does he/she feed himself/herself as well as others the same age? \_\_\_\_\_

Does he/she walk, run, and jump as well as others the same age? \_\_\_\_\_

Does the child rely primarily on words or gestures to communicate? \_\_\_\_\_

Can familiar listeners understand your child? \_\_\_\_\_ Does the child use full sentences? \_\_\_\_\_

Can the child follow simple one-step directions? \_\_\_\_\_ Two-step directions? \_\_\_\_\_

Does your child count to 5? \_\_\_\_\_ How far? \_\_\_\_\_ Does he understand the concept of "one"? \_\_\_\_\_

Can the child point to some colors? \_\_\_\_\_ How many? \_\_\_\_\_ Can he name colors? \_\_\_\_\_

Does the child tell his/her name when asked? \_\_\_\_\_ First name only? \_\_\_\_\_

Does he/she have trouble getting along with peers? \_\_\_\_\_

\_\_\_\_\_

Does he/she share when asked? \_\_\_\_\_

Are there temper tantrums or indications of extreme frustration when not understood? \_\_\_\_\_

How is his/her attention span? \_\_\_\_\_

Any concerns about vision? \_\_\_\_\_ Date of last vision screening \_\_\_\_\_

Any concerns about hearing? \_\_\_\_\_ Date of last hearing screening \_\_\_\_\_

**Screening Date Scheduled** \_\_\_\_\_

## **Review of Existing Data**

The team will review all existing data, current observations, previous evaluations, etc., and determine if further evaluations are needed. If the team determines that more data is to be collected, the Permission to Evaluate should be obtained with the team's evaluation schedule and the 60 day timeline for completing the evaluation and eligibility process in mind. It may be helpful to have parents complete a Parent Input Worksheet and provide them with a Transition Manual that will help them participate and understand the process

### **Review of Existing Data by the Multidisciplinary Evaluation Team (300.533)**

Information provided by the parents, including developmental, medical, functional information and history, including any parentally obtained evaluations:

Results of any prior special education evaluation(s) conducted, and an analysis of that data:

Current classroom based assessments and performance in the general curriculum, which could include educational history:

Teacher and related service provider input and, for an initial evaluation, any pre-referral interventions:

Formal assessments such as state or PEA-wide assessments, including language proficiency assessments where applicable:

Educational problems related to or resulting from reasons of educational disadvantage, racial, and/or cultural consideration [15-766(4)]:

A Multidisciplinary Evaluation Team included: Susan B., Psychologist, Terry C., Speech-Language Pathologist, Karen L., Early Childhood Special Education Teacher, Linda L., Occupational Therapist and Mr. and Mrs. C, the parents to make the following determinations:

### **Consideration and identification of the need for additional data to be collected**

Is the existing information sufficient to determine:

- Whether the child has a particular category of disability or continues to have a disability;
- The present levels of performance and educational needs of the child;
- Whether the child needs or continues to need special education and related services, and;

- Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum?

YES  (Omit the following page and complete the eligibility determination.)

If existing data is sufficient to determine the above information, what are the reasons for that determination?

*For reevaluation only*, parents were notified of their right to request additional assessments to determine whether the child continues to be a child with a disability.

NO  (Use the following page to document collection of additional data.)

**Date Review of Existing Data Completed:** \_\_\_\_\_

**\*\*Indicate Team Members that have made this decision either by signatures or in narrative form.**

**If additional data is needed, what information needs to be collected?**

<u>Parental Consent for Collection of Additional Data Identified Above</u>			
_____	_____	_____	_____
Signature	Date	<input type="checkbox"/> Signature	Date

**Results from Additional Data:**

Document the results of any additional data collected:

Date Review of Additional Data Completed: \_\_\_\_\_

## SAMPLE REVIEW OF EXISTING DATA

Re-Evaluation     
  Out of District Transfer Student     
  Other \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Student's Legal Name	Student Number	Birthdate	Gender	Grade	Ethnicity
Parent/Guardian	Address		City	State	Zip
Home Phone (F) (M)	Work Phone (F) (M)	Cell Phone (F) (M)		E-Mail Address (F) (M)	
Home School		Service School			

**Primary Category:** \_\_\_\_\_ Service Code: \_\_\_\_\_     
 Related Category #3: \_\_\_\_\_ Service Code: \_\_\_\_\_  
 Related Category #1: \_\_\_\_\_ Service Code: \_\_\_\_\_     
 Related Category #4: \_\_\_\_\_ Service Code: \_\_\_\_\_  
 Related Category #2: \_\_\_\_\_ Service Code: \_\_\_\_\_     
 Related Category #5: \_\_\_\_\_ Service Code: \_\_\_\_\_

A review of existing data by the Individualized Education Plan (IEP) Team will determine if there is enough data to make educational decisions or whether additional testing is necessary. Along with parent input, other sources of data may include: teacher(s) in the area(s) of suspected disability, counselor, nurse, related service providers, English for Speakers of Other Languages (ESOL) teachers/evaluators, administrator and others with knowledge of the student.

**The Review of Existing Data includes, but is not limited to:**

**Parent Input**

**Outside Evaluation(s) Provided by Parent(s):**

**Prior Evaluation(s):**

**Current Classroom-Based Assessments:**

**Current Classroom Based Observations:**

**Teacher Observations:**

**Special Education Specialist Observations:**

**The following additional information was reviewed by the team.**

IEP's from Previous Years     
  Cumulative Records     
  Classroom Assessments     
  Ongoing Progress Monitoring  
 Discipline Records     
  Attendance Records     
  Individual Family Service Plan     
  Other \_\_\_\_\_

**The IEP TEAM will determine if additional data is needed to address one or more of the following:**

(1) Does the student continue to have a disability?  
**Comments:**

(2) Does the student continue to need special education services?  
**Comments:**

(3) Determine Present Levels of educational performance.

**Comments:**

(4) Determine if any additions or modifications to the special education and related services are needed to enable the child to meet MEASURABLE ANNUAL GOALS in the Individualized Education Plan (IEP) of the child and to participate, as appropriate, in the general education curriculum.

**Comments:**

**The IEP TEAM'S recommendation is as follows:**

- Based on the review of existing data, including parent input, additional information is necessary. Develop a re-evaluation plan and obtain parent permission to re-evaluate. Provide Prior Written Notice to parents.
- Based upon review of existing data, including parent input, no additional information is necessary at this time. Parents were informed of the right to request additional data. Proceed with Prior Written Notice and Multidisciplinary Evaluation Team (MET) Report.

**TEAM MEMBERS PARTICIPATING IN THIS DECISION**

Position/Relationship to Student	Printed Name	/	Signature	Circle One
District Representative	/	/	Agree/Disagree	
Parent(s)/Guardian(s)	/	/	Agree/Disagree	
Regular Education Teacher	/	/	Agree/Disagree	
Special Education Teacher	/	/	Agree/Disagree	
Speech-Language Pathologist	/	/	Agree/Disagree	
Psychologist	/	/	Agree/Disagree	
Student	/	/	Agree/Disagree	
Related Service Provider	/	/	Agree/Disagree	
Related Service Provider	/	/	Agree/Disagree	
Related Service Provider	/	/	Agree/Disagree	
Other	/	/	Agree/Disagree	
Other	/	/	Agree/Disagree	

- **Please attach rationale for disagreement of team recommendation.**

\_\_\_\_\_ Parent/Guardian has been given and received an explanation of the Procedural Safeguards and Prior Written Notice  
 Parent Initials

**COPIES: White: District Office**

**Yellow: Sp Ed Teacher**

**Pink: Parent**

**SPECIAL NEEDS PRESCHOOL - PRIOR WRITTEN NOTICE**

Date of Meeting \_\_\_\_\_

Date PWN Sent to Parent \_\_\_\_\_

Student's Full Name	Student Number	Birthdate	Home School
<b>Preschool:</b>			

The school district:  Proposes to initiate or change items checked below, OR  Does not propose to initiate or change items checked below

**Description Action:**

- Referral
- Collection of new evaluation data
- Develop Individualized Education Program (IEP) (Provision of FAPE)
- Other \_\_\_\_\_
- Educational Placement
- Eligibility determination
- Review/Revise Individualized Education Plan
- Other \_\_\_\_\_

**Explanation of why the school district proposes or does not propose to take this action:**

- Results of preschool screening indicate potential need for eval
- Multidisciplinary Preschool Evaluation (CDA)
- Results of review of existing data
- Child meets eligibility for ESY services.
- Current eval. indicates eligibility & need for special education services as child transitions to kindergarten.
- Individual Education Program (IEP) team determined need for more restrictive placement.
- Other \_\_\_\_\_
- Results of transition planning conf indicate potential need for evaluation
- Review of existing data determined need to collect additional information
- Indicates child does not meet eligibility for preschool spec. ed. services.
- MET determine need for services and development of educational plan.

**Description of any options the school district considered prior to this proposal:**

- To not identify the student with potential need for evaluation
- To determine the child not eligible for special education services
- No further evaluation
- Homebound instruction
- Placement options reviewed.
- Other \_\_\_\_\_
- To not collect further information
- Placement as a typically developing child with no special education services
- Placement in a regular education classroom for kindergarten
- More restrictive placement in a Resource Classroom for kindergarten
- More restrictive placement in a Self-Contained Classroom for kindergarten

**Reasons the above listed options were not implemented: Student is**

- Identification is necessary to consider potential eligibility.
- Collection of additional data is needed to determine eligibility
- More intensive instruction needed for skill acquisition
- Curriculum modifications cannot be done in regular classroom
- Other \_\_\_\_\_
- MET, including parent, determined eligibility for special education services
- Needs intense/continuous behavior monitoring
- More intensive/alternative interventions needed to meet educational goals
- Requires extensive curriculum modifications to make educational progress

**Description of each evaluation procedure, test, record, or report the school district used as a basis for the proposal or refusal:**

- DIAL Screening
- Review of Existing Data
- See MET Report dated \_\_\_\_\_
- Information from Transition Planning Conference.
- Progress Reports
- Other \_\_\_\_\_

**Other relevant information:**

**Parents of a child with a disability have protection under the procedural safeguards:**

\_\_\_ A copy of your procedural safeguards is attached to this notice (required for initial evaluation, re-evaluation, IEP meeting notification, and upon registration of a due process complaint at a minimum.)

\_\_\_ Assistance or a copy of your procedural safeguards may be obtained by contacting:

**For assistance contact:**

Director of Special Education  
School District  
Address  
Phoenix, AZ 85000  
(602) 555-5555

Arizona Center For Disability Law  
3839 North 3rd Street  
Phoenix, AZ 85012  
(602) 274-6287

Arizona Dept. of Education  
Exceptional Student Div.  
1535 West Jeffers  
Phoenix, AZ 85007  
(602) 542-4013

Raising Special Kids  
2400 N. Central- Suite 202  
Phoenix, AZ 85004  
(602) 242-4366

Classroom Team Meeting Minutes

**TEAM MEMBERS ATTENDING:**

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**ABSENT:**

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**OTHERS TO RECEIVE MINUTES**

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Agenda Item	Outcome/Recommendations	Person(s) Responsible	Due Date

Agenda Item	Outcome/Recommendations	Person(s) Responsible	Due Date

**Agenda Items for Next Meeting:**

**Date and Time of Next Meeting:**

## Checklist for Preschool Special Education Procedures

District/School \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Today's Date \_\_\_\_\_

### Developmental Screening Procedures

\_\_\_\_\_ A developmental screening was conducted of the following areas:  
\_\_\_\_\_ cognitive, physical, communication, social or emotional, and adaptive  
\_\_\_\_\_ development.

The following method(s) were utilized for screening:

\_\_\_\_\_ direct testing  
\_\_\_\_\_ record/file review  
\_\_\_\_\_ parent interview  
\_\_\_\_\_ observation

The following was conducted and documented:

\_\_\_\_\_ a hearing screening  
\_\_\_\_\_ a vision screening

The following was determined and documented:

\_\_\_\_\_ primary language of child  
\_\_\_\_\_ primary language of the home

Included in the child's file are additional records such as:

\_\_\_\_\_ medical records  
\_\_\_\_\_ previous evaluations  
\_\_\_\_\_ medical certification of disability (if needed)

### Comprehensive Developmental Assessment (CDA)

A CDA was conducted covering the following areas:

\_\_\_\_\_ cognitive development  
\_\_\_\_\_ physical development  
\_\_\_\_\_ communication development  
\_\_\_\_\_ social or emotional development  
\_\_\_\_\_ adaptive development

### Domain Specific Testing

Results obtained from the CDA and parent input indicated the following domains were of concern:

\_\_\_\_\_ cognitive  
\_\_\_\_\_ physical  
\_\_\_\_\_ communication  
\_\_\_\_\_ social or emotional  
\_\_\_\_\_ adaptive

### **Compliance Factors**

- \_\_\_\_\_ the assessment process yielded program information
- \_\_\_\_\_ parent input was solicited
- \_\_\_\_\_ at least two evaluators were part of the assessment team
- \_\_\_\_\_ at least two measures were administered
- \_\_\_\_\_ at least one of the two measures was norm-referenced

During the entire evaluation process, consideration was given to:

- \_\_\_\_\_ sensory/motor/communication needs of the child
- \_\_\_\_\_ ethnic/racial and educational/experiential factors in regard to procedures and selection of test instruments

### **Other Best Practice Factors**

- \_\_\_\_\_ child's functioning in two separate settings was considered
- \_\_\_\_\_ evaluation was conducted in a primarily hands-on manner with the child
- \_\_\_\_\_ the evaluation was conducted in a setting familiar to the child
- \_\_\_\_\_ a part or the whole evaluation was conducted during a primarily child-directed play session
- \_\_\_\_\_ a second measure was administered in the area(s) of greatest concern

### **Determination of Eligibility by the Multidisciplinary Evaluation Team (MET)**

- \_\_\_\_\_ results of the assessment process were considered by a multidisciplinary evaluation team (MET) and indicated:
- \_\_\_\_\_ the child was determined to be ineligible for services
- \_\_\_\_\_ the eligibility criteria were met
- \_\_\_\_\_ results of the evaluation process were documented in a written report(s)

### **Eligibility (MET) / IEP Conference**

- \_\_\_\_\_ a report of the evaluation results was given to parents (in their primary language or through an interpreter) as well as a copy of the IEP.
- \_\_\_\_\_ a copy of Parent Rights and Procedural Safeguards were provided to parents
- \_\_\_\_\_ a "Prior Written Notice" was sent to parents describing outcome of MET

## **PRESCHOOL ELIGIBILITY CATEGORIES**

**ARS §15-761-9** ***“Hearing impairment”*** means a loss of hearing acuity, as determined by evaluation pursuant to section ARS §15-766, which interferes with the child’s performance in the educational environment and requires the provision of special education and related services.

**ARS §15-761-23** ***“Preschool child”*** means a child who is at least three years of age but who has not reached the required age for kindergarten.

**ARS §15-761-24** ***“Preschool moderate delay”*** means performance by a preschool child on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas:

- a) Cognitive development
- b) Physical development
- c) Communication development
- d) Social or emotional development
- e) Adaptive development

The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.

**ARS §15-761-25** ***“Preschool severe delay”*** means performance by a preschool child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age in one or more of the following areas:

- a) Cognitive development
- b) Physical development
- c) Communication development
- d) Social or emotional development
- e) Adaptive development

The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.

**ARS § 15-761-26** ***“Preschool speech/language delay”*** means performance by a preschool child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech, out of context, is unintelligible (unable to be understood) to a listener who is unfamiliar with the child. **Eligibility under this category is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another preschool category. The evaluation team shall determine eligibility based on a preponderance of the information presented.**

**ARS § 15-761-38** ***“Visual impairment”*** means a loss in visual acuity or a loss of visual fields, as determined by evaluation pursuant to section ARS §15-766, that interferes with the child’s performance in the educational environment and that requires the provision of special education and related services.

**Note: A standard deviation is a unit used to measure the amount by which a particular score differs from the average (mean) of all scores in the sample. Different tests have different standard deviations (typically SD=15, mean=100).**

## SCHOOL-AGE SERVICES

ARS 15-761

**Autism** means a developmental disability that significantly affects verbal and nonverbal communication and social interaction and that adversely affects educational performance. Characteristics include irregularities and impairments in communication, engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines and unusual responses to sensory experiences. Autism does not include children with characteristics of emotional disability as defined in this section.

**Emotional disability:**

(a) Means a condition whereby a child exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child's performance in the educational environment:

- (i) An inability to learn which cannot be explained by intellectual, sensory or health factors.
- (ii) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (iii) Inappropriate types of behavior or feelings under normal circumstances.
- (iv) A general pervasive mood of unhappiness or depression.
- (v) A tendency to develop physical symptoms or fears associated with personal or school problems.

(b) Includes children who are schizophrenic but does not include children who are socially maladjusted unless they are also determined to have an emotional disability as determined by evaluation as provided in section 15-766.

**Hearing impairment** means a loss of hearing acuity, as determined by evaluation pursuant to section 15-766, which interferes with the child's performance in the educational environment and requires the provision of special education and related services.

**Mild mental retardation** means performance on standard measures of intellectual and adaptive behavior between two and three standard deviations below the mean for children of the same age.

**Moderate mental retardation** means performance on standard measures of intellectual and adaptive behavior between three and four standard deviations below the mean for children of the same age.

**Multiple disabilities** means learning and developmental problems resulting from multiple disabilities as determined by evaluation pursuant to section 15-766 that cannot be provided for adequately in a program designed to meet the needs of children with less complex disabilities. Multiple disabilities include any of the following conditions that require the provision of special education and related services:

(a) Two or more of the following conditions:

- (i) Hearing impairment.
- (ii) Orthopedic impairment.
- (iii) Moderate mental retardation.
- (iv) Visual impairment.

(b) A child with a disability listed in subdivision (a) of this paragraph existing concurrently with a condition of mild mental retardation, emotional disability or specific learning disability.

**Multiple disabilities with severe sensory impairment** means multiple disabilities that include at least one of the following:

- (a) Severe visual impairment or severe hearing impairment in combination with another severe disability.
- (b) Severe visual impairment and severe hearing impairment.

**Orthopedic impairment** means one or more severe orthopedic impairments and includes those that are caused by congenital anomaly, disease and other causes, such as amputation or cerebral palsy, and that adversely affect a child's performance in the educational environment.

**Other health impairments** means limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, due to chronic or acute health problems which adversely affect a pupil's educational performance.

**Severe mental retardation** means performance on standard measures of intellectual and adaptive behavior measures at least four standard deviations below the mean for children of the same age.

**Specific learning disability** has the same meaning prescribed in 20 United States Code section 1401.

**Speech/language impairment** means speech or language impairment as prescribed in 34 Code of Federal Regulations section 300.8.

**Traumatic brain injury:**

(a) Means an acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance.

(b) Applies to open or closed head injuries resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing and speech.

(c) Does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma.

**Visual impairment** has the same meaning prescribed in 34 Code of Federal Regulations section 300.8.



## **BEST PRACTICE / RESOURCES**

For the **National Association of School Psychologists Position Statement on Early Childhood Assessment** go to [http://www.nasponline.org/about\\_nasp/pospaper\\_eca.aspx](http://www.nasponline.org/about_nasp/pospaper_eca.aspx)

For the **Division for Early Childhood Position Statement on Inclusion** go to [www.dec-sped.org](http://www.dec-sped.org).

For **The National Association for Educating Young Children (NAEYC) Position Statement on Early Childhood Curriculum, Assessment, and Program Evaluation** go to <http://www.naeyc.org/about/positions/pdf/pscape.pdf> and Supplement statement [http://www.naeyc.org/about/positions/ELL\\_Supplement.asp](http://www.naeyc.org/about/positions/ELL_Supplement.asp)

For all Position Statements from **The National Association for Educating Young Children (NAEYC)** <http://www.naeyc.org/about/positions.asp>

For **Division for Early Childhood Recommended Practices on Assessment and Creating Policies and Procedures That Support Recommended Practices in Early Intervention/Early Childhood Special Education (EI/ECSE)** go to [www.dec-sped.org/pdf/recommendedpractices/adminessen.pdf](http://www.dec-sped.org/pdf/recommendedpractices/adminessen.pdf).

To download the entire manual ***An Administrator's Guide to Preschool Inclusion*** by Ruth Wolery and Samuel Odom go to <http://www.fpg.unc.edu/~publicationsoffice/pdfs/AdmGuide.pdf>

### **IDEAs that Work**

U.S. Office of Special Education Programs (OSEP)  
Child Find  
<http://www.childfindidea.org/>

### **Kid Source Online**

A Parent's Guide to Accessing Programs for Infants, Toddlers, and Preschoolers with Disabilities  
<http://www.kidsource.com/NICHCY/infantpub.html>

**Schwab Learning.org. A Parent's Guide to Helping Kids with Learning Difficulties**  
<http://www.schwablearning.org/> with a section called, Preparing Your Child to Read at <http://www.schwablearning.org/articles.aspx?r=343> and Early Signs of a Reading Disability at <http://www.schwablearning.org/articles.aspx?r=344>

**Recognition and Response: Pathways to School Success for Young Children**  
<http://www.recognitionandresponse.org>

**Get Ready to Read website**  
<http://www.getreadytoread.org/>

## OTHER RESOURCES

### **Parent Information Network**

Exceptional Student Services  
Arizona Department of Education

#### **Becky Raabe**

#### **Parent Information Network and Child Find Coordinator**

2384 N. Steves Blvd.

Flagstaff, AZ 86004

928.679.8106

877-230 PINS (7467)

928.679.8124 (fax)

[becky.raabe@azed.gov](mailto:becky.raabe@azed.gov)

<http://www.azed.gov/ess/pinspals/>

### **Support Cadre**

Exceptional Student Services  
Arizona Department of Education

#### **June Torrence, Support Cadre Coordinator**

1535 W. Jefferson Street, Bin. 24

Phoenix, Arizona 85007

480.570.9046

480.675.0493 (fax)

[June.torrence@azed.gov](mailto:June.torrence@azed.gov)

<http://www.azed.gov/ess/cspd/personneldev/cadre/>

### **Early Childhood Inclusion Coalition**

Website

[www.ade.az.gov/earlychildhood/ecic](http://www.ade.az.gov/earlychildhood/ecic)

### **Exceptional Student Services**

Arizona Department of Education

#### **Colette Chapman, Deputy Associate Superintendent**

#### **State Director of Special Education**

1535 W. Jefferson Street, Bin 24

Phoenix, Arizona 85007

602.542.4013

TTY 1.800.842.4681

Toll Free 1.800.352.4558

Fax 602.542.5404

[www.ade.az.gov/ess](http://www.ade.az.gov/ess)

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