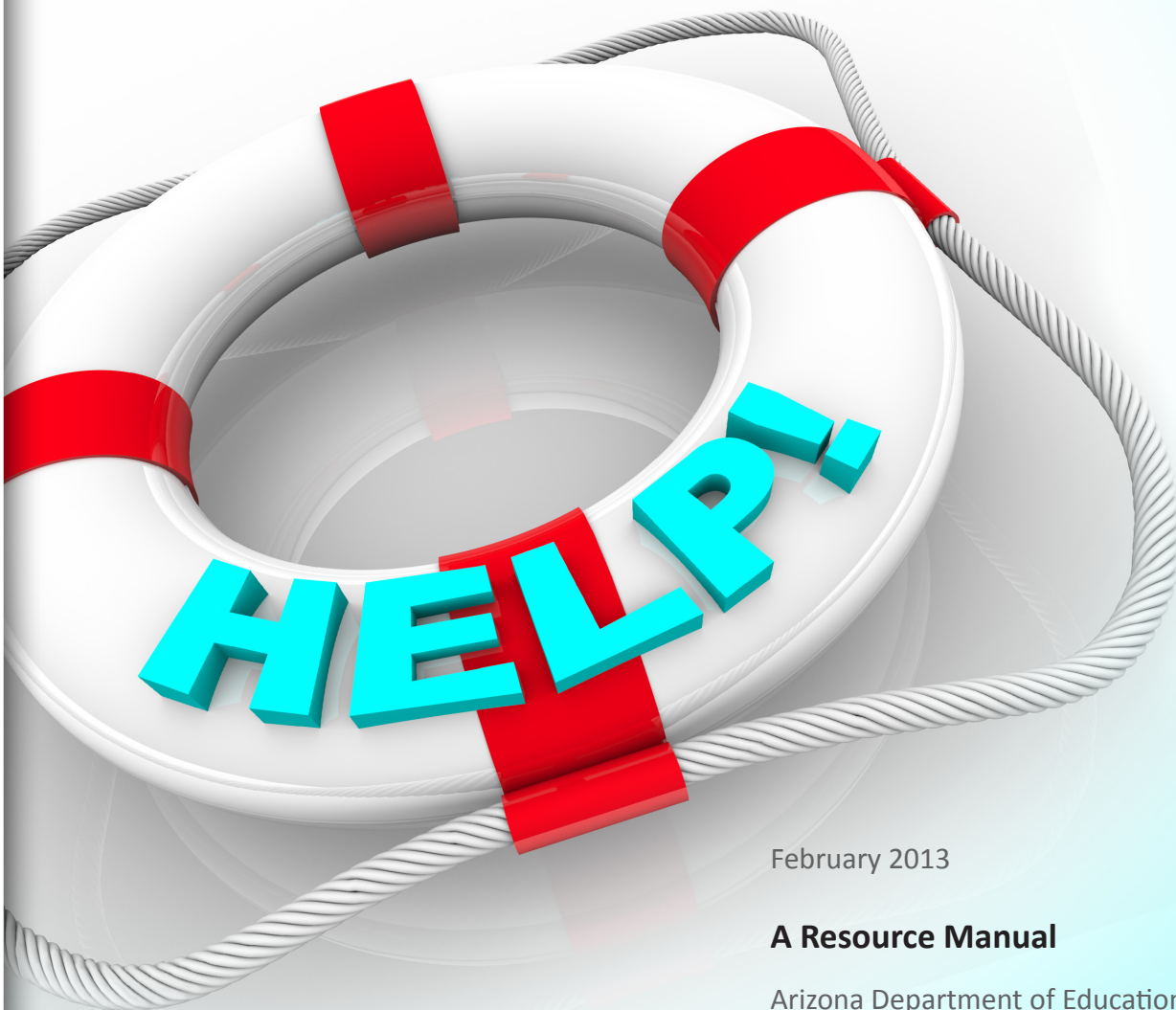




Arizona Department of Education
John Huppenthal, Superintendent of Public Instruction

Help for Early Learning Professionals

Version 2.0



February 2013

A Resource Manual

Arizona Department of Education
Early Childhood Special Education Unit
www.ade.az.gov/earlychildhood

ACKNOWLEDGEMENTS

We would like to acknowledge and thank those who contributed in 2012 to the review and revision of the original documents in developing the new **H**elp for **E**arly **L**earning **P**rofessionals, Version 2.0. This is an amazing group of professionals!!

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FORWARD

Welcome to the long awaited revision of the **Help for Early Learning Professionals (HELP)** Manual, Version 2.0! The Early Childhood Education (ECE) Team here at the Arizona Department of Education (ADE) is acutely aware of the assistance and dedication that early childhood professionals in our state provide to families and children of Arizona! Nationally, early care and education for children birth to kindergarten creates unique challenges for parents and professionals to know and understand all the different options and criteria for services available to meet the needs of their individual family. Based on your dedication and the intensive work by many individuals and organizations we have accomplished many changes since the first HELP Manual was originally published:

- Partnerships with First Things First Regional Councils have increased services to young children in Arizona
- Through our partnership with Arizona Early Intervention Program (AzEIP), transitions for children that receive early intervention services to preschool services by their third birthday occurs at an annual rate of 99%
- Partnerships with Raising Special Kids and Parent Information Network specialists for Early Intervention Transition trainings for parents
- A Developmental Delay Category was established and the definition of Speech-Language Impaired was revised to include preschoolers to ensure a seamless transition to kindergarten and continued early intervention when needed
- The Early Childhood Quality Improvement Process (ECQUIP) has created and strengthened local partnerships between early childhood programs
- The Hearing Screening Bookmark resource for early learning professionals to assist in locating resources for hearing screenings
- ECE/ADE is the Arizona Head Start State Collaboration office and continues to focus on improving partnerships with all Head Start programs in our state
- Partnerships have been developed with tribal Head Start programs and Bureau of Indian Education (BIE)/Family and Child Education (FACE) programs on reservations
- Process and procedures have been developed for providing special education services to children that live in unorganized territories
- Program Guidelines for High Quality Early Education: Birth *through* Kindergarten have been revised and are currently available online. Print copies are provided to those who attend training
- Teaching Strategies GOLD has been adopted as a statewide assessment tool to ensure consistent collection of children's developmental data and outcomes as well as to drive instruction and program improvement
- Extensive Professional Development offerings are available regionally including specific modules related to the Early Learning Standards, ongoing progress monitoring, and the Program Guidelines
- Infant/Toddler Guidelines are now available. A hard copy can be obtained by attending the Introduction to Infants and Toddler Guidelines training
- The Early Learning Standards are in the process of being revised to align with the Arizona Common Core Standards.

These accomplishments have been made possible through the commitment of our strong collaborative partners to improve the **quality** of programming for **all** young children in Arizona, including young children identified with disabilities. Your connection with families in need of assistance at a very crucial time in their lives will help get their child's education off to a positive start. Many families with young children are moving into Arizona. Having young children can bring stress to families, but these challenging economic times on top of facing a possible disability and/or medical condition can add to family stress. **You are making a difference for these children and families!**

We have a challenging task to prepare children and families to be ready for kindergarten, and to help kindergarten be ready for children and families! More than at any other transition time, children come to kindergarten from various settings and experiences. Through ongoing collaboration within our districts, First Things First, Head Start, Arizona Early Intervention Program (AzEIP), private child care centers and numerous other agencies that serve young children, we can meet this challenge. The key is open communication and collaborative relationships.

The Early Childhood Education section of the Arizona Department of Education 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 share their knowledge and expertise of best practices with early childhood educators in the service of young children.

The ADE/ECE continues in our efforts to provide you with “knock your socks off” customer service and technical assistance to help you focus your efforts on creating positive relationships with families and children. The **H**elp for the **E**arly **L**earning **P**rofessionals manual – Version 2.0 is designed to provide you comprehensive information on early childhood special education processes from Child Find, Early Intervention Transitions to Transition to School-Aged Services as children leave your programs to go into kindergarten.

On behalf of all of the wonderful colleagues I work with here at ADE and the HELP Manual Revision Team, we hope this updated version of the HELP Manual will continue to be a handy 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

Valerie Andrews James, Director/619 Coordinator
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EARLY CHILDHOOD WEBSITE

[HTTP://WWW.AZED.GOV/EARLY-CHILDHOOD/](http://www.azed.gov/early-childhood/)

AND

PROFESSIONAL DEVELOPMENT CALENDAR/REGISTRATION

[HTTP://WWW.ADE.AZ.GOV/ONLINEREGISTRATION/SELECTEVENT.ASP?VIEWALL="YES"&GROUPID=31](http://www.ade.az.gov/onlineregistration/selectevent.asp?viewall=)

TABLE OF CONTENTS

<u>Acknowledgements</u>	3
<u>Forward</u>	5
<u>Introduction</u>	11
<u>Education Laws and Rules</u>	13
<u>Facilitating Special Education Meetings</u>	15
<u>Prior Written Notice</u>	27
<u>Child Find</u>	29
<u>Screenings</u>	33
<u>Hearing and Vision Screenings/Evaluation</u>	41
<u>Early Intervention Transition</u>	47
<u>Comprehensive Developmental Assessment</u>	67
<u>Eligibility</u>	85
<u>Independent Educational Evaluation</u>	119
<u>Individual Education Program</u>	125
<u>Transfer IEP</u>	145
<u>LRE and Placement</u>	147
<u>Preschool Service Codes</u>	165
<u>Certification</u>	169
<u>Transportation</u>	171
<u>Funding</u>	173
<u>Transition to School-Age Service</u>	177
<u>On-going Progress Monitoring</u>	211
<u>Partnering with Other Agencies</u>	213
<u>SAMPLE FORMS</u>	221
<u>Best Practices</u>	245

INTRODUCTION

The unique challenges of screening and evaluating young children suspected of having disabilities requires an understanding a variety of strategies in assessment and evaluation. In 1991, the Arizona Department of Education (ADE), Exceptional Student Services 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 titled "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.

In July of 2008 the task force expanded the resource manual and conferences to **HELP! Help for the Early Learning Professional**. This manual was designed 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 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 (GOLD);
- 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 ADE. 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 602-364-1530.

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, which became Part C of IDEA*. 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. After many years of anticipation, Part C Regulations were released on September 28, 2011 and went into effect October 28, 2011.

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.

*Part C of IDEA '04 applies to children birth through age 2 and is administered by the Department of Economic Security (DES)/Arizona Early Intervention Program (AzEIP) which oversees services for children that qualify. Children may qualify for "AzEIP Only" services or for services through DES Division of Developmental Disabilities (DDD) and/or Arizona School for the Deaf and Blind (ASDB). Part C regulations were published in October of 2011 and implemented July 1, 2012.

- Footnote: Throughout this manual the use of this bullet will indicate direct quotes from the law.

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. Developmental Delay
4. Preschool severe delay
5. Speech-Language Impaired

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.

FACILITATING POSITIVE SPECIAL EDUCATION MEETINGS

Your relationship with parents and families is significant to a child's education. Often a family's first experience with a school district is a special education meeting. It is imperative to help parents understand the special education process and help the parents to feel they are an active member of the eligibility and Individual Education Program (IEP) team. Conducting and facilitating meetings is key to making that happen. Further, connecting parents to resources such as [Raising Special Kids](#) can have a positive impact on parents and districts.

- Create poster size agendas and display on the wall during the meeting. (See sample agendas provided on the following pages).
- Create a portable (perhaps legal size) laminated copy to carry into the family's home or to the parents' place of work for early intervention transition conferences.
- Personalize the agenda with a picture of the child at the top or their name filled in with dry erase markers.
- Be genuine and welcoming. Put parents at ease. Give parents an opportunity to tell their story.

Training staff to facilitate special education meetings and use an agenda helps everyone stay compliant with IDEA. This is especially helpful to parents who are new to the process. Use of agendas will also reduce meeting times by keeping the group focused on the agenda items. Some challenging meetings may require a more personalized agenda. "Parking lots", a place to record items for future discussion, are helpful for non-IEP agenda items that may arise, but are still important to address.

For many parents, preschool eligibility and IEP meetings can be the first time they are told educationally-significant diagnostic information. This information can be very difficult for a family to hear and in fact may not be fully processed the first time. It is important to ensure that your IEP meeting process is not only legally compliant, but also promotes optimal family care and compassion. Here are suggestions for planning and facilitating IEP meetings that can assist teams in experiencing positive and productive meeting outcomes:

Recommendations for facilitating special education meetings:

- Be organized and prepared.
- HAVE AN AGENDA and stick to it. Respect time limits.
- 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 ~ consider providing resources that will help them when they leave the meeting.
- Schedule a conference call with the family if they are unable to physically attend the meeting.
- Obtain permission to proceed with meeting and talk to parent prior to or after the meeting if they are unable to physically attend.

Other recommendations for facilitating positive special education meetings:

1. Scheduling Considerations
 - a. Make sure you invite the appropriate team members, including custodial/non-custodial parents if appropriate and all related service personnel.
 - b. Schedule the meeting with consideration of parent availability, remembering that the meeting time must be mutually agreed upon.
 - c. Schedule the meeting one to two weeks prior to the due date to ensure timeline compliance.
 - d. Send meeting notices to all participants the district is inviting to the meeting

2. Prior to the Meeting
 - a. Provide the parents a DRAFT copy of the IEP at least one week prior to the meeting; the draft may include the following sections: PLAAFP, Goals, Accommodations/Modifications
 - b. Develop a written agenda that includes an identification of intended outcomes, and issues to be considered at the meeting
 - c. Identify the team leader prior to the meeting; the team leader will guide the group through the meeting process and assist the group in understanding each other, building agreements, and developing an action plan.

3. During the Meeting
 - a. Introduce all participants and their roles in the meeting
 - b. Post and review the agenda
 - c. If ground rules are appropriate, clarify what they are at the beginning of the meeting
 - d. Use a “parking lot” for non-IEP related ideas or concerns that are presented during the meeting
 - e. Begin with the students strengths and needs.
 - f. Proceed to discuss PLAAFP, Goals, Services, Placement, and accommodations
 - g. Obtain appropriate signatures on the IEP documents
 - h. Develop an action plan at end of meeting to identify what actions need to be taken, who is responsible for those actions, and when they will be completed.
 - i. Address any “parking lot” items
 - j. Acknowledge the contribution of all participants

Consider: Naming the meeting for the action. Rather than calling a meeting a MET1 call it a Review of Existing Data meeting. A MET2 is the Eligibility meeting. This will help staff and parents focus on the true meaning of the meeting and stay away from acronyms to better identify the purpose of the meeting to all participants, especially the parents.

PRESCHOOL EVALUATION AGENDA

1. **Introductions; Roles; Purpose of the visit**
2. **Explanation of Procedural Safeguards**
3. **Review of Existing Data Completed with Team Present and documenting team decision**
4. **Permission to Evaluate (if additional data is to be collected)**
5. **Prior Written Notice for Review of Existing Data/Collection of Additional Data**
6. *****Other team members starting evaluation*****
7. **Evaluation completed**
8. **Schedule Eligibility Meeting and IEP Meeting
(Parents informed that next steps are to determine eligibility and develop an Individualized Education Program (IEP) for their child (must be developed within 30 days of eligibility but most often occurs in conjunction). Goals and services to be determined at the IEP Meeting.**
9. **If eligibility is imminent parents informed about preschool program (curriculum, hours, days, service delivery models).**
10. **Parents receive registration forms & immunization information.**

PRESCHOOL EVALUATION AGENDA (SAMPLE #2)
(Eligibility Completed day of evaluation and sent to school for IEP)

- 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 and family within 1 week).**

AGENDA FOR (Child's Name) Individual Education Program (IEP) Meeting

- **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.**

(Child's Name)

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**

(Child's Name) 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**

** The IEP team and other qualified professionals may conduct a review without a meeting. Be sure to demonstrate that a team made the decision of whether or not to collect additional information. 300.305(b)

(Child's Name)

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**
- 9. Develop Individual Education Plan within 30 days if child is eligible for services.**

(Child's Name) TRANSITION CONFERENCE AGENDA
(See Notes Below)**

(Service Coordinator thanks family or school district for hosting the meeting depending on if the meeting is held at the school district or the family's home)

1. **Purpose of the meeting**
2. **Introductions; explain roles; (SC, AzEIP Team members, family and guests of family, child (if present), program representatives from School District, Head Start, Private Preschool, Child Care or other programs parent has invited)**
3. **Review or obtain Permission to Share Information**
4. ***Transition Team (SC, AzEIP Team Provider members, and family describe current developmental and medical history, including IFSP's current Summary of Present Levels of Development.**
5. ***Program Representative Share Information about their programs**
6. **Questions and Answers**
7. **Discussion with Family for Point of Referral**
8. **PEA Notification/Referral Form (if family is ready); with records (if not previously given)**
9. **Conclusion of Transition Conference ~ Proceed to Referral for Transition Conference**

Notes:

- ***4 and 5 may be reversed based on transition team's preference.**
- **The Transition Conference is scheduled and facilitated by AzEIP Service Coordinator. All members of the Transition Conference Team should be in agreement with the content of agendas and talking points.**
- **Program representatives should have an agenda of talking points.**
- **The Transition Referral Conference is facilitated by the school district representative if a referral takes place at the Transition Conference.**
- **AzEIP Service Coordinator completes *Transition Conference Summary Form* and disseminate copies**
- **If a referral takes place, the meeting proceeds to a Transition Referral Meeting which the school district facilitates beginning with providing Procedural Safeguards Notice and purpose of the meeting.**

TRANSITION REFERRAL MEETING*
(school district facilitates)

1. **Purpose of the Meeting and Procedural Safeguards Notice (provide brief explanation)**
2. **Prior Written Notice for Referral and Review of Existing Data**
3. **Begin Review of Existing Data (explain to family that this process will be completed when they arrive for evaluation and all team members are present)**
4. **Schedule appointment for hearing and vision screening (or complete vision and hearing at transition conference)**
5. **Schedule evaluation**
6. **Determine if family would like their AzEIP Service Coordinator to attend the IEP Meeting**
7. **Parents given Preschool Handbook and Registration/Immunization Information**
8. **Complete Prior Written Notice**
9. **Next Steps for Parents:**
 - **Return on Evaluation Date to:**
 - **Determine if further evaluation is necessary**
 - **Sign permission to evaluate**
 - **Child will receive evaluation**
 - **District will schedule an Eligibility and Individual Education Plan (IEP) meeting**
10. **Parents informed that next step after evaluation:**
 - **Determine eligibility**
 - **Develop an Individualized Education Program (IEP) for their child within 30 days of the Eligibility Meeting.**
 - **Goals and services to be determined at the IEP Meeting.**
 - **Parent may register at any time before or day of meeting, but must be registered at the school office before the child begins.**

***May occur at the evaluation appointment**

****Note:** To request these agendas in WORD format for your own editing, please contact the ECE office at ECEInBox@azed.gov as we are happy to share.

PRIOR WRITTEN NOTICES

Seven Items the Prior Written Notice Must Contain

1. A description of the action proposed or refused* by the agency;
2. An explanation of why the agency proposed or refused to take the action;
3. A description of each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action;
4. A statement that the parents of the child with a disability have protection under the procedural safeguards of this part and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained;
5. Sources for parents to contact to obtain assistance in understanding the provisions of this part;
6. A description of any other options that the IEP Team considered and the reasons why those options were rejected;
7. A description of the other factors relevant to the agency's proposal or refusal.

*When a parent makes a request, often districts overlook completing a thorough PWN of what the district is refusing.

NOTE:

The notice must be written in language understandable to the general public; and provided in the native language of the parents or other mode of communication used by the parent, unless it is clearly not feasible to do so.

If the native language/mode of communication of the parent is not a written language, steps must be taken to translate the notice orally or by other means to the parent in their native language/mode of communication, ensuring that the parent understands the notice. Written evidence documenting these requirements must be maintained by the public education agency.

Prior Written Notices

Referral for initial evaluation

Collection of new data for initial evaluation or reevaluation

Eligibility Determination

Development or review/revision of the IEP (FAPE)

Initial educational placement into special education, change in education placement or termination of special education or related services

Disciplinary removal for more than 10 consecutive school days

Deletion or additional of related services

Change in annual goals on an existing IEP

Increase or decrease in special education services

Increase or decrease in supplementary aides and services or supports to school personnel

Refusal to increase or decrease related services

Consideration of ESY (if done at a separate meeting)

For further information, please see the [Arizona AzTAS Document](#) on the [ESS Website](#).

(Bolded items denote five required proposal items for preschool)

Multiple actions can be included in one PWN if they occur on the same day, however be sure to answer each question for each action.



CHILD FIND

The state must establish written 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, para-educators, 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 unaware of AzEIP referral procedures may inadvertently prohibit a child from receiving valuable early intervention services.

<http://www.azed.gov/special-education/az-find/>

Child Find has three parts:

- (1) public relations
- (2) the screening process of locating and identifying those children in need of services
- (3) the referral of birth to 3 children to AzEIP

(1) Public relations

Child Find activities may take many forms such as advertising in newspapers, sending brochures to physicians and childcare facilities located within district boundaries, and publishing notices in school newsletters, menus, websites, flyers and brochures in school offices. Child Find posters are available in English and Spanish through 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. A list of suggested Child Find Public Relations Ideas is located at the end of this section.

<http://www.azed.gov/special-education/az-find/public-awareness-materials/>

(2) Screening process

The screening process is often referred to as “Child Find”. Child Find is also referred to as AZFinds by the Department of Education. 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 date may then be cancelled.

Districts should also have designated contacts and documented procedures to refer children from birth to three years old to AzEIP for Early Intervention services. Documentation of these referrals and procedures should be retained for Special Education monitoring. Samples of these procedures and a Child Find referral form are in the Child Find Intergovernmental Agreement (IGA) available on the AZ Finds website at www.azed.gov/wp-content/uploads/PDF/EX-05.pdf.

(3) Birth to 3 Referrals

The suggested process for referral to Early Intervention is to have one main contact person 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 referring to AzEIP. This referral process is completed through an online referral application at <https://egov.azed.gov/azeip/AzeipREF/Forms/Categories.aspx>.

See the intergovernmental agreement (IGA) for further information on transition procedures. <http://www.azed.gov/early-childhood/files/2011/11/transition-iga-july-2010-june-2015-final.pdf>.

The direct link to Arizona Early Intervention Program is at <https://www.azed.gov/azeip/>
For further information and resources on Child Find see AzFind website at <http://www.azed.gov/special-education/az-find/>.

AZ Find: 1-800-352-4558
928.679.8106
azfind@azed.gov

Child Find Database

A data base is critical for tracking all preschool students that have been referred to your district's program and staying in compliance with timelines. A database will also be helpful in completing ADE reports, such as the Annual Special Education data report for early intervention transitions.

Data helps to drive decisions in your district and provides data to administration to support accomplishments and needs. For example, the number of screenings that result in eligibilities, number of students referred from Head Start, number of children transitioning from AzEIP, may help to drive programmatic decision making. To download a sample database, go to the Preschool Tool Kit on the [Early Childhood website](#).

Unorganized Territories

For information related to children living in unorganized territories, see the [Unorganized Territory Memo](#) that explains the procedures for referring children for evaluation.

Public Awareness Ideas

Training

- Mandatory for all school personnel (e.g., administrators, teachers, instructional assistants, related-service staff, social workers, nurses, office staff, cafeteria staff, custodians, bus drivers)
- Optional for other district/charter school positions (e.g., school board members, PTA groups, site councils, volunteers)
- Optional for community partners

Posters/Brochures/Flyers

- Registration packets (all grades)
- School lobbies, offices, libraries, health and guidance centers, accommodation and private schools, school buses
- District and school newsletters, lunch menus, websites, and e-mail distribution lists
- Parent/teacher conferences and home visits
- School and community activities (e.g., open house/back-to-school events, parent group meetings, sporting events, music and drama performances, holiday/seasonal events, fundraisers, cultural events)
- Government buildings (e.g., library, city hall, parks and recreation, community centers, post office, public housing offices, secure care facilities)
- Public buildings (e.g., utility companies, faith-based organizations, gas stations, laundromats, pharmacies, restaurants, grocery and retail stores)
- Employers (e.g., paycheck, lunch room, staff meeting presentation)

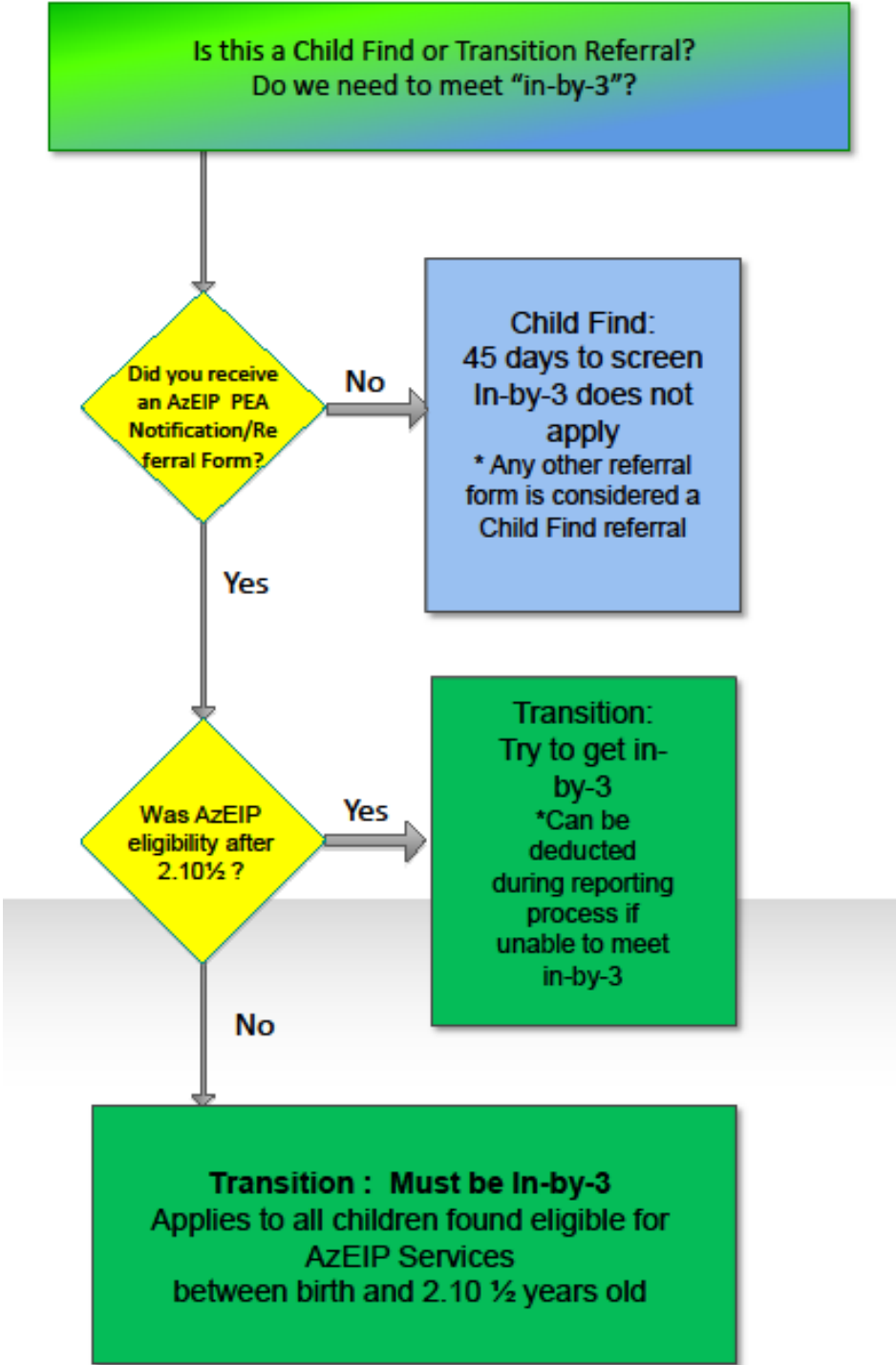
Community Partnerships

- Arizona Early Intervention Program (AzEIP) (i.e., co-host regular child find events and plan joint public awareness activities)
- Head Start centers, preschools, and daycare facilities
- Public events (e.g., county fairs, youth and adult sports, cultural celebrations, performing arts, health care, child care or safety)
- Health care centers (e.g., hospitals, private offices, public clinics, pharmacies, behavioral health clinics, Indian Health Services, AZ Departments of Economic Security and Health Services)
- Neighborhood watch and parent group associations (i.e., presentations and door-to-door public awareness)
- Multigenerational centers and faith-based organizations
- Other groups listed in the local social service directory

Media:

- Newspapers or magazines (i.e., community calendar, article, and/or advertisement)
- Paid advertisements in newspapers or inserts in utility bills (The cost could be shared with adjoining school districts.)
- Public service announcements on network, cable, and university TV and radio stations
- Social media (i.e., Facebook, Twitter and Youtube)
- Banners, billboards, marquees, and movie theater commercials

Child Find or Transition Referral?



SCREENING

A screening procedure is a short, economical, easily-administered measure designed to determine whether a more comprehensive evaluation is needed. **A screening instrument cannot be used as part of an evaluation/Comprehensive Developmental Assessment (CDA).** A screening can be accomplished using a tool that has already been standardized. A district may choose to design their own screening procedures to screen in all five developmental areas. To ensure a fair and reliable process it is important that districts use a consistent screening process for all children.

Districts are encouraged to accept screening information from other agencies (e.g. Head Start, Family and Child Education (FACE), et. al), rather than conducting another screening. Districts should track referrals from other agencies. If data reveals an inordinate amount of referred children who do not qualify for services, then district staff should work with the referring agency to ensure more reliable referrals through shared professional development and decision making.

***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).**

Larger districts may have the capacity to hold screenings weekly or bi-weekly to reduce the amount of time from parent phone call/referral to screening. Small school districts may have the ability to schedule a screening within a week of the parent's phone call. It may be helpful to some districts to schedule screenings periodically, but no more than 45 calendar days apart in order to have staff and resources available in order to meet the 45 day screening timeline. The 45 day timeline does not stop in the summer months, and it may require that districts schedule at least one day in June or July to conduct screenings.

Special education timelines can be a LONG time in a young child's life and rapid brain development. Best practice is as soon as possible!!!!

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).**

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) <http://www.nectac.org/topics/earlyid/screeneval.asp> compiled this product list. 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>.

1. Screening/Child Find	2. CDA – Initial Evaluation	3. Eligibility Determination	4. IEP Development
<ul style="list-style-type: none"> ❖ A brief developmental Screening of: <ul style="list-style-type: none"> Cognitive Communication Physical Social or emotional Adaptive ❖ Must include results of: <ul style="list-style-type: none"> Vision screening Hearing Screening* Previous records/ information Observation Parent report Home language survey <p>Outcomes: Pass? Yes – Stop</p> <p>No – Provide Procedural Safeguards & PWN for referral</p> <p>See Step 2 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 & 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"> ❖ Review existing data with documentation of team decision. If more information is needed: <ul style="list-style-type: none"> ❖ Obtain parent consent to evaluate ❖ Give Prior Written Notice (PWN) (Can combine with Referral PWN) ❖ Conduct Comprehensive Developmental Assessment of: <ul style="list-style-type: none"> Cognitive Communication Physical Social or emotional Adaptive ❖ Measures can be: <ul style="list-style-type: none"> <u>Norm-referenced</u> (at least one instrument must be norm-referenced) Criterion-referenced Judgment-based Play-based Behavior observation Communicative/Behavior sampling Checklist Other instruments for any other info needed in specific domains Parent Input Solicited Test Selection: <ul style="list-style-type: none"> Culturally relevant Consider child’s needs Valid for child <p>Outcomes: Sufficient information for determining eligibility is obtained. See Step 3</p> <p><u>RULE OF TWO’S FOR FURTHER EVALUATION:</u> Minimum of: 2 Evaluators must be used 2 Instruments must be used 2 Settings are suggested</p>	<ul style="list-style-type: none"> ❖ Explain/discuss assessment results with parents ❖ 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. <p>Outcomes: 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>Eligible? No –Proceed with MET conference deeming child non-eligible.</p> <p>Provide Prior Written Notice Yes – Proceed with MET conference deeming the child eligible:</p> <p>Identify Preschool Category: Developmental Delay (DD) Preschool Severe Delay (PSD) Speech/Language Impaired (SLI) Vision Impaired (VI) Hearing Impaired (HI)</p> ❖ Provide Prior Written Notice (one PWN may be written for MET & IEP if held at the same time. IEP must be developed within 30 days of the MET. Indicate initial educational placement.	<ul style="list-style-type: none"> ❖ IEP team (which includes the parents) develops goals based on Present Levels of Academic and Functional Performance (PLAFP). ❖ 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). ❖ 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). <p>Outcomes: <u>Placement decision</u> based on least restrictive environment (LRE) to implement IEP <u>Preschool Services to be Provided</u> Cognitive Intervention Adaptive Intervention Social or Emotional/Behavioral Int. Language Therapy Articulation Therapy</p> <p><u>Related Services</u> ST, OT and/or PT Assistive Technology Transportation</p> <p><u>Supplementary Aides & Services</u> AT Devices Aide for Toileting Assistance PECS</p> <p><u>Supports for School Personnel</u> PECS Training Training on tube feeding Training on AT device</p> <p><u>Initiation & Duration Dates</u> <u>ESY Consideration</u></p> ❖ Provide Prior Written Notice (one PWN may be written for MET & IEP if held at the same time. IEP must be developed within 30 days of the MET. Indicate initial educational placement.

A parent or agency referral goes to the school district of a child that IS NOT in early intervention program and is ages 2.10 to 5 years old. **If the child is in early intervention, a transition planning conference is scheduled by the early intervention service coordinator using the Invitation to Participate in a Transition Planning Conference form. The meeting is held up to 3-6 months prior to the child's 3rd birthday. A Transition Planning Conference Summary form is completed and copies distributed to all in attendance.** Provide Procedural Safeguards Notice (PSN) to parent(s). Complete a Prior Written Notice (PWN) for referral.

Has the child been screened or evaluated in all of the following areas: vision, hearing, cognitive development, motor development, communication, adaptive development, and social or emotional development?

YES

NO

Multidisciplinary evaluation team (MET) reviews existing data and determines:

School district team conducts a developmental screening **within 45 days** of referral (addressing all 5 areas of development and vision/hearing)

No additional data is needed to determine eligibility and the need for special education services. Provide PWN.

Additional data is needed. Obtain written parental consent. Provide PWN.

Child fails screening in **ANY** area. Provide PWN for referral.

Child passes screening

Collect additional data including a comprehensive developmental assessment (CDA).

No special education process initiated. Screening team may monitor child's progress or re-screen at a later date.

Hold MET meeting to determine child's eligibility and need for special education services. Complete eligibility and evaluation report. Provide copies to parents along with PWN. **This is required to be completed within 60 days of receiving written parental consent for assessment.**

Child is eligible and parent provides written consent for initial placement into special education. Conduct meeting to develop IEP. Provide PWN. **IEP must be developed and implemented within 30 days of eligibility determination.**

Child is not eligible and does not need special education. Provide 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 Tools Section and may also be done by using professional judgment based on informal screening procedures. For example, if a four-year-old is exhibiting limited language, is wearing a diaper and is being fed by mother, the district may decide to proceed with a comprehensive developmental assessment. The team may document observations of the child's development on a Review of Existing Data and state how the team determined a need for further evaluation. 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. The screening procedure should be consistent for all children in the district.

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. During the screening process, if the child fails one area you may choose to abbreviate the screening process, knowing you will need to complete a 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 Speech-Language Impaired (SLI)?

No. A comprehensive developmental assessment *and* parent input are required to determine SLI eligibility. There is still a requirement for a CDA by the multidisciplinary evaluation team or minimum of two evaluators. 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 SLI is required.

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, preschool or Head Start Program thinks a child in their program may need special education, what should they do?*

If staff members at a child care, preschool or Head Start program believe a child may have a disability and need special education, they should contact the local school district. Staff members who work with the child 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 the results of screenings conducted by another agency and not start an additional 45 days to screening timeline.

6. *Should I rescreen children that have been screened by Head Start or other preschool programs?*

Generally, no. 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. Some Head Start programs begin screening children on home visits prior to the beginning of the school year, which may result in more efficient referrals.

7. *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 birth to age 3 years (43 CFR 300.118). Arizona's lead agency for serving children birth through age three is the Department of Economic Security (DES)/Arizona Early Intervention Program (AzEIP). Districts should have a procedure for keeping documentation of AzEIP Tracking Forms when children ages birth to age 3 are referred to AzEIP. It is required to have all staff in the district trained on referring children birth to 3. It is helpful to have a designated person to whom district staff refer families. This person should be trained to document the referral to AzEIP. Documentation and copies of forms should be kept in a central location for monitoring purposes. The Arizona Child Find Intergovernmental Agreement (IGA) can be found on the Arizona Department of Education/Early Childhood Special Education website <http://www.azed.gov/wp-content/uploads/PDF/Child-Find-IGA2010-2015.pdf>.

8. *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.

9. *What is the screening process for children who were referred by AzEIP to the school district?*

If a family calls AzEIP close to the age of 3, AzEIP will refer the family to the school district. If the child has not received services through AzEIP, this constitutes a regular "child find" referral (see graphic on page 26) and therefore, the district has 45 days to screen the child/review existing data to determine if further evaluation is necessary. If children have not been identified by AzEIP and are not receiving early intervention services they are not required to have an IEP developed on or before the child's third birthday.

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

IDEA requires a smooth transition from Part C Early Intervention Services to Part B Preschool Services. (See Transition Section on page 39). There is no screening process for children who are transitioning from AzEIP. However if there is a need for updated vision and hearing screening, the district may schedule the child to attend a regularly scheduled screening event for vision and hearing only. The child is already receiving services for identified needs under IDEA, Part C and the transition process should help determine if the child continues to need further services at the preschool level.

11. *How many staff members can 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.

12. *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.

HEARING AND VISION SCREENINGS/EVALUATIONS

Hearing and vision screenings are required as part of the CDA. Hearing and vision problems are often not apparent, thus it is important to screen and/or evaluate for vision and/or hearing problems that may be contributing to or be the direct cause of developmental delays before proceeding to further developmental assessment. CFR 300.304 (c)(4), states, "The child is assessed in all areas related to suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communication status, and motor abilities". Paragraph (6) goes on to say, "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 relate service needs, whether or not commonly linked to the disability category in which the child has been classified".

Arizona Administrative Code R7-2-401 states that screening procedures shall include vision and hearing status. Vision and hearing screenings should be performed by appropriately trained personnel in an environment with low ambient noise, appropriate lighting, and free from auditory and visual distractions.

HEARING SCREENINGS

Screener Qualifications:

Personnel performing hearing screenings must meet qualifications according to Arizona Administrative Code R9-13-107. Certification must be current prior to performing a screening.

Equipment/ setting:

Personnel must ensure that hearing screening equipment is in current calibration and in proper working order prior to performing a screening. If either or both of these conditions is/are not met, the screening must not be performed. AAC R9-13-108

Hearing screening equipment is available on a loaner basis from The Arizona Department of Health Services Bureau of Women's and Children's Health, Sensory Program.

<http://www.azdhs.gov/phs/owch/children/sensory.htm>.

Screening procedure:

Hearing Screenings should be conducted according to Arizona Department of Health Services Rules (DHS) (AAC, R-9-13-102 & R-9-13-103) located at

http://www.azsos.gov/public_services/Title_09/9-13.htm.

A hearing screening as described in Paragraph C consists of four-frequency pure tone, three-frequency pure tone with tympanometry, or Otoacoustic Emissions (OAE). OAE should only be used in those cases where the child is unable to cooperate with pure tones.

For a variety of reasons, hearing screenings do not identify all children with hearing impairment. Therefore, it is prudent on the part of the district to make a referral to an audiologist for a child for which concerns about a possible hearing problem exist, even if the child passes the hearing screening. This may include: parent concern about hearing,

family history of congenital hearing loss, history of chronic ear infections, premature birth and long term (greater than 5 days) neonatal hospital stay, fetal jaundice, use of ototoxic medications, significant illness, injury to the head or neck, or presence of a syndrome associated with abnormalities of the ear and/or hearing loss. Communication concerns may also be present such as significantly delayed speech or language, non-developmental speech patterns, patterned omission of sounds particularly at the end of words, and limited production of certain classes of sounds. More information may be found at <http://www.asha.org/public/hearing/disorders/causes.htm>.

"Difficult to screen" children:

If a child will not tolerate earphone and/or probe placement for screening, a referral should be made to an audiologist with pediatric experience and appropriate test facilities, prior to proceeding with the CDA.

Screening in the sound field by an audiologist is acceptable if a child will not tolerate earphone or probe placement. However, personnel must be aware that sound field testing does not yield ear specific information, and unilateral hearing loss may not be identified.

- *Describing a child as "unable to test" is not acceptable.*
- *The use of a "functional" or "observational" hearing screening is not acceptable.*

Failed screenings/ Referral to an audiologist:

We all struggle with the balance of making sure that children can see and hear before we move forward with an evaluation and the need to rule-out vision and hearing as a primary category, and not holding up eligibility for a child who is in obvious need of services. Due to the nature of evaluating young children, often chronic middle ear infections (otitis Media) and behavioral issues require us to see follow up care prior to an evaluation, delaying services to many of our highest needs children.

If a child does not pass the hearing screening according to AAC R9-13-104 guidelines, these guidelines stipulate that the district may rescreen hearing in no less than 30 and no more than 45 days. Thus, it may be preferable to make a referral to an audiologist, preferably with pediatric experience and appropriate test facilities, following an initial failed screening.

This will delay the evaluation process, however, best practice is the CDA must not proceed until information on hearing sensitivity has been obtained. However, in the case of those children who have been referred to an audiologist, and children for whom we do not feel delaying eligibility is in their best interest, we MAY, on an individual basis, consult with the audiologist (or vision specialist) to determine **IF** we may proceed with a CDA, and if so, what accommodations or modifications are necessary. Assessment processes and the strategies/instruments used during the CDA must consider hearing and vision status. A variety of assessment tools, including those that do not require the use of audition by the child in order to understand and follow directions or prompts, should be utilized.

If indicated, appropriate follow-up MUST continue until there is resolution of a medically treatable hearing loss, and/or the audiologist is able to rule-out hearing impairment. In

this case the evaluation team should not hold up an eligibility determination or placement and should consider preponderance of information and explain if a hearing impairment is later identified the multidisciplinary team will reconvene and reconsider eligibility, placement and/or goals and services based on updated information.

You must find effective ways to track children's progress toward resolution of hearing/vision issues or your district may choose to maintain a policy of passing vision and hearing prior to moving forward with an evaluation.

Not following up until resolution of a child's vision and/or hearing issues is unacceptable.

Hearing impairment

Please refer to CDA chapter of the HELP Manual for "Special Considerations for Evaluating a Child with Hearing Impairment" on page 68.

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). It is recommended that districts create policies and procedures

It is not permissible to indicate on evaluation reports that the child was unable to be tested. Functional vision screenings (see [Vision Screening Checklist](#)) are permissible when a child is unable to be conditioned. A teacher of the visually impaired will be able to condition a student to access certain testing protocols.

The evaluation team should consult with a teacher of visually impaired to determine IF the team may proceed with the evaluation. The evaluation process and the strategies/instruments used during the evaluation should take into account the vision issue. Follow-up MUST continue until there is resolution of the vision issue that rules out vision impairment or the child passes the vision screening. If the child has failed the screening it creates an area of suspected disability, which makes the school district responsible for follow-up referrals in order to complete the sensory evaluation.

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 the "LEA Visual Acuity cards or puzzle". When a child is unable to respond to the LEA cards the Teller Acuity Cards may be helpful. They are non-verbal assessment tool that uses eye gaze to get an acuity for near and mid-range vision. If a child exhibits characteristics such as ASD with limited eye gaze or behavior that would prevent the

team from getting a good acuity, the Vision Screening Checklist may be used. Conduct an internet search for “LEA Visual Acuity Cards” to find sources from which to purchase. An organization called “Prevent Blindness” may be able to provide Photo screening 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.

When a child is unable to be conditioned for the vision screening, a district 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) a child may be professionally assessed using the [Vision Screening Checklist](#) developed by the Arizona State Schools for the Deaf and Blind.

Visual Impairment

Please refer to CDA chapter of the HELP Manual for “Special Considerations for Evaluating a Child with a Visual Impairment” on page 68.

Resources:

A majority of larger school districts have teachers of the visually impaired and hearing impaired to provide services to VI and HI students. Smaller school districts who are members of Arizona School for the Deaf and Blind’s five regional cooperatives may be able to utilize services depending on their member status.

[Foundation for Blind Children](#) provides similar services as ASDB for vision.

Prevent Blindness

The [Hearing Screening Bookmark](#) was developed to assist districts in locating resources for Hearing Screenings.

VisionQuest 20/20



Hearing Screenings Fact Sheet

- ◆ Because learning is mostly accomplished through the senses of vision and hearing, screenings help to identify any barriers that would impair a child's ability to learn. Early identification and treatment can prevent or at least alleviate many of the problems that result from impaired hearing or vision. Screening is the most practical approach to identify children in need of professional services.
- ◆ The early childhood years from birth to the start of kindergarten and even older children, are an important time of rapid learning and growth. Early Childhood Screening is a quick and simple check of how children are doing. It identifies, at an early stage possible learning or health concerns so that children can get needed help before starting school. Early Childhood Screening is not a kindergarten entrance test.
- ◆ All children should be screened for hearing loss at least once during the preschool years and more often if there are high risk factors such as illness, use of medications, or an identified delay. Hearing screening should always occur when hearing loss is suspected by parents or caretakers. Hearing loss should be ruled out whenever a child is being considered for special education services, regardless of whether a hearing loss is suspected -American Academy of Audiology, 1997.
- ◆ Hearing screening tests provide a quick and cost effective way to separate those who pass a hearing screening and are presumed to have no hearing loss and those who fail and are in need of an in-depth evaluation by an audiologist and may also need follow-up care from other professionals. -American Speech-Language Hearing Assoc.
- ◆ The goal of screening for hearing loss is to identify children most likely to have hearing loss that may interfere with communication development, health or future school performance. In addition, because hearing loss in the early years of development is so often associated with middle ear disease, it is also recommended that children in this age group be screened for outer and middle ear disorders (acoustic immittance screening).
- ◆ Some children may pass an initial hearing screening, but still be at risk for hearing loss that fluctuates, is progressive (gets worse over time), or is acquired later in development.
- ◆ **Contact your local school district to find out how to obtain screenings/evaluation for children with suspected disabilities or refer to the [Hearing Screening Bookmark](#) for other resources.**

TRANSITION FROM EARLY INTERVENTION (PART C)
TO PRESCHOOL (PART B)
A.K.A. "IN-BY-3"

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. An Intergovernmental Agreement (IGA) between the Department of Economic Security (DES)/Arizona Early Intervention Programs (AzEIP) and the Arizona Department of Education (ADE) helps to clarify transition requirements for children transitioning from Early Intervention (Part C) to Preschool (Part B). This document, accompanying forms and other resources for early intervention transitions can be found on the [Early Childhood Special Education Webpage](#).

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 performance outcomes through the Annual Performance Report (APR). One indicator required in this report provides details about how many children transitioning from Early Intervention to Special Education Preschool 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 from Early Intervention services (commonly referred to as AzEIP) 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.(If evaluation results indicate the child does not qualify for Special Education services upon entry to Preschool, the District must provide Prior Written Notice (PWN) of ineligibility on or before the child's third birthday to satisfy the "In-By-3" requirement.) Early Intervention programs and school districts should, 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 of this collaboration is for families to have a smooth transition and for their child to quickly engage in the physical learning and social environment of their new program.

The Transition process involves the AzEIP Service Coordinator talking with families about transition at age three from the very first Individualized Family Service Plan (IFSP) meeting. Below are suggestions that will be helpful in creating mutual processes with your AzEIP Service Coordinator(s).

1. Track individual timelines for each child referred to your district from AzEIP. A sample data base is available on the Arizona Department of Education Early Childhood website's [Toolkit](#). Count all children for whom you receive a PEA Notification/Referral Form as AzEIP transition referrals. If for any reason your district is unable to meet the In-By-3 requirement for a child, make sure you track the reason for a child not having an IEP in place or being found ineligible on or before their third birthday. Also document the number of days past the child's third birthday the IEP was written and signed or the PWN noting ineligibility is provided.

2. Assign one district contact person for all early intervention transitions. Make sure a summer contact is identified and communicated to your service partners in Early Intervention as children continue to require transition throughout the year.
3. Train Early Childhood and Evaluation Team Staff on PEA transition responsibilities.
4. Check the website for the Early Childhood Unit of the Arizona Department of Education for [transition resources](#) or call the Early Childhood Special Education unit for technical assistance:

Early Childhood Office (602) 364-1530
ECSE Program Specialist: Kathy Coloma
ECSE Program Director: Val Andrews-James
C2BInbox@azed.gov
5. 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.
6. Ensure data accuracy. *If the child was not eligible for, or did not receive AzEIP services*, the referral is considered a Child Find *referral* from AzEIP for a child approaching the age of 3. Child Find referrals allow 45 days from notification of a child with a suspected disability to completion of screening. This type of referral is **not** an AzEIP Transition.

THE TRANSITION PROCESS

1. The AzEIP Service Coordinator facilitates an IFSP meeting closest to the child's 2nd birthday (before or after), such as at an annual or 6 month review with the IFSP team members to update the IFSP, as appropriate, and discuss with the family:
 - A. All early childhood options available to the family in their community, including preschool special education services, Head Start, private preschools, and child care settings.
 - B. The parent's interest in a Transition Conference, which must be held between the child's age of 2 years, 6 months and 2 year, 9 months (and, at the discretion of all parties, as early as 2 years, 3 months of age) **at a place and time convenient for the family**;
 - C. The Transition Planning Meeting may be combined with the Transition Conference;
 - D. The AzEIP Service Coordinator's requirement to make an automatic referral using the PEA Notification/Referral Form of all children potentially eligible for preschool special

education services (IDEA, Part B), to the PEA and a copy to ADE, which includes the child's name, date of birth, and the parents' names, address, and phone number(s); and

- E. The parent's right to opt-out of the automatic referral to the PEA no later than the date when the child is 2 years, 8 months of age. If the parent stops the transition process by opting out before age 2.8 and later decides to opt in after age 2.8 the child is no longer considered an AzEIP transition. If the parents opt back in before age 2.9, the district is required to meet the In-By-3 requirement and the child is counted as a child transitioning from AzEIP. If a parent opts-out of the automatic referral to the PEA (PEA Referral/notification), it must be in writing and therefore the PEA would never be aware of this family unless they later self-refer, a self-referral would then be considered a child find referral.
2. If the parent chooses to have a Transition Conference, the AzEIP Service Coordinator schedules a meeting with the PEA and other programs the parents may be considering. The Transition Conference must be held between the child's age of 2 years, 6 months and 2 years, 9 months (and, at the discretion of all parties, as early as 2 years, 3 months of age) **at a place and time convenient for the family.**
 3. The Transition Conference must take place for children who were found eligible for Part C services before the age of 2 years, 9 months. If children are found eligible for Part C between the ages of 2 years, 9 months and 2 years 10 ½ months they are considered late referrals to AzEIP and Transition Conferences are not required, but are certainly allowable.
 4. PEA Notification/Referral date requirements under Part C are based on the date the child is found eligible for AzEIP services. Children found eligible for AzEIP services between the time the child reaches 2 years, 9 months and 2 years, 10 ½ months are considered late referrals to Part C for transition purposes. A transition conference is not required, but you should still receive a PEA Notification/Referral Form. If, you are unable to have an IEP in place or ineligibility determined on or before the child's third birthday, these late referrals to AzEIP can be deducted on the special education data collection report.
 5. For children found eligible for Part C on or before the child is 2 years 9 months old, the PEA should receive a PEA Notification/Referral Form by the time the child is 2 years 9 months old (whether or not school is in session at the time), unless the parent opted out of the notification. You may receive these forms over winter, spring and summer breaks. PEA Notification/Referral forms are also being copied to the Arizona Department of Education by the AzEIP Service Coordinators as per Part C requirements.
 6. Children referred to or eligible for Part C services between the time the child is 2 years 10 ½ months and 3 years old are also considered late referrals. However no PEA Notification/Referral Forms will be sent from AzEIP to your District. The AzEIP Service Coordinator will assist the family in locating the school district of residence and refer the

family to the district. Districts should follow the process for a Child Find referral in this situation as this is not considered an AzEIP referral.

No PEA Notification/Referral Form means it is not considered an AzEIP referral!

If you have any questions about transition from Part C to Part B contact the ADE Early Childhood Special Education unit. (See item 4 in this section.)

If you are finding an ongoing barrier to the 100% compliance requirement for In-By-3, issue an AzEIP Alert by e-mailing the Early Childhood Special Education Unit at C2BInbox@azed.gov with “AzEIP Alert” – and your district’s name in the subject line.

Early Intervention Transition Timelines and Responsibilities For Children Eligible for AzeIP



≤ 2 years 6 months old

Service Coordinator:

1. Schedules and facilitates the IFSP Meeting near the child's 2nd birthday and informs family of:
 - a). transition process/requirements and
 - b). option to opt out of notification to the school district. *Note: Parents who do not wish to be referred to the PEA for potential preschool eligibility and services must choose to opt out of the PEA Notification/Referral process by the time the child is 2 years 8 months old, otherwise the Service Coordinator will send the Notification to the PEA and the Arizona Department of Education no later than the time the child is 2 years 9 months old.*
2. Schedules and invites participants to the Transition Conference and Transition Planning Meetings (at a time and place convenient to the Family) between the time the child is 2 years 6 months and 2 years 9 months (or as early as 2 years 3 months if all parties agree). These meetings may be held separately or combined into one meeting. These meetings must meet the meeting requirements for an IFSP meeting and also include representation from the PEA, Head Start or other preschool location as requested by the Family.
3. Facilitates and documents the outcomes of the Transition Conference and Transition Planning Meetings.
4. Sends the PEA Notification/Referral form to the PEA and the Arizona Department of Education as soon as the parents agree and no later than the time the child is 2 years 9 months old, unless the parent opts out.

PEA:

1. Participates in the Transition Conference and Transition Planning Meetings when Family has requested their participation;
2. Provides information to the Family about preschool special education and the evaluation and IEP process;
3. Provides Procedural Safeguards and required special education meeting notices upon receiving the PEA Notification/Referral Form.
4. Schedules Review of Existing Data, Evaluation, Eligibility and IEP Meetings as appropriate. (When requested by the Family, the Service Coordinator and other participants determined by the Family are to be invited to these meetings.)
5. Determines the Child's eligibility, develops and signs the IEP or determines ineligibility and documents the decision via a Prior Written Notice no later than the Child's 3rd birthday.

Early Intervention Transition Timelines and Responsibilities For Child Eligible for AzEIP –



2 years 6 months and \leq 2 years 9 months old

Service Coordinator:

1. Schedules and invites participants to the Transition Conference and Transition Planning Meeting (at a time and place convenient to the Family) between the time the child is 2 years 6 months and 2 years 9 months (or as early as 2 years 3 months if all parties agree). These meetings may be held separately or combined into one meeting. These meetings must meet the meeting requirements for an IFSP meeting and also include representation from the PEA, Head Start or other preschool location as requested by the Family.
2. Facilitates and documents the outcomes of the Transition Conference and Transition Planning Meetings.
3. Sends the PEA Notification/Referral form to the PEA and the Arizona Department of Education as soon as the parents agree and no later than the time the child is 2 years 9 months old, unless the parent opts out.

PEA:

1. Participates in the Transition Conference and Transition Planning Meetings when Family has requested their participation;
2. Provides information to the Family about preschool special education and the evaluation and IEP process;
3. Provides Procedural Safeguards and required special education meeting notices upon receiving the PEA Notification/Referral Form.
4. Schedules Review of Existing Data, Evaluation, Eligibility and IEP Meetings as appropriate. (When requested by the Family, the Service Coordinator and other participants determined by the Family are to be invited to these meetings.)
5. Determines the Child's eligibility, develops and signs the IEP or determines ineligibility and documents the decision via a Prior Written Notice no later than the Child's 3rd birthday.

Early Intervention Transition Timelines and Responsibilities Child Eligible for AzeIP



>2 years 9 months and 2 years 10 ½ months old

Service Coordinator:

1. Schedules and facilitates the Initial IFSP Meeting. The PEA can be invited with Parent's consent.
2. Sends the PEA Notification/Referral form to the PEA and the Arizona Department of Education before or during the initial IFSP Meeting.
3. Assists with transition to the PEA; however neither a Transition Conference nor a Transition Planning Meeting are required.

PEA Representative:

1. Participates in the initial IFSP Meeting when Family has requested their participation;
2. Provides information to the Family about preschool special education and the evaluation and IEP process;
3. Provides Procedural Safeguards and required special education meeting notices upon receiving the PEA Notification/Referral Form.
4. Schedules Review of Existing Data, Evaluation, Eligibility and IEP Meetings as appropriate. (When requested by the Family, the Service Coordinator and other participants determined by the Family are to be invited to these meetings.)
5. Determines the Child's eligibility, develops and signs the IEP or determines ineligibility and documents the decision via a Prior Written Notice. This transition is considered a Late Referral to AzeIP and is a deductible reason for not meeting the in-by-three Federal Requirement if the PEA is unable to determine eligibility or ineligibility prior to the child's 3rd birthday.

Early Intervention Transition Timelines and Responsibilities For Children Eligible for AzEIP



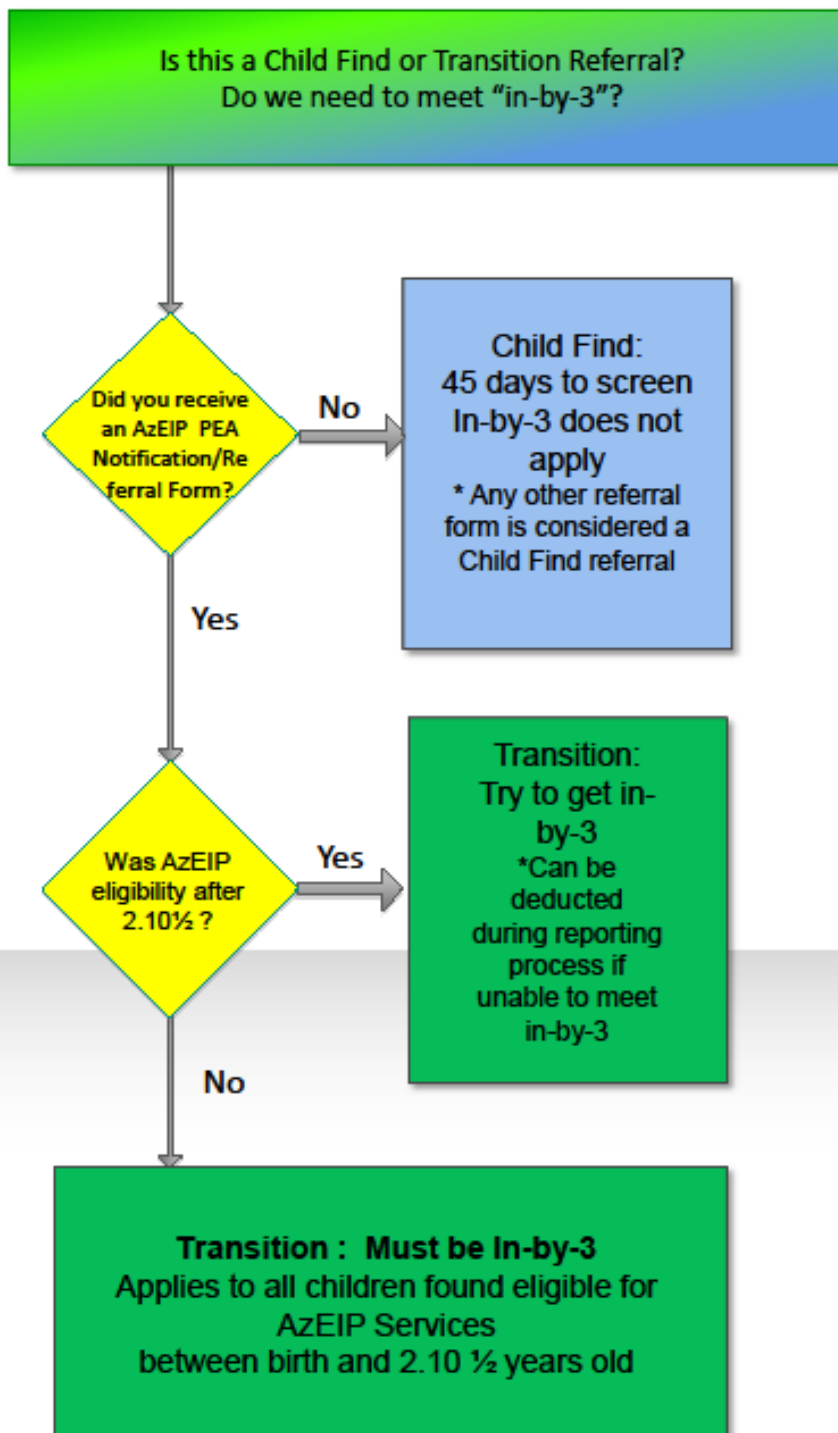
2 years 10 ½ months and < 3 years old

Service Coordinator:

1. Assists with transition to the PEA; the Transition Conference and Transition Planning Meetings are NOT required.

PEA Representative:

1. Provides information to the Family about preschool special education and the evaluation and IEP process;
2. Provides Procedural Safeguards and required special education meeting notices .
3. Schedules Review of Existing Data, Evaluation, Eligibility and IEP Meetings as appropriate. (When requested by the Family, the Service Coordinator and other participants determined by the Family are to be invited to these meetings.)
4. Determines the Child's eligibility, develops and signs the IEP or determines ineligibility and documents the decision via a Prior Written Notice. This transition is considered a Late Referral to AzEIP and is a deductible reason for not meeting the in-by-three Federal Requirement if the PEA is unable to determine eligibility or ineligibility prior to the child's 3rd birthday.



Early Intervention Transition Requirements

	Eligible ≤2 years 9 months old	Eligible >2 years 9 months and ≤2 years 10 1/2 months	Eligible >2 years 10 1/2 months and <3 years old
Opt-Out of PEA Referral	By 2 years 8 months	No later than the initial IFSP Meeting	No PEA Notification Required – treated as a Child Find Referral
Transition Conference Meeting	Between the age of 2 years 6 months and 2 years 9 months (or as early as 2 years 3 months when all parties agree)	Not Required	Not Required
Transition Planning Meeting	Meetings may be held separately or combined		
PEA Notification/Referral	Sent to the PEA and ADE no later than 2 years 9 months	Sent to PEA and ADE no later than the initial IFSP Meeting	Not required – PEA treats this as a Child Find Referral

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

**INVITATION TO PARTICIPATE IN A TRANSITION CONFERENCE/
IFSP TRANSITION PLANNING MEETING**

_____ (Date)

You are invited to a: Transition Conference Transition Planning Meeting Combined Meeting

For: _____ (Date of Birth)
(Child's Name)

This child is currently participating in the Arizona Early Intervention Program (AzEIP) through our agency. The meeting will assist the parents and their team to understand and plan the transition steps/activities from early intervention to the appropriate early childhood program(s).

PARTICIPANTS	
Team Member's Name(s)	Agency/Program
	Parent(s)
	AzEIP Service Coordinator
	IFSP Team member
	IFSP Team member
	School District Representative
	Head Start Representative
	Community Preschool Representative
	Other:
	Other:

The meeting(s) is scheduled for: _____ at _____
(Date) (Time)

at: _____
(Location)

If you have any questions or are unable to make the meeting, please contact me.

AzEIP Service Coordinator's Name: _____

Early Intervention Program: _____

Phone No.: _____ Email address: _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

TRANSITION CONFERENCE SUMMARY

(Date)

(Child's Name)

(Date of Birth)

(Age)

The purpose of the transition conference is to ensure the following activities/steps are completed:

- (a) review potential program(s) options/continuum of services available after the child's third birthday;
- (b) establish tentative timelines and activities for the child's transition into the early childhood programs requested by the parent (such as Head Start or preschool), if eligible;
- (c) establish a plan for parental visitation to the programs available;
- (d) review existing data/information about the child; and
- (e) plan for collecting additional information to determine eligibility for programs of interest to the parents, such as special education preschool.

The parent has signed a Permission to Share form to discuss/share information about the child.
(Required before Transition Conference)

PARTICIPANTS ATTENDING CONFERENCE

Name	Agency/Program	Phone Number
	Parent(s)	
	AzEIP Service Coordinator	
	IFSP Team member	
	IFSP Team member	
	PEA Representative	
	Head Start Representative	
	Community Preschool Representative	
	Other:	
	Other:	
	Other:	
	Other:	

See reverse for EOE/ADA/LEP/GINA disclosures

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

PUBLIC EDUCATION AGENCY (PEA) NOTIFICATION/REFERRAL

The Arizona Early Intervention Program (AzEIP) is required to notify your school district of residence that your child is nearing the age of three and is potentially eligible for preschool special education services. To notify the school, your AzEIP service coordinator will send this PEA Notification/Referral form, with your child's name, date of birth, and your name, address, and telephone number to the school and send a copy to the Arizona Department of Education. Upon receiving this form, the school must consider it an initial referral to determine eligibility for preschool special education services. Parental consent is not required to send this PEA Notification/Referral to your district of residence; **HOWEVER, if you do not want AzEIP to provide this notification to your district of residence, you have the right to opt out by signing the opt-out form below.**

Date of PEA Notification/Referral		
Child's Information		
CHILD'S FULL NAME (Last, First, Middle)	DATE OF BIRTH	DATE OF AzEIP ELIGIBILITY
CHILD'S ADDRESS (No., Street, City, State, ZIP)		
PRIMARY LANGUAGE OF FATHER	PRIMARY LANGUAGE OF MOTHER	PRIMARY LANGUAGE OF CHILD
PARENTS' NAMES		
ADDRESS (No., Street, City, State, ZIP)		
HOME PHONE NO.	CELL PHONE NO.	MESSAGE PHONE NO.
DISTRICT OF RESIDENCE (Based on parent(s)' address)		
Referring Early Intervention Program		
AzEIP SERVICE COORDINATOR'S NAME	EARLY INTERVENTION PROGRAM NAME	
PHONE NO.	MAIN OFFICE PHONE NO. (if different)	

Opt-Out of Public Education Agency (PEA) Notification/Referral

You may opt out of the automatic referral of the above confidential information to your district of residence (and the sending of a copy of this form to the Arizona Department of Education) by filling in your name below and signing and dating your decision to opt out of the PEA Notification/Referral to your district of residence. If your child is eligible for AzEIP at 2 years, 9 months or younger, you must opt-out before your child is 2 years, 8 months. If your child is eligible for AzEIP after 2 years, 9 months, you must opt out before or during the initial IFSP meeting.

I, _____ choose to opt-out of the PEA Notification Referral for my child
Name (print)
to my district of residence. My signature below meets the requirement that my objection is in writing.

Parent/Surrogate's Signature

Date

Parent/Surrogate's Signature

Date

See reverse for BOE/ADA/LEP/GINA disclosures

When does In-By-Three Apply?

Compare the Date of PEA Notification Referral to the Date of AzEIP Eligibility	When	And	Then
	Date of PEA Notification/Referral is before age 2.9	Date of AzEIP Eligibility is before age 2.9	In-by-3 requirement <i>applies</i>
	Date of PEA Notification/Referral is after age 2.9	Date of AzEIP Eligibility is before age 2.9	Consider this a late referral by the Service Coordinator* and the In-by-3 requirement <i>applies</i> . File an alert with ADE by sending an email to C2BInbox@azed.gov
	Date of PEA Notification/Referral is after age 2.9	Date of AzEIP Eligibility is after age 2.9 but before age 2.10 ^½	Do your best to meet the in-by-3 requirement. <i>If unable to do so, report this transition as a late referral TO AzEIP</i>
	You receive a call from the Family or the Service Coordinator and do not receive a PEA Notification /Referral Form	Date of AzEIP Eligibility is after age 2.10 ^½	This is considered a Child Find Referral. <i>Standard Special Education evaluation timelines apply</i>

*unless the Service Coordinator has provided documentation the family initially opted out. If the family is not available to meet with you to complete the eligibility and IEP process, you may count the transition as "Parent/Child Unavailability" on the report. Make sure you have documentation in the event you are chosen to participate in the file validation process.

Child ELIGIBLE for AzEIP services between birth and 2 years 6 months old

AzEIP Responsibilities	PEA Responsibilities
Inform parent of upcoming transition at IFSP meeting closest to (before or after) the child's 2 nd birthday	Attend Transition Conference/Transition Planning Meetings scheduled by AzEIP at a time and place convenient for the family
Obtain parent consent to share written or verbal information	Consider Hearing/Vision screening timing for children who may require additional time to complete
Notify parent of required PEA Notification (no later than 2 years 9 months old) to PEA with copy to ADE and opt-out timing (no later than 2 years 8 months old)	Provide procedural safeguards to parents upon receipt of PEA Notification/Referral Form; (file alert with ADE at C2BInbox@azed.gov if PEA Notification/Referral was not received by the time the child was 2.9)
Invite parent-requested programs to transition conference and transition planning meeting (may be held separately or together) PEA where parents reside, Head Start, Community Preschool, etc.	provide Procedural Safeguards; perform Review of Existing Data (AzEIP Evaluations and IFSP documents) usually as part of the Transition Conference; obtain consent for evaluation as appropriate and; provide Prior Written Notice (PWN) for proposed/refused items.
Provide PEA and ADE (C2BInbox@azed.gov) with PEA Notification/Referral Form on or before the child is 2 years 9 months old	
Facilitate meeting(s) and document results on Transition Conference Summary Form and on IFSP as appropriate	Conduct initial evaluation within 60 days of receipt of PEA Notification/Referral form and determine eligibility/ineligibility. May use AzEIP evaluation data in determination if appropriate
Attend MET/IEP meetings as requested by parent	Invite AzEIP Service Coordinator and/or others that parent requests to MET and/or IEP meetings. Contacts will be listed on back of Transition Conference Summary Form.
Develop and document transition plan in the IFSP	Develop initial IEP/provide PWN of ineligibility by child's 3 rd birthday or as soon as possible following 3 rd birthday

**Child ELIGIBLE for AzEIP services
between 2 years 6 months and 2 years 9 months old**

AzEIP Responsibilities	PEA Responsibilities
Obtain parent consent to share written or verbal information	Attend Transition Conference/Transition Planning Meetings scheduled by AzEIP at a time and place convenient for the family
Notify parent of required PEA Notification (no later than 2 years 9 months old) to PEA with copy to SEA and opt-out timing (no later than 2 years 8 months old)	Provide procedural safeguards to parents upon receipt of PEA Notification/Referral Form (file alert with ADE at C2Binbox@azed.gov if PEA Notification/Referral was not received by the time the child was 2.9); provide Procedural Safeguards; perform Review of Existing Data (AzEIP Evaluations and IFSP documents); obtain consent for evaluation as appropriate and; provide Prior Written Notice (PWN) for proposed/refused items.
Invite parent-requested programs to transition conference and transition planning meeting (may be held separately or together) PEA where parents reside, Head Start, Community Preschool, etc.	
Provide PEA and ADE (C2Binbox@azed.gov) with PEA Notification/Referral Form On or before the child is 2 years 9 months old	
Facilitate meeting(s) and document results on Transition Conference Summary Form and on IFSP as appropriate	Invite AzEIP Service Coordinator and/or others that parent requests to MET and/or IEP meetings. Contacts will be listed on Transition Conference Summary Form.
Attend MET/IEP meetings as requested by parent	Conduct initial evaluation within 60 days of receipt of PEA Notification/Referral form and determine eligibility/ineligibility. May use AzEIP evaluation data in determination if appropriate
Develop and document transition plan in the IFSP	Develop initial IEP/provide PWN of ineligibility by child's 3 rd birthday or as soon as possible following 3 rd birthday

Age Calculator: <http://www-users.med.cornell.edu/~spon/picu/calc/agecalc.htm>

**Child ELIGIBLE for AzEIP services
between 2 years 9 months and 2 years 10½ months old**

AzEIP Responsibilities	PEA Responsibilities
Obtain parent consent to share written or verbal information	Conduct initial evaluation within 60 days of receipt of PEA Notification/Referral form and determine eligibility/ineligibility. May use AzEIP evaluation data in determination if appropriate. Provide Procedural Safeguards and Prior Written Notice as appropriate.
Notify parent of required PEA Notification (no later than the business day after initial IFSP meeting) and opt-out timing (no later than initial IFSP Meeting)	Develop initial IEP/provide PWN of ineligibility by child's 3 rd birthday or as soon as possible following 3 rd birthday
Provide parent with information on early childhood programs	<p><i>*If unable to meet in-by-3 requirement, count as late referral to AzEIP during Annual Special Education Data Collection</i></p>
Provide PEA and ADE (C2BInbox@azed.gov) with PEA Notification/Referral Form <ul style="list-style-type: none"> • No later than the business day following initial IFSP 	
Develop and document transition plan in the IFSP	
<i>*Neither the Transition Conference nor the Transition Planning meeting is required</i>	

Helpful resources:

Age Calculator: <http://www-users.med.cornell.edu/~spon/picu/calc/agecalc.htm>

**Child Found ELIGIBLE for AzEIP services
between 2 years 10½ months and 3 years old**

AzEIP Responsibilities	PEA Responsibilities
Provide information to the family/Assist Family in contacting PEA: <ul style="list-style-type: none"> • Name of PEA based on family address • Name/Number of PEA Contact (as per agreed upon process and procedures with local PEA) 	Treat as a Child Find Referral, do not report as a preschool transition during Annual Special Education Data Collection
	Child Find Timeline: 45 days to complete screening 60 days from parental consent to complete initial evaluation

Helpful resources:

Age Calculator: <http://www-users.med.cornell.edu/~spon/picu/calc/agecalc.htm>

Commonly Asked Questions about the “In-by-3” Process

1. How does a child with special needs between the ages of birth to three receive services?

Anytime between the child’s birth and the time of the child is 2 year, 10 ½ months old a referral is made to AzEIP. Any member of the Family who has concerns or anyone who has been notified that the Family has concerns about the development of a child may make an online referral to AzEIP by accessing the Online Referral found at:

<https://egov.azdes.gov/azeip/azeipref/Forms/Categories.aspx>

Referrals are distributed to the local AzEIP Team Based Early Intervention Services office. If anyone other than the Family made the referral, the Family is contacted to obtain agreement to move forward with the referral. The Family can also choose to decline the referral at this time and not move forward.

If Family wants to move forward with the process an AzEIP Service Coordinator makes an initial home visit within 10 days of the referral. During this visit the purpose of Early Intervention is discussed as well as any concerns the family may have regarding the child’s development:

- The Service Coordinator finds out if the child has records (medical/therapy records documenting a 50% delay in one area of development or diagnosis that has a high likelihood of resulting in a delay) to establish eligibility, or
- if after parent interview there is not an established condition, but the parents are concerned about the child’s development, the Service Coordinator obtains consent to screen the child. If the screening indicates the child is suspected of having a developmental delay or the parent requests an evaluation, the service coordinator obtains consent to evaluate and arranges a multidisciplinary team evaluation to determine eligibility.

Once eligibility is determined, a meeting to develop this IFSP is held within 45 days of the initial referral to Early Intervention. The Early Intervention Team Implements the IFSP. All IFSP services must be initiated on or before 45 days from the date the IFSP is signed by the parent. The IFSP is reviewed every 6 months or when a parent requests,

2. ***What are the eligibility requirements for Part C, Early Intervention Services and the process to get to an Individualized Family Service Plan (IFSP)?***

A child is AzEIP eligible if they meet one of the following criteria:

- A child birth to 36 months of age who has not reached 50% of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
 - Physical (fine and/or gross motor, sensory including vision and/or hearing)
 - Cognitive
 - Communication
 - Social or emotional
 - Adaptive
 -

OR

a child has an established condition known to have a high probability of resulting in developmental delay

AzEIP eligibility is determined based on a review of records or a multidisciplinary evaluation.

COMPREHENSIVE DEVELOPMENTAL ASSESSMENT PROCESS

A Comprehensive Developmental Assessment (CDA) (sometimes referred to as a multidisciplinary team evaluation) is required for children ages 3-5. It is a full and individual evaluation of the child in all developmental areas: cognitive, physical, communication, social/emotional, adaptive development, and sensory (vision and hearing). A thorough Review of Existing Data is the beginning of any evaluation process, and allows a team to determine the need for further data collection or to determine eligibility based on current data. When further data collection is required to determine eligibility, consent for evaluation is obtained, a CDA is completed using existing data, criterion referenced assessments, norm-referenced assessments, observation and parent input. However, for the purpose of determining eligibility in preschool, at least one norm-referenced assessment instrument to obtain standard deviation information must be used to determine if eligibility criteria is met. The evaluation team shall determine eligibility based on the preponderance of the information presented. The final responsibility for the evaluation process and eligibility lies with the PEA.

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

- *Indicates direct quotes from law.*

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 assessment 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 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 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.

** Developmental domains are interrelated (Linder, 1983; Neisworth & Bagnato, 1988); therefore, 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 early cognitive assessments, 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).

Preschool Evaluation Process

PWN for Referral

- After the child is screened and it is determined that they are being referred for an evaluation a PWN must be sent to parents indicating the referral.



Review of Existing Data (RED)

- A group of professionals and the parents will meet to review the data that is currently known about the child to determine if additional assessments are needed to determine eligibility, and/or presence of a disability.



Obtain Parental Consent

- If the team determines that additional data is needed the PEA must obtain written consent from the parent to conduct the assessments.



PWN for RED/Additional Collection of Data

- After the team meets to determine the need for additional assessment a PWN needs to be sent to parents indicating whether assessments will be collected and if so what type.



Comprehensive Developmental Assessment (CDA)

- PEA will conduct the CDA to collect additional assessment data as determined by the RED team.



Eligibility Determination

- The team will meet to discuss the additional data collected. The team will determine based on the data:
 - if the child meets eligibility criteria to be categorized as a child with a disability
 - If the child requires special education and/or related services in order to make progress in the general curriculum



PWN for Eligibility

- A PWN must be issued to the parents outlining the eligibility determination

Additional Requirements for Evaluations and Re-evaluations

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 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.
**When "evaluation" is used in the law we consider it to be the "evaluation process". Through a Review of Existing Data the TEAM determines what further data is needed, (e.g. classroom based assessment data (GOLD), standardized measures (not always required), and other pertinent information such as but not limited to parent report) in order for the TEAM to determine a change in eligibility.

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 AND REQUIREMENTS FOR COMPREHENSIVE DEVELOPMENTAL ASSESSMENT

RULE OF TWOS (Settings, Evaluators, Measures)

Two Settings (*Best Practice*)

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 childcare.

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. There is no specified minimum standard for this rule.

Two Evaluators (*Mandatory*)

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

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.

Team of Evaluators (*Mandatory*)

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
- Audiologist
- Occupational therapist
- Adaptive physical education teacher
- Physical therapist
- Regular early childhood teacher (classroom, Head Start, childcare, et.al)
- Physician
- Early intervention specialist
- Social worker
- Teacher of the visually impaired
- Teacher of the deaf and hard of hearing
- School psychologist
- *The parent must be a participant providing valuable input in the assessment, but is not to be considered an evaluator.

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

Two Measures *(Mandatory)*

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.

Norm-Referenced Standardized Instruments *(Mandatory)*

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.

A minimum of one norm-referenced test which yields a standard score for each areas of development as part of the Comprehensive Developmental Assessment

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 *(No minimum standards)*

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 may constitute the major portion of the CDA.

Judgment based assessment data should be corroborated by other sources such as developmental, medical or educational history. *Remember, CDA always requires one norm-referenced measure.*

Criterion Referenced Measure *(No Minimum Standard)*

Typically is curriculum-based assessment (e.g. GOLD) and assesses development in terms of skills mastery. Information regarding baseline data for present levels of functional performance may be gained from these assessments.

Parent/Professional Collaboration *(Mandatory)*

Parent collaboration **in assessment is crucial**. Parents provide information regarding the child's skills which can validate test performance and can assist in eliciting responses from the child during assessment. The interviewer should be culturally sensitive and to the extent possible, 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.

Parent Input *(Mandatory)*

According to ARS § 15-761(22), "parent" means: (a) Either a natural or adoptive parent of a child. (b) A guardian, but not the 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.

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.

Preponderance of Evidence or Information

If a child cannot be formally assessed in one or more areas (***and*** there is a preponderance of information (example: parent or caregiver input, Early Intervention data, evaluator observations, medical history, etc.) demonstrating that the child has a delay or delays which are educationally significant, the child can be deemed eligible without standard scores.

- **Describing a child as "unable to test" is not acceptable** (you may not be able to obtain a standardized score, but observations and checklists are forms of assessment that will provide the team information regarding eligibility).
- **The use of a "functional" or "observational" hearing screening is not acceptable** (see page 33 for information on moving forward with an evaluation as hearing screening/evaluation information is being obtained).

Comprehensive Developmental Assessment Report

A CDA report should be a document or combination of documents that includes the findings, interpretations, and recommendations of the Multidisciplinary Evaluation Team.

The MET report is sufficiently comprehensive in scope, and provides detailed and relevant information about the child. 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, linguistic 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.**

Normal Processes of Second Language Acquisition

(Compiled by Fe Murray)

Two types of second language acquisition (depending on age of acquisition):

1. Before the age of 3 - *concurrent* or *simultaneous* (*also, two languages from birth – bilingual language acquisition*)

2. *Sequential language acquisition* – Exposure to the second language after the age of 3 (no evidence that 3 is a “magic” number)

Did you know that:

1. Children can and do acquire more than one language during early childhood.
2. The acquisition of two languages need not hamper the acquisition of either language
3. The acquisition of two languages can be parallel but need not be. One language may lag behind, surge ahead, or develop simultaneously with the other language.

Normal Processes:

- **Interference** – An error in the child’s second language (L2) that is directly produced by the influence of a structure in the primary language (L1)
- **Fossilization** – Those L2 errors that remain firmly entrenched despite good L2 proficiency
- **Inter-language** – Intermediate status between L1 and L2. Transitory. The inter-language contains properties of L1 transfer, overgeneralization of L2 rules and semantic features.
- **Silent Period** – Period of listening (heightened receptivity) and little or no production. In children this may last 3-5 months...or longer!
- **Code-switching and Code-mixing** - Changing of language over phrases or sentences. Generally a normal phenomenon.
- **Language Loss (or language attrition)** – “Use it or lose it”. Occurs when L1 skills and proficiency diminish with lack of use or exposure. L2 becomes more predominant.

Challenges assessing culturally and linguistically diverse preschoolers:

- Domains of development predominately reflect a Western approach to early childhood development
- Age norms assigned to developmental domains primarily reflect white, middle-class child rearing norms (for instance, self-help paradigm is indicative of value of “early independence” in dominant culture)
- Families have different interpretations of what constitutes a delay or disability
 - Misunderstandings and mistrust
 - Spiritual phenomenon vs. physical phenomenon
 - What does this say about the rest of the family? (group phenomenon)
- Families interpret a delay or disability
 - Time limited phenomenon (not disabled all the time or he will outgrow it)
 - Acceptance of disability (may affect whether the family seeks intervention)
- Evaluators must determine if they are truly measuring all the skills this child has learned or only measure skills they value based on own upbringing and professional training
- Evaluators MUST distinguish between a developmental (or maturational lag) and behaviors that can be brought about by learning

Minimal competencies needed by evaluators to assess culturally and linguistically diverse preschoolers

- Knowledge of cultures, language, discourse, learning styles, cognitive styles
- Knowledge of family, community and support systems
- Understanding of cultural similarities and differences
- Understanding of regional differences
- Familiar with subtleties of the languages

CONSIDERATIONS FOR EVALUATING A CHILD WITH HEARING IMPAIRMENT

If a child has a documented hearing impairment, or is determined by an audiologist to have a hearing impairment during the CDA process, the evaluation team must consult with the audiologist to determine what interventions/ accommodations the child requires during the CDA. The audiologist must provide clearance to test before the CDA proceeds. Current test results verifying the type and amount of hearing impairment must be within one year prior, though preferably within 3-6 months prior to the CDA.

Children who utilize hearing aid(s) and/or cochlear implant(s) must be assessed with the devices on and in proper working order. **Recent** verification of proper fit and function must be obtained from an audiologist prior to the CDA. Young children are not able to report malfunction of hearing aids or cochlear implants, so it is imperative that evaluators verify proper function prior to all stages of the assessment process. If the child will not leave the device(s) in place during the CDA, the audiologist should be contacted for advisement on how to proceed.

Assessment processes and the strategies/instruments used during the CDA must consider hearing status. A variety of assessment tools should be utilized, including those that do not require the use of audition by the child in order to understand and follow directions or prompts. A teacher of the deaf and hard-of-hearing must be included in the CDA process.

Consideration must be given for the use of sign language during the CDA if this is a communicative method used by the child either exclusively or as part of a total communication strategy.

CONSIDERATIONS FOR EVALUATING A CHILD WITH VISION IMPAIRMENT

If a child has identified vision impairment, or is determined by an ophthalmologist and/or an optometrist to have vision impairment during the CDA process, the evaluation team must consult with the teacher of the visually impaired to determine what interventions/ accommodations the child requires during the CDA. This may include but is not limited to medical evaluation and treatment, provision of optical aids, etc. Children who utilize optical aids and devices must be assessed with the devices on and in proper working order. Assessment processes and the strategies/instruments used during CDA must consider visual status. A variety of assessment tools should be utilized. Consultation with a teacher of the visually impaired will be critical. Consideration must be given for the use of optical and low vision devices during the CDA if this is a tool used by the child in their environment.

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 a 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-2nd 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-5 (PLS-5), 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

Scenario 6:

- Review of existing data
- Evaluations in all five developmental areas are present
- Team determines no further assessment data is needed
- Reflects proposal to accept current evaluations on the PWN
- Offers to hold an eligibility meeting with parents at that time (since you may not have sent a Conference Request in advance of the meeting stating the purpose of the meeting was eligibility, be sure parents understand the direction of the meeting).
- With parents' approval, continue with eligibility meeting or reschedule an eligibility meeting if they are not prepared to move forward.

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.



Commonly Asked Questions about Comprehensive Developmental Assessments

- 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 children with significant disabilities, 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 multidisciplinary evaluation team (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 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 (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, however the evaluators should be in contact.

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?*

Some comprehensive developmental assessments (CDAs) can be conducted with 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-2nd 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 communicate using 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?

A CDA is required for all preschool evaluations. It is the district's responsibility to explain to the parents the requirement of the law that districts 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 does not pass 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.



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 evaluation 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). Priority educational needs 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 screening or evaluation
- Hearing screening or evaluation
- 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/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 (Teaching Strategies GOLD). A curriculum-based assessment is one 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 for a reevaluation and provide baseline information into GOLD from the initial evaluation.

Only by 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.



Commonly Asked Questions about 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. *What is the difference between a Multidisciplinary Evaluation Team (MET) and an Individual Education Program (IEP) Team?*

The IEP team is referenced throughout the evaluation sections of the federal regulations. The team we refer to in Arizona as the MET is synonymous with the IEP team in the regulations. Whether reviewing existing data or gathering new data, the team composition is the same. The 5 required roles must be represented. It doesn't matter whether the child is preschool age or high school age. The only time team composition can look different is when the team is specifically determining SLD eligibility.

3. *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 3rd 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.

4. *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.

5. *What happens during an evaluation?*

Evaluation of a preschool 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 eligibilities, 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/evaluations must be completed with passing results or clearance to evaluate with needed accommodations, if applicable, received from a teacher of the visually impaired or audiologist, prior to proceeding with the CDA.

6. ***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 Speech Language Impairment(SLI)?***

No. A comprehensive developmental assessment **or** a norm referenced assessment *and* parent input are required to determine SLI 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 SLI 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 SLI is required.

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

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

8. ***Are districts required to use an audiologist to determine eligibility for Hearing Impairment?***

Verification of a hearing impairment must be made by an audiologist, preferably with pediatric experience and appropriate test facilities. Test results verifying the impairment must be within one year, though preferably within 3-6 months prior to the CDA.

9. ***What if we do not know if the child will be eligible for ESY services when they first enter our program?***

Documentation should be maintained throughout the year of a child's progress, regression and/or recoupment time related to goals and/or Behavior Intervention Plans. Identify "Consideration of Extended School Year Services" for each advance notice of an IEP meeting. Document on the IEP and Prior Written Notice any discussions about ESY and when data will be reviewed to determine if the child will receive ESY services as determined by the IEP team. For children transitioning from early intervention, the early intervention provider would need to produce documentation of child's progress data to discuss with the IEP team. The IEP team makes the decision regarding ESY based on data.

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 districts/agencies have long-standing and fully implemented preschool programs. Other districts/agencies 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.

NORM-REFERENCED INSTRUMENTS FOR COMPREHENSIVE DEVELOPMENTAL ASSESSEMNTS

Resource: Early Childhood Measures Profile

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
Phone: 800-323-9540
AgeRange: 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
Phone: 800-232-1223
AgeRange: 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
Phone: 800- 225-0248
AgeRange: 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
Pearson Publishers
AgeRange: 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
Phone: 630-860-9700
AgeRange: 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

Phone: 800-232-1223

AgeRange: 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

Phone: 800-627-7271

AgeRange: 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

Phone: 800-323-9540

AgeRange: 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
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 Intellectual Disability.

NON-VERBAL MEASURES

- Leiter International Performance Scale-Revised (Leiter-R)**
Publisher: Psychological Assessment Resources, Inc.
<http://www3.parinc.com>
Phone: 1-800-331-8378
AgeRange: 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

Phone: 800-232-1223

AgeRange: 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

Phone: 800-627-7271

AgeRange: 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 multi-rater comparisons.

Comments: Forms available in Spanish.

- Devereux Early Childhood Assessment (DECA)**
Publisher: Kaplan
www.kaplanco.com
Phone: 800-334-2014
AgeRange: 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
Phone: 800-627-7271
AgeRange: 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 Intellectual Disability, 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
Phone: 800-232-1223
AgeRange: 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 Note: this instrument is designed for the evaluation of children with visual impairments.

Speech and Language Assessments

See directory of speech and language assessments on the American Speech and Hearing Association website: <http://www.asha.org/assessments.aspx>

SAMPLE EVALUATION REPORT BEGINNING WITH A

REVIEW OF EXISTING DATA

Student Name XX Doe DOB 12/11/08 SAIS# 123456

Date Review Completed 10/2/2011 Student's Language Proficiency English

Vision Screening Date 10/2/11 Results Pass

Hearing Screening Date 10/2/11 Results Pass

Review of Existing Data by the Multidisciplinary Evaluation/IEP Team (§300.305(a)-(e);§15-766.B)

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

XX's parents completed a social developmental history which indicated that XX was born early via cesarean. Mother had high blood pressure. Developmental milestones were reportedly attained late. Health history is significant for seasonal allergies, diarrhea, food allergies, high fever and being underweight. Family history is significant for: substance abuse, allergies/asthma, autism spectrum, cancer, depression, diabetes, heart disease, learning problems, physical/motor handicap, speech problems and Attention Deficit Hyperactivity Disorder (ADHD). Parents also shared that XX's pediatrician thinks that he may have some characteristics of ADHD, and that is being monitored. XX resides with both parents and an older sister, who has a diagnosis of autism. Parents report XX as strong willed, funny, smart and a cute child who enjoys playing with his cars, trains and his sister. XX also likes to color. XX has the ability to make anyone fall in love with his smile, and his strengths include his love of his family. XX has difficulty keeping his temper under control. XX will interact with his sister, but acts like other children are not there. Behavioral concerns noted in the home setting include: short attention span and tantrums. Mom also reports that XX has a bad temper, and he will sometimes cry because he wants something.

Summary of any prior special education evaluation(s), including dates and significant results:

XX was evaluated by AzEIP at the age of nine months. The following results were obtained:

Early Intervention Developmental Profile (EIDP)

Developmental Area	Scores	Description
Cognitive	3-5 months	Significant delay
Gross Motor	Not provided	Moderate delay
Fine Motor	3-5 months	Significant delay

Social Emotional	9-11 months	Within typical limits
Adaptive/Self-help	6-8 months	Emerging within typical limits
Communication	6-8 months	Emerging within typical limits

Based on this evaluation, XX was determined eligible for AzEIP services based on delays in his cognitive, gross and fine motor development, as well as informed clinical opinion. Currently, XX receives speech/language, occupational, and physical therapies on a weekly basis. The most recent IFSP was reviewed and taken into consideration prior to this evaluation.

XX receives weekly occupational therapy through OT R US. An initial OT evaluation by Mr. OT on 10/25/09 was reviewed. The final assessment was that XX demonstrated delays in motor and visual spatial abilities. There were no standard scores in the evaluation report. More pertinent information was contained in an update of XX's skills. In February XX demonstrated fine motor skills consistent to 24-26 months of age (chronological age 31 months). It was also noted that XX can become easily upset and may shake his arms when frustrated. Deep pressure to his arms was reported to be helpful in reducing the shaking.

XX has been receiving weekly home based physical therapy (PT) services through PT R US. A physical therapy evaluation was not provided; however quarterly progress notes were included from 10/15/10-10/1/11. The focus of the PT services was to improve his strength, balance and mobility skills. According to the reports, he has been making progress with his gross motor development.

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

AZEIP reports indicate that XX has delays in cognitive, gross and fine motor development. OT provider indicates that XX has visual spatial deficits as well. XX's PT indicates that he is making progress with gross motor skills but can become frustrated with tasks. XX's parents report that he likes to color and play with his cars. XX's parents also report that he does play with his sister but has limited experience playing with other children.

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

OT and PT have indicated that XX is making progress. XX's OT reports that he can become easily frustrated.

Results of formal assessments such as AIMS or PEA-wide assessments, including language proficiency assessments where applicable:

This is not applicable for XX as he is entering preschool.

Educational problems related to or resulting from reasons of educational disadvantage, racial, and/or cultural considerations:

XX's problems with school/development are not a result of educational disadvantage, racial or cultural issues. XX has been receiving services through AzEIP for his developmental concerns.

Classroom-based observations:

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 academic and functional 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 education curriculum?

YES † the information is sufficient. Summarize the team's reasons in the box below and proceed to the determination of eligibility.

If existing data are sufficient to determine the above information, summarize the basis for the team's determination.

NO † additional data are needed. List the information that needs to be collected below.

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. †

YES. The team members listed below have determined additional is needed in order to determine eligibility and develop an appropriate plan for Jane. A Comprehensive Developmental Assessment (CDA) is needed (a CDA includes cognitive, communication, adaptive behavior, social/emotional, motor skills and sensory information).

Team members involved:

Janet Doe (parent), Janice Jones (SPED teacher and person to interpret results), John Master (General education teacher), James Johnson (LEA representative)

SAMPLE SUMMARY OF ADDITIONAL DATA

Behavior Observation

Observation During Testing: XX was presented as a happy active two year, nine month old. His parents were present during the evaluation session, and XX separated easily from them. Examiners found it difficult to gain XX's attention, especially as the session continued. At times, he needed physical prompts (i.e. sitting in the examiner's lap) to sustain attention to work tasks. Eye contact was somewhat inconsistent. XX's verbalizations were characterized as spontaneous and imitative one word responses and rote two to three word phrases. XX used unintelligible jargon during the testing session. Results were felt to provide a valid estimate of XX's levels of functioning at this time, unless otherwise noted.

Test Results and Interpretation

Developmental

Developmental Assessment of Young Children (DAYC)

Testing and interpretation were completed by the preschool Special Education Teacher.

The DAYC is a norm-referenced standardized assessment tool. It consists of a battery of five subtests across all developmental areas designed to be used with children from birth through five years, eleven months. The adaptive subtest was administered. A standard score on the DAYC has a mean of 100 and a standard deviation of 15 (average score is 90-100). Scores falling below 77 are considered delayed based on preschool eligibility criteria.

The adaptive behavior subtest measures independent functioning in the environment. Results indicate that XX's overall adaptive behavior fell in the below average range according to test descriptors (standard score=89); however this score does not meet the criteria for a delay based on preschool eligibility guidelines. Information was obtained by interview with XX's mother and father. XX is able to drink from a straw and feed himself with a spoon. He is willing to sit on the potty, but is not yet toilet trained. XX participates in dressing and undressing tasks, but does need adult help. XX also participates in hand washing.

Cognitive

Differential Ability Scales-2nd Edition (DAS-II)

Testing and interpretation were completed by School Psychologist.

In order to assess XX's current cognitive functioning, he was administered the nonverbal subtest form the DAS-II. On the DAS-II, individual subtest scores are provided as T scores with an average range of 43-56. Overall composite scores are provided as standard scores with an average range of 90-109. Composite scores below 77 may indicate a cognitive delay, XX obtained the following scores:

<u>Subtest</u>	<u>T Score</u>	<u>Percentile</u>
Picture similarities	27	1
Pattern Construction	40	16

Nonverbal Ability Composite Score=73

Percentile =4

On the Picture Similarities subtest, which measures a child's nonverbal ability by requiring him to correctly match pictures that have a common element or concept, XX earned a T-Score of 27. This score is in the very low range and ranks at the 1st percentile when compared to other children his age. XX was able to match exact pictures on one occasion (out of two), but he was unable to match related items (i.e., two different kinds of trees, etc). Additionally, XX was administered the Pattern Construction subtest, which measures visual perceptual ability by requiring a child to correctly replicate a design created by the examiner, or presented via a picture, by using blocks. XX earned a T-Score of 40 on the Pattern Construction subtest, which is in the below average range and at the 16th percentile when compared to same-age peers. He was able to replicate an eight-block tower, but was not able to imitate any additional block designs.

Overall, XX's performance yielded a Nonverbal Ability Composite of 73, which is in the low range and at the 4th percentile when compared to same-age peers. XX's performance on the DAS-II subtests was impacted by his short attention span and high level of distractibility. Therefore, the above information may represent slight underestimates of his true ability; however, it is this examiner's clinical opinion that XX's cognition is delayed compared to age-mates. Observations suggest that XX may have difficulty learning new concepts and performing novel problem-solving tasks in the general preschool curriculum.

SOCIAL-EMOTIONAL-BEHAVIORAL

The following information is provided by School Psychologist.

In order to provide standardized information on XX's social/emotional skills compared to peers, his parent was asked to complete the **Behavior Assessment System for Children - Second Edition (BASC-2)**. The **BASC-2** is an integrated questionnaire designed to identify a variety of emotional and behavioral concerns in children, as well as obtain clinical data. On the BASC-2, the most global rating of behavior functioning is the Behavioral Symptom Index (BSI). Scores are provided as T scores where the mean is 50 and the standard deviation is 10. Scores between 41-59 are within the average range. Scores between 60-69 are classified in the at-risk range and may identify a significant problem that may not be severe enough to require formal treatment or the potential of developing a problem that requires careful monitoring. Scores of 70 or above are within the clinically significant range and suggest a high level of maladjustment compared to peers.

The BASC-2 preschool parent rating scale was completed by Mrs. YY, XX's mother. The BASC-2 includes several validity measures in order to ensure that a reporter is being accurate and consistent in their responses. Mrs. YY's ratings can be interpreted with confidence, as all validity scales fell within the acceptable range. XX's BSI score was rated in the at-risk range, which corresponds to a moderate delay in social/emotional development compared to peers (T=67). Specifically, the anxiety and social skills subscales were reported in the at-risk range based on the following characteristics: is fearful (almost always), is nervous (often), begins conversations appropriately (never) and politely asks for help (sometimes). Clinically significant findings were noted on the hyperactivity, atypicality, attention problems and activities of daily living skills subscales. Examples of behaviors endorsed on these domains include: is unable to

slow down (often), throws tantrums (often), has a short attention span (almost always), is easily distracted (almost always) and needs help putting on clothes (almost always).

XX presented as a happy and active child who enjoyed exploring the preschool classroom. He demonstrated nice play skills with the cars in the garage and people miniatures in the dollhouse. However, XX moved quickly between activities and needed repeated reminders to sustain attention to testing tasks. His attention span ranged from 90 seconds (at the beginning of the session) to approximately 30 seconds (toward the end) for examiner-chosen activities. XX was observed to direct the examiners' attention to objects of interest around the room and initiate interactions with adults. In the home setting, his parents report that XX is always 'on the move' and unable to slow down, and he is frequently distracted. XX was not observed in a group setting; however, his parents shared concerns regarding his peer interactions, as he does not engage with other children, aside from his sister.

COMMUNICATION

Testing and interpretation were completed by Speech and Language Pathologist.

The **Preschool Language Scale -5 (PLS-5)** was administered to assess XX's expressive and receptive language skills. This test yields standard scores where scores falling between 85-115 are considered within a normal range for that age level. Scores falling below 77 are considered delayed. The PLS-5 has a mean of 100 and a standard deviation of 15. XX achieved the following results:

Auditory comprehension

Standard score:	57
Percentile:	1

Expressive language

Standard score:	70
Percentile:	2

Total language

Standard score:	61
Percentile:	1

On the auditory comprehension portion of the PLS-5, XX achieved a standard score of 57, placing him in the 1st percentile rank. This score falls in the moderately delayed range when compared to children of his same age. XX demonstrates self-directed play and follows routine, familiar directions with gestural cues (put the ball in the box, throw the ball, and give me the keys). XX is unable to identify body parts and clothing items, recognize actions, and understand use of objects. He demonstrated difficulty following one and two step directions, and understanding spatial and quantitative concepts.

with thumb and first finger toward paper and remaining fingers around marker. In spontaneous drawing, he made random marks and scribbles, with increased pressure of the marker. When given scissors, XX opened the blades in an attempt to cut but became frustrated by the task, and his arms began to shake. As he was transitioned to a new activity, the shaking diminished and faded.

The **Peabody Developmental Fine Motor Scale** was administered to assist in assessing XX's level of fine motor performance compared to typical peers. This is a standardized test that measures motor skills in children from birth through 72 months. The Fine Motor portion assesses Grasping and Visual-Motor Integration. A standard score on the PDMS-2 has a mean of 100 and standard deviation of 15.

Fine Motor

<u>Skill Area</u>	<u>Scaled Score</u>	<u>Percentile Rank</u>	<u>Standard Deviation</u>
Grasping	7	16	-1.00
Visual-Motor Integration	5	05	-1.60

<u>Skill Area</u>	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Standard Deviation</u>
Composite Fine Motor	76	05	-1.60

XX achieved a composite fine motor score of 76, representing a moderate delay. In review of his performance on the two fine motor subtests, scaled scores of 8 to 12 are within the average range. The score of 7 in the Grasping subtest is below average primarily secondary to less mature marker grasp. In the Visual Motor section, XX achieved a score of 5, which falls in the poor range for this test. Representative skills demonstrated in testing include: stacking 5 blocks, completing formboard and imitating vertical stroke. He received partial credit for turning several book pages together (impulsivity impacted performance), attempting to remove a screw top, opening scissors in an attempt to cut, and approximating a horizontal line.

Sensory Observation / Testing Results:

XX's sensory processing skills were evaluated using the **Short Sensory Profile**. This tool quantifies how a child takes in information from his or her environment and processes it for adaptive use. XX's parents completed the caregiver questionnaire and results were used to determine whether XX's sensory processing skills are affecting functional performance. Results are classified into the categories of Typical Processing, Probable Difference and Definite Difference.

	<u>Typical Performance</u>	<u>Probable Difference</u>	<u>Definite Difference</u>
Tactile Sensitivity			x
Taste/Smell Sensitivity			x
Movement Sensitivity		x	
Under responsive/Seeks Sensation			x
Auditory Filtering			x
Low Energy/Weak	x		
Visual/Auditory Sensitivity	x		

Total

x

With this testing tool, the total score is the most valid in determining difficulties with sensory processing. XX evidences a Definite Difference in how he registers and processes sensory information. Significant sensory behaviors are described below in any areas of sensory processing identified as being a Definite Difference.

Tactile Sensitivity: XX always expresses distress during grooming and avoids going barefoot, especially in sand or grass. He does not like wearing hats and occasionally, he withdraws from splashing water.

Taste/Smell Sensitivity: He is described as a picky eater (frequently). He prefers hard and rough textures, as well as spicy foods (always). He frequently avoids certain tastes or food smells that are typically part of children's diets.

Underresponsive/Seeks Sensation: XX is reported to frequently demonstrate the following behaviors:

- seeks all kinds of movement
- jumps from one activity to another
- touches people/objects
- may not notice when his face or hands are messy

Occasionally, he will become overexcited with movement and may leave clothing twisted on his body.

Auditory Filtering: He is distracted when there is a lot of noise around (frequently). He frequently appears to not hear what you say and often does not respond when his name is called. He is reported to have difficulty paying attention.

The strong sensory seeking behaviors were most pronounced during this evaluation. XX quickly moved about the room and his footsteps were audible, with a little bounce to his gait. His overall motor activity level was elevated and it took frequent re-direction to gain his participation in testing activities.

GROSS MOTOR (PHYSICAL THERAPY)

Testing and interpretation were completed by Physical Therapist.

Background Information: XX's parent's gross motor concerns include leg stiffness and tripping while running.

Evaluation Findings: Gross motor test results are felt to be a valid representation of XX's present level of functioning. Some testing procedures were modified and several items were scored through parent interview; however, specific age equivalents and test scores are to be considered as an approximation of his skill level.

Posture: XX presents with no postural abnormalities.

Muscle Tone: XX is demonstrating low normal muscle tone as compared to children his age.

Range of Motion: Range of motion at the major joints of both his upper and lower extremities is within functional limits.

Strength: XX's muscle strength was assessed through his performance with functional activities. Overall, he is demonstrating functional antigravity strength to engage in typical school related activities. However, it is noted that XX has decreased trunk strength.

Balance, Equilibrium, Protective/ Postural Reactions: XX's balance skills are testing in the normal range as compared to children of his age. On a 4" floor balance beam, XX would primarily walk with one foot on and one foot off. However, he would take up to 3 steps on the beam before stepping off. During play XX was observed to stand on one foot for at least 1 second. He was able to stand on his tiptoes for 2-3 seconds while reaching overhead for a toy. When moved away from his center of gravity, XX was able to use trunk corrective reactions effectively. When moved further or moved quickly he was effectively using protective extension pattern with his arms. XX did demonstrate mild postural insecurity as he was mildly uncomfortable when moved about on the therapy ball when his feet were off the ground.

Gross Motor Development: XX's gross motor mobility skills are testing in the below average range as compared to children of his age. His primary means of mobility is walking. XX is walking with a fairly typical gait as compared to children his age. However, he tends to walk with less of a heel strike and is on his toes more. He is able to walk forward, backwards (at least 5 steps), sideways (at least 3-4 steps), and on his tip toes (at least 5 steps). XX is demonstrating an emerging running pattern. He currently has an immature running pattern, moving at a pace which is more than a trot, but not a true run with both feet clearing the ground. He spent a large amount of time using this pattern to move about the room, and was not observed to trip or fall. XX did fall one time, but it was when he caught his foot on the leg of a chair. He was able to catch himself with his arms. XX is able to play in a squatting position and demonstrates control in moving himself to and from a squatting position. XX used a variety of positions to stand up from the floor. He would move to a squat position and stand up without using his hands, or push onto straight legs and then stand up. When a support surface was available he would use a half kneel (mature) pattern to stand up. XX very much enjoyed the steps, going back to them multiple times. He preferred to crawl up them if on his own. When given hand held assistance he would use a marking time (two feet on each step) pattern to both ascend and descend the steps. When ascending the steps, an alternate foot pattern is emerging as XX would take 1-2 steps using an alternate foot pattern. XX was very cautious when descending the steps; additionally, he would rotate his trunk to the left and feel for the back of the step with his heel. He is able to independently step up onto a 4" surface and down from a 6" surface. XX was independently able to move into and out of a classroom chair and maintain his sitting balance while in the chair. XX's jumping skills are emerging. He will go into a deep squat and attempt to propel himself upward; however, he was inconsistently able to clear his feet. When his feet did clear, it was with one foot leading. When given hand held assistance, he was able to clear his feet.

XX's ball handling skills are testing in the low average to borderline range as compared to children of his age. He was inconsistent with his choice of a throwing hand. Shoulder rotation is emerging, but XX is primarily using a flinging motion with movement coming from the elbow and wrist. He is throwing the ball a distance up to 5'. XX was inconsistently catching an 8" playground ball thrown to him from 4'. When catching, he would use a trapping (using arms and bringing ball to chest) pattern. XX was able to kick a stationary 8" ball forward at least 8' with fair accuracy. He was inconsistent in choosing a kicking foot. Trunk rotation is beginning to emerge with kicking. XX was able to mount and dismount a tricycle independently. He would keep his feet on the pedals for several rotations while being pushed; however, independent pedaling was not observed. On the playground, his mother report that XX will crawl up the steps and go down the slide on his back. She reports that he does not like fast movement in the swing, but will swing slowly. On the Peabody Developmental Motor Scales (a standardized test of both gross and fine motor ability) XX received a Gross Motor Quotient (standard score) of 83 (with 85 to 115 being average), which is 1.13 standard deviations (SD) below the norm. This places his gross motor skills in the slightly below average range. A breakdown of the sub tests is as follows:

- Stationary (balance & equilibrium) 0.00 SD
- Locomotion (jumping, running, steps, hopping) -1.67 SD
- Object Manipulation (kick, throw, catch a ball) -1.00 SD

Summary of Evaluation Findings

XX's development was assessed in the areas of cognition, communication, social/emotional, adaptive and physical/motor. Results of the evaluation indicate nonverbal cognitive ability in the low range (DAS-II Nonverbal Composite SS=73). Communication skills are delayed based on PLS-5 findings (Auditory Comprehension SS=57, Expressive Language SS=70, Total Language SS=61). XX's social/emotional skills are testing in the moderately delayed range compared to peers (BASC-2 BSI T-score=67). XX's adaptive/self help skills were measured in the below average range based on evaluation results (DAYC Adaptive SS=89). Findings from the PDMS-2 indicate mildly delayed gross motor skills and moderately delayed fine motor skills compared to same age peers (PDMS-2 Gross Motor Composite SS=83, Fine Motor Composite SS=76). Although XX is demonstrating a mild gross motor delay with emerging skills in areas of running and jumping, the delay is not sufficient to qualify as a motor delay for preschool eligibility (SD - 1.5 or lower). Using the Short Sensory Profile, XX's sensory processing skills represent a Definite Difference compared to same age peers.

Performance in Educational Setting and Progress in the General Curriculum:

XX has not yet attended school. Evaluation results suggest that his cognitive delays may impact his ability to complete developmentally appropriate tasks, including problem-solving skills in the general curriculum. Additionally, XX's communication delays may impact his ability to follow directions and communicate with peers and teachers in the educational setting. XX's social/emotional/behavioral delays may affect his ability to sustain attention to learning activities and interact cooperatively with peers, and his sensory differences have the potential to further impact this area of functioning. Fine-motor delays may affect the ability to participate in developmentally appropriate visual motor tasks, including pre-writing.

Educational Needs to Access the General Curriculum

XX would benefit from a developmentally- appropriate preschool program to improve his communication, cognitive, social-emotional and fine motor skills. In order to access the general curriculum, XX needs the following accommodations: use of visual strategies due to overall delays to enhance skills and new learning. XX's current level of functioning does not warrant the use of assistive technology such as a picture schedule, low tech communication boards, activity specific boards, and other visual supports.

Impact of Limited English Proficiency on Progress in the General Curriculum

XX is not limited English proficient. XX's primary and only language is English; therefore, limited English proficiency is not a factor in his progress in the general curriculum.

Impact of Racial and/or Cultural Considerations or Educational Disadvantage

The team considered XX's racial and/or cultural background and educational disadvantage and determined that they were not factors in making an eligibility decision.

Potential Factors Impeding Learning (Educational Disadvantage, racial and/or cultural considerations)

The MET considered factors, unrelated to educational disability, that are known to create impediments to learning and determined that XX's developmental delays are not the result of these factors. Factors that were considered were a lack of instruction in reading and math; limited English proficiency; educational disadvantage and lack of support for racial/ethnic/cultural differences.

The Multidisciplinary Evaluation Team met on 10/2/11 to discuss assessment results and determined that XX has eligible delays in the areas of cognitive, communication, social/emotional, and fine motor development. The team agreed that XX is eligible for preschool special education services under the developmental delay (DD) category and needs special education services.

The following individuals participated in the MET meeting to determine eligibility:

Janet Doe (parent), Janice Jones (SPED teacher and person to interpret results), John Master (General education teacher), James Johnson (LEA representative)

XX YY

Date of Birth:
Evaluation Date:

Summary of Scores

Differential Ability Scales-2nd Edition (DAS-II)

<u>Subtest</u>	<u>T score</u>	<u>Percentile</u>
Picture Similarities	27	1
Pattern Construction	40	16

NONVERBAL ABILITY COMPOSITE STANDARD SCORE=73
PERCENTILE=4

Behavioral Assessment System for Children - Second Edition
Parent Rating Scales

<u>Clinical Scales</u>	<u>T-Score</u>	<u>Percentile Rank</u>
Hyperactivity	71	96
Aggression	52	63
Anxiety	66	92
Depression	57	78
Somatization	46	38
Atypicality	78	98
Withdrawal	48	47
Attention Problems	70	97

<u>Adaptive Scales</u>	<u>T-Score</u>	<u>Percentile Rank</u>
Adaptability	43	24
Social Skills	39	15
Activities of Daily Living	26	1
Functional Communication	31	2

<u>Composites</u>	<u>T-Score</u>	<u>Percentile Rank</u>
Externalizing Problems	63	89
Internalizing Problems	58	81
Behavioral Symptoms Index	67	94
Adaptive Skills	31	3

Caution IndexesF-AcceptableResponse Pattern-AcceptableConsistency-Acceptable**Developmental Assessment of Young Children (DAYC)**

<u>Subtest</u>	<u>Standard Score</u>	<u>Percentile Rank</u>
Adaptive	89	23

Preschool Language Scale-5**Auditory Comprehension**

Standard Score:	57
Percentile:	1

Expressive Language

Standard Score:	70
Percentile:	2

Total Language

Standard Score:	61
Percentile:	1

Peabody Developmental Motor Scales - 2**Gross Motor**

<u>Skill Area</u>	<u>Scaled Score</u>	<u>Percentile Rank</u>	<u>Standard Deviation</u>
Stationary	10	50	0.00
Locomotion	05	05	-1.67
Object Manipulation	07	16	-1.00

<u>Skill Area</u>	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Standard Deviation</u>
Composite Gross Motor	83	13	-1.13

Fine Motor

<u>Skill Area</u>	<u>Scaled Score</u>	<u>Percentile Rank</u>	<u>Standard Deviation</u>
Grasping	7	16	-1.00
Visual-Motor Integration	5	05	-1.60

<u>Skill Area</u>	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Standard Deviation</u>
Composite Fine Motor	76	05	-1.60

Child with 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 '04, A.R.S. §15-766, and the following requirements:

Preschool: The child is at least three years of age and has not reached the age for kindergarten and demonstrates performance on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same age and/or the child's speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility is only appropriate when a comprehensive developmental assessment **and** parental input have indicated the child is not eligible for services under another preschool category or under the developmental delay category. If there was a discrepancy between the measures, the evaluation team determined eligibility based on the preponderance of information presented.

School-Age: The child has reached the required age for kindergarten and demonstrates a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects the child's educational performance. The student has been evaluated in all areas related to the suspected disability.

Team decision regarding the presence of a disability:

The child **does** meet the criteria as a preschool or school-age child with a speech/language impairment.

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 Developmental Delay (DD)
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.

Team decision regarding the presence of a disability:

- The child **does** meet the criteria as a child with a developmental 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 '04.

Child with 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.

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 '04.

Child with 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 '04, 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 '04.

Child with 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 '04, 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 '04.

SPECIAL EDUCATION FILE REVIEW/ MONITORING GUIDE STEPS FOR EVALUATION

- II.A.1 _____ Current evaluation 60-Day
- II.A.2 _____ Review of existing data
- Current information provided by the parents
 - Current classroom-based assessments
 - Teachers and related service providers observation(s), including pre-referral interventions
 - Formal assessments
- II.A.3 _____ Team determination of need for additional data
- Team determined that existing data were sufficient or determined that additional data were needed
 - For reevaluation only, parents were informed of reason and right to request data
 - Obtained informed parental consent or for reevaluation only, documented efforts to obtain consent
- II.A.4 _____ Eligibility considerations
- Student assessed in all areas related to the suspected disability (including academic, behavior, current vision and hearing status) and for preschool, a CDA (indicate areas that have not been assessed) 60-Day

<input type="checkbox"/> Vision	<input type="checkbox"/> Social/behavioral
<input type="checkbox"/> Hearing	<input type="checkbox"/> Communications
<input type="checkbox"/> Academics	<input type="checkbox"/> Assistive tech.
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Motor skills
<input type="checkbox"/> Adaptive	<input type="checkbox"/> Other _____
 - Performance in educational setting and progress in general curriculum
 - Educational needs to access the general curriculum, including assistive technology
 - For reevaluations, if any additions or modifications to the special education services are needed for the student to progress in the general curriculum
 - The impact of any educational disadvantage
 - The impact of English language learning on progress in general curriculum
 - Team determined the student has a specific category of disability 60-Day
 - Team determined the student needs special education and related services 60-Day
 - Assessments and other evaluation materials are administered in a language and form most likely to yield accurate information 60-Day
 - DD—documents at least 1.5 SD and no more than 3.0 SD below the mean in two or more areas for a child who is at least 3 years of age, but under 10 years of age
 - SLI—documents a communication disorder
 - HI —verification by an audiologist 60-Day
 - HI—documents the language proficiency of the student
 - VI—verification by an ophthalmologist 60-Day
 - VI—documents the results of an individualized Braille assessment for a student who is considered blind

PSD—documents more than 3.0 SD below the mean in one or more areas 60-Day

II.A.5

_____ For initial evaluation, the student was evaluated within 60 calendar days
of days over: ____
Reason: _____ 60-Day

Procedural Safeguards/Parental Participation

IV.A.2

_____ Notices provided at required times and in a language and form that is understandable to the parent

Procedural safeguards notice provided to parents within the last 12 months 60-Day

All required notices provided in a language that is:
1. the native language of the parent
2. understandable to public 60-Day

IV.A.3

_____ PWN provided at required times and contains required components

PWN provided to parents at required times in the last 12 months

For PWN, description of action proposed or refused by PEA

For PWN, explanation of why the agency proposed or refused to take the action

For PWN, description of any options considered and why options were rejected

For PWN, description of evaluation procedures, tests, records used as a basis for the decision

For PWN, description of any other relevant factors

For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained

For PWN, sources to obtain assistance in understanding notice

INDEPENDENT EDUCATION EVALUATION

An Independent Education Evaluation (IEE) is a right that parents have under the Individuals with Disabilities Education Act of 2004 if they disagree with a school evaluation.

An IEE means an evaluation is conducted by a qualified examiner who is not employed by the public agency responsible for educating the child in question. A parent is entitled to only one IEE at public expense each time the school conducts an evaluation with which the parent disagrees.

Public expense means the school either pays for the full cost of the evaluation or ensures the evaluation is otherwise provided at no cost to the parent. If a parent requests an IEE at public expense, the school must *without unnecessary delay* either:

- File a due process complaint to request a hearing to show that its evaluation is appropriate; or
- Ensure the IEE is provided at public expense, unless the school demonstrates in a due process hearing that the evaluation obtained by the parent did not meet agency criteria

It is appropriate that the school district may ask why the parent objects to the school's evaluation, however the school may **not** unreasonably delay either providing the IEE at public expense or filing a due process hearing to defend the school's evaluation. If a due process hearing officer requests an IEE as part of a hearing on a due process complaint, the cost of the evaluation must be at public expense.

The criteria of the Independent Evaluator, including the location of the examiner, must be the same criteria the school uses when it initiates an evaluation; to the extent those criteria are consistent with the parent's right to an IEE. A school may not impose conditions or timelines related to obtaining an IEE at public expense.

Finally, if a parent obtains an IEE at public expense, or shares an evaluation obtained through private means, the results of the evaluation

- Must be considered by the school, if it meets agency criteria, in any decision made with respect to provision of free and appropriate public education (FAPE); and
- May be presented by any party as evidence at a due process hearing.

You will find it helpful to have a written process and procedures in your district. Below you will find a sample.

SAMPLE: CACTUS SCHOOL DISTRICT INDEPENDENT EDUCATIONAL EVALUATION PROCEDURES

1. The public education agency is responsible for conducting an evaluation in all areas of suspected delay in order to provide information to determine if a student is eligible for special education service and/or related services.
2. Parents of children eligible for services under the Individuals with Disabilities Education Act (IDEA, at 20 U.S.C. § 1400, et seq.) have the right to request an Independent Educational Evaluation (IEE) of the child if the parent disagrees with an evaluation obtained by the District. 34C.F.R. §300.502.
3. An IEE is defined as an evaluation conducted by a qualified examiner who is not employed by the school district responsible for the education of the child in question. Public expense means that the District either pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to the parent. 34C.F.R. §300.502(a)(3).
4. Parents may obtain an IEE at the expense of the District (public expense) or at their own expense (private expense). If the District has not performed its own evaluation, the parent does not have a right to an IEE until the District performs its own evaluation and the parent disagrees with the District's evaluation. Only one IEE may be funded for each evaluation obtained by the District. In addition, parents may be asked for an explanation as to why they object to the District evaluation. However, parents are not required to provide an explanation as a condition to a District-funded IEE.
5. If the District will not provide an IEE at public expense, the District will initiate a special education due process hearing without unnecessary delay to show that the District evaluation is appropriate. If the final decision of the hearing is that the District evaluation is appropriate, the parents still have a right to an IEE, but not at the District expense. 34C.F.R. §300.502 (b) (3).
6. If the district chooses not to initiate a hearing, an IEE can be sought from an Arizona Department of Education approved agency or private evaluators who are certified and qualified to administer components of an evaluation under the school district's agency criteria. The evaluation is considered at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as criteria which the public agency uses when it conducts an evaluation.
7. An IEE, whether a public or private expense, will be considered by the District, (if the examiner meets District criteria) in any decision made with respect to the provision of Free Appropriate Public Education (FAPE) to the child, and may be presented as evidence at a special education due process hearing regarding the child. 34C.F.R. §300.502(c)
8. If a special education hearing officer requests an IEE as part of a hearing, the cost of the evaluation must be a public expense. 34C.F.R. §300.502(d)
9. In a reasonable time after the District receives a request for an IEE at public expense (no more than 20 calendar days), the District will provide the parents with a list of evaluators who meet District criteria to perform the IEE. Parents may select an evaluator from the District list or propose another. If the parent proposes an evaluator that is not one the District's list, the evaluator must meet the District criteria as specified in number 13.

10. Forms completed by doctors are for documentation and information purposes only and will be taken into consideration in the evaluation process; however they are not considered evaluations. The completion of medical certification or receipt of medical reports does not qualify a child for placement in special education program. After considering all reports and documents, the members of the evaluation team will make final decisions regarding eligibility.
11. Regardless if the parent chooses an evaluator on the District's list or not, the evaluation must indicate the educational implications of the presenting condition must be documented.
12. To be determined eligible for special education as a child with a disability, the child must have one of the disabling conditions listed in IDEA-2004, and this condition must have a demonstrated adverse effect on their educational performance, and require special education to overcome the adverse effects on educational performance.

Required Criteria for the Independent Educational Evaluation

13. If an IEE is at public expense, the following is required:
 - The evaluation must take place at least partially in the current classroom and/or school environment.
At a minimum, these evaluation activities must take place at the school:
 - Observation of the student in/on his classroom/campus
 - Interview of the teacher(s)
 - If these are areas being considered in the IEE, interview of any related service providers such as an OT, PT, or SLP
 - Review of student's cumulative file and special education file(if the student is currently in special education)
 - Testing and evaluation materials and procedures used for the purposes of the evaluation must be selected and administered so as not be racially or culturally biased.
 - Test and other evaluation materials must:
 - be provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;
 - be the most recently normed version and have been validated for the specific purpose for which they are used and
 - be administered by trained personnel in conformance with the instructions provided by their producer
 - Include tests and other evaluation materials that are tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;
 - Be selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, motor, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the purports to measure, rather than reflecting the child's impaired sensory, motor, or speaking skills (except where those skills are the factors which the test purports to measure)

Required Criteria for the Evaluator for an IEE

- The evaluator must submit a resume that includes:
 - Certification or licensure by the State of Arizona in the evaluation area.
 - Experience with children the age of student being evaluated.
 - If psychologist, as least two years of experience in public school preferred.

- If Related Service Provider (OT, PT, SLP, etc.) at least two years of experience in public school, required.
 - The travel distance to obtain an IEE is limited to the general local geographic area (not more than 50 miles from the district)
 - The District will pay a reasonable comparable rate for an IEE (not more than \$100 above the average cost of comparable District-initiated evaluation).
14. Evaluators on the District list given to parents have been screened to be sure that they meet the requirements set forth. If a parent obtains an Evaluator that is not included on the District's list and who does not meet the above criteria, the District may not reimburse the parent for the cost of the IEE. It is required that the parent contact the District prior to obtaining an IEE at public expense, to ensure that the Evaluator chosen meets District criteria and the appropriate arrangements are made for the performance of the IEE.
15. Payment for an IEE at public expense that meets District criteria will be made directly to the independent evaluator. The evaluator must agree to provide an original typed report in accordance with the District's reporting form to the District. Evaluation protocols must be made available for District review, and the report must contain the original signatures and the titles of all evaluators.
16. An IEE at public expense may also include reasonable related expenses (such as transportation cost at the District rate), upon prior approval of the District. Upon request, the District may provide funds for these expenses prior to the IEE, or the District may reimburse such expenses after the IEE has been performed.
17. At the conclusion of the IEE, a MET meeting will be held to consider the information presented in the IEE. If the agency criterion for evaluation is not utilized, the IEE may not be considered by the MET.

Upon the Approval of an IEE

1. The District Special Education Dept. will communicate with the independent evaluator to begin the financial paperwork process.
2. Parents are responsible to work directly with the evaluator to set the date and time of the evaluation.
3. Parents are responsible to have the child available to the evaluator on the agreed upon time and to keep the appointment.
4. The evaluator will produce a signed, hard copy report to the District Special Education Director, who will then distribute to appropriate parties.

District List of Independent Education Evaluators
(Be sure a CDA is completed for Preschoolers)

	Name	Company	Address	City/Zip	Phone
Speech Therapist	Beyonce Knowles	Beyonce SLP Co.	111 Dancing Street	Chandler, AZ 85226	480-555-5555
	Alicia Keyes	The Key to SLP Service	234 Piano Lane	Phoenix, AZ 85053	602-555-5555
	Michelle Williams	Destiny's Child SLP Services	3 Rowland St.	Scottsdale, AZ 85258	480-555-5555
Occupational Therapy	Ozzie Osbourne OTs	Little Sharon OT Co.	245 Bat Lane	Scottsdale, AZ 85253	480-555-5555
	Alice Cooper OT	House of Horrors OT Co.	122 Cooper Lane	Mesa, AZ 85203	480-555-5555
	Gene Simmons OT Group	KISS OT Co.	12 Makeup Lane	Scottsdale, AZ 85253	480-555-5555
Physical Therapy	David Crosby	Crosby, Stills and Nash PT Services	161 Harmony Lane	Mesa, AZ 85204	480-555-5555
	James Taylor	Taylor PT Co.	145 Caroline Lane	Scottsdale, AZ 85251	480-555-5555
	Peter Cetera	Chicago PT Services	25-6-2-4 In The Park Ln.	Scottsdale, AZ 85254	480-555-5555
Psychologists	Sigmund Freud	Freud Psych Ser.	14 Therapy Road	Cave Creek, AZ	480-555-5555
	B.F. Skinner	Skinner Psych Ser.	125 Behavior St.	Scottsdale, AZ 85252	480-555-5555
	Pavlov	Pavlov Psych Ser.	1 Conditioned Response Lane	Scottsdale, AZ 85252	480-555-5555

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. See the [AzTAS document](#) for additional information and clarification.

Click [HERE](#) to access all Exceptional Student Services (ESS) Publications.

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: (CFR § 300.320 (a) (1))

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:

2. A statement of measurable annual goals, including academic and functional goals: (CFR § 300.320 (a) (2))

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 not be 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 goal must be useful in making decisions regarding the student's education and the effectiveness of the student's IEP and

- 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.

3. A description of progress: (CFR § 300.320 (a) (3))

- how the child's progress towards meeting the annual goals described will be measured; and
- when periodic reports on the progress 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: (CFR § 300.320(a) (4))

- 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. (CFR § 300.320 (a) (5))

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). (CFR § 300.320 (a) (6))

7. The projected date for the beginning of services and modifications; the anticipated frequency, location and duration of those services and modifications. (CFR § 300.320 (a) (7))

8. In consideration of special factors, the IEP Team shall: (CFR § 300.324 (a) (2))

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.

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 cannot 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 the 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.

Present Level of Academic Achievement and Functional Performance and Measurable Annual Goals 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 address all areas pertinent to the student's needs.

PLAAFP Example 1: Mark

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 vertical and circular strokes and build a five cube tower.

Needs: Mark is 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 attempts to hit others. The 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. Mark also requires the use of a visual schedule to support his transitions and to limit behavioral outbursts.

Communication

Strengths: Mark currently has an expressive verbal vocabulary of approximately 25-30 words. Mark's parents report he understands most common words used around the house and can follow simple directions. They also report that he currently uses 25-30 words, though others do not always understand what he has said.

Needs: 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: Mark's skills are developed within 18-20 month age range. Play skills include block stacking, placing pegs in pegboard and dumping out of small containers. The student demonstrates a functional grasp, using a gross grasp of a marker and demonstrates vertical strokes upon imitation.

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

Mark's primary language/first words spoken were English. Language does not present any impact to the preschool curriculum or language acquisition.

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.

Goal 1:

Need Areas: Social/Emotional & Communication

Mark will follow a picture schedule to move from one activity to another (transitions) with gestural cues in ten daily scheduled transitions as measured by observation/data collection sheet.

Baseline: 2/10 transitions

Goal 2:

Need Areas: Social/Emotional & Receptive/Expressive Communication

Mark will use two words to answer simple questions about a story in 8/10 opportunities as measured by data collection and ongoing progress monitoring.

Baseline: Mark currently uses one word to answer questions about a story.

PLAAFP Example 2:

Based on the classroom data reported by the early childhood teacher, early childhood special education teacher, related service staff (OT and SLP) and parent report and documentation noted in Teaching Strategies Gold, 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 sounds of speech (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 is Sara's first and only language therefore there are no language learning issues.

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 minimum of three steps in a targeted activity in 8 out of 10 opportunities as measured by data collection sheet.

Baseline: 2 out of 10 opportunities

Goal 2:

Need Areas: Fine Motor

Sara will maintain grasp of a variety of art tools (crayon, paintbrush, marker) while imitating vertical and horizontal strokes on a page, in three art activities per week as measured by student work samples.

Baseline: Sara currently does not maintain a grasp and does not make any marks on a designated surface with any tool.

**NOTE: The Teaching Strategies GOLD system along with data and observation may be what the PLAAFP is based on as the next IEP is developed.*

Creating Measurable IEP Goals

In creating IEP goals, ask yourself the question, "What does it look like, and how will I count it?"
 Note: Baselines can be contained in the PLAAFP and/or the Goal Statement.

Do (What is the specific skill/behavior to be achieved in this goal?)	To what extent or criteria (How will the student show that he/she has mastered the goal?)	As evaluated (Identify the specific measurement tool or assessment strategy.)	Baseline (What is the present level of the student related to this skill?)	Does this goal make sense? Is the goal measurable?

Sample Services Page

When identifying service times on the Individualized Education Program (IEP), consideration of how much time is needed to make progress on goals is a main component. It is important to identify the specific “specialized” preschool special education services that the child will receive (e.g. cognitive, communication, adaptive, social-emotional and/or motor). In order to collect state average daily membership (ADM) monies a child must participate in a **program** the IEP team chooses as LRE a minimum of 360 minutes over three days per week. Thoughtfully determine the amount of services the child would need to make progress on goals, not necessarily the time the child is in the program.

Times should add up to the total time of services. Caution: do not put the amount of time the program runs. For instance, Head Start may be in session 5 hours, 5 days per week, which would make it appear the child needs that amount of services to make progress on the goals. It is not appropriate to say you are providing a minimum of 30 minutes of a service per week, but really that is a minimum and you’ll do more. If you do more, you are further restricting the child’s environment and the time you say you are adding doing is not reflected on the IEP. Most complaints from parents come when they find out something is happening and it is not on the IEP (or it is on the IEP and it’s not happening!). See sample above.

Special Education Services	Time	Location	Staff
Preschool cognitive, communication, social/emotional, behavioral & adaptive instruction and carry over skills for SLP, OT and PT goals.	120 min/week	Head Start Classroom	ECSE Teacher
Related Services	Time	Location	Staff
Artic Therapy & Language Therapy	60 min/week	Head Start Class and/or SLP room	SLP
Occupational Therapy for fine motor	20 min/week	Head Start Class and/or sensory room	OT
Physical Therapy for gross motor	10 min/week	Head Start Class and/or playground	PT
Transportation	Daily	Door to Door; Front of complex	Bus Driver
Supports for School Personnel	Time	Location	Staff
SLP Consultation at team meetings to assist in implementing/reinforcing goals.	1 hour/month	Head Start Class	SLP/Head Start Team
OT Consultation at team meetings to assist in implementing/reinforcing goals.	1 hour/month	Head Start Class	OT/Head Start Team
PT Consultation at team meetings to assist in implementing/reinforcing goals.	1 hour/month	Head Start Class	PT/Head Start Team
Assistive Technology Consultation and training on PECS and electronic device.	Ongoing coaching quarterly.	Head Start Class	AT Team, Head Start Teacher, Teacher Assistants
Communication & Literacy Development Trainings	4 times/year	Head Start Class	ECSE Team/Head Start Team

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 (34 CFR § 300.324 (b))

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 (34CFR § 300.324 (a) (4))

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 a written document to amend or modify the child's current IEP.

Changes to the IEP should be agreed upon with the parent prior to making an amendment.

Initial Placement and Provision of Services (34 CFR § 300.323 (c))

- 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 (34 CFR § 300.323 (d))

- 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 to the child in accordance with the IEP.

Excusal of IEP team members (34 CFR §300-321(e)(2))

- A member of the IEP Team described in paragraph (e)(1) of this section 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 the curriculum or related services if—
 - (i) The parent, in writing, and the public agency consent to the excusal; and
 - (ii) The member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting.

**Excusals should only be on a case-by-case individual basis. For instance, there should not be a blanket excusal of general education teachers because the meeting is inconvenient.

Accessibility of child's IEP to teachers and others (34 CFR §300-323(d)(1))

- 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 described in paragraph (d)(1) of this section is informed of:
 - (i) His or her specific responsibilities related to implementing the child's IEP; and
 - (ii) The specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.

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.

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.

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.

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.

Commonly Asked Questions about IEPs

1. Do we need to have a regular education teacher present at the IEP meeting?

Yes. The PEA 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 cannot 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. Someone making the case for the child to attend a regular/general education environment with supports. Input can be obtained via telephone participation, or written documentation if that person is formally excused.

****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 the team always consider the full continuum of options based on the needs of the child.*

(34 CFR§ 300.321)

2. *What if an IEP team member cannot attend the meeting?*

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.(34 CFR§ 300.321 (e)).

3. *Can we hold the IEP meeting without the parent(s)?*

Yes, 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 the 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. (34 CFR§ 300.322 (d))

4. *Is an interpreter required for an IEP meeting if the parent(s) of the child with disability do not speak English?*

Yes. 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. (34FR§ 300.322 (e))

5. *Are parent(s) required to receive a copy of their child's IEP?*

Yes. The public agency must give the parent a copy of the child's IEP at no cost to the parent. (34 CFR§ 300.322 (f))

6. *If a child comes to the district with an IFSP can we maintain that instead of developing an IEP?*

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.

7. *How early can children start receiving preschool services?*

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.

SPECIAL EDUCATION FILE REVIEW/ MONITORING GUIDE STEPS FOR IEP

- III.A.1 _____ Current IEP (date: _____) **60-Day**
- III.A.2 _____ IEP review/revision and participants
- IEP reviewed/revised annually (previous date: _____)
 - IEP team meeting included required participants (if “no” indicate missing members)
 - Parent PEA Representative
 - Gen Ed Teacher Test Results
 - Special Ed Teacher Interpreter
- III.A.3 _____ General required components of IEP are included
- IEP has PLAAFP (refer to guide steps)
 - Measurable annual goals related to PLAAFP **60-Day**
 - Documentation of eligibility for alternate assessment, if appropriate **60-Day**
 - For students eligible for alternate assessments only, short-term instructional objectives or benchmarks
 - Current progress report includes progress toward goals
- III.A.4 _____ Individualized services to be provided
- Special education services to be provided
 - Consideration of related services
 - Consideration of supplementary aids, services, program adaptations
 - Location of services and adaptations
 - Consideration of supports for school personnel
 - Consideration of the need for extended school year
 - Extent to which student will not participate with non-disabled peers
- III.A.5 _____ Other considerations
- Consideration of strategies/supports to address behavior that impedes student’s learning or that of others
 - Consideration of individual accommodations in testing, if appropriate
 - Consideration of communication needs of the student
 - Consideration of assistive technology devices and service needs
 - For ELL students, consideration of language needs related to the IEP
 - For HI students, consideration of the child’s language and communication needs

Procedural Safeguards/Parental Participation

- IV.A.2 _____ Notices provided at required times and in a language and form that is understandable to the parent
- Procedural safeguards notice provided to parents within the last 12 months **60-Day**

- All required notices provided in a language that is:
 1. the native language of the parent
 2. understandable to public **60-Day**
- IV.A.3 _____ PWN provided at required times and contains required components
- PWN provided to parents at required times in the last 12 months
 - For PWN, description of action proposed or refused by PEA
 - For PWN, explanation of why the agency proposed or refused to take the action
 - For PWN, description of any options considered and why options were rejected
 - For PWN, description of evaluation procedures, tests, records used as a basis for the decision
 - For PWN, description of any other relevant factors
 - For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained
 - For PWN, sources to obtain assistance in understanding notice

BEST PRACTICE FOR IEP CASE MANAGEMENT



In most cases, it is to the advantage of the child and team for the classroom early childhood special education teacher to function 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 ensure the appropriate team members are included in the case management process.

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!***

CHILDREN WHO TRANSFER SCHOOL DISTRICTS



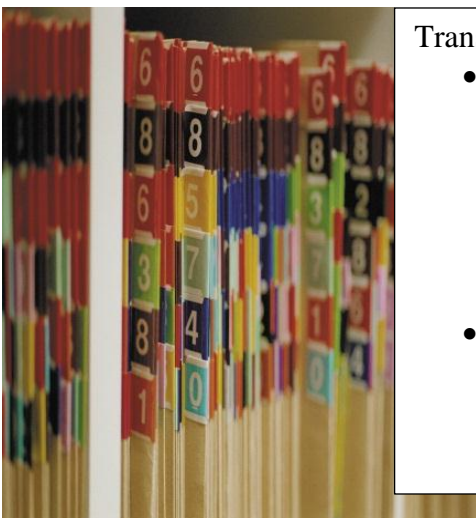
Transfer within the state during the same academic school year (34 CFR §300.323 (e))

- The LEA shall provide a child with an IEP that was in effect in the same state:
 - Services comparable to those described in the previously held IEP- in consultation with the parents until the LEA adopts the IEP **OR**
 - Adopts and implements a new IEP that is consistent with state and federal law



Transfer outside the state during the same academic school year (34 CFR § 300.323 (f))

- The LEA shall provide such child:
 - FAPE
 - Services comparable to those described in the previously held IEP-in consultation with the parents until such time as the LEA conducts an evaluation **IF** determined necessary through a review of data **AND**
 - Develops a new IEP, if appropriate, that is consistent with federal and state law



Transmittal of Records (34 CFR § 300.323 (g) and A.R.S. 15-828 F)

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

EDUCATIONAL PLACEMENT OF YOUNG CHILDREN WITH DISABILITIES



*Not just a School Issue;
It is about belonging and participation of
children with disabilities as
equal and accepted members of society.*

All children, no matter what their physical, cognitive, or emotional level of development, need meaningful opportunities to develop skills, establish a sense of self, and lay a foundation for life-long learning. Early childhood programs provide all children with early learning environments that help them develop cognition, communication skills, social emotional skills, health and physical skills, creativity and a style of learning. Children with disabilities should have the opportunity to attend early childhood programs alongside children without disabilities. All children learning together will foster the potential of every child.

In February of 2012, The Office of Special Education Programs (OSEP) provided a letter of guidance. Please see the following pages for a copy of this letter from Melody Musgrove, Director of the Office of Special Education Programs.



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

FEB 29 2012

Dear Colleague:

The purpose of this letter is to reiterate that the least restrictive environment (LRE) requirements in section 612(a)(5) of the Individuals with Disabilities Education Act (IDEA) apply to the placement of preschool children with disabilities.¹ The LRE requirements have existed since passage of the Education for all Handicapped Children Act (EHA) in 1975 and are a fundamental element of our nation's policy for educating students with disabilities (the EHA was renamed the IDEA in 1990). These requirements state the IDEA's strong preference for educating students with disabilities in regular classes with appropriate aids and supports. Under section 612(a)(5) of the IDEA, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, must be educated with children who are not disabled. Further, special classes, separate schooling, or other removal of children with disabilities from the regular educational environment may occur only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The LRE requirements in section 612(a)(5) of the IDEA apply to all children with disabilities who are served under Part B of the IDEA, including preschool children with disabilities aged three through five, and at a State's discretion, two-year old children who will turn three during the school year.² The statutory provision on LRE does not distinguish between school-aged and

¹ Although not discussed here, other Federal laws apply to preschool-aged children with disabilities as well. These laws include section 504 of the Rehabilitation Act of 1973, as amended (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA). The Department's Office for Civil Rights (OCR) enforces Section 504 and pursuant to a delegation by the Attorney General of the United States, OCR shares (with the U.S. Department of Justice) in the enforcement of Title II of the ADA. Section 504 is designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the Department. 29 U.S.C. § 794, 34 CFR §104.4(a). Section 34 CFR 104.38 of the Section 504 regulations specify that recipients of Federal financial assistance from the Department who provide preschool education may not on the basis of disability exclude qualified persons with disabilities, and must take into account the needs of these persons in determining the aid, benefits, or services to be provided. Title II prohibits discrimination on the basis of disability by public entities, including public schools regardless of whether they receive Federal financial assistance. 42 U.S.C. §§ 12131-12134, 28 CFR Part 35 (Title II). Additionally, as applicable, entities providing preschool education must comply with the nondiscrimination requirements set forth in Title III of the ADA that prohibit discrimination on the basis of disability in places of public accommodation, including businesses and nonprofit agencies that serve the public. The U. S. Department of Justice enforces Title III of the ADA. 42 U.S.C. §§ 12181-12189, 28 CFR Part 36 (Title III).

² Under section 612(a)(1) of the IDEA, a State must make a free appropriate public education (FAPE) available to all children with disabilities residing in the State within the State's mandated age range. If a State's mandated age range includes children with disabilities aged three through five and two-year-old children who will turn three during the school year, all requirements in Part B of the IDEA, including the LRE requirements in section 612(a)(5), apply to those children.

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

preschool-aged children and therefore, applies equally to all preschool children with disabilities. Despite this long-standing LRE requirement and prior policy guidance³, the U.S. Department of Education (Department) continues to receive inquiries regarding the applicability of the LRE requirements under Part B of the IDEA to preschool children with disabilities.

Statutory and Regulatory Requirements

A preschool child with a disability who is eligible to receive special education and related services is entitled to all the rights and protections guaranteed under Part B of the IDEA and its implementing regulations in 34 CFR Part 300. One of these guaranteed rights is the right to be educated in the LRE in accordance with section 612(a)(5) of the IDEA and 34 CFR §§300.114 through 300.118. The LRE requirements under Part B of the IDEA state a strong preference for educating children with disabilities in regular classes alongside their peers without disabilities. The term “regular class” includes a preschool setting with typically developing peers.⁴ In determining the educational placement of a child with a disability, including a preschool child with a disability, the public agency⁵ must ensure that each child’s placement decision is made in conformity with the LRE provisions in 34 CFR §§300.114 through 300.118. 34 CFR §300.116(a)(2). The child’s placement must be based on the child’s individualized education program (IEP). 34 CFR §300.116(b)(2). In addition, the IEP must include an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class. 34 CFR §300.320(a)(5).

Before a child with a disability can be placed outside the regular educational environment, the group of persons making the placement decision must consider whether supplementary aids and services could be provided that would enable the education of the child, including a preschool child with a disability, in the regular educational setting to be achieved satisfactorily. 34 CFR §300.114(a)(2). If a determination is made that a particular child with a disability cannot be educated satisfactorily in the regular educational environment, even with the provision of appropriate supplementary aids and services, that child then could be placed in a setting other

³ See OSEP Memorandum 87-17, OSEP – Division of Assistance to States Policy Regarding Educating Preschool Aged Children with Handicaps in the Least Restrictive Environment (June 2, 1987); Letter to Nevelndine, 16 LRP 842 (March 23, 1990); Letter to Wessels, 19 LRP 2074 (November 27, 1992); Letter to Nevelndine, 20 LRP 2355 (May 28, 1993); Letter to Nevelndine, 22 LRP 3101 (January 25, 1995); Letter to Nevelndine, 24 LRP 3821 (April 17, 1996); Letter to Hirsh, 105 LRP 57671 (August 9, 2005); Letter to Anonymous, 108 LRP 33626 (March 17, 2008).

⁴ See Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule, Analysis of Comments and Changes, 71 Fed. Reg. 46540, 46666 (August 14, 2006).

⁵ The term “public agency” includes the State educational agency, local educational agencies (LEAs), educational service agencies (ESAs), nonprofit public charter schools that are not otherwise included as LEAs or ESAs and are not a school of an LEA or ESA, and any other political subdivisions of the State that are responsible for providing education to children with disabilities. See 34 CFR §300.33.

than the regular educational setting. The public agency responsible for providing a free appropriate public education (FAPE) to a preschool child with a disability must make available the full continuum of alternative placements, including instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions, to meet the needs of all preschool children with disabilities for special education and related services. 34 CFR §300.115.

Preschool Placement Options

The public agency responsible for providing FAPE to a preschool child with a disability must ensure that FAPE is provided in the LRE where the child's unique needs (as described in the child's IEP) can be met, regardless of whether the local educational agency (LEA) operates public preschool programs for children without disabilities. An LEA may provide special education and related services to a preschool child with a disability in a variety of settings, including a regular kindergarten class, public or private preschool program, community-based child care facility, or in the child's home.

For data collection purposes, the Department defines a Regular Early Childhood Program as a program that includes a majority (at least 50 percent) of nondisabled children (i.e., children who do not have IEPs) and that may include, but is not limited to:

- Head Start;
- Kindergartens;
- Preschool classes offered to an eligible pre-kindergarten population by the public school system;
- Private kindergartens or preschools; and
- Group child development centers or child care.⁶

If there is a public preschool program available, the LEA may choose to make FAPE available to a preschool child with a disability in the public preschool program. However, many LEAs do not offer, or offer only a limited range of, public preschool programs, particularly for three- and four-year-olds. LEAs that do not have a public preschool program that can provide all the appropriate services and supports for a particular child with a disability must explore alternative methods to ensure that the LRE requirements are met for that child. These methods may include: (1) providing opportunities for the participation of preschool children with disabilities in preschool programs operated by public agencies other than LEAs (such as Head Start or

⁶ This is the definition that the Department uses in its annual data collection under section 618 of the IDEA on the number of children with disabilities aged three through five served under the IDEA Part B program according to their educational environments.

community based child care); (2) enrolling preschool children with disabilities in private preschool programs for nondisabled preschool children; (3) locating classes for preschool children with disabilities in regular elementary schools; or (4) providing home-based services. If a public agency determines that placement in a private preschool program is necessary for a child to receive FAPE, the public agency must make that program available at no cost to the parent.⁷

Conclusion

Placement decisions regarding a preschool child with a disability who is served under Part B of the IDEA must be individually determined based on the child's abilities and needs as described in the child's IEP. 34 CFR §300.116(b)(2). State educational agencies and LEAs should engage in ongoing short- and long-term planning to ensure that a full continuum of placements is available for preschool children with disabilities. To achieve this goal, a variety of strategies, including staffing configurations, community collaboration models, and professional development activities that promote expanded preschool options are available. See

<http://www.nectac.org/> for further information regarding the IDEA and services for preschool children with disabilities.

We hope this information is helpful in clarifying the applicability of LRE requirements to preschool children with disabilities who receive special education and related services under Part B of the IDEA. Thank you for your continued interest in improving results for children with disabilities.

Sincerely,



Melody Musgrove, Ed.D.
Director
Office of Special Education Programs

⁷ See [Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule, Analysis of Comments and Changes](#), 71 Fed. Reg. 46540, 46589 (August 14, 2006); and Letter to Anonymous, 108 LRP 33626 (March 17, 2008).

The OSEP letter may also be found at this link: [Click Here](#)

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

A Joint Position Statement of the Division of Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)

**Special Education is
a service,
not a place**

High Quality Inclusion Opportunities for Preschool-Age Children with Disabilities

Convened

December 13-15, 2004

Proceedings Document

July 2005

Prepared by:

Eve Müller & Eileen Ahearn

Project Forum at NASDSE

Remember!! Determine what is best for each individual child. Data is extremely important to help determine the appropriateness of your placement. Sometimes full inclusion may not benefit the child or if the child will only slightly benefit from a regular education classroom, he may need a more restrictive placement to receive a free and appropriate public education (FAPE). Although a child's parents may want him or her placed in a general education classroom with a one-to-one aide, the IEP team may establish that based on the severity of the student's disability, a special classroom may be the LRE for that child.

Inclusion is not simply the presence of children with special needs in preschool programs, but access to supports, accommodations and/or modifications to ensure full and active participation with typically developing children

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 First Things First funds support these programs)
- Public school Head Start programs
- Special education classes converted to include typically developing children
- Tuition-based community education classrooms 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 or Private Child Care as a Context for Inclusion**

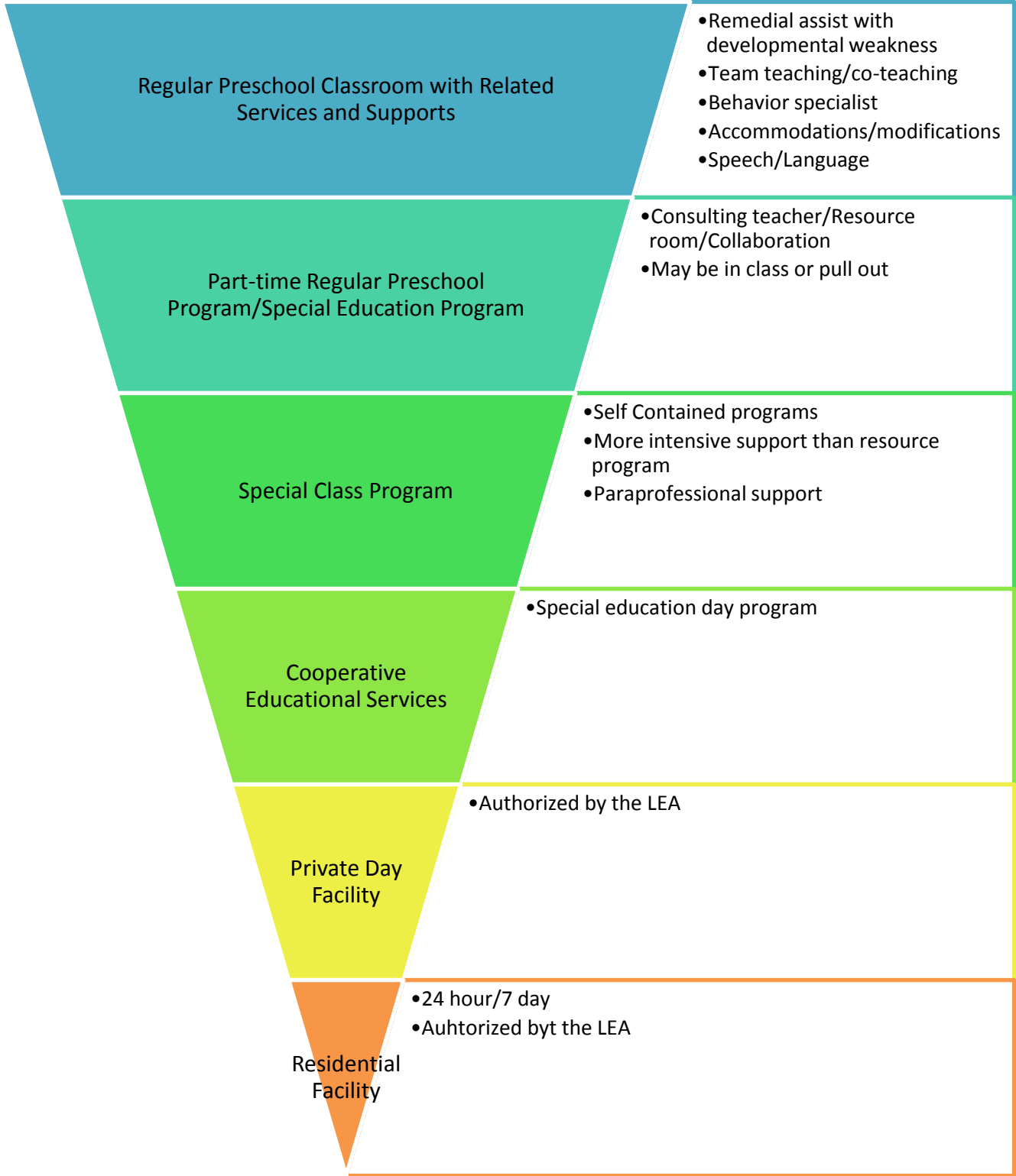
- Corporate, for-profit national programs
- Locally owned programs operated by individuals or community organizations
- Mother's Day Out programs at a local church or community center
- Nonprofit preschools for children from low-income families

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

****NOTE ON PROPORTIONATE SHARE AND PRIVATE SCHOOL PLACEMENTS:** IDEA and the regulations mandate that school districts are responsible for providing proportionate share of services to children that attend private schools within their district. However, at the preschool level it is still the responsibility of the home school district to conduct child find and provide services in a least restrictive environment. Arizona's definition of an elementary school ("common school") includes programs for preschool children with disabilities and kinder programs up to grades 8. Since most private preschools do not meet this definition, school districts do not have to include preschool services in proportionate share. If the IEP decides to serve I in a private child care, an IEP will reflect where the special education services will take place (not an Individualized Service Plan (ISP)).

Check out Cara's Kit on the resource page for this section (page 148)



Commonly asked questions about 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 Preschool Severe Delay (PSD) because of cerebral palsy, the IEP 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 IEP 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 IEP 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?*

Preschool special education programs must meet a minimum of 360 minutes at least three days per week to receive special education funding Average Daily Membership (ADM) funding. The amount of services per child may vary based on the needs of the child as determined by the IEP Team. Districts. Children who are placed in a general education program (such as Head Start, First Things First, et. al.), that meets the minimum required time can collect Average Daily Membership (ADM) monies. Recording attendance in the SAIS calendar system is required. Other programs who set up attendance calendars and track attendance for children from school districts may do so via Common Logon through the application called "LEA Calendar". If a program needs access to either Common Logon or to the calendar application, they can e-mail the ADE Support Center at enterprise@azed.gov. Children not served in classrooms who may require less services (i.e. children who have articulation needs only) would only be funded through grant monies received through the IDEA Preschool Grant Allocations. Additionally, 10% of Part B monies can be used for preschool special education in addition to the IDEA Part B/619 preschool funds.

Arizona's Program Guidelines for High Quality Early Education: Birth Through Kindergarten recommends operation of a program a minimum of 12 hours per week and at least 170 days per year to maximize opportunities for learning.

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

School districts should consider providing special education services to children in a regular classroom (defined as at least 50% typical children) such as Head Start, First Things First, private or community child care setting based on the IEP team's decision regarding LRE. The district would provide services identified on the IEP in the regular classroom and work closely with the regular or general education classroom teacher(s) and staff. Programs typically require 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.

4. What are the rules for determining classroom ratios for children with special needs?

Unfortunately there are no written rules (unless the program is licensed by the Arizona Department of Health Services (DHS)) for children with special needs and we should look at the overall needs of children in that particular classroom. DHS rules (R7-9-404A) requires a licensee shall ensure that at least the following staff-to-children ratios are maintained at all times when providing child care services to enrolled children:

- Infants 1:5 or 2:11
- 1 year old children 1:6 or 2:13
- 2 year old children 1:8
- 3 year old children 1:13
- 4 year old children 1:15
- 5 year old children not school-age 1:20
- School-age children 1:20

Arizona’s Program Guidelines for High Quality Early Education: Birth Through Kindergarten provides guidelines in Program Guideline 1.3.a., Ratios and group sizes are maintained at levels which meet high quality standards.

- No more than 9 three year olds per staff member
- No more than 18 three year old children enrolled per group
- No more than 10, four or five year olds per staff member
- No more than 20 four or five year old children enrolled per group

For children with special needs, these ratios may not be effective in order to ensure adequate attention and services to children when they have higher needs. Consider the number of high needs children in each classroom and how many typical role models participate in the class. A classroom of 15 children with speech and language needs may feel more like a typical classroom, however, a classroom with several children with autism, several children with high physical needs, medical needs and behavioral needs may require a much lower ratio of adults to children. Be sure to maximize the staff’s effectiveness by having a posted schedule of adult activities. For example:

TIME	TEACHER	ASST #1	ASST #2	SLP (M/W)
7:30	Lesson preparation	Center Prep	Center Prep	Great and support in check in activities
8:00	Greet and support in check in activities	Bus Arrivals	Toileting/Diapers	Great and support in check in activities
8:30	Motor Time	Motor Time	Backpack checks	Motor Time/lang stim
9:00	Group Meeting	Prompting	Prompting/Lucy	Group meeting
9:15	Choice Time	Rec students in art area	Rec students in sensory area	Book area for small group story time
10:15	Group 1 outdoor play	Group 2 outdoor play	Toileting/Prompt snack helpers	Speech group outdoor play
10:50	Snack time/PECS	Snack time/PECS prompter	Hand washing	Snack Time/PECS

5. *What if a parent insists on a particular classroom, teacher or school?*

A placement decision is not the determination of a particular classroom within a school or the identification of a particular teacher or school personnel who will be providing services to the child. The United States Department of Education/Office of Special Education Programs (OSEP) provides guidance in this regard by explaining that schools are permitted to make determinations about specific classrooms, teachers and support personnel as a matter of administrative concern and prerogative [*Letter to Wessels*, 16 IDELR 735 (OSEP 1990)]

6. *What is open enrollment and am I required to provide that in my special needs preschool?*

Very few special needs preschools offer open enrollment as their policies include capacity language. Most special needs preschool programs are typically working near capacity or do so by the end of the school year, as they are required to accept special needs preschoolers as they turn 3. Arizona Revised Statute 15-816.01 (A) states a school district governing boards shall establish policies and shall implement an open enrollment policy without charging tuition...et.al. It further states the district's website and shall be available to the public.

Inclusion Resources

- Access Board, www.access-board.gov
- ADA homepage, U.S. Department of Justice, www.usdoj.gov/crt/ada/adahom1.htm
- [Arizona Early Childhood Inclusion Coalition](#)
- [Cara's Kit for Preschoolers](#)
- [Cara's Kit for Infants and Toddlers](#)
- Center on the Social and Emotional Foundations for Early Learning, <http://csefel.vanderbilt.edu/>
- Technical Assistance Center for Social Emotional Interventions, www.challengingbehavior.org
- Division of Early Childhood (DEC), Council for Exceptional Children, www.dec-sped.org
- Head Start Center for Inclusion, <http://depts.washington.edu/hscenter>
- National Early Childhood Technical Assistance Center, www.nectac.org
- National Professional Development Center on Autism Spectrum Disorders, <http://autismpdc.fpg.unc.edu/>
- National Professional Development Center on Inclusion, <http://npdci.fpg.unc.edu/>
- National Technical Assistance Center for Children's Mental Health, http://gucchd.georgetown.edu/programs/ta_center/
- Office of Special Education (OSEP) Department of Education, www.ed.gov/about/offices/list/osers/osep
- Special Quest, www.specialquest.org; see especially for programs, <http://ncoe.pointinspace.com/trainingmaterials/>
- Technical Assistance Center on Social Emotional Intervention for Young Children, www.challengingbehavior.org

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TIPS FOR PARENTS OF PRESCHOOL CHILDREN WITH DISABILITIES

What is least restrictive environment (LRE)

LRE means that my child should be educated along with children without Disabilities, to the greatest extent possible.

- ◆ The Individualized Education Program (IEP) team, which includes me, considers my child's individual needs to determine how to provide the appropriate placement in the LRE.
- ◆ The team decides the appropriate LRE for my child during the IEP meetings, after they determine necessary services. I am an equal member of the IEP team.
- ◆ As the parent, my role in determining LRE is to discuss with the team where my child would be most successful.
- ◆ Whenever appropriate, a child with a disability should remain in the preschool or childcare setting that he or she is already attending and receive special education services there.

Where are special education services provided?

To meet your child's individual needs, the IEP determines the most appropriate LRE. The selection of settings is known as the continuum of service delivery options. The IEP team should discuss LRE placement in preschool special education classrooms or in other settings with itinerant services (which are given by a visiting teacher or related service provider).

These LREs can be in a:

- ◆ Community preschool or childcare center;
- ◆ Head Start program
- ◆ Public preschool program; or
- ◆ At home, in a clinic or a hospital

Services may be provided in:

- ◆ Settings serving children with and without disabilities
- ◆ Settings serving only children with varying disabilities
- ◆ More specialized settings for children with specific disabilities;

L

R

E

Tips for Parents on LRE

School districts are responsible for:

- ◆ Ensuring parents understand what LRE means;
- ◆ Ensuring parents are involved in determining LRE;
- ◆ Discussing with parents whether services should be delivered in a regular classroom or in a more restrictive environment;
- ◆ Describing on the IEP the extent to which a child with a disability will not participate in activities with other children and why the child will need to be removed from a regular classroom;
- ◆ Obtaining the parents' written consent for the child's placement.

Services cannot be denied because:

- ◆ A Child's behavior is problematic;
- ◆ A child is not potty trained; or
- ◆ There is a waiting list.

LRE Facts

Schools are required to:

- ◆ Provide services to students with special needs, including preschool students;
- ◆ Provide occupational, physical and/or speech therapies if the child's IEP indicates that these services are needed to achieve desired outcomes. These services are offered in one-on-one settings, small groups or integrated within the classroom (regular or special education).
- ◆ Provide assistive technology (AT) for children of all ages when appropriate. AT is any item, piece of equipment, product or system that is used to increase, maintain or improve the functional capabilities of a child.
- ◆ Describing on the IEP the extent to which a child with a disability will not participate in activities with other children and why the child will need to be removed from a regular classroom;
- ◆ Obtaining the parents' written consent for the child's placement.

Schools are not required to:

- ◆ Operate public preschool programs;
- ◆ Provide transportation to all students with disabilities; and
- ◆ Provide the amount of services (OT, PT or Speech) that are recommended by private evaluations.

Public schools cannot charge parents for any preschool services for a child with a disability nor require them to use their insurance for these costs.

For more information and support call:

**Arizona Department of Education Early Childhood Special Education (602) 364-1530
Raising Special Kids (800) 237-3007**

DATA COLLECTION FOR PRESCHOOL LEAST RESTRICTIVE ENVIRONMENTS (LRE)

STATE PERFORMANCE PLAN/ANNUAL PERFORMANCE REPORT (SPP/APR) INDICATOR 6: Preschool LRE

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 Indicator 6 of the SPP and Annual Performance Report (APR) preschool environments data is pulled from the October 1st child count data which came out in late spring. February 1, 2013 will be the first time that OSEP has required states to report on Indicator 6. With this baseline data, we will begin to set targets for our state as you will begin to set targets in your district.

OSEP requires data on children, ages 3-5 and will look at how many children participate in a regular education classroom (defined as at least 50% non-disabled/typically developing children) less than or more than ten hours per week (a question to ask and confirm with parents). The next part of the data is where special education and related services are provided. ([See Preschool Service Codes](#)). There is also a flow chart to help assist you in properly identifying children with IEP's called "[Determining Preschool Codes for SAIS Reporting](#)". The APR reports on 3-5 year olds in preschool AND five year olds that are in kindergarten. While kindergarten has many, more easily accessible classrooms to include children in as an LRE, Arizona's baseline data demonstrates that only 53% of children receive services in classrooms with at least 50% typically developing peers. However, looking at our state baseline data of only the 3-5 year olds in preschools that percentage drops to 20%.

As we all know, providing placements in a setting with typical peers is a challenge when funding streams for early childhood programs vary and are lacking. The [Arizona Early Childhood Inclusion Coalition](#) identified barriers to preschool LRE practices as: lack of funding for typically developing children to attend preschool, shortages of ECSE Teachers and related service providers to travel to regular education programs, lack of recognition by the School Facilities Board of typically developing preschoolers in building funding formulas, as well as the extraordinary efforts required to collaborate with non-district programs. While there are recognized barriers, we also have many *opportunities* that we CAN take full advantage of such as federally funded Head Start Programs (required to serve 10% children with disabilities), state funded First Things First programs, Title 1 programs and tuition based community education/child care programs. Your ECQUIP team is a perfect place to begin this work we work toward providing services WITH typical peers and have full inclusions as part of our continuum of services. We also recognize the need to focus on the individual needs of students and there will remain students who will benefit from more intensive services in a smaller "separate"/self-contained classroom with opportunities for intensive, individualized services that can be provided in a more restrictive environment with a specifically trained teacher.

SPED Preschool Service Codes (not applicable to charter schools)

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

Grade	Service Code	Description	Eligible for State Aid	Eligible for Federal Funding	Self-Contained or Resourced
PS	PA1	Attending Regular Early Childhood Program AT LEAST 10 hours per week; receiving majority of special education and related services in REGULAR EARLY CHILDHOOD PROGRAM. A program that includes at least 50% nondisabled children. This may include, but is not limited to: Head Start, kindergarten; preschool classes offered to an eligible pre-kindergarten population by the public school system; private kindergarten ¹ or preschool; group child development center or child care.	Yes	Yes	R
PS	PA2	Attending Regular Early Childhood Program AT LEAST 10 hours per week; receiving majority of special education and related services in SOME OTHER LOCATION. A program that includes at least 50% nondisabled children. This may include, but is not limited to: Head Start, kindergarten; preschool classes offered to an eligible pre-kindergarten population by the public school system; private kindergarten ³ or preschool; group child development center or child care.	Yes	Yes	R
PS	PB1	Attending Regular Early Childhood Program LESS THAN 10 hours per week; receiving majority of special education and related services in REGULAR EARLY CHILDHOOD PROGRAM. A program that includes at least 50% nondisabled children. This may include, but is not limited to: Head Start, kindergarten; preschool classes offered to an eligible pre-kindergarten population by the public school system; private kindergarten ³ or preschool; group child development center or child care.	Yes	Yes	R
PS	PB2	Attending Regular Early Childhood Program LESS THAN 10 hours per week; receiving majority of special education and related services in SOME OTHER LOCATION. A program that includes at least 50% nondisabled children. This may include, but is not limited to: Head Start, kindergarten; preschool classes offered to an eligible pre-kindergarten population by the public school system; private kindergarten ³ or preschool; group child development center or child care.	Yes	Yes	R
PS	PD	Separate Class. Attends a special education program in a class intended primarily for children with disabilities (less than 50% nondisabled children). This may include, but is not limited to classrooms in: regular school buildings, trailers or portables outside regular school buildings; child care facilities; hospital facilities on an outpatient basis; or other community-based settings. (Do not include children who also attended a Regular Early Childhood Program.)	Yes	Yes	SC
PS	PE	Separate School. Receives all special education and related services in public or private day schools designed specifically for children with disabilities. (Do not include children who also attended a Regular Early Childhood Program.)	Yes	Yes	SC

Grade	Service Code	Description	Eligible for State Aid	Eligible for Federal Funding	Self-Contained or Resourced
PS	PG	Residential Facility. Receives all special education and related services in public or private residential schools or residential medical facilities on an inpatient basis. (Do not include children who also attended a Regular Early Childhood Program.)	Yes ⁱⁱ	Yes	SC
PS	PH1	Home AT LEAST 360 minutes per week. Receives all special education and related services in the principal residence of the child’s family or caregivers and attended neither a regular early childhood program nor a special education program provided in a separate class, separate school, or residential facility. Include children who receive special education both at the home and in a service provider location or some other location that is not in any other category. The term caregiver includes babysitters.	Yes	Yes	R
PS	PH2	Home LESS THAN 360 minutes per week. Receives all special education and related services in the principal residence of the child’s family or caregivers and attended neither a regular early childhood program nor a special education program provided in a separate class, separate school, or residential facility. Include children who receive special education both at the home and in a service provider location or some other location that is not in any other category. The term caregiver includes babysitters.	No	Yes	R
PS	PJ	Private School placement; enrolled by parent(s). Students enrolled by parents or guardians in a regular parochial or other private schools that meet the definition of a common school district ⁱⁱⁱ . 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 from IDEA 611 and preschool 619 funds.	No	Yes	R
PS	PS	Service Provider Location or some other location that is not in any other category for less than 360 minutes per week. Receives all special education and related services from a service provider and who attended neither a regular early childhood program nor a special education program provided in a separate class, separate school, or residential facility; and did not receive special education and related services in the home. This includes services received at private clinicians’ offices; clinicians’ offices located in school buildings; or hospital facilities on an outpatient basis.	No	Yes	SC

Determining Preschool Service Codes for SAIS Reporting

Is the child attending a regular early childhood program?

YES

NO

If **YES**, determine the following:
How many hours does the child attend a regular early childhood program?

At least **10 hours per week**

Less than **10 hours per week**

If at least 10 hours per week:
Where does the child receive the majority of hours of SPED and related services?
PA1 = in regular early childhood program
PA2 = in some other location

If less than 10 hours per week:
Where does the child receive the majority of hours of SPED and related services?
PB1 = in regular early childhood program
PB2 = in some other location

A regular early childhood program is a program that includes a majority (at least 50% percent of nondisabled children). This category may include, but is not limited to:

- Headstart
- Kindergarten, public or private
- Preschool classes, public or private
- Group child development center or child care

If **NO**, determine the following:
Is the child attending a special education program?

If **YES**,
PD = Separate Class
PE = Separate School
PG = Residential Facility

If **NO**,
Is the child receiving the majority of SPED and related services in the residence of the child's family or caregiver at least 360 minutes per week?

Separate class includes a majority (at least 50%) of children with disabilities. This category may include, but is not limited to:

- Regular school buildings
- Trailers; portables
- Child care facilities
- Hospital facilities—outpatient
- Other community-based settings

Separate school designed for children with disabilities.
Residential school or medical facility—inpatient

If **YES**, Home for
PH1 = at least 360 minutes per week
PH2 = less than 360 minutes per week

If **NO**,
PS = Service provider location or some other location that is not in any other category
PJ = parentally placed private school or home school

CERTIFICATION

Teachers in public education agencies must be certified to teach preschool children that have special education needs. The child may participate in a regular education classroom and have special education services provided by a highly qualified teacher. In order to be highly qualified an early childhood the teacher would hold the following certification:

**K-12 Cross-Categorical, MR, LD, ED, O/HI
OR
Severely and Profoundly Disabled**



Early Childhood Endorsement or Early Childhood Certificate (Birth - Age 8)

OR

Early Childhood Special Education Certificate

Transcripts are evaluated by the Certification Department at ADE to determine what courses are needed to become certified in ECSE. Contact Maura Yildirim at **602.364.0127** or maura.yildirim@azed.gov.

As of July 1, 2012, teachers who teach general education preschool or kindergarten in public school settings must have an Early Childhood Education certificate or endorsement. An endorsement is obtained by the holder of a certificate.

TRANSPORTATION FOR PRESCHOOLERS WITH DISABILITIES

The following is an interpretation by Elena Gallegos, attorney at Mountain Planes 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.

It is up to the district to provide FAPE. If lack of transportation is a factor that may impact the provision of FAPE, the IEP team should consider a range of options (e.g. mileage reimbursement, school bus, private transportation company, serve child at another site, serve child at home, et.al). Documentation of all transportation decisions should be reflected in the Prior Written Notice.

1. *Are bus aides required for preschoolers?*

Because transportation is a related service under IDEA and an aide is a supplementary service, an aide on a bus would depend on what each student's IEP states is needed. Districts may have internal policies they practice related to aides on buses. Have a close relationship with your transportation department to assist in following needs identified on the children's IEP's and in making internal policies that fit the needs of your community.

FUNDING

Federal IDEA funding is allocated to states and distributed to districts. Allocations to districts are determined by 1996 Census data. Districts apply for IDEA Preschool Grants to access funding. Additional grants are available to assist when emergency or high-cost circumstances arise.

Grant applications are accessible to districts online through the [ADE Grants Management System](#)

IDEA Preschool (Entitlement) Grant

The IDEA Preschool Grant allocations are based on the 1996 census and available to any school district serving preschool children with disabilities. This federal entitlement grant is used to ensure that all children with disabilities, ages 3 - 5, will receive a free appropriate public education (FAPE) which emphasizes special education and related services designed to meet their unique needs. Funds are allocated to each district who in turn apply for funds through the ADE Grants Management System. Preschool program personnel should be directly involved in completing grant applications to ensure accuracy of programmatic questions.

IDEA Preschool Emergency Grant

Emergency grants are intended to support districts in unexpected circumstances, such as a significant and sudden increase in the number of children with severe disabilities. This grant is a "one-time only" source of funding based on particular children. Districts applying for emergency funds must show how children will be budgeted for the following school-year.

Eligibility Requirements:

All public entities functioning under Arizona law as local education agencies must demonstrate to the satisfaction of the State Education Agency (SEA) that

- a) All children with disabilities who are participating in programs and projects funded under Part B of the Act receive FAPE, and that those children and their parents are provided all the rights and procedural safeguards described in this part; and
- b) must have approved special education policies and procedures on file with Exceptional Student Services. This submission must include the annotated policies and procedures checklist developed by the ADE/ECE.

IDEA Preschool High Cost Child Grant:

Funds from this grant must be used to support unexpected costs that were not accounted for in the current year budget. This will most likely be as a direct result of a student enrolling after the preparation and submittal of the PEA Annual and IDEA entitlement budgets.

Eligibility Requirements:

In order to be eligible to apply for these funds, the Applicant Agency, or all PEAs participating in grant activities, must have fulfilled the following requirements:

- a) Demonstrate that the cost to educate each student is greater than \$7,916.14 (3 times the state average per pupil expenditure \$2,398.71). If not, consider the Emergency Grant Application.
- b) Submitted a special education census count on 10/01/09, or is serving eligible students.
- c. Have approved special education policies and procedures on file with Exceptional Student

Services (ESS);

d. Have applied for previous fiscal year IDEA Basic funds.

Children also generate state funds based on service category and Average Daily Membership (ADM).

To calculate the state's cost per preschool child, begin with the Average Daily Membership, the maximum ADM for a preschool child is 0.5. Next, looking at SPED, preschool children are only funded for SPED under the five categories of DD, SLI, HI, PS-D, and VI. Preschool student weight (PSD-Preschooler with a disability) is 1.45, additionally each of those weights has an add-on weight in section B of the base level calculations which is included below. Also included are anticipated costs of soft capital and unrestricted capital. The calculations below does not factor in any transportation or growth factors, as those vary depending on the students and schools – there is no way to estimate those amounts. **(ARS Section 15-943(2)(a)-(b))**

In the following calculation, 1 is assumed for teacher index. To calculate the funding for a preschool child based on each category is displayed below:

	Add on Weight	Calculation	Funding for 0.5 ADM
SLI and DD	0	$=(1.45+0)*0.5*1* 3267.72 + 0.5*(225+225.73)$	\$ 2,594.48
HI	4.771	$=(1.45+4.771)*0.5*1* 3267.72+0.50*(225 +225.73)$	\$10,389.62
PS-D	3.595	$=(1.45+3.595)*0.5*1* 3267.72 +0.50 *(225+225.73)$	\$ 8,468.20
VI	4.806	$=(1.45+4.806)*0.5*1* 3267.72 +0.50*(225+225.73)$	\$10,446.81

Funding is not based on the October 1 count. District funding is based on prior year. Funding for a current year's preschool children will be paid to the district in the coming year. The child count information is required under IDEA Section 618 and is used to determine eligibility of Federal Part B IDEA Entitlement Funds allocated to PEA's (break down of preschool grant). The district only reports one category. The highest category gets picked up by the computer

Average Daily Membership (ADM) Funding

Children placed in programs such as First Things First, Head Start, Child Care, etc., are eligible for ADM. In order for a program to collect state monies, a child must receive educational instruction a minimum of 360 minutes over three days per week (e.g. Head Start, community education preschool programs, et.al). Programs are required to have a CTDS number and a calendar in the ADE system.

Caution: Service pages should reflect the amount of services and not necessarily the amount a program is in session. For instance, a Head Start program may run 5 hours per day, 5 days per week. If you indicate services are taking place 5 hours over 5 days per week, it may appear the child needs that amount of services to make progress on IEP goals when in fact the child actually needs 60 minutes of services with an ECSE Teacher and 30 minutes of SLP services per week.

Q: Can my district collect Average Daily Membership (ADM) state funding for children placed in other preschool programs as a Least Restrictive Environment (LRE)?

YES. Preschool classrooms (special education “separate classrooms” or general education “regular education” classroom) must meet a minimum of 360 minutes or more at least three days per week to receive special education funding average daily membership (ADM) funding. The amount of services per child may vary based on the needs of the child as determined by the IEP Team. Districts who place a child in a program (such as Head Start, First Things First, et. al.), that meet the minimum required time can collect Average Daily Membership (ADM) monies. Recording attendance in the SAIS calendar system is required. Other programs who set up attendance calendars and track attendance for children from school districts may do so via Common Logon through the application called “LEA Calendar”. If a program needs access to either Common Logon or to the calendar application, they can e-mail the ADE Support Center at enterprise@azed.gov. Children not served in classrooms who may require less services (i.e. children who have articulation needs only) would only be funded through grant monies received through the IDEA Preschool Grant Allocations. Additionally, 10% of Part B monies can be used for preschool special education in addition to the IDEA Part B/619 preschool funds.

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 ***all*** preschool families (not just preschoolers participating in early childhood special education programs) takes planning and collaboration, regardless of the environment the child may be transitioning from (ie: Head Start, home, child care, a public school preschool program or community education program). Creating procedures and developing a timeline will help to ensure a smooth process can be accomplished through the Early Childhood Quality Improvement Process (ECQUIP) team. This section will provide ideas for procedures and timelines along with samples of materials that may be helpful to your district. As would be expected, preschoolers transitioning from special education preschools to kindergarten may take additional planning and preparation.

Resources for Kindergarten Transitions

[80 Skills That Help Ease the Transition to Kindergarten](#)

[Transition Preschool to Kindergarten](#)

[Sample of Community Transition Plan](#)

[Arizona's Kindergarten Transition Planning Form](#)

[Parent Tip Sheet for Transition to Kindergarten](#)

[Florida Center for Parent Involvement](#)

[First Steps: The Year Before Kindergarten](#)

Transition Connections

School-School

Preschool Teacher visits Kindergarten Teacher beginning of year
Kindergarten Teacher visits Preschool to meet children transitioning
Principals complete assignment of children to teachers before end of school year
Preschool and Kinder Teachers meet on regular basis for alignment of standards activities
Individual child -level GOLD data shared with Kinder Teacher

Community - School

Opportunity to meet and network with other parents
Workshops for parents are offered

Child - School

Child Visits Kinder classroom and participates in activities
Preschool child and family visits kinder teacher
Preschool child and family meet principal
Preschool child visits kinder class for special school function
Activities incorporated into the preschool day in preparation for kinder
Annual summer activity for kinder students and families, invited to attend a day at the school
Elementary school-wide activity includes Pre-K children

Family-School

Contact with families before school starts
Orientations and back-to-school nights
Coordinated sharing of information
Encouraging families to participate in home learning
Kinder Teacher calls each parent during first week of school to convey how child is doing

Special Education Transitions

The special education preschool teacher, as case manager, should have children identified as transitioning to kindergarten (a database is a helpful tool), and which children may need further evaluation to determine school-aged eligibilities (ie: only children with Preschool Severe Delay need a different school-age category) or children that need further evaluation in order to determine present levels that will assist in goal writing and placement decisions for current categories of SLI, DD, HI and VI.

- ✓ In December / January (or earlier based on district size and need) contact the neighborhood or home-school principal and kindergarten teacher/team of students that will transition 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 schedule transition activities based on the prioritizing of 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 (if possible) to avoid multiple meetings.

Preschool eligibility can be determined for the current date through the last day of school or last day of summer (in the case of ESY services). Indicate the eligibility for school-aged categories to begin the day after the last day of preschool or last day of summer 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. The team must include the preschool teacher and a general education teacher, preferably kindergarten, and may also include: psychologist, speech-language pathologist, occupational therapist, physical therapist, adaptive P.E. teacher, teacher of visually impaired students and teacher of hearing impaired students.

The first step to transition is a Review of Existing Data, which is an initiation of the evaluation process (see Preschool Evaluation Flowchart on page 57). 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).

If the team determines that no further assessment or data is needed, a MET report is still required to document the review of existing data and redetermination of eligibility.

It is important for Transition/MET Teams to consider all school-aged eligibilities including Specific Learning Disabilities (listening comprehension and oral expression are often considered). Efforts should be made 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. Care should be taken to consider the child's development in all domains.

Once the evaluation has been completed, in some cases the school psychologist may have a conference 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 suspected disability (or comprehensive developmental assessment if developmental delay is being considered). A meeting is held for the Multidisciplinary Evaluation Team to determine the child's eligibilities. The IEP must be written within 30 days of the eligibility meeting. This allows for the parents to learn more about potential classrooms and programs. (See school-aged eligibility forms at the end of this chapter).

Potential Transition IEP Issues

- Teams should strongly consider inviting a kindergarten teacher as the general education team member to ensure that kindergarten-specific expectations and curriculum questions can be addressed.
- Many districts have developed a mechanism to provide the receiving school participants' information that will be critical to the kindergarten team when the child enters school in the fall.
- All IEPs are written to reflect the child's individual needs, regardless of whether the child is in a preschool program or a kindergarten classroom. Goals must be appropriate to the individual child. They can reflect early childhood standards or kindergarten standards depending upon which are most appropriate to the child's educational needs. **Remember that kindergarten teams always have the option of revising/amending the IEP once the child enters kindergarten.**

~ REMINDER: The Category does not drive the services!! Consider each child's service needs based on present levels! ~


- Data collection methods for preschool to kindergarten transitional IEPs must be appropriate for both settings.
- Transition IEP teams must consider a child's ELL status and make plans for addressing language learning issues in kindergarten. If the team suspects that a student may qualify for ELL services in kindergarten, an ELL teacher should be invited to the meeting to ensure special education/ELL collaboration when determining services the student needs.
- Any deficits identified in the PLAAFP must be addressed; they may be addressed through accommodations, modifications, or goals. Specifically, the eligibility category must not limit goals the team determines are appropriate for the student; the PLAAFP drives goal development.
- Determine methods for sharing GOLD assessment data as the child transitions.

Sample Special Education Transition Chart

Note: These timelines and activities are a sample. Consider your district's own timelines and activities

Kindergarten Transition Timelines

Child's Name: _____ DOB: _____

Timeline	Staff Member(s)/Agencies	Actual Date	Task
District to Determine Nov - Jan	Preschool Sp. Ed. Team, Case Manager		<input type="checkbox"/> Hold informal transition planning meeting* <ul style="list-style-type: none"> ▪ Begin discussion of child's transition to kindergarten. ▪ Assign Case Manager (Teacher, SLP, et.al) to oversee process & begin to gather information for Transition Conference. ▪ Begin Review of Existing Data.
January	Case Manager		<input type="checkbox"/> Schedule Review of Existing Data/Transition Conference with parent(s), school district personnel, and outside agencies.
February	MET 		<input type="checkbox"/> Hold Review of Existing Data/Transition Conference with parent(s) and educational personnel <ul style="list-style-type: none"> ▪ Complete review of existing data. ▪ Develop plan of action for transition to kindergarten. ▪ Plan for further assessments, if needed. ▪ Develop tentative timeline for transition. ▪ Develop reference list of all participants for future meetings. ▪ Obtain signatures for Review of Existing Data (or document team decision) and Permission to Evaluate, if needed (60-day timeline begins). <input type="checkbox"/> Complete vision and hearing screenings with enough time for follow-ups if necessary. **If team agrees on no further evaluation and current eligibility categories will transition to Kinder, no further action necessary and IEP can be developed. IEP may show services for remainder of preschool and kindergarten through one year anniversary of IEP. If adequate info is available to determine school-aged eligibility, proceed to eligibility meeting.
March	MET		<input type="checkbox"/> Begin additional assessments if needed to include any area(s) of suspected disability in order to determine
April/May	School District		<input type="checkbox"/> After evaluation components (including vision and hearing) have been completed, schedule internal meeting to discuss results of evaluation. <ul style="list-style-type: none"> ▪ Discuss eligibility for special education*. ▪ Without pre-determining eligibility or placement, do research in order to present possible placement options to present to parents.
May	School District, Parent(s), Transition Team Participants (including receiving team with regular education teacher and appropriate special education personnel)		<input type="checkbox"/> Hold Eligibility and IEP conferences with parent(s) to: <ul style="list-style-type: none"> ▪ Discuss evaluation results. ▪ Determine eligibility for special education services. ▪ Develop or revise IEP if appropriate. ▪ Develop classroom visitation plan and other transition activities
Ongoing	IEP Team including kinder teacher if identified, Parent(s), Outside Agencies		<input type="checkbox"/> Agree to coordinate and exchange information to ensure quality service to child and family as they transition.

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

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 a Developmental Delay (DD)
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.

Team decision regarding the presence of a disability:

- The child **does** meet the criteria as a child with a developmental 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 '04.

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 Intellectual Disability
 - A visual impairment
 - One or more of the following disabilities existing concurrently with any of the above – mild Intellectual Disability, 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 Intellectual Disability;
 - 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 Intellectual Disability(MIID)
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 Intellectual disability 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 Intellectual 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 written notice (PWN) regarding this decision that meets the requirement under the IDEA.

Child with Moderate Intellectual Disability(MOID)
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 Intellectual disability 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.

Team decision regarding the presence of a disability:

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

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.

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, Intellectual Disability, 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

Position/Relationship	Signature	Agree	Disagree¹
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.

¹ 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 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 '04, A.R.S. §15-766, and the following requirements:

Preschool: The child is at least three years of age and has not reached the age for kindergarten and demonstrates performance on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same age and/or the child's speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility is only appropriate when a comprehensive developmental assessment **and** parental input have indicated the child is not eligible for services under another preschool category or under the developmental delay category. If there was a discrepancy between the measures, the evaluation team determined eligibility based on the preponderance of information presented.

School-Age: The child has reached the required age for kindergarten and demonstrates a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects the child's educational performance. The student has been evaluated in all areas related to the suspected disability.

Team decision regarding the presence of a disability:

The child **does** meet the criteria as a preschool or school-age child with a speech/language impairment.

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 Severe Intellectual Disability(SID)
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 Intellectual disability 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 Intellectual 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 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.

SAMPLE PRESCHOOL TRANSITION HANDBOOK

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

TABLE OF CONTENTS

Transition to School-Aged Services.....	3
Philosophy.....	3
Transition Process Timeline.....	4
Transition Team Meeting	5
Parent Input Worksheet for Transition Planning.....	6
Key People Chart.....	7

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**

These timelines and activities are a sample. Consider your district's own timelines and activities

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.	_____
Transition team meets to discuss and develop Individualized Education Plan (IEP). Parents, as part of the transition team, help identify appropriate goals. 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- March/ 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 school psychologist, Speech-Language Pathologist, Occupational Therapist, Physical Therapist, Teacher of the Visually Impaired, Adapted Physical Education Teacher, Principal, Special Education Teacher and Regular/General Education Teacher.

The purposes of the Transition Team meetings are:

1. Review of Existing Data. The team will review all existing data, current observations, previous evaluations, etc., and determine if further evaluations are needed.
2. Eligibility Determination. The team will determine appropriate eligibility.
3. Individual Education Program (IEP) Development. This is based on your child's strengths, needs and educational needs and determines the most appropriate ~~educational~~ placement for your child.

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

ON-GOING PROGRESS MONITORING IN EARLY CHILDHOOD SPECIAL EDUCATION

Early Childhood Outcomes using [Teaching Strategies GOLD](#)

Beginning with the 2006/2007 academic year, the state of Arizona implemented an assessment requirement for children participating in state funded preschool programs. An authentic assessment approach, considered as best practice in early childhood education, is intended to assist instructional staff in making decisions that promote individual child development and learning. Assessment data is also intended to enable administrators to continuously improve the overall quality of early childhood programs.

The 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) the Office of Special Education Programs 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.

Be sure to check out the [GOLD Nuggets](#) publication!

**“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.”**



PARTNERING WITH OTHER AGENCIES

In Arizona and nationally, early care and education programs are funded on a variety of levels including private, non-profit, and public sources and at all levels of government including local, state, and federal. Parents and extended families often struggle to find high quality, affordable care and early education for their child. In the current economy finding affordable care is highly challenging and extended families sometimes make pain staking efforts to piece together who will care for their child while they work. The Arizona Department of Education, Early Childhood Education unit continues to reach out to all early care and education agencies, as well as agencies that support the health and wellbeing of children such as the Department of Health to help build quality programs for all children. This section is designed to describe agencies and contacts to assist in finding who YOUR program may partner with.

Arizona Department of Education – Early Childhood Education Unit

[ADE](#) provides oversight to public preschool programs, [including early childhood special education](#) preschools, and partners for with public school programs, First Things First Scholarship Programs, Career and Technical Education, Child Care, Tribal Child Care, Head Start, Early Head Start, Arizona Early Intervention and home visiting programs. ADE provides a vast array of Professional Development for all early care and education programs throughout the state of Arizona. Early Childhood/Preschool special education programs are funded through the [Individuals with Disabilities Education Act, Part, B, Section 619](#)

1535 W. Jefferson Street, Bin #15
Phoenix, Arizona 85007

Head Start State Collaboration Office

[ADE](#) is home to the Director of the Head Start State Collaboration Office. This office is charged with supporting Head Start Programs in state-wide systems building, in developing collaborative relationships with state agencies and working to build stronger links between the Head Start Community and local education agencies.

Amy Corriveau, Deputy Associate Superintendent
Arizona Department of Education/Early Childhood Education
Head Start State Collaboration Office
1535 W. Jefferson Street, Bin #15
Phoenix, Arizona 85007

Arizona Head Start Association

The [Arizona Head Start Association](#) provides support and leadership to Head Start administrators in the Head Start community. The Association works tirelessly to assist Head Start programs in delivering this national school readiness program to low-income children and their families.

Bonnie Williams, Executive Director
Arizona Head Start Association
Post Office Box 11281
Casa Grande, Arizona 85130
480-557-9607

Head Start and Early Head Start

[Head Start](#) is a federally funded comprehensive child development program serving children from birth to five, pregnant women and their families. The Federal government mandates that 10% of their actual enrollment be children with disabilities/special needs. In Arizona there are Head Starts and Tribal Head Starts, and some Head Starts provide Early Head Start for birth to three year olds. There are grantees and sometimes grantees have delegate agencies.

Programs in Apache, Coconino, Navajo, & Yavapai Counties

[Northern Arizona Council of Government \(NACOG\)](#)

Serves children between the ages of 0-5

121 E. Aspen
Flagstaff, Az. 86001
(928) 774-9504

Programs in Cochise, Graham, Greenlee, Pima, & Santa Cruz Counties

[Child Parent Centers, Inc. \(CPC\)](#)

Serves children between the ages of 0-5

602 E. 22nd Street
Tucson, Az. 85713
(520) 882-011

Programs in Gila & Pinal Counties

[Pinal Gila Community Child Services, Inc. \(PGCCS\)](#)

Serves children between the ages of 0-5

1750 S. Arizona Blvd.
Coolidge, Az. 85128
(520) 723-5321

Programs in La Paz, Mohave & Yuma Counties

[Western Arizona Council of Government \(WACOG\)](#)

Serves children between the ages of 0-5

224 S. 3rd Avenue
Yuma, Az. 85364
(928) 782-1886

Programs in Maricopa County

[Crisis Nursery](#)

Serves children between the ages of 0-3

402 N. 24th Street
Phoenix, Az. 85008
(602) 889-6165

[Chicanos Por La Causa Early Head Start](#)

Serves children between the ages of 0-3
1242 E. Washington Street #201
Phoenix, Az. 85034
(602) 307-5818

[City of Phoenix Human Services Head Start](#)

Serves children between the ages of 0-5
200 W. Washington, 19th Floor
Phoenix, Az. 85003
(602) 262-4040

[Maricopa County Human Services Head Start](#)

Serves children between the ages of 0-5
234 N. Central Avenue
Phoenix, Az. 85004
(602) 506-4841

[Southwest Human Development Head Start](#)

Serves children between the ages of 0-5
2850 N. 24th Street
Phoenix, Az. 85008
(602) 266-5976

[Catholic Charities Westside Head Start](#)

Serves children between the ages of 0-5
7400 W. Olive Avenue Suite 10
Peoria, Az. 85345
(623) 486-9868

[Alhambra School District Head Start](#)

4510 N. 37th Avenue
Phoenix, Az. 85019
(602) 246-5155

[Golden Gate Head Start](#)

1625 N. 39th Avenue
Phoenix, Az. 85009
(602) 233-0017

American Indian/Alaskan Native Tribal Grantees

[Cocopah Head Start](#)

Serves children between the ages of 3-5
County 15th and Avenue G
Somerton, Az. 85350
(928) 627-2811

Colorado River Indian Tribe Head Start

Serves children between the ages of 3-5

18026 Mohave Road

Parker, Az. 85344

(928) 662-4311

Gila River Head Start

Serves children between the ages of 0-5

P.O. Box A

Sacaton, Az. 85147

(520) 562-3423

Havasupai Head Start

Serves children between the ages of 3-5

P.O. Box 130

Supai, Az. 86435

(928) 448-2821

Hopi Head Start

Serves children between the ages of 3-5

P.O. Box 123

Kykotsmovi, Az. 86039

(928) 734-7125

Hualapai Tribe Head Start

Serves children between the ages of 3-5

P.O. Box 119

Peach Springs, Az. 86434

(928) 769-2522

Navajo Nation Head Start

Serves children between the ages of 0-5

P.O. Box 3479

Window Rock, Az. 86515

(928) 871-6902

Pascua Yaqui Head Start

Serves children between the ages of 3-5

7474 S. Camino de Oeste

Tucson, Az. 85757

(520) 838-7151

Quechan Head Start

Serves children between the ages of 3-5

P.O. Box 1899

Yuma, Az. 85366

(760) 572-0263

[Salt River Pima-Maricopa Indian Community](#)

Serves children between the ages of 0-5

10005 E. Osborn Road

Scottsdale, Az. 85256

(480) 362-2200

[San Carlos Apache Tribe Head Start](#)

Serves children between the ages of 3-5

P.O. Box 278

San Carlos, Az. 85550

(928) 475-2740

[Tohono O'odham Head Start](#)

Serves children between the ages of 3-5

P.O. Box 837

Sells, Az. 85634

(520) 383-8750

[White Mountain Apache Head Start](#)

Serves children between the ages of 3-5

P.O. Box 699

Whiteriver, Az. 85941

(928) 338-4938

OTHER AGENCIES

First Things First

The [Arizona Health and Development Board](#), better known as First Things First, was created by a voter initiative and is a state agency funded with a tax on tobacco. Since 2006, thirty-one (31) Regional Councils were developed to determine the local needs and build strategies that result in improved education and health outcomes for children.

Arizona Early Intervention Program (AzEIP)

[Arizona Early Intervention](#) is a state-wide, interagency system of supports and services for infants and toddlers (birth-3) with developmental delays or disabilities and their families. Program provides special education services to infants and toddlers who qualify f

Easter Seals Blake Foundation

[The Easter Seals Blake Foundation](#), Children & Family Services programs provide support to children and families in the areas of health, child abuse and neglect, parenting, child development and early education, behavioral health and developmental disabilities in 8 Southern Arizona counties.

Arizona Children's Rehabilitative Services (CRS)

The mission of [Children's Rehabilitative Services](#) is to improve the quality of life for children and youth by providing family-centered medical treatment, rehabilitation and related support services to enrolled individuals who have certain medical, disabling or potentially disabling conditions. "The mission of CRS is to improve the quality of life for children and youth by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions."

Arizona Department of Health Services

Bureau of Women's Children and Health

Office for Children with Special Health Care Needs

[The Office of Children with Special Health Care Needs](#) works to continuously improve comprehensive systems of care that enhances the health, future and quality of life for children and youth with special health care needs and their families.

Ear Foundation of Arizona

The [Ear Foundation of Arizona](#) provides free hearing screening equipment and training for hospitals, clinics, and schools in Arizona.

Grupo de Apoyo para Latinos con Autism (GALA)

[GALA](#) is a non-profit organization that serves and supports minority individuals (primarily Hispanic/Latino) in Arizona with developmental disabilities and their families and focuses on providing educational information, quality services, and valuable resources in Spanish.

Lions Sight and Hearing Foundation

[The Lions Sight and Hearing Foundation](#) provides discounted vision examinations and glasses for low income individuals.

Phoenix Children’s Hospital (Emily Center)

[The Emily Center](#) is open to the public and is the largest pediatric consumer health library in the southwest

Southwest Autism Research and Resource Center

The [Southwest Autism Research and Resource Center](#) (SAARC) offers a variety of programs for people with autism and family members or caregivers

Southwest Human Development (SWHD)

[Southwest Human Development](#) strives to give all children the healthy foundation they need for an optimal start in life. They specialize in children ages birth to five and provide a variety of educational, medical mental health and parenting education services.

Upward Foundation

[Upward Foundation](#) is dedicated to improving the lives of children and families...through education, therapy and loving care, Upward provides special education and childcare for children with developmental disabilities and/or medically fragile children. They also offer pediatric therapies to children with disabilities in 5 specific disciplines: Physical, Speech and Language, Occupational, Music, and Feeding and Swallowing.

Arizona Council of Exceptional Children/Division of Early Childhood (AzCEC/DEC)

[AZ DEC](#) is a professional organization of teachers, therapists, early interventionists, psychologists, related services professionals, para-educators, administrators, child caregivers, and family members concerned about developmentally appropriate early education opportunities and enhanced quality of life for infants, toddlers, and young children with “special” or exceptional needs. We are affiliated with The Division for Early Childhood of The Council for Exceptional Children, the largest professional organization of individuals who teach, care and advocate for children with special needs and their families.

Raising Special Kids (RSK)

[Raising Special Kids](#) is a non-profit organization of families helping families of children with disabilities and special health needs in Arizona. All programs and services are provided to families free of charge. At all ages and stages of a child's development, Raising Special Kids supports parents

Center for Disability Law

The [Arizona Center for Disability Law](#) (the Center) is a federally-designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems (P & As) throughout the United States assure that the human and civil rights of persons with disabilities are protected.

Foundation for Blind Children (FBC)

The purpose of [Foundation for Blind Children](#) is to create opportunity for anyone with vision loss to achieve. With three Valley locations (East Valley, West Valley and Central Phoenix), we strive to serve as "the" community's resource for blind, visually-impaired, and children with multiple disabilities, adults, and their families.

Arizona State Schools for Deaf and Blind (ASDB)

[ASDB](#) focuses on the unique educational needs of students with visual impairments, ages 3 through 21 years, who benefit from a full-time teacher of the Visually Impaired in a fully accessible environment.

Center for Autism and Related Disorders (CARD)

[CARD](#)'s overall purpose is to help each student achieve as much as they can and reach their maximum potential. CARD understands that students with autism and autism spectrum disorders (ASD) present unique challenges to education. By using research based and proven methodologies and an individualized curriculum, the unique needs of each student can be met. Through our assessment, curriculum, and procedures we can provide an environment to optimize the learning of our students and help them achieve academically, behaviorally, and socially.

National Parent Center for Children with Disabilities

The mission of [PACER Center](#) (**P**arent **A**dvocacy **C**oalition for **E**ducational **R**ights) is to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents.

National Dissemination Center for Children with Disabilities

[The National Dissemination Center for Children with Disabilities](#) is a central source of information for infants, toddlers, children and youth. You will find easy to read information on IDEA

SAMPLE FORMS
AND
HELPFUL DOCUMENTS

*The ADE does not require the use of this form. It is a sample of a best practice document to be used at the discretion of the PEA.

PRESCHOOL INITIAL CONTACT SURVEY

DATE: _____ Type of Contact: _____

Child's Name: _____ Birthdate: _____ Sex: _____ Age: _____

Parents _____ Home Phone: _____ Work Phone: _____

Street Address _____ City, State _____ Zip Code _____

HomeSchool: _____ 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 _____

Classroom Team Meeting Minutes

**TEAM MEMBERS ATTENDING:
OTHERS TO RECEIVE MINUTES**

ABSENT:

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: vision, hearing, 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 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:

- _____ vision
- _____ hearing
- _____ 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

SAMPLE SCREENING CONCERN LETTER

School/District Letterhead

Date:

Dear _____,

As a part of the Arizona Department of Education’s mandate, a new student screening has been conducted on your child, _____. Areas of observation include: health concerns, vision, social/behavioral conduct, psychomotor skills, academic/cognitive progress, hearing, adaptive behavior and communication skills.

Your child’s teacher, _____, has indicated the following concern(s):

	Vision		Adaptive Behavior
	Social/Behavioral		Communication Skills
	Psychomotor Skills		Hearing
	Academic Progress		Other

Please know that this initial screening is required by our state government and is meant to ensure that student concerns are not overlooked within the first 45 days in a new school district/charter school. It is NOT a diagnosis of any problem, but rather a screening. As such, I have taken the following action:

- ___ I have requested that the teacher conduct progress monitoring throughout the year.
- ___ I have referred the student for a vision or hearing screening.
- ___ I have requested a parent conference. Please contact me at _____ to schedule.
- ___ I have referred the student to our Child Study Team (CST).
- ___ I have referred the student for consideration for a 504 plan.

We will follow up on your child’s progress and contact you if there appears to be significant educational difficulty. Feel free to contact your son or daughter’s teacher.

Your child’s teacher and I will remain in contact with you.

Sincerely,

Principal
Phone:
Address:

SAMPLE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP Date _____		Prior IEP Date _____		Eligibility Category _____	
Student's Last Name _____		First Name _____		M.I. _____	
Birth Date _____		Gender _____		Grade _____	
		Student ID# _____			
Home Address _____					
City _____		State _____		ZIP _____	
Primary Language of Student _____				English Language Learner	
Primary Language of Instruction _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
School of Residence _____					
School of Attendance _____					
Parent/Guardian Last Name _____		First Name _____			
Address _____					
City _____		State _____		ZIP _____	
Home Phone _____		Work Phone _____		Primary Home Language _____	
Parent/Guardian Last Name _____		First Name _____			
Address _____					
City _____		State _____		ZIP _____	
Home Phone _____		Work Phone _____		Primary Home Language _____	
Documentation of Participation at IEP Meeting §300.321(a)(1-6)					
_____		_____		_____	
Student	Date	Other (Specify)	Date		
_____		_____		_____	
Parent	Date	Other (Specify)	Date		
_____		_____		_____	
General Education Teacher	Date	Other (Specify)	Date		
_____		_____		_____	
Special Education Teacher	Date	Other (Specify)	Date		
_____		_____		_____	
Public Education Representative	Date	Other (Specify)	Date		
_____		_____		_____	
Interpreter of Evaluation Data	Date	Other (Specify)	Date		

Present Levels of Academic Achievement and Functional Performance (PLAAFP) §300.320(a)(1)

Clearly specify the student's current levels of performance in academic, nonacademic, social, and emotional areas.

Include a description of how the student's disability affects his/her involvement and progress in the general curriculum.

The PLAAFP should include: recent evaluation information progress and performance in the classroom and general curriculum performance on PEA-wide and statewide testing significant nonacademic and functional attributes strengths and areas in need of improvement.

The PLAAFP should also include:

- For preschool children, how the disability affects the student's participation in age-appropriate activities.
- For transition-aged youth, a description of strengths, preferences, and interests based upon age-appropriate transition assessments related to training, education, employment, and when appropriate, independent living skills.

Consideration of Special Factors §300.324(a)(2)	
<p>Assistive technology devices and services (high and/or low tech) If needed, refer to PLAAFP, goals, services, supports, or accommodations and modifications.</p>	<input type="checkbox"/> Needed <input type="checkbox"/> Not Needed
<p>Communication needs If needed, refer to PLAAFP, goals, services, supports, or accommodations and modifications.</p>	<input type="checkbox"/> Needed <input type="checkbox"/> Not Needed
<p>Behavior—strategies, including positive behavioral interventions and supports to address behavior If needed, refer to PLAAFP, goals, services, supports, or accommodations and modifications.</p>	<input type="checkbox"/> Needed <input type="checkbox"/> Not Needed
<p>English language learner—language needs If needed, refer to PLAAFP, goals, services, supports, or accommodations and modifications</p>	<input type="checkbox"/> Needed <input type="checkbox"/> Not Needed <input type="checkbox"/> Not ELL
<p>Deaf/Hearing impaired —language and communication needs If needed, refer to PLAAFP, goals, services, supports, or accommodations and modifications</p>	<input type="checkbox"/> Needed <input type="checkbox"/> Not Needed <input type="checkbox"/> Not ELL
<p>Blind/Visually impaired—provision of Braille instruction If needed, refer to PLAAFP, goals, services, supports, or accommodations and modifications.</p>	<input type="checkbox"/> Needed <input type="checkbox"/> Not Needed <input type="checkbox"/> Not VI
<p>Comments</p>	

Measurable Annual Goals and Benchmarks or Short-Term Objectives §300.320(a)(2)

Measurable annual goals should be aligned with the Arizona Academic Standards in order to ensure the student's access to the general curriculum.
Include annual goals that meet other educational needs and support the student's measurable postsecondary goals.
* Add benchmarks or short-term objectives for students who take alternate assessments.

Measurable Annual Goal ESY needed for this goal? Y N

How will progress toward meeting the annual goal be measured?

Progress toward Annual Goals §300.320(a)(3)

N

When will periodic reports on the student's progress toward meeting annual goals be provided to parents?

How will progress toward meeting the annual goal be measured?

Measurable Annual Goal ESY needed for this goal? Y

N

How will progress toward meeting the annual goal be measured?

Accommodations for Instruction and Assessment §§300.160(b), 300.320(a)(6)

Accommodation

Use for Instruction

Use for Assessment

Accommodation

Use for Instruction

Use for Assessment

Accommodation

Use for Instruction

Use for Assessment

Accommodation

Use for Instruction

Use for Assessment

Participation in State and PEA-Wide Assessments §§300.160(c), 300.320(a)(6)

Check one for AIMS participation:

The student will participate in the AIMS with no accommodations or with standard accommodations.

The student will participate in the state assessment through an alternate assessment.

If the student participates in an alternate assessment, explain why the student cannot participate in the regular assessment.

Alternate Assessment Eligibility Determination form is attached to IEP.

Check one for PEA-wide assessment participation:

The student will participate in PEA-wide assessments with no accommodations or with standard accommodations.

The student will participate in an alternate PEA-wide assessment through _____

The PEA does not have a PEA-wide assessment.

Special Education Services §300.320(a)(4)(5)(7); AAC R7-2-401(F)(4)					
Special Education Services	Initiation Date	End Date	Frequency/ Amount	Location (LRE Setting)	Provider Position
Related Services	Initiation Date	End Date	Frequency/ Amount	Location (LRE Setting)	Provider Position

Supplementary Aids and Services (Including Extracurricular and Nonacademic Activities)	Initiation Date	End Date	Frequency/ Amount	Location (LRE Setting)
Program Modifications or Supports for School Personnel	Initiation Date	End Date	Frequency/ Amount	Location (LRE Setting)

Participation in State and PEA-Wide Assessments §§300.160(c), 300.320(a)(6)

Check one for AIMS participation:

- The student will participate in the AIMS with no accommodations or with standard accommodations.
- The student will participate in the state assessment through an alternate assessment.

If the student participates in an alternate assessment, explain why the student cannot participate in the regular assessment.

- Alternate Assessment Eligibility Determination form is attached to IEP.

Check one for PEA-wide assessment participation:

- The student will participate in PEA-wide assessments with no accommodations or with standard accommodations.
- The student will participate in an alternate PEA-wide assessment through _____
- The PEA does not have a PEA-wide assessment.

Least Restrictive Environment §300.115(b)(c)(d)

1. Is this placement as close as possible to the child's home school? Yes No
2. Does this IEP require that the student be placed in a school other than the one he or she would attend if nondisabled? Yes No
3. What are the potential harmful effects (drawbacks) of this placement on the child or on the quality of services that he or she requires?

Extended School Year Services §300.106

- Eligibility for ESY Yes
 No
 To be determined by _____

ESY services to be provided

SAMPLE REVIEW OF EXISTING DATA FORM

Student Name _____ **DOB** _____ **SAIS#** _____

Date Review Completed _____ **Student's Language Proficiency** _____

Vision Screening Date _____ **Results** _____

Hearing Screening Date _____ **Results** _____

Review of Existing Data by the Multidisciplinary Evaluation/IEP Team (§300.305(a)-(e); §15-766.B)

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

Summary of any prior special education evaluation(s), including dates and significant results:

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

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

Results of formal assessments such as AIMS 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 considerations:

Classroom-based observations:

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 academic and functional 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 education curriculum?

YES: the information is sufficient. Summarize the team's reasons in the box below and proceed to the determination of eligibility.

If existing data are sufficient to determine the above information, summarize the basis for the team's determination.

Forreevaluationonly,parentswerenotifiedoftheirrighttorequestadditionalassessmentsto determine whether the child continues to be a child with a disability.†

NO additional data are needed. List the information that needs to be collected below.

Team members involved:

SAMPLE
CONSENT FOR EVALUATION FORM

Student Name _____ **DOB** _____ **SAIS #** _____

After reviewing existing evaluation data, the IEP team has determined that your child requires additional assessment(s) to determine if the child has a disability and the resulting educational needs. Your written consent is required before we gather the additional data. Your consent is voluntary. You may revoke your consent at any time during the evaluation, which will halt any further assessment. Such revocation does not alter consent for any evaluation that has already occurred.

Components of the evaluation may include:

- Intellectual Assessment
- Emotional/Behavioral Assessment
- Speech-Language Assessment
- Fine Motor Assessment
- Gross Motor Assessment
- _____
- _____

Records resulting from this evaluation may only be released to third parties with your express written consent. However, under the Family Educational Rights and Privacy Act, records may be released without your consent to another school in which your child is seeking to enroll.

Upon completion of the evaluation, you will be invited to attend a meeting to review the evaluation results and to help make a determination of eligibility.

- I have received a copy of the parent's Procedural Safeguards Notice.
- I give permission for my child to receive an individual evaluation.
- I refuse permission for my child to receive an individual evaluation.

Parent's Name _____

Parent's Signature _____ Date _____

Evaluation Checklist

Use this checklist to assist in creating a comprehensive report format that includes all the required components and considerations.

Biographical Information

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Student name | <input type="checkbox"/> DOB | <input type="checkbox"/> Student ID# |
| <input type="checkbox"/> New eligibility date | <input type="checkbox"/> Previous eligibility date | |
| <input type="checkbox"/> Current vision | <input type="checkbox"/> Current hearing | |

Review of Existing Data

- Review of Existing Data form is included in the report OR the text of the report includes all of the information indicated on the Review of Existing Data form.

Documentation of Additional Data

- Results of any additional data are reported in a comprehensive manner.

Summarize the Evaluation

Discussion and documentation of the present level of educational performance and educational needs are included.

- Discussion and documentation of any impact of educational disadvantage, lack of appropriate instruction in reading or math, or limited English proficiency are included.
- The appropriate category of eligibility form is included OR the text of the report includes all of the information indicated on the eligibility form.
- The evaluation and eligibility determination team membership is indicated in the report.

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 “*Developmental 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 “*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 CATEGORIES

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 Intellectual disability 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 Intellectual disability 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 Intellectual Disability.
- (iv) Visual impairment.

(b) A child with a disability listed in subdivision (a) of this paragraph existing concurrently with a condition of mild Intellectual Disability, 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 Intellectual disability 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.

Acronyms

A	Autism
AAC	Arizona Administrative Code
ADD	Attention Deficit Disorder
ADE	Arizona Department of Education
ADHD	Attention Deficit Hyperactivity Disorder
ARS	Arizona Revised Statutes
ASDB	Arizona State Schools for the Deaf and the Blind
AT	Assistive Technology
AzEIP	Arizona Early Intervention Program
ADE	Arizona Department of Education (same as SEA)
BCBA	Board Certified Behavior Analyst
BIE	Bureau of Indian Education (under U.S. Dept of Interior)
BIP	Behavior Intervention Plan
CAP	Corrective Action Plan
CARS	Childhood Autism Rating Scale
CDA	Comprehensive Developmental Assessment
CEC	Council for Exceptional Children
CFR	Code of Federal Regulations
CRT	Criterion Referenced Test
CST	Child Study Team
DD	Developmental Delay
DDD	Division of Developmental Disabilities
DEC	Division of Early Childhood (Div of CEC)
DES	Department of Economic Security
DHS	Department of Health Services
DNQ	Did Not Qualify
DOE	Department of Education (U.S.)
DSI	Developmental Special Instructionist
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders-IV
ECE	Early Childhood Education
ECSE	Early Childhood Special Education
ECQUIP	Early Childhood Quality Improvement Process
ED	Emotional Disability
EDP	Emotional Disability, Private School
ELL	English Language Learners

ESS	Exceptional Student Services (a.k.a. special education)
ESY	Extended School Year
FACE	Family and Child Education (a BIE Program)
FAPE	Free and Appropriate Public Education
FBA	Functional Behavior Assessment
FERPA	Family Education Rights and Privacy Act
GOLD	Teaching Strategies GOLD ongoing progress monitoring instrument
HI	Hearing Impairment
ID	Intellectual Disability
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act, Public Law 105-17
IFSP	Individualized Family Service Plan
IGA	Intergovernmental Agreement
IHE	Institutes of Higher Education
IPP	Initial Planning Process
LEA	Local Education Agency (same as PEA)
LEP	Limited English Proficient
LRE	Least Restrictive Environment
MD	Multiple Disabilities
MDSSI	Multiple Disabilities with Severe Sensory Impairment
MET	Multidisciplinary Evaluation Team
MOU	Memorandum of Understanding
MPRRC	Mountain Plains Regional Resource Center
NASDE	National Association of State Directors of Special Education
OAE	Otoacoustic Emissions Hearing Screening
OHI	Other Health Impairment
OI	Orthopedic Impairment
O & M	Orientation and Mobility
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitative Services
OT	Occupational Therapy
PDSD	Phoenix Day School for the Deaf
PEA	Public Education Agency (same as LEA)
PLAAFP	Present Levels of Academic and Function Performance
PLC	Professional Learning Community
PSD	Preschool Severe Delay
PSN	Procedural Safeguards Notice

PT	Physical Therapy
PWN	Prior Written Notice
RED	Review of Existing Data
RFP	Request for Proposal
RSK	Raising Special Kid
RTI	Response to Intervention
SAIS	Student Accountability Information System
SEA	State Education Agency (same as ADE)
SEAA	Special Education Administrators Association
SEI	Structured English Immersion
SLD	Specific Learning Disability (or smart learning difference)
SLI	Speech-Language Impairment
SLP	Speech-Language Pathologist
SLP-A	Speech-Language Pathology Assistant
SOF	Summary of Findings
TAMS	Technical Assistance and Monitoring Specialist (AzEIP)
TBI	Traumatic Brain Injury
TC	Transition Conference
VI	Visual Impairment

SAMPLE DISTRICT AGREEMENT TO PROVIDE SERVICES TO ANOTHER DISTRICT

Date

Director of Special Education
School District
Address
City, State, Zip

Re: _____ School District's Tuition-In Charges

Dear :

Our district's special education tuition in charges for the school year 20—to 20— are as follows:

Category	Cost
Autism	\$14,284.42
Mild Intellectual Disability	\$12,670.96
Specific Learning Disability	\$ 7,823.29
Moderate Intellectual Disability	\$17,129.41
Hearing Impairment	\$14,072.70
Emotional Disability	\$11,851.82
Multiple Disabilities	\$18,456.89
Orthopedic Impairment	\$16,596.84
Visual Impairment	\$16,511.02
Severe Intellectual Disability	\$17,192.39
Multiple Disabilities-Severe Sensory Impairment	\$22,076.08
Special Needs Preschool (1/2 Day)	\$ 5,072.38
Autism Preschool	10,144.75 (+Aide if required)
Traumatic Brain Injury	(Determined by Program Required)
Other Health Impaired	(Determined by Program Required)

Additional Service Charges:

Adaptive Physical Education	\$45/hr
Occupational Therapy	\$65/hr
Physical Therapy	\$65/hr
Speech Therapy	\$65/hr
Counseling	\$65/hr
Psychologist/Evaluation	\$85/hr

Cost for specific equipment and individual aides (if required), capital debt service charges and transportation (if applicable) will be added accordingly at the time of invoicing. The rates listed above for categories and services did not increase. I have also included a copy of our 20__ to 20__ school calendar. If you have questions, I can be reached at 555-555-5555.

Sincerely,
Special Education Director

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

For the **Division for Early Childhood Position Statement on Inclusion** go to 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

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.

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/~publicationoffice/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/>

"TOGETHER WE SUCCEED"



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