



Welcome to The Alliance for Infants and Toddlers, Inc.

Our staff act as Service Coordinators for families whose children are eligible for Early Intervention services from birth to their third birthday. We are here to help you participate fully in planning and decision making for your child as you enter the Early Intervention system. We will provide you with information about child and family services and your rights in the Early Intervention system. The Alliance is a family centered program, here to offer you helpful information and emotional support while respecting your family's choices and decisions.

We hope that this handbook will help you better understand Early Intervention services. This is only a guide to services and is not meant to replace contact with Alliance staff. We are here to help! Please feel free to call on us often.

(412) 885-6000

Please check out our website to find information about our programs and services, including a copy of this Family Handbook.





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What is Early Intervention?

Early Intervention in Pennsylvania consists of services and supports designed to help families with children with developmental delays. Early Intervention builds upon the natural learning occurring in those first few years. It is a process that promotes collaboration among parents, service providers, and others significantly involved with your child. With your help, Early Intervention services and supports can enhance your child's development by....

- Answering your questions about your child's development
- Enhancing your capacity to meet the developmental needs of your child throughout daily routines at home and in the community
- Enhancing your child's developmental and educational growth
- Supporting your child to become more independent
- Building your child's potential for future outcomes
- Supporting communities to become more aware of the gifts and abilities of all children

Eligibility:

- Children who have a diagnosis or condition that has a high probability of leading to developmental delay
 - Children who score 1.5 standard deviation below the mean or who have an identified 25% delay in one or more areas of development (Cognitive, Communication, Physical Development, Social/Emotional and Adaptive)
 - Children who are eligible through use of informed clinical opinion. Informed clinical opinion is used when there are no available standardized measures or the standardized measures are not appropriate for a child's chronological age or developmental area. It may be used for difficult-to-measure aspects of a child's development
-
- Some children may not qualify for services using the above criteria. However, children who are "at-risk" for developmental delays are eligible for developmental monitoring. Children who qualify for developmental monitoring include the following:
 - Children whose birth weight was under 3 pounds 5 ounces (1500 grams)
 - Children who were cared for in the hospital Neonatal Intensive Care Unit (NICU)
 - Children who were prenatally exposed to drugs or alcohol
 - Children who are involved with Children, Youth and Families (CYF) due to serious abuse or neglect and/or out of home placement
 - Children who have a confirmed elevated lead level, as set by the Department of Health
 - Children who are experiencing homelessness as defined by the Act 143 amendment to Pennsylvania Act 212, The Early Intervention Services System Act

Any child in Allegheny County who is under three years of age is eligible to have a screening and/or a Multi-Disciplinary Evaluation, even if they do not fall into any of the above categories.





Principles of Family Centered Services

The following principles have been adopted by the Commonwealth of Pennsylvania to serve as a guide for all agencies funded to provide Early Intervention services.

- Celebrate all children and their families.
- Recognize that families are the constant in a child's life, which means they know their child best.
- Recognize that each child and family is unique by honoring their beliefs and cultural, linguistic, racial and socioeconomic diversity.
- Share with parents, on a continuing basis and in a supportive manner, complete and unbiased information.
- Recognize and value family strengths.
- Honor family priorities.
- Recognize and value families' dreams for their children.
- Respect choices and decisions made by families, thus maximizing the family's control over the supports and services they receive.
- Respect a family's right to accept or decline supports and services.
- Respect a family's different methods of coping with life's events.
- Provide a range of options which are flexible and can be adapted to meet the unique needs of the child and family.

Pennsylvania's Learning Standards for Early Childhood

Early Childhood Learning Standards describe developmental guidelines for young children. The Standards outline key learning areas and guiding principles for the education of young children. For more detailed information on Pennsylvania's Learning Standards for Early Childhood, see: www.pakeys.org Special Initiatives PA Early Learning Standards





Publicly Funded Early Intervention

How It Works . . .

Referral

A call can be made directly by a parent. A hospital, NICU, physician, county health department or others may also refer a child. In this instance, however, the parent is contacted before the referral goes forward.



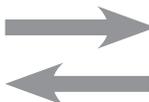
Family Interview

A family will be introduced to the Early Intervention process by an Alliance Service Coordinator who will interview them at home or a place convenient to the family. An observation, a parent questionnaire and/or a developmental screening tool regarding the child's development may be completed at this time.



Developmental Tracking

Ongoing developmental monitoring/tracking may be recommended. Details may be found in the "Developmental Tracking" section.



Evaluation

An evaluation may be recommended to determine if your child is eligible for services.



Planning

If a child is eligible, a meeting with the parents and the Early Intervention team is held to plan what services will be most helpful to the child and family.



Ongoing Services

Services for the child and family continue with periodic review and/or evaluation.

This chart is to help you understand the Early Intervention process. Your Service Coordinator will assist you as you go through this process, step by step. If you have any questions or concerns during your Early Intervention experience, feel free to contact your Service Coordinator. Please note: A family may accept or decline services from The Alliance at any point in the Early Intervention process described here.





Publicly Funded Early Intervention in Allegheny County

Infant/Toddler Services

- Are available for eligible children from the time of birth until their third birthday.
- Are funded by the Pennsylvania Department of Human Services/Office of Child Development and Early Learning through Allegheny County's Department of Human Services.
- Are funded, in part, by Medical Assistance and the Infant, Toddler and Family Medicaid waiver (ITF) for children who qualify.
- Are provided at no cost to the family.
- Are provided through county contracts with a selected group of community agencies that are knowledgeable about very young children and families.

Families of children who receive infant/toddler services will be helped in entering their child in preschool services at age three, if appropriate. Service Coordination through The Alliance ends at the child's third birthday.

Preschool Services

- Are available for eligible children from their third birthday until the age of beginners.
- Are funded by the Pennsylvania Department of Education.
- Are provided locally by The Allegheny Intermediate Unit/Preschool Early Intervention Program, Pittsburgh Public Schools/Early Intervention, and selected community agencies.

Privately Funded Service Agencies

There are also a variety of other agencies in Allegheny County experienced in providing services to young children. As a parent, you may wish to explore the services offered by these agencies. Many of these services may be covered by your medical insurance, Medical Assistance or special arrangements with the agency. If you are interested, your Service Coordinator can provide you with information about these services.





Early Intervention

FEDERAL GOVERNMENT

IDEIA (Individuals with Disabilities Education Improvement Act)
Early Intervention program for infants and toddlers with disabilities
Federal Law, Funding



COMMONWEALTH of PENNSYLVANIA

Act 212
PA EI Law, Regulation, Funding



PA Dept of Human Services
Birth to Three Years

Office of Child Development & Early Learning (OCDEL)
Regulation, Monitoring, Funding

PA Dept of Education
Three to Five Years



Pittsburgh Public Schools
Early Intervention
Three to Five Years

Allegheny County Department of Human Services
Birth to Three Years
Contracts with EI Service Coordination
Contracts with EI provider agencies
Manages annual budgeting, monitoring, training

Allegheny Intermediate Unit
Preschool Early Intervention
Three to Five Years



The Alliance for Infants and Toddlers, Inc

Entry point for EI services/supports through Allegheny County Service Coordination
State EI reporting system for Allegheny County
Allegheny County service contract management for evaluators providing
Independent Evaluation and Assessment

Early Intervention Provider Agencies in Allegheny County

Services may include: Special Instruction/Developmental Therapy, Physical Therapy, Occupational Therapy, Speech Therapy, Vision & Hearing Services, Social Work, and ongoing assessments





Service Coordination

In order to ensure that each eligible child and family receives the services to which they are entitled, federal law requires a Service Coordinator for every family. The Alliance for Infants and Toddlers, Inc. is contracted to provide Service Coordination for families and children receiving infant and toddler services in Allegheny County. Service Coordinators with a wide variety of backgrounds and experience are available to help your child and family.

Service Coordinators have many roles and responsibilities. Some of those are listed below:

- Explain how the Early Intervention system works
- Screen and track children who are at-risk for developmental delays
- Coordinate and monitor the delivery of Early Intervention services
- Coordinate initial and ongoing evaluations and assessments of your child
- Facilitate and participate in the development, implementation, and reviews of your Individualized Family Service Plan (IFSP)
- Monitor your child's developmental progress and outcomes
- Inform you of your rights and procedural safeguards in Early Intervention, as well as the availability of advocacy services
- Assist you in managing medical and health services your child needs or is receiving
- Inform you of community resources that may benefit you and your family, including local support groups, parent networks, and opportunities to participate in community activities and events with other children and families
- Help your child transition into community supports, services, and programs when appropriate

Service Coordination is designed to meet the individual needs of your child and family. If you have any concerns or questions about your services, contact your Service Coordinator. If you would like to discuss changing your Service Coordinator, please contact The Alliance for Infants and Toddlers, Inc. at (412) 885-6000 and ask to speak to a supervisor.





Service Coordination Health and Cancellation Guidelines

We all need to work together to help keep everyone healthy and prevent the spread of illness.

For this reason, Service Coordinators from The Alliance take the following precautions:

- Washing our hands in your home (or using hand sanitizer) before handling your baby/child.
- Cleaning our toys prior to bringing them into your home.
- Cancelling the appointment if we are ill.

If your Service Coordinator is ill, your appointment will be cancelled and rescheduled in a timely manner.

The Alliance asks that you cancel your appointment if your child or a family member has a contagious illness, is showing flu like symptoms or has a fever over 100 degrees. As a courtesy, please inform any EI team member if you or anyone in your family has a contagious infection or condition so that the appropriate precautions can be taken to protect your family, other families and the EI team. Some examples of these conditions include MRSA, pink eye (conjunctivitis), head lice and bed bugs.

If a Service Coordinator arrives for an appointment and there is a contagious condition in the home, they may ask to reschedule the appointment for a time when your family is healthy. Our goal is to protect the health of all children and families.





Parent Support

Sometimes parents feel overwhelmed, angry, sad, or anxious when learning that their child may need Early Intervention services. It can be a very stressful and confusing time for families. In addition to talking to professionals about these feelings, many families have found talking to other families to be helpful. Being in touch with other families provides an opportunity to get to know others who understand your situation and know what you're going through. If you would like to talk with other parents or find online support, the following may be helpful:

<p>Parent to Parent – Statewide 1-888-727-2706 parenttoparent.org</p>	<p>Connects families and friends of children and adults with special needs statewide so they may share experiences and offer practical information and/or advice. One-to-one or group support is available.</p>
<p>PA 2-1-1 Southwest Call 2-1-1 or 1-888-553-5778 http://pa211sw.org</p>	<p>Provides free and confidential information and referral. Call 2-1-1 or 1-888-553-5778 for help with food, housing, employment, health care, counseling and more. Call to speak with a trained information specialist 24 hours a day, 7 days a week.</p>
<p>Re:solve Crisis Services 1-888-7-YOU CAN 1-888-796-8226 https://www.upmc.com/services/behavioral-health/resolve-crisis-services</p>	<p>Provides round-the-clock mental health crisis intervention and stabilization services for residents of Allegheny County. The first step to feeling relief starts with picking up the phone and making the call: any day, any time, for any reason. Contact Re:solve Crisis Services 24 hours a day, 365 days a year and speak with a trained counselor. Interpreters are available on request.</p>
<p>Special Kids Network 1-800-986-4550</p>	<p>Provides information locally and statewide about services, resources and support for families of children with chronic health or disabling conditions.</p>





Parent Support

<p>ACHIEVA Family Support 412-995-5000 x486 www.achieva.info</p>	<p>Offers advocacy, information and technical assistance on the following issues: early intervention, education, government benefits, transition to adult services, residential and vocational services. Hosts trainings and webinars for families, people with disabilities and professionals on disability-related topics.</p>
<p>Autism Connection of Pennsylvania 412-781-4116 www.autismofpa.org</p>	<p>Provides a lifeline for families and individuals affected by autism through education, advocacy and support. Professional staff are experienced parents who provide telephone support, weekly autism news, autism-friendly activities, workshops/conferences, and more than 63 support groups across Pennsylvania.</p>
<p>Children's Hospital of Pittsburgh Clinical Social Work Dept. 412-692-5255</p>	<p>Refers you to a support group for a specific medical or neurological diagnosis.</p>
<p>Compassionate Friends Pittsburgh Chapter 412-835-1105 www.tcfpittsburgh.org</p>	<p>Offers friendship and understanding to families who are grieving the loss of a child of any age from any cause including miscarriage, infant death or Sudden Infant Death Syndrome (SIDS). Supports include home meetings, individual support, educational meetings and a newsletter.</p>
<p>Down Syndrome Association of Pittsburgh 412-997-2297 www.dsapgh.org</p>	<p>Provides information, support groups, a newsletter and help in locating community services and resources to families whose children have been diagnosed with Down syndrome.</p>
<p>The National Suicide Prevention Lifeline 9-8-8 or 1-800-273-8255</p>	<p>The National Suicide Prevention Lifeline provides free and confidential support to people in emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is made up of a network of over 180 independently owned and operated local centers.</p>





COMMUNITY AND LEGAL RESOURCE CHECKLIST

Listed below is a checklist of information/resources your Service Coordinator is able to provide. Please note this list does not include every resource available. If there are supports/needs you may have that are not on the list, ask your Service Coordinator and s/he can follow up on this for you.

CHILD CARE

- Early Learning Resource Center
- Local Child Care
- A Parent's Guide to Choosing Quality Child Care
- Subsidized Child Care Information
- Other _____

CHILD DEVELOPMENT

- Activities
- Developmental Information Specify: _____
- Parenting Classes
- Toilet Training
- Other _____

DISCHARGE/TRANSITION

General

- AIU PEI/PPS flyer for free future screenings
- AIU PEI/PPS letter for future self-referral for children currently not eligible/interested
- Lists of Private Providers Hearing OT PT SLT Vision
- Diaper Resources for Special Needs Children at Age 3
- "So Many Goodbyes" pamphlet

Preschool Information

- Head Start
- Pre K
- Private Preschools
- Preschool Readiness

3-5 Early Intervention

- BH Referral Packet
- Office of Developmental Support Information
- Pennsylvania Parent Guide to Special Education
- Education Law Center's Parent Guide to Special Education
- Special Education ConsultLine
- Understanding the Language of Special Education: A Glossary for Parents
- Extended School Year Services in Pennsylvania

FINANCES

- Life Cycle series-from Birth through Childhood...Tax Benefits and Credits
- Financial Assistance/Basic Needs/Crisis Specify: _____
- Funding Resources Medical Housing
- SSI – Supplemental Security Income Adult Child
- Other _____

HEALTH/THERAPY

- Assistive Technology
- Bed Bugs
- Breastfeeding Information and Support
- Dental Information and care of teeth Dentist
- Depression During & After Pregnancy booklet
- Diagnosis Specify: _____
- Immunization Schedule
- Lead Poisoning Information





- Lice
- My Plate (nutrition chart)
- Pediatrician/Specialist Specify: _____
- Lists of Private Providers Hearing OT PT SLT Vision
- Smoking Cessation Information

INSURANCE

- Medical Assistance Adult Child
- CHIP (Children’s Health Insurance Program) brochure application
- Resources for the Underinsured or Uninsured
- Other _____

LEGAL

- Copy of Voter Registration Information
- Copy of IDEA Part C – The Individuals with Disabilities Education Act
- Copy of Pennsylvania Act 212 – Early Intervention Services System Act
- Copy of Pennsylvania Early Intervention Regulations
- Copy of Mediation request form
- Copy of Due Process request form
- Copy of FERPA – Family Educational Rights and Privacy Act
- Copy of Education Law Center’s “The Right to Special Education in Pennsylvania: A Guide for Parents and Advocates”
- Copy of Education Law Center’s “The Right to Early Intervention for Infants and Toddlers and Their Families in Pennsylvania: A Handbook for Parents”
- Legal Assistance Specify: _____

PLAY GROUPS/RECREATIONAL ACTIVITIES/STORY TIMES

- Story Times - Libraries, Bookstores, etc.
- Libraries
- Museums
- Recreation/Local Sports
- Parks
- Other _____

SAFETY

- Car Safety Seats Information
- Safety and Child-proofing Information
- Smoke detectors
- Other _____

SUPPORT

- Early Head Start
- Family Support Centers
- Support Groups Specify: _____
- Parent to Parent
- Grieving Families Kit
- Cancer Support
- Other _____

TANGIBLE GOODS

- Clothing
- Food
- WIC – Women, Infants & Children Program Flyer Application
- Other _____

UTILITIES/HOUSING

- Utility Assistance
- Housing resources
- Other _____





Local Interagency Coordinating Council

The Pittsburgh/Allegheny County Local Interagency Coordinating Council (LICC) is an advisory group that works to improve the delivery of Early Intervention services. The mission of the Pittsburgh/Allegheny County LICC is to promote the importance of families and young children within the EI system.

Parent members provide an important family perspective on issues that affect children and families in Early Intervention. Community service providers also participate, along with representatives from local agencies, such as Head Start, Parent to Parent, Allegheny Intermediate Unit (AIU), Pittsburgh Public Schools (PPS), and the Early Learning Resource Center (ELRC) Region 5.

There are several ways that you can participate in the LICC:

- Scan the QR below to stay up to date on upcoming meetings and events.
- Attend meetings or parent trainings held throughout the year.
- Take on a leadership role by becoming a parent co-chair.

Four meetings are held each year from September through June. For meeting dates and more information, scan the QR code below to access the LICC Eventbrite page. Any LICC correspondence can also be directed to Allegheny County at:

Pittsburgh/Allegheny County LICC
c/o Allegheny County OBH
Early Intervention
One Smithfield St.
Pittsburgh, PA 15222
412-350-3840





Developmental Tracking

Developmental Tracking may be considered when there are no current concerns for your child's development. If your child is not eligible for an Individualized Family Service Plan (IFSP), but meets the eligibility for "at-risk" development, you and your Service Coordinator may decide that Developmental Tracking best meets the needs of your child. This may occur when your child is initially referred to The Alliance, at the initial home visit or when your child no longer qualifies at a Multi-Disciplinary Evaluation (MDE).

Developmental Tracking may consist of:

- Monitoring your child's development in all areas: motor, communication, cognitive, social, behavioral, and self-help.
- Monitoring your child's physical growth through weighing and measuring.
- Providing parent education and support, including the identification, referral to, and coordination of community resources.
- Arranging further developmental evaluations/assessments at the parent's request.
- Assisting with information on preschool options at age three.

Eligibility:

Your child is eligible for Developmental Tracking if:

- Your child's birth weight was under 3 pounds 5 ounces (1500 grams).
- Your child had a medical condition at birth which required care in a Neonatal Intensive Care Unit (NICU).
- Your child was prenatally exposed to drugs or alcohol.
- Your child is involved with Children, Youth and Families due to serious abuse or neglect and/or out of home placement.
- Your child has a confirmed, elevated lead level, as set by the Department of Health.
- Your child is experiencing homelessness as defined by the Act 143 amendment to Pennsylvania Act 212, The Early Intervention Services System Act.

Any child who meets one or more of these risk categories would be eligible for periodic monitoring to ensure that they continue to make developmental progress.

Any child in Allegheny County who is under three years of age is eligible to have a screening and/or a Multi-Disciplinary Evaluation, even if they do not fall into any of the above categories.





Developmental Tracking Process

From Birth through 12 Months of Age

- Your child's development will be monitored in the home every 3 months.
- Your child's health needs will be monitored.
- Your child's growth can be monitored through weighing and measuring.
- An in-home monitoring visit may be requested at any time, if a concern arises.

From 12 through 24 Months of Age

- Your Service Coordinator will contact you every 3 months to continue to monitor your child's development.
- An in-home monitoring visit will be completed at 18 and 24 months of age.
- Your family will be sent a developmental questionnaire at 15 and 21 months for you to complete and return.
- Your Service Coordinator will review the completed questionnaire and contact you to share the results and/or recommendations.
- An in-home monitoring visit may be requested at any time, if a concern arises.

From 24 through 36 Months of Age

- Your Service Coordinator will contact you every 3 months to continue to monitor your child's development.
- An in-home monitoring visit will be completed at 30 months of age.
- Your family will be sent a developmental questionnaire at 27 and 33 months for you to complete and return.
- Your Service Coordinator will review the completed questionnaire and contact you to share the results and/or recommendations.
- Your child's final in-home monitoring visit will occur at 35 months.
- Your child will be discharged from our program on their third birthday.
- An in-home monitoring visit may be requested at any time prior to the third birthday, if a concern arises.





Developmental Tracking Tools

Developmental tracking tools compare your child's development to that of other children of the same age. They help to monitor a child's progress, to determine if further evaluation/assessment should be conducted, and to provide information about skills that your child may develop in the future. If your child was born prematurely, your Service Coordinator will talk with you about adjusting for prematurity when looking at your child's development. Your Service Coordinator will also review and explain the tool that is being used for your child. The tool(s) used to monitor your child's development include:

Ages & Stages Questionnaires (ASQ) – a set of questionnaires, designed for parent completion, to monitor gross motor, fine motor, communication, problem solving and personal-social skills.

Ages & Stages Questionnaires: Social-Emotional (ASQ:SE) – a set of questionnaires, designed for parent completion, that focus on social and emotional behavior.

Physical Growth Charts (Height and weight) – as appropriate

If concerns are identified at any time during Developmental Tracking, a child may be referred for a Multi-Disciplinary Evaluation (MDE) with parent's consent.





The Multi-Disciplinary Evaluation (MDE)

After The Alliance has received a referral, and a Service Coordinator has contacted you to discuss the Early Intervention System, a Multi-Disciplinary Evaluation (MDE) may be scheduled for your child. An MDE includes an assessment of your child's strengths and needs and is required to determine eligibility and to recommend Early Intervention services. Your Service Coordinator will assist you through this process.

As a family member, you will work as part of a Multi-Disciplinary Team (MDT) that includes individuals with different training backgrounds. In Allegheny County, the agencies who perform the MDE cannot also provide Early Intervention services. Therefore, they are called Independent Evaluators. You will determine, with assistance from your Service Coordinator, which professional(s) you want to be involved in the MDE process. According to regulation, the team must include interested family members, your Service Coordinator and at least one Early Intervention professional. These are some of the people who may be included on your team:

These are some of the people who may be included on your team and attend the evaluation:

- Developmental Therapists
- Speech and Language Pathologists
- Occupational Therapists
- Physical Therapists
- Nutritionists
- Hearing Specialists
- Vision Specialists
- A person familiar with your child's cultural or language background

The following individuals may provide input through other means:

- Audiologists
- Psychologists
- Social Workers
- Physicians
- Nurses
- Agency personnel who will work or have worked with your child





Who Are All These People?

Many types of professionals can be involved in your child's Early Intervention evaluation and services. In many cases, their areas of expertise overlap. Some of the specialists who may work with you and your child are listed below. Additional supports are available depending on the unique needs of your child and family.

Developmental Therapist/Special Instructor (DV)

This individual has a background in child development, and can work with your family to help your child achieve skills in a typical developmental order. They are able to assist children in the areas of physical skills, cognitive development, communication, social/emotional skills and adaptive skills.

Physical Therapist (PT)

This individual helps children with balance and movement and other activities that involve the large muscles of the body. They work on gross motor skills such as rolling, sitting, crawling and walking. A PT may also make recommendations for adaptive equipment.

Occupational Therapist (OT)

This individual assists children with fine motor skills which involve the small muscles of the body. These skills include reaching, grasping, picking up small objects and self-help skills such as self-feeding, dressing and hygiene. An OT may also be helpful with feeding difficulties that involve the small muscles of the face and mouth (oral-motor skills), developing skills involving eye-hand coordination and sensory-integration issues. An OT may also make recommendations for adaptive equipment.

Speech and Language Therapist (ST, SLT, SLP)

This individual helps children to increase their communication skills. They assist children who show significant language delay or hearing loss or who are having difficulty producing speech sounds. A speech therapist may also work with children who have oral-motor or feeding issues including the coordination of breathing, chewing and swallowing as well as tube-feedings and oral feedings.

Social Worker (SW, MSW)

This individual helps families in many ways. Based on your need, this can be for a short-term crisis or long-term intervention. The social worker can be someone to talk to and provide you with understanding and counseling. They can help you to express your feelings, such as fears and concerns about your family, child or self. They can assist you with building relationships and can also help with needs you may have about parenting, communication, decision-making and coping methods.





Who Are All These People?

Nutritionist (NT)

This individual counsels families on healthful eating and basic nutrition. They may also measure and monitor growth, assess current intake, determine current needs, address any GI concerns, develop modified diets, suggest any additional testing when necessary and manage tube feeding or TPN (Total Parenteral Nutrition). They will work with the family to address feeding concerns and link them with community resources for food and supplements.

Vision Specialist/Teacher of the Visually Impaired (VS, TVI)

This individual helps the family to understand the impact of their child's vision impairment on his or her development. Vision Specialists also help the family to understand all the available options that may be helpful to their child. They help to determine the child's use of visual field, functional acuity and eye-hand use. Vision Specialists recommend vision and multi-sensory accommodations and activities, including lighting needs, color/pattern/contrast strategies, and orientation and mobility considerations, to support functional vision in the home and community as well as overall development.

Hearing Specialist/Teacher of the Deaf and Hard of Hearing (HS, TOD)

This individual supports families in their understanding of what it means to be Deaf or Hard of Hearing and the impact of each child's hearing loss on his or her development. They help families to understand all of the available options that may be helpful to their child, including use of American Sign Language (ASL), Combined Communication Strategies, Auditory Oral and Auditory Verbal approaches. They can also assist families who are considering hearing aids, cochlear implants, amplification, and other current hearing and communication technology. They teach families to recognize how children try to communicate and ways to promote language, listening and learning in everyday routines. Hearing Specialists recommend hearing and multi-sensory accommodations and activities to support functional hearing in the home and community as well as overall development.





Multi-Disciplinary Evaluation

Your Family's Role in Your Child's MDE Process

Once you have determined who you want to be a part of the team, your Service Coordinator will arrange an MDE at a time and place that is convenient to you. Most MDEs occur in the child's home. Because you know your child best, families play an important part in this process. Some ways in which families can be helpful include:

- Setting aside 2 hours to complete the MDE. Please note that completing your child's service plan at the same time as the MDE will take more time.
- Having ready any written information from your doctors about a specific diagnosis your child may have. If your child does not have a diagnosis, having written information from your doctor about any concerns s/he may have.
- Helping the team choose the best time of day for your child to participate in the MDE.
- Dressing your child in comfortable clothing that can be easily removed.
- Having your child's favorite toys and snack available.
- Suggesting enjoyable activities for your child.
- Playing with your child during the MDE.
- Interpreting your child's responses for the team.
- Discussing what your child likes and dislikes.
- Letting the team know if your child's behavior during the MDE is the way s/he usually behaves at home.
- Sharing with the team your goals for your child and family.

The MDE Process

Most children will be evaluated using a team approach. This simply means that the family and other team members will gather together to make and record their observations about the child's behavior.

- Through play activities using simple toys, the evaluators will determine the developmental skills of your child.
- At the conclusion of the MDE, your child's strengths and needs will be discussed as well as your family's goals and priorities. Eligibility for specialized services will be determined at this time. This information will be documented in an **Evaluation Report (ER)**.
- If your child has been determined eligible for these services, arrangements will be discussed to develop your **Individualized Family Service Plan (IFSP)**.
- If your child is not eligible for an IFSP but meets the criteria for "at-risk" development, your Service Coordinator may refer you to the Developmental Tracking program with your permission.
- Activities will also be suggested for you to begin at home with your child.





Developmental Areas

Five areas of development are observed during the MDE in order to assess a child's strengths and needs and determine eligibility. Often these areas overlap one another.

COGNITIVE: This area deals generally with the ability to think. It may involve:

- Sensing
- Remembering
- Recognizing
- Understanding pictures and words
- Developing concepts
- Solving problems

COMMUNICATION: This area is also often referred to as speech and language. It overlaps the cognitive area and may involve:

- Communicating needs for feeding, diapering, etc.
- Exchanging ideas and information
- Understanding language
- Expressing oneself to others

PHYSICAL DEVELOPMENT: This area includes motor skills, vision, hearing and health.

- Gross motor skills are those that affect balance and movement and involve the larger muscles of the body needed for activities like crawling, walking, running and jumping.
- Fine motor skills are those that require the use of the smaller muscles of the body like those in the hands and arms. Examples of fine motor skills are reaching, grasping or using crayons.
- Vision screening includes responses to a variety of objects that are bright and dim, close and far, moving and still.
- Hearing screening includes responses to a variety of sounds including loud and soft, high pitch and low pitch, seen and unseen.
- Any health concerns, as noted by the family, team or medical professional, that may affect the child's development and involvement in Early Intervention are considered.

SOCIAL/EMOTIONAL: This area of development concerns interacting with other people.

Examples of skills in this area are:

- Playing with toys
- Engaging in social activities
- Showing feelings and appropriate behaviors

ADAPTIVE: This area of development includes skills that children learn in order to take care of themselves. Examples are:

- Holding a bottle
- Self-feeding with a spoon
- Dressing





MDE Tools

The tools listed below are commonly used during a Multi-Disciplinary Evaluation. Depending on the tool that is used, information may be gathered through structured activities with toys, parent interview, caregiver questionnaire and/or informal observation. Some tools may be more useful depending on your child's age and area of concern. Please be aware that if your child was born prematurely, your child's scores, compared to the scores of other children, will be based on chronological, not adjusted age. Your Service Coordinator can answer any questions regarding these tools and can arrange for the use of other assessments as appropriate.

Developmental Assessment of Young Children, 2nd Edition (DAYC-2) – examines skills in the following areas: cognitive, communication (receptive and expressive), social and emotional, physical development (gross motor and fine motor) and adaptive.

Battelle Developmental Inventory, 3rd Edition (BDI-3) – examines skills in the following areas: cognitive, communication (receptive and expressive), social and emotional, physical development (gross motor, fine motor and perceptual motor) and adaptive.

Preschool Language Scale (PLS) – examines receptive language (understanding) and expressive language (speech, signing, gesturing) skills. This scale uses pictures and role playing in addition to toys.

Peabody Developmental Motor Scales – examines gross and fine motor abilities that develop early in life. Examined areas include: object manipulation, reaching and grasping, reflexes, locomotion and visual motor integration.

Temperament and Atypical Behavior Scale (TABS) – examines the areas of temperament, attention, attachment, social behavior, play, vocal and oral behavior, senses and movement, self-stimulation and self-injury and neurobehavioral state.

Infant Toddler Sensory Profile 2 – examines a child's sensory processing patterns including behavioral responses to routines and schedules, things heard and seen, being touched and touching things, movement, touch in the mouth, smell, and taste.





The Individualized Family Service Plan (IFSP)

The Individualized Family Service Plan (IFSP) is a written document that serves as an agreement between you and the Early Intervention team. The IFSP is the result of collaborative planning between your family and the professionals who are working with you.

You know your child and family best and play a key role as a team member in developing a service plan for your family. Professionals know about the many services and supports Early Intervention can provide. Together, the IFSP team will determine the services your child will receive, and where and how often your child and family will receive these services. These decisions will be based upon your child's needs as determined by the Multi-Disciplinary Evaluation and **the concerns, priorities and goals you have for your child and family.**

Every child enrolled in Early Intervention is assigned a Service Coordinator. Services vary depending on the individual needs of the child. Some possible Early Intervention services your child may be eligible for include:

- Hearing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Social Work Services
- Special Instruction/
Developmental Therapy
- Speech Therapy (Communication)
- Vision Services

Early Intervention services are individualized, family centered, and designed to meet the needs identified by your family.

Early Intervention should not complicate your family's life; it should complement your family's life as it supports you and your child.

For more detailed information on how Early Intervention services are provided in Pennsylvania, see "Early Intervention Supports and Services: Facts for Families" at www.pattan.net
Publications Early Intervention Supports and Services: Facts for Families





Developing the IFSP

The IFSP is developed by you and your Service Coordinator, with input from a member of the MDE team and service provider as appropriate. You may also invite others involved with your child who you wish to be part of the planning process. It will be held at a time and location that is convenient to you and you will receive a written notice of the meeting. The IFSP must include the following information:

- **Child's current developmental level.** Your child's present level of skills and development will be described in each of the five areas observed during the MDE. These areas are cognitive, communication, physical (including motor, vision, hearing and health), social and emotional, and adaptive.
- **Family's resources, priorities and concerns,** as voluntarily described by you.
- **Community Supports and Services.** If you choose, the IFSP may also include your request for supports and services which may be available in the community. These may include such things as information on disabilities, support groups or resources for food and clothing. A plan will be developed to help you obtain the services that you have identified. It will identify resources available in your community and who will work with you to obtain what you need.
- **Outcomes/Goals.** Outcomes are the visions, hopes and dreams you have for your child and family. An outcome should consider the needs of your child and family and support your daily activities and routines. The outcomes will form the basis for the services and supports your family will receive. The strategies that will be used to work toward the outcomes will be identified.
- **Early Intervention Services.** The services you and your family will receive will be identified and developed including the location, length and frequency of the services. Federal and state regulations require that, to the maximum extent possible, Early Intervention services be provided in **natural environments**. A natural environment is defined as the setting which is natural or normal for the child's same age peers who have no disabilities. A natural environment would be the community or the location where the child lives, learns and plays as part of his/her daily routine. This could be in the child's home, childcare or neighborhood playgroup.

The service plan will also name the agency or agencies that will provide services to your child, the name of a contact person, the date services are to begin and the planned end date for a service. Only those services which you agree to will be provided. You have the right to accept or decline any Early Intervention services. Your IFSP will be reviewed at least every six months, and an IFSP meeting must be held every year. You can make changes to the IFSP at any time by notifying your Service Coordinator and therapist.





Tips on Preparing for the IFSP Meeting

- Schedule enough time for the meeting so that you will not feel rushed. Most meetings last under one hour.
- It is not necessary for your child to be present for the IFSP, however, your child is welcome.
- Look over records or reports about your child before the meeting. If you have a previous IFSP, review it. Circle goals that have not been met. Use those as a starting place for new goals and strategies.
- Discuss with your Service Coordinator the possibility of bringing a recording device.
- Feel free to invite anyone you wish to be present. This could be a friend, relative, another professional or an advocate.
- Sit next to someone with whom you feel comfortable.
- Feel free to have notes and questions ready for the team. Write down what you want to accomplish.
- Expect clear answers to your questions. Repeat questions until you understand.
- Repeat your viewpoint if you feel it is not being heard or understood.
- Make notes of important information exchanged. It is easy to forget after the meeting.
- Know your rights and your child's rights.
- Respect your own judgment.
- Be prepared to talk about your goals for your child and family. What are your expectations from services?
- Think of your child in several situations – at home, with family, with strangers, in childcare, etc... What are his/her strengths and needs in the areas of thinking, communicating, social and emotional skills and motor skills?
- What are your child's medical, nutritional or special equipment needs?
- What does your family need to help you work with your child? Do you need information about your child's delay, diagnosis or treatment? Do you need information about housing, employment, finances, or transportation? Do you need formal or informal parent support information?
- Discuss all service options before giving consent.
- If you will not be present for your child's Early Intervention session(s), how would you like to be informed? (weekly notes, phone calls, etc...)
- Realize that it is okay to disagree with other's viewpoints or recommendations. Approach the problem and not the personality of the individual.
- At the close of the meeting ask for a review of the decisions that have been made.
- The IFSP Meeting should be scheduled at a mutually agreeable place, time and date.





Your Rights Concerning the IFSP Process

- The IFSP conference may be scheduled immediately following your evaluation (MDE) or it may be scheduled separately at your convenience.
- You should receive notice of the time, place and purpose of the meeting and who will attend.
- An IFSP must be completed for your family within 45 days of your referral for Early Intervention services.
- Each conference should include input from:
 - Child's parent(s) or legal guardian
 - Other interested family members or advocates
 - A representative of agencies serving your child, as appropriate
 - Individuals providing service and conducting evaluations, as appropriate
 - Your Service Coordinator
- According to Pennsylvania Early Intervention regulations, services you agree to should begin within 14 days of the IFSP date. Compensatory (make-up) services may be provided.
- If the IFSP team cannot come to an agreement, your Service Coordinator can provide information about the options to resolve your differences. Options can also be found in this handbook under "Your Rights - Problem Solving in Early Intervention."
- If you do not agree with some or all of the plan, your disagreement will be documented in the Parent Rights Agreement (PRA).
- A review of your IFSP must be provided at least every six months.
- An IFSP meeting must be held within 365 days. This is called an Annual IFSP.
- Your child must receive a complete Multi-Disciplinary Evaluation within 365 days to determine continued eligibility for services. This is called an Annual MDE and is documented on an Evaluation Report (ER).

Your Service Coordinator is the person responsible for any updates or changes to your IFSP. Any changes in the services, supports, or strategies are made by the IFSP team, including your family. Changes must be made with your participation and approval.





Procedural Safeguards

Your Rights

Procedural Safeguards

Procedural Safeguards are designed to protect your family's rights within the Early Intervention system. The Safeguards ensure that you are informed about your child's Early Intervention services and records, and also give you protections if you disagree. Your rights include the following: prior written notice, use of parents' native language or preferred mode of communication, parent consent for any actions that affect your child, confidentiality, access to your child's records, parent consent and the ability to decline services, mediation, and due process. You can refer to this section, as well as the Glossary in this handbook, for further information or definitions of some of these terms. A detailed explanation of the Early Intervention Procedural Safeguards and your rights in the EI system can be found on pages 45-46.

Requests for Information

You may sometimes be asked for information about your family which may seem personal (for example, about your ethnicity). This information is helpful in planning for and tracking the many services provided to thousands of children in Pennsylvania. **You may answer these questions voluntarily; if you choose not to provide this information your child's services will not be affected.** You can be assured that organizations requesting information will keep all information that you provide confidential in accordance with all federal and state requirements. If you would like a more detailed explanation about sharing this information with the Early Intervention system, you can request it from your Service Coordinator. In addition to requests for child and family information, you may also receive mailings from the state or be contacted by an Alliance supervisor to determine your satisfaction with services.

Solving Complaints - The Service Coordinator's Role

If you have a disagreement about your child's services, please contact your Service Coordinator. It is often helpful to try to settle disagreements in an informal manner. This could include talking with your therapist, a supervisor or the agency director. Other options to resolve a dispute informally include meeting with the county program administrator, mediation and filing a complaint with the state. Your Service Coordinator will be glad to give you information regarding any informal processes.

Service Coordinators cannot, however, directly participate with you in the formal dispute resolution process called **due process**. They can provide information on how to start the process, how it works and your rights within the process. They can also refer you to sources of advocacy or legal assistance.





Early Intervention Laws and Regulations

Federal Law

The Individuals with Disabilities Education Improvement Act (IDEA) – Part C

- Gives rights to eligible children and their families
- Is administered by the Pennsylvania Department of Human Services/Office of Child Development and Early Learning
- Defines eligibility for Early Intervention services
- Establishes that services for eligible infants and toddlers are developed and written into an Individualized Family Service Plan (IFSP) by a team of which the parents are important team members
- Establishes that services are delivered in a natural environment for the child and family

This law can be located at: sites.ed.gov/idea Law Policy Statute/Regulations

State Law

Early Intervention Services System Act (Act 212)

- Assures eligible young children (birth until the age of beginners) and their families Early Intervention services and programs
- Assures appropriate services under public supervision designed to meet the developmental needs of eligible children
- Assures services specifically designed to address the needs of the family to enhance their child's development

Pennsylvania Early Intervention Regulations Infants and Toddlers Birth to Age 3

In 2003, the Pennsylvania Department of Human Services issued extensive regulations to implement Part C. These regulations incorporate many of the policies and procedures previously set forth only in Departmental Bulletins.

These regulations can be located at: www.pacode.com Browse Title 55 Chapter 4226

Copies of EI Laws and Regulations can be requested from your Service Coordinator.

Your Right to Disagree

Families have the right to disagree with their child's evaluation, services, program or placement. Both the Pennsylvania Department of Human Services and the Pennsylvania Department of Education have procedures in place to work out differences. Upon entering the Early Intervention system, and periodically thereafter, families should be informed of their rights and the procedural safeguards. If a family disagrees with any of the Early Intervention or preschool services their child is receiving, they have a variety of options. The intent is to resolve issues and concerns at the local level. While a disagreement is taking place, services should continue without interruption.





Understanding Procedural Safeguards: Your Rights in the Early Intervention System

1. Prior written notice (§.421)*

The Early Intervention program must give you advance written information about any evaluations, services, or other actions affecting your child. Parents know their children best. The information you share with us will make sure that the evaluations and services are right for you. Advance written information assures that you get all the details you need *before* any activities or events occur.

2. Use of parent's native language or preferred mode of communication (§.25; §.421)

The Early Intervention program wants you to be an informed team member and decision-maker. It is your right to thoroughly understand all activities and written records about your child. If you prefer communication in another language, including sign language, we will provide an interpreter. If you prefer another way of communicating, it will be provided unless it is clearly not feasible to do so.

3. Parent consent (§.7)

The Early Intervention program needs your permission to take any actions that affect your child. We are required to have your consent in writing before we evaluate or provide services. An explanation will be provided about next steps when you give your consent and when you do not give your consent. Any questions you have should be answered before you sign consents. Parent consent helps to make sure that EI services meet your child's and family's needs.

4. Confidentiality (§.401-417)

The Early Intervention program values all information you have shared about your child. Other health care and service providers may have additional information that may be helpful in determining your child's eligibility and in planning services. We may ask for this information, but we are required to have your written permission to do so. The records that the Early Intervention program develops will not be shared with anyone outside the Early Intervention program unless you give your permission. The Early Intervention program will assure your records are kept private. Personally identifiable information will not be released to others without your consent, except to those permitted by regulation or law. For example, your child's record can be released to Early Intervention funders, licensing agencies, or the child welfare system without your consent. If you are involved with the child welfare system, your Service Coordinator can explain to you how your information is shared with the courts, Children and Youth Services, foster care agencies, and guardians, as appropriate.

5. Access to records (§.405)

The Alliance maintains a confidential record for your child. You may have a copy of your child's record. If you have any questions or would like to discuss the information in your child's record, please ask your Service Coordinator. You can access your child's record until his/her 11th birthday.





6. Parent consent and ability to decline services (§.420)

If your child is found eligible for Early Intervention, you and your team will talk about what supports and services may be appropriate to meet the needs of your child and family.

You have the right to accept or decline any or all services. You can say no to some services and still get the services that you do want. If you decide to try other services at a later date, you can give your consent then. Your consent is required before any services can start.

7. Mediation (§.341; §.98)

If you and your Early Intervention team do not agree on plans or services, or if you have other concerns about your experience with the program, there are procedures for resolving your concerns. Some ways of sharing your concerns may include discussions with team members, program administrators and the County EI Coordinator. Mediation is available as another step. A trained, impartial mediator will facilitate problem-solving between you and the Early Intervention program. Mediators don't make decisions but help parties come to an agreement. Mediation is offered at no cost, is informal, and happens quickly.

While you are sharing your concerns with the team and/or requesting mediation, you may also file a complaint or request a due process hearing. These steps do not need to occur in order and may be occurring at the same time.

Mediation can be arranged by contacting the Office for Dispute Resolution (ODR) at www.odr-pa.org or 1-800-222-3353.

8. Due process procedures (§.440-.447; §.99-.103)

You may request a due process hearing, a more formal process for resolving disagreements about EI services, such as the choice of a service, how often a service is provided, or where a service takes place. These are formal hearings at which all sides can present witnesses, including experts.

There are some differences in due process for families with infants and toddlers, and those with preschool age children.

Parents with infants and toddlers under three years of age may request a hearing and the hearing officer will set a date and send a notice to you. If there is a problem with the date, the hearing can be rescheduled. The hearing must be held, and a decision reached, within 30 days. The hearing will assure that a knowledgeable and impartial person, from outside the program, hears your complaint and decides how to best resolve it.

For further information about Your Procedural Safeguards, please see The Alliance Family Handbook, "Procedural Safeguards/Your Rights," or talk to your Service Coordinator.

A due process hearing can be arranged by contacting the Office for Dispute Resolution (ODR) at www.odr-pa.org or 1-800-222-3353.

* Rights and safeguards under 34 CFR § 303. 400-.449. Regulations for the Early Intervention Program for Infants and Toddlers With Disabilities, Part C of IDEA (US. Department of Education, 2011)
Adapted from: Hurth and Goff (2002), "Assuring the Family's Role on the Early Intervention Team." NECTAC



Problem Solving in Early Intervention

First Steps in Problem Solving

Questions or concerns about Early Intervention (EI) programs and services should first be addressed by contacting your service coordinator (infant/toddler EI program) or your EI representative (preschool EI program). You are encouraged to meet with staff at your EI program as a first step in resolving concerns.

This is likely to result in a more timely resolution. Any change that results from the meeting will be documented on the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). If you ask for a meeting to talk about your concerns, the meeting must be held within seven days of your request.

What if parents still have concerns?

You have five choices available to you if concerns persist. Any of these choices may be used at any time.

1) Contact the Bureau of Early Intervention Services and Family Supports You may contact the Bureau of Early Intervention Services and Family Supports (BEISFS) by calling 717-346-9320. BEISFS can assist in resolving the concern before a more formal written complaint is filed.

A BEISFS Advisor will contact your child's EI program to determine if there can be an immediate resolution. If no immediate resolution is available, you can file a written complaint.

2) File a Written Complaint

You may file a written complaint to resolve concerns if you believe the EI program hasn't followed proper steps in the EI process.

BEISFS will investigate the complaint within 60 days.

If a concern is identified, a plan of correction will be developed within 30 days after the investigation.

3) IFSP/IEP Facilitation

A state process, not required under the Individuals with Disabilities Education Act. You may ask for IFSP/IEP facilitation, a voluntary process that can be used when parents and EI staff agree that a neutral person would help to achieve a successful IFSP/IEP meeting. This is a less formal way to resolve disagreements than more formal proceedings such as due process. **You can get more information from your service coordinator or preschool EI representative or by contacting the Office for Dispute Resolution at 1-800-222-3353 or www.odr-pa.org.**

4) Mediation

You may use mediation when there is a disagreement about

a child's evaluation or services on the IFSP or IEP, such as the choice of a service, how often a service is provided, or where a service takes place. In mediation, everyone agrees to work together with a mediator, a person trained to help resolve concerns without taking sides. Mediators don't make "decisions," but help parties come to an agreement. Mediation is offered at no cost, is informal, and happens quickly.

You can get more information about mediation by contacting the Office for Dispute Resolution at www.odr-pa.org or 1-800-222-3353.

5) Due Process Hearing

You may request a due process hearing, a more formal process for resolving disagreements about EI services, such as the choice of service, how often a service is provided, or where a service takes place. These are formal hearings at which all sides can present witnesses, including experts.

There are some differences in due process for families with infants and toddlers, and those with preschool age children.

Parents with infants and toddlers under three years of age

You may request a hearing, and the hearing officer will set a date and send a notice to you. If there is a problem with the date, the hearing can be rescheduled. The hearing must be held, and a decision reached within 30 days.

Parents with preschool children three to five years of age

If you request a hearing, you and your preschool EI representative will be required to meet before a hearing takes place to resolve disagreements at the local level through a resolution meeting. Both parties can agree to waive the resolution meeting in writing, or they may agree to try mediation. If the preschool program does not hold a local resolution meeting within 15 calendar days, you may ask the hearing officer to move forward with the due process hearing. The hearing must be held, and a decision reached within 45 days. **For more information on due process hearings, you can contact your preschool EI representative or call the Office for Dispute Resolution at 1-800-222-3353 or visit www.odr-pa.org.**

*An EI representative could be your EI teacher, therapist, or service coordinator.

What can you do if you are not satisfied with the Early Intervention services your child receives?

Discuss concerns and disagreements with your service coordinator or preschool Early Intervention representative.

Discuss concerns and disagreements with the local Early Intervention program supervisor.

Contact PA Office for Dispute Resolution at 800-222-3353 for the assistance of a trained mediator to help solve disagreements or request a due process hearing.

OR

Contact the Bureau of Early Intervention Services 717-346-9320 to discuss issues and/or file a complaint.

Questions about problem solving in Early Intervention?

Call 717-346-9320 or Email the Bureau of Early Intervention Services at RA-ocdintervention@pa.gov



Advocacy and Information

An advocate is a person who influences systems and decision makers on behalf of individual children and families. Advocates also work toward strengthening and improving services for all children and families. As a parent, you will often act as an advocate for your child. There may, however, be times when you would like another individual to work with you to represent your child's interests. There are many organizations which provide information, support and advocacy for children with disabilities. For more information about Early Intervention and your rights, you may contact any of the following groups:

<p>Disability Rights Pennsylvania (DRP) 429 4th Avenue, Suite 1404 Pittsburgh, PA 15219-1505 1-800-692-7443 (Harrisburg) (412) 391-5225 (Voice) 1-877-375-7139 (TDD) www.disabilityrightspa.org</p>	<p>Parent Education, Advocacy & Leadership Center (PEAL) 2325 East Carson Street, Suite 100A Pittsburgh, PA 15203 (412) 281-4404 or 1-866-950-1040 www.pealcenter.org</p>
<p>Special Education Consultline (School age) 1-800-879-2301 (V/TTY/TDD) http://odr-pa.org/parents/consultline/</p>	<p>ACHIEVA Advocacy 711 Bingham Street Pittsburgh, PA 15203 412-995-5000 x 486 1-888-272-7229 x 486 www.achieva.info</p>
<p>The Education Law Center Law and Finance Building 429 Fourth Avenue, Suite 702 Pittsburgh, PA 15219 (412) 258-2120 www.elc-pa.org</p>	<p>Connect Information Service (Birth to age 5) 150 S. Progress Avenue Harrisburg, PA 17109 1-800-692-7288 (V/TTY)</p>





Your Child's Records

Your Rights

The Alliance for Infants and Toddlers, Inc. will maintain a confidential Early Intervention service record which **may** include:

- All correspondence, both letters and faxes
- Consents and Releases
- Individualized Family Service Plans (IFSPs), Evaluation Reports (ERs), Progress Reports, Evaluation Summaries, Parent Rights Agreements, Service Coordination Support Plans, Tracking Plans, Results and Recommendations, Physical Growth Charts, and Screening and Assessment Records
- Record Review Form
- Referral and Demographic Information
- Service Coordinator Service Notes
- Provider/Therapist Records

All information in your child's record is defined as the Designated Record Set under HIPAA (Health Insurance Portability and Accountability Act) and is considered Protected Health Information (PHI). Your child's record is confidential. Personally identifiable information will not be released to others without your consent, except to those permitted by regulation or law. For example, your child's record can be released to Early Intervention funders, licensing agencies, or the child welfare system without your consent. If you are involved with the child welfare system, your Service Coordinator can explain to you how your information is shared with the courts, Children, Youth and Families (CYF), foster care agencies, and guardians, as appropriate.

In addition, The Alliance for Infants and Toddlers, Inc. complies with the federal law, FERPA (Family Educational Rights and Privacy Act 34CFR 99.3, as amended). FERPA protects the privacy of a student's (child's) educational records (e.g. written documents; computer media; video or audio tapes or CDs; film and photographs). FERPA applies to all educational agencies.

FERPA gives parents the following rights regarding educational records:

- The right to inspect and review records (within 45 days of receipt of a written request)
- The right to be provided with copies of records; the agency must make the records available
- The right to ask for records to be amended
- The right to sign consent before a child's record is released, except to those permitted by regulation or law, without your consent
- The right to file complaints for alleged violations of FERPA

For more detailed information concerning your child's records, please refer to the copy of **"The Alliance for Infants and Toddlers, Inc. Notice of Privacy Practices"**. A copy of FERPA (**Family Educational Rights and Privacy Act**) is also available upon request.





Your Child's Records Management and Destruction

EARLY INTERVENTION SERVICE RECORD

In order to receive Early Intervention services, your child must be registered into PELICAN, Pennsylvania's web-based electronic information system for Early Intervention. At the time of a referral to The Alliance, information about your child will be entered into PELICAN. Your child's demographic information, service notes, Evaluation Report and Service Plan will be stored in PELICAN. Other documents which make up your child's record will be scanned and electronically stored into a record maintained by The Alliance. Documents may include consents, correspondence, and therapist notes. For more information about PELICAN, the Pennsylvania web-based electronic information system for Early Intervention, please ask your Service Coordinator or use the following link:

PELICAN GUIDE - www.pattan.net Publications Understanding Early Intervention Data Systems

If you would like an explanation or interpretation of any of the information in your child's record, please contact your Service Coordinator. If you or your representative would like to inspect, review, release and/or receive a copy of your child's record, please notify the Privacy Officer (see below) in writing.

Your child's electronic service record maintained by The Alliance will be kept until the year of your child's eleventh birthday.

If you would like a copy of your child's record at any time while they are receiving services, you may receive it by asking your Service Coordinator. If you would like a copy of your child's record after your child is discharged, you must forward a written request prior to your child's eleventh birthday to:

Privacy Officer
The Alliance for Infants and Toddlers, Inc.
The Hough Building, 2nd floor
2801 Custer Ave.
Pittsburgh PA 15227

COUNTY DATABASE

The Alliance maintains the Early Intervention 0-3 database for Allegheny County. The information in this database is not destroyed. The information is stored securely, only accessible to authorized information system, administrative, or Allegheny County staff. General or group information from the database may be used for informational purposes without additional consent, such as determining how many children received Early Intervention services in Allegheny County in a given year.





The Alliance for Infants and Toddlers, Inc.
Notice of Privacy Practices:

Your Rights and Your Child's Records
Effective April 14, 2003

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE

Information that relates to your child's health or treatment and that identifies your child is protected under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This protection covers both written and electronic information. This protection lasts as long as the information is in the hands of The Alliance for Infants & Toddlers, Inc. This notice describes how The Alliance may use or disclose your child's personal health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your child's information. Please ask your Service Coordinator if you have any questions regarding this notice.

OUR RESPONSIBILITY TO YOU REGARDING YOUR CHILD'S PROTECTED HEALTH INFORMATION

"Protected health information is individually identifiable health information. This includes demographics (for example, age, address, e-mail address), and information relating to past, present, or future physical or mental health condition, or any related health care services. The Alliance is required by law to;

- Make sure that your child's protected health information is kept private.
- Give you this notice of our responsibilities and privacy practices related to the use and disclosure of your child's information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

INDIVIDUAL RIGHTS

You have the right to know how your child's medical and developmental service records will be used, and with whom the information will be shared

You have the right to give informed consent before providers can use or share your child's health care and developmental service information except as permitted by regulation or law (including those for routine purposes such as treatment, payment, and the operation of a health plan). Providers may require that treatment and participation in services be based upon obtaining your consent

You have the right to refuse consent to share your child's health information. If you do give consent, you have the right to restrict information if it to be used for non-routine purposes, such as marketing and fundraising.

You have the right to ask for restrictions or limits on release of your child's information (such as requesting that information not be shared with a particular individual). This request should be documented in writing. The Alliance for Infants & Toddlers, Inc. will notify you in writing as to whether your request can be honored.

You have the right to ask that communications from those requesting information be made in a certain way (such as no phone calls, written requests only). Your request will be honored unless it is unreasonable and creates too great a burden for the Alliance.





You have the right to see and copy your child's health and developmental service information and to be provided documentation on who has been able to see this information. You may not be able to see these records if it would endanger the life or physical safety of the child.

You have the right to ask for a change to your child's record if you believe it contains incorrect or unnecessary information. Your request must be in writing. The Alliance for Infants & Toddlers, Inc. will decide whether your request can be honored, and will notify you in writing within 30 days if your request is denied.

The information in your child's record will be kept until their eleventh birthday, after this date it will be destroyed.

INFORMATION SHARING/DISCLOSURES

The information from your child's record that is shared must be limited to what is necessary for that specific incidence, except if the information is to be shared for treatment purposes, then the entire record may be shared.

The Alliance for Infants & Toddlers, Inc. has established business practices to protect the privacy of your child's health records. These include: employee training, naming a 'privacy officer' to assist with complaints, and establishing business guidelines for privacy with others who have contracts with the Alliance for Infants & Toddlers, Inc.

The Alliance for Infants & Toddlers, Inc. will share your child's health information in response to a subpoena, court order, or warrant, without your additional consent. You will be notified in writing should such a request be received.

In addition, we may share your child's information with the following funders, Government entities and monitors, and Child Welfare service agencies without your additional consent:

- **Alliance for Infants & Toddlers, Inc. funders including the Medical Assistance Office and PA Department of Human Service**
- **Allegheny County Department of Human Services**
- **Child Welfare agencies including Office of Children Youth and Families, Foster care agencies, and Child Advocacy Agencies**
- **Government monitors including Office of Child Development and Early Learning and Office of Special Education Programs**

Your child's health information may be shared for public health activities with the County Health Department or Pennsylvania Health Departments without your additional consent.

Other uses and disclosures of your child's health information will only be made with your explicit written authorization.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with The Alliance for Infants & Toddlers, Inc. Privacy Officer, with the United States Secretary of Health and Human Services, or Office of Civil Rights Compliance. If this is the case, please contact the Privacy Officer at (412) 885-6000.





Family Fact Sheet on Reportable Incidents

This fact sheet was developed for families to use as a guide in understanding the Reportable Incident Announcement (EI – 20 – 02) effective September 1, 2020. The purpose of the announcement is to ensure the health, safety, and dignity of individuals served in our system. The announcement covers any individual providing direct or indirect services such as provider employees, consultants, subcontractors, employer of record, in-home staff, family and friends who are reimbursed with Allegheny County funds for services and supports. If you would like an actual copy of the announcement or have any questions, please contact your Service Coordinator at **The Alliance for Infants and Toddlers, Inc. 412-885-6000.**

A family member should inform their Service Coordinator if the following reportable incidents occur:

- They observe inappropriate conduct by a staff person that works in their home. This also includes persons that are paid to do a one-time or temporary service in their home.
- If, unfortunately, the death of a child occurs.
- A family member may also call the Pennsylvania Statewide Child Abuse Hotline directly at 1-800-932-0313 if they observe or suspect abuse, neglect, or inappropriate conduct.

Any reportable incidents may be reviewed by the provider, county, and/or Office of Child Development and Early Learning:

- If a family member is the subject of a review due to abuse, neglect, or inappropriate conduct, the review will be conducted by the Office of Children, Youth, and Families.
- As professionals who work with children and families, Service Coordinators at The Alliance for Infants and Toddlers, Inc. are Mandated Reporters. In compliance with the Child Protective Services Law, this requires reporting incidences of suspected abuse or neglect of children.





Contact List

Contact Person	Agency	Phone	Email Address

My Emergency Medical Information



Pediatrician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Other: _____ Telephone: _____

Ambulance: _____

Hospital: _____

Blood Type: _____

Drug Sensitivities: _____

Allergic Conditions: _____

Significant Medical Issues: _____

Regular Medications: _____



Glossary of Acronyms

- AA – Adjusted Age
- AIU – Allegheny Intermediate Unit
- APS – Approved Private School
- ASQ – Ages & Stages Questionnaire
- BDI-3 – Battelle Developmental Inventory, Third Edition
- CA – Chronological Age
- CYF – Children, Youth and Families
- DAYC-2 – Developmental Assessment of Young Children, 2nd edition
- DD – Developmental Delay
- DHS – Department of Human Services
- DOB – Date of Birth
- DV – Developmental Therapy/Therapist
- ECAP – Early Childhood Accountability in Pennsylvania
- EI – Early Intervention
- ELRC – Early Learning Resource Center
- ER – Evaluation Report
- FERPA – Family Educational Rights & Privacy Act
- ICC – Interagency Coordinating Council
- ID – Intellectual Disability
- IEP – Individualized Education Plan
- IFSP – Individualized Family Service Plan
- ITF – Infant, Toddler and Family Waiver
- IU – Intermediate Unit
- LEA – Lead Education Agency
- LICC – Local Interagency Coordinating Council
- LRE – Least Restrictive Environment
- MA – Medical Assistance
- MAWA – Mutually Agreed-Upon Written Arrangement
- MDE – Multi-Disciplinary Evaluation
- MH – Mental Health
- NICU – Neonatal Intensive Care Unit
- OCDEL – Office of Child Development and Early Learning
- ODP – Office of Developmental Programs
- ODS – Office of Developmental Supports
- OT – Occupational Therapy/Therapist
- PDE – Pennsylvania Department of Education
- PEI – Preschool Early Intervention
- PHQ9 – Patient Health Questionnaire (9 items)
- PHI – Protected Health Information
- PPS – Pittsburgh Public Schools
- PT – Physical Therapy/Therapist
- SC – Service Coordinator
- SCU – Service Coordination Unit
- SD – Standard Deviation
- ST/SLP – Speech Therapy/Therapist/ Language Pathologist
- SSI – Supplemental Security Income
- SW/MSW – Social Worker/Master of Social Work
- TC – Total Communication
- WIC – Women, Infants & Children





Glossary of Early Intervention Terms

Adjusted Age (AA) – The age of a premature infant which has been “adjusted” for his/her prematurity. For example, if an infant was born 8 weeks early and is currently 20 weeks old, the infant’s adjusted age would be 12 weeks ($20 - 8 = 12$). The adjusted age gives a better picture of what the child’s expected growth and development should be at that point in time.

Advocate – A person who influences systems and decision makers on behalf of individual children and families or works toward strengthening and improving services for all children and families.

Age Equivalent – A term used to describe the test results of a child’s developmental skills, using the age when most children reach the same developmental skills. For example, if average 7 month old children receive a score of 20, then any child, who scores the same (20), would have an age equivalent of 7 months.

Agency – A provider of Early Intervention services, either directly or under contract to a County Mental Health/Intellectual Disabilities Program that is responsible for delivery of services to eligible children.

Allegheny Intermediate Unit (AIU) – The Allegheny Intermediate Unit is a branch of the Pennsylvania Department of Education that provides educational services to Allegheny County school districts. This includes Preschool Early Intervention (PEI) services for children 3-5 years old experiencing developmental delays or disabilities who live in Allegheny County but attend school outside the city of Pittsburgh.

Approved Private School (APS) – An educational facility licensed and approved by the Department of Education to provide services for children with complex service needs.

Assessment – The use of various procedures and observations by qualified personnel to determine the extent of a child’s or family’s needs and/or strengths.

Auditory/Audiological – Concerning the ability to hear.

Cause and Effect – Understanding the concept that one’s actions make other things happen.

Chronological Age (CA) – The age of a child based on his/her actual birth date.

Coaching – A collaborative, interactive process that helps families thrive by providing real, practical support that fits into everyday life.





Cognition – Those skills that involve problem solving abilities and the abilities to classify, retain and recall information on a long and short-term basis.

Communication – Receptive, expressive or gestural capabilities, which allow the child to understand others, to state his/her own needs and to interact with others in a meaningful manner.

Confidentiality – The obligation to share information about your child and family only with your permission and when it is helpful to your child and family.

Conflict Resolution Procedures – The procedures established by law and regulation to fairly resolve disagreements regarding a child's services.

Consent – Written parent approval.

Cue – Something that prompts a child to perform an activity or behavior.

Culturally-Fair (non-discriminatory) Evaluation – Evaluation of the child must be accomplished through procedures and with instruments that use the child's native language or mode of communication.

Development – The process of growth and learning during which a child acquires skills and abilities.

Developmental Delay – Being behind other children of the same age in achieving social, self-help, thinking, physical or speech and language skills. The degree of delay may be measured by an evaluation. The cause may be unknown.

Developmental Therapy – See Special Instruction.

Due Process – The formal procedure established to protect the rights of parents and children if there are disagreements regarding a child's evaluation, placement and/or services.

Due Process Hearing – Part of the procedures established to protect the rights of parents and children if there are disagreements regarding a child's services.

Early Intervention (EI) – A program of supports and services for eligible children from birth to the age of beginners.

Educational Records – Those records, developed by agencies, which include written goals, objectives, child observations, teacher's notes and the prescription modifications made by the support staff, necessary for your child's services.

Empowerment – Interacting with families in a way that they maintain or acquire a sense of control over their lives and attribute positive changes to their own strengths, abilities and actions.





Evaluation – The use of various procedures and observations by qualified personnel to determine a child’s eligibility for services.

Expressive Language – The way a child sends messages to others verbally (in words) or non-verbally (pointing, writing, sign language, etc.)

Extension – Straightening or extending of a muscle or limb. Examples include standing with knees extended to walk or opening the hand for a handshake. Extension is the opposite of flexion.

Family Centered – The philosophy of serving the family based on their expressed needs, desires and hopes.

Fine Motor Skills (FM) – Skills using small muscles like those in the hands and arms for activities such as drawing or writing.

Flexion – Bending or flexing a muscle or limb. Examples include making a fist or bending the elbow. Flexion is the opposite of extension.

Frequency and Duration – The number of days and length of time that a service is provided.

Gross Motor Skills (GM) – Skills using large muscles that affect balance and movement such as walking, jumping and crawling.

Hand-Eye Coordination – The use of the eyes to guide the movements of the hands. For example, a child uses his eyes to help him pick up a small object like a raisin.

Inclusion– The practice of involving children with special needs in settings where other children participate in childcare, preschool, recreational, educational or community activities.

Independent Evaluation – Evaluation/assessment by one or more professionals who are not Early Intervention providers with the Allegheny County Early Intervention system.

Infant, Toddler and Family (ITF) Waiver – A federal funding source used to support the provision of Early Intervention services (Birth – age 3) in the state of Pennsylvania.

Interdisciplinary Team – A model of Early Intervention in which several therapists interact with the child separately and in their own field of expertise.

Intermediate Unit (IU) – A regional educational service agency providing services to eligible children after their third birthday.





MAWA (Mutually Agreed-Upon Written Arrangement) – A MAWA agency has entered into a contract with the state of Pennsylvania to provide Early Intervention services for children, ages 3-5, with special needs.

MDE (Multi-Disciplinary Evaluation) – The process that determines a child's eligibility for services, identifies the unique needs of the child and family and determines the type of services appropriate for the child and family.

Mediation – An informal process for resolving disagreements or complaints about a child's evaluation, placement and/or services.

Medical Assistance (MA) – A government-funded health insurance program, that provides free medical care for children and adults. Children eligible for MA include those with special needs (MA loophole), Supplemental Security Income (SSI), public assistance and some adopted children.

Midline – The vertical center of the body. Development begins at midline and progresses to the extremities like the hands.

Muscle Tone – The degree of elasticity or tension of the muscles at rest. Children with very low muscle tone may have hypotonia and may appear limp. Children with high muscle tone may have hypertonia and may feel tight.

Natural Environment – A setting where a child's typically-developing peers would be found.

Object Permanence – A cognitive or reasoning skill which enables a child to understand that an object or toy exists even if it is not within their sight.

Occupational Therapy (OT) – Services that help a child improve daily living skills including fine motor development, feeding and sensory processing.

Parent-Professional Partnership – Parents teaming with therapists, doctors, teachers and other professionals to work together for the development of children.

Percent Delay – A measurement that shows how far behind a child may be in reaching certain milestones, such as walking, talking, or playing. It is one part of the overall picture of a child's development and is used to help decide if a child qualifies for services.

Perceptual Motor – The use of the hands and eyes together to do a task. Examples include stacking blocks, putting rings on a peg, etc.

Patient Health Questionnaire (PHQ9) - A nine item questionnaire to help determine caregiver risk for depression.





Pincer Grasp – The use of the thumb and the forefinger to grasp small objects.

Pittsburgh Public Schools (PPS) Early Intervention – The program of Pittsburgh Public Schools that provides Early Intervention services to children 3 - 5 years old experiencing developmental delays and disabilities who live within the city of Pittsburgh.

Prior Written Notice – The right of a parent to be given written notification in advance of any evaluations, services, or other actions affecting their child in the Early Intervention system.

Procedural Safeguards – Part of the federal education law (IDEIA) that guarantees certain rights to families of children receiving Early Intervention services. These include the rights to prior written notice, use of parents' native language or preferred mode of communication, parent consent for any actions that affect their child, confidentiality, access to records, parent consent and ability to decline services, mediation, and due process.

Proprioception – The body's ability to sense where all its parts are in relation to each other and to safely move around the environment. The movement of joints and muscles sends messages to the brain to promote coordination.

Provider/Provider Agency – The agency providing direct Early Intervention services to the child and family.

Physical Therapy (PT) – Services that help a child develop gross motor skills.

Receptive Language – How a child receives and understands information s/he gets from others.

Screening – A review of your child's development that is used to determine the need for a more in-depth evaluation. This may include a parent report and/or an observation.

Self-Help Skills – Skills a child uses in daily living such as eating, dressing and toileting.

Sensory Processing – Responses to routines and schedules, to things heard and seen, to being touched and touching things, to movement, to touch in the mouth, and to smell and taste.

Service Coordinator (SC) – The staff member who is assigned to coordinate planning and delivery of Early Intervention services to children until their third birthday.

Supplemental Nutrition Assistance Program (SNAP) – SNAP benefits are used to buy food and help eligible households maintain more nutritious diets. This program was formerly known as Food Stamps.





Social-Emotional Skills – Areas of development including the ability to deal with feelings and get along with others.

Social Security Disability Insurance (SSDI) – A federal disability insurance system that can assist qualified individuals with disabilities including infants and children.

Social Worker (SW/MSW) – Social workers help families in many ways including counseling, parenting, communication, decision making and coping methods.

Special Instruction – Services that enhance a child’s skills in a variety of developmental areas provided by a Developmental Therapist; these services are also referred to as Developmental Therapy (DV).

Speech and Language Therapy (SLT) – Services for a child who has difficulty saying sounds, using and understanding language or uses communication other than speech.

Standard Deviation (SD) – A statistical measure of the extent to which an individual score differs from the average (mean) score. For example, a score that is 1.5 SD below the average (mean) score determines eligibility for EI services.

Supplemental Security Income (SSI) – A federal income assistance program for qualified individuals with disabilities including infants and young children. An individual does not have to be permanently disabled to receive help.

Tactile – Having to do with the sense of touch.

Tracking – Ongoing monitoring of a child’s developmental progress.

Transition – The process of change from one stage of life to another. A few examples of transition in Early Intervention are: going from IFSP to Tracking services, going from services in the 0 - 3 program to services in the 3 - 5 program and leaving The Alliance services.

Vestibular – Refers to the sensory system in the inner ear which helps an individual maintain balance and enjoy the sensation of movements such as swinging and rough play.

Women, Infants and Children (WIC) Program – A supplemental nutrition program that provides nutrition services, breastfeeding support, health care/social service referrals, and healthy foods to eligible participants.



Local Program :

Local ID# :

Office of Child Development and Early Learning



The Early Intervention Process: Evaluation Report – with Annotations

The Evaluation Report documents the strengths and needs of the child and family. It is used to determine eligibility, the need for supports and make recommendations that can assist the young child to develop, learn and grow.

Type of Evaluation:

Initial or Reevaluation:

Date Evaluation Completed:

Use for evaluation and reevaluation. An evaluation must be completed within 45 days of referral. If there are multiple evaluation dates, record most recent.

Date Evaluation Report sent to Parent/Guardian:

Use for evaluation and reevaluation. A written ER is provided to the parent within 30 calendar days of the evaluation.

I. Demographic Information

Child Information	
Child's Name:	Gender:
Date of Birth:	Age:
EIX00 #:	
Referral Date:	
Referral Source:	
Child's Address:	
City/State/Zip:	
Phone #:	
Primary Language:	<i>If the family identifies a primary language other than English, you must offer an interpreter.</i>
School District of Residence:	
County of Residence:	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Family Information	
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Primary Language:	<i>If the family identifies a primary language other than English, you must offer an interpreter.</i>
Interpreter Needed:	<i>If the family declines an interpreter, indicate 'No' in this section and document in the Family Information section of the record.</i>
School District of Residence:	
County of Residence:	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

II. Participants in the Evaluation

Participation of the parent/guardian as an equal partner of the evaluation team is essential. In addition to the parent/guardian, other members of the Infant/Toddler Early Intervention evaluation team shall include a service coordinator, a qualified professional and other team members as appointed by the family.

Name	Title/Role
	Parent/Guardian
	Parent/Guardian
	Service Coordinator

Child's Name:
Local Program :

Date of Birth:
Local ID# :

III. Evaluation Background/History

Reason for Referral for Evaluation Describe the reason(s) child is being referred for this evaluation.	Type of Evaluation:
<p><i>For initial evaluations, include the reason the child was referred for evaluation and the source of the referral. For reevaluations, the reason for referral may include gathering additional information on the child's level of development in a specific area and whether the child continues to be eligible. For evaluations for children in the process of transitioning from Part C to Part B Early Intervention, the reasons for referral should include determining if the child is eligible for Part B special education services.</i></p>	
<p>History</p> <p>Brief account of previous EI program and services, this should also include any other evaluations or services outside the EI programs</p>	
<p><i>The materials gathered in this section are based on information from the family and those familiar with the child: friends, caregivers, early care and education practitioners, Early Interventionists, and others. Medical/health information may be included here if it is pertinent to the child's history.</i></p> <p><i>Be sure to include:</i></p> <ul style="list-style-type: none"><i>(1) a statement explaining from where and from whom the information was obtained;</i><i>(2) information on participation in early care and education programs such as Early Head Start or childcare, (including center name and dates/time of attendance);</i><i>(3) a brief account of relevant programs and services with which the child has been involved</i><i>(4) any available information about strategies that have been shown to be beneficial to the child.</i> <p><i>For children who are deaf or hard of hearing, document whether or not the parent(s) and sibling(s) are hearing, have some degree of hearing loss, identify as culturally Deaf, or their hearing status is unknown.</i></p>	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

IV. Family Information

It is helpful to know the kinds of activities your child participates in, the people who your child spends time with, and the things your child enjoys doing. This information will be used to plan the Early Intervention services and supports that your child might need. Families have the option to participate and are welcome team members in the evaluation process. **Gathering this information with families is integral to the evaluation and planning process. If you are unable to obtain information from the family, describe the efforts made to obtain information.**

1) Describe the child/family's typical day/routines. Also include the family's views of their child's strengths and activities that are challenging for the child and family.

Describe typical child/family routines including those that the child/family enjoy and those they find difficult. Describe the child's interests, strengths, and abilities. What do people who know the child best enjoy about the child? Describe what the family wants people to know about how their child's developmental needs are affecting their lives. Also, include the child's strengths as seen by teachers or caregivers and other concerns they may have for the child in the early care and education setting.

Describe current activities that are difficult for the child and/or family to participate fully. Describe those activities the family did in the past and would like to do again. Describe any new activities in which the family would like the child to participate, but the family needs assistance to successfully participate in the experience.

2) Describe the family's resources, including extended family, friends, community groups, etc.

Who is involved with the child and family? How are they helpful and how do they support them? How can the Early Intervention team show respect for the family's individual preferences; for example, family routines, relationships, traditions, communication styles, cultural preferences? Describe the family's priorities for their child's future and how those priorities could be addressed.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

V. Health, Vision and Hearing Summary

Health Summary	
Date of Most Recent Health Appraisal:	By Whom:
Summarize the child's medical/health history including any information that impacts current health status or the results of the evaluation. Include information on nutrition, eating or growth concerns, immunizations, etc.	
<i>This section should include developmental history; use of glasses, hearing aids, walkers, etc. This section may include information from the initial and annual health report:</i>	
<ul style="list-style-type: none">● <i>Brief birth history, if relevant</i>● <i>Review of previous health history, including a physical exam & growth assessment</i>● <i>Hospitalizations, surgical history</i>● <i>Immunizations and screening tests</i>● <i>Medications and information on how they impact on the child's activities & diet</i>● <i>Recommendations for follow-up health care or treatment</i>● <i>Information on the management of the child's health care needs, including any instructions for medical emergencies and ongoing treatment</i>● <i>Allergies and secondary health issues/diagnoses.</i>	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Hearing Summary	
Summarize the results of hearing assessments, including the results of the newborn hearing screening as appropriate. Describe information that the team gathered during the evaluation about the child's hearing skills using observation, parent report, screening tools, etc.	
Date of Most Recent/Any Hearing Screening/Assessment:	By Whom:
Screening Instrument (if known):	
Hearing Summary	
<p>Summarize the results of recent hearing screenings and assessments. Include the following:</p> <ul style="list-style-type: none"> • Results of the Newborn Hearing Screening as pass or refer • The date and hearing test results from the audiogram and audiologist report • Type of loss (sensorineural, conductive, mixed, or other) and • Any other screenings done in the past year. <p>Describe information that the team gathered during the MDE about the child's hearing skills. If there is no medical documentation, ask the family/caregiver about their observations of the child's hearing skills and discuss whether further hearing evaluation should be recommended.</p>	
Vision Summary	
Summarize the results of vision assessments. Describe information that the team gathered during the evaluation about the child's vision skills using observation, parent report, screening tools, etc.	
Date of Most Recent Vision/Any Screening/Assessment:	By Whom:
Screening Instrument (if known):	
Vision Summary	
<p>Summarize the results of recent vision screenings and assessments. Include results of any vision screening done in the past year. Describe information that the team gathered during the MDE about the child's vision through observation, parent report, screening tools, etc. Check local availability of Spot Visual Screeners as needed.</p>	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

VI. Evaluation of Developmental Domains

Each section may include a summary of standardized testing, parent/caregiver/early childhood educator information, and observation of the child. Each of the developmental sections should include descriptive statements about the child's present abilities, strengths, and their unique needs, as based on parent/caregiver/early childhood educator report, administration of evaluation instruments, observations, or review of recent evaluation information from other agencies/programs outside of early intervention. Be sure to include the functioning level of these skills, including academic information and progress in appropriate activities for Infants and Toddlers.

The evaluation instrument must be administered by qualified personnel and unless clearly not feasible to do so, all evaluations and assessments of an infant or toddler must be conducted in the native language of the child. When conducting the evaluation and assessment, gather information from sources such as family members, other caregivers, medical providers, social workers, home visitors, and educators, if necessary, to understand the full scope of the infant or toddler's unique strengths and needs. Skills can be demonstrated during typical play, caregiving and community activities.

In order to be complete, all sections should include the information above, as appropriate for an individual child.

The information below may be helpful for families to understand what developmental skills may be represented in each section. These skills can be demonstrated within the child's typical play and community activities. This information may help to develop recommendations for interventions, and for an eligible child, the development of outcomes or goals, teaching strategies, specially designed instruction, and/or the location of intervention.

Cognitive Development

This section refers to how the brain functions and includes the development of thinking, learning, awareness, judgment, and information processing.

Communication Development

This section includes early development of the communication and language children use to express themselves, including the child's ability to understand (receptive) and communicate (expressive) wants, needs, and ideas within everyday routines.

Social and Emotional Development

This section includes the child's ability to engage others including playing, responding to adults and other children, and expressing their emotions.

Physical Development

This section includes the child's ability to move their own body including control of muscles, ability to sit, stand, move from place to place, and manipulate toys using both large and small muscle development.

Adaptive Development

This section includes the child's self-help skills such as feeding, dressing, and toileting.

Other Information

This section may include additional evaluation/assessment information from other sources or information not covered in previous sections. It may also include how the information gathered, including cultural preferences, impacts on the child's typical routines and activities. This section might also include learning strengths and learning difficulties observed and experienced in evaluation and daily routines and assistive technology needs.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Cognitive Development

This section includes play skills and early concept development, such as object permanence and related concepts. Also included are classification, spatial relationships, problem solving, attention to task and remembering skills and readiness activities, especially related to pre-academic skills/pre-literacy and pre-math skills.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Communication Development

This section includes early development of communication and language, including the child's ability to understand (receptive) and communicate (expressive) wants, needs and ideas within everyday routines. Other informationally appropriate, as well as the child's use of other communication opportunities, including American Sign Language, Listening and Spoken Language, Total Communication, or Cued Speech. This also includes the use of Augmentative and Alternative communication; both low-tech (e.g. picture exchange) and high-tech (e.g. tablet technology), and other forms of Assistive Technology/Tools to support communication.

If the child has a delay in communication development, a recommendation for further hearing assessment and AT should be considered.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Social And Emotional Development

This section includes the child's ability to engage others and interact in their environment. This section should also address the child's attachment/separation and autonomy; the ability to follow routines, directions, learn rules and expectations; interactions with other family members; behavioral concerns, responses to redirection, emotional responses to others, etc. If a Functional Behavior Assessment (FBA) has been completed prior to writing the Evaluation Report, include the results of that assessment here. An FBA is very useful for determining strategies to teach appropriate behaviors. It does not determine if a child is eligible for Early Intervention services.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Physical Development

This section includes the child's ability to sit, stand, move from place to place, and manipulate toys. It also includes looking at the child's pre-writing skills, and large and small muscle development and vision and hearing. The impact of hearing or vision loss on the child's participation in everyday routines and activities should be addressed in this section.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Adaptive Development

This section includes the child's self-help skills such as feeding, dressing, toileting, etc.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Other Information

Include additional evaluation/assessment information not covered in previous sections. Remember to include how the information gathered impacts the child's participation in typical routines and activities. This section should also include information on learning strengths and learning difficulties observed during the evaluation and experienced in the child's daily routines. This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child. Evaluations conducted outside of Early Intervention can be included here. This information should help to develop recommendations and interventions and, for an eligible child, the development of outcomes/goals, teaching strategies and/or the location of intervention.

Document any adaptations or Assistive Technology/Tools that the child/family currently uses. Observe the child and ask the parent/caregiver about any current use or potential need for any no-tech, low-tech or high-tech tools that would support the child in each developmental domain. Address Assistive Technology/Tool needs that are not addressed in other domains.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

VII. Summary of Evaluation Results

Date of Evaluation	Age at Evaluation	Evaluation Procedures (Standardized assessment, parent/caregiver/early childhood educator report, observation, etc.) Include the location of evaluation, i.e. observation at early care and education setting.	Results	Administered by: (name, title)
Date this evaluation activity occurred.		Include the instruments, methods and modifications used for the evaluation.	For standardized tests, the results should include standard score and/or standard deviation. If not documented in the report above, summarize how the delay or disability affects the child's participation in everyday activities.	Include the name and role of the person(s) completing the evaluation.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

VIII. Eligibility

Is the child eligible to receive Early Intervention Services?

To be eligible for Part C Early Intervention, the infant or toddler must meet one or more of the following criteria:

- (1) Have a developmental delay as measured by appropriate diagnostic instruments and procedures of 25% of the child's chronological age in one or more of the developmental areas;
- (2) have a developmental delay in one or more of the developmental areas as documented by test performance of 1.5 standard deviations below the mean on accepted or recognized standard tests for infants and toddlers;
- (3) have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay, including a condition that is not accompanied by delays in a developmental area at the time of diagnosis; or
- (4) qualified personnel based on informed clinical opinion has determined that the child is eligible for Early Intervention services. "Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for Early Intervention.

A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child), if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that the child has a diagnosis which has a high probability of resulting in a developmental delay. If the child's eligibility is established through the use of medical or other records, the Infant/Toddler Program must conduct an assessment of the child and family to identify the child's unique strengths and needs and the family's resources, priorities, and concerns to support the development of the IFSP.

Reason(s) Eligible:	<p><input type="radio"/> 25% delay or 1.5 standard deviations below the mean in or more areas of development This should be used if a child is eligible as a result of developmental delay</p> <p><input type="radio"/> Informed clinical opinion of this multidisciplinary team If informed clinical opinion was used to determine eligibility, then the appropriate developmental domain section(s) should include specific reasons why clinical opinion was used.</p> <p><input type="radio"/> Diagnosis which has a high probability of resulting in a developmental delay When checking this box, the specific diagnosis or disability should be indicated on the diagnosis screen in PELICAN. The team may gather further information or consult with the child's physician to determine if a diagnosis will result in high probability for delay.</p> <p><input type="radio"/> Eligible for early intervention services, but family declined services and requested tracking Check this box if the child is eligible for Early Intervention services, but the family is choosing to enroll their child only in tracking. A reason(s) for at-risk tracking must be selected.</p> <p><input type="radio"/> Demonstrating skills similar to children his/her age</p>

Reason(s) Ineligible:	<input type="radio"/> Child with a disability but does not need specially designed intervention/instruction (SDI) For Infant/Toddler: N/A <input type="radio"/> Eligible for tracking only Check this box if the child is not eligible for Early Intervention services but is eligible for tracking. Reason(s) for at-risk tracking must be selected.
Reason(s) for At-Risk Tracking:	<input type="radio"/> Affected by an elevated lead level <input type="radio"/> Affected by prenatal substance exposure, including alcohol <input type="radio"/> Birth weight was under 1500 grams <input type="radio"/> Cared for in a Neonatal Intensive Care Unit <input type="radio"/> Experiencing homelessness See Announcement EI 14-#01 for definition of homelessness <input type="radio"/> Referred by Children, Youth & Families <input type="radio"/> County follow-up County Programs may identify additional tracking categories.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

IX. Recommendations

Recommendations for consideration by the team regarding early intervention and related services are needed to enable the child to be involved and make progress in typical routines, community or preschool educational activities. For informational purposes only include additional suggestions for the family, such as contact information for outside resources. Each recommendation should include a description of the appropriate natural environments or least restrictive environment, including community settings, and family activities and routines, in which early intervention services and/or community supports, may be provided.

Recommendations should describe specific strategies the family can begin using while services are being determined. Recommendations should not list the specific service, the amount of service or frequency. These are decisions made by the IFSP team during the development of the IFSP. Recommendations should include ideas to help the IFSP team develop an accurate, comprehensive plan based on family and team concerns. Reflect on all of the information gathered throughout the process. Each question should be considered and addressed as appropriate to meet the individual needs of the child and family. If the child is not eligible for Early Intervention services, describe non-Early Intervention supports/services that may assist the family in addressing their concerns.

As a result of the evaluation, how will concerns identified by the family and team be addressed?

Identify learning strategies that build upon the family's strengths, priorities, and preferences, will assist the child's development, and promote family participation in everyday activities.

For eligible children, this should include what the family would like to see addressed first. This information will help develop strategies the family can begin using while services are being determined.

If the child is not eligible for Early Intervention services, provide the family with strategies and ideas that they can do with their child to continue supporting development.

Are there referrals or linkages to people and community resources, that are not Early Intervention services, that will assist the child/family in expanding their opportunities for involvement in community activities?

These are resources and people that may be useful in supporting the child and family to begin or enhance their access to successful participation in community activities. These resources should be considered as you develop IFSP outcomes/goals.

Ask the family if they want to learn more about their child's diagnosis or talk to another parent who has a child with similar delays. Consider referrals to Parent to Parent of Pennsylvania for all families and Family Connections for Language and Learning for families of infants and toddlers who are deaf or hard of hearing. Consider asking the family if they would like to learn more about the Early Intervention system. If so, consider linking the family to the Local Interagency Coordinating Council (LICC), Parents as Partners in Professional Development (P3D), or Competence and Confidence Partners in Policy Making EI (C2P2 EI).

If the child is not eligible for Early Intervention services, describe non-Early Intervention supports/services that may assist the family in addressing their concerns.

Other Recommendations

This section can be used to capture any additional team recommendations that meet the child and family needs.



Individualized Family Service Plan (IFSP)

-with Annotations

In all sections of the IFSP, use language that is understandable to all team members. Define words that may not be familiar to all team members.

- The IFSP is a plan that identifies services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP team determines the skills/abilities and appropriate supports and services either in the natural environment or the least restrictive environment to accomplish the established goals and outcomes.
- These decisions are not made by matching the child's areas of delay with a particular early intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- The IFSP is a plan that considers: the strengths of the child; concerns of the parent/guardian; most recent evaluation results; academic, developmental and functional needs of the child; communication needs of the child; and will incorporate revisions to the plan to address lack of progress.

Meetings for the IFSP

Date meeting(s) held	Purpose Of Meeting(s) (Ex.: Initial IFSP, Annual, Revisions)

I. Demographics and IFSP Team Membership

Child Information	
Child's Name:	Gender:
Date of Birth:	Age:
EIX00 #:	
Referral Date:	
Referral Source:	
Child's Address:	
City/State/Zip:	
Phone #:	
Primary Language:	<i>If the family identifies a primary language other than English, you must offer an interpreter.</i>
School District of Residence:	
County of Residence:	

Family Information	
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
Is Interpreter Needed? <i>If the family declines an interpreter, indicate 'No' in this section and document in the Family Information section of the record.</i>	
School District of Residence:	
County of Residence:	

IFSP Team Membership:

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator must be present for the meeting; a person directly involved with evaluation and assessment results who can interpret instructional implications; a person who will be providing services, as appropriate.

Role	Printed Name	Attendance Signature

The following individuals provided information to the IFSP team but did not attend or were excused from the meeting.

List Infant/Toddler team members excused from the planning meeting who participated by providing pertinent written information to the meeting, by phone or by the attendance of another authorized representative.

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parental Rights Agreement:

Yes No

Parent Signature: _____

II. Child and Family Information

Summary of the Child's Present Performance

Provide a summary from the Evaluation Report, if current, or update with current information. This summary describes the child's strengths (including strengths that exist in areas of concern) and the child's needs. Include developmental and functional performance. Describe how the child's developmental delay or disability affects the child's involvement in everyday routines and appropriate activities. Describe instructional strategies that have been successful and how they can be incorporated into the child's educational program and curriculum that will support the child. Describe the child's favorite activities and materials, and factors that motivate the child to participate and learn.

This section is designed to link the evaluation information with the IFSP. It should combine a synthesis of information first shared by the family about their child's development with the findings of the evaluation team. It should capture team priorities and provide contextual information to be addressed through the development of outcomes/goals and teaching strategies. If needed, medical and health considerations should be addressed here.

For Newborn Hearing Screening (NBHS) results, documentation should be 'refer' rather than 'fail' or 'did not pass' and include the date and hearing test results from the audiogram and audiologist report in the Hearing section of the Health Summaries. This would include the type of loss (sensorineural, conductive, mixed, or other).

Summary of Family Information

Provide a summary from the Evaluation Report, if current, or update with current information.

This section is intended to provide an opportunity to review and highlight assessment information shared by families. Include family information that will be helpful in the design of Early Intervention supports and services that are respectful of and culturally responsive to the child and family and their activities and routines.

For children who are deaf or hard of hearing, document whether or not the parent(s) and sibling(s) are hearing, have some degree of hearing loss, identify as culturally Deaf, or their hearing status is unknown. For children who are deaf or hard of hearing, documentation that the Communication Plan was discussed/developed with the family could be included here.

With parent consent, list assistance to the family in helping them access community, medical or other non-EI funded services. If the parent does not want to address this item, document in the child's record.

This section may include a wide range of supports such as referrals and access to community agencies. These are resources and people that may be useful in supporting the child and family to begin or enhance their access to successful participation in community activities.

Families may or may not prefer to have these referral supports listed on the IFSP. In any case, these types of agency referrals can be an appropriate and needed component of Early Intervention services.

Service Coordination activities can be documented here: Include community activities, medical or other services that the child needs but are not otherwise available or being provided. If there are services that are not currently provided and the family needs or requests assistance, write a brief description of the steps the Service Coordinator, family and/or team may take in securing these services.

III. Special Considerations

Following are special factors the IFSP team must consider before developing the IFSP. Each question must be answered. If YES is checked, the IFSP must address the child's needs related to any identified special factor. *If you check yes to any of the considerations below, please indicate where in the IFSP this need is addressed. Special Considerations must also be updated as appropriate when the IFSP is reviewed.*

Assistive Technology/Tools should be considered for all children to support all areas of development. Assistive Technology is defined as no-tech, low-tech, or high-tech tools to support participation in everyday activities.

1. Is the child blind or visually impaired?

NO YES - As developmentally appropriate for the infant, toddler and preschooler, the IFSP should evaluate the child's early literacy needs, including reading and writing media. The IFSP must consider the current and future needs of the child related to the use of Braille if the team decides that this is appropriate for the child.

A teacher of the blind and visually impaired can help the team determine the relative roles of vision, hearing, and touch in the child's learning. The IFSP team should then incorporate the results of the learning media assessment, including the functional vision assessment, into the IFSP, documenting the child's present need for Braille and the likelihood of future need. The IFSP team should adopt a systematic method of documenting this information for all children with visual impairments, including children with multiple disabilities, when visual impairment is present.

2. Is the child deaf or hard of hearing?

NO YES - Team must consider the infant's, toddler's or preschooler's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IFSP.

Opportunities for direct interaction (without the need for an interpreter or transliterator) in the child's own language and communication mode must be considered. When children use communication methods such as American Sign Language, Listening and Spoken Language, Total Communication, or Cued Speech as their primary method of communication in typical early childhood programs, the teacher, other children, and the ancillary support service providers should be supported to understand and use the appropriate form of communication. The Communication Plan identifies considerations that must be addressed during the planning process. The team may choose to embed the Communication Plan components into the IFSP; or the team may elect to use the Communication Plan and append it to the printed IFSP. Both options should be explained to the parents/caregivers.

3. Does the child exhibit behaviors that impede the child's learning or that of others?

NO YES - Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment.

When a child engages in behavior that is not developmentally appropriate in form or intensity and the child is not responding to typical interventions, there must be a functional behavior assessment, and either: (1) specific outcomes/goals related to the child's behavioral needs or, (2) a Positive Behavior Plan. Note: In the case of culturally or linguistically distinct children, a person of the child's cultural group who has knowledge or special expertise regarding the child should participate to explain or evaluate the behavior.

4. Does the child have limited English proficiency (e.g., the child's home language is not English)?

NO YES - Team must consider the family and child's language needs as those need relate to the development and implementation of the IFSP.

Describe how the child's native language and the language needs of the family and child will be incorporated into the development and implementation of the IFSP. The team should consider evidence-based practices related to dual language learning.

<p>5. Does the child have communication needs?</p> <p>NO YES – Team must consider the communication needs of the child in the development of the IFSP. Consideration should be given to the mode(s) of communication used by the child, including whether the child requires Augmentative and Alternative Communication (no-tech, low-tech, high-tech) to assist in the development and use of meaningful communication. Family input is critical to the comprehensive communication considerations. The Communication Plan identifies considerations that must be addressed during the planning process for children who are deaf or hard of hearing. The team may choose to embed the Communication Plan components into the IFSP; or the team may elect to use the Communication Plan and append it to the printed IFSP. Both options should be explained to the parents/caregivers.</p> <p>If this Special Consideration is checked, consider Special Consideration #6 carefully.</p>
<p>6. Does the child need assistive technology devices and/or services?</p> <p>NO YES – Team must consider the infant, toddler or preschooler needs for assistive technology in the development of the IFSP. Assistive technology is any no-tech, low-tech, or high-tech tool to support a child’s participation in everyday activities, it is not necessarily a device. Anything that the child needs access to in order to participate is considered assistive technology. It would not be considered assistive technology if these are universally available and not necessary for the child to participate. AT also includes the services required for assessment and implementation of tools or devices. Be sure to include specific steps/timelines to identify, trial and obtain any needed service and/or device.</p> <p>If Special Consideration #5 is checked yes, you should carefully consider checking this box. A plan should be developed to provide supports for communication, including Augmentative and Alternative Communication (pictures, signs, etc). Use PEAT’s Suite as a resource.</p>
<p>7. Is it anticipated that the infant/toddler will be transitioning from the early intervention program because of a transition in the life of the family and child?</p> <p>NO YES – The IFSP should address the child’s transition to future community programs and the needs of the family related to transition. This consideration is for all children who are anticipated to be exiting the Early Intervention program because they have been successful in meeting their outcomes/goals, will be moving out of state, or for any other transition out of the current Early Intervention program.</p>
<p>8. Is this an IFSP for a toddler who is at least 2 years 3 months of age?</p> <p>NO YES – The IFSP must include a transition plan that addresses the child and family’s needs related to the transition to the Part B program if eligible or to other community programs. The development of the Transition Plan within the IFSP shall be documented at the IFSP meeting or IFSP review after the child turns 2 years, 3 months. If a child is referred after they are 2 years, 3 months old, the Transition Plan should be completed as part of the initial IFSP.</p>

IV. Measurable Result/Outcome/Goal

Activity/behavior/skill in everyday life, identified by the family and the IFSP team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring. Goal should be developed in accordance with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

Outcome/Goal:	Date outcome/goal developed:	Date outcome/goal completed:
<p>Outcome/Goal Statement:</p> <p>A statement of the functional, measurable results or outcomes/goals expected to be achieved. Outcomes/goals should be both measurable and functional. Functional activities reflect participation in the child's natural learning environment, based on everyday activities rather than on specific skills, observable in natural interactions and activities, and meaningful to the child.</p> <p>Measurable can be seen in real world contexts, not tested; evidence is available through hearing and/or seeing the child say or do the things described in the goal; quantifiable and documented; the family and caregivers know when this outcome/goal is achieved.</p> <p>The wording of an outcome/goal should be positive, precise, and easily understood; the use of acronyms or jargon should be avoided. It should not be discipline-specific, and may be addressed by multiple team members, including the family, Early Interventionists, and early childhood education providers.</p>		
<p>What is happening now? What is child's current level of performance related to this outcome/goal?</p> <p>For the outcome/goal listed above, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the family's routines and activities. The description should be based on evaluation results and/or progress monitoring information, as well as other assessment information as appropriate. The description should serve as a baseline for measuring progress on individual outcomes/goals and should include dated periodic updates. Simply stating that the child cannot do what the goal says is not adequate. (Ex. Child is not walking.) Statement should include what the child IS doing. (Ex. how is the child moving around) For an annual IFSP, include progress specific to the outcome/goal and a summary statement.</p>		
<p>What teaching strategies are needed to reach the outcome/goal? Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials needed by the family or team. Also include location and how all team members, including the family/caregivers/early childhood educators, will work on this.</p>		
<p>All strategies should be individualized for the specific child and family based on their unique needs.</p> <p>Strategies which relate to this outcome/goal should consider the following:</p> <ol style="list-style-type: none"> 1) Skills needed by the child for successful participation in the outcome/goal through the child's routines/activities: Include the setting(s) or portion of the child's daily routine and activities when the child will perform the behavior/activity, 2) Skills to be learned by the family/caregivers/early childhood educators to assist in the child's development and participation in everyday routines; <ul style="list-style-type: none"> ● Observation, instruction and reflection should be used to support the use of evidence-based practices by the adults in the child's life to support the child's continued development; ● Describe the coaching and collaborative practices that will be used. 		

- *Include teaching strategies such as: direct teaching, demonstration, guided practice with feedback, caregiver practice with feedback, problem solving, and reflection*

3) *Steps to identify, trial and obtain Assistive Technology/Tools or Augmentative and Alternative Communication, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities; this should include current use of Assistive Technology/Tools*

4) *Referrals or linkages to people and community resources that will assist the family in expanding their opportunities for involvement in community activities; and*

5) *Information to enhance the family's capacity to assist their child's development and enhance the family's participation in everyday activities. Service Coordination activities could be documented here.*

How will we as a team measure progress and collect data for this outcome/goal? Include what is going to be measured, How it will be measured, when it will be measured and by whom. Describe when periodic reports on progress will be provided to the parent.

Include criteria, procedures and timelines, such as:

WHAT – What change will we see in the activity/behavior/skill, stated in the outcome/goal as a result of the intervention?

HOW - What data collection strategies will be used to evaluate and record progress?

WHEN - What is the recommended frequency/timeline for collecting the information? When will it be reviewed and used for decision making?

BY WHOM - Who on the team, including the family, is going to be responsible to collect data?

At IFSP reviews, this information should be used to determine:

- *The degree to which progress toward achieving the results or outcomes/goals identified in the IFSP is being made*
- *Whether modifications or revisions of the expected results or outcomes/goals, instruction/teaching strategies or Early Intervention services identified in the IFSP, are necessary.*

Data should be presented in a manner that is understandable to parents/caregivers and describes progress in specific, functional terms.

Service Coordination activities could be documented here.

After reviewing the outcome/goal and progress monitoring data, we, the team, have decided: (Check one)

- We still need to work toward this outcome/goal. Let's continue with what we have been doing.
- We still need to work toward this outcome/goal. Let's discuss new ways to get there.
- Our situation has changed; we no longer need to work on this outcome/goal.
- We are satisfied that we have finished this outcome/goal. Fill in "Date Outcome/Goal Completed" above.
- Other:

Use this section to update child progress and provide families with periodic updates. Any revisions to the Outcome/Goal can be made to the appropriate sections.

Date of review: _____

Measurable Result/Outcome/Goal – **Optional Service Coordination Outcome/Goal**

Activity/behavior/skill in everyday life, identified by the family and the Tracking team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring.

Outcome/Goal:	Date outcome/goal developed:	Date outcome/goal completed:
Outcome/Goal Statement: <i>This outcome/goal statement can be used when the family needs Service Coordination support to access needed services, meet their priorities, and/or gain confidence and competence. It should be used if the oversight of the plan or the activities needed extend beyond coordinating and monitoring services or the activities are not easily included in other areas of the plan. There could also be a very specific outcome/goal related to assistance to support the family in meeting their needs.</i>		
What will occur to reach the outcome/goal?	<i>This should include the Service Coordinator and family's individualized steps and activities to meet the outcome/goal statement. It should also include support provided to the family and informing them of appropriate community resources.</i>	

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After reviewing the outcome/goal and progress monitoring data, we, the team, have decided:
We still need to work toward this outcome/goal. Let's continue with what we have been doing. We still need to work toward this outcome/goal. Let's discuss new ways to get there. Our situation has changed; we no longer need to work on this outcome/goal. We are satisfied that we have finished this outcome/goal. Fill in "Date Outcome/Goal Completed" above. Other:
<i>Use this section to update progress and provide families with periodic updates. Any revisions to the Outcome/Goal can be made to the appropriate sections.</i>
Date of review: _____

V. Early Intervention Services

Early Intervention Service ¹	Location ²	Start Date ³	Delivered Date Needed	Actual Delivered Date	Service End Date	Frequency up to a Maximum	Session Duration ⁴	Unit Costs ⁵	Estimated Total Costs ⁶
	"Home", "Community" or "Other"	The date the IFSP is developed and the parent has provided consent.		The date the child received the service. If actual delivered date is more than 14 days from start date, document the reason for the delay.		Frequency of service per 7 days, per 14 days, per 30 days, per 60 days or per 90 days.	Length of session – reflect in units; 1 unit = 15 minutes	Cost per unit of this service	Total Cost of this service per year
Contact Person & Phone Number:					Agency:				
Service Comments: Include any additional service details if needed/relevant.									

¹All services will be on an individual basis unless otherwise indicated within the plan here and/or in the service page.

² If IFSP services/supports are not being provided in a natural environment or an inclusive environment, complete the sections titled "Participation with Typically Developing Children".

³ If an early intervention service is projected to start later than 14 calendar days after the Start Date, a justification of the later date must be documented in the Service Comments section.

⁴A unit is equal to 15 minutes.

⁵This child's Infant/Toddler early intervention services may be funded through state, Medical Assistance or Infant/Toddler and Family Waiver funds.

VI. Participation in Early Childhood Environment

Is the child currently attending a regular early care and education program?

(Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care. Attendance at an early childhood program need not be funded by early intervention funds.)

If Yes, how many hours per week does the child spend in the regular early childhood program?

Enter the time the child is in an early childhood education setting including time the child is receiving any Early Intervention services in the early childhood education setting.

VII. Participation with Typically Developing Children

Explain why and to what extent the eligible child does not receive early intervention services in their natural environment. Include in what environment the child will receive early intervention services, the reason for this placement, and ways to maximize the opportunities for the child to participate with typically developing peers in natural/inclusive environments.

If all services are provided in the natural environment, include a statement that all Early Intervention services are provided in the natural environment. If services/supports are not being provided in natural environments, include the justification for the determination that services/supports not be provided in the natural environment.

The availability of services, child's disability, or program issues are not an appropriate rationale for not providing services/supports in natural environments

VIII. Revisions to the IFSP

Date of Revision(s)	Name and Role of Team members involved in the Revision	IFSP Section(s) Amended	Reasons For Revision

IX. Transition Plan

A transition plan should be completed for children as identified in the Special Considerations section.

This plan should be written in conjunction with the team as part of an IFSP team meeting. It should be reviewed and updated as needed, and will be reviewed at the required transition meeting. For children at the age to transition, the parent should be made aware that basic child information is transmitted to the receiving program for child find purposes. With parental permission, further information is exchanged between the programs to ensure a smooth transition for the child, including the most recent evaluation and assessment of the child, and the IFSP.

Transition Outcome/Goal:

Team should develop an overall outcome/goal based on the individual child and family needs for transition; both to Preschool Early Intervention and/or out of Infant/Toddler Early Intervention to the community. It should describe an activity, behavior or skill that is identified by the family and team. The transition outcome will include the routines, activities and unique needs of the child and the priorities of the family within their natural learning environments, whether it is at home, in the community, or in an early childhood education setting.

What is happening now? What information and child and family considerations should be shared with the team in order to better prepare for transition?

Specifically related to this transition outcome/goal, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the child/family/caregiver/early childhood educator routines and/or activities. In what community programs, activities or early childhood programs does the child currently participate? How are services delivered?

Activities/Services Designed to Ensure a Smooth Transition In Early Intervention

The plan should include at least the following:

1. Discussions with the parent regarding future support and other matters related to transition;
2. Steps to prepare the toddler/young child for changes based on developmental needs, including activities to help the adjustment to and participation in new settings;
3. Steps to ensure a smooth transition, including sharing of information, and convening a meeting with the family, preschool EI program and/or community provider at least 90 days and up to 9 months prior to the child's 3rd birthday.

Individual Activities should support transition of the child and family and include things such as:

- *Action Steps to support the transition of the child as identified by the IFSP team.*
- *Strategies/supports needed by the infant/toddler and his or her family*
- *Discussions with families/parents regarding early childhood education options and other matters related to the transition of their child*

Questions IFSP team might consider:

- *What type of programs or experiences would the family consider if the child did not have a developmental delay or disability?*
- *In what programs and activities do the child's siblings and neighbors participate?*

- *What makes current experiences successful for the child? Are there any challenges?*
- *How can the family continue to support their child's development once they exit Early Intervention?*

Also include steps to exit the Early Intervention program so families know what to expect. Steps to exit the Program include:

- *Timeframes related to transition as the child exits the Infant/Toddler Early Intervention Program*
- *Other steps which will vary depending on the program to which the child is transitioning:*

Information should be specific to the child and family, and should document the sharing of information, as well as all activities and specific steps that occur related to transition. It should include information related to all aspects of transition, not just the transmission of information or skills needed by the child.

Transition Plan Dates

Transition plan initially developed on (MM/DD/YYYY):

Date transition notification letter sent (MM/DD/YYYY):

Transition meeting held on (MM/DD/YYYY):