

Services for Children with Disabilities

Abbreviations used in service area plans

Board of Directors	Board
Policy Council	PC
Executive Director	Ex. Dir.
Program Director	Prog. Dir.
Fiscal Director	Fiscal
Human Resource/Fiscal Assistant	HR
Maintenance/Custodians	Custodian
Data Encoder/Program Assistant	Tech.
Executive Secretary/Receptionist	Secretary
Program Nutrition Specialist	Nutrition
Program Health and Safety Specialists	H & S
Program Behavioral/Mental Health Specialist	MH
Program Family and Community Partnership Specialists	FCP
Education Managers	Ed. Mgr.
Program Disabilities/Transition Specialist	Disabilities
Assistant Cook	Asst. Cook
Cook	Cook
HS Teachers	Teacher
HS Teacher Assistants	T. Asst.
HS Home Visitor and EHS Home Visitor	HV
Disabilities/Transition Coordinator	Dis. Coor.
Transportation Coordinator	Trans. Coor.
Mental Health Consultant	MHC
Management Team (Directors, Managers, All Specialists)	Management Team

1308.4 Purpose and scope of disabilities service plan

Head Start

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.40(a) (1)(2)	(a) A Head Start grantee, or delegate agency, if appropriate, must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure:	Our Head Start grantee has developed a disability service plan to provide strategies for meeting the special needs of children and their families.	<u>Disabilities</u> Dis. Coord.	Ongoing	Staffing notes Enrollment paperwork IEP/IFSP Staff observation Child plus logs (health history, immunization records)
	(1) That all components of Head Start are appropriately involved in the integration of children with disabilities and their parent;	Health, Education, Disabilities/Transition, Nutrition, Family Service and Behavior/Mental Health staff work together to provide appropriate services to integrate children with disabilities and their families into the program.	<u>Disabilities</u> Dis. Coord. MH FCP Ed. Mgr. Nutrition H & S Ex. Dir. Prog. Dir	Ongoing	Staffing notes Enrollment paperwork IEP/IFSP Staff observation Child plus logs (health history, immunization records)
	(2) That resources are used efficiently.	Head Start will coordinate with other agencies to ensure that resources are used efficiently and services are not duplicated.	<u>Disabilities</u> LEA <u>Prog. Dir.</u>	Ongoing	Budget IEP/IFSP Interagency agreements Staffing notes
1308.40(b)	(b) The plan must be updated annually.	The plan is reviewed annually during self assessment. Changes will be made as necessary and approved by the Board of Directors and Policy Council members.	<u>Disabilities</u> Board PC Self Assessment review team	Annually	Board Minutes PC Minutes Self Assessment evaluation report,
1308.40(c)	(c) The plan must include provisions for children with disabilities to be included in the full range of activities and services normally provided to all	Children with disabilities will be included in all Program activities and services normally provided to all Head Start children. Modifications will be	<u>Disabilities</u> Ed. Staff Dis. Coord. H & S	Ongoing	IEP/IFSP Lesson plans Staffing notes

	Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities.	made to accommodate individual needs. Staff will ensure that undue attention is not directed toward children with disabilities	MH LEA		
1308.40(d)	(d) The Head Start grantee and delegate agency must use the disabilities service plan as a working document which guides all aspects of the agency’s effort to serve children with disabilities. This plan must take into account the needs of the children for small group activities, for modifications of large group activities and for any individual special help.	Disabilities plan will be used as a guide by education staff when working with children with disabilities. Children with disabilities will be able to participate in the same range of activities as their peers. Necessary modifications will be made in consultation with parents and other service providers to enable them to participate as fully as possible. Individual special help will be provided when appropriate.	<u>Disabilities</u> Dis. Coord. Ed. Staff LEA	Ongoing	IEP/IFSP Lesson Plan, staffing notes
1308.40(e)	(e) The grantee or delegate agency must designate a coordinator of services for children with disabilities (disabilities coordinator) and arrange for preparation of the disabilities service plan and of the grantee application budget line items for services for children with disabilities. The grantee or delegate must ensure that all relevant coordinators, other staff and parents are consulted.	The Disabilities/Transition Specialist prepares the disability service plan, is involved with the budget. The Disabilities/Transition Specialist coordinates with appropriate staff and parents who have concerns regarding children with disabilities.	<u>Disabilities</u> Dis. Coord. Ed. staff LEA Fiscal HR	Ongoing	Job descriptions Budget Staffing notes IEP/IFSP
1308.40(f) (1)(2) (3)(4)	(f) The disability service plan must contain:				
	(1) Procedures for timely screening;	All Head Start screenings will be completed within 45 calendar days of the child’s entry into the program. The entry date and the date of the 45 th day from entry will be recorded in the tracking system and provided to education staff. Oahe Child Development Disabilities/Transition	<u>Disabilities</u> Dis. Coord. Ed. staff	Within 45 days of entry Ongoing	Child plus tracking Screening Results Referral Form

		Specialist, Disabilities/Transition Coordinator, or home visitor does the Ages and Stages or DIAL 3 or Brigance screening after enrollment. If the child shows a possible delay they are given a Battelle or a Denver Articulation screen. If the screening results, home visitor, or parent indicate a concern, a staffing for referral takes place.			
	(2) Procedures for making referrals to the LEA for evaluation to determine whether there is a need for special education and related services for a child, as early as the child's third birthday;	Parental permission to refer the child is obtained by Home Visitor or Disabilities staff. The referral is given to the LEA/SPOC. The Disabilities/Transition Staff or Home visitor will go to the parent's home, go over the screening and train the parent on the referral process. Release of Information and consent form are signed so that Oahe Child Development Center and the LEA/SPOC can exchange information.	<u>Disabilities</u> Dis. Coord.	Ongoing	Referral form Release form Consent Form Screening form
	(3) Assurances of accessibility of facilities; and	Modifications have been made and will continue to be made at present facilities to accommodate individuals with special needs. Accessibility and safety are prime considerations.	<u>Directors</u> H & S	Ongoing	Safety checklist
	(4) Plans to provide appropriate special furniture, equipment and materials if needed.	Special furniture, equipment and materials will be provided as needed in accordance with IEP/IFSP.	<u>Directors</u> LEA Disabilities staff Family Child's Care provider(OT,PT, SLP) H & S	Ongoing	IEP/IFSP Staffing notes Classroom observation Child plus log Safety checklist
1308.40(g)	The plan, when appropriate, must address strategies for the transition of	OCDC will work with parents and service providers of children with	<u>Disabilities</u> Dis. Coord.	Ongoing	Transition Plan IEP/IFSP

	<p>children into Head Start from infant/toddler programs (0-3 years), as well as the transition from Head Start into the next placement. The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.</p>	<p>disabilities to provide a smooth transition into the program. Specific needs of the child and family will be addressed by using the IEP/IFSP or Transition Plan. Head start will receive information and training specific to individual disabilities by LEA or service providers in order to better understand and provide services to individual children with disabilities. Transition into the next setting will be addressed at the IEP/IFSP meeting with the parents, service providers and Head start participating. This meeting will be held by their 3rd birthday. Service providers in the future setting will be invited to this meeting for the purpose of meeting parents and child.</p>	<p>LEA Service Providers</p>		<p>Training attendance</p>
<p>1308.40(h) (1)(2)(3)(4) (5) (6)(7)</p>	<p>(h) The grantee or delegate agency must arrange or provide special education and related services necessary to foster the maximum development of each child’s potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. The plan must specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for, provide, or procure services which may include, but are not limited to special education and these related services:</p>	<p>The LEA/SPOC arranges or provides special education and related services necessary to foster the maximum development of each child’s potential and participation in the regular classroom. The LEA/SPOC provides these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve, develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve</p>	<p><u>Disabilities</u> Ed. Staff H & S MHS FCP Ex. Dir. Pro. Dir. Nutrition</p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights Consent Form Evaluation Process Staffing notes Multidiscipline report</p>

		<p>receptive or expressive means of communication, psychological such as evaluation of each child’s functioning and interpreting the results to staff and parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication.</p> <p>Head start will assist parents by providing information about the referral, evaluation process, and parental rights.</p> <p>When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start staff will attend the IEP/IFSP meetings when possible and provide input about the child’s performance levels. If needed Head Start will provide transportation to specific therapy sessions.</p>			
	<p>(1) Audiology services including identification of children with hearing loss and referral for medical or other professional attention; provision of needed rehabilitate services such as speech and language therapy and auditory training to make best use of remaining hearing; speech conservation; lip reading; determination of need for hearing</p>	<p>The LEA/SPOC arranges or provides special education and related services necessary to foster the maximum development of each child’s potential and participation in the regular classroom. The LEA/SPOC provides these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical</p>	<p><u>Disabilities</u> Ed. Staff Ed. Mgr. LEA/SPOC</p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights Consent Form Evaluation Process Staffing notes Multidiscipline report</p>

	<p>aids and fitting of appropriate aids; and programs for prevention of hearing loss;</p>	<p>therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve, develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication, psychological such as evaluation of each child’s functioning and interpreting the results to staff and parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication.</p> <p>Head start will assist parents by providing information about the referral, evaluation process, and parental rights.</p> <p>When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start staff will attend the IEP/IFSP meetings when possible and provide input about the child’s performance levels. If needed Head Start will provide transportation to specific therapy sessions.</p>			
	<p>(2) Physical therapy to facilitate gross motor development in activities such</p>	<p>The LEA/SPOC arranges or provides special education and related services</p>	<p><u>Disabilities</u> <u>LEA/SPOC</u></p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights</p>

	<p>as walking prevent or slow orthopedic problems and improve posture and conditioning;</p>	<p>necessary to foster the maximum development of each child’s potential and participation in the regular classroom. The LEA/SPOC provides these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve, develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication, psychological such as evaluation of each child’s functioning and interpreting the results to staff and parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication.</p> <p>Head start will assist parents by providing information about the referral, evaluation process, and parental rights.</p> <p>When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start</p>			<p>Consent Form Evaluation Process Staffing notes Multidiscipline report</p>
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		<p>staff will attend the IEP/IFSP meetings when possible and provide input about the child’s performance levels. If needed Head Start will provide transportation to specific therapy sessions.</p>			
	<p>(3) Occupational therapy to improve, develop or restore fine motor functions in activities such as using a fork or knife;</p>	<p>The LEA/SPOC arranges or provides special education and related services necessary to foster the maximum development of each child’s potential and participation in the regular classroom. The LEA/SPOC provides these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve, develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication, psychological such as evaluation of each child’s functioning and interpreting the results to staff and parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or</p>	<p><u>Disabilities</u> LEA/SPOC</p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights Consent Form Evaluation Process Staffing notes Multidiscipline report</p>

		<p>communication. Head start will assist parents by providing information about the referral, evaluation process, and parental rights. When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start staff will attend the IEP/IFSP meetings when possible and provide input about the child’s performance levels. If needed Head Start will provide transportation to specific therapy sessions</p>			
	<p>(4) Speech or language services including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication;</p>	<p>The LEA/SPOC arranges or provides special education and related services necessary to foster the maximum development of each child’s potential and participation in the regular classroom. The LEA/SPOC provides these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve, develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication, psychological such as evaluation of each child’s functioning and interpreting the results to staff and</p>	<p><u>Disabilities</u> Ed. Staff LEA/SPOC</p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights Consent Form Evaluation Process Staffing notes Multidiscipline report</p>

		<p>parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication.</p> <p>Head start will assist parents by providing information about the referral, evaluation process, and parental rights.</p> <p>When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start staff will attend the IEP/IFSP meetings when possible and provide input about the child's performance levels. If needed Head Start will provide transportation to specific therapy sessions.</p>			
	<p>(5) Psychological services such as evaluation of each child's functioning and interpreting the results to staff and parents; and counseling and guidance services for staff and parents regarding disabilities;</p>	<p>The LEA/SPOC arranges or provides special education and related services necessary to foster the maximum development of each child's potential and participation in the regular classroom. The LEA/SPOC provides these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve,</p>	<p><u>Disabilities</u> <u>MH</u> LEA/SPOC</p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights Consent Form Evaluation Process Staffing notes Multidiscipline report</p>

		<p>develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication, psychological such as evaluation of each child’s functioning and interpreting the results to staff and parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication.</p> <p>Head start will assist parents by providing information about the referral, evaluation process, and parental rights.</p> <p>When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start staff will attend the IEP/IFSP meetings when possible and provide input about the child’s performance levels. If needed Head Start will provide transportation to specific therapy sessions.</p>			
	<p>(6) Transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site. Transportation included adapted buses equipped to</p>	<p>The LEA/SPOC arranges or provides special education and related services necessary to foster the maximum development of each child’s potential and participation in the regular classroom. The LEA/SPOC provides</p>	<p><u>Disabilities Trans. Coor.</u> Bus Driver LEA</p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights Consent Form Evaluation Process Staffing notes</p>

	<p>accommodate wheelchairs or other such devices if required; and</p>	<p>these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve, develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication, psychological such as evaluation of each child's functioning and interpreting the results to staff and parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication.</p> <p>Head start will assist parents by providing information about the referral, evaluation process, and parental rights.</p> <p>When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start staff will attend the IEP/IFSP meetings when possible and provide input about the child's performance levels. If needed Head Start will provide</p>			<p>Multidiscipline report</p>
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		<p>transportation to specific therapy sessions.</p>			
	<p>(7) Assistive technology services or devises necessary to enable a child to improve functions such as vision, mobility or communication to meet the objectives in the IEP.</p>	<p>The LEA/SPOC arranges or provides special education and related services necessary to foster the maximum development of each child’s potential and participation in the regular classroom. The LEA/SPOC provides these services: Audiology services including identification of children with hearing loss and referral for medical or other professional attention, Physical therapy to facilitate gross motor development in activities such as walking or orthopedic problems, occupational therapy to improve, develop or restore fine motor functions, speech or language including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication, psychological such as evaluation of each child’s functioning and interpreting the results to staff and parents, transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site, and assistive technology services or devises necessary to enable a child to improve functions such as vision, mobility or communication.</p> <p>Head start will assist parents by providing information about the referral, evaluation process, and</p>	<p><u>Disabilities</u> <u>LEA/SPOC</u></p>	<p>Ongoing</p>	<p>IEP/IFSP Parent Rights Consent Form Evaluation Process Staffing notes Multidiscipline report</p>

		<p>parental rights. When necessary, Head Start will provide transportation to evaluations and to IEP/IFSP meetings. Head Start staff will attend the IEP/IFSP meetings when possible and provide input about the child’s performance levels. If needed Head Start will provide transportation to specific therapy sessions.</p>			
1308.40(i)	(i) The disabilities service plan must include options to meet the needs and take into consideration the strengths of each child based upon the IEP so that a continuum of services available from various agencies is considered.	Goals and objectives from the IEP/IFSP will be addressed and progress is recorded on individualized progressive assessment. Strengths will be noted on these assessments so that a continuum of services available from various agencies is considered.	<u>Disabilities</u> <u>LEA/SPOC</u> Dis. Coord. Ed. Staff	Ongoing	IEP/IFSP Creative Cur. Lesson Plans
1308.40(j) (1)(2)(3)(4) (5) (i)(ii)(iii)	(j) The options may include:	<p>These options may include:</p> <ol style="list-style-type: none"> 1. Sharing services with other agencies 2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may include, increased staff, use of trained volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team. 	<u>Disabilities</u> LEA Families Ed. Mgr. Pro. Dir. FCP Services providers	Ongoing	IEP/IFSP Multidisciplinary report Staffing notes Class list
	(1) Joint placement of children with other agencies;	<p>These options may include:</p> <ol style="list-style-type: none"> 1. Sharing services with other agencies 2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may 	<u>Disabilities</u> LEA Families Ed. Mgr. Pro. Dir. FCP	Ongoing	IEP/IFSP Multidisciplinary report Staffing notes Class list

		include, increased staff, use of trained volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team.	<u>Services providers</u>		
	(2) Shared provision of services with other agencies	These options may include: 1. Sharing services with other agencies 2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may include, increased staff, use of trained volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team.	<u>Disabilities</u> LEA Families Ed. Mgr. Pro. Dir. FCP <u>Services providers</u>	Ongoing	IEP/IFSP Multidisciplinary report Staffing notes Class list
	(3) Shared personnel to supervise special education services, when necessary to meet State requirement on qualifications;	These options may include: 1. Sharing services with other agencies 2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may include, increased staff, use of trained volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team.	<u>Disabilities</u> LEA Families Ed. Mgr. Pro. Dir. FCP <u>Services providers</u>	Ongoing	IEP/IFSP Multidisciplinary report Staffing notes Class list
	4) Administrative accommodations such as having two children share one	These options may include: 1. Sharing services with other agencies	<u>Pro. Dir.</u> LEA	Ongoing As	IEP/IFSP Multidisciplinary

	<p>enrollment slot when the child’s IEP calls for part-time service because of their individual needs; and</p>	<p>2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may include, increased staff, use of trained volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team. If need arises, this would be addressed individually.</p>	<p>FCP Disabilities</p>	<p>needed</p>	<p>report Staffing notes Class list</p>
	<p>(5) Any other strategies to be used to insure that special needs are met. These may include:</p>				
	<p>(i) increased staff;</p>	<p>These options may include: 1. Sharing services with other agencies 2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may include, increased staff, use of trained volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team.</p>	<p><u>Disabilities</u> LEA Families Ed. Mgr. Pro. Dir. FCP Services providers</p>	<p>Ongoing</p>	<p>IEP/IFSP Multidisciplinary report Staffing notes Class list Org. Chart Salaries/Budget</p>
	<p>(ii) Use of volunteers; and</p>	<p>These options may include: 1. Sharing services with other agencies 2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may include, increased staff, use of trained</p>	<p><u>Disabilities</u> LEA Families Ed. Mgr. Pro. Dir. FCP Services</p>	<p>Ongoing</p>	<p>IEP/IFSP Multidisciplinary report Staffing notes Class list Inkind Volunteer Info.</p>

		volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team.	providers		
	(iii) Use of supervised students in such fields as child development, special education, child psychology, various therapies and family services to assist the staff.	These options may include: 1. Sharing services with other agencies 2. joint placement of children with other agencies 3. any other strategies to insure that special needs are met, which may include, increased staff, use of trained volunteers, use of supervised students, and increase of time in the room for Disabilities Coordinators. 4. Providing parent training/home visits when appropriate as decided by the multidisciplinary team.	<u>Disabilities</u> LEA Families Ed. Mgr. Pro. Dir. FCP Services providers	Ongoing	IEP/IFSP Multidisciplinary report Staffing notes Class list Personnel Records
1308.40(k)	(k) The grantee must ensure that the disabilities service plan addresses grantee efforts to meet State standards for personnel serving children with disabilities by the 1994-95 program year. Special education and related services must be provided by or under the supervision of personnel meeting State qualifications by the 1994-95 program year.	Special services are provided by school districts directly or by districts contracting with educational cooperatives. Oahe Child Development Center collaborates with LEA/SPOC whose staff meets these standards by Interagency Agreements.	<u>Disabilities</u> LEA	Ongoing	Interagency Agreements Direct Service Providers Certificates
1308.40(1)(1)(2)(3)(4)(5)(6)(7)	(1) The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee’s service area. If no agreement can be reached, the grantee must document its efforts and	Oahe Child Development Center develops written Interagency Agreements with all local LEA/SPOC.	<u>Disabilities</u> LEA	July	Interagency Agreements

	inform the Regional Office. The agreements must address:				
	(1) Head Start participation in the public agency’s Child Find plan under Part B of IDEA;	Head Start/Early Head Start staff is involved with Pierre’s Child Find which is held in October and January. The Disabilities Transition Specialist is responsible for helping scheduling Head Start/Early Head Start Child Find activities in outlying areas.	<u>Disabilities</u> <u>LEA</u>	Yearly or as needed	Screening Schedule LEA/SPOC Interagency Agreement
	(2) Joint training of staff and parents;	School District and O.C.D.C. will share resources and training/technical assistance services that may include shared personnel, cooperative resource libraries, facilities, equipment and exchange of in-kind services.	<u>Disabilities</u>	Annual	Interagency Agreements
	(3) Procedures for referral for evaluations, IEP meetings and placement decisions;	O.C.D.C. will utilize the Brigance, Battelle, and Dial 3 Developmental Screenings to help identify children who potentially qualify for special services. O.C.D.C shall be designated an appropriate placement for identified children with disabilities who meet enrollment eligibility requirements for participation in the Head Start Program and for whom the Individual Education Plan (IEP) indicate a need for socialization in the least restrictive environment and association with children who do not have disabilities. O.C.D.C. will participate with the School District System in the development of the IEP documents for those children 3-5 with disabilities.	<u>Disabilities</u> Dis. Coord. Ed. staff	Ongoing	Interagency agreement

		<p>O.C.D.C. will assist in implementing the IEP.</p> <p>O.C.D.C. staff will assist with Preschool and Kindergarten screenings. The local Service Coordinator will make appropriate referrals to the O.C.D.C. Disabilities Specialist. The Service Coordinator will notify Disabilities Specialist of any referrals, eligibility, or IEP meeting in writing. This should be done in a timely manner in order for Head Start staff to plan to attend meetings and send follow-up reminders to parents. Provide copies of the IEP, including evaluations summaries to O.C.D.C.</p> <p>With parental consent, pertinent family information will be shared between the Service Coordinator and the Disabilities Specialist. Such information may include relocation of family, custody and child protection issues, emergent needs, etc.</p> <p>The Service Coordinator will provide consultation and further evaluations on O.C.D.C children 3-5 whose screening results show a suspected delay.</p> <p>The Service Coordinator will be responsible for the following: Intake form, Referral Form, Prior notice/Consent Forms, Release of Information form, Parental Rights and the IEP.</p> <p>The Service Coordinator will discuss parental rights with the parent(s). The Home Visitor will also be</p>			
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		knowledgeable of the rights and will be able to answer any questions parent(s) may have.			
	(4) Transitions;	School District and O.C.D.C. will cooperatively develop procedures to provide for a smooth and orderly transition of children both into and out of programs through visiting classrooms, lunchrooms, schools, or other agreed upon activities by O.C.D.C. and School District staff. All information shared in this process shall conform to the confidentiality and due process requirements..	<u>Disabilities</u>	Ongoing	Transition Plan Interagency Agreement
	(5) Resource sharing;	School District and O.C.D.C. will share resources and training/technical assistance services that may include shared personnel, cooperative resource libraries, facilities, equipment and exchange of in-kind services.	<u>Disabilities</u>	Annually	Interagency Agreements
	(6) Head Start commitment to provide the number of children receiving services under IEPs to the LEA for the LEA Child Count report by December 1 annually, and	Oahe Child Development Center’s collaboration with local LEA/SPOC ensures this information is shared.	<u>Disabilities</u>	Dec. 1 st	Interagency Agreement
	(7) Any other items agreed to by both parties. Grantees must make efforts to update the agreements annually.	It is the purpose of this Interagency Agreement to establish the responsibilities of the Oahe Child Development Center (O.C.D.C) and the School District for children 3-5 who have disabilities and to provide guidance for collaboration and cooperation between the Agencies. The Oahe Child Development Centers Disabilities Specialist and the School District Service Coordinator are	<u>Disabilities</u>	Annually	Interagency Agreement

		responsible for implementing and monitoring the Interagency Agreement. The terms of this agreement shall be reviewed annually.			
1308.40(m)	(m) The disabilities coordinator must work with the director in planning and budgeting of grantee funds to assure that the special needs identified in the IEP are fully met; that children most in need of an integrated placement and of special assistance are served and that the grantee maintains the level of fiscal support to children with disabilities consistent with the congressional mandate to meet their special needs	The disabilities/transition specialist will work with the directors in planning and budgeting of grantee funds to assure that the special needs identified in the IFSP/IEP are fully met; that the children most in need of an integrated placement and of special assistance are served; and that the grantee maintains the level of fiscal support to children with disabilities consistent with the Congressional mandates to meet their special needs. If other needs arise the funds will come from the regular grant or other community resources.	Ex. Dir. Pro. Dir. Fiscal HR Disabilities	Annually and as needed	Grant Budget IEP/IFSP Grants
1308.40(n)	(n) The grant application budget form and supplement submitted with applications for funding must reflect requests for adequate resources to implement the objectives and activities in the disability services plan and fulfill the requirements of these Performance Standards.	The grant reflects adequate resources to meet the objectives and activities in the disability plan. If other needs arise the funds will come from the regular grant or other community resources.	Ex. Dir Pro. Dir Fiscal HR Disabilities	Annually and as needed	Grant Budget Grants
1308.40(o) (1)(2)(3)(4) (5)(6)(7)(i) (ii)(iii)(iv)	(o) The budget request included with the application for funding must address the implementation of the disabilities service plan. Allowable expenditures include:				
	(1) Salaries. Allowable expenditures include salaries of a full or part-time coordinator of services for children with disabilities (disabilities coordinator), who is essential to	Salaries of staff working with special needs children are included in budget.	Ex. Dir Pro. Dir. Disabilities	Ongoing	Grant Budget Financial Records

	<p>assure that programs have the core capability to recruit, enroll, arrange for the evaluation of children, provide or arrange for services to children with disabilities and work with Head Start coordinators and staff of other agencies which are working cooperatively with the grantee. Salaries of special education resource teachers who can augment the work of the regular teacher are an allowable expenditure.</p>				
	<p>(2) <i>Evaluation of Children.</i> When warranted by screening or rescreening results, teacher observation or parent request, arrangements must be made for evaluation of the child's development and functioning. If, after referral for evaluation to the LEA, evaluations are not provided by the LEA, they are an allowable expenditure.</p>	<p>As per Agreements, the LEA/SPOC's evaluate children that are referred. Further arrangements for evaluation would be made as necessary.</p>	<p><u>Disabilities</u> LEA Fiscal HR</p>	<p>Ongoing</p>	<p>Interagency Agreement Purchase order</p>
	<p>(3) <i>Services.</i> Program funds may be used to pay for services which include special education, related services, and summer services deemed necessary on an individual basis and to prepare for serving children with disabilities in advance of the program year.</p>	<p>This is addressed through collaborations with LEA's.</p>	<p><u>Disabilities</u> LEA Fiscal HR</p>	<p>Ongoing</p>	<p>IEP/IFSP Interagency Agreement</p>
	<p>4) <i>Making Services Accessible.</i> Allowable costs include elimination of architectural barriers which affect the participation of children with disabilities, in conformance with 45 CFR Part 84, Nondiscrimination on</p>	<p>Provided equipment, materials, toys and furniture that is; child sized, age appropriate, developmentally appropriate, supportive to children with special needs and/or with disabilities, safe for indoor and outdoor activities.</p>	<p><u>Ex. Dir.</u> Pro. Dir. H & S Disabilities</p>	<p>Ongoing</p>	<p>Safety checklist Inspection Report</p>

	<p>the Basis of Handicap in Program and Activities Receiving or Benefiting from Federal Financial Assistance and with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101). The Americans with Disabilities Act requires that public accommodations including private schools and day care centers may not discriminate on the basis of disability. Physical barriers in existing facilities must be removed if removal is readily achievable (i.e., easily accomplishable and able to be carried out without much difficulty or expense.) If not, alternative methods of providing the services must be offered, if those methods are readily achievable. Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered areas (and the bathrooms, telephones and drinking fountains serving that area) must be provided to the extent that the added accessibility costs are not disproportionate to the overall cost of the alterations. Program funds may be used for ramps, remodeling or modifications such as grab bars or railings. Grantees must meet new statutory and regulatory requirements that are enacted.</p>				
	<p>(5) <i>Transportation.</i> Transportation is a related service to be provided to children with disabilities. When</p>	<p>The overall goal of the disabilities services effort is to identify children who may be in need of special services</p>	<p><u>Disabilities</u> <u>Prog. Dir.</u> Trans. Coord.</p>	<p>Ongoing</p>	<p>Interagency Agreement Transportation</p>

	<p>transportation to the program site and to special services can be accessed from other agencies, it should be used. When it is not available, program funds are to be used to provide it. Special buses or use of taxis are allowable expenses if there are no alternatives available and they are necessary to enable a child to be served.</p>	<p>and to refer these children to appropriate agencies for further evaluation and to insure that children receive appropriate services needed. Head Start will assist the parents by providing information about the referral and evaluation process and parental rights. When necessary, Head Start will provide transportation to HS services, to evaluation, and to IEP (IFSP) meetings. Head Start staff will attend the IEP (IFSP) meetings when possible and provide input about the child's performance in the classroom. IF needed, Head Start will provide transportation to specific therapy sessions.</p> <p>OCDC will check IEP/IFSP to see if special transportation requirements are listed. OCDC will collaborate with local school districts, River Cities Transit, and Forell Limousine & Bus Service to make sure that they have a bus with special equipment (chair lifts, ramps, special harness) to be used as needed for children with special needs. LEA and Transportation agencies will provide training to monitors and bus drivers. LEAS are responsible for assuring free and appropriate Public Education (FAPE) must assure that services outlined in the IEP/IFSP are provided</p>			<p>Agreement</p>
	<p>(6) <i>Special Equipment and Materials.</i> Purchase or lease of special equipment and materials for use in</p>	<p>Individual arrangements are made as needed.</p>	<p><u>Disabilities</u> Pro. Dir. Fiscal</p>	<p>Ongoing</p>	<p>IEP/IFSP Budget Staffing notes</p>

	the program and home is an allowable program expense. Grantees must make available assistive devices necessary to make it possible for a child to move, communicate, improve functioning or address objectives which are listed in the child’s IEP.		HR LEA Ed. Mgr.		
	(7) Training and Technical Assistance. Increasing the abilities of staff to meet the special needs of children with disabilities is an allowable expense. Appropriate expenditures may include but are not limited to:	Fees and expenses for training/technical assistance if help is not available from another provider at no cost.	Disabilities Fiscal HR Ed. Mgr.	Ongoing	IEP/IFSP Budget Staffing notes
	(i) Travel and per diem expenses for disabilities coordinators, teachers and parents to attend training and technical assistance events related to special services for children with disabilities;	Travel and per diem expenses for teachers, parents and the disabilities staff to attend training and technical assistance events related to special services for children with disabilities.	Disabilities Fiscal HR	Ongoing	Training Plan Budget Travel voucher
	(ii) The provision of substitute teaching staff to enable staff to attend training and technical assistance events;	Oahe Child Development Center utilizes available staff, parent volunteers and specialist to enable staff to attend training.	Pro. Dir Disabilities Ed. Mgr. MHS H & S FCP Nutrition	Ongoing	Timesheets Inkind
	(iii) Fees for courses specifically related to the requirements of the disabilities service plan, a child’s IEP or State certification to serve children with disabilities; and	Budget supports training/course work.	Pro. Dir Disabilities Fiscal HR LEA	Ongoing	Training Plan/Grant IEP/IFSP
	(iv) Fees and expenses for training/technical assistance consultants if such help is not available from another provider at no cost.	Budget supports T/TA. Fees and expenses for training/technical assistance if help is not available from another provider at no cost.	Pro. Dir. Disabilities Fiscal HR LEA	Ongoing	Training Plan/Grant

1308.5 Recruitment and enrollment of children with disabilities

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.50(a)	(a) The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities.	Contact community agencies and local professionals (Public Schools, Department of Social Services, public health agencies, local physicians, Urban Indian Health Service, Children’s Comprehensive Health Care Services, Capital Area Counseling, Association for Retarded Citizens, Single Point of Contacts, and Birth to Three Connections, etc.) Make personal contact. Distribute Head Start brochures to other agencies and families. Explain Head Start services and special needs criteria to each agency. Continue contact throughout the year. Information about Head Start services is available at Child Find Activities in all areas that we serve. Assistance from past and present parents in making communities aware of recruitment and services offered to children with disabilities.	FCP Specialist Ed. Staff Disabilities MHS H & S Nutrition Pro. Dir. Ex. Dir. Parents	April and May Ongoing	Recruitment Control Sheets Brochures Income Eligibility Criteria
1308.50(b)	(b) A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities	New staff is given information at orientation and this is reviewed with all staff at Pre-service annually.	FCP All Staff	Ongoing	Policies & Procedures Parent Handbook Preservice Schedule Orientation Checklist

	Act of 1990, (42 U.S.C. 12101).				
1308.50(c) (1)(2)(3)(4)	(c) A grantee must not deny placement on the basis of a disability or its severity to any child when:	Placement in Head Start will not be denied on the basis of a disability and its severity to any child.			
	1) The parents wish to enroll the child,	In order for a child to be considered for Head Start or Early Head Start, Oahe Child Development Center must have a completed application and income verification. Other information is helpful in enabling Head Start to determine which children and families are most in need of the program services. These could include an up to date immunization record, physical or dental examination, child’s screening or referral from another agency, Title 19 number or completed health history. Decisions are made based upon child and family needs. A point system based on information obtained from the application and verified by the Family Service staff is used. This system is also used to determine the order of priority of waitlisted applicants. This is completed for each application to document the basis for decisions.	<u>FCP</u> <u>All Staff</u>	Ongoing	Recruitment Control Sheets and Tracking Selection
	(2) The child meets the Head Start age and income eligibility criteria,	In order for a child to be considered for Head Start or Early Head Start, Oahe Child Development Center must have a completed application and income verification. Other information is helpful in enabling Head Start to determine which children and families are most in need of the program services. These could include an up to date immunization record, physical or	<u>Directors</u> <u>FCP</u>	Ongoing	Eligibility Criteria Income verification Determination sheet

		dental examination, child’s screening or referral from another agency, Title 19 number or completed health history. Decisions are made based upon child and family needs. A point system based on information obtained from the application and verified by the Family Service staff is used. This system is also used to determine the order of priority of waitlisted applicants. This is completed for each application to document the basis for decisions.			
	3) Head Start is an appropriate placement according to the child’s IFSP/IEP, and	Participate in IEP/IFSP Placement meetings as needed to determine the best possible educational program for students with special needs.	<u>Disabilities</u>	Ongoing	IEP/IFSP
	(4) The program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities.	The children are accepted by the Oahe Child Development Center Eligibility Criteria point system.	<u>FCP</u> <u>Pro. Dir.</u>	Ongoing	Eligibility Criteria Completed Application, Eligibility Determination Sheet (point sheet) Income Verification, Child Plus tracking system
1308.50(d) (1)(2)(3)(4) (5)	(d) The grantee must access resources and plan for placement options, such as dual placement, use of resource staff and training so that a child with a disability for whom Head Start is an appropriate placement according to the IEP is not denied enrollment because of:				
	(1) Staff attitudes and/or	Awareness of disability and training	<u>Directors</u>	Ongoing	Training Records

	apprehensions;	will be provided.	<u>Disabilities</u>		
	(2) Inaccessibility of facilities;	Oahe Child Development Center follows Performance Standards regarding accessibility.	<u>Directors</u>	Ongoing	Facility Plan
	(3) Need to access additional resources to serve a specific child;	Oahe Child Development Center collaborates with LEA/SPOC's and other community agencies to meet specific individual needs.	<u>Disabilities</u> <u>LEA</u> <u>Community</u> <u>Agencies</u> Board & Council	Ongoing	IEP/IFSP Staffing Forms
	(4) Unfamiliarity with a disabling condition or special equipment, such as a prosthesis; and	The children are accepted by the O.C.D.C. Eligibility Criteria point system. In order for a child to be considered for Head Start or Early Head Start, Oahe Child Development Center must have a completed application and income verification. Other information is helpful in enabling Head Start to determine which children and families are most in need of the program services. These could include an up to date immunization record, physical or dental examination, child's screening or referral from another agency, Title 19 number or completed health history. Decisions are made based upon child and family needs. A point system based on information obtained from the application and verified by the Family Service staff is used. This system is also used to determine the order of priority of waitlisted applicants. This is completed for each application to document the basis for decisions.	<u>EXD</u> <u>PD</u>	Ongoing	Training Records
	(5) Need for personalized special services such as feeding, suctioning,	Oahe Child Development Center collaborates with LEA's and other	<u>Disabilities</u> <u>Community</u>	Ongoing	IEP

	and assistance with toileting, including catheterization, diapering, and toilet training	community agencies to meet specific needs.	Agencies		
1308.50(e) (1)(2)(3)	(e) The same policies governing Head Start program eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities. Grantees also must take the following factors into account when planning enrollment procedures:				
	(1) The number of children with disabilities in the Head Start service area including types of disabilities and their severity;	In order for a child to be considered for Head Start or Early Head Start, Oahe Child Development Center must have a completed application and income verification. Other information is helpful in enabling Head Start to determine which children and families are most in need of the program services. These could include an up to date immunization record, physical or dental examination, child’s screening or referral from another agency, Title 19 number or completed health history. Decisions are made based upon child and family needs. A point system based on information obtained from the application and verified by the Family Service staff is used. This system is also used to determine the order of priority of waitlisted applicants. This is completed for each application to document the basis for decisions.	<u>Disabilities</u> <u>FCP</u>	Ongoing	Eligibility Criteria Completed Application, Eligibility Determination Sheet (point sheet) Income Verification, Child Plus tracking system
	(2) The services and resources provided by other agencies; and	Head Start will develop Interagency agreements with the LEA/SPOC’s and other agencies within the grantees	<u>Disabilities</u> <u>LEA/SPOC</u>	Ongoing	Interagency Agreements

		service area.			
	<p>(3) State laws regarding immunization of preschool children. Grantees must observe applicable State laws which usually require that children entering State preschool programs complete immunizations prior to or within thirty days after entering to reduce the spread of communicable diseases.</p>	<p>Immunization records are obtained for each child at time of enrollment. Each child shall receive an annual well child / physical exam and record of such shall be obtained. Each child shall receive an annual dental exam and record of such shall be obtained. Requirements and schedules of well child care shall agree with recommendations of the state EPSDT program, CDC and recommendations of the OCDC Health Services Advisory Committee. Parent education, reminders and assistance in scheduling and transportation are offered to assist parents in making the necessary arrangement to bring the child up-to-date. Parents are provided with reminder of age- appropriate schedules. Parents are given appropriate forms needed. If a parent/guardian refuses health or dental services the HBHSS shall follow this procedure:</p> <ol style="list-style-type: none"> 1) the parent is offered education and information on services 2) barriers to obtaining health services are discussed 3) Informed of assistance available to obtain services <p>If there is a concern that a refusal of health services could be detrimental to</p>	<p><u>H & S</u> Ed. Staff Parent/ Guardian Enrollment Staff</p>	<p>Ongoing</p>	<p>Child Health and Development Services Plan Tracking system Enrollment packet</p>

		the well being or life of the child the parent shall be informed of this concern, documentation made and appropriate action taken. Please reference Child Abuse/ Neglect Policy.			
1308.50(f)	(f) The recruitment effort of a Head Start grantee must include recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.	Head Start will maintain communication with agencies serving children with disabilities for recruitment, resources, and training, such as Growing Up Together, LEA/SPOC, Social Services and Children’s Special Services, Medical Agencies and counseling Agencies, Birth to Three Connection.	FCP All Staff	Ongoing	Eligibility/ Selection Criteria Waiting List

1308.6 Assessment of Children

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.60(a) (1)(2)(3)	(a) The disabilities specialist must be involved with other program staff throughout the full process of assessment of children, which has three steps:				
	(1) All children enrolled in Head Start are screened as the first step in the assessment process;	Within 45 days of enrollment all children are given the Ages & Stages, Brigance or DIAL 3 and those who are suspected of having a developmental delay will be rescreened or referred to the LEA/SPOC.	Disabilities Ed. Staff Dis. Coord.	Ongoing	Screening Results, Referral Form
	(2) Staff also carry out on-going developmental assessment for all enrolled children throughout the year to determine progress and to plan program activities;	Staff will provide ongoing developmental assessment for all enrolled children throughout the year.	Disabilities Ed. Staff Dis. Coord.	Ongoing	Creative Curriculum Staffing notes

	<p>(3) Only those children who need further specialized assessment to determine whether they have a disability and may require special education and related services proceed to the next step, evaluation. The disabilities coordinator has primary responsibility for this third step, evaluation, only.</p>	<p>Refer to appropriate professionals those students needing additional evaluation:</p> <ol style="list-style-type: none"> 1. Several sources of information will determine referrals. <ol style="list-style-type: none"> a) Concerns expressed by parents. b) Observations and documentation by classroom teacher and teacher assistant and home visitors. c) Evaluate samples of children’s work. d) Screening results. 2. Notify the parent of the need for referral, explain parent rights and give an explanation of the evaluation requested. 3. Educate parents about the evaluation process and the special services that may be provided. 4. Obtain written permission from parents to test the child. 5. Make referral to Public School or Medical Agency. 6. Provide transportation for the parent and child if needed. 7. Ensure that parents receive a copy of the results from the evaluation. 	<p><u>Disabilities</u> Dis.Coor. Ed. Staff Parents</p>	<p>Ongoing</p>	<p>Child’s Assessment ICP’s, Lesson Plans Staffing notes Referral Parent consent form Parents rights Brigance Battelle Articulation Screener Ages & Stages</p>
<p>1308.60(b) (1)(2)(3)</p>	<p>(b) Screening, the first step in the assessment process, consists of standardized health screening and developmental screening which includes speech, hearing and vision.</p>				

	<p>It is a brief process, which can be repeated, and is never used to determine that a child has a disability. If only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening must be provided as needed.</p>				
	<p>(1) Grantees must provide for developmental, hearing and vision screenings of all Early Head Start and Head Start children within 45 days of the child’s entry into the program. This does not preclude starting screening in the spring, before program services begin in the fall.</p>	<p>Health and developmental screening of all Head Start children, ages 0-5, will be completed 45 calendar days of the child’s entry into the program.</p>	<p><u>Disabilities</u> <u>H & S</u> <u>SPOC/LEA</u> Director Ed. Staff Nutrition MHS</p>	<p>45 Calendar Days of enrollme nt</p>	<p>Child’s File/log Child Plus Tracking Monthly Report Brigance Ages & Stages Hearing screens Vision Screens Nutrition Screens Mental Health Screens</p>
	<p>(2) Grantees must make concerted efforts to reach and include the most in need and hardest to reach in the screening effort, providing assistance but urging parents to complete screening before the start of the program year.</p>	<p>Parent contacts to explain why screenings are beneficial. The parents will transport the children to enrollment, during this time they will be screened. If transportation is not possible, arrangements will be made.</p>	<p><u>Disabilities</u> Dis.Coof. Ed. Staff All Spec. Director</p>	<p>Ongoing</p>	<p>Child’s File/log Computer tracking</p>
	<p>(3) Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When</p>	<p>Health and Developmental screening with the DIAL 3, Brigance, Ages & Stages or Battelle of all Head Start children by 45 Calendar days of the child’s entry into the program. Spring screenings are accepted. Parent concerns will be notes and be considered in the referral.</p>	<p><u>Disabilities</u> <u>H & S</u> Ed. Staff MHS Nutrition Parent</p>	<p>45 Calendar Days from enrollme nt Spring Screenin gs</p>	<p>Child’s File/log Child Plus Tracking Monthly Report Brigance Battelle DIAL 3 Ages & Stages Hearing screens Vision Screens</p>

	<p>appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.</p>				<p>Nutrition Screens Mental Health Screens ICP</p>
<p>1308.60(c)</p>	<p>(c) Staff must inform parents of the types and purposes of the screening well in advance of the screening, the results of these screenings and the purposes and results of any subsequent evaluations.</p>	<p>Parents are given information on the purpose of the screenings at enrollment. Obtain written permission from parents to provide health, developmental, and behavioral screenings during enrollment and explain the purpose of the screening. The results of the screenings are provided to the parents.</p>	<p><u>FCP</u> Ed. Staff H & S Disabilities Nutrition MHS</p>	<p>Enrollment Ongoing</p>	<p>Child's file/log Enrollment Checklist Parent Handbook Signed Parent Permission Form</p>
<p>1308.60(d)</p>	<p>(d) Developmental assessment, the second step, is the collection of information on each child's functioning in these areas: gross and fine motor skills, perceptual discrimination, cognition, attention skills, self-help, social receptive skills and expressive language. The disabilities coordinator must coordinate with the education coordinator in the on-going assessment of each Head Start child's functioning in all developmental areas by including this developmental information in later diagnostic and</p>	<p>The Disabilities Transition Specialist coordinated with the Education staff regarding ongoing assessment to determine the child's progress and to plan activities. Assessment will be ongoing. The following screening instruments are currently being used: Ages and Stages (Birth to 3) Brigance (1 to 5 year olds) Battelle (Birth to 5 year olds) DIAL 3 (3 to 5 year olds)</p>	<p><u>Disabilities</u> <u>All Spec.</u> <u>Ed. Staff</u></p>	<p>Ongoing</p>	<p>Lesson Plans Screenings IEP/IFSP Child's Assessment Staffing Notes</p>

	program planning activities for children with disabilities.				
1308.60(e) (1)(2)(i)(ii) (iii)(iv)(v) (vi)(vii)(viii) (3)(4)(5)	(e) The disabilities coordinator must arrange for further, formal, evaluation of a child who has been identified as possibly having a disability, the third step.	After review of all pertinent information if a disability is suspected a referral will be made to appropriate agency.	<u>Disabilities</u>	Ongoing	Child's File/log Staffing Form Referral Form
	(1) The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.	If a child is suspected of having a disability because of screening, home visitor's observation, parent or medical concerns, a child is referred to the LEA/SPOC or appropriate specialist after written parent consent is obtained.	<u>Disabilities</u> SPOC/LEA Ed. Staff	Ongoing	Medical records Child's File/log Lesson Plans Screenings Parent Consent Referral
	(2) If the LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation, using its own resources and accessing others. In this case, the evaluation must meet the following requirements:	When LEA does not provide evaluation: <ol style="list-style-type: none"> 1. Identify professionals/agencies in community 2. Establish referral procedures to diagnosticians 3. Orient diagnosticians to Head Start criteria 	<u>Disabilities</u> H & S Directors	Ongoing	Performance Standards Referral Screenings Child's File/log
	(i) Testing and evaluation procedures must be selected and administered so as not to be racially or culturally discriminatory, administered in the child's native language or mode of communication, unless it clearly is not feasible to do so.	The Disabilities/Transition Specialist will ensure that evaluation procedures are not racially or culturally discriminatory and are administered in the child's primary language when feasible.	<u>Disabilities</u> Pro.Dir. Interpreter	Ongoing	Federal and State regulations Licensing Criteria
	(ii) Testing and evaluation procedures must be administered by trained (State certified or licensed) personnel.	Head Start will ensure that evaluations will be administered by trained, state certified/licensed personnel by checking their credentials.	<u>Disabilities</u> Pro. Dir. Ex. Dir. Service Provider	Ongoing	State Licensing & Certification Board On File at Employ. agency
	(iii) No single procedure may be the sole criterion for determining an appropriate educational program for	Head Start will ensure that more than one measure is used and assess all areas related to disability.	<u>Disabilities</u> Pro. Dir. Ex. Dir.	Ongoing	Child's File/log State Validated Evaluations

	a child.		Service Provider		
	(iv) The evaluation must be made by a multidisciplinary team or group of persons including at least one teacher or specialist with knowledge in the area of suspected disability.	Head Start will ensure a multidisciplinary team approach is used in conducting evaluations.	<u>Disabilities</u> LEA	Ongoing	IEP State Validated Evaluations
	(v) Evaluators must use only assessment materials which have been validated for the specific purpose for which they are used	Head Start will ensure assessment materials are validated for specific purpose.	<u>Disabilities</u> Service Provider	Ongoing	Child's File State Special Education accepted Testing list
	(vi) Tests used with children with impaired sensory, manual or communication skills must be administered so that they reflect the children's aptitudes and achievement levels and not just the disabilities.	Oahe Child Development Center will ensure appropriate adaptations are made.	<u>Disabilities</u> <u>All Spec.</u> Service Provider	Ongoing	Child's File State Special Education accepted Testing list
	(vii) Tests and materials must assess all areas related to the suspected disability.	Head Start will ensure that the evaluation will use more than one measure or information source, and will assess all areas related to suspected disability.	<u>Disabilities</u> Service Provider	Ongoing	Child's File State Special Education accepted Testing list
	(viii) In the case of a child whose primary disability appears to be a speech or language impairment, the team must assure that enough tests are used to determine that the impairment is not a symptom of another disability and a speech or language pathologist should be involved in the evaluation.	Disabilities/Transition Specialist will ensure that speech/language evaluations are comprehensive enough to determine that the impairment is not secondary to any disability.	<u>Disabilities</u> Service Provider	Ongoing	Evaluation Results Child's File State Special Education accepted Testing list
	(3) Parental consent in writing must be obtained before a child can have an initial evaluation to determine whether the child has a disability.	Disabilities/Transition Specialist or Home Visitor will make a home visit, as necessary, to go over screenings, explain the referral process and have the referral form and parent consent	<u>Disabilities</u> Dis. Coor. Ed. staff	Ongoing	Referral form Parent consent form

<p>(4) Confidentiality must be maintained in accordance with grantee and State requirements. Parents must be given the opportunity to review their child’s records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantees must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.</p>	<p>signed. Head Start will ensure confidentiality of personally identifiable information on children with disabilities, provide information and training to staff regarding policies and procedures for confidentiality, establish procedure for obtaining written parental consent before releasing confidential information to another agency or unauthorized staff in Head Start, establish procedures for parents to review their child’s records in a timely manner. Screening results will be gone over and explained to the parents.</p>	<p><u>All Staff Disabilities</u></p>	<p>Ongoing</p>	<p>Child’s File/log Consent Forms Release of information forms Parent Handbook Parent Consent form</p>
<p>(5) The multidisciplinary team provides the results of the evaluation, and its professional opinion that the child does or does not need special education and related services, to the disabilities coordinator. If it is their professional opinion that a child has a disability, the team is to state which of the eligibility criteria applies and provide recommendations for programming, along with their findings. Only children whom the evaluation team determines need special education and related services may be counted as children with disabilities.</p>	<p>Head Start will ensure participation with the multidisciplinary team. The multidisciplinary team will provide their professional opinion as to whether or not the child is in need of special education and related services. If the opinion is that a child does qualify for services, the team will state which of the eligibility criteria apply and provide recommendations for programming along with their findings. Only children who are found to be in need of special education and related services will be counted as children with disabilities.</p>	<p><u>Disabilities</u> Multi-disciplinary team</p>	<p>Ongoing</p>	<p>Evaluation Report Child’s File Multidisciplinary report</p>

1308.7 Eligibility criteria: Health impairment

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.70(a)	(a) A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning.	These criteria are given to the multidisciplinary team. A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning.	<u>Appropriate Staff</u> Physicians LEA/SPOC	Ongoing	Child's File/Log Health history Doctor reports IEP/IFSP Multidisciplinary report
1308.70(b)	(b) The health impairment classification may include, but is not limited to cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and attention deficit disorder.	These criteria are given to the multidisciplinary team. The health impairment classification may include, but is not limited to cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and attention deficit disorder.	<u>Appropriate Staff</u> Physicians LEA/SPOC	Ongoing	Child's File/Log Health history Doctor reports IEP/IFSP Multidisciplinary report
1308.70(c)	(c) This category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.	These criteria are given to the multidisciplinary team. This category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.	<u>Appropriate Staff</u> Physicians LEA/SPOC	Ongoing	Child's File/Log Health history Doctor reports IEP/IFSP Multidisciplinary report
1308.70(d) (1)((2)(i)(ii) (iii)(iv)(v) (3)(4)	(d) A child may be classified as having an attention deficit disorder under this category who has chronic and pervasive developmentally inappropriate inattention, hyperactivity, or impulsivity. To be considered a disorder, this behavior	These criteria are given to the multidisciplinary team. A child may be classified as having an attention deficit disorder under this category who has chronic and pervasive developmentally inappropriate inattention, hyperactivity,	<u>Appropriate Staff</u> Counselor Psychologist USD Autism team LEA/SPOC	Ongoing	Child's File/Log Health history Doctor reports IEP/IFSP Autism report Multidisciplinary report

	<p>must affect the child’s functioning severely. To avoid overuse of this category, grantees are cautioned to assure that only the enrolled children who most severely manifest this behavior must be classified in this category.</p>	<p>or impulsivity. To be considered a disorder, this behavior must affect the child’s functioning severely. To avoid overuse of this category, grantees are cautioned to assure that only the enrolled children who most severely manifest this behavior must be classified in this category.</p>			
	<p>(1) The condition must severely affect the performance of a child who is trying to carry out a developmentally appropriate activity that requires orienting, focusing or maintaining attention during classroom instructions and activities, planning and completing activities, following simple directions, organizing materials for play or other activities, or participating in group activities. It also may be manifested in over activity or impulsive acts which appear to be or are interpreted as physical aggression. The disorder must manifest itself in at least two different settings, one of which must be the Head Start program site.</p>	<p>These criteria are given to the multidisciplinary team The condition must severely affect the performance of a child who is trying to carry out a developmentally appropriate activity that requires orienting, focusing or maintaining attention during classroom instructions and activities, planning and completing activities, following simple directions, organizing materials for play or other activities, or participating in group activities. It also may be manifested in over activity or impulsive acts which appear to be or are interpreted as physical aggression. The disorder must manifest itself in at least two different settings, one of which must be the Head Start program site.</p>	<p><u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/Log Taylors screen Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report</p>
	<p>(2) Children must not be classified as having attention deficit disorders based on:</p>				
	<p>(i) Temporary problems in attending due to events such as a divorce, death of a family member or post-traumatic stress reactions to events such as sexual abuse or violence in the</p>	<p>These criteria are given to the multidisciplinary team. Temporary problems in attending due to events such as a divorce, death of a family member or post-traumatic stress</p>	<p><u>Appropriate Staff</u> MHS Psychologist Counselor</p>	<p>Ongoing</p>	<p>Child’s File/Log Taylors screen Staffing notes Doctors reports Health history</p>

	neighborhood;	reactions to events such as sexual abuse or violence in the neighborhood;	LEA/SPOC		IEP/IFSP Multidisciplinary report
	(ii) Problems in attention which occur suddenly and acutely with psychiatric disorders such as depression, anxiety and schizophrenia;	These criteria are given to the multidisciplinary team. Problems in attention which occur suddenly and acutely with psychiatric disorders such as depression, anxiety and schizophrenia;.	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/Log Taylors screen Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report
	(iii) Behaviors which may be caused by frustration stemming from inappropriate programming beyond the child's ability level or by developmentally inappropriate demands for long periods of inactivity, passive activity;	These criteria are given to the multidisciplinary team. Behaviors which may be caused by frustration stemming from inappropriate programming beyond the child's ability level or by developmentally inappropriate demands for long periods of inactivity, passive activity;	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/Log Taylors screen Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report
	(iv) Intentional noncompliance or opposition to reasonable requests that are typical of good preschool programs; or	These criteria are given to the multidisciplinary team. Intentional noncompliance or opposition to reasonable requests that are typical of good preschool programs; or	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/Log Taylors screen Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report
	(v) Inattention due to cultural or language differences.	These criteria are given to the multidisciplinary team. Inattention due to cultural or language differences.	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/Log Taylors screen Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary

					report
	<p>(3) An attention deficit disorder must have had its onset in early childhood and have persisted through the course of child development when children normally mature and become able to operate in a socialized preschool environment. Because many children younger than four have difficulty orienting, maintaining and focusing attention and are highly active, when Head Start is responsible for the evaluation, attention deficit disorder applies to four and five year old children in Head Start but not to three year olds.</p>	<p>These criteria are given to the multidisciplinary team. An attention deficit disorder must have had its onset in early childhood and have persisted through the course of child development when children normally mature and become able to operate in a socialized preschool environment. Because many children younger than four have difficulty orienting, maintaining and focusing attention and are highly active, when Head Start is responsible for the evaluation, attention deficit disorder applies to four and five year old children in Head Start but not to three year olds.</p>	<p><u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC</p>	Ongoing	<p>Child’s File/Log Taylors screen Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report</p>
	<p>(4) Assessment procedures must include teacher reports which document the frequency and nature of indications of possible attention deficit disorders and describe the specific situations and events occurring just before the problems manifested themselves. Reports must indicate how the child’s functioning was impaired and must be confirmed by independent information from a second observer.</p>	<p>These criteria are given to the multidisciplinary team. Assessment procedures must include teacher reports which document the frequency and nature of indications of possible attention deficit disorders and describe the specific situations and events occurring just before the problems manifested themselves. Reports must indicate how the child’s functioning was impaired and must be confirmed by independent information from a second observer.</p>	<p><u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC</p>	Ongoing	<p>Child’s File/Log Taylors screen Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report</p>

1308.8 Eligibility criteria: Emotional/behavioral disorders

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
<p>1308.80(a) (1)(2)(3)(4)</p>	<p>(a) An emotional/behavioral disorder is a condition in which a child’s behavioral or emotional responses are so different from those of the generally accepted, age-appropriate norms of children with the same ethnic or cultural background as to result in significant impairment in social relationships, self-care, educational progress or classroom behavior. A child is classified as having an emotional/behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention:</p>	<p>These criteria will be given to multidisciplinary team. An emotional/behavioral disorder is a condition in which a child’s behavioral or emotional responses are so different from those of the generally accepted, age-appropriate norms of children with the same ethnic or cultural background as to result in significant impairment in social relationships, self-care, educational progress or classroom behavior. A child is classified as having an emotional/behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention:</p>	<p><u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/log Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report</p>
	<p>(1) Seriously delayed social development including an inability to build or maintain satisfactory (age appropriate) interpersonal relationships with peers or adults (e.g., avoids playing with peers);</p>	<p>These criteria will be given to multidisciplinary team. Seriously delayed social development including an inability to build or maintain satisfactory (age appropriate) interpersonal relationships with peers or adults (e.g., avoids playing with peers);</p>	<p><u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/log Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report</p>
	<p>(2) Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, non-communicative);</p>	<p>These criteria will be given to multidisciplinary team. Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, non-communicative);</p>	<p><u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/log Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report</p>

	(3) A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for reassurance); or	These criteria will be given to multidisciplinary team. A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for reassurance); or	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/log Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report
	(4) Has a professional diagnosis of serious emotional disturbance.	These criteria will be given to multidisciplinary team. Has a professional diagnosis of serious emotional disturbance	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/log Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report
1308.80(b)	(b) The eligibility decision must be based on multiple sources of data, including assessment of the child's behavior or emotional functioning in multiple settings.	These criteria will be given to multidisciplinary team. The eligibility decision must be based on multiple sources of data, including assessment of the child's behavior or emotional functioning in multiple settings.	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/log Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report
1308.80(c)	(c) The evaluation process must include a review of the child's regular Head Start physical examination to eliminate the possibility of misdiagnosis due to an underlying physical condition.	These criteria will be given to multidisciplinary team. The evaluation process must include a review of the child's regular Head Start physical examination to eliminate the possibility of misdiagnosis due to an underlying physical condition.	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/log Staffing notes Doctors reports Health history IEP/IFSP Multidisciplinary report

1308.9 Eligibility criteria: Speech or language impairments

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.90(a)	(a) A speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's learning.	These criteria will be given to multidisciplinary team. A speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's learning.	<u>Appropriate Staff</u> Speech Pathologist LEA/SPOC	Ongoing	Child's File/log Speech Report Health Record IEP/IFSP Multidisciplinary report
1308.90(b)	(b) A child is classified as having a speech or language impairment whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention.	These criteria will be given to multidisciplinary team. A child is classified as having a speech or language impairment whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who are professionally diagnosed as having a delay in development in his or her primary language which requires intervention.	<u>Appropriate Staff</u> Speech Pathologist LEA/SPOC	Ongoing	Child's File/log Speech Report Health Record IEP/IFSP Multidisciplinary report
1308.90(c)	(c) A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including work meanings (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions of conversation (pragmatics).	These criteria will be given to multidisciplinary team. A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including work meanings (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions of conversation (pragmatics).	<u>Appropriate Staff</u> Speech Pathologist LEA/SPOC	Ongoing	Child's File/log Speech Report Health Record IEP/IFSP Multidisciplinary report

<p>1308.90(d)</p>	<p>(d) A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch or quality of voice (voicing), or the rhythm of speech (fluency).</p>	<p>These criteria will be given to multidisciplinary team. A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch or quality of voice (voicing), or the rhythm of speech (fluency).</p>	<p><u>Appropriate Staff</u> Speech Pathologist LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/log Speech Report Health Record IEP/IFSP Multidisciplinary report</p>
<p>1308.90(e) (1)(2)(3)</p>	<p>(e) A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to:</p>	<p>These criteria will be given to multidisciplinary team. A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to:</p>	<p><u>Appropriate Staff</u> Speech Pathologist LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/log Speech Report Health Record IEP/IFSP Multidisciplinary report</p>
	<p>(1) Cultural, ethnic, bilingual, or dialectical differences or being non-English speaking; or</p>	<p>These criteria will be given to multidisciplinary team. Cultural, ethnic, bilingual, or dialectical differences or being non-English speaking; or</p>	<p><u>Appropriate Staff</u> Speech Pathologist LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/log Speech Report Health Record IEP/IFSP Multidisciplinary report</p>
	<p>(2) Disorders of a temporary nature due to conditions such as a dental problem; or</p>	<p>These criteria will be given to multidisciplinary team. Disorders of a temporary nature due to conditions such as a dental problem; or</p>	<p><u>Appropriate Staff</u> Speech Pathologist LEA/SPOC</p>	<p>Ongoing</p>	<p>Child’s File/log Speech Report Health Record IEP/IFSP Multidisciplinary report</p>
	<p>(3) Delays in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child’s age.</p>	<p>These criteria will be given to multidisciplinary team. Delays in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child’s age.</p>	<p><u>Appropriate Staff</u> Speech Pathologist LEA/SPOC</p>	<p>Ongoing</p>	<p>IEP/IFSP Multidisciplinary report</p>

1308.10 Eligibility criteria: Mental retardation

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.10(a)	(a) A child is classified mentally retarded who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication and play.	These criteria will be given to multidisciplinary team. A child is classified mentally retarded who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication and play.	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports
1308.10(b)	(b) Measurement of adaptive behavior must reflect objective documentation through the use of an established scale and appropriate behavioral/anecdotal records. An assessment of the child's functioning must also be made in settings outside the classroom.	These criteria will be given to multidisciplinary team. Measurement of adaptive behavior must reflect objective documentation through the use of an established scale and appropriate behavioral/anecdotal records. An assessment of the child's functioning must also be made in settings outside the classroom.	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.10(c)	(c) Valid and reliable instruments appropriate to the age range must be used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are to be used instead.	These criteria will be given to multidisciplinary team. Valid and reliable instruments appropriate to the age range must be used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are to be used instead.	<u>Appropriate Staff</u> MHS Psychologist Counselor LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.10(d)	(d) Determination that a child is mentally retarded is never to be made on the basis of any one test alone.	These criteria will be given to multidisciplinary team. Determination that a child is mentally	<u>Appropriate Staff</u> MHS	Ongoing	Child's File/log Health Records IEP/IFSP

		retarded is never to be made on the basis of any one test alone.	Psychologist Counselor LEA/SPOC		Doctor Reports Multidisciplinary report
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1308.11 Eligibility criteria: Hearing impairment including deafness

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.11(a)	(a) A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing who has a permanent or fluctuating	These criteria will be given to multidisciplinary team. A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing who has a permanent or fluctuating	<u>Appropriate Staff</u> H & S Doctor Audiologist LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.11(b)	(b) Meets the legal criteria for being hard of hearing established by the State of residence; or	These criteria will be given to multidisciplinary team. Meets the legal criteria for being hard of hearing established by the State of residence; or	<u>Appropriate Staff</u> H & S Doctor Audiologist LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.11(c)	(c) Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more. Problems associated with temporary or fluctuating hearing loss can include impaired listening skills, delayed language development, and articulation problems. Children	These criteria will be given to multidisciplinary team. Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more. Problems associated with temporary or fluctuating hearing loss can include impaired listening	<u>Appropriate Staff</u> H & S Doctor Audiologist LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report

	<p>meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by the IEPs. As soon as special services are no longer needed, these children must no longer be classified as having a disability.</p>	<p>skills, delayed language development, and articulation problems. Children meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by the IEPs. As soon as special services are no longer needed, these children must no longer be classified as having a disability.</p>			
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1308.12 Eligibility criteria: Orthopedic impairment

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.12(a)	<p>(a) A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect the child’s learning. An orthopedic impairment involves muscles, bones, or joints and is characterized by impaired ability to maneuver in educational or non-educational settings to perform fine or gross motor activities, or to perform self-help skills and by adversely affected educational</p>	<p>These criteria will be given to multidisciplinary team. A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect the child’s learning. An orthopedic impairment involves muscles, bones, or joints and is characterized by impaired ability to maneuver in educational or non-educational settings to perform fine or gross motor activities, or to perform self-help skills and by adversely affected educational</p>	<p><u>Appropriate Staff</u> PT Doctor LEA/SPOC</p>	Ongoing	<p>Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report</p>
1308.12(b)	<p>(b) An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy.</p>	<p>These criteria will be given to multidisciplinary team. An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy.</p>	<p><u>Appropriate Staff</u> PT Doctor LEA/SPOC</p>	Ongoing	<p>Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report</p>

1308.13 Eligibility criteria: Visual impairment including blindness

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.13(a) (1)(2)	(a) A child is classified as visually impaired when visual impairment, with correction, adversely affects a child's learning. The term includes both blind and partially seeing children. A child is visually impaired if:	These criteria will be given to multidisciplinary team. A child is classified as visually impaired when visual impairment, with correction, adversely affects a child's learning. The term includes both blind and partially seeing children. A child is visually impaired if:	<u>Appropriate Staff</u> H & S Doctor LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
	(1) The vision loss meets the definition of legal blindness in the State of residence; or	These criteria will be given to multidisciplinary team. The vision loss meets the definition of legal blindness in the State of residence; or	<u>Appropriate Staff</u> H & S Doctor LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
	(2) Central acuity does not exceeds 20/200 in the better eye with corrective lens, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends and angle no greater than 20 degrees.	These criteria will be given to multidisciplinary team. Central acuity does not exceeds 20/200 in the better eye with corrective lens, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends and angle no greater than 20 degrees.	<u>Appropriate Staff</u> H & S Doctor LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.13(b)	(b) A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning	These criteria will be given to multidisciplinary team. A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is	<u>Appropriate Staff</u> H & S Doctor LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report

	process, including faulty muscular action, limited field of vision, cataracts, etc.	demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.			
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1308.14 Eligibility criteria: Learning disabilities

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.14(a)	(a) A child is classified as having a learning disability who has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak or, for preschool age children, acquire the precursor skills for reading, writing, spelling or doing mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, and aphasia.	These criteria will be given to multidisciplinary team. A child is classified as having a learning disability who has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak or, for preschool age children, acquire the precursor skills for reading, writing, spelling or doing mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, and aphasia.	<u>Appropriate Staff</u> Special Education Teacher LEA/SPOC	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.14(b) (1)(2)(3)	(b) An evaluation team may recommend that a child be classified as having a learning disability if:	These criteria will be given to multidisciplinary team An evaluation team may recommend that a child be classified as having a learning disability if:	<u>Appropriate Staff</u> Special Education Teacher LEA/SPOC	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
	(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in (a) above when provided	These criteria will be given to multidisciplinary team. The child does not achieve commensurate with his or her age and	<u>Appropriate Staff</u> Special Education Teacher	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports

	with appropriate learning experiences for the age and ability; or	ability levels in one or more of the areas listed in (a) above when provided with appropriate learning experiences for the age and ability; or	LEA/SPOC		Multidisciplinary report
	(2) The child has a severe discrepancy between achievement of developmental milestones and intellectual ability in one or more of these areas: oral expression, listening comprehension, pre-reading, pre-writing and pre-mathematics; or	These criteria will be given to multidisciplinary team. The child has a severe discrepancy between achievement of developmental milestones and intellectual ability in one or more of these areas: oral expression, listening comprehension, pre-reading, pre-writing and pre-mathematics; or	<u>Appropriate Staff</u> Special Education Teacher LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
	(3) The child shows deficits in such abilities as memory, perceptual and perceptual-motor skills, thinking, language and non-verbal activities which are not due to visual, motor, hearing or emotional disabilities, mental retardation, cultural or language factors, or lack of experiences which would help develop these skills.	These criteria will be given to multidisciplinary team. The child shows deficits in such abilities as memory, perceptual and perceptual-motor skills, thinking, language and non-verbal activities which are not due to visual, motor, hearing or emotional disabilities, mental retardation, cultural or language factors, or lack of experiences which would help develop these skills.	<u>Appropriate Staff</u> Special Education Teacher LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.14(c)	(c) This definition for learning disabilities applies to four and five year old children in Head Start. It may be used at a program's discretion for children younger than four or when a three year old child is referred with a professional diagnosis of learning disability. But because of the difficulty of diagnosing learning disabilities for three year olds, when Head Start is responsible for the	These criteria will be given to multidisciplinary team. This definition for learning disabilities applies to four and five year old children in Head Start. It may be used at a program's discretion for children younger than four or when a three-year-old child is referred with a professional diagnosis of learning disability. But because of the difficulty of diagnosing learning disabilities for	<u>Appropriate Staff</u> Special Education Teacher LEA/SPOC	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report

	evaluation it is not a requirement to use this category for three year olds.	three year olds, when Head Start is responsible for the evaluation it is not a requirement to use this category for three year olds.			
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1308.15 Eligibility criteria: Autism

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.15	A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before the age of three and that adversely affects educational performance.	These criteria will be given to multidisciplinary team. A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before the age of three and that adversely affects educational performance.	<u>Appropriate Staff</u> Autism Team LEA	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report

1308.16 Eligibility criteria: Traumatic brain injury

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.16	A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical source or by an internal occurrence such as stroke or aneurysm, with resulting impairments that adversely affect educational performance. The term includes children with open or closed head injuries, but does not include children	These criteria will be given to multidisciplinary team. A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before the age of three and that adversely affects educational performance.	<u>Appropriate Staff</u> Special Education Teacher LEA/SPOC	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report

	with brain injuries that are congenital or degenerative or caused by birth trauma.				
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1308.17 Eligibility criteria: Other impairments

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.17(a) (1)(2)(3)	(a) The purposes of this classification, “Other impairments,” are:	The purposes of this classification, “Other impairments,” are: These criteria will be given to multidisciplinary team	<u>Appropriate Staff</u> Doctor <u>LEA</u>	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
	(1) To further coordination with LEA’s and reduce problems of record keeping;	These criteria will be given to multidisciplinary team. To further coordination with LEAs and reduce problems of record keeping;	<u>Appropriate Staff</u> <u>LEA</u>	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
	(2) To assist parents in making the transition from Head Start to other placements; and	These criteria will be given to multidisciplinary team. To assist parents in making the transition from Head Start to other placements; and	<u>Appropriate Staff</u> <u>LEA</u>	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
	(3) To assure that no child enrolled in Head Start is denied services which would be available to other preschool children who are considered to have disabilities in their State.	These criteria will be given to multidisciplinary team. To assure that no child enrolled in Head Start is denied services which would be available to other preschool children who are considered to have disabilities in their State.	<u>Appropriate Staff</u> <u>LEA</u>	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.17 (b)	(b) If the State Education Agency eligibility criteria for preschool	These criteria will be given to multidisciplinary team.	<u>Appropriate Staff</u>	Ongoing	Child’s File/log Health Records

	children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are “preschool disabled,” “in need of special education,” “educationally handicapped,” and “non-categorically handicapped.”	If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are “preschool disabled,” “in need of special education,” “educationally handicapped,” and “non-categorically handicapped.”	<u>LEA</u>		IEP/IFSP Doctor Reports Multidisciplinary report
1308.17 (c)	(c) Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, and who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.	These criteria will be given to multidisciplinary team. Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, and who by reason thereof need special education and related services may receive services . as children with disabilities in Head Start programs.	<u>Appropriate Staff LEA</u>	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report
1308.17 (d)	(d) Children who are classified as deaf-blind, whose concomitant hearing and visual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services	These criteria will be given to multidisciplinary team. Children who are classified as deaf-blind, whose concomitant hearing and visual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special	<u>Appropriate Staff LEA</u>	Ongoing	Child’s File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report

	under this category.	education programs solely for deaf or blind children are eligible for services under this category			
1308.17(e)	(e) Children classified as having multiple disabilities whose concomitant impairments (such as mental retardation and blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for record keeping purposes.	These criteria will be given to multidisciplinary team. Children classified as having multiple disabilities whose concomitant impairments (such as mental retardation and blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for record keeping purposes.	<u>Appropriate Staff LEA</u>	Ongoing	Child's File/log Health Records IEP/IFSP Doctor Reports Multidisciplinary report

1308.18 Disabilities/health services coordination

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.18(a)	(a) The grantee must ensure that the disabilities coordinator and the health coordinator work closely together in the assessment process and follow up to assure that the special needs of each child with disabilities are met.	Plans are developed through staffings. The Disabilities, Nutrition, and Health Specialist work closely together in the assessment process and follow up to assure that the special needs of each child with disabilities are met.	<u>Disabilities H & S</u> All Spec. Nutrition Ed. Staff	Ongoing	Staffing notes Conference notes
1308.18(b)	(b) The grantee must ensure coordination between the disabilities coordinator and the staff person responsible for the mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawal, anxiety or abuse.	Plans are developed through staffings. Disabilities and Mental Health Specialist work together to help teachers identify children who show signs of problems of mental health issues.	<u>Disabilities MHS</u> All Spec. Ed. Staff	Ongoing	Child's File/log Staffing Notes Conference notes Mental Health Screening

1308.18(c)	(c) Each Head Start director or designee must supervise the administration of all medications, including prescription and over-the-counter drugs, to children with disabilities in accordance with State requirements.	These written procedures regarding the administration, handling, and storage of medication are established and reviewed with HSAC.	<u>H & S</u>	Ongoing	Child Health and Development Plan
1308.18(d) (1)(2)	(d) The health coordinator under the supervision of the Head Start director or designee must:	Health and Safety Specialists administer, handle and store all medication. Other staff specifically trained as needed.	<u>H & S Pro. Dir</u>	Ongoing	Child Health and Development Plan
	(1) Obtain the doctor's instructions and parental consent before any medication is administered.	Physician instructions are printed on medication labels or obtained from physician for OTCs. Written parent permission is required before administration of medication on site.	<u>H & S Doctor</u>	Ongoing	Child Health and Development Plan
	(2) Maintain an individual record of all medications dispensed and review the record regularly with the child's parents. Record changes in a child's behavior which have implications for drug dosage or type and share this information with the staff, parents and the physician. Assure that all medications, including those required by staff and volunteers, are adequately labeled, stored under lock and key and out of reach of children, and refrigerated, if necessary.	Time, date and amount of medication administered, as well as the staff member's signature shall be recorded for each dose and medication. Behavior changes are logged and reported to parents. Written reports to physician are provided when requested by parent. Medications must be in original pharmacy container and include pharmacy label and instructions. Medications are kept in locked box.	<u>H & S Doctor</u>	Ongoing	Child Health and Development Plan Doctor report

1308.19 Developing individualized education programs (IEPs).

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.19(a)	(a) When Head Start provides for the evaluation, the multidisciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The multidisciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from developmental assessment, observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.	An IEP/IFSP are developed by a multidisciplinary team after the child is determined eligible for services. Head Start does not evaluate or write IEP/IFSP. Head start refers children to LEAs, who evaluate and write IEP/IFSP. Head Start will participate in IEP/IFSP evaluation and annual IEP/IFSP and other such meetings as part of the multidisciplinary team, only.	<u>Disabilities</u> Dis. Coord. LEA/SPOC Service providers	Within 30 days of evaluation annually	Monthly Reports Child's File/log Consent Forms IEP/IFSP Multidisciplinary report
1308.19(b)	(b) Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.	After IEP/IFSP are developed, it is implemented. An IEP/IFSP must be in place before a child receives special education and related services.	<u>Disabilities</u> <u>Ed. Mgr.</u> <u>Ed. Staff</u> LEA/SPOC	Ongoing	Child's file/log IEP/IFSP Lesson Plan Child Plus Creative Curr.
1308.19(c)	(c) When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements.	Efforts are made to assure Head Start participation in IEP meeting.	<u>Disabilities</u> Dis. Coord. LEA ED staff Parents	Ongoing	Child's File/log IEP/IFSP Child Plus
1308.19(d)	(d) If Head Start develops the IEP, the IEP must take into account the child's unique needs, strengths, developmental potential and the family	Head Start is part of multidisciplinary team. If Head Start develops the IEP/IFSP, the unique needs, strengths, developmental potential and the family	<u>Disabilities</u> Dis. Coord. Ed. Staff Ed. Mgr.	As Needed	Child's File/log IEP/IFSP

	strengths and circumstances as well as the child’s disabilities.	strengths and circumstances as well as the child’s disabilities will be taken into consideration as well as state approved evaluation procedures, assessment tools and protocols.	H & S Nutrition MHS		
1308.19(e) (1)(2)(3)(4) (5)(6)(7)(8)	(e) The IEP must include:				
	(1) A statement of the child’s present level of functioning in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming.	The IEP includes statements of: <ol style="list-style-type: none"> 1. The child’s present level of functioning and the identification of need requiring specific programs. 2. Annual goals and objectives. 3. Services provided including transition. 4. Specific special education services to be provided. 5. Identifying personnel responsible for services. 6. Dates for initiation and duration of services. 7. Objective criteria and evaluation procedures to determine at least annually whether short-term objectives are met or need to be revised. 8. Family goals and objectives. 9. Implementation of the IEP must be as soon as possible after the IEP meeting. 	<u>SPOC/LEA</u> <u>Disabilities</u> Dis. Coord. Service Provider	Updated Annually or as Requested	IEP
	(2) A statement of annual goals, including short term objectives for meeting these goals.	The Education Staff, with the help of the Disabilities/Transition Specialist, will incorporate short term objectives in to their lesson plans to meet the annual IEP/IFSP goals.	<u>Disabilities</u> <u>HBES</u> <u>Ed. Staff</u>	Ongoing	Lesson Plans Child’s File IEP/IFSP Inkind Portfolio

	<p>(3) A statement of services to be provided by each Head Start component that are in addition to those services provided for all Head Start children, including transition services.</p>	<p>Additional services for children on an IEP/IFSP include transition into special services. Teachers will incorporate IEP/IFSP goals into the daily lesson plan. Parents will have inkind activities to address goals and objectives on the IEP/IFSP.</p>	<p><u>Disabilities</u> <u>Ed. Mgr.</u> <u>MH</u> <u>Ed. Staff</u></p>	<p>Ongoing</p>	<p>Lesson Plans Child's File IEP/IFSP Transition Plan</p>
	<p>(4) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This included services provided by other agencies and non-Head Start professionals.</p>	<p>Head Start will cooperate with the LEA/SPOC to carry out the IEPIFSP goals. The Educational and Disabilities/Transition Specialist meet with the educational staff to determine goals.</p>	<p><u>Disabilities</u> <u>Ed. Mgr.</u> <u>MH</u> <u>Ed. Staff</u></p>	<p>Ongoing</p>	<p>Lesson Plans Child's File/log IEP/IFSP Inkind</p>
	<p>(5) The identification of the personnel responsible for the planning and supervision of services and for the delivery of services.</p>	<p>The IEP/IFSP will state specific education services to be provided and will identify the personnel responsible.</p>	<p><u>Disabilities</u> LEA</p>	<p>IEP meeting Annually IFSP meeting 6 months</p>	<p>Child's File/log IEP/IFSP Special Needs Inkind</p>
	<p>(6) The projected dates for initiation of services and the anticipated duration of services.</p>	<p>The IEP/IFSP will be implemented as soon as possible after the IEP/IFSP meeting with review at least annually, and 6 months.</p>	<p><u>Disabilities</u> LEA</p>	<p>IEP meeting Annually IFSP meeting 6 months</p>	<p>Child's File/log IEP/IFSP</p>
	<p>(7) A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.</p>	<p>The IEP/IFSP team will meet annually/(6 months for IFSP) to determine whether short-term objectives are met or need to be revised, according to objective criteria and evaluation.</p>	<p><u>Disabilities</u> LEA</p>	<p>Ongoing</p>	<p>Child's File/log IEP/IFSP</p>
	<p>(8) Family goals and objectives related to the child's disabilities when they are essential to the child's progress.</p>	<p>Follow up communication is done through phone contacts, home visits, and written documents. Inkind</p>	<p><u>Disabilities</u> <u>FCP</u> <u>Ed. Mgr.</u></p>	<p>Ongoing</p>	<p>Child's File Staffing Form FPA</p>

		activities will be sent home so the family can address the IEP goals.	<u>Ed. Staff</u>		
1308.19(f) (1)(2)(3)(4)	(f) When Head Start develops the IEP, the team must include:	If Head Start develops the IEP, the team will include:			
	(1) The Head Start disabilities coordinator or a representative who is qualified to provide or supervise the provision of special education services;	The Head Start disabilities coordinator or a representative who is qualified to provide or supervise the provision of special education services;	<u>Disabilities</u>	Ongoing	Child's file/log IEP Evaluation Results
	(2) The child's teacher or home visitor;	The child's teacher or home visitor;	<u>Disabilities</u>	Ongoing	IEP/IFSP Child's File/log Evaluation Results
	(3) One or both of the child's parents or guardians; and	One or both of the child's parents or guardians; and	<u>Disabilities</u>	Ongoing	IEP/IFSP Child's File/log Evaluation Results
	(4) At least one of the professional members of the multidisciplinary team which evaluated the child.	At least one of the professional members of the multidisciplinary team which evaluated the child.	<u>Disabilities</u>	Ongoing	IEP/IFSP Child's File/log Evaluation Results
1308.19(g)	(g) An LEA representative must be invited in writing if Head Star is initiating the request for a meeting.	An LEA representative must be invited in writing if Head Star is initiating the request for a meeting..	<u>Disabilities</u>	Ongoing	IEP/IFSP Child's File/log Evaluation Results
1308.19(h)	(h) The grantee may also invite other individuals at the request of the parents and other individuals at the discretion of the Head Start program, including those component staff particularly involved due to the nature of the child's disability.	Other individuals at the request of the parents and other individuals at the discretion of the Head Start program, including those component staff particularly involved due to the nature of the child's disability.	<u>Disabilities</u>	Ongoing	Child's file/log IEP Evaluation Results
1308.19(i)	(i) A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related	A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related	<u>Disabilities</u>	Ongoing	Child's file/log IEP Evaluation Results

	services. Services must begin as soon as possible after the development of the IEP.	services. Services must begin as soon as possible after the development of the IEP..			
1308.19(j) (1)(2)(3)(4)	(j) Grantees and their delegates must make vigorous efforts to involve parents in the IEP process. The grantee must:				
	(1) Notify parents in writing and, if necessary, also verbally or by other appropriate means of the purpose, attendees, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate;	Head Start, LEA and State Regulations will ensure that IEP meetings are held within 30 calendar days from completion of diagnosis. After IEP, notification is given far enough in advance so parents can participate in the meeting, remind them by a phone call, a note in the partner pouch or by home visit. Assure that all parental consent procedures are in place. Head Start and the LEA will assure that the IEP be implemented as soon as possible after the IEP meeting.	<u>Disabilities</u> Dis. Coord. <u>LEA</u> ED staff	Ongoing	Performance Standards State Requirements Child’s File/log IEP/IFSP Child plus logs
	(2) Make every effort to assure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child’s program;	Providing parents with information on disabling conditions. Provide parent rights before meeting. Suggestion on what to ask about in IEP meetings.	<u>Disabilities</u> Dis. Coord. ED staff	Ongoing	Lesson Plans Newsletter IEP suggestion form Parent rights
	(3) Provide interpreters, if needed, and offer the parents a copy of the IEP in the parents’ language of understanding after it has been signed;	Interpreters will be provided by Head Start if needed. Offer the parents a copy of the IEP in the parent’s language of understanding after it has been signed.	<u>Disabilities</u> <u>Pro. Dir</u> Interpreter	Ongoing	Child plus log Performance Standards IEP/IFSP
	4) Hold the meeting without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation. In that case, document	Every effort, including transportation to the IEP meeting, home visits to explain referral and evaluation, transition and training, will be given to the parents whose child has a disability. If they are	<u>Disabilities</u> <u>FCP</u> <u>Ed. Staff</u> <u>SPOC/LEA</u> <u>All Staff</u>	Ongoing	Child’s File/log Monthly Reports Job Descriptions Performance Standards

	<p>its efforts to secure the parents’ participation, through records of phone calls, letters in the parents’ native language or visits to parents’ homes or places of work, along with any responses or results; and arrange an opportunity to meet with the parents to review the results of the meeting and secure their input and signature.</p>	<p>unable to attend the meeting the Disability Specialist will arrange an opportunity to review the results of the meeting and secure the parents signature. Head Start will assure parent involvement in each step of the diagnostic and IEP process, make every effort to assure that parents understand the purpose and proceedings of the IEP process and are given a chance to have input; Provide follow-up assistance and activities to reinforce program activities at home; Inform parents of their rights under IDEA; Inform parents of resources that may be available to them from the Supplemental Security Income (SSI) program, the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program Family Support System and the SPOC in there area and assist them with initial efforts to access such resources; Help parents to join support groups made up of parents of children with similar disabilities who can provide helpful peer support; Recognize needs (caused by the disability) of siblings and other family members; Provide information in order to prevent disabilities among younger siblings; Build parent confidence, skill and knowledge in accessing resources and advocating meeting the specific needs of their children; Provide information from Parent Resource Library to support IEP; Provide specific training</p>			<p>IEP/IFSP Lesson Plans Community Resource book Newsletter Screening Parent Library Training Log</p>
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		<p>on disabling conditions for individual teaching teams; Schedule workshops for staff and parents; Use parents as resource people; Be available to staff and parents for consultation; Act as a liaison between parents, staff and professionals; Participate in local, state and regional disability training.</p>			
<p>1308.19(k)</p>	<p>(k) Grantees must initiate the implementation of the IEP as soon as possible after the IEP meeting by modifying the child’s program in accordance with the IEP and arranging for the provision of related services. If a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance.</p>	<p>Assure parent involvement in each step of the diagnostic and IEP process; Ensure that children entering Head Start with an IEP completed 2 months prior to entry receive services within the first 2 weeks of program attendance; Ensure that various components coordinate and collaborate on services specified in the IEP; Establish procedure for record keeping of child’s progress and timely review of the IEP; Periodically evaluate the IEP process and forms and revise as needed; Identify resources in Head Start and community that can provide appropriate special education and related services, including transportation, to children with disabilities; Specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for provide, or procure services which may include but are not limited to special education and these related services: audio logical services, physical therapy, occupational therapy, speech or language services,</p>	<p>Disabilities SPOC/LEA Ed. Staff FCP H & S Directors</p>	<p>Ongoing</p>	<p>IEP/IFSP Child plus log Performance Standards State Requirements Staffing Notes Lesson plans Work Plans Interagency Agreements State Legislation</p>

		<p>psychological services, transportation service, assistive technology services, special equipment and materials; Determine procedures for purchase of services as needed; Develop documentation systems to determine services are being provided; Develop procedures for scheduling related services; Address grantee efforts to meet state standards for personnel serving children with disabilities. Special education and related services must be provided by or under the supervision of personnel meeting state qualifications; Assure that nutrition services are provided as needed.</p>			
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1308.20 Nutrition services

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.20(a)	(a) The disabilities coordinator must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.	<p>Disabilities Specialist and Nutrition Specialist will work together to ensure that provisions to meet special needs are incorporated into the nutrition program. Nutrition history is obtained at enrollment and information is used to identify nutritional needs. Nutritional assessment data is obtained from physical exam WIC or on site assessments. Disabilities Coordinator supervises snack time for children who have reduction in class time.</p>	<u>Nutrition</u> Disabilities Ed. Staff	Ongoing	Child Plus log Nutrition History Job Description
1308.20(b)	(b) Appropriate professionals, such as physical therapists, speech therapists,	A doctor's order is obtained and adjustments are made to accommodate	<u>Nutrition</u> <u>Disabilities</u>	Ongoing	Child Plus Log IEP/IFSP

	occupational therapists, nutritionists or dietitians must be consulted on ways to assist Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves.	medically based diets. Adjustments are made in menus and food preparation to meet special dietary needs. Service providers will help train staff with children with problems of chewing, swallowing or feeding themselves.	LEA Service Providers Parents		Nutrition History Doctors Report
1308.20(c)	(c) The plan for services for children with disabilities must include activities to help children with disabilities participate in meal and snack times with classmates.	Children are involved in food related activities appropriate for their age including table setting, preparation of snack, etc. Parents are provided information on available nutrition skills training and invited to assist with food preparation in classroom activities.	<u>Nutrition Ed. Staff</u> LEA Service Provider	Ongoing	Child Plus log IEP/IFSP
1308.20(d)	(d) The plan for services for children with disabilities must address prevention of disabilities with a nutrition basis.	A doctor's order is obtained and adjustments are made to accommodate medically based diets.	<u>Nutrition Ed. Staff</u>	As needed	Child's File Nutrition History Doctor's order

1308.20 Parent participation and transition of children into Head Start and from Head Start to public school

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1308.21(a) (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)	(a) In addition to the many references to working with parents throughout these standards, the staff must carry out the following tasks:				
	(1) Support parents of children with disabilities entering from infant/toddler programs.	Plan smooth transition of children with disabilities into Head Start and from Head Start to the next placement, identify agencies/programs serving infants and toddlers and establish ongoing communication regarding procedure for transition of children with disabilities into Head Start, Develop joint written plans for transition with both infant/toddler	<u>Disabilities Ed. Staff</u> <u>SPOC/LEA</u>	Ongoing	Child Plus Newsletter Transition Plan Parent Meetings Monthly Reports IEP/IFSP

		<p>programs (transition into Head Start) an LEA's (transition from Head Start, as part of Interagency Agreements), establish procedures for exchange of information and transfer of agency records with parent consent, insure parents receive copies of relevant information from agency records, conduct trainings with parents and various agency staff to inform them about various program characteristics, expectations, staffing patterns and timeliness, arrange for mutual visits by staff to each others facilities, arrange for parents and child to visit the next program placement prior to attendance, prepare program summaries which include child strengths, needs, suggest appropriate strategies and document child progress, periodically evaluate transition process and revise as needed.</p>			
	<p>(2) Provide information to parents on how to foster the development of their child with disabilities.</p>	<p>Provide information about Parent Connection, AEYC, Local Collaborative Training, State Head Start, and Region VIII Training Specialist. Provisions may have to be made for training, tutors, aids, volunteers and parents. Individualize training as needs arise for staff or parents.</p>	<p><u>Disabilities</u> H & S MH Ed. Staff H & S</p>	<p>Ongoing As needed</p>	<p>Community Resource Book Child's File/log Training File Information sheet on Resources available to parents with a child with a disability Lesson plans</p>
	<p>(3) Provide opportunities for parents to observe large group, small group and individual activities described in their child's IEP.</p>	<p>Invite parents to the classroom to observe how the curriculum is Individualized to meet each child's needs. At the IEP/IFSP meeting parents</p>	<p><u>Disabilities</u> <u>Ed. Staff</u> Service provider parent</p>	<p>Ongoing</p>	<p>Newsletter Child's Plus Lesson plan IEP/IFSP</p>

		are encouraged to visit the classroom. On the IFSP parents are encouraged to work with their child while the service provider is in their home.			
	(4) Provide follow-up assistance and activities to reinforce program activities at home.	Send home activities derived from child’s IEP for parents to work on with their children. Encourage parents to be their child’s “first teacher.”	<u>Disabilities</u> <u>Ed. Staff</u>	Monthly	Child Plus log Inkind
	(5) Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.	Help parents understand the value of early assistance and acquaint them with support groups. Identify and arrange the necessary support to carry out training for parent and staff. Inform parents of resources available to them and help them access them through personal contact or partner pouch.	<u>Disabilities</u> H & S FCP MH SPOC/LEA	Ongoing As needed	Community Resource Book Newsletter Child’s File/log Parent Meetings Parent Connection address for support groups
	(6) Inform parents of their rights under IDEA.	Help the parents to become advocates for their children by giving them their parent’s rights. Give address of parent connection, so they can get a book on what parents should know about Special Education.	<u>Disabilities</u> H & S <u>Directors</u> <u>SPOC/LEA</u> <u>MH</u>	Ongoing As needed	Parent Library Support Systems Child plus Parent Connection address Interagency Agreements
	(7) Inform parents of resources which may be available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and other sources and assist them with initial efforts to access such resources.	The staff of Head Start will assist parents in accessing resources when the staff becomes aware of their needs. Referring parents to mental Health or other support agency. Resource sharing. Inform parents of resources that may be available to them from the Supplemental Security Income (SSI) program, the Early and Periodic	<u>Disabilities</u> FCP H & S MH Ed. Staff	Ongoing	Monthly reports Child plus log Mental Health tracking Community Resource Book Parent Library Newsletter

		Screening Diagnosis and Treatment (EPSDT) program Family Support System and the SPOC/LEA in their area and assist them with initial efforts to access such resources.			
	(8) Identify needs (caused by the disability) of siblings and other family members.	Ensure that those doing Home Visits do not overlook possible disabilities among younger siblings and that they are referred for early evaluation and preventative action. Learning to observe signs that could indicate delays or problems. For example, hearing loss, visual problems, speech and language delays and emotional problems. Provide information to families in order to prevent disabilities among younger siblings. Refer parents to other parents with children with similar disabilities who can provide helpful peer support.	<u>Disabilities</u> H & S Ed. Staff SPOC/LEA FCP	Ongoing	Screening Newsletter Child Plus Lesson Plan Parent Meetings Parent Library Early Signs of Autism Milestone chart
	(9) Provide information in order to prevent disabilities among younger siblings.	Head Start participation in Child Find. Head Start will provide information on developmental delays to parents. Cooperative screening with outlying counties. Both 0-3 and 3-5 programs will identify children with disabilities.	<u>Disabilities</u> H & S <u>SPOC/LEA</u> <u>Directors</u>	Monthly As needed	Child's File/log Parent Information Newsletter Lesson Plans Interagency Agreements Parent Meetings
	(10) Build parent confidence, skill and knowledge in accessing resources and advocating to meet the special needs of their children.	Providing (through individual instruction or group classes) information and support on/in parenting. Joint training of staff and parents. Sharing all screening, assessment and diagnostic information obtained on children either at home visits or at Head Start. Follow up	<u>Disabilities</u> H & S MH Ed. Staff LEA	Ongoing	Community Resource Book Training File Newsletter Parent Meeting Child Plus log Contact Notes IEP/IFSP

		<p>communication with parents is done through phone contacts, home visits and written documentation. Provide information from Parent Resource Library to support IEP/IFSP. Consultation will be initiated by the D/TS and H & S for medical needs related to the IEP/IFSP. Provide information about workshops and teleconferences that Parent Connection and South Dakota Special Education put on during the year.</p>			<p>Parent Connection address</p>
<p>1308.21(b)</p>	<p>(b) Grantees must plan to assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year.</p>	<p>At acceptance give parents a list of activities they can do with their child to help them adjust to attending Head Start. Develop newsletter with information on school activities, developmentally appropriate activities, kindergarten expectation, health needs, and parents meeting. At initial home visit, provide information for staff to review transition to Head Start with parent. Preparing children for and involving children in transition experiences by:</p> <ul style="list-style-type: none"> a) Sharing program information with kindergarten teachers; <p>Develop ongoing connection with home and past settings i.e. Preschool, childcare. Build on past experiences from home or previous setting by talking about care provider, by learning child’s favorites and by encouraging the child to keep in touch with past providers</p>	<p><u>Disabilities</u> FCP Ed. Staff H & S MH</p>	<p>Ongoing Enrollment Spring</p>	<p>Transition booklets Enrollment packets Newsletter Parent Meeting Minutes Lesson Plan Child Plus Developmental Checklist</p>

<p>1308.21(c)</p>	<p>(c) Head Start grantees, in cooperation with the child’s parents, must notify the school of the child’s planned enrollment prior to the date of enrollment.</p>	<p>Transition Plans will be filled out 6 months before their 3rd birthday and for all Head Start Children (3,4, &5 year old). On the Transition Plan parents give Head Start permission to send information to next child’s next placement. The eligible Kindergarten children’s name and address are sent to the child’s Elementary School. Hold parent meeting to provide information for parents on public school activities with kindergarten teacher. Encourage parents to attend kindergarten information nights in local school districts. Encourage parents to attend school orientations to discuss transition. Encourage parents and child to visit schools where child will attend. Arrange kindergarten visitations for children moving on and discuss what is the same and different from Head Start. Send out thank you notes to classrooms visited. At enrollment, a transition booklet is given “Starting Your Child in Preschool”. Kindergarten children will receive a folder of transition items:</p> <ul style="list-style-type: none"> a. A folder to help parents organize important papers. b. The book telling what Kindergarten will be like. 	<p>Dis. Coord. Ed. Staff LEA Kindergarten Teachers</p>	<p>Spring Ongoing</p>	<p>Parent Meeting Brochures Newsletters Reminders Lesson Plans Kindergarten Eligible child chart Transition Plan Child Plus</p>
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