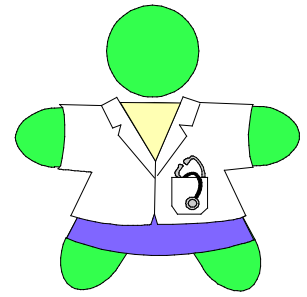


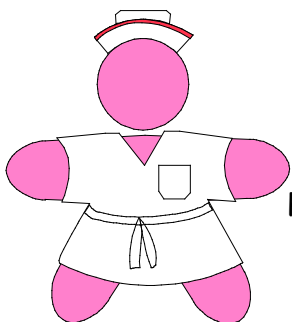
Physicians, Health Care Providers & Early Intervention



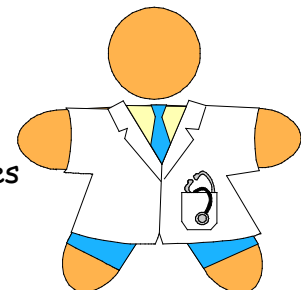
Components of Early Intervention Service Delivery

- ✦ Eligibility
- ✦ The Individual Family Service Plan (IFSP)
- ✦ Transition

The hard copy version of this packet contains an article by the American Academy of Pediatrics, “The pediatrician’s role in development and implementation of an Individual Education Plan (IEP) and/or an Individual Family Service Plan (IFSP)”, volume 104, number 1, July 1999, pp. 124-127. This article can be retrieved in PDF form from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;104/1/124>



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Components of Early Intervention Service Delivery

FIRST CONTACT

- ✧ Establish rapport with family. Family information and child data gathered.

EVALUATION PREPARATION

- ✧ Appropriate personnel chosen for evaluation process. Family members are considered central information providers during evaluation. Team members share information across disciplines. Family Service Coordinator shares summarized information with the family.

EVALUATION SUMMARY DISCUSSION WITH THE FAMILY

- ✧ Child's strengths and needs are established. Family's concerns, priorities, and resources are discussed.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) DEVELOPMENT

- ✧ Family and team develops outcomes, strategies, and activities.
- ✧ Family and team reach consensus on which IFSP outcomes and activities will be initiated first.

ACTIVITY PLANNING

- ✧ Team establishes regular meetings to monitor IFSP implementation, to assign daily or weekly activities, and to make revisions in the plan.

PROGRAM IMPLEMENTATION

- ✧ Team implements the plan with the family.
- ✧ Team members monitor the implementation, maintain accountability for their discipline, and provide support and supervision.

Adapted from Woodruff, G., & Hanson, C. (1987). Unpublished manuscript. Funded by the U.S. Department of Education, Special Education Programs, Handicapped Children's Early Education Program.





Eligibility

There are three phases in the early identification/intervention process.

- A. **Screening:** All infants and toddlers are eligible to participate in the screening process.
- B. **Evaluation and assessment:** A child is eligible for an evaluation when he/she a) is suspected of having a developmental delay, or b) has a diagnosed condition with an established risk for developmental delay, or c) has a concern identified at a screening.
- C. **Intervention:** Based on the evaluation, some children will be identified as in need of early intervention services.

Eligibility Criteria in Kansas

A. Definition of developmental delay

Children ages birth through two, when measured by appropriate diagnostic instruments and procedures in one or more of the following developmental areas:

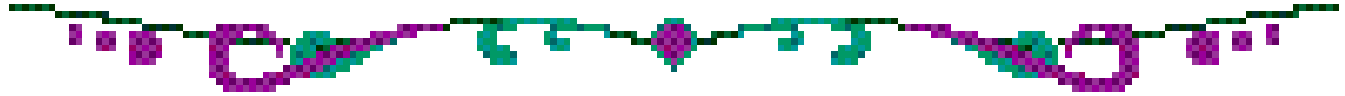
- ✓ cognitive
- ✓ physical
- ✓ communication
- ✓ social or emotional
- ✓ adaptive or self-help

Will be identified as developmentally delayed when:

1. There is a discrepancy of 25% or more between chronological age after correction for prematurity, and developmental age in any one area;
- or
2. Child is functioning at 1.5 standard deviations or more below the mean in any one

(over)





or

3. Delays of at least 20% or at least 1 standard deviation below the mean in 2 or more areas are determined;

or

4. Clinical judgment of the multidisciplinary team (including the professional in the area(s) of delay) concludes a developmental delay exists when specific tests are not available or when testing does not reflect the child's actual performance.

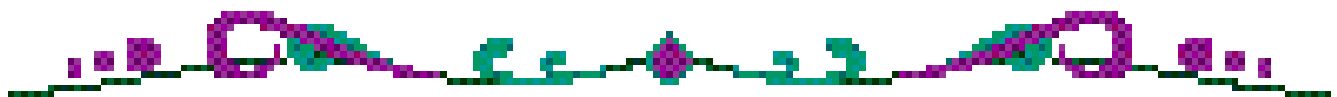
B. Definition of established risk for developmental delay

Children ages birth through two with a diagnosed mental or physical condition that has a high probability of resulting in developmental delay, or based on informed clinical opinion, are eligible for early intervention services. The delay may or may not be exhibited at the time of diagnosis but the natural history of the disorder includes the need for early intervention services.

Examples of such conditions include, but are not limited to:

1. Chromosomal disorders associated with developmental delay (e.g., Down syndrome);
2. Congenital and acquired syndromes and conditions associated with developmental delay (such as spina bifida, muscular dystrophy, cerebral palsy);
3. Sensory impairments such as hearing or vision impairment;
4. Inborn errors of metabolism;
5. Disorders secondary to exposure to teratogenic substances including fetal alcohol syndrome;
6. Severe attachment disorders;
7. A combination of risk factors that, taken together, makes developmental delay highly probable.

Kansas Department of Health and Environment. (1998, May). Procedure Manual for Infant-Toddler Services in Kansas. Topeka: Author.



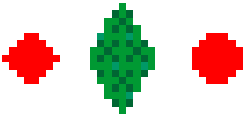


The Individual Family Service Plan

The IFSP must include the following content (34 CFR 303.344), which must be fully explained to parents.

- A. Information about the child's status** based on professionally acceptable objective criteria including present level of:
 - 1. Physical development
 - a. Health (including nutrition)
 - b. Vision
 - c. Hearing
 - d. Motor
 - 2. Cognitive development;
 - 3. Communication, language, and speech development;
 - 4. Social or emotional development;
 - 5. Adaptive development.
- B. Family information** (with the concurrence of the family): a statement of the family's resources, priorities, and concerns related to enhancing the development of their child.
- C. Outcomes** expected to be achieved for the child and family, and the criteria, procedures and timelines used to determine:
 - 1. The degree to which progress toward achieving the outcomes is being made; and
 - 2. Whether modifications or revisions of the outcomes or services are necessary.

Kansas Department of Health and Environment. (1998, May). Procedure Manual for Infant-Toddler Services in Kansas. Topeka: Author.

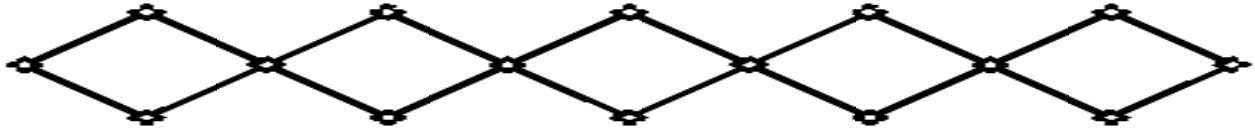


Hospital to Home Transition

Guidelines

- ✦ Hold transition planning team meetings at the hospital.
- ✦ Involve both administrators and direct service providers.
- ✦ Allow involvement to be one-time or ongoing.
- ✦ Ask to make presentations at Grand Rounds, staff inservices, subsection meetings and interagency meetings.
- ✦ Learn the terminology used by various agency and hospital staff.
- ✦ Allow time for representatives from each agency and hospital to explain the services they provide.
- ✦ Use a case review approach to evaluate a recent transition.
- ✦ Involve a member of the hospital forms committee--either as a team member or as a reviewer--to evaluate proposed forms.
- ✦ Start with medical and agency forms and procedures that are in place--review and adapt them to meet Infant-Toddler Services requirements. (Example: modify the hospital care plan to include the requirements of an interim Individualized Family Service Plan [IFSP]).
- ✦ Prepare to institute an IFSP or interim IFSP to meet family needs while the child is still hospitalized.
- ✦ Coordinate hospital social services with community-based services to provide for family needs during the child's hospitalization (information, transportation, child care for other children).
- ✦ Plan ahead with community agencies so that family support services, such as transportation and respite care, may be accessed on an immediate, emergency basis.

Adapted with permission from Bridging Early Services Transition Taskforce. (1995).
Hospital to home: A transition guide for planners. McPherson, KS: Associated Colleges of Central Kansas.



Transition to Preschool

Guidelines

1. The IFSP must include the steps to be taken to support the transition of the child to -
 - a. Preschool services under Part B of IDEA (see KSDE Regulations), to the extent those services that may be available and appropriate; or
 - b. Other services that may be available, if appropriate.

These steps shall include:

- a. Discussions with, training of or instruction for parents regarding future placements, and other matters related to the child's transition;
- b. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
- c. With parental consent, the transmission of information about the child to the local educational agency, to ensure the continuity of services, including evaluation and assessment information and copies of IFSPs.
- d. Consideration of the financial responsibilities of all appropriate agencies;
- e. Decisions about the responsibility for performing or sharing evaluations of children;
- f. Development and implementation of an individualized family service plan or an individualized education program (IEP);
- g. Mechanisms to ensure the uninterrupted provision of appropriate services to the child, including the summer months. Extended school year services during the summer for a three-year-old child shall be determined by the Part B team; and
- h. Convening of a meeting to develop a transition plan.

Kansas Department of Health and Environment. (1998, May). Procedure Manual for Infant-Toddler Services in Kansas. Topeka: Author.

