

2021-2022

INTERAGENCY AGREEMENT

BETWEEN

INLAND REGIONAL CENTER

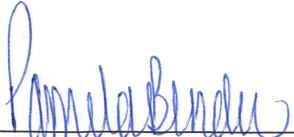
AND

**DESERT/MOUNTAIN
SPECIAL EDUCATION LOCAL PLAN AREA**

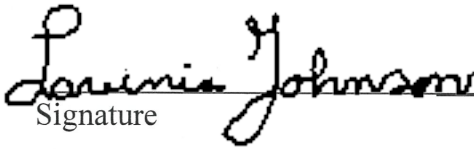
For implementation of California's Early Intervention

INTERAGENCY AGREEMENT APPROVAL FORM

This agreement is entered into, by, and between the undersigned agencies. The agreement will be signed annually unless revisions are needed before that time.



Signature



Signature

03-24-2022

Date

3/25/2022

Date

Pamela Bender
Chief Executive Officer
Desert/Mountain SELPA
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INTERAGENCY AGREEMENT
DESERT/MOUNTAIN SELPA (D/M SELPA) and Inland Regional Center (IRC)
Children from Birth to Three Years of Age
Eligible for Services Under Part C of the Individuals with Disabilities Education Act
(IDEA)

PURPOSE: The purpose of this agreement is to describe policies and procedures of Inland Regional Center (IRC) and the DESERT/MOUNTAIN SELPA Special Education Local Plan Area (herein after referred to as SELPA) relating to the implementation of California’s Early Intervention Service Act, G.C. 9500 et seq. (hereinafter referred to as Early Start) and the implementing regulation, procedures for resolving disputes, and other components necessary to ensure effective cooperation and coordination between the two agencies.

PARTIES: The parties to this agreement are IRC and DESERT/MOUNTAIN SELPA

TERM: July 1, 2021 to June 30, 2022

PHILOSOPHY STATEMENT: Both Inland Regional Center and DESERT/MOUNTAIN SELPA endorse the philosophy statement that is attached to and made part of this agreement as Appendix A. This philosophy statement was adopted by the Early Start Interagency Council on January 25, 1999.

TARGET POPULATION: This agreement applies to activities and services performed on behalf of infants and toddlers, birth through thirty six months of age, and their families, who are eligible for early intervention services under Early Start, as defined in federal and state statutes, regulations and policies. Federal descriptions of Early Intervention services are found in Appendix B, which is attached to and made part of this agreement. The definition of the eligible population (eligibility criteria) is found in Appendix C which is attached to and made part of this agreement.

I. PROVISION OF SERVICES: (Title 14, California Early Intervention Service Act, specifically Sect. 95001(b)(1); Chapter 5426.3; Section 300.13 Title 34 CFR as of October 2011.)

Regional Center

- 1.0 IRC will be responsible for the provision of required early intervention services identified in the Individualized Family Service Plan (IFSP) for each eligible infant or toddler not served by the SELPA.

- 2.0 Services provided by IRC are available through the DDS uniform calendar year and provided to an individual child based on the need identified in the IFSP.

SELPA

- 1.0 For children with solely low incidence disabilities the SELPAs will be responsible for the provision of all required early intervention services identified in the IFSP for each child (See Appendix D).

- 2.0 SELPAs provide services to dually eligible children 200 days per year, with breaks no longer than three weeks at a time, as mandated in the annual Budget Act. Each SELPA will provide IRC with their program calendar by July 1 of each year.

II. PAYOR OF LAST RESORT: (17 CCR Section 52000, 52109, 52110) Financial Responsibility. IRC and D/M SELPA shall operate within the provisions of the California Early Intervention Services Act. Definition – Payor of last Resort means IRC or the SELPA that is required to pay for early intervention services listed on the IFSP when third party payors or other agencies do not have an obligation to pay as required by 34 CFR 303.527.

Regional Center

- 1.0 For infants and their families who are eligible to receive services from both IRC and the LEA, IRC shall be the agency responsible for providing or purchasing appropriate early intervention services that are beyond the mandated responsibilities of the SELPA.
- 2.0 IRC shall provide, arrange, or purchase early intervention services, as required by the infant or toddlers’ IFSP, and be payor of last resort for infant and toddlers determined eligible for IRC early intervention services as specified under the category of established risk, developmental delay, or high risk in the state regulations. Government Code Title 14 Sect. 95014(a)(1-3)
- 3.0 IRC shall be payor of last resort after all other public and private sources for payment have been reviewed to determine if a referral shall be made by the service coordinator and/or the parent. Referrals may include, but not be limited to California Children Service, Medi-Cal or private insurance providers that may have responsibility for payment. This review shall not delay the provision of early intervention service specified on the IFSP. Early intervention services specified on the IFSP shall begin as soon as possible. Government Code Title 14 Sect. 95014(b)(1).

SELPA

- 1.0 The SELPA shall provide special education services up to its funded program capacity as established annually by the California Department of Education in consultation with the State Department of Developmental Services and Department of Finance.
- 2.0 The SELPA shall provide, arrange, or purchase early intervention services, as required by the infant’s or toddler’s IFSP, and be payor of last resort for infants and toddlers with solely low incidence disabilities determined eligible for early intervention service under the category of established risk as specified in Section 52022(b)(2) of the state regulations and who are not eligible for IRC services. Government Code Title 14 Sect. 95015(b)(2).

III. MAINTENANCE OF EFFORT (MOE)/FUNDED CAPACITY: The SELPA provides special education service for eligible infant and toddlers at the same level that was provided prior to implementation of California Early Start in 1993. The State Department of Education allocates funds for special education services based on a mathematical formula that is applied annually to establish the number of Instructional Personnel Service (IPS) units (costs of a teacher and aide salaries available to the SELPA program. For each IPS unit allocated, the SELPA is required to serve AT LEAST 12 children (funded capacity). Typically, 12-16 children are served per IPS unit. The funding model also required that the SELPA be able to meet the needs of children identified within solely low incidence disabilities. A portion of each program's capacity is held in order to serve children with solely low incidence disabilities. The SELPA monitors enrollment, adjusting program capacity from 12-16 children per IPS unit to maximize the use of staff resources and meet the intensity of service required by the children and families being served. IRC is notified annually regarding the individual SELPAs funded capacity. The California Department of Education has recommended that 14 students be used when calculating the funded capacity.

Riverside County SELPA	Funded Capacity As of 2014*	Solely Low Incidence Disabilities
Riverside Co. (8 children served through Palo Verde USD)	122.76	
Moreno Valley USD	32.28	
Riverside USD	0	10*
Corona Norco USD	0	12*
San Bernardino County SELPA	Funded Capacity	Solely Low Incidence Disabilities
DESERT/MOUNTAIN	58.08	
East Valley (incl Fontana) (32 Children are served through Redlands USD)	130.32	
West End	64.68	
San Bernardino City	46.8	
Ontario Montclair USD	5	6*
Morongo	9.84	

Total IRC Early Start Caseload as of ** is ###

IV. CHILD FIND: IRC and the SELPAs use printed materials and presentation on an ongoing basis to share information with primary referral sources about: Eligibility criteria for early intervention services; types of early intervention services available through the Early Start program; contact persons and telephone numbers for IRC, SELPA, Early Start Family Resource Network (ESFRN); Federal requirements. A referral shall be made to IRC or SELPA within two (2) working days of identification of an infant or toddler who may be eligible for early intervention services. IRC and D/M SELPA agree to conduct the following cooperative activities to locate infant and toddlers who may be eligible for early intervention services in Riverside and San Bernardino Counties.

Regional Center

SELPA

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| <p>1.0 On an ongoing basis, conduct public awareness and outreach activities designed to locate children in all areas and of ethnic backgrounds eligible for the Early Start program.</p> <p>2.0 On an ongoing basis and with parental consent, refer parent to the liaison with the ESFRN, which has satellite offices located in infant education programs and IRC, and has contact with local parent organizations and support groups.</p> <p>3.0 Jointly develop, produce, and distribute with ESFRN Family Folders for families in the Early Start Program in Riverside and San Bernardino Counties.</p> <p>4.0 Coordinate Early Start collaboration and outreach activities with the local school districts, Department of Public Health, California Children Services, Department of Public Social Services, Department of Mental Health, and Department of Alcohol and Drugs.</p> <p>5.0 On an ongoing basis, distribute culturally appropriate local early intervention materials to agencies, families, and individuals providing medical, social, and educational services in the community.</p> <p>6.0 As requested, make presentation to local professional, philanthropic organizations</p> | <p>1.0 On an ongoing basis, conduct public awareness and outreach activities designed to locate children in all areas and of ethnic backgrounds eligible for the Early Start program.</p> <p>2.0 On an ongoing basis and with parental consent, refer parent to the liaison with the ESFRN, which has satellite offices located in infant education programs and IRC, and has contact with local parent organizations and support groups.</p> <p>3.0 Jointly develop, produce, and distribute with ESFRN Family Folders for families in the Early Start Program in Riverside and San Bernardino Counties.</p> <p>4.0 Coordinate Early Start collaboration and outreach activities with the local school districts, Department of Public Health, California Children Services, Department of Public Social Services, Department of Mental Health, and Department of Alcohol and Drugs.</p> <p>5.0 On an ongoing basis, distribute culturally appropriate local early intervention materials to agencies, families, and individuals providing medical, social, and educational services in the community.</p> <p>6.0 As requested, make presentation to local professional, philanthropic organizations</p> |
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and other organizations established to inform and/or serve ethnically diverse populations.

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7.0 Engage in joint efforts with ESFRN to inform families of the Early Start Program through publications such as “Family Circle” newsletter.

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8.0 IRC regularly collaborates with discharge planning at the following hospitals in this area:

- Loma Linda University Medical Center
- Arrowhead Regional Medical Center
- Kaiser Permanente-Fontana
- Riverside Community Hospital
- Redlands Community Hospital
- St. Bernadine’s Medical Center
- San Antonio Community Hospital
- Pomona Valley Medical Center
- DESERT/MOUNTAIN Regional Medical Center
- Community Hospital of San Bernardino

V. REFERRAL PROCEDURES: The Part C Provider, hereafter referred to as SELPA and the Regional Center shall work cooperatively to meet the needs of all children eligible for services under Early Start Part C of the Individuals with Disabilities Education Act (I.D.E.A.). The term, “eligible infant or toddler” means infants and toddlers from birth to three years of age who demonstrate a developmental delay in one or more of the following five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development. The other qualifying criteria is established-risk, including solely low incidence impairments. IRC and D/M SELPA agree to use the San Bernardino/Riverside Counties Interagency Agreement Early Start Program Referral Form (Appendix E.1). A list of referral contacts is herein attached as Appendix F.

Regional Center

1.0 All cases regarding children suspected of being eligible for services under Part C will be evaluated for eligibility for services.

2.0 If solely low incidence eligibility can be determined without the Regional Center assessment the Regional Center will refer directly to the SELPA infant contact person. If the Regional Center conducts an assessment, as soon as “solely low incidence” eligibility is determined the Regional Center shall make a referral to the SELPA within two days. (Govt. Code 95000)

3.0 If a child is 2 years, 10 months of age or more and is referred to the Regional Center, then the IRC may refer child (with parental consent) to the SELPA for educational assessment and recommendations regardless of disabling condition.

SELPA

1.0 All cases regarding children suspected of being eligible for services under Part C will be referred to the Inland Regional Center within 2 days of identification. SELPA shall notify IRC if the SELPA has reached its funded capacity at time the referral is made.

2.0 Each SELPA is responsible for providing services to solely low incidence children birth to three years of age. Low incidence disabilities are defined as severe disabling conditions that include hearing impairments, vision impairments, and severe orthopedic impairments, or any combination thereof. (E.C. 56425)

3.0 If a child is 2 years, 10 months of age or more, the SELPA will accept referral for educational assessment and recommendations regardless of disabling conditions.

3.1 If a child with a suspected solely low incidence disability is 2 years, 10 months of age or more and is referred to the SELPA Part C, the SELPA Part C may refer child (with parental consent) directly to the SELPA Part B for educational assessment and

recommendations regardless of disabling condition.

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| 4.0 The Regional Center will identify an individual (see Appendix F) who will act as infant contact for all children birth to three years of age referred to the SELPA throughout the year, per IRC Holiday Calendar. (see Appendix G) | 4.0 Each SELPA will identify an individual (see Appendix H) that will act as infant contact for all children birth to three years of age referred to the SELPA throughout the year. |
| 5.0 When a child with a current IFSP moves from another regional center or special education local plan area to Riverside or San Bernardino County, IRC and/or the SELPAs will continue to provide early intervention services. The child's service(s) and needs will be reviewed, a service coordinator assigned, and an IFSP meeting held within 30 days of the case acceptance by Inland Regional Center. When the local SELPA is at funded capacity and the child does not have a solely low incidence disability, IRC will be responsible for services on the IFSP. If the child transfers between SELPAs and may be eligible for and benefit from regional center services, the local SELPA will refer the child/family to the IRC Early Start Coordinator within five (5) working days of transfer. Then a joint visit is made with prior notice, eligibility is determined and services are begun. | 5.0 When a child with a current IFSP moves from another regional center or special education local plan area to Riverside or San Bernardino County, IRC and/or the SELPAs will continue to provide early intervention services. The child's service(s) and needs will be reviewed, a service coordinator assigned, and an IFSP meeting held within 30 days of the case acceptance by Inland Regional Center. When the local SELPA is at funded capacity and the child does not have a solely low incidence disability, IRC will be responsible for services on the IFSP. If the child transfers between SELPAs and may be eligible for and benefit from regional center services, the local SELPA will refer the child/ family to the IRC Early Start Coordinator within five (5) working days of transfer. Then a joint visit is made with prior notice, eligibility is determined and services are begun. |
| 6.0 All children currently receiving infant services through the Regional Center will continue to be served by IRC regardless of disabling condition. | 6.0 All children currently receiving infant services through the SELPA will continue to be served by the SELPA regardless of disabling condition. |
| 6.1 If a child is determined to be no longer eligible for Part C services, The Regional Center will discharge child in accordance with standard practice and applicable regulations. | 6.1 A SELPA serving infants prior to October 1, 1993, will continue to serve non-categorical infants at their 1980-81 numbers. |

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| <p>6.2 If the child is solely low incidence, the Regional Center will refer child to the SELPA within two (2) days.</p> | <p>6.2 The SELPA is under no obligation to continue the Regional Center provided services prior to the SELPA referral. When a solely low incidence child is referred to their SELPA, the SELPA must complete assessment and IFSP within 45 days.</p> |
| <p>7.0 The Regional Center assumes the responsibility to set up the IFSP meeting of all children assessed by the Regional Center.</p> | <p>7.0 Education assumes the responsibility to set up the IFSP meeting of all solely low incidence children referred, but not assessed by the Regional Center.</p> |
| <p>8.0 Within 45 days of referral for all children suspected of being eligible for services under Part C, the IRC will complete the evaluation and assessment process and have an IFSP meeting completed.</p> | <p>8.0 Within 45 days of the initial referral, the SELPA will complete the evaluation and assessment process and have an IFSP meeting for all children referred to education and suspected of being solely low incidence.</p> |
| <p>8.1 Entering the IRC system for Part C infant services shall be family directed and voluntary on the part of the family.</p> | <p>8.1 Entering the SELPA system for Part C infant services shall be family directed and voluntary on the part of the family.</p> |
| <p>8.2 If assessment cannot be completed within 45 days due to unique family circumstances, an interim IFSP may be written. Documentation of family status with proposed follow-up by the Regional Center will be made in the child's file.</p> | <p>8.2 If assessment cannot be completed within 45 days due to unique family circumstances, an interim IFSP may be written. Documentation of family status with proposed follow-up by the SELPA will be made in the student file.</p> |

VI. ASSESSMENT PROCEDURES: Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child’s eligibility to identify the child’s unique strengths and needs in five developmental areas consisting of: 1) cognitive development, 2) physical and motor development including vision and hearing, 3) communication development, 4) social or emotional development, and 5) adaptive development. Assessment and the sharing of results shall be completed within the 45-day timeline. All children referred for assessment and/or services are afforded individual rights and protections as required by federal and state statutes from the time referral is made. (CCR 17 Sec. 52082)

Regional Center

SELPA

- 1.0 The Regional Center will evaluate all children suspected of being eligible for services under Part C to enter the Regional Center system.
- 2.0 If solely low incidence can be determined without the Regional Center assessment, referral will be made directly to the LEA Part C provider of residence infant contact person.
- 2.1 The Regional Center shall accept referrals for dually eligible infants and toddlers from the LEA Part C provider and assumes responsibility for assessment. IRC will contact the child’s family to initiate assessment (appendix E.2)
- 2.2 **If child is 2 years, 10 months of age or more, the Regional Center shall refer child to the SELPA Part C for educational assessment and recommendations regardless of disabling condition with parental consent.**
- 3.0 **If a child is determined to be solely low incidence after the Regional Center assessment, the Regional Center will refer the child to the SELPA for all service coordination.**

- 1.0 Upon notification of a child suspected of being eligible for services under Part C, the LEA Part C provider will refer the family directly to IRC to enter the Regional Center System.
- 2.0 The LEA Part C provider will accept referrals from the Regional Center for a child who is solely low incidence and the SELPA assumes responsibility for assessment.
- 2.1 The LEA Part C provider will accept referrals from the CDE Newborn Hearing Screening Program. The SELPA shall contact child’s family to initiate assessment.
- 2.2 **If a child is 2 years 10 months of age or more, the SELPA Part B shall accept referral for educational assessment and recommendations regardless of disabling condition.**
- 3.0 The SELPA will provide all service coordination to children determined to be solely low incidence.

VII. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP): Each child eligible for services under Part C must have an Individualized Family Service Plan. The evaluation, assessment, and meeting to develop the IFSP must be held within 45 calendar days from the time of referral. Families will receive written notification of the IFSP appointment (Appendix E.4). All IFSP meetings shall be in the home language of the family and a copy of the IFSP shall be provided to the family within 15 days of the IFSP meeting. The Inland Regional Center and D/M SELPA agree to use the same IFSP document, herein attached as Appendix E.3.

Regional Center

- 1.0 The Regional Center is responsible for developing the IFSP for children not solely low incidence.
- 1.1 With parent consent, the IFSP team may include representatives from all agencies that can provide necessary services needed by the infant and/or family. Conference by telephone or by written report can be used if IFSP attendance is not possible.
- 2.0 The IFSP document will be written and implemented in accordance with state and federal regulations.

SELPA

- 1.0 The SELPA is responsible for developing the IFSP for solely low incidence children.
- 1.1 With parent consent, the IFSP team may include representatives from all agencies that can provide necessary services needed by the infant and/or family. Conference by telephone or by written report can be used if IFSP attendance is not possible.
- 2.0 The IFSP document will be written and implemented in accordance with state and federal regulations

VIII. TRANSITION: All children receiving Early Start services are potentially eligible for special education and related services at age three and will be referred to the district of residence for consideration of Part B services. The purpose of transition is to begin planning for service options as the individual with exceptional needs approaches age 3. The child who is served by either the LEA Part C Provider or Regional Center shall have the benefit of transition planning from the infant services program to the preschool services operated by a district of residence under Part B of the Individuals with Disabilities Education Act.

Regional Center

1.0 The ES coordinator shall identify mutually agreeable dates, times, and locations at least 2 weeks in advance and send the invitation to the district representative and parent for the transition planning conference IFSP between 2.3 and 90 days prior to the child's third birthday.

2.0 During the Transition IFSP the IRC ISC shall facilitate discussion of the transition process as part of the IFSP. Service Coordinator will update and:

- document present levels of development
- document family resources, priorities, and concerns
- review progress on outcomes and continuing services
- review transition services and activities the IFSP team identifies as needed
- document notification/referral date no fewer than 90 days prior to the third birthday
- obtain written parental consent for additional information to be sent to the district of residence at the time of referral; beyond name, birth date, and parent contact information.

3.0 The IRC ISC will send the notification/referral as discussed at the Transition IFSP and no fewer than 90 days prior to the third birthday to the district of residence, which will include:

SELPA

1.0 The district of residence representative shall confirm receipt of invitation and attend the transition planning conference IFSP between 2.3 and 90 days prior to the child's third birthday.

2.0 During the Transition IFSP, the district representative shall participate in the discussion of the transition steps as part of the IFSP including:

- assessment process
- timelines
- eligibility criteria
- IEP meeting process
- review possible preschool program and services options
- suggest a notification/referral date no fewer than 90 days prior to the third birthday
- local district of residence enrollment process

2.1 Identify additional information to be included with the notification/referral.

3.0 The district of residence will notify the IRC of the date the notification/ referral is received.

- name, date of birth, and parent contact information
- referral may include other information with parent consent as noted on the transition plan

4.0 The IRC will notify current program(s) service providers of referral to the district of residence.

4.0 Within 15 days of receipt of the notification/ referral the district of residence will, respond to the parent with assessment plan and/or prior written notice.

4.1 The district of residence will, with parent/guardian consent, assess the child in all areas of suspected disability to determine Part B eligibility and develop program recommendations as appropriate and/or provide prior written notice.

5.0 The Regional Center Service Coordinator may attend the IEP meeting, with parent/guardian consent.

5.0 The district of residence will schedule an initial public school IEP team meeting to include parent/guardian, and invite the Regional Center Service Coordinator, at the request of the parent, and all other appropriate personnel. If the child is found eligible for Part B services, an IEP will be held to discuss the results of assessment and provide an offer of FAPE by the student's third birthday.

5.1 The final/exit IFSP may be held concurrently with the initial IEP team meeting.

IX. SERVICE COORDINATION: Service Coordination is an early intervention service and must be provided under public supervision. The role of the Service Coordinator is to facilitate implementation of the IFSP and to coordinate services with other agencies and persons. The Service Coordinator must be knowledgeable about eligible infant and toddler programs, Part C law and regulations, nature, and scope of services under Part C of I.D.E.A., and system of payments for services.

Regional Center

SELPA

1.0 IRC will appoint a service coordinator that meets the standards under Part C.

1.0 The SELPA will appoint a service coordinator that meets the standards under Part C.

2.0 The service coordinator will serve as the primary point of contact for eligible children and families.

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3.0 The service coordinator shall be responsible for coordinating with other agencies and persons providing services to the family.

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4.0 Service coordination is not subject to any fees that might be established for any other federal or state program.

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5.0 Service coordination activities include:

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- Coordinating evaluations and assessments
- Facilitating and participating in the development, review, and evaluation of individualized family service plans.
- Assisting families in identifying service providers and informing families about additional non-required services.
- Coordinating and monitoring the delivery of services outlined on the IFSP.
- Informing families of Early Start Parent Rights and procedural safeguards.
- Facilitating the development of a transition plan from Part

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- Facilitating and participating in the development, review, and evaluation of individualized family service plans.
- Assisting families in identifying service providers and informing families about additional non-required services.
- Coordinating and monitoring the delivery of services outlined on the IFSP.
- Informing families of Early Start Parent Rights and procedural safeguards.
- Facilitating the development of a transition plan from Part

C to Part B preschool service (as appropriate) and/or other community resources.

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X. PROVISION OF SERVICES: All services must be provided and monitored by appropriate qualified personnel. Services to families are to provide the "...supports and services necessary to enhance the capacity of the family to meet the developmental needs of the child." It is understood that the level, type, frequency, and provider of services may change upon transfer of a case between agencies.

Regional Center

SELPA

1.0 Regional Center shall coordinate and/or provide services pursuant to Part C, IDEA (34 CFR Part 303) listed on the IFSP, as payor of last resort.

1.0 The SELPA shall provide services to all solely low incidence children pursuant to E.C. Chapter 4.4, Section 56026.5

2.0 If a child is determined to be no longer eligible for Part C, Regional Center shall discharge child in accordance with standard practice and applicable regulations.

2.0 A SELPA serving infants prior to October 1, 1993, shall continue to serve non-categorical infants at their 1980-81 mandated numbers.

2.1 If the child is solely low incidence, the Regional Center shall refer child to child's SELPA of residence.

2.1 The SELPA is under no obligation to continue the Regional Center provided services prior to SELPA referral.

3.0 With parent consent, the Regional Center personnel shall provide records regarding services provided by Regional Center prior to child transitioning to the SELPA for services.

3.0 The SELPA shall consider the Regional Center recommendations, but is not obligated to implement such services provided by Regional Center.

XI. PROCEDURAL SAFEGUARDS AND SURROGATE PARENTS: The Inland IFSP process assures a timely, comprehensive, multi-disciplinary evaluation for each infant/toddler from birth to 3 years of age and their family. If eligible, the infant/toddler and family have the right to appropriate Early Intervention Services.

Regional Center

- 1.0 Written parental consent must be obtained prior to conducting evaluations, assessments, and beginning of Early Intervention Services.
- 1.1 The Regional Center shall make reasonable efforts to ensure that the family is aware of the nature of the evaluation, assessment, and or services available.
- 1.2 Parents will be informed that they have a right to decline any or all of these services. Regional Center shall document this.
- 2.0 Parents are to be notified, in their native language, of meetings when issues of eligibility and services are discussed. This includes identification, beginning, or modifying services, and denial of evaluation, services, or placement.
- 2.1 Meetings shall be held at times convenient to families.
- 2.2 Notice shall be given to the family
- 3.0 Parents have the right to confidentiality of personally identifiable information.
- 4.0 Parents have the right to invite anyone of their choosing to assist them at meetings.
- 5.0 Parents have the right to utilize administrative process to resolve complaints. Procedures for complaints and due process hearings shall be available to parents.

SELPA

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- 5.0 Parents have the right to utilize administrative process to resolve complaints. Procedures for complaints and due process hearings shall be available to parents.

6.0 Parents have the right to be informed of the location of records, and the policies and procedures regarding the maintenance of records. Parents have the right to access the child's Early Intervention records.

7.0 A surrogate parent shall be provided in accordance with State and Federal Regulations (34 CFR 303, 406, CCR 52175, GC 7579.5). IRC shall assign an individual to act as a surrogate parent IF:

7.1 No parent can be identified;
The infant or toddler is a dependent of the juvenile court and the parental rights of the parent have been limited by the court or relinquished;
The parent cannot be located, after reasonable efforts by IRC.

7.2 A surrogate parent may represent an infant or toddler in all matters pertaining to:
-The evaluation and assessment of the infant or toddler;
-Development and implementation of the infant's or toddler's IFSP including annual evaluations, assessment, and periodic reviews;
-The ongoing provision of early intervention services to the infant or toddler;
-Requesting mediation or due process hearings; and,
Any other early intervention service established under Part C of IDEA

7.3 A surrogate parent may not provide consent for medical services for which a consent by a parent or legal guardian is required.

7.4 The agency responsible for Service Coordination will appoint a surrogate parent when necessary.

6.0 Parents have the right to be informed of the location of records, and the policies and procedures regarding the maintenance of records. Parents have the right to access the child's Early Intervention records.

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-The ongoing provision of early intervention services to the infant or toddler;
-Requesting mediation or due process hearings; and,
Any other early intervention service established under Part C of IDEA

7.3 A surrogate parent may not provide consent for medical services for which a consent by a parent or legal guardian is required.

7.4 The agency responsible for Service Coordination will appoint a surrogate parent when necessary.

XII. PROCEDURAL SAFEGUARDS: Parents will be provided with a copy of their procedural safeguards prior to any changes in identification or services for their child. (APPENDIX I).

XIII. INTERAGENCY DISPUTE RESOLUTION: It is the intent of IRC and the SELPA that all disputes be resolved at the lowest administrative level possible. A process will be followed if a dispute and impasse* arises (*the 60 day calendar day timeline begins on the date both agencies agree the issue has reached an impasse) between the SELPA and IRC as to: the eligibility of the infant; which agency is responsible for the infant and family evaluation and assessment, service coordinator, and the development and implementation of the IFSP; and which agency is responsible for the provision/purchase of appropriate early intervention services.

Regional Center

SELPA

- 1.0 The Regional Center staff is encouraged to resolve disagreements at their level. If agreement cannot be reached, the dispute will proceed to Step 2.
- 2.0 The Regional Center staff will refer the dispute to the Program Manager for resolution. If agreement cannot be reached at this level, the dispute resolution will proceed to Step 3.
- 3.0 The Regional Center Executive Director or designee will meet with the District of Residence Director or designee to resolve the dispute.
- 4.0 If resolution of the dispute is not achieved, the two parties can request technical assistance from DDS and CDE. This step can be used at any point in the process.
- 5.0 If resolution cannot be reached within 60 calendar days, the issue will be referred in writing to DDS and CDE for a state-level review and resolution.
- 6.0 The state level review will be conducted jointly by DDS and CDE and a binding decision rendered within 60 calendar days of receipt of the dispute.
- 7.0 During the pendency of a dispute, a child must continue to receive the appropriate

- 1.0 The LEA staff is encouraged to resolve disagreement sat their level whenever possible. If agreement cannot be reached, the dispute will proceed to Step 2.
- 2.0 The LEA staff will refer the dispute to the District of Residence Director for resolution. IF agreement cannot be reached at this level, the dispute resolution will proceed to Step 3.
- 3.0 The District of Residence Director or designee will meet with the Regional Center Executive Director or designee to resolve the dispute.
- 4.0 If resolution of the dispute is not achieved, the two parties can request technical assistance from DDS and CDE. This step may be pursued at any point in the process.
- 5.0 If resolution cannot be reached within 60 calendar days, the issue will be referred in writing to DDS and CDE for a state-level review and resolution.
- 6.0 The state level review will be conducted jointly by DDS and CDE and a binding decision rendered within 60 calendar days of receipt of the dispute.
- 7.0 During the pendency of a dispute, 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.

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.

APPENDIX GUIDE

- A. Philosophy Statement
- B. Federal Description of Early Start Services
- C. Eligible Population
- D. SELPA Eligibility
- E. Forms
- F. Regional Center Contacts
- G. IRC Holiday Calendar
- H. SELPA Contacts
- I. Procedural Safeguards

APPENDIX A

PHILOSOPHY STATEMENT

The philosophy under California's Early Intervention Services Act for the Early Start

Interagency Council:

- Children are our communities' most valuable resource and have the right to appropriate and necessary services.
- Eligible infants and toddlers* should be served within the context of their families and community in natural environments.
- Families play a unique and critical role in the development of their eligible infants and toddlers.*
- Families' independence should be supported so that the family's capacity to care for their eligible infant or toddler* will be enhanced.

THEREFORE THE COUNCIL BELIEVES THAT:

- A comprehensive, coordinated, multi-disciplinary, interagency, family centered system of early intervention services is necessary.

*Eligible infants and toddlers are those infants and toddlers with disabilities or infants and toddlers who are at-risk for disabilities.

Approved by the Early Start Interagency Council on January 25, 1999

APPENDIX B: Federal Definition of Early Start Services (3 Pages)

§303.13 Early intervention services.

(b) *Types of early intervention services.* Subject to paragraph (d) of this section, early intervention services include the following services defined in this paragraph:

(1) *Assistive technology device and service* are defined as follows:

(i) *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (*e.g.*, mapping), maintenance, or replacement of that device.

(ii) *Assistive technology service* means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes—

(A) The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;

(B) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;

(C) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(D) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(E) Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and

(F) Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

(2) *Audiology services* include—

(i) Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques;

(ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

(iii) Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment;

(iv) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;

(v) Provision of services for prevention of hearing loss; and

(vi) Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

(3) *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.

(4) *Health services* has the meaning given the term in §303.16.

(5) *Medical services* means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

(6) *Nursing services* include—

(i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

(ii) The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

(iii) The administration of medications, treatments, and regimens prescribed by a licensed physician.

(7) *Nutrition services* include—

(i) Conducting individual assessments in—

(A) Nutritional history and dietary intake;

(B) Anthropometric, biochemical, and clinical variables;

(C) Feeding skills and feeding problems; and

(D) Food habits and food preferences;

- (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section; and
 - (iii) Making referrals to appropriate community resources to carry out nutrition goals.
- (8) *Occupational therapy* includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include—
- (i) Identification, assessment, and intervention;
 - (ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 - (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- (9) *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—
- (i) Screening, evaluation, and assessment of children to identify movement dysfunction;
 - (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.
- (10) *Psychological services* include—
- (i) Administering psychological and developmental tests and other assessment procedures;
 - (ii) Interpreting assessment results;
 - (iii) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
 - (iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- (11) *Service coordination services* has the meaning given the term in §303.34.
- (12) *Sign language and cued language services* include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.
- (13) *Social work services* include—
- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 - (ii) Preparing a social or emotional developmental assessment of the infant or toddler within the family context;
 - (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;
 - (iv) Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and
 - (v) Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.
- (14) *Special instruction* includes—
- (i) The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
 - (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability;
 - (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - (iv) Working with the infant or toddler with a disability to enhance the child's development.
- (15) *Speech-language pathology services* include—
- (i) Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
 - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and
 - (iii) Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

(16) *Transportation and related costs* include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.

(17) *Vision services* mean—

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(iii) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

(c) *Qualified personnel*. The following are the types of qualified personnel who provide early intervention services under this part:

(1) Audiologists.

(2) Family therapists.

(3) Nurses.

(4) Occupational therapists.

(5) Orientation and mobility specialists.

(6) Pediatricians and other physicians for diagnostic and evaluation purposes.

(7) Physical therapists.

(8) Psychologists.

(9) Registered dietitians.

(10) Social workers.

(11) Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness).

(12) Speech and language pathologists.

(13) Vision specialists, including ophthalmologists and optometrists.

(d) *Other services*. The services and personnel identified and defined in paragraphs (b) and (c) of this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in paragraph (a) of this section or of another type of personnel that may provide early intervention services in accordance with this part, provided such personnel meet the requirements in §303.31.

(Authority: 20 U.S.C. 1432(4))

APPENDIX C.

ELIGIBILITY CRITERIA:

I. Developmental Delay

DDS Eligibility	CDE Eligibility
<p>Developmental delay – The new definition of “significant difference,” for purposes of identifying developmental delay, is a 33-percent delay in one or more developmental areas. (<i>Government Code Section 95014</i>)</p> <p>This new definition no longer requires a more significant level of delay for children 24 months of age or older.</p>	<p>Until further amended, a significant difference is defined as a 33 percent delay in one developmental area before 24 months of age, or, at 24 months of age or older, either a delay of 50 percent in one developmental area or a 33 percent delay in two or more developmental areas. (<i>Title 5, California Code of Regulations, Section 3031</i>)</p>
<p>At High Risk – The new criteria restores Early Start eligibility for those infants and toddlers who are at high risk of experiencing developmental delays or disabilities due to a combination of biomedical risk factors.</p>	<p>The CDE definition does not include “At High Risk” because the LEAs have to establish a disability to provide services.</p>

II. High Risk:

Per Interdisciplinary team indication, a child who has a combination of 2 or more of these factors:

- a. Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
- b. Assisted ventilation for 48 hours or longer during the first 28 days of life.
- c. Small for gestational age: below the 3% on the National Center for Health Statistics growth charts.
- d. Asphyxia neonatorum associated with a five minute Apgar score of 0 to 5.
- e. Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual exchange transfusion level.
- f. Neonatal seizures or nonfebrile seizures during the first three years of life.
- g. Central nervous system lesion or abnormality.
- h. Central nervous system infection.
- i. Biomedical insult including, but not limited to injury, accident or illness which may seriously or permanently affect developmental outcome.
- j. Multiple congenital anomalies or genetic disorders which may affect developmental outcomes.
- k. Prenatal exposure to known teratogens.
- l. Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
- m. Clinically significant failure to thrive, including but not limited to, weigh persistently below the 3rd %ile for age on standard growth charts or less than 85% of the ideal weight for age/and or acute weigh loss or failure to gain weight with the loss of two or more major percentiles on the growth curve.
- n. Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.

Established Risk

An established risk condition exists when an infant or toddler has a condition of known etiology which has a high probability of resulting in a developmental delay.

OR

An established risk condition exists when an infant or toddler has a solely low incidence disability which requires a referral to the local education agency

APPENDIX D

CALIFORNIA CODE OF REGULATIONS – Title V (4 pages)

§ 3030. Eligibility Criteria for Special Education

(a) A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361. The decision as to whether or not the assessment results demonstrate that the degree of the child's impairment requires special education shall be made by the IEP team, including personnel in accordance with Education Code section 56341(b). The IEP team shall take into account all the relevant material which is available on the child. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the child's eligibility for special education.

(b) The disability terms used in defining an individual with exceptional needs are as follows:

(1) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.

(B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.

(2) 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.

(3) Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.

(4) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(F) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under subdivision (b)(4) of this section.

(5) 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 in this section.

(6) Intellectual disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

(7) Multiple disabilities means concomitant impairments, such as intellectual disability-blindness or intellectual disability-orthopedic impairment, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. "Multiple disabilities" does not include deaf-blindness.

(8) 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).

(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that:

(A) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(B) Adversely affects a child's educational performance.

(10) Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes include attention, visual processing, auditory processing, sensory-motor skills, cognitive abilities including association, conceptualization and expression.

(A) Specific learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(B) In determining whether a pupil has a specific learning disability, the public agency may consider whether a pupil has a severe discrepancy between intellectual ability and achievement in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning. The decision as to whether or not a severe discrepancy exists shall take into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the IEP team as to the pupil's eligibility for special education. In determining the existence of a severe discrepancy, the IEP team shall use the following procedures:

1. When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: first, converting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the intellectual ability test score to be compared; second, computing the difference between these common standard scores; and third, comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed differences of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.

2. When standardized tests are considered to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the assessment plan.

3. If the standardized tests do not reveal a severe discrepancy as defined in subdivisions 1. or 2. above, the IEP team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more of the basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:

(i) Data obtained from standardized assessment instruments;

(ii) Information provided by the parent;

(iii) Information provided by the pupil's present teacher;

(iv) Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;

(v) Consideration of the pupil's age, particularly for young children; and

(vi) Any additional relevant information.

4. A severe discrepancy shall not be primarily the result of limited school experience or poor school attendance.

(C) Whether or not a pupil exhibits a severe discrepancy as described in subdivision (b)(10)(B) above, a pupil may be determined to have a specific learning disability if:

1. The pupil does not achieve adequately for the pupil's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the pupil's age or State-approved grade-level standards:

(i) Oral expression.

(ii) Listening comprehension.

(iii) Written expression.

(iv) Basic reading skill.

(v) Reading fluency skills.

(vi) Reading comprehension.

(vii) Mathematics calculation.

(viii) Mathematics problem solving, and

2.(i) The pupil does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in subdivision (b)(10)(C)(1) of this section when using a process based on the pupil's response to scientific, research-based intervention; or

(ii) The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with 34 C.F.R. sections 300.304 and 300.305; and

3. The findings under subdivisions (b)(10)(C)(1) and (2) of this section are not primarily the result of:

(i) A visual, hearing, or motor disability;

(ii) Intellectual disability;

(iii) Emotional disturbance;

(iv) Cultural factors;

(v) Environmental or economic disadvantage; or

(vi) Limited English proficiency.

4. To ensure that underachievement in a pupil suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group making the decision must consider:

(i) Data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

(ii) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil's parents.

5. In determining whether a pupil has a specific learning disability, the public agency must ensure that the pupil is observed in the pupil's learning environment in accordance with 34 C.F.R. section 300.310. In the case of a child of less than school age or out of school, a qualified professional must observe the child in an environment appropriate for a child of that age. The eligibility determination must be documented in accordance with 34 C.F.R. section 300.311.

(11) A pupil has a language or speech disorder as defined in Education Code section 56333, and it is determined that the pupil's disorder meets one or more of the following criteria:

(A) Articulation disorder.

1. The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's

production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.

2. A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

(B) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

(C) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

(D) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:

1. The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or

2. The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subdivision (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialist shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

(12) Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

(A) Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(13) 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.

APPENDIX E

Interagency Forms

1. Referral Form
2. Intake Notification Letter
3. IFSP
4. IFSP Notification Letter
5. Part B Notification/Referral

APPENDIX F

Regional Center Contacts:

Treva Webster, Clinical, Intake and Early Start Services Director	909-890-3493
Robin Ferguson, San Bernardino West	909-890-4771
Edyth Gallardo, Riverside East & Mountains Program Manager	909-890-4768
Sheri Doswell, San Bernardino City/High DESERT/MOUNTAIN Program Manager	909-890-4770
Kenneth Armstrong, Riverside Mid-South Counties Program Manager	909-890-4730
Giuseppe Ancona, Early Start Central Program Manager	909-890-4733

Inland Regional Center Intake Referral Contacts:

San Bernardino Intake Coordinator	909-890-4711
Riverside Intake Coordinator	909-890-4763

APPENDIX G

IRC Holiday Calendar

Listed below are the approved agency holidays for the calendar year 2022:

Holiday	Date To be Observed
New Year's Day	Friday, December 31, 2021
Martin Luther King, Jr. Day	Monday, January 17 th
Presidents' Day	Monday, February 21 st
Cesar Chavez Day	Thursday, March 31 st
Memorial Day	Monday, May 30 th
Juneteenth	Monday, June 20 th
Independence Day	Monday, July 4 th
Labor Day	Monday, September 5 th
Columbus Day	Monday, October 10 th
Veteran's Day	Friday, November 11 th
Thanksgiving Day	Thursday, November 24 th
Day After Thanksgiving	Friday, November 25 th
Christmas Eve	Friday, December 23 rd
Christmas Day	Monday, December 26 th
New Year's Eve	Friday, December 30 th
New Year's Day 2023	Monday, January 2, 2023
Personal Holiday	

Appendix H

SELPA CONTACTS

DESERT/MOUNTAIN SELPA

Pamela Bender, Chief Executive Officer

Desert/Mountain SELPA

Pamela.Bender@cahelp.org 760-955-3555

Referral Contact:

Richard Frederick, Area Director

Desert Mountain Operations

Richard.Frederick@sbcss.org 760-955-3532

APPENDIX I

EARLY START PROCEDURAL SAFEGUARDS

Early Start is for infants and toddlers under the age of three who are at risk of having a developmental disability or have a developmental disability or delay, and their parents, as defined by law. Early Start is governed by Part C of the Federal Individuals with Disabilities Education Act. (Title 34 of the Code of Federal Regulations, Part 303, California Early Intervention Services Act, Government code, Section 95000 et seq.; and Title 17, California Code of Regulations, Sections 52000-52175. There are three (3) separate processes in place for addressing disagreements which arise under this program.

EARLY START MEDIATION CONFERENCE REQUEST is a voluntary process used to informally resolve disagreements between a parent, as defined in law, and a regional center or a local education agency related to any alleged violation of federal or state statutes/regulation governing California's Early Start Program, including eligibility, placement, or services. Mediation can be requested as the first option for resolution or can also be requested during a complaint or due process hearing process, if a parent decides that mediation might be more appropriate. A complaint must be withdrawn if the Complainant elects to participate in mediation within the 60 day complaint investigation.

Any party seeking state level action on a disagreement falling into the category noted above may file a request for a voluntary mediation conference by submitting a Mediation Conference Request form – **DS 1808**. The attached form may also be obtained from the regional center, local educational agency (LEA) or the Department of Developmental Services (DDS). In addition, a letter of request is accepted by the **Office of Administrative Hearings (OAH)** in lieu of the request form if all the pertinent information is submitted and the letter is signed by the requestor.

Mail Mediation Conference Requests to:

Office of Administrative Hearings
Early Start Intervention Section
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833

Phone: (916) 263-0654
Fax: (916) 376-6318

The mediation conference will be convened by OAH. The timely issuance of the written mediation agreement may not be delayed by any local efforts occurring at the same time to resolve the matter. If a Mediation Agreement is not fully implemented, a complaint may be filed.

While all parties are encouraged to resolve differences at the lowest administrative level possible, such voluntary resolution may occur at the same time that a request for a Mediation Conference, a Due Process Hearing and/or Complaint is filed.

THE EARLY START DUE PROCESS HEARING is used to resolve disagreements between parents and a regional center or a local education agency related to a proposal or refusal for identification, evaluation, assessment, placement, or services.

Any party seeking state level action on a disagreement falling into the category noted above may file a request for a due process hearing by filing a Due Process Hearing Request form – **DS 1802**. The attached form may also be obtained from the regional center, LEA or the Department of Developmental Services (DDS). In addition, a letter of request is accepted by the **Office of Administrative Hearings (OAH)** in lieu of the request form if all the pertinent information is submitted and the letter is signed by the requester.

The due process hearing will be completed within 30 days from the receipt of the request by OAH. The timely issuance of the written decision may not be delayed by any informal local efforts occurring at the same time to resolve the matter. The decision will be final unless appealed to the superior court of appropriate jurisdiction.

While all parties are encouraged to resolve differences at the lowest administrative level possible, informal resolution(s) may occur at the same time that request for Due Process Hearing and/or a Complaint is filed.

THE EARLY START STATE COMPLAINT PROCESS is used to investigate and resolve any alleged violation of federal or state statutes or regulations governing California’s Early Start. Parents or any individual, agency or organization may file an Early Start Compliance Complaint. The complaint may be filed against any regional center, local education agency, or any private service provider receiving Early Start funds. Regional Centers and local education agencies must inform parents and other interested individuals or organization of the right to file an Early Start Compliance Complaint directly with the Department of Developmental Services.

Complete the Early Start Complaint Investigation Request form – **DS 1827**. The complaint shall include:

- The name, address and telephone number of the person filing the complaint;
- A statement that a regional center, local education agency or any private service provider receiving Early Start funds has violated any law or regulation governing Early Start;
- A statement of facts upon which the alleged violation is based;
- The party allegedly responsible; and
- A description of any voluntary steps taken at the local level to resolve the complaint, if any were taken.

Mail Early Start Complaints to:

Department of Developmental Services
Office of Human Rights
Early Start Complaint Unit
1600 Ninth Street, MS 2-15
Sacramento, CA 95814

Phone: (916) 654-1888
Fax: (916) 651-8210

The Department of Developmental Services is required to investigate the allegations and issue a written decision to all parties within 60 days of receipt of the complaint. The written decision will

address each allegation and include the findings and conclusions; the reason for the final decision, the required corrective actions to be taken; and, provisions for technical assistance.

Please note that according to 34 Code of Federal Regulations (CFR) section 303.433(c)(1), “If a written complaint is received that is also the subject of a due process hearing...the State must set aside any part of the Complaint that is being addressed in the due process hearing until the conclusion of the hearing.”

Services During Pendency of Proceedings

During the pendency of any proceeding or action involving a complaint by the parents of an infant or toddler with a disability, unless the Regional Center and the parents otherwise agree, the infant or toddler shall continue to receive the appropriate early intervention services currently being provided or, if applying for initial services, shall receive the services not in dispute. (20 USC § 1439.)

Advocacy Assistance

Clients’ Rights Advocate: Jennifer Alfaro, CRA
Office of Clients’ Rights Advocacy (OCRA) Blanca Rosales, Assistant CRA
3602 Inland Empire Blvd., Suite C-150
Ontario, CA 91764
Office: (909) 383-1133
Fax: (909) 383-1113

Local Area Board: Area Board XII
650 E. Hospitality Ln
San Bernardino, CA 92408
(909) 890-1259

Disability Rights California 3602 Inland Empire Blvd, Ste C110
(Riverside/San Bernardino County): Ontario, CA 91764
(213)213-8000

California Code of Regulations, Title 17, §52172. Procedures That Apply to Both Mediation and Due Process

(a) A parent may request a mediation conference and/or a due process hearing under any of the following circumstances:

- (1) A regional center or LEA proposes to initiate or change the identification, evaluation, assessment, placement or provision of appropriate early intervention services;
- (2) A regional center or LEA refuses to initiate or change the identification, evaluation, assessment, placement or provision of appropriate early intervention services; or,

(b) A parent may also request a mediation conference at any time to resolve disagreements involving any matter related to IDEA, Part C.

(c) A regional center or LEA may request a mediation conference or a due process hearing when the parent refuses to consent to all or any part of an evaluation and assessment of the infant or toddler.

(d) All requests for a mediation conference and/or due process hearing shall be in writing and filed with the contractor that the Department of Developmental Services uses for mediation and due process hearings. If a parent is unable to make a request for mediation or a due process hearing in writing, the service coordinator shall assist the parent in filing the request.

(e) The duration for either a mediation conference or a due process hearing shall not exceed a total thirty days for each process from the receipt of the mediation or due process request to the mailing of the mediation agreement or hearing decision. If a mediation conference is requested at or during the time of a due process hearing the mediation conference resolution shall occur prior to the due process hearing.

(f) The location of the mediation and/or due process hearing shall be at a time and place reasonably convenient to the parent.

(g) During the pendency of mediation and/or due process hearing procedures, the infant or toddler shall continue to receive the early intervention services listed on the IFSP they are currently receiving. If mediation and/or due process hearing involves the initiation of a service(s) the infant or toddler shall receive those services that are not in dispute.

(h) Mediation and due process hearings shall be conducted in English and interpreted in the language of the family's choice or other mode of communication.

California Code of Regulations, Title 17, §52173. Mediation Procedures

(a) Mediation shall be voluntary.

(b) Mediation is available at any time to resolve disagreements involving any matter related to IDEA Part C.

(c) The mediation conference shall be conducted by a mediator who is an impartial, third party with no personal or professional interest that would conflict with his or her objectivity in mediating a disagreement.

(d) The due process hearing officer shall be a different person than the mediator when mediation does not resolve the disagreement.

(e) The mediator shall be trained in communication, mediation and problem solving and shall be knowledgeable about early intervention programs and the federal and state laws and regulations applicable to Part C of the Individuals with Disabilities Education Act, Title 20 United States Code Sections 1431-1445, and the California Early Intervention Services Act, Government Code Sections 95000-95030.

- (f) The mediator shall be under contract with the Department of Developmental Services.
- (g) A person who otherwise qualifies under Subsection (c) and (d) of this Section as a mediator is not an employee of the Department of Developmental Services solely because the person is paid by the Department of Developmental Services to conduct the mediation process.
- (h) A parent may be accompanied by any representative at the mediation.
- (i) The mediator shall ensure that written agreements from the mediation conference are signed and provided to all participants at the conclusion of the mediation conference.
- (j) Discussions during mediation must be confidential and may not be used as evidence in any subsequent due process or civil proceedings.

California Code of Regulations, Title 17, §52174. Due Process Hearing Procedures

- (a) The hearing shall be conducted by a due process hearing officer who is an impartial, third party with no personal or professional interest that would conflict with his or her objectivity in conducting the hearing.
- (b) The due process hearing officer shall be knowledgeable about the federal and state laws and regulations applicable to Part C of the Individuals with Disabilities Education Act, Title 20 United States Code Sections 1431-1445, and the California Early Intervention Services Act, Government Code Sections 95000-95030, the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code sections 4500 et seq.; and Part 30 of the California Education Code, commencing with Section 56500 et seq.
- (c) The hearing officer shall:
 - (1) Listen to the presentation of relevant viewpoints about the issue of disagreement;
 - (2) Examine the evidence presented during the hearing;
 - (3) Issue a decision that is in compliance with federal and state law;
 - (4) Provide documentation of the proceedings, including findings of fact and a written decision; and
 - (5) Ensure that the decision is mailed to each party after completion of the hearing and within 30 days of receipt of the due process hearing request.
- (d) A parent involved in a due process hearing shall have the right to:
 - (1) Be accompanied and advised by counsel and/or by an individual with special knowledge and training with respect to early intervention services;
 - (2) Present evidence and confront, cross-examine, and compel the attendance of witnesses;
 - (3) Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent or the other party at least five days before the proceeding;
 - (4) Obtain a written or electronic, verbatim transcription of the proceeding;
 - (5) Obtain written findings of fact and decision.

(e) The hearing officer shall be under contract with the Department of Developmental Services. A person who otherwise qualifies under Subsection (a) or (b) of this Section is not an employee of a regional center or LEA solely because the person is paid by the agency to conduct the due process hearing.

(f) Disputes which occur related to an IEP meeting which may occur prior to the child's third birthday and which pertain to proposed Part B preschool placements or services shall be filed with and processed by the agent or division of the Department of Education which is responsible for administering due process mediations and hearings pursuant to Part B of the Individuals with Disabilities Education Act and Part 30 of the California Education Code, commencing with section 56500 et seq.

California Code of Regulations, Title 17, §52170. Complaint Procedures

(a) A complaint shall be a written and signed statement alleging that a regional center, LEA or any private service provider receiving funds under Part C of the Individuals with Disabilities Education Act, Title 20 United States Code, Sections 1431-1445, has violated any federal or state law or regulation governing the provision of early intervention services including the process of determining eligibility provided through Part C of the Individuals with Disabilities Education Act, Title 20 United States Code Sections 1431-1445, for infants or toddlers and their families.

(b) Any individual or organization may file a complaint.

(c) The alleged violation must have occurred:

(1) Not more than one year before the date that the complaint is received by the Department of Developmental Services unless a longer period is reasonable because the alleged violation continues for that child or other children; or

(2) Not more than three years before the date on which the complaint is received by the Department of Developmental Services, if the complainant is requesting reimbursement or corrective action as remediation of the complaint.

(d) The procedures under Chapter 1, commencing with Section 4500 of Division 4.5 of the Welfare and Institutions Code or Part 30, commencing with Section 56500 of the Education Code, or Title 5 California Code of Regulations Section 4600 et seq., shall not be used for resolving complaints regarding California's Early Start Program.

(e) Each regional center and LEA shall inform the parent and other interested individuals or organizations of the right to file a complaint directly with the Department of Developmental Services at the following address:

DEPARTMENT OF DEVELOPMENTAL SERVICES OFFICE OF HUMAN RIGHTS
ATTENTION: EARLY START COMPLAINT UNIT
1600 NINTH STREET, ROOM 240, M.S. 2-15
SACRAMENTO, CA 95814

(f) If the complainant is unable to provide the complaint in writing, the service coordinator shall directly assist the complainant or provide assistance to identify resources which can aid the complainant in completing the written complaint.

(g) The complaint shall include the following:

(1) The name, address and phone number of the complainant;

(2) A statement that a regional center, LEA or any private service provider receiving funds under Part C of the Individuals with Disabilities Education Act, Title 20 United States Code Sections 1431-1445, has violated any federal or state law or regulation of a Part C requirement governing the provision of early intervention services for infants or toddlers and their families in California;

(3) A statement of facts upon which the alleged violation is based;

(4) The party allegedly responsible; and

(5) A description of the voluntary steps taken at the local level to resolve the complaint, if any.

(h) Mediation is available at any time to resolve disagreements involving any matter related to IDEA Part C.