

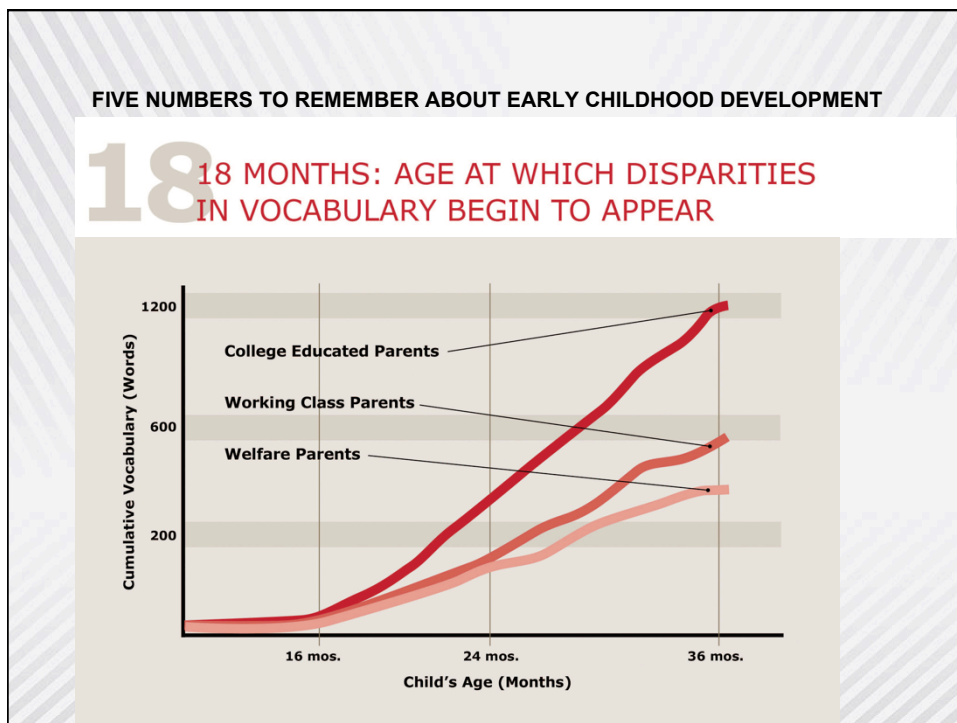
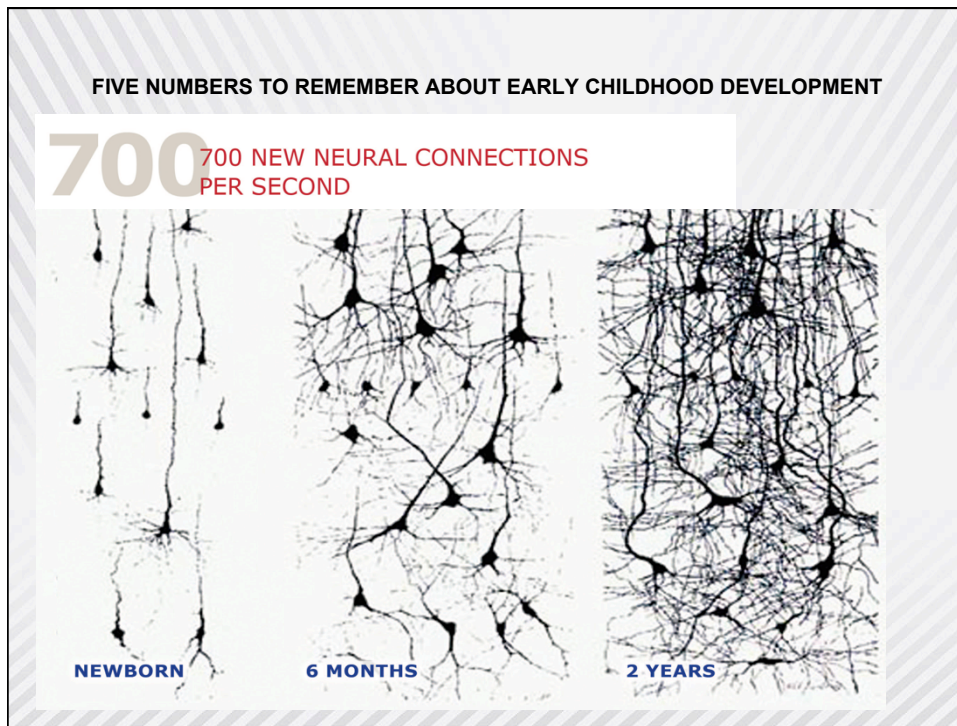
The Importance of Early Childhood Development

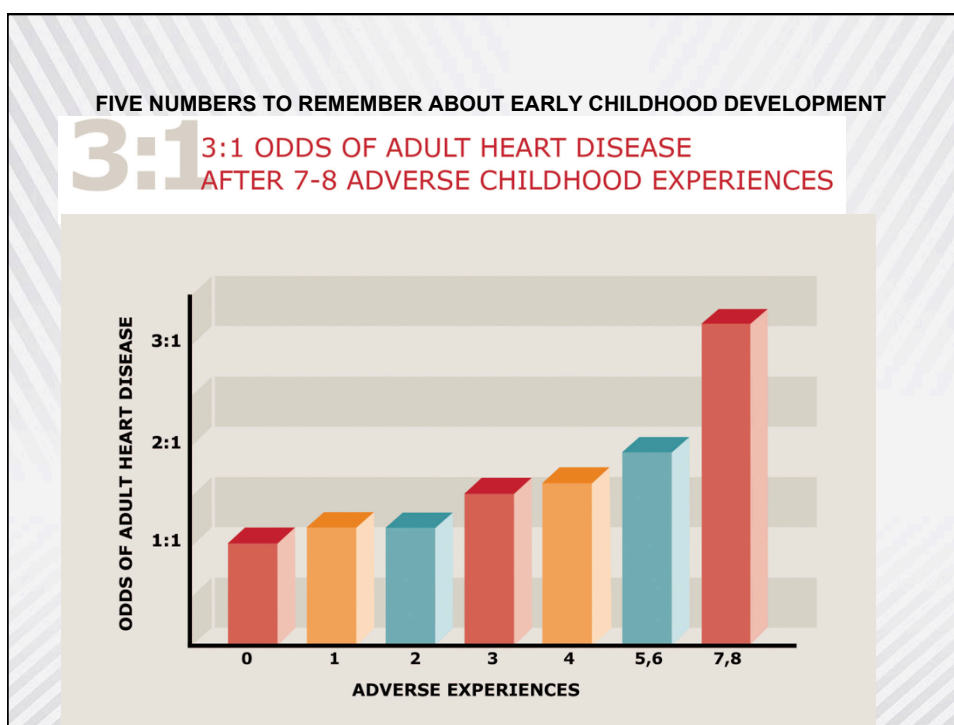
Presented by:
The Early Development Network Co-Leads

Video #1

Executive Functioning and Self-Regulation in Young Children

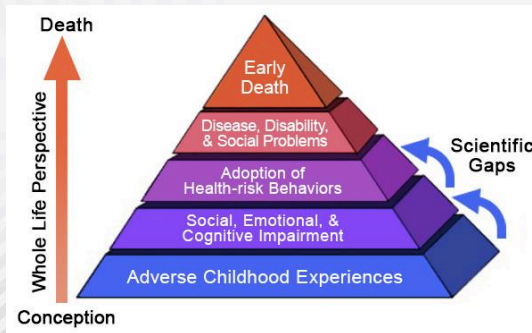






Adverse Childhood Experiences (ACE)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Incarcerated household member
- Household Violence
- Substance abuse
- Household mental illness
- Parental separation/divorce



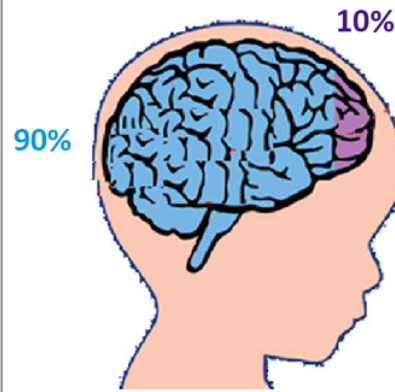
ACE Prevalence in Nebraska Classroom



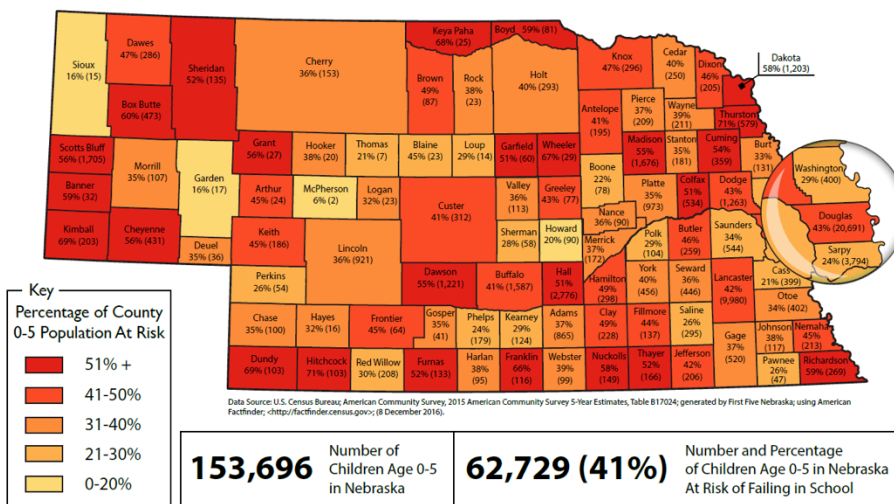
Brain Development

90% of a child's brain develops before the age of 5. Experiencing ACEs can affect that development.

Only 10% develops after age 5.

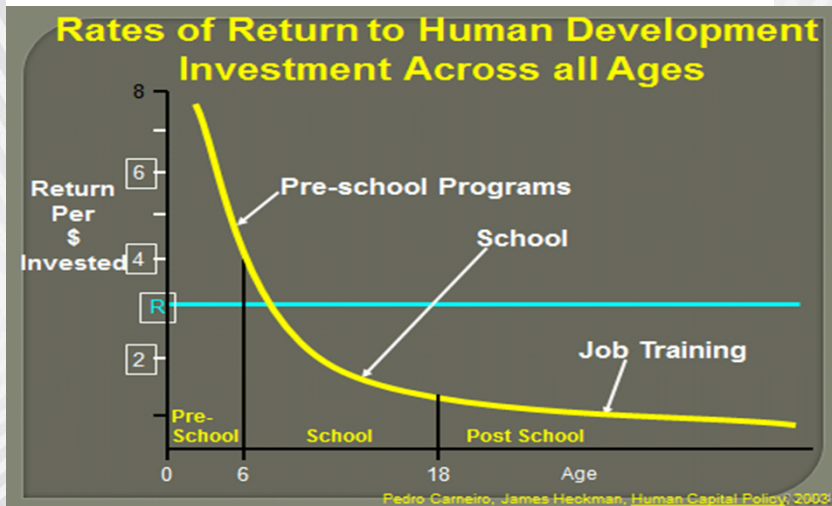


In Nebraska, almost 63,000 children under the age of 5 are at risk of starting school behind. (2015)



FIVE NUMBERS TO REMEMBER ABOUT EARLY CHILDHOOD DEVELOPMENT

4-9 \$4 - \$9 IN RETURNS FOR EVERY DOLLAR INVESTED IN EARLY CHILDHOOD PROGRAMS



EARLY DEVELOPMENT NETWORK

NDE Rule 52
DHHS 480 NAC 3

Case Scenario 1

- Your PRT/SC agency receives referral from another Nebraska PRT/District for child/family moving into your PRT. Child is currently receiving EDN services and has active IFSP in place.

How should the District/SC proceed? What information should be obtained at referral/intake?

Referral – District to District



If a child and family move from one district to another and have an IFSP this is considered a source of referral. The following steps are used for families moving to a new school district within Nebraska:

1. Referral received;
2. Assign a services coordinator;
3. Services coordinator obtains prior records regarding multidisciplinary evaluation and IFSP from previous EDN SC Agency;
4. Services coordinator conducts the Periodic IFSP review within 30 days of receipt of the referral in order to make necessary changes; and
5. The IFSP team develops and implements the IFSP; and provides early intervention services within 30-days of parental consent.

Case Scenario 2

- Child referred from Iowa EI program as family is moving to Nebraska within the week.
- Child is 26 months old
- SC receives a copy of the child's MDT (dated 2 years prior), IFSP (dated 1 month ago) from Iowa, and medical records from child's pediatrician and UNMC-MMI.
- IFSP and referral info received from Iowa SC shows child has Downs Syndrome, high arched palate and mild hearing loss in both ears.

How should the SC and District proceed?

Referral- out of state

If a child and family move to Nebraska from another state and currently has an IFSP, this is considered a **source of referral**. (States vary in regulation to implement IDEA Part C; Nebraska's implementation procedure is to consider an out-of-state IFSP as a referral from another source.)



Referral – out of state



The following steps are used for families moving to Nebraska:

1. Intake/Referral is completed, following intake procedures.
2. Assign a services coordinator.
3. Follow SC procedures for providing Notice & Consent for EI Initial Multidisciplinary Evaluation and Child Assessment (EI-2 Form).
4. District discusses with the family state-to-state variation of eligibility criteria and provision of EDN services.
5. Review out-of-state MDT report, IFSP and any records available on child.
6. Develop Interim IFSP to implement EDN services until NE eligibility is established.
7. Determine Nebraska eligibility by:
 - A. Reviewing previous MDT, IFSP and medical records.
 - B. If needed, conducting a comprehensive multidisciplinary evaluation.

Screening



Rule 52-006.03A

The school district or approved cooperative may adopt procedures....to screen children under the age of threeto **determine whether they are suspected of having a disability.**

- Screening is not required – an optional procedure
- Conducted by the District
- Districts must have policies & procedures on file related to Screening activities

Conduct screening if there was no pre-referral developmental screening completed prior to the referral and there is no diagnosed condition.

CHILD SCREENING PROCEDURES

480 NAC 3-005.01

The services coordinator shall provide written notice and obtain consent for screening....

- State mandated form: Consent for Initial Screening

NOTE: The parent may request and consent to an evaluation at any time during the screening process, even if the infant or toddler is not suspected of having a disability. [92 NAC 52-006.03C and 480 NAC 3-005.01]

- The services coordinator must immediately provide written notice and obtain consent for the evaluation and child assessment from the parent and inform the district.
- State mandated form: EI-2



Case Scenario 3

- Referral received from physician
- Child is 18 months old and scored very low on language/communication section of ASQ screening tool; Dr. is also concerned with child's hearing
- At intake, parents stated they are most concerned with child's speech/communication and would like follow-up testing related to hearing.

What procedures, related to screening and evaluation, should be implemented at this time by the District and Services Coordinator?

What information should be obtained to assist the team in making an eligibility determination?

Eligibility Requirements

Rule 52-006.04

- The school district or approved cooperative establishes eligibility for early intervention services utilizing developmental delay or any of the other disability categories in 92 NAC 51-006.04



Eligibility Requirements

Rule 52-006-006.04A

To qualify for early intervention services in the category of developmental delay, the child shall have either:

- ❖ A **diagnosed physical or mental condition** that has a high probability of resulting in a substantial developmental delay.....

OR

- ❖ A significant developmental delay...in one or more of the following areas:

Cognitive; physical; communication; social or emotional; adaptive



Use of Informed Clinical Opinion

Rule 52-006.05B2

- Qualified personnel **must use informed clinical opinion when conducting an evaluation and assessment of the child**. In addition, the school district or approved cooperative **shall ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility even when other instruments do not establish eligibility**;
- However, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.



Medical and Other Records Criteria



Rule 52-006.05B

- A child's medical and other records may be used to establish eligibility without conducting an evaluation of the child if those records indicate the child
 - Has at least 2 standard deviations below the means in one of the developmental areas (cognitive, physical including vision and hearing, communication, social or emotional, adaptive); or at least 1.3 standard deviations below the mean in 2 areas of development;
 - Meets the criteria for an infant or toddler with a diagnosed condition, that has a high probability of resulting in developmental delay.
- If a child is determined eligible for Early Development Network based on review of records, the school district or approved cooperative must conduct an initial assessment of the child.

Evaluation Procedures



Rule 52-006.06

- No single procedure is used as the sole criterion for determining a child's eligibility for Early Development Network.
- **Must include:**
 1. administering an evaluation instrument;
 2. taking the child's history including interviewing the parent;
 3. identifying the child's level of functioning in each of the developmental areas;
 4. gathering information from other sources: family members, other caregivers, providers, social workers, and educators;
 5. reviewing medical, educational, or other records.
- ❖ All developmental areas must be evaluated.

Evaluation and Assessment Procedures

Rule 52-003.16-16A

- The multidisciplinary evaluation and assessment of the child means **the involvement of two or more separate disciplines or professions but may include one individual who is qualified in more than one discipline or profession.**

Rule 52-006.05D

- Unless clearly not feasible to do so, all evaluations and assessments of the child must be conducted in the child's native language.



Child determined not eligible



- If based on the evaluation and review of records the child is not eligible for services the school district or approved cooperative must provide the parent with prior written notice and include in the notice information about the parents' right to dispute the eligibility determination through dispute resolution mechanisms (52 009.05-009.08) such as requesting a due process hearing or mediation or filing a State complaint.
- Services coordinator receives a copy of this notice.
- Note: Use of an Independent Educational Evaluation is not available for parents to request

Child determined not eligible - Procedures

- District informs Services Coordinator the child is not eligible and a meeting needs to be conducted with the family to review the eligibility determination.
- Services Coordinator contacts the family and schedules a meeting, at a time and place convenient to the family, to review the eligibility determination.
- District informs the family of the reasons the child is not eligible, the District provides the Prior Written Notice to the family, which contains the following required elements:
 - a. Statement that the child is not eligible for Early Development Network services
 - b. The reasons for taking this action
 - c. All procedural safeguards available to the family

*the District/Services Coordinator ensures the parent understands the procedural safeguards available through mediation, state complaint, and due process procedures [92 NAC 52-009.03B2C]



Child determined not eligible - Procedures

- Services coordinator provides family with referrals to other agencies/supports according to the child's/family's needs.
- Services coordinator informs the person who referred the family to the Early Development Network, if any, by letter of the outcome of the referral if the family has given written authorization. The MDT report will also be forwarded to the referral contact if the family requests this action in writing.
- Services coordinator gives the family a copy of the letter sent to the referral contact and the multidisciplinary evaluation written report.
- Services Coordinator provides information so the family can contact Early Development Network in the future, if needed.



Case Scenario 4

- Initial Referral
 - CAPTA referral received initially by another PRT /SC agency for child age 9 months due to neglect by parent – child was removed and placed into foster care with family members.
 - The District screened the child and determined did not need further evaluation.
 - Case was closed.
- 3 months later
 - the family member/foster parent contacted the original PRT /SC agency with concerns with child's language and behavior.
 - District conducted another screening – passed.
 - Case was closed.

Case Scenario 4 - Continued

- 8 months later
 - CPS caseworker contacts your PRT/SC agency due to concerns with language –child is now in 3rd foster home located in your PRT.
 - District conducted screening – passed.
 - Case closed.

Case Scenario 4 - Continued

- 6 months later
 - child's physician and psychologist makes referral to your PRT – want child evaluated due to attachment concerns, scoring low in speech/language on ASQ, and displaying harmful, negative behaviors towards foster family and at child care.
 - Foster mom confirmed child is not talking like other children at same age and is exhibiting aggressive behaviors. Foster mom is in process of adopting child - child hasn't seen bio parents for 1 year.
 - Child Psychologist in process of evaluating for/confirming Reactive Attachment disorder.

How should District/SC agency proceed? What information should be obtained to assist in determining eligibility?

Definitions – Evaluation & Assessment

Rule 52-003.07

- **Evaluation** means the procedures used by qualified personnel to determine a child's initial eligibility to begin receiving early intervention services and continuing eligibility.

Rule 52-006.07A

- **Assessment** means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility and includes the assessment of the child and the assessment of the child's family.
- Initial assessment means the assessment of the child and the family assessment conducted *prior* to the child's *first* IFSP meeting.



Child Assessment Procedures



Rule 52-006.07A1-A3

The assessment of the child must include the following:

1. A review of the results of the evaluation
2. Personal observations of the child and;
3. The identification of the child's needs in the following of the developmental areas:

Adaptive	Social/Emotional
Cognitive	Health
Communication	Hearing
Physical-Fine Motor	Nutrition
Physical-Gross Motor	Vision

FAMILY ASSESSMENT

480 NAC 3-006.01(4a) The services coordinator shall meet with the family to:

- Conduct a family assessment to identify the family's daily routines, activities and options for supporting the family in identifying their resources, priorities, and concerns.



Family Assessment



- The IFSP must be based on information obtained through an assessment tool that is selected and administered so as not to be racially or culturally discriminatory; and also through an interview with those family members who elect to participate in the assessment.
- The family-directed assessment must be voluntary on the part of each family member participating and include the family's description of its resources, priorities, and concerns and the supports and services necessary related to enhancing the child's development.
- The family is assisted in identifying the supports and resources present in the child's environment and activities in the child's daily routine that offer opportunities for the child to learn the new skills.
- Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.

45 Day Timeline

480 NAC 3-005.03 & Rule 52-006.02A

- The screening, evaluation and assessment of the child, family assessment, and the IFSP meeting must take place within 45 calendar days of the referral to a Public Agency.



45 Day Timeline

480 NAC 3-005.03A & Rule 52-006.02B

- The family may extend 45 day process at any time;
- Additionally, the 45 day process timeline does not apply when the child or parent is unavailable to complete the screening, initial evaluation, or initial assessments; or the parent has not provided consent.
- If/when the family wants to resume the process, the screening, initial evaluation, initial assessments, and the initial IFSP meeting must be completed as soon as possible after the documented exceptional family circumstances no longer exist or parental consent is obtained.



Multidisciplinary IFSP Team



Rule 52-003.16B & 480 NAC 3-008.04/.05

- *Multidisciplinary* - with respect to the IFSP team – must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the services coordinator.
- Must also include school district personnel

Initial/Annual IFSP Team meeting Periodic Review

480 NAC 3-008.06 For each Initial and Annual IFSP team meeting and Periodic Review, the services coordinator shall:

- Arrange, conduct, and chair the IFSP meeting with the family in a setting and at a time convenient for the family.
- Provide written notice to all team members a reasonable time before the meeting. Written notice must be provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.



Initial/Annual IFSP Team meeting Periodic Review



(cont'd) 480 NAC 3-008.06

- Ensure meeting is conducted in parent's native language
- Draft/develop the IFSP document according to regulatory requirements
- Provide a written copy of IFSP and family assessment to parent within 7 days of the IFSP meeting

Rule 52 007.02D & 009.02F3

The School District :

- Ensures all IFSP meetings and reviews are conducted in the native language or other mode of communication used by the family
- Provides a copy of the multidisciplinary report and child assessment to the parent no more than 7 days after the IFSP meeting.

IFSP - "Other" services

480 NAC 3-008.06(4)(f)

- To the extent appropriate, the IFSP shall include medical and other services that the child/family may need or is receiving through other sources, but that are not required to be provided nor funded through early intervention.
- *If those services are not currently being provided, include a description of the steps the services coordinator or family may take to assist the child and family in securing those other services.*



IFSP - Consent



480 NAC 3-008.06(5) & Rule 52-009.03A1c; 009.03A5a-b

- The contents of the IFSP must be fully explained to the parent(s) and parent(s) must give written consent for the implementation of early intervention services as part of the IFSP.
- *The IFSP provides for the written consent* of the parent to provide services to the child and family.
- If the parent(s) does not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided.
- Although the parent may accept or reject any part of the early intervention services offered, the child will not receive services until the parent(s) have signed the IFSP.

IFSP - Timely Services



Rule 52-007.04D & 480 NAC 3-008.06(5)

- EDN services must be provided within 30 days from the date of parental consent on the IFSP.

Note: The initial IFSP meeting date cannot serve as the projected start date or actual first service delivery date for providers, unless their first delivery service log note clearly documents a separate visit providing service to the child and/or family occurred following the initial IFSP meeting.

- The initial IFSP meeting does, however, serve as the start date for services coordination.

IFSP Implementation



480 NAC 3-008.07 Services coordinator shall:

- Coordinate the funding sources for services required under 92 NAC 52 and 480 NAC 3
- Monitor implementation of the plan as written by IFSP team members
- Coordinate, facilitate and monitor the delivery of services to ensure the services are provided within 30 days of parental consent.
- Contact the family at least monthly to review the progress of the plan and to conduct follow-up activities to determine that appropriate early intervention services are being provided.

Transition



480 NAC 3-005.02 & Rule 52-003.24

EDN services are provided until August 31st of a child's third birthday or until the child has met all IFSP outcomes and there is no longer a need for early intervention services

480 NAC 3-009 & Rule 52-008.01A

If a toddler with a disability may be eligible for preschool services, with the approval of the family, the services coordinator shall convene a conference among the family, team members, and school district or approved cooperative, not fewer than 90 days, and at the discretion of all parties, not more than 9 months, before the toddler's third birthday to discuss any services the toddler may receive under NDE regulations at 92 NAC 51.

Transition



480 NAC 3-009.03; 3-012.03

- Any transition conference or meeting to develop the transition plan must meet the IFSP meeting requirements referenced in 480 NAC 3-008.
- This includes the services coordinator providing written notice of the IFSP meeting and Transition Conference/Planning to all team members a reasonable time prior to the meeting.

480 NAC 3-009.04 & Rule 52-008.04B

- The Services Coordinator, along with the family and IFSP team, must ensure the transition plan is contained in the IFSP not fewer than 90 days, and not more than 9 months before the toddler's 3rd birthday.

Transition – Annual Notice



480 NAC 3-009.01

Services coordinator provides annual notice to the family at the transition conference which shall contain:

1. A description of the rights of the parents to elect to receive early intervention services or preschool services pursuant to NDE 92 NAC Rule 51;
2. An explanation of the differences between early intervention services pursuant to NDE 92 NAC Rule 52 and services provided under NDE 92 NAC Rule 51;
3. The types of services and the locations at which the services are provided
4. The procedural safeguards that apply; and
5. A description that the IFSP services provided will include an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills for children who are at least 3 years of age.

Transition Plan

480 NAC 3-009.04

Must include, as appropriate:

- A review of the program options for the toddler with a disability, for the period from the toddler's third birthday through the remainder of the school year;
- The family in the development of the transition plan for the child
- Steps for the toddler with a disability and his or her family to exit from the early intervention program to support the smooth transition of the toddler, to include discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition; and procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in a new setting;



Transition Plan

- Any transition services or other activities that the IFSP Team identifies as needed by the child and family;
- Confirmation that the child find information about the child has been transmitted to the designated program if parental consent was obtained;
- Transmission of additional information needed, with parental consent, to ensure continuity of services to the receiving program, including a copy of the most recent evaluation and assessments of the child and family and the most recent IFSP.



480 NAC 3-015 FORMS



- All forms utilized in the Early Intervention Program are state-mandated to ensure consistency and adherence to Family Rights and all laws/regulations that govern the program.
 - IFSP (EI-1)
 - Notice & Consent for Initial Screening
 - Notice & Consent for Multidisciplinary Evaluation and Child Assessment (EI-2)
 - Release of Information (EI-3)

<http://edn.ne.gov/cms/policies-procedures/forms>

Transition and LRE

Defining the Least Restrictive Environment (LRE)

January 2017 - OSEP Dear Colleague Letter on Preschool Inclusion and LRE Requirements by Ruth Ryder

(Source for all subsequent slides unless otherwise noted.)

IDEA section 612(a)(5)

“In general - To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.”

Making Placement Decisions

“Before a child with a disability can be placed outside the regular educational environment, the group of persons making the placement decision must consider whether supplementary aids and services could be provided that would enable the education of the child, including a preschool child with a disability, in the regular educational setting to be achieved satisfactorily. “

What is the LRE for Preschool-Age Children?

Regular classes alongside their peers without disabilities

- ✓ **Programs that include a majority of nondisabled children**
 - **Head Start**
 - **Kindergarten**
 - **Preschool Classes offered by a public school**
 - **Private kindergarten or preschools**
 - **Group child development centers or child care**

What is the LRE for Preschool-Age Children?

Informal settings that do not meet the definition of a Regular Early Childhood Program

- ✓ **Generally not required to comply with early learning program standards or curricula**
 - **Programs that include a majority of disabled children**
 - **School-based and neighborhood-based playgroups**
 - **Home-care settings**

Preschool LRE:

- What are the challenges Nebraska is facing in order to provide LRE and inclusive environments for all preschool-age children?
- How can we support districts to ensure a continuum of placement options are available?
- How can we assist districts with accurately reporting/monitoring this data?

Resources for You...

- DHHS/DOE Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs (Sept. 2015)**
- Dear Colleague Letter on Preschool LRE (Jan. 2017)**
- TA Centers:**
 - **DaSy**
 - **ECTA**
 - **NCSI**
- Websites:**
 - **<https://www2.ed.gov/about/inits/ed/earlylearning/initiatives.html>**

Thank You!

Amy Bunnell, NDE

Julie Docter, NDHHS

Cole Johnson, NDE

Amy Rhone, NDE