



ANTELOPE VALLEY SELPA

EARLY EDUCATIONAL SERVICES (PART C)

Guidelines- AV 102

A. Program Operation

1. Program Enrollment Processes and Priorities

Services for infants (ages 0-3) are the joint responsibility of the Antelope Valley SELPA and the North Los Angeles County Regional Center. School districts within the Antelope Valley SELPA are responsible as the payer of last resort for services to infants with solely low incidence disabilities. These disabilities include deafness, blindness, orthopedic impairment, or any combination thereof. Infants with certain medical conditions, development delays, and in “at risk” categories are served through the North Los Angeles County Regional Center.

- a) Solely low incidence disability means a low incidence disability or combination of low incidence disabilities, which is the primary disability of the infant or toddler, as determined by the IFSP team.
- b) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness. Title 5, CCR 3030
- c) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. Title 5, CCR 3030
- d) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness. Title 5, CCR 3030
- e) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). Title 5, CCR 3030

B. Program Services and Options

- 1. Infants and their families may receive many different types of services. Under Early Start, the Individual Family Service Plan (IFSP) will reflect all services needed by the child and family. Early Start services are designed to meet the need of the eligible child. They can also be services that meet the needs of the family as it relates to the child. Early Intervention services are selected in collaboration with the family, and provided by qualified personnel. Services identified through the IFSP will be provided at no cost to



the family. (PL 99-457, Part C; SB 1095).

2. Early Intervention services may include any of the following:

- Assistive Technology Device/Services
- Audiological Services
- Family Training, Counseling, Home Visits
- Health Services
- Medical Services for Diagnosis and Evaluation
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Service Coordination
- Social Work Services
- Special Instruction
- Speech-Language Pathology
- Transportation
- Vision Services
- Respite Services and Family Support Services

C. Service Delivery Procedures and Interagency Agreement

1. Identification and Referral

a) A collaborative public awareness program focusing on early identification of eligible infants and toddlers is the joint responsibility of education and the North Los Angeles County Regional Center. Information on how to access evaluation and other early intervention services will be distributed to appropriate community providers and agencies on a regular basis. This comprehensive child-find system will ensure that all infants and toddlers who may be eligible for services are identified, located, and evaluated; that services are coordinated between participating agencies; and that infants and toddlers are referred to the appropriate agency.

b) Within two working days, infants and toddlers identified by a community agency or by medical personnel as having a solely low incidence disability will be referred to the SELPA Office or Early Start Coordinator. Within 45 calendar days the following steps occur:

(1) Parents will be notified of the intent to evaluate.

(2) After consent is received, evaluation and assessment activities are conducted as appropriate.

(3) An IFSP is developed by collaborative team including the family, LEA representative, and appropriate low incidence representatives.



2. Evaluation and Assessment

- a) Evaluation and Assessment for individuals with known low incidence disabilities shall be conducted by a transdisciplinary team which includes qualified personnel whose professional preparation and credential authorization are specific to the suspected disability.
- b) The evaluation and assessment shall:
 - (1) Be administered in developmental areas, including, when appropriate: health and development, vision, hearing, motor abilities, language functions, and social-emotional status.
 - (2) Be administered in the primary language of the child's parent/family, or other mode of communication, unless, it is clearly not feasible to do so.
 - (3) Have materials appropriate for the specific purposes for which they are being used.
 - (4) Be administered to individuals with known visual, hearing, or communication impairment; shall be selected to accurately reflect the individual's aptitude or achievement level, whichever factor is the subject of measurement.
 - (5) Have materials designed to assess the specific areas of developmental and/or educational needs and not be designed to provide solely intelligence quotient measurement.
- c) All assessments and evaluations are performed in the child's natural environment after the parents have consented in writing and have been informed of their Rights and Responsibilities in the Early Start Program. The service coordinator and/or members of the team will conduct a needs assessment to determine family needs and resources. Current evaluation and assessment information is shared at the IFSP meetings.

3. Individualized Family Service Plans [GC 95020]

- a) Initial IFSPs are held within 45 days of the initial referral. IFSP reviews are scheduled at least every six months to accommodate the ongoing concerns, priorities, and resources of the family as well as the rapidly changing development of the young child. The purpose of the IFSP process is for the family and service provider(s) to work together as equal partners in determining what early intervention services are required for the child with special needs and the family. Both formal and informal resources and services are to be considered. The IFSP is one component of a comprehensive system of early intervention services.
- b) The IFSP will contain the following components:



- (1) A statement of the family's resources, concerns and priorities related to enhancing the development of the infant or toddler.
- (2) A statement of the infant's or toddler's present levels of functioning in the following areas of development: cognitive development, communication development, social-emotional development, and adaptive development based on professional acceptable objective criteria, and information provided by the parent/family.
- (3) A statement of the major outcomes expected of the infant or toddler, including timelines used to determine the degree to which the outcomes are being met.
- (4) Outcomes for the family when services are related to meeting the special developmental needs of the infant or toddler.
- (5) Statement of the specific early intervention services, agency providing the services and frequency, date of initiation, duration, and method of delivering the services.
- (6) Services to be obtained from other agencies, methods of funding, and timelines of steps taken to secure those services.

4. Provision of Early Intervention Services [EC 56426.1]

- a) Home-based services include, but are not limited to, the following:
 - (1) Observation of behavior and development in the natural environment.
 - (2) Developmentally appropriate activities that do not interfere with any medical conditions and conform to the IFSP.
 - (3) Modeling to families and care givers of activities designated by parents.
 - (4) Interaction with families and care givers at parent request to enhance skill development.
 - (5) Discussion of parental concerns and providing support for coping.
 - (6) Assisting parents in problems solving, locating services and service coordination.
 - (7) Frequency of service may occur once or twice per week, depending on needs of family and infant/toddler.
- b) Home visits and group services (with other infants/toddlers and with or without parents) include, but are not limited to, the following (EC56426.2)



(1) Specially designed activities that are developmentally appropriate, specially designed and conforming to each IFSP, but not medically contraindicated.

(2) Socialization, play and exploration opportunities.

(3) Transdisciplinary services by therapists, psychologists, and other specialists as appropriate.

(4) Access to developmentally appropriate equipment and specialized materials.

(5) Opportunities for family involvement activities (i.e., parent education and parent support groups).

(6) Group (center-based) services do not include child care or respite services.

(7) Maximum amount of group services is three hours per day, three days per week according to IFSP.

(8) Home visits under depending on needs of family and infant, and a determination by the IFSP Team.

(9) Group service ratio is one adult to four infants maximum.

(10) Parent participation in groups is greatly encouraged.

c) Related Services are also provided in both home and group service setting. These are found under CFR Title 34, Section 300.13 (EC 56426.3).

d) Family involvement activities support family members in meeting the practical and emotional issues and needs in parenting their infant/toddler, and may include the following (EC 56425.6(a)):

(1) Family Education to promote their infant's/toddler's development.

(2) Assistance in understanding and planning for meeting the unique needs of their infant/toddler.

(3) Parent support groups to share similar experiences and possible solutions.

(4) Instruction in making toys and materials appropriate to infant/toddler needs and development.

(5) Family involvement activities at least once per month.

(6) Participation is voluntary.



e) Choice of services permits the parents to select from among the options given by the transdisciplinary team. Parents may choose home-based and /or group services. Similarly, services are still available to families and infants/toddlers even if families choose not to participate in family involvement activities. (EC 56426.5).

f) Transdisciplinary assessment and services are provided by a team of professionals from various disciplines, agencies and parents who share their expertise to the best advantage of the infant/toddler and the family. Team members are responsible for service provision and coordination for one or more infants/toddlers and their families. (EC 56425.6(a))

g) Provision of specialized services to infants and toddlers with low incidence disabilities.

h) Credentialed personnel with expertise in vision or hearing impairments shall be made available within the SELPA to serve those infants/toddlers with low incidence disabilities. Whenever possible, these experts shall be the primary providers of the services (EC 56426.6(b) and EC 56345.7(b)).

5. Service Coordination [GC 95018]

a) The Antelope Valley Early Start Coordinator will ensure the provision of service coordination to all identified low incidence children and families. The service coordinator will act as a single point of contact with the program. When an initial referral is made an interim service coordinator from the LEA will be assigned to:

(1) Coordinate evaluation and assessment.

(2) Facilitate and participate in the development of the initial IFSP.

b) The Service Coordinator, identified at the IFSP, will be available to parents in order to:

(1) Monitor the provision of services to ensure timely delivery of services.

(2) Facilitate the development of a transition plan at age 2.9.

(3) Continually seek appropriate services for children and families.

(4) Address the needs of the family and their ongoing request for information and services.

(5) Help the family identify the resources to meet their needs, and to assist the family in service selection and accessing those resources.

(6) Inform the family of complaint procedures when appropriate.



6. Transition at age three [GC 95020(C)(8); 34 CGR 303.344(h); EC 56426.9]

- a) At age 2.6 transition pre-school services through the IEP process are established and become part of the IFSP document. The transition plan ensures uninterrupted service delivery for the family and child with identified low incidence disability.
- b) Local Interagency Dispute Resolution (GC 95012.34, CRF 303.523-303.524)
- c) A local dispute is defined as a disagreement between local education agencies and regional centers as to:
 - (1) The eligibility of the infant or toddler.
 - (2) Which agency is responsible for the infant/toddler and the family evaluation and assessment, service coordination, and the development and implementation of the IFSP.
 - (3) Which agency is responsible for the provision/purchase of appropriate early intervention services.
- d) Both parties agree to the following guidelines. These guidelines include, but are not limited to, the following principles and procedures:
 - (1) Every attempt should be made to resolve local disputes at the lowest possible administrative level, as addressed in local Memorandum of Understanding (MOU).
 - (2) When a regional center and a local education agency have a dispute that cannot be resolved between them, they may request technical assistance from the Department of Developmental Services (DDS) or the California Department of Education (CDE).
 - (3) If resolution cannot be reached within 60 calendar days, the issue will be referred to DDS and CDE for a state-level review and resolution.
 - (4) The state level review will be conducted jointly by DDS and CDE and a decision rendered within 60 calendar days of receipt of the referral.
- e) Nothing in these dispute resolution procedures shall preclude a parent or an agency from initiating due process or complaint procedures.
- f) While a dispute is pending, a child must continue to receive the appropriate early intervention services currently being provided. If the dispute involves initial early intervention services, the child must receive all of the early intervention services identified and agreed to in the IFSP.
- g) While a dispute is pending, DDS will assign financial responsibility (See the Interagency Agreement between the Antelope Valley SELPA and the North Los Angeles County Regional Center), ensure Parents Rights and Responsibilities in



the Early Start Program, and implement the Individualized Family Service Plan (IFSP).



Appendix A: Transition Matrix for Three-Year Olds

APPROXIMATE TIMELINE	PARENT/GUARDIAN	REGIONAL CENTER	EARLY INTERVENTION	SCHOOL DISTRICTS
2.6 years	Reads material. Questions should be directed to current teacher or Regional Center Service Coordinator	Generates list of children who will enter school districts within next six months, include probably School Districts.	Informs parent about transition process and distributes transition materials. Notifies school districts of children nearing 2.9. Assists family with coordination.	Plans for future assessment and service delivery.
2.7 years				Plans for observation appointment/time.
2.8 years	Arranges to visit school districts and observe programs. Last Wed of month is open house for school districts.			
		***** ONGOING TEAM ASSESSMENT*****		
2.9 to 2.10 years	Participate in multi-agency team assessment. Signs assessment plan. Reviews IEP checklist. Considers who you want to invite to IEP meeting.	Service Coordinator participates in multi-agency visit. Initiates transition assessment.	Gives assessment information to school district with parent's permission. Coordinates with Regional Center Service Coordinator and school district personnel to visit child/family in early intervention setting. Coordinates additional	Conducts intake. Presents assessment plan and release of information to parent (if necessary) Assessment as necessary. Coordinates IEP meeting, date and time.
2.11 to 3.0 years	Attends IEP meeting.	Attends IEP meeting upon request.		Conducts IEP meeting.



	Decides with school district which options are best for child.		Decides with parent which options are best for child.
--	--	--	---