

Crossroads Head Start and Early Head Start

Disabilities PLAN

2022-2023

Crossroads Head Start and Early Head Start Disabilities Plan

Introduction

Crossroads Head Start/Early Head Start seeks to enable all children, including those with special needs to develop their full and optimal potential. Through its disability service effort, Crossroads Head Start/Early Head Start ensures that children with a disability receive the special education and related services they need for their physical, cognitive, language, social and emotional development. Children with disabilities are integrated into each of the classrooms in developmentally appropriate ways. The Disabilities Services Plan is a management tool for planning, organizing, implementing, and evaluation the objectives of the disabilities service's effort.

Goals/Objectives:

- To actively recruit children with disabilities and achieve a goal of 10 percent of enrollment.
- To assist parents in learning about and accepting their child's unique needs, to provide training to parents in meeting those needs and to encourage parent involvement in their child's development and education.
- To promote a team approach to delivering comprehensive services to children and their families
- To establish a collaborative effort between Crossroads Head Start/Early Head Start and the local school district, other community providers, and parents; insuring early identification, evaluation and intervention services.
- To enhance the understanding of disability related issues among staff and encourage them to develop the necessary skills to work with children who have unique needs through a proactive staff development program.
- To ensure the efficient use of resources.

§1302.13 Recruitment of children.

In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services, and encourage and assist them in applying for admission to the program. A program must include specific efforts to actively locate and recruit children with disabilities and other vulnerable children, including homeless children and children in foster care.

Crossroads actively recruits children with disabilities, including severe disabilities to participate in the program through brochures, newsletters, community contacts, school and university partnerships and local professionals. No child is denied placement in the program on the basis of a disability. The MHDC should be notified with any questions about disabilities and enrollment.

§1302.33 Child screenings and assessments

(a) Screening.

- (1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding**

a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program, or for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain current developmental screening within 30 calendar days of when the girls first attends the program.

- (2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use a part of the screening additional information from family members, teachers and relevant staff familiar with the child's typical behavior.**

Upon enrollment, all children screened for social-emotional, developmental, and speech skills within 45 calendar days of their first day of attendance. The screening tools include the Ages & Stages Questionnaire 3rd Edition (ASQ-3), Ages & Stages Questionnaire: Social Emotional 2nd Edition (ASQ-SE-2), and Fluharty-2, for English speakers. Spanish speakers are administered the ASQ-3, ASQ-SE-2 and Preschool Language Scale 4th Edition (PLS-4) in Spanish.

Screening Tools

Ages & Stages Questionnaire 3rd Edition

The ASQ-3 is a developmental screening tool designed for use by early educators and health care professionals. It relies on parents as experts, is easy-to-use, family-friendly and creates the snapshot needed to catch delays. The ASQ-3 can be administered in English or Spanish.

Ages & Stages Questionnaire: Social Emotional 2nd Edition

The ASQ-SE-2 is a screening tool that pinpoints problem areas in social or emotional development in early childhood. We use this screening to recognize areas of concern and provide referrals to families in order to address the concern. The ASQ-SE-2 can be administered in English or Spanish.

Fluharty 2nd Edition

The Fluharty-2 is screening tool used to rapidly identify preschool children whom need a complete speech and language evaluation. Scores reflect performance in articulation, receptive/expressive language, and composite language. This screening is only administered in English.

Preschool Language Scale 5th Edition – Spanish Screening Test

The PLS-5 is an individually administered test for identifying children from birth through 6 years, 11 months who have a language disorder or delay. PLS-5 targets receptive and expressive language skills in the areas of attention, play, gesture, vocal development, social communication, vocabulary, concepts, language structure, integrative language

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skills, and phonological awareness. This screening is simultaneously administered in English and Spanish to rule out the possibility of a language delay due to being an English language learner.

Screening Procedure

At Initial Home Visit, parents give consent for all program screenings on the Consent for Head Start/Early Head Start Services form. The ASQ-3 is first completed by the child's parent at their initial home visit. It is then completed by the child's teacher two weeks following their first day of attendance. The ASQ-3 must be completed by family and teacher, and scored by the Family Advocate within 45 days of the child's first day of attendance. If the child passes the screening, no further action is taken. If the child's scores reflect a deficit, the Family Advocate will send the ASQ-3 score page with a *Referral Evaluation Report* (H-319) outlining the developmental concern to the Mental Health and Disabilities Coordinator (MHDC) for further action. Head Start children are screened with the ASQ-3 at the time of their initial enrollment. Early Head Start children are screened at initial enrollment and again in the spring of each year.

The ASQ-SE-2 is first completed by the child's parent at their initial home visit. It is then completed by the child's teacher two weeks following their first day of attendance. The ASQ-SE-2 must be completed by parent and teacher, and scored by the teacher within 45 days of the child's first day of attendance. The teacher totals the scores and places the final score on the Information Summary page, along with their signature and the date scored. If the child's score is below the "cutoff score", no further action is taken. If the child's score is above the "cutoff score", then the child will require a referral to the contracted Mental Health and Disabilities Coordinator. This referral is made using an H-319. Head Start and Early Head Start children each receive this screening once per year at the time of initial enrollment.

For Head Start children ages 3 to 5, the speech/language screening tools used are the Fluharty-2 for English speaking children and the PLS-5 for Spanish speaking children. Both are administered within 45 days of the child's first day of attendance by the contracted Speech Language Pathologist (SLP). If the child passes the screening, no further action is taken. If the child's scores indicate a deficit, the SLP will write "refer" at the top of the screening. The SLP will then pursue consent from parents to complete a formal speech evaluation.

Children transitioning from Early Head Start to Head Start, regardless of the time of year, will have the ASQ-3 and ASQ-SE-2 administered again. They will have their first

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speech screening, either Fluharty-2 or PLS-5, administered at the time of transition to Head Start.

(3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:

- (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required by IDEA; and,**
- (ii) Partnership with the child's parents and relevant local agency to support families throughout the formal evaluation process.**

Head Start children are identified to warrant referral to the public school in two ways; showing a deficit on the ASQ-3 without making progress and/or by showing a deficit on their speech screening or evaluation. If the child warrants a referral to the public school, the Mental Health and Disabilities Coordinator (MHDC) will contact the child's parents and schedule a meeting. At the Public School Referral Meeting the MHDC will go over the scores of all the screenings, including: ASQ-3, ASQ-SE-2, and Fluharty-2 or PLS-5. The parents are informed that based on their child's scores from the screening/evaluation tools, the child will potentially benefit from additional evaluation and services offered by the public school. If the parent agrees to a referral to the public school, the parent and the MHDC will, together, complete the following forms: *Public School Checklist* (D-209), *Consent for Referral or Evaluation* (D-200 Consent), *Authorization to Release & Receive Information* (D-216), and *Referral Information Report* (D-201). These forms, accompanied by copies of the screening tools, will be delivered to the appropriate public school district to initiate the referral, within seven days of signed consent. The referral packet can be delivered to the public school in the manner preferred by the particular school district receiving the referral. The preferred route of delivery can be via secure email, fax or hand delivery. Either way, receipt of the packet is confirmed by the MHDC. Additionally, parents are provided a Parent Resources & Referral Information folder containing a copy of "Parents Rights In Special Education: Notice of Procedural Safeguards" issued by the Oklahoma Department of Education: Special Education Services, and a pamphlet for Oklahoma Parents Center, a non-profit, IDEA advocacy group for Oklahoma families. Following submission of the referral, the MHDC maintains contact with the family and the public school to track the status of the referral and assist both parties, when necessary. If a parent declines a referral to the public school, they must complete the decline portion of the *Decline for*

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Referral or Evaluation (D-200 Decline). Copies of the signed forms, consent or decline, are kept in the Child Folder under the Disabilities tab.

Early Head Start children are identified for referral by showing a deficit on their ASQ-3 and/or due to parent or teacher concerns. If the child warrants a referral to SoonerStart, the Mental Health and Disabilities Coordinator (MHDC) will contact the child's parents and set up a meeting. At the SoonerStart Referral Meeting the MHDC will go over the scores on the ASQ-3 and ASQ-SE-2. Speech screenings are not administered to this age group. The parents are informed that based on their child's scores from the screening tools, the child will possibly benefit from additional evaluation and services offered by SoonerStart. If the parent agrees to a referral to SoonerStart, the parent and the MHDC will, together, complete the following forms: *Authorization to Release & Receive Information (D-216)*, and *Consent/Decline for SoonerStart Referral (D-206)*. These forms, accompanied by copies of the screening tools, will be faxed to the appropriate county health department SoonerStart program to initiate the referral. MHDC calls the health department to verify receipt of the referral packet. Additionally, parents are provided a Parent Resources & Referral Information folder containing a copy of "Special Education: Notice of Procedural Safeguards" issued by the Oklahoma Department of Education: Special Education Services, and a pamphlet for Oklahoma Parents Center, a non-profit, IDEA advocacy group for Oklahoma families. If a parent declines a referral to SoonerStart, they must complete the decline portion of the *Consent/Decline for SoonerStart Referral (D-206)*. Copies of the signed forms, consent or decline, are kept in the Child Folder under the Disabilities tab.

- (4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part.**

Mental Health and Disabilities Coordinators (MHDC) maintain a close working relationship with the public schools in their assigned area. When possible, MHDC will attend public school meetings as a support to the parents and a liaison between Head Start and the public school. MHDC make it a priority to attend the final Eligibility Meeting held by the public school, prior to the issuance of the Individualized Education Plan (IEP). At this meeting parents are provided with all evaluation scores and the preliminary IEP in order to make changes and gain parental consent. The MHDC attends this meeting to answer any questions, help with transportation arrangements, inquire about needed equipment, gain knowledge about the child's disability and how they can

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be supported at Head Start, and to foster open communication with the parents and public school district.

Once an IEP is in place, Head Start obtains a copy of the IEP document which is placed in the Child Folder under the Disabilities tab. The MHDC reviews the IEP with the teachers to explain the goals set by the public school to address the child's needs. The teachers are instructed to individualize the child's lesson plans to match the goals listed on the IEP. Teachers are required to address a goal each month, providing activities to meet that goal on a weekly basis. Documentation of individualization is noted on the *Monthly Disability Service Report* (D-212). This will be documented in Child Plus. On this form, teachers document the monthly goal they chose from the IEP and an anecdotal account of the child's progress toward the goal. Teachers also mark, on the weekly lesson plan, which activity(s) specifically targets the IEP goal. At the end of each month, the teacher finalizes the completed D- 212 and submits it to the MHDC for review. The teacher can then print a copy to keep in the Child's Folder. The teacher can then choose the next goal for the month and start a new one in Child Plus. The MHDC will review goals/212's at the beginning of the month, weekly as needed and at the end of the month.

Head Start partners with the public school in allowing special education providers to observe and provide services to their children in the Head Start Setting. Head Start collaborates with the public school's transportation system and assists children to or from the bus for transport to the public school for specialized services.

Early Head Start children who qualify for SoonerStart are issued an Individualized Family Service Plan (IFSP). The IFSP document is similar to the IEP document and is handled the same way. Once an IFSP is in place, Head Start obtains a copy of the IFSP document which is placed in the Child Folder under the Disabilities tab. The MHDC reviews the IFSP with the teachers to explain the goals set by SoonerStart to address the child's needs. The teachers are instructed to individualize the child's lesson plans to match the goals listed on the IFSP. Teachers are required to address a goal each month, providing activities to meet that goal at least one time per week. Documentation of individualization is noted on the *Monthly Disability Service Report* (D-212). This will be documented in Child Plus. On this form, teachers document the monthly goal they chose from the IEP and an anecdotal account of the child's progress toward the goal. Teachers also mark, on the weekly lesson plan, which activity(s) specifically targets the IEP goal. At the end of each month, the teacher finalizes the completed D- 212 and submits it to the MHDC for review. The teacher can then print a copy to keep in the Child's Folder. The teacher can then choose the next goal for the month and start a new one in Child Plus. The MHDC will review goals/212's at the beginning of the month, weekly as needed and at the end of the month.

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Early Head Start partners with SoonerStart in allowing service providers to see their children in the Early Head Start setting. This minimizes barriers to care for families receiving SoonerStart services and fosters a collaborative relationship between Early

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Head Start and SoonerStart. Mental Health and Disability Coordinators facilitate a quarterly meeting with SoonerStart to discuss the status of each child's IFSP.

- (5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:**
- (i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,**
 - (ii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.**
- (A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.**

In the event the Public school or SoonerStart finds a child does not qualify for their services, Head Start and Early Head Start will attempt to support the child and their family, to the best of our ability. The Mental Health and Disabilities Coordinator (MHDC) will spend time with the child in the classroom setting to observe and assess the child's specific needs. The MHDC gives the teachers feedback on how best to support the child in their classroom. The teachers will then monitor the child's progress and report back to the MHDC. The MHDC will also meet with the parents to access resources available to the family and the child. Referrals can be made to the child's medical home, mental health provider, or specialized community programs that can help to meet the family's needs. The Education Coordinator will observe the child in the classroom setting and make recommendations on classroom arrangement or special equipment and/or materials the child may need.

Head Start Speech services are provided by contracted Speech Language Pathologists (SLP) for children whose scores indicate a mild to moderate delay. These children typically do not qualify for public school services, but can benefit

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from speech therapy. The majority of these services are billed through the child's health insurance and not paid for by the program.

(B) A program may use program funds for such services and supports when no other sources of funding are available.

Head Start uses program funds to support children who require speech services, do not qualify for Public school services, and have no funding source. We also serve children who have no funding source but are waiting for their IEP to be finalized. These children are provided services through Head Start Speech by our contracted Speech Language Pathologist (SLP) in a group setting. Once a child acquires their IEP, Head Start funding will be discontinued and the public school will provide all services. If a child never acquires an IEP, Head Start will continue to provide services in a group setting. Based upon need, it can possible to hire additional staff and purchase modified equipment to support identified children.

(b) Assessment for individualization.

- (1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Child Outcomes Framework: Ages Birth to Five. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.**

Head Start and Early Head Start conduct standardized and structured assessments throughout the program year. Upon enrollment, all Head Start children are assessed using the Ages & Stages Questionnaire 3rd Edition, Ages & Stages Questionnaire: Social Emotional 2nd Edition, and assessed for speech using the Flaherty 2nd Edition or Preschool Language Scale 5th Edition. Upon enrollment, all Early Head Start children are assessed using the Ages & Stages Questionnaire 3rd Edition and Ages & Stages Questionnaire: Social Emotional 2nd Edition. Early Head Start children are screened again in the spring using the Ages & Stages Questionnaire 3rd Edition. Crossroads Head Start and Early Head Start utilizes the High Scope Child Observation Record (COR). The High Scope COR is an observation-based assessment instrument for children from birth through five. It is designed to measure children's progress and set individualized education goals for each child.

- (2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff,**

as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.

Children who score low on their Ages & Stages Questionnaire 3rd Edition (ASQ-3), but not low enough for a referral to SoonerStart or the public school, are given information on activities for families to do at home to boost competence in identified areas. This information is provided by the Family Advocate immediately following the scoring of their ASQ-3. Teachers individualize lesson plans to bolster skills in underdeveloped areas identified on the ASQ-3. Lesson plans for children on an IEP or IFSP are individualized based upon the goals set by the Public school or SoonerStart. Classroom individualization is updated when a new IEP or IFSP is issued.

Completed COR assessments are used to communicate information about strengths, needs and overall development of children in the program to teachers and parents. Teachers will use the COR assessment information for planning and individualization on the Weekly Lesson Plan (EE-502 & E-502). Classroom staff will share the COR Family Report for individual children with their parents three times per year. This report provides information of their child's strengths as well as provides a tool to help parents and classroom staff to develop new education goals.

- (3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.**

If the information gathered from the Ages & Stages 3rd Edition, Ages & Stages: Social Emotional 2nd Edition, and/or Fluharty 2nd Edition or Preschool Language Scale 5th Edition- Spanish Screener warrants a referral to the Public school or SoonerStart, the Mental Health and Disabilities Coordinator (MHDC) will be contacted. The MHDC will then begin the procedure outlined in paragraph (a) (3) (i) and (ii).

(c) Characteristics of screenings and assessments.

- (1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained**

personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.

The Ages & Stages 3rd Edition (ASQ-3), Ages & Stages: Social Emotional 2nd Edition (ASQ: SE-2), and/or Fluharty 2nd Edition (Fluharty-2) and Preschool Language Scale 5th Edition (PLS-5) are standardized screening tools. There is evidence to support the validity and reliability of the ASQ-3 and ASQ: SE-2 for the targeted age group within the United States and accurately identifies children at risk for disabilities. The ASQ-3 and ASQ: SE-2 are designed for parents, as well as professionals. No specialized training is required to administer these screenings.

Speech screenings are conducted by a qualified speech provider. The Fluharty-2 is administered in English. There is evidence to support the screening as valid and sensitive to children with a range of regional and cultural dialects. The PLS-5, the Spanish screener, is administered in English and Spanish in an effort to rule out a speech concern due to the child being English as a Second Language (ESL) learner. There is evidence to support the screenings validity and reliability with preschool children. It is important to note, the Fluharty-2 and PLS-5 are used as screenings to indicate if a formal evaluation is justified. They are not diagnostic evaluations.

- (2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:**
- (i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;**
 - (ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,**
 - (iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.**

Head Start speech services are provided through a contract with the local agency. That agency provides access to a bilingual Spanish/English speaking Speech Language Pathologist (SLP). In addition to screenings, the bilingual SLP provides speech services to our Spanish speaking children. The SLP has access to teacher and parental input, as well as screening tools and individual interaction, to assess the child's progress in their home language and their English language acquisition. ASQ-3 and ASQ: SE-2 screenings are provided in Spanish to the family in order to capture the child's development in domains other than language skills. The contracted

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bilingual SLP is fluent in Spanish and English, therefore has sufficient skill level to record and understand responses, interactions, and communications with Spanish speaking children.

- (3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (c)(2)(i) through (iii) of this section.**

In the event a child and family speak a language other than English, Head Start will attempt to locate a translator. Head Start will first look within our staff to find a translator that is fluent in the required language. If no staff member is available, a community volunteer or contracted interpreter will be utilized.

- (4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.**

If an enrolled child speaks a language other than English and no qualified bilingual interpreter can be found, the screenings will be conducted in English. Other information will be gathered from the family, in addition to the ASQ-3 and ASQ-SE-2 standardized screenings. Additional information can include; information gathered at home visit, parent-teacher conferences, teacher observations and concerns, mental health observations and COR reports.

- (d) Prohibitions on use of screening and assessment data. The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.**

No child is excluded from enrollment or participation based on screening results or special needs. The purpose of the screening utilized in Head Start and Early Head start is to identify needs, celebrate milestones and document progress of children over time. Children and

staff are not ranked, compared to each other, penalized or rewarded for any finding on any assessment completed at Head Start or Early Head Start.

Subpart F — Additional Services for Children with Disabilities

§1302.60 Full participation in program services and activities.

A program must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.

Children and families enrolled in Head Start or Early Head Start with a disability, or who qualify for services under IDEA, have access to all programs and services offered by the agency. Children with an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP), or any other disability are enrolled in traditional classrooms of typically developing children. They are invited to participate in all daily activities with peers including, but not limited to; meals, classroom activities, outside time and group learning.

§1302.61 Additional services for children.

(a) Additional services for children with disabilities. Programs must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services. Programs must provide any necessary modifications to the environment, multiple and varied formats for instruction, and individualized accommodations and supports as necessary to support the full participation of children with disabilities. Programs must ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and their implementing regulations

Children enrolled in Head Start or Early Head Start with a disability, or who qualify for services under IDEA, are able to fully participate in the total range of activities and services offered by the agency. Children with special needs are enrolled in standard classrooms with typically developing children. Specialized equipment can be provided to children with special needs in order to enhance their participation in activities with their peers. For children requiring one-on-one instruction, a Special Needs Assistant can be hired to assist the child in the classroom. Teachers individualize lesson plans to match goals on a child's

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Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP). In order to support families, Head Start and Early Head Start allows outside service providers to see children while in our care. This may include occupational therapists, physical therapists, speech language pathologists, counselors and representatives from the public school.

- (b) Services during IDEA eligibility determination. While the local agency responsible for implementing IDEA determines a child's eligibility, a program must provide individualized services and supports, to the maximum extent possible, to meet the child's needs. Such additional supports may be available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705(9)(b) of the Rehabilitation Act. When such supports are not available through alternate means, pending the evaluation results and eligibility determination, a program must individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.**

Head Start utilizes internal programs and outside referrals to support families awaiting determination of eligibility. Areas of concern, found on the ASQ-3 and ASQ-SE-2, are monitored in the classroom. Teachers individualize lesson plans to support improvement in areas of insufficiency. Family Advocates provide activities for parents to complete at home with their children. Education Coordinators provide on-site consultation, coach teachers, and assess room arrangement in order to support teachers working with special needs. Outside referrals are made to community programs, non-profits, and service providers who accept the family's health insurance.

At the IEP/IFSP referral meeting, an *Interim Service Plan* (D-205) will be created to outline supports and/or services required while awaiting eligibility determination. The plan is created with input from the parent(s), classroom teachers and the MHDC. The Interim Service Plan will be placed under the disability section in the child folder. When the IEP/IFSP is received by HS/EHS the Interim Service Plan will end and individualization for the IEP/IFSP will begin.

- (c) Additional services for children with an IFSP or IEP. To ensure the individual needs of children eligible for services under IDEA are met, a program must:**
- (i) Work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:**
 - (ii) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;**
 - (iii) Children are working towards the goals in their IFSP or IEP;**

- (iv) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists;**
- (v) IFSPs and IEPs are being reviewed and revised, as required by IDEA; and,**
- (vi) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.**

Teachers begin planning services and individualizing lesson plans immediately, upon receipt of an IEP or IFSP. Teachers and Mental Health and Disability Coordinators (MHDC) follow the procedure outlined in section 1302.33 (a) (4) to ensure children are working toward their goals. Elements of the IFSP or IEP that the program cannot implement are implemented by the public school or by SoonerStart employees. These services could include speech, feeding, occupational and physical therapies. Children with an IFSP or IEP will have their plan reviewed and revised at the frequency deemed appropriate by the entity issuing the plan. The MHDC has the ability to attend these meetings to offer additional support and information. Service providers from SoonerStart and the public school are welcomed and encouraged to provide services at our Head Start/Early Head Start locations in an effort to reduce barriers to services for our families in need.

(2) Plan and implement the transition services described in subpart G of this part, including at a minimum:

- (i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,**
- (ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.**

For children with an IFSP who are transitioning out of EHS, Sooner Start and the public school will facilitate a Transitional Planning Conference. They are responsible for implementing IDEA in a timely manner. The MHDC is invited to attend these meetings as part of the transition team.

For children with an IEP who are transitioning out of Head Start to kindergarten, a parent meeting is offered to assist in transitioning. MHDC maintains communication with the public school and assists when needed. The public school is responsible for implementing IDEA in a timely manner.

Transitions within the program from EHS to HS are facilitated by the Family Advocate. MHDC is invited to attend these meetings to ensure a smooth transition.

§1302.62 Additional services for parents.

(a) Parents of all children with disabilities.

- (1) A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children's needs and information and skills to help parents understand their child's disability and how to best support the child's development;**
- (2) A program must assist parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.**

Our program collaborates with parents of all children with disabilities in the following ways: The MHDC facilitates parent meetings and Individual Behavior Team meetings where interventions and solutions are discussed and implemented; MHDC provides direct contact information to parents so they can request support/advocacy as needed throughout the program year; FA and MHDC provide informational handouts and helpful activities related to the child's specific disability and developmental needs; and staff workshops are open for parents to attend when the subject/training is related to understanding and supporting their child's development/needs.

In helping the family access services and resources, the FA and MHDC provide resources based on the child's disability and need: including assisting the family in obtaining appropriate adaptive equipment, devices and services; educating and assisting the parents to access community aids such as Easter Seals, health insurance providers, Ambucs mobility aids, SSI eligibility application process, ABA services, respite care providers; and provide resources for local and/or online support programs for parents of children with disabilities (i.e., Autism Speaks).

(b) Parents of children eligible for services under IDEA. For parents of children eligible for services under IDEA, a program must also help parents:

- (1) Understand the referral, evaluation, and service timelines required under IDEA;**
- (2) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;**

- (3) Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,**
- (4) Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.**

At the time of the public school or SoonerStart referral meeting with parents, the MHDC explains the purpose of the referral, how their child will be evaluated and the timeline in which this must take place. Parents are provided with handouts in their Parent Resources and Referral Information folder, to support their knowledge of the process. The MHDC participates in the eligibility process by ensuring referrals are received and by whom, checking in with families and entities to track the process of a referral, and attends eligibility meetings, when able. Families are made aware they can invite the MHDC to attend any meeting throughout the process. The MHDC helps the parents understand the results of evaluations and the purpose of objectives on their child's plan. The MHDC acts as an advocate for the family to ensure the child's needs are accurately identified and addressed in their IEP or IFSP.

§1302.63 Coordination and collaboration with the local agency responsible for implementing IDEA.

- (a) A program must coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in §1302.33(a)(3) and through participation in the local agency Child Find efforts.**

The MHDC maintains collaboration with Sooner Start and the public schools in their catchment area. Through this collaboration, local agencies are educated about the enrollment process and are provided HS/EHS applications. Sooner Start and the public schools often refer children to Head Start because of the relationship they have with the MHDC in their area. We also maintain regular communication with the public schools and Sooner Start through email, phone calls and meetings. The MHDC works diligently to ensure continuity of care for children with disabilities.

- (b) A program must work to develop interagency agreements with the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten.**

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The program has existing Special Service Agreements with all the local education agencies in our catchment area, with both public schools and Sooner Start. The agreement outlines the referral and evaluation process, service coordination, transition, and collaboration to provide the least restrictive environment for children in special services. Very few children with an IEP have dual enrollment with the public school and Head Start. Those who are dually enrolled require a higher level of care and expertise than Head Start can provide. They benefit from the specialized instruction they receive from the public school and the socialization with typically developing children they receive at Head Start.

(c) A program must participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP. At a minimum, the program must offer:

- (1) To provide relevant information from its screenings, assessments, and observations to the team developing a child's IFSP or IEP; and,**
- (2) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.**

In an effort to assist in the development the IEP or IFSP, the MHDC will provide a referral packet to Sooner Start or the public school. The packet consists of consent for referral and release of information and copies of all Head Start or Early Head Start screenings, and any additional information relevant to the referral. Additional information could include classroom observations, parent concerns, or results from private evaluations provided by the parent. The MHDC is able to attend meetings to develop or review a child's IEP or IFSP.

(d) A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.

The MHDC can request a copy of the IEP or the IFSP from the parents and/or the entity that issued the plan. Once a plan is received by our program, a copy is placed in the Child Folder and a copy is given to the MHDC. The MHDC enters pertinent information from the document into Child Plus and retains the copy either in Child Plus or on paper.

KEYS TO FORMS

[D-200](#) Consent

HEAD START CONSENT FOR REFERRAL OR EVALUATION

This form must be signed by the parent/guardian before any further evaluation, referral and/or services can begin. A copy will be given to the parent, a copy will be placed in the child's folder, and the original will be placed in the referral packet, which will, in turn, be sent to the Disabilities Coordinator.

D-200 Decline

HEAD START DECLINE FOR REFERRAL OR EVALUATION

This form must be signed by the parent/guardian if screening(s) indicate that further evaluation, referral and/or services are needed but the parent does not want their child evaluated, referred and/or to receive services. A copy will be given to the parent, the original will be placed in the child's folder and a copy will be sent to the disabilities Coordinator.

[D-201](#)

PUBLIC SCHOOL REFERRAL INFORMATION REPORT

This form is to be completed when teaching staff (based on screening results) are requesting further evaluation of a child. This form must be completed in full before a child can be scheduled with the LEA for evaluation. A copy will be given to the parent, a copy will be placed in the child's folder, a copy is given to the Disabilities Coordinator and the original will be placed in the referral packet for the Public School.

D-205

INTERIM SERVICES PLAN

This form is used to document the individualized plan for a child referral to Public School or SoonerStart until the child's IEP/IFSP is in place. This form is completed at the referral meeting. The original will go in the child's folder; a copy is given to the parent and to the MHDC.

[D-206](#)

EARLY HEAD START CONSENT/DECLINE SOONER START REFERRAL

This form is to be filled out by the classroom teacher or Family Advocate, signed by the parent and faxed to Sooner Start to initiate services. A copy is to be given to the parent, original is to be kept in the child's folder, and a copy is to be

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forwarded to the Disabilities Coordinator. This form will be also be used to document if a parent declines the recommended referral to SoonerStart.

[D-208](#)

HEAD START SPEECH THERAPY GOALS

This form is used by contracted speech providers to set treatment goals/outcomes. It is required for HSS and will include the parent(s)/guardian signature.

[D-209](#)

PUBLIC SCHOOL CHECKLIST

This checklist is to be utilized by staff to ensure that LEA's receive completed documentation from Head Start. Identified staff will keep the original packet with this checklist in the child folder and fax, email or hand deliver a copy to the Disabilities Coordinator. The delivery of the original packet to the LEA must be coordinated between the Head Start Center and the Disabilities Coordinator.

[D-212](#)

MONTHLY DISABILITY SERVICE REPORT

Each month this form is to be completed for every child on an IEP/IFSP. The goals listed must come from the IEP/IFSP and are reflected on the lesson plans. Teachers update monthly goals and edit weekly progress in Child Plus. The MHDC reviews at the beginning of the month, end of the month and weekly as necessary.

[D-213](#)

BILLING INVOICE/SPEECH SERVICES

This form is to be used by the Speech/Language Pathologist to document services only. It must be signed by the classroom teacher or Center Director before it is submitted for payment. This form is sent to the Disabilities Coordinator. The coordinator approves the billing, makes a copy to file and forwards the original to payroll.

[D-216](#)

AUTHORIZATION TO RELEASE AND RECEIVE INFORMATION

This form must be signed by the child's parent and staff in order to Release/request any information with an outside entity.

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D-216sp

Spanish version