

Orientation Guide for Head Start Disabilities Services Coordinators



Resource dedicated to Head Start staff who step into the future alongside children with disabilities and their families

This Disabilities Orientation Guide was created for the Office of Head Start by the Head Start Knowledge and Information Management Services.

This guide represents the collaborative work of all Head Start Regional Disabilities Training and Technical Assistance providers.

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Introduction

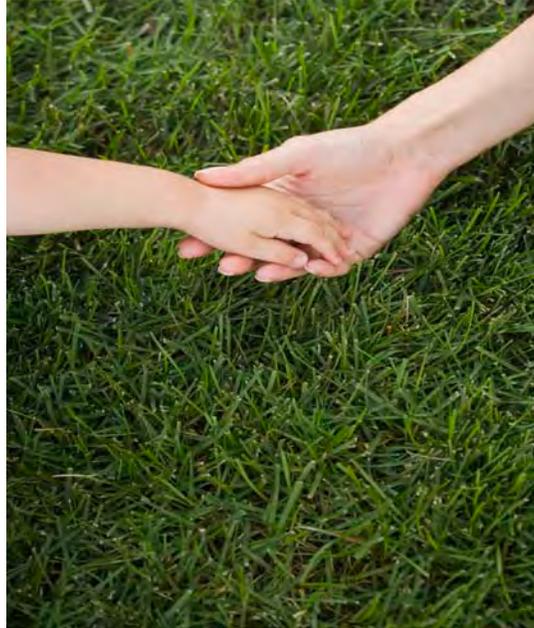
The Head Start Disabilities Technical Assistance Specialists have collaborated, with support from the Head Start Knowledge and Information Management Services (HSKIMS), to produce this Orientation Guide for Head Start Disabilities Services Coordinators. The guide covers a range of topics that new disabilities services coordinators often discuss with technical assistance providers.

Contributors to this guide recognize that this document cannot independently provide all of the orientation and support a disabilities services coordinator will need to perform successfully. To be most useful, this guide should open ongoing conversations with program management, policy groups, local partners in special education and early intervention, and with technical assistance providers. Such active learning and dialogue can provide the new coordinator with the perspective and feedback necessary for success. And finally, the guide emphasizes the coordination of services within the program; a disabilities services coordinator will be most successful working within a program-wide, and community-wide, effort to support families and the staff serving children with disabilities.



This icon indicates that these resources are available online. Your internet connection should be activated in order to view the content.

General Orientation



This guide offers information and ideas to help you see the “Big Picture” of your new responsibilities as a Disabilities Services Coordinator. It includes suggestions and resources to help you succeed in that important role.

General Orientation

Welcome Perhaps you are starting a new position or program, or may even be new to Head Start. In any case, this guide will provide you with a foundation of knowledge and a wealth of resources to begin your work and find the necessary support to be successful as a Disabilities Services Coordinator.

New to Head Start? Understanding the Head Start requirements for disabilities services is central to your work. If you are new to Head Start, do the following:

- Browse the Early Childhood Learning and Knowledge Center (ECLKC) web site at <http://eclkc.ohs.acf.hhs.gov> and
- Review the Head Start Program Performance Standards on the ECLKC.

Head Start: A Beginner's Resource For information about Head Start, refer to the following resources.

Resource	Description
Head Start 101 Toolkit 	Brief overview of Head Start
Nurturing the Promise 	Video description of Head Start's comprehensive services. [RealPlayer, 11mins.]
Your New Role 	Broad overview of what you'll need to know and where to find the information
Policy Clarifications 	Policy Clarifications: Services for Children with Disabilities
Head Start Monitoring Protocols 	New integrated monitoring protocols

Disabilities Service Plan



Your program should already have a Disabilities Service Plan that outlines how your staff will work with your agency and community partners to deliver services to children with disabilities and their families. You will need to review the Disabilities Service Plan to ensure that it is comprehensive and clear.

This section includes the following parts:

- Disabilities Service Plan Overview
- Reviewing and Revising the Plan
- Creating a Disabilities Service Plan

Disabilities Service Plan Overview

Overview As the Disabilities Coordinator, one of your first duties is to review the Disabilities Service Plan to determine that it is comprehensive and clear. You may wonder:

- What is a Disabilities Service Plan?
 - What are some of the things that must be covered in a Disabilities Service Plan?
 - How do I determine whether there are gaps in the plan?
 - What process should I use to revise it?
-

Description of the Disabilities Service Plan The Disabilities Service Plan is a document that serves as a guide to govern your program in the areas of special needs and focuses on children with disabilities and their families that are applying or enrolled in Head Start. The plan outlines the internal coordination of staff, program practices, and resources that your program will use to effectively manage compliance with both the Head Start Performance Standards and the Individuals with Disabilities Education Act (IDEA) (<http://idea.ed.gov> ). The plan is an organized document that typically includes strategies and timelines.

Responsibility of the Disabilities Coordinator It is the central duty of the Disabilities Coordinator to ensure the program has a written plan and is actively following the plan, assessing its success, and revising it. A useful Disabilities Service Plan directs program resources and activities to deliver high quality program services for children with disabilities. Teachers, providers, and families caring for children with disabilities benefit from this organized plan of action.

What the Disabilities Service Plan Covers The Disabilities Service Plan (DSP) is your guide to all services and program practices specifically addressing disabilities. The program's responsibility is to initiate awareness and education regarding disabilities. It should articulate how your Head Start program plans to include every child with a disability and the ways in which the program supports staff and families of children with disabilities. The DSP should include the following areas:

- Community involvement
- Recruitment and enrollment
- The referral process
- Identification and evaluation
- Services: planning and implementation

It should also address important timelines in an effort to remain responsive and compliant with the Head Start Performance Standards and IDEA.

Reviewing and Revising the Plan

Where to find the Disabilities Service Plan Check with your director. Some programs have a separate Disabilities Service Plan; some programs integrate the Disabilities Service Plan into their overall Program Plan.

Reviewing the Plan One of the first tasks in your job is to review the existing Disabilities Service Plan for your program. Ask your colleagues if they have read it and what they consider to be the main areas requiring your attention as you begin your work. For example, if enrolled children with disabilities have limited access to some outdoor program activities because of physical barriers, or if the families report they are unsatisfied with the information and support they receive to address their child's disability, then these issues may be priorities for your plan of action.

Community Development and the Disabilities Service Plan Attending a regular local interagency meeting is an excellent way to learn about the strengths and gaps in the services delivery systems within your community. Your professional resources network will grow as you sit with other members of community organizations and work on common goals. Activities that advocate for positive changes and the relationships that develop as a result of your consistent involvement, enhance program visibility, community education opportunities, and recruitment efforts. When you attend the meetings, go prepared to share information about your program, and volunteer to participate.

Revising the Plan The content of the plan will overlap with the areas of education, health, nutrition, safety, and fiscal planning. It is logical to assume you will meet with these coordinators and develop a Disabilities Service Plan that complements plans for those areas.

Revisions to the Disabilities Service Plan typically follow a schedule of review. The plan may be cumbersome in its entirety and may be reviewed by sections or topics. Approval of your plan's revision is the responsibility of your administration. The plan will eventually become an official document used to review program design and management.

Creating a Disabilities Service Plan

What to Do If There Is No Plan If there is no Disabilities Service Plan at your program, it is your responsibility to work with other staff to create one. If this is the case, you may ask:
What approach should our program take to create a Disabilities Service Plan?

Creating a Plan The Disabilities Service Plan is a written document that describes how your program supports children with disabilities and complies with the Head Start Performance Standards. You may wish to read a sample of the Disabilities Service Plan. The easiest way to find a sample plan is to contact your regional office's disabilities program specialist and ask for a plan that is well matched to your program's enrollment, local community characteristics, and state. The Disabilities Service Plan will vary for each agency; however, reading an existing plan will give you a good start.

Accessibility



You will play an important role in ensuring that your program is ready and able to include children and adults with disabilities in all program activities. You must be aware of the accessibility requirements for buildings, playgrounds, and other structures, as well as curricula and program activities, to make sure that anyone can use them. Also, when planning lessons, program activities and other events, you must consider how children and adults with disabilities will be able to participate.

This section includes the following part:

- Accessibility

Accessibility

Meaning of Accessibility

Accessibility is a program's commitment that anyone, including a person with a disability affecting mobility or communication, will have the opportunity to participate in your program. This includes opportunities in classroom and outdoor activities for children, or in family-centered or policy group events. Accessibility must be a feature of your facilities (e.g. accessible doorways, restrooms, playgrounds) and your program activities (e.g., providing a sign language interpreter at the policy council meeting for a parent or community representative who is hearing impaired; enlarging print; organizing materials).

Tools to Help Evaluate Accessibility

There are various checklists and formal assessments that will help you evaluate your program's accessibility. [The Americans with Disabilities Act Checklist](#)  is one checklist that will assist you as you learn about the accessibility aspects of your program.

A plan that addresses accessibility contains scoping and technical requirements for accessibility to buildings and facilities by individuals with disabilities under the Americans with Disabilities Act (ADA) of 1990. Individual states' have child care licensing and regulating agencies that provide the tools necessary to evaluate your program's compliance. In addition, your program will have a monitoring system in place to determine any areas that require improvement. It is your responsibility to work closely with your program's administration in guiding the maintenance and improvements that are necessary for individuals with disabilities to have complete access.

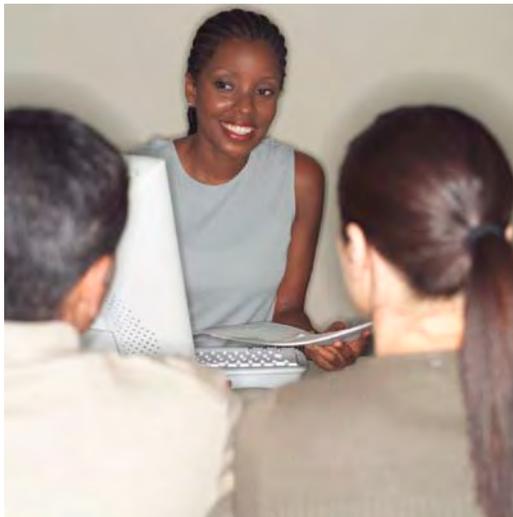
Questions and Resources

In evaluating your program's accessibility, ask yourself these questions:

- What are my state and local codes addressing accessibility in facility construction and renovation?
- How does my program plan activities so that a person with a disability will not be prevented from participating in program activities? For example:
 - Are meetings with parent groups in accessible program space?
 - How would I arrange for sign language interpretation if needed?

In the Useful Resources section of this guide you will find links that will help you to assess and improve your program's accessibility to children and adults with disabilities.

Interagency Collaboration



The Disabilities Service Coordinator takes the lead in developing and maintaining Interagency agreements with Local Education Agencies (LEAs) implementing the Individuals with Disabilities Education Act (IDEA). These agreements describe your program's and your IDEA partners' roles and responsibilities by collaboratively identifying and serving Head Start children with disabilities.

This section includes the following parts:

- Interagency Agreement Overview
- Develop an Interagency Agreement

Interagency Agreement Overview

What is an Interagency Agreement An interagency agreement is a formal, written document between the Head Start Program and the Local Education Agencies (LEA) or the Part C/Early Intervention agencies providing services to children with disabilities under the Individuals with Disabilities Education Act (commonly known as IDEA (<http://idea.ed.gov>)). Your interagency agreement will describe the roles and responsibilities that your program and your IDEA agency partner will play as you collaborate to identify and serve Head Start children with disabilities. Some agencies refer to this agreement as the Memorandum of Understanding (MOU) or the Memorandum of Agreement (MOA).

Who Develops the Interagency Agreement The Disabilities Service Coordinator is responsible for taking the lead to develop these agreements with local IDEA partners and ensuring they are updated regularly.

There may also be a state-level agreement on disabilities services involving your state's Department of Education, Head Start programs, the Part C/Early Intervention agency serving infants and toddlers with disabilities, and other agencies. If so, this agreement will suggest state-specific features to include in your local agreement. You may contact your State Collaboration Director for a copy of this agreement.

Description of an Interagency Agreement The Head Start Performance Standards requires that your programs' Disabilities Service Plan includes commitment to developing interagency agreements with the LEAs and other agencies within your program's service area. If no agreement can be reached, your program must document its efforts toward collaboration and inform the Regional Office.

What an Interagency Agreement Must Address The interagency agreements must address dates and times that are specific to:

- Head Start participation in the public agency's Child Find plan under Part B of IDEA;
- Joint training of staff and parents;
- Procedures for referral for evaluations, Individualized Family Service Plan (IFSP) and Individualized Education Program (IEP) meetings and placement decisions;
- Transition planning;
- Sharing resources
- Head Start commitment to report the number of children receiving special education and related services under IEPs to the LEA (Local Education Agency).
- Any other items agreed to by both parties. Grantees must make efforts to update the agreements annually.

Developing an Interagency Agreement

Suggestions for Collaboration To get started developing or revising a local agreement, click [here](#)  for some suggestions.

Samples: Interagency Agreement To view a sample Local Interagency Agreement Click [here](#) 

How to Plan, Evaluate, and Revise an Interagency Agreement [Interagency Collaboration for Disabilities Services](#) 
This checklist serves as a guide/framework for addressing the development, implementation and review of state and local interagency agreements for services to families and children with disabilities. This checklist was developed in accordance with the Head Start Performance Standards and the Individuals with Disabilities Education Act (IDEA).

Indications that the Interagency Agreement is Working Indications that the interagency agreement is working include:

- Children referred to Part C program/LEA are evaluated within the timelines set by your state.
- Representatives from your program are active participants in the development of IFSPs/IEPs.
- Families are active participants in the development of IFSPs/IEPs.
- IFSPs/IEPs are developed within the timelines set by your state.
- Children are receiving special education and related services in a timely manner, as called for in an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP).
- The LEA and/or Early Intervention partner agency meet regularly with your Head Start program to review how your partnership is functioning.
- There is less duplication of services and funding.
- When problems arise they are resolved according to procedures written in the agreement.
- The agreement identifies possible strategies and barriers

Staff Training, Supervision, and Support



The staff in your Head Start program have diverse experiences that frame their knowledge and attitudes about serving children with disabilities. Your role is to provide information and support that enables them to contribute to program-wide efforts to effectively include children with disabilities and their families.

This section includes the following parts:

- Staff Support Overview
- Partnering With Other Organizations to Deliver Support to Staff

Staff Support Overview

Your Role With the Staff As a Disabilities Services Coordinator you will provide training and support for children with disabilities and their families. This may include specialized training for a select group of teachers who work with children with very specific needs, as well as center- or program-wide training and support that will address enhanced teaching skills, attitudes and philosophy, and program systems. For example, your work may focus on teaching staff to use positive behavioral supports, or arrange for a nutritionist to assist with a menu modification to accommodate a special diet for a child.

In approaching this role you should consider:

- How you will learn what staff members know about disabilities, the meaning of inclusion, and classroom modifications?
 - What resources are available to help educate staff about inclusive practices?
 - How you can partner with other organizations to deliver appropriate support to staff?
-

Finding Out What Staff Knows

To learn what staff members know about supporting children with disabilities and the meaning of inclusion, it is best to conduct your own assessment. You can do this by reviewing the following:

- Your program's most current self-assessment results
- Recent Program Information Report (PIR) data
- Community needs assessment
- Monitoring results
- Minutes of meetings reflecting the priorities of your program's leadership team.

In addition to these elements, information (e.g., surveys, focus groups, dialogue, etc.) from parents of children with disabilities, direct service staff, support staff, and other managers and administrators will reveal the existing knowledge and attitudes of your Head Start program.

Suggestions to Educate Staff

Inclusion  is defined by attitude and philosophy, and is reflected in everyday practices. Your program staff may enthusiastically endorse the idea of inclusion; however they may be challenged by how to actually include a child when that requires substantial modifications/supports in the classroom.

In response to the needs of your program staff you may consider:

- Purchasing training materials on inclusion
- Offering your expertise through modeling, coaching, mentoring, and formal instruction
- Purchasing class supplies and adaptive toys
- Arranging structured opportunities for consultation by special education and related service providers from your partnering LEA (Local Education Agency)
- Contracting for consultation with experts to come to the classroom to demonstrate inclusion strategies

Inviting local parents and early childhood professionals to describe their experiences with inclusive practices.

Partnering With Other Organizations to Deliver Support to Staff

Find the Local Support Network You may look both inside and outside your program to find a local network of support that exists for families of young children with identified disabilities. Each community has its own network that is comprised of individuals who share the responsibility that extends to these families. In the resource section of this guide you will find links to help you find local support.

Develop Relationships with local IDEA programs One of your top priorities as a Disabilities Coordinator is to develop a relationship with Part C and LEA providers. These providers are part of an existing network of professionals who already serve the children who are enrolled in our program. Often, they are pleased to learn that programs are interested in adopting strategies that promote inclusion. Some of these providers will be familiar to the families of children already receiving special education or related services.

These professionals often are members of the teams that established the goals and objectives listed on the IFSP and IEPs of children in your program. They may be available to consult with your Head Start program.

As a Disabilities Coordinator, it is important for you or your representative to attend IFSP and IEP meetings. This is important not only to support families and represent the interest of children, but also so you get to know each other's programs and build collaboration.

Locate Existing Efforts to Promote Partnerships Part C agencies must develop interagency councils or teams specifically designed to support the early childhood and early intervention systems in local communities. In addition, the state departments that oversee funding of IDEA programs often support collaboration efforts designed to identify gaps and duplication in the systems that support early intervention and special education. You may find information on statewide efforts by contacting the Head Start TA providers and by visiting web sites sponsored by the agencies implementing IDEA in your state (<http://www.nectac.org/partc/partc.asp> )

Join Existing Groups By participating as an active member in local interagency networks, your Head Start program will benefit by learning about local resources, and Head Start will be more likely to be perceived as a resource and a placement option for children with disabilities. Such a network of programs can share valuable training opportunities and parent education resources, and can coordinate to improve communication and prevent confusion on their respective roles and services.

The Part C and LEA agencies may be at various stages of understanding Head Start programs and their potential roles in serving children with disabilities. In order to understand the history of the relationship between your Head Start program and the Part C and LEA agencies, direct your questions to your program director, and review any existing interagency agreements that are in effect. If there are none, you will learn why. Be prepared to develop a strategy embedded in a work plan that will meet your goals.

Recruiting Children



Recruitment is an important part of your job as Disabilities Coordinator. Since its earliest days, Head Start has been committed to including children with disabilities as full participants in center-based and home-based programs. Head Start values and respects families in all their diversity—language, culture, ability, and ethnicity—and recognizes the rights of children of differing abilities to be included as full members of their community.

This section includes the following parts:

- Recruitment as Part of Your Job as Disabilities Coordinator
- Recruitment Effort
- Build a Recruitment Plan
- Recruit Children with More Significant Disabilities
- Determine Whether Your Recruitment Effort is Working

Recruitment as Part of Your Job as Disabilities Coordinator

Enrollment Target The Head Start Act requires that **at least 10 percent** of the children enrolled in Head Start are children with disabilities. Programs must prioritize their recruitment efforts to assure that appropriate efforts are made to reach this enrollment target. If an agency has both Early Head Start and Head Start programs, each program should conduct recruiting that will contribute proportionally to achieving the 10 percent enrollment level. Outreach that serves to recruit and enroll children with more significant disabilities must be clearly outlined in your program's recruitment plan.

Team Approach to Recruitment In many agencies, recruitment procedures are outlined in the Family and Community Partnership Plan and cross-referenced with the Disabilities Service Plan. Collaborating with the family services manager and other recruitment staff ensures that recruiting children with disabilities is a core activity in your program's overall recruitment effort. While recruitment is a team approach, the Disabilities Coordinator often takes the lead in setting up efforts focused on recruitment of children with disabilities and their families.

Questions to Consider In order to be successful in your recruitment efforts, you'll need to have a few questions answered first:

- Who is considered a child with a disability?
- What should you include in your list of recruitment tasks?
- How do you build a recruitment plan?
- How do I recruiting children with more significant disabilities?
- How will I know if my recruitment effort is working?

Recruitment Effort

Who is considered a Child with a Disability?

In order to enroll in Head Start, a child first has to be age-eligible for your program's service model. Next they must be income-eligible; however, Head Start has some flexibility to enroll up to 10 percent of its children from families with incomes above the poverty guidelines when there are significant needs, which could include a child's disability. Head Start programs are approved to serve children in various age ranges. This includes children who meet the following requirements:

- Early Head Start, children with disabilities ages birth to three (child would have an IFSP for services coordinated by the Part C/Early Intervention agency)
- Preschool Head Start, children ages 3 through 5 (child would have an IEP coordinated by the LEA)
- Migrant and Seasonal Head Start programs, children ages birth through five (children with disabilities served by the Part C or LEA partner.)

Infants and toddlers with disabilities are defined as those children who are eligible for services under state regulations governing Part C of the Individuals with Disabilities Education Act (IDEA). IDEA is a federal law that is implemented at the state and local levels to provide screening, assessment, and, for eligible children, early intervention services based on Individualized Family Services Plans (IFSP).

To be considered as a **preschool (3-5 years of age) child with a disability**, the child must have been found eligible for special education and related services as determined under the Individuals with Disabilities Education Act.

Recruitment Tasks

The recruitment effort should include the following tasks:

- Define the geographic recruitment area
 - Develop a recruitment plan consistent with the Community Assessment and Program Goals
 - Determine recruitment goals such as targeting unserved or underserved areas or populations
 - Identify specific recruitment strategies that include considerations for cultural and linguistic diversity
 - Coordinate the agency's community outreach and awareness activities
 - Determine specific strategies to recruit children who have disabilities, including those with severe disabilities as required in 45 CFR 1308.5(f)
 - Identify the disability, child advocacy, special education and early intervention agencies in your recruitment area and ask the following questions:
 - What is their knowledge of Head Start?
 - What are these agencies' recruitment and child find practices?
 - How do they develop and implement transition plans?
 - How can you meet, communicate, and collaborate with them on a regular basis?
 - Is there an active partnership now? Was there a partnership in the past?
 - How can you maintain an active partnership with these agencies?
-

Build a Recruitment Plan

Introduction

A recruitment plan should include the following information:

- A description of recruitment procedures
- Recruitment goals such as targeting under-served areas or population
- Specific recruitment strategies that include considerations for cultural and linguistic diversity.

Look at the results from last year's recruitment of children with disabilities and think about these questions:

- What did or did not work?
- Was the 10 percent requirement met?
- Did the program year begin with the 10 percent minimum of enrollment slots occupied by children whose disabilities had been previously identified?

Review Current Practices and Needs

Find out who's in charge of recruitment at your program and schedule a meeting to review current practices and needs. Your plans should include a specific approach to recruiting children with disabilities, including those with more significant disabilities.

Use a Comprehensive Approach

Your collaboration with the family service manager and other recruitment staff ensures a comprehensive approach. Interagency agreements and your Part C programs/LEAs should enhance your program's efforts to broaden recruitment efforts among all children and families within the community. Develop a team that includes the key people in your program's recruitment efforts. These may include the following representatives:

- Director and Service Area Managers
- Policy Council Representatives
- Parents
- Community Service Agency Representatives
- Part C/LEA Agency Representatives.

Develop a Recruitment Plan

Use the steps in the table below to develop your recruitment plan.

Do this...	Description
Establish recruitment needs and set goals	Complete the following steps: <ul style="list-style-type: none"> • Use PIR data and community assessment information • Gather and analyze the following information: <ul style="list-style-type: none"> ○ Pertinent background information ○ Availability of services ○ Number of children with community service providers ○ Past relationships with community service providers • Determine recruitment goals including: <ul style="list-style-type: none"> ○ Active recruitment efforts that include children with disabilities and their families ○ Enrollment of children with significant disabilities ○ Ongoing recruitment through coordination and collaborative efforts

Develop a Recruitment Plan

Do this...	Description
Choose your Strategies	Gear recruitment to diverse child and family needs, including culture and language, and determine the following strategies: <ul style="list-style-type: none"> • Recruitment goals (examples include, targeting unserved or underserved populations such as children with significant disabilities and pregnant women) • Target audience • Available personnel • Available opportunities for free public announcements • Available funds • Geographic recruitment area
Train recruiters about basic non-discriminatory practices	Make sure your recruiters know what services and supports your programs offer children with disabilities and their families. Make sure your recruiters are aware of and use words and language that are respectful, supporting, and encouraging of children with disabilities and their families. Non-discriminatory practices are required by: <ul style="list-style-type: none"> • Section 504 of the Rehabilitation Act • The Americans with Disabilities Act
Select and enroll eligible children	Complete the following: <ul style="list-style-type: none"> • Determine the number of enrollment slots • Use pre-established criteria developed and approved by the Policy Council • Review criteria annually NOTE: Options for joint placement and shared provision of services are allowable.
Evaluate the Recruitment Process	Complete the following: <ul style="list-style-type: none"> • Review entire outreach, recruitment, selection, and enrollment process • Identify areas needing improvement and begin planning

Recruit Children with More Significant Disabilities

- Requirement** The Head Start Performance Standards state that a program must not deny placement on the basis of a disability or its severity to any child when:
- The parents want to enroll the child
 - The child is eligible for Head Start
 - The program is regarded as an appropriate placement by the IEP
 - The program has space to enroll more children

The appropriateness of the Head Start program placement for a child with a disability is determined on an individual basis and each child's needs must be considered as indicated in the IEP/IFSP. Head Start programs must not establish any program policy which would exclude children with a certain type or level of disability from participating in Head Start.

By planning ahead, proper training and support should enable managers, staff, and classroom teachers to prepare to effectively include the child with a significant disability in the Head Start program.

**Remove
Barriers to
Enrollment**

To establish and maintain their capacity to enroll children with more significant disabilities, Head Start programs must demonstrate efforts to remove barriers to enrollment, including the following as listed in Section 1308.5(d):

- Staff attitudes and or apprehensions
 - Inaccessibility of facilities
 - Need to access additional resources to serve a specific child
 - Unfamiliarity with a disabling condition or special equipment, such as a prosthesis
 - Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training
-

**Work with Local
Community
Service
Agencies**

One of the most efficient and effective ways of recruiting children with disabilities is by working with local agencies that focus on serving children with disabilities and their families. Your program staff likely has recurring contacts with local agencies with whom you could work on recruitment. Make it a standard practice for you and your team to routinely invite referrals from these partner agencies. For example, if screening of Early Head Start or Head Start children takes place at the local public health department, the health services manager may be able to enlist the health department as a referral source. Other potential referral sources in your community might include:

- Social services department
 - Pediatric and medical clinics
 - Faith-based organizations
 - Child care centers
 - Agencies with special focus on serving children with disabilities (e.g., United Cerebral Palsy, Easter Seals).
 - Encourage current and former families to "spread the word." (Families of children with disabilities are often involved in networks with other families. Families of children who do not have disabilities often have relatives, friends, or neighbors who need your disability services.)
-

Determine Whether Your Recruitment Effort is Working

Lessons Learned

Migrant and Seasonal Head Start Programs are often exemplary in tailoring their recruitment efforts to locate and enroll “hard-to-find” families. Their approach is often flexible, personal, and reflects strong knowledge of their community. Their strategies may suggest ideas for crafting your approach to recruiting families who have a child with disabilities. Such strategies include:

- Identifying key agencies where targeted families receive services (e.g., health clinics, benefits offices),
- Building relationships with partners to create year-round information exchanges, and
- Maintaining positive relationships with partners that allow you to visit their sites to meet with and recruit families there.

Self-Assessment Overview

To continuously improve your recruiting of children with disabilities, be sure your program’s annual self-assessment includes a procedure to examine your program’s success in this area. Consider the following:

- Recruitment Checklist(s)
- Program’s Self Assessment
- The PIR Report
- The Community Assessment

Sample Recruitment Checklist(s)

This sample checklist, available on the resources section of this guide, indicates:

- Who should be on your recruitment team
- What the goals and needs are, and
- Various strategies and selection criteria to be used when recruiting.

Recruitment of Children with Disabilities Self-Assessment PIR Report

The self-assessment process assists in evaluating your program’s efforts to actively recruit children with disabilities, including children with significant disabilities. A thorough self-assessment should help you identify how to improve future recruitment efforts.

Your annual Program Information Report (PIR) is another comprehensive tool for evaluating your recruitment of children with disabilities. Do the following:

- Look at how many of your enrolled children with disabilities had their disabilities identified in a prior year. Recruiting and re-enrolling children with previously identified disabilities helps to ensure that your program meets disability enrollment objectives.
- Examine prior year data on children with disabilities to reveal any trends.
- If you provide both Early Head Start and Head Start services, compare the disabilities recruitment and enrollment results to determine whether they are similar.

Community Assessment

The Community Assessment is a critical tool for program decision-making and evaluation. Consult with your program’s managers to determine what that assessment reveals about opportunities to recruit children with disabilities and for disabilities services partnerships in your community. If the current community assessment does not provide useful information on this subject, offer to work with your management team to improve it.

Screening, Evaluation, and Assessment



Your program must have a systematic approach to developmental screening, assessment, and formal evaluation so that children will get the special services they may need to make developmental progress. As the Disabilities Services Coordinator, you will play a leadership role in this effort.

This section includes the following parts:

- Common Questions
- Referral

Common Questions

Overview

You will need to communicate some key messages to staff and parents regarding screening, assessment, and formal evaluation, and you will need to respond to common questions. These questions may include:

- What is the difference between screening, assessment, and formal evaluation?
 - What are some tools my program can use for each?
 - What am I supposed to do with the results from these efforts?
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Difference Between Screening, Evaluation, and Assessment

You may hear the terms “screening,” “assessment,” and “formal evaluation,” used in everyday conversation as if they were synonyms for collecting child development information, but there are important differences between the three.

- **Screening** is a quick look at a child’s development to determine if there may be developmental concerns that require a referral for further evaluation.
 - **Assessment** is continual collection of information about a child’s development with ongoing reflection to adjust curriculum or other elements of the child’s environment.
 - **Formal evaluation** is more intensive assessment conducted by a professional to determine whether a child may have a condition requiring special services.
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Referral

Referral for Formal Evaluation

Based on screening/assessment results and/or a parent's request for an evaluation, children will be referred to your local early intervention or local education agency to initiate a formal evaluation. This evaluation which determines the child's eligibility and need for special education or early intervention and related services, is free to the family in accordance with the IDEA law.

You will play a key role in explaining to parents and program staff the procedures for requesting a formal evaluation. Refer to the agreement with your LEA or Part C partner for the roles each of you have agreed to play. If there is no agreement in writing, you may need to assist the parents with the initial call requesting an evaluation.

It is important that you know the existing procedures for referral to the system in your specific community. This referral for formal evaluation differs from many of the referrals your program makes for other family needs such as counseling or food banks. The referral must follow state and federal regulations, including mandated timelines for responding to the parent's request.

Before Making a Referral

Before initiating a referral to the local Part C agency or LEA responsible for implementing IDEA, you must communicate with the parents to be sure they understand and support taking this step.

It is your job to help parents understand the reasons for referral, what to expect from the process. Your support will be important to the family's active partnership with Head Start and the Part C or LEA partner in determining the child's eligibility for any special services. IDEA requires that parents be provided with a document that briefly describes the parent's rights under IDEA; this should be shared in their primary language.

A well-written and complete referral can help ensure that the child receives an evaluation in a timely manner. The LEA must respond within a specified number of days after receiving the referral; unclear or incomplete referrals can cause unnecessary delays.

Referral Process

Steps in the referral process differ from program to program, but the process should include the following elements:

- Clearly written procedures (consistent with your interagency agreement) that describe roles for your program and the Part C agency or LEA
 - Referral form (most IDEA agencies will use a standard form that reflects state and federal requirements)
 - Tracking mechanism that documents dates that referrals are sent, received, and followed-up
 - Staff training on procedures and forms to ensure that in your absence, your program is able to follow the plan
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Who Is Involved

As stated earlier, a request for formal evaluation typically follows the collection of screening results that suggest the child needs further evaluation to determine if a developmental delay or disability exists. The Disabilities Coordinator is responsible for assuring that a referral for formal evaluation of a child identified through the Head Start screening is communicated to your local IDEA partner, in collaboration with parents, as soon as the need is evident.

Referrals for children ages...	Are sent to the...
Birth to three years	Local Part C provider
Three to five years	Local Education Agency (LEA)

Individualization



One of your most important responsibilities as a Disabilities Coordinator is to make certain each child receives the individualized services that were determined necessary by the formal evaluation. “Individualization” is an important Head Start concept. It broadly refers to tailoring an approach that best engages and supports each child’s and family’s Head Start experience. For Children with disabilities, individualization must include a more specific focus on the IFSPs and IEPs that were developed by parents and professionals. These documents specifically describe how to address a child’s identified disability.

This section includes the following parts:

- Individualizing For Children with Disabilities
- Individualized Family Service Plan (IFSP)
- Individualized Education Program (IEP)
- Modifying and Adapting the Curriculum

Individualizing For Children with Disabilities

Partner with Special Education Services

In order to meet the particular needs of children with identified disabilities, Head Start programs must collaborate with their IDEA partners (in early intervention agencies and school districts) using the Individualized Family Service Plan (IFSP), or the Individualized Education Program (IEP), as their guide to address the individual special needs or services.

Consider Each Child

To successfully include children with disabilities in your program, you will need teamwork, patience, sincerity, creativity, and a belief in the possible. When designing and implementing curriculum for children with disabilities, staff should carefully consider each child's individual goals and each family's values. Because every child is unique, it takes consistent, shared planning to keep individualization in focus. This means valuing diversity and each child's distinctive talents, gifts, interests, preferences, temperament, learning style, and potential.

Individual Learning Plans

All programs must have a system in place to share information with parents and include them in planning for their own child. Many programs document this planning in "individual learning plans" that may include:

- Setting developmentally appropriate goals
- Developing home and program individualization strategies to meet those goals
- Conducting ongoing assessment of the child's progress

These individual learning plans should not be confused with IFSP/IEPs for special education services. The individual learning plans are used to assist staff and parents in developing the curriculum and modifying it for each child within the group setting. When a child has an IEP and an ILP, disabilities and education managers must work closely together to ensure that ILPs and IEPs are consistent and complementary.

Individualized Family Service Plan (IFSP)

Overview An Individualized Family Service Plan (IFSP) is a written plan for children with disabilities birth to age three years. It is developed by a multidisciplinary team using both formal and informal assessment of children under the age of three years. The goal is to create a prescriptive plan designed to help an individual child reach his or her maximum potential. The IFSP is often the first formal plan describing a child and the early intervention services to be used in supporting the child and his/her family.

What is Included

An IFSP includes:

- A statement of the infant's or toddler's present levels of functioning, such as physical, cognitive, communication, social or emotional, and adaptive development, including the child's unique strengths and needs
 - A statement of the family's resources, priorities, and concerns
 - A statement of the major criteria, outcomes, and timelines expected to determine progress toward achieving those outcomes
 - A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services
 - A statement about the natural environments in which the early intervention services will be provided or a justification for why services will not be provided in those natural environments
 - Projected dates for initiating services
 - The identification of a service coordinator who will be responsible for the implementation of the plan
 - Steps to be taken to support the transition of a toddler with a disability to preschool or other appropriate services.
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Who is Involved

A multidisciplinary team, including the parents, develops the IFSP. The local Early Intervention agency implementing Part C identifies the following participants for initial and annual IFSP meetings:

- Parent(s) of the child
- Other family members as requested by the parent(s)
- Advocate or person outside of the family if requested by the parent
- Service coordinator
- Members of the evaluation team
- Any professional or person who will be providing services to the child or family as appropriate.

Early Head Start and Migrant programs should develop interagency agreements with Part C agencies in their community and identify procedures to ensure participation of Head Start program staff at the IFSP meetings. This should occur when the infant or toddler is already enrolled in the program or when Head Start is being considered a natural environment.

Timelines

According to IDEA early intervention programs must complete the full evaluation and assessment activities and conduct an IFSP meeting within 45 days after receiving the referral from the parent, an outside agency, or the Head Start program. In some cases, parent's requests may be most effective in generating a response from the local Early Intervention agency implementing Part C.

Individualized Education Program (IEP)

Overview An IEP is written for each child, age three years and above, determined to have a disability. It is an official document that provides a written record of decisions made by the IEP team and how the IEP will be implemented by those identified, including Head Start programs. The transition between the IFSP and IEP requires a new evaluation in order to determine if a child with an IFSP will transition to an IEP and remains qualified for special education services. Key elements that must be included in IEPs are:

- Present level of functioning.
- Identification of personnel responsible for planning and supervising services.
- Statement of evaluation procedures to determine whether objectives are met or need to be revised.
- Family goals and objectives related to the child's disabilities.
- Measurable annual goals, including benchmarks/objectives.
- A statement of special education and related services and supplemental aids and services and a statement of program modifications and supports.
- Explanation of the extent, if any, that the child will not participate in regular education.
- Projected date for beginning services, frequency, location, duration, and necessary modifications.

Who is Involved The IEP is developed jointly by parents, LEA personnel, service providers, and other team members who participated in the multidisciplinary evaluation, including Head Start. The IEP is written by a lead education agency (LEA) or local public school district. During the IEP meeting, parents are present to participate, discuss, and agree on the plan.

When the LEA completes the evaluation and the results show a child is determined to be eligible, it is the LEA's responsibility to initiate and conduct meetings for developing, revising, and reviewing IEPs. Head Start staff participates in the IEP meeting to plan the child's program with the team, and works to implement appropriate portions of the services, goals, and objectives in the Head Start classroom or home based program option.

Timelines Disabilities coordinators should check with their LEA representative for the required timelines in their state for developing the IEP. When a child arrives with an IEP, the LEA is required to provide services promptly.

Role of the Disabilities Coordinator As the Disabilities Services Coordinator, you will advocate for the child, support the parents, and represent Head Start. When the LEA initiates the IEP, the LEA should notify you when the IEP meeting is to be held so that you may notify and include the Head Start teacher and other staff members as necessary.

If the child is already enrolled in the Head Start program and the IEP will determine the special education and related services to be provided, you or your designee should be present to clarify the services provided by Head Start and support the Head Start teacher and parents. When the LEA evaluates a child who has not been referred by Head Start and the IEP meeting includes discussion of Head Start as the regular education placement, you and the Head Start teacher should both attend the IEP meeting.

The Disabilities Coordinator also should provide information about the following:

- Local, state, and national parent support groups,
 - Family resource centers,
 - Networks of parents and people with disabilities in the community,
 - Information resources on disabling conditions, and
 - Training available for parents and staff.
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**Promoting
Parents'
Understanding
and
Exercising
their Rights**

The Disabilities Coordinator is responsible for ensuring that procedural safeguards are in place and that parents have been notified and understand their rights and due process procedures prior to the IFSP/IEP meeting. Parents must be involved in every step of the process to obtain diagnostic information and special services for their child. The Disabilities Coordinator is also responsible for providing training to staff and parents on the process and participation in IEP meetings.

Supporting Social and Emotional Development

Basic question: How can you support your program's efforts to help children with disabilities develop and enjoy positive social interactions with other children?

How Children Develop Socially and Emotionally Children's social and emotional development doesn't follow a straight path, but moves in ways unique to each child. When children struggle with some aspect of their development, whether it's communication, movement, hearing, seeing, or learning, the social-emotional path can be even more unpredictable.

A teacher who understands how *all* children learn positive behavior and social skills will also be able to help many children with disabilities successfully cope with the challenges that are part of everyday life. You can help promote that understanding through staff training, individual planning and consultation, and by facilitating family engagement.

How Disabilities May Affect Behavior

Some disabilities affecting young children directly impact social-emotional development; autism, for instance, is characterized by problems in communication and social relations. Children with autism experience various degrees of challenge in interacting with others and following a daily routine. A delay in speech or language development can interfere with self-expression and social skills development that in turn may lead to secondary behavior challenges that result from frustration, confusion, and isolation. For other children, their social skills may be appropriate for their developmental level, but that level may be behind other children of the same age.

Challenging Behavior in the Classroom

To address challenging behaviors in the classroom, you may do the following:

- Talk with the person managing your program's mental health services and arrange to meet with the mental health consultant who works with your program.
- Learn about your program's practices for helping parents and teachers learn about positive behavior supports
- Learn about the practices your program has in place to help children when their behavior indicates a need for intervention

When children display challenging behaviors, teaching children more appropriate ways of behaving involves careful, collaborative planning. For children who have disabilities, this planning should include members of the IEP or IFSP team to assure that all aspects of a child's ability are considered and that everyone interacting with a child is consistent in implementing the plan.

Helping Parents Understand and Use Positive Guidance

One of the essential functions of a Head Start program is to build and strengthen parents' ability to nurture and guide their own children successfully. Some parents have little experience with positive methods of guiding children's behavior and promoting self-regulation and social development. The parent-teacher partnership is critical to helping parents learn strategies for teaching their children positive behavior. You can be instrumental in helping parents and teachers of a child with disabilities to understand that child's unique needs and the developmentally appropriate ways to promote emotional health and positive behavior.

Modifying and Adapting the Curriculum

Overview In center-based environments, the Head Start teacher generally plans activities that are appropriate for typically developing children. When teachers have had little formal training or experience in this process for typically developing children, they may find that modifying the curriculum for children with disabilities is exceptionally challenging.

Examples of Strategies The following are examples of strategies for successfully individualizing the curriculum to meet the unique needs of all children, especially children with disabilities:

- *Environment* - rearrange furniture; relocate materials to ensure easy access by all
- *Level of Support* - provide enough support so the child can participate and still be as independent as possible; e.g., adult or another child may place his or her hands over the child's hands to guide the child through an activity, or lightly touch the child's hand as a reminder of the action to be carried out, such as washing hands for snack time
- *Time* - recognize that children stay engaged in a particular activity for different lengths of time and/or may need more time to do the activity; plan the schedule to accommodate these differences, or use a kitchen timer as a helpful auditory cue.

Health and Safety Issues for Disabilities Services



The large majority of children with disabilities enrolled in Head Start and Early Head Start programs have mild to moderate delays in one or more areas of their development. These children generally experience the same health, safety, and nutrition issues and concerns as their peers. Some of the children with disabilities in your program, however, may have health needs that are more complex than your program has had experience addressing.

This section includes the following parts:

- Managing Health and Safety Issues
- Health Promotion and Illness Prevention
- Safety and Injury Prevention
- Special Therapy and Treatment Needs
- Feeding, Nutrition, and Mealtime
- Getting Started With Your Team

Managing Health and Safety Issues

Basic question: What do you need to know and do about managing health and safety issues for children with disabilities?

Health, Safety, and Nutrition Issues Many children with disabilities who are enrolled in Head Start and Early Head Start programs have mild to moderate delays in one or more areas of their development. These children generally experience the same health, safety, and nutrition issues and concerns as their peers. Allergies, obesity, and tooth decay are among the health conditions we will need to address with many of our children, including, but not limited to, children with disabilities.

Coordinating Health, Safety and Nutrition Issues As a manager, you will work with your program's health coordinator to assure that children with disabilities can benefit from the same health screening, supervision, and support offered to every Head Start child. Be sure to set a regular time to coordinate with your program's health manager to communicate about health and safety issues affecting children with disabilities.

Individual Needs Whether your program serves children in a center, family childcare or home-visitation setting, some children will require more individualized planning and monitoring. Their needs for individualization may include:

- An approach that considers any special health needs when addressing health and safety promotion, or the prevention of illness and injury
- Special therapy and treatment
- Feeding, nutrition, and mealtime assistance
- Supports to promote positive social experiences
- More intentional focus on a team approach (including family).

Getting Started With Your Team

Basic question: It seems that there is so much to do to address the health and safety needs of our children with disabilities. Is there anyone who can help?

Overview Being the Disabilities Services Coordinator is like conducting an orchestra: you'll need to make sure that everyone involved knows the program and is ready to play his or her part.

Your First Months

During the first few months of your job, you'll be meeting many of the players in your "health and safety" orchestra, including:

- Program service managers
- Consultants
- Health care and special education/early intervention partners
- Teachers
- Parents.

Make sure your conversations with them include a focus on the health and safety of your children with disabilities; it's the foundation for everything the program will do to promote a child's success in Head Start.

Health Promotion and Illness Prevention

Basic question: How does your work as a Disabilities Services Coordinator overlap with that of the Health Coordinator?

Overview

Head Start and Early Head Start programs provide a brief window of opportunity for staff to help children and families learn to prevent health problems, and to intervene or make a referral early on when problems are detected. Good health is a key foundation for early learning and brain development, and children in poverty are generally at higher risk for health problems. Therefore, Head Start and Early Head Start programs emphasize the healthy habits and wellness practices that can promote the child's health for a lifetime.

Fit Special Needs Naturally into Daily Routines

For children with disabilities, challenges may arise in performing everyday self-care activities that are part of developing good health habits. Some children with disabilities may need special accommodations and supports to promote their development of healthy habits such as brushing teeth or participating in physical exercise. As Disabilities Services Coordinator, your work with the Health Coordinator can assure that the needs of a child with a disability are addressed in a way that fits into the natural daily routines. Some areas that may need individual attention are:

- Adaptations in the daily self-care routines
 - Coordination with health staff and primary health provider
 - Special considerations in health promotion for children with disabilities including exercise and oral health.
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Adaptations in the Daily Self-Care Routine

You may need to do the following:

- Discuss with the classroom team or home visitors how any adaptations to activities like toileting, hand washing, tooth brushing, mealtime and active play will be handled
- Revise daily health checklists to include such assistive devices as vision aids, walkers or other mobility aids, or hearing aids (check the batteries!)
- Discuss with the parent and health coordinator any special sleep and feeding positions for infants in EHS programs.

Reviewing a child's IEP or IFSP, along with any medical information, will be helpful in this planning; the related service specialists who are implementing the child's IEP or IFSP (e.g., a physical or occupational therapist) can be particularly helpful at recommending adaptations.

Coordination With Health Staff and Primary Health Provider

Teachers and home visitors feel more confident when they know you are involved with the health and nutrition coordinators and when you understand a child's special health needs. Plan and coordinate with your program's health and nutrition staff to make any necessary modifications. Make sure that you share all individualized health information with staff to ensure the health and safety of each child. The health manager will typically coordinate your program's use of an individualized health plan for children who need one. Such a plan will contain directions for any special health and safety practices (as directed by the child's health care providers). For example, the plan would likely describe the training and information that staff may need to recognize and respond appropriately to a seizure in a child who has epilepsy.

Be aware that access to health care and dental care can be a challenge for low-income families, especially those in rural areas. Access to specialists is often even more challenging. You need to do the following:

- Learn as much as you can about the health providers and resources in your area, including programs with specialized resources for serving children with more significant health and disability conditions.
 - Collaborate with your program's health and family services managers to build your program's knowledge of, and access to, these important community resources.
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Special Considerations

Special considerations in health promotion for children with disabilities include the following:

- **Exercise:** Some children with disabilities may have difficulty participating in the physical play activities enjoyed by their peers. Play is an essential part of a child's growth, social development, and physical health. As you are working on the health and development outcomes for all children in a class, do the following:
 - Work with your colleagues to ensure that children with disabilities are included in structured and unstructured movement activities.
 - Consult with the members of the child's IEP team (e.g., a special educator or occupational therapist) to consider whether adapted exercises and materials are needed.
 - **Oral health:** Many children with disabilities face particular oral health challenges. Many have increased risk for oral infections, delays in tooth eruption, periodontal disease, enamel irregularities, and malocclusion. Certain medications, special diets, and difficulty in maintaining daily hygiene can compromise oral health. Help staff and families do the following:
 - Staff should be especially vigilant about dental hygiene for these children.
 - Families may need special assistance to find appropriate dental care.
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Safety and Injury Prevention

Basic question: Teachers may need specific information and support to help them keep children with disabilities safe. How can you help reassure the staff and minimize any health or safety risks?

Safety is a Priority Safety is *always* a priority in Head Start and Early Head Start so be sure that you learn your program's procedures for monitoring safety practices and environmental conditions. Your safety checklists should include any special considerations for children with identified special needs. For example, individual evacuation plans are needed for children who have disabilities affecting their mobility. All staff should be alerted to any modified safety procedures required for a child with special needs.

Classroom or Home Arrangement A special educator or occupational therapist serving the child can help you plan safe environments that will consider a child's special needs. Think about the following in arranging the classroom or home environment:

- Plan ahead to provide safe spaces and pathways that promote children's independent access to materials, equipment, and opportunities to interact with other children.
- Consider how you will enable the child with physical challenges to safely interact with classmates and friends at the same level, whether it's on the floor, at the table or during circle time.
- Safety issues for a visually impaired child differ greatly from the safety issues for a sighted child with a cognitive disability.
- Be creative in using auditory and visual cues and/or adapted equipment that fit as seamlessly as possible into the play and learning environment shared by all children.

Accessibility of Facilities Head Start activities must be accessible to people of all abilities, including those who use wheelchairs or other mobility aids, those with blindness or low vision, and those who are deaf or hard of hearing. An accessible program is essential to children with disabilities and should enable the full participation of families, staff, volunteers, and other community members.

Transportation Safety It's important for programs that provide transportation—either directly or through partnerships—to assure that bus access, safety restraints, and emergency procedures are adapted to meet the special needs of a child with disabilities. The IEP or IFSP team is a key resource in this task. Make sure to coordinate with your family services staff to assure that a child's family is informed about these practices.

Medical and Dental Emergencies When children with special health needs experience a health emergency, it's critically important that all responders know about any special considerations for assisting that child. This information should be immediately available to the adults responsible for supervising the child.

Disaster Preparedness Emergency response requires planned and practiced protective measures. Some children with disabilities may require special accommodations to ensure their safety. Fires, weather emergencies, accidents, or man-made disasters can strike any program at any time. Keeping all children safe, including those with disabilities is a shared responsibility of your program.

As Disabilities Coordinator, you should take the lead in assuring that your teammates are well prepared to implement any individualized evacuation or disaster response plan required for a child with disabilities.

**Child Abuse
Risk and
Prevention**

Children with disabilities are at greater risk for child abuse and neglect than are children who are developing typically. Head Start and Early Head Start programs must train their staff on recognizing and reporting child abuse and neglect; find out about that training and make sure it includes information about issues involving children with disabilities.

Special Therapy and Treatment Needs

Basic question: Some children have more significant disabilities than children who require basic classroom support or speech/language therapy. What are some procedures and interventions that you may need to know?

Overview Children with more complex disabilities and/or special health needs may require a variety of additional supports in order to participate and learn with their friends. These supports may include:

- Medications
- Health Related Procedure
- Equipment and devices

Medications Your program's health coordinator can help you learn about your program's medication administration policies and procedures. These will include instructions on how to store and administer medications, how to record medication administration, how to monitor for side effects and much more. With assistance from the health coordinator, parents, teachers, and the child's medical provider, you may monitor and track medication administration and document its' effects for a child with a disability.

Health Related Procedures When a child with a disability needs a health related procedure performed during the program day, Head Start staff will need to be trained on their role in such procedures. The type of information and training staff will need should be spelled out in directions from the child's health care provider. For example, if an enrolled child with a disability needs include using a nebulizer, intermittent catheterization, or blood sugar level testing, your program's health manager can work with you and the classroom staff to arrange for training and any necessary support.

Occasionally, children with disabilities whose medical needs are complex may come to the program with a trained aide or receive services from a nurse. You can work with the teacher and the health and education managers to coordinate your programs' approach to incorporating necessary health aides and services into a child's daily routines.

Equipment and Devices Some children with disabilities benefit from the use of prescribed equipment such as wheelchairs, supports for sitting and standing, adaptive eating utensils, and devices to aid vision and hearing. As the Disabilities Coordinator, you should do the following:

- Work with the family and classroom team to be sure everyone understands how and when the device or equipment is supposed to be used, and how to store and care for it.
- Learn promptly from staff or family about any problems in using equipment.
- Be aware of schedules for any maintenance that needs to be done. For instance, if a child wears orthotics that go into his shoe to help him hold his foot the right way, even a little foot growth can change the fit of the orthotic in a way that damages the skin or hurts the foot.
- Work with your health coordinator and any special service providers to know what to look for and how to communicate any concerns promptly.
- Plan safe storage in your facility for items that might tempt other children to explore. For example, a child may have two sets of mobility equipment (one for home and one for school) such as wheelchairs or gait trainers.

**Equipment
and Devices**

- As the children in a classroom are first getting to know one another, talk about equipment and devices and demonstrate how they're used. Children will be curious; satisfying their curiosity in a matter-of-fact and age-appropriate way often reduces the strangeness and promotes acceptance.
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Feeding, Nutrition, and Mealtime

Basic question: As you're enrolling a new child who has an IFSP, you hear she has "feeding problems." What should you consider in planning for her and children with similar issues?

Overview

Children with disabilities may be nutritionally vulnerable because of problems with the mechanics of eating, or with what they can safely eat, or both. There may be a need to modify the texture of food for children who have difficulty chewing or swallowing, or their calorie intake may need to be monitored. Modified diets would be necessary for children with conditions such as diabetes or food allergies. Some children may need modified equipment like special bowls, spoons or cups in order to feed themselves.

Coordinate closely with families and the health and nutrition professionals serving the child. A coordinated approach when addressing foods and eating and mealtime practices will be very helpful when you have a child with special feeding or dietary needs.

Mealtime Participation

Family-style mealtimes are important for all young children. In addition to eating and learning about healthy foods, children learn social skills, and apply their developing language, cognitive, and motor skills in a natural, meaningful setting. During mealtimes and snack time, children with disabilities should participate as much as possible by sitting at the table with their classmates and sharing the social experience.

The health/nutrition coordinator can help you and the education staff to plan the best way to meet the nutritional, social and educational needs of children with disabilities who may need mealtime modifications.

Accommodating Special Diets

For children whose health or disability status requires a special diet, the Head Start program must ensure staff are informed and adhere to the diet's requirements.

Work with...	Plan for food and snacks for...
<ul style="list-style-type: none">• Parents• The teacher• The health/nutrition coordinator	<ul style="list-style-type: none">• Regular mealtimes• Field trips• Special events• Other eating opportunities

Eating and Swallowing Difficulties

Some children with disabilities may have physical problems that interfere with their ability to coordinate chewing, swallowing, and breathing. Consult with the professional(s) addressing this concern to understand the most appropriate approach. In some cases, it may be necessary to chop or puree a child's food, or to thicken liquids, to enable the child to eat successfully. Be sure that everyone is aware of the safety issues and choking risks for children with these difficulties.

Children with special feeding routines

In rare cases, you may have a child in your program who cannot eat by mouth at all. This child may be fed through a gastric-tube (g-tube), which is an opening surgically placed into the child's stomach. Or, a child may have a temporary nasogastric (NG) tube which goes into her nose and down the throat to the stomach. In these uncommon instances, your team must conduct thorough advanced planning and consultation with the professionals addressing this concern to ensure everyone understands the feeding routine and the appropriate hygienic practices involved.

Supporting Families



Families of young children with disabilities may face unexpected and unique challenges as they interact with early care and education settings for their children. Your responsibility includes offering support to parents and family members as they learn about the disability that affects their family and helping them understand how to advocate for their child.

This section includes the following parts:

- Current Status of Families
- Support for Families

Current Status of Families

- Overview** To support families in learning about their child's disability and how to advocate, you may consider the following questions:
- What is the current dynamic of the family?
 - What are the family's current resources and reliable support systems?
 - What do families need as they go through the special education process?
 - How can you share information with families in a way that is sensitive and informative?
 - How can you effectively communicate with parents?
 - Who should be included in the support for families?
-

Current Family Dynamic Each family is unique. A first step in your role as an advocate is to learn about the people who share primary relationships with the child in your program. Your initial observation of a family provides valuable information. Siblings, extended family members, and emergency contacts listed in your file may play a much larger role in the life of the child than you may expect.

Understanding communication between family members and the Head Start center are important factors for you to consider. The connection with the family and focus on the child will be a first step in engendering trust.

Family Resources and Support Family support systems may be informal or formal and they may be comprised of individuals or agencies. The needs of the individual family will be assessed by you and the family services worker staff in your program. The first step is identifying the family's unique dynamics and their existing support systems. Then together with the family, you can build on what you know is familiar to them.

This may be the first time for the family to be exposed to a formal system of support. Parents will look to you for information about the community, the local education systems, and their child's diagnosis. Your professional response is very important as it will set the stage for future professional relationships, and the family's interaction with systems designed to help their child.

Support for Families

Family Needs The procedures for identification and planning for children with disabilities require that parents learn new information at a time when they may feel particularly vulnerable. Emotions may run high as they cope with information that may seem foreign or disappointing.

To help families find their voice, you will need to offer reassurance, guidance, and information. Families need to understand that they are embarking on a path to helping their child with a system that is required to provide what is most appropriate for their child. Families need to know that they are a valued team member in the decision-making process and that special education procedures are intended to protect their child's rights to receive appropriate education services.

Sharing Information

Begin where the family is and take it slow. If a family is simply learning about their child's diagnosis, it may be too soon to share all of the detailed information about service systems in your community. You may want to do the following:

- Begin with a simple review of the child's screening results or ask the family whether they have a good understanding about the evaluation results.
 - Take time to review the parent's rights in a family friendly manner. This may be very helpful as parents need this information in order to feel confident about the choices and decisions they make on behalf of their child.
 - As soon as possible, give the parents a copy of *Parental Rights*, in their primary language.
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How to Communicate With Parents

Methods of communicating with parents will vary depending on the circumstances revealed in your assessment of the family. If they are a family that embraces technology, you may be more successful introducing information through email and suggesting web sites. If not, it may be best to approach the family with a home visit; bring materials such as books, videos, or pamphlet information, or accompany the family to a doctor's appointment as a support. When faced with circumstances that require decisions, it is best practice to present information to both parents.

Who Can Support Families

Children with identified disabilities and their parents benefit from a team approach when addressing their needs. Each team member represents a spoke in the wheel of the family's support network. Parents need to know they are not alone, and Head Start's comprehensive nature is suited to work in this model.

Transitions



As children age out of your program, you will need to put systems in place to support the family and child as they enter either another Head Start or kindergarten program. This will involve comprehensive planning between the family and staff at your program, as well as at the receiving program.

This section includes the following parts:

- Transition Planning
- Developing Transition Policies and Procedures

Transition Planning

Transition Plan When a child with a disability becomes ready to enter a Head Start or kindergarten program, family members, teachers, and other staff need to develop a plan to support a smooth transition. When successfully coordinated, transition planning assures continuity of care for the child and his or her family.

Supporting Individual Children and Families During Transition

Positive childcare experiences will stay with a child and family as they move from one educational system into the next. You can help children and families experience a smooth transition by:

- Preparing a transition packet for the child and family that may include the following materials:
 - Pertinent records on the child (e.g., last IFSP/IEP, sample work, successful intervention plans)
 - Favorite item (e.g., classroom memory, an object from home) preschool toys, objects, and/or activities such as Play-Doh® markers, crayons, and/or paper
 - Photographs of the old and new schools
 - Arranging for families to visit the “receiving” program with or without the child. The decision to include the child on the visit should be given careful thought
 - Sending a Head Start representative who knows the child and family well to accompany the family on their visit
 - Having children bring a transition object from their sending program for the visit or first day of class
 - Sending a note to the family wishing them success, joy, and happiness for their new experience and sharing a personal thought about how the program will miss them
 - Providing the family with the name of the person responsible for disabilities services, if it’s a Head Start program that the child will be entering
 - Identifying other parents of children with disabilities who can act as a support for the transitioning family
 - Keeping current literature available on local, state, and national resources for families of children with disabilities
 - Informing families about resources to help them find appropriate child care
 - Helping families understand that each childcare provider may do things differently and that no one style or kind of care is best.
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Developing Transition Policies and Procedures

Organizing Transition Processes

Transition planning is a complex process that needs to be individualized for each child, family, program, and community. To assist staff and families with transition processes, your program needs to assess its current capacity for transition planning. Program-wide dialogues with staff and parents will help with the process of developing policies and procedures that contribute and support well-conceptualized transitions for children and families.

Guiding questions in the areas of family partnerships and systems planning can help you and your program develop a thoughtful and developmental approach to transitioning to other programs and settings.

Guiding Questions About Family Partnerships

Consider the following questions in the area of family partnerships as you develop your approach to transitions:

- Throughout transition planning, it is important to maintain a true partnership with the family. How does your program balance the importance of providing relationship-focused services with meeting procedural requirements?
- When and how is your program beginning the transition process with the family?
- What services, placements, or supports does the family want for their child after they leave the Early Head Start or Head Start program?
- How does your program help the family explore available options for “good fit” with the child’s developmental and individualized needs?
- How do you prepare the children, families and staff for separation from the Early Head Start and Head Start programs?

Guiding Questions To Prepare for Systems Planning

In developing an approach to transitions, refer to the table below for questions in five areas of systems planning.

Area of Systems Planning	Questions to Consider
Community assessment	<ul style="list-style-type: none"> • Does your community assessment indicate the available resources, centers, and providers of early childhood education, early intervention, preschool special education, and family support services in each of your service areas? • Do the receiving programs have a waiting list? • What is the capacity of receiving programs to support families with complex issues? How can your program support that capacity? • Are you contacting potential community partners to ensure smooth transitions?
Self-assessment	<ul style="list-style-type: none"> • If you are a birth-to-five program, how does staff from Head Start and Early Head Start work together to integrate and coordinate goals, services, and curriculum with families who have a child in both Early Head Start and Head Start? • How are you working towards providing seamless services for all of the Early Head Start/Head Start families in your program? • What assessment strategies do you use to

Guiding Questions To Prepare for Systems Planning

	assure that your program options and services meet the needs of families?
Area of Systems Planning	Questions to Consider
Program options	<ul style="list-style-type: none"> • If you are a birth-to-five program, how are you serving and adapting to the needs of young three-year-olds, regarding such issues as class size, ratio, curriculum, diaper changing, staffing patterns, continuity of care, and facilities? • If you are a stand-alone Early Head Start program, does your local Head Start program serve three-year-olds? Are you familiar with their eligibility criteria? • How are you working with your local Head Start program to ensure smooth transitions? How do you partner with them regarding adapting to the needs of three-year-olds (class size, ration, curriculum, etc)?
Program Governance Planning	<ul style="list-style-type: none"> • Has your policy council developed a philosophy and policies regarding transitions for children with disabilities? • Does your program have clear policies regarding the age at which children must transition? • Do your program's eligibility, recruitment, selection, enrollment, and attendance policies clearly address the transition of children with disabilities? • Do your ERSEA policies reflect and support your program's philosophy regarding continuity, duration, and intensity of services?
Human Resources Planning	<ul style="list-style-type: none"> • How are you building the capacity of your resource, referral, or service coordination team to respond to transition issues? • Who leads the transition process for each family? • Who is responsible for keeping track of the timelines in the process? • How does communication and record-keeping take place throughout the transition planning process? • What kind of training and supervisory support might you provide to best support staff's capacity in the transition process? • How do you help staff prepare for their own reactions to transitions of children and families?

NOTE: This section has been adapted from: Anticipating Transition Issues in EHS: Developing a Thoughtful Approach. Region X Early Head Start Workgroup. Region X Head Start News. 2001.

USEFUL RESOURCES AND LINKS

	This icon indicates that these resources are available online. Your internet
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DISABILITY SERVICES PLANS:

[Program Planning and Management](#)

The questions of this Interview/Self Study Guide may help programs reflect on their planning facilities, collaboration, and recruitment/enrollment systems to ensure inclusion of children with disabilities and their families. The interview (or self-study) is useful for coordination of services.

ACCESSIBILITY

[The Americans with Disabilities Act Checklist for Readily Achievable Barrier Removal: Checklist for Existing Facilities](#)

Programs are required to ensure accessibility to their children, staff and parents with disabilities. This checklist assists Disabilities Coordinators and other managers in assessing their environment for barriers to accessibility in order to plan for their program's improvement.

[Transporting Children with Disabilities](#)

This resource provides information for staff and parents on what is required for transporting children with disabilities.

INTERAGENCY COLLABORATION:

[Community Partnerships: Working Together](#)

Community Partnerships: Working Together is part of a series of training guides developed to build the family support capacity of Head Start staff. As a technical guide, it focuses on the knowledge and skills that staff need to be full collaborative partners in community efforts to help families develop, nurture their children, and experience success.

[Suggestions for Collaboration](#)

Many programs struggle to develop an interagency agreement that serves as a working document to support a collaborative effort with the local education agency or Part C provider. This handout provides Head Start programs with examples and information about how these collaborations can and have been developed effectively and efficiently.

STAFF TRAINING, SUPERVISION, AND SUPPORT:

[Disability Awareness](#)

This bibliography on disability awareness from the National Dissemination Center for Children with Disabilities (NICHCY) includes curricula, books, children books, videos, posters and other materials. Teachers and administrators may use these resources to build awareness and help programs improve their capacity to fully accept children with disabilities.

[A Day in The Life: Identifying Shared Responsibilities](#)

In order to understand how to meet the needs of children with disabilities and their families, it is helpful for coordinators to be sensitive to the way their decisions affect these children. This learning activity offers administrators an opportunity to understand, through a case study, how children experience managerial decisions.

[RECRUITMENT:](#)

An element of ensuring that children with disabilities are included in Head Start and Early Head Start is developing effective recruitment and enrollment policies. Administrators and staff will find specific information regarding outreach, staff participation, nondiscrimination, planning, decision making and children with severe disabilities. Guidance for each portion of this performance standard is included.

SCREENING, EVALUATION AND ASSESSMENT:

[Developmental Screening - Child Development](#)

Screening for potential developmental delays in children allows for early treatment and supportive services. The Centers for Disease Control and Prevention (CDC) website provides Head Start health managers and disability coordinators with a number of developmental screening tools and resources. A link to the National Early Childhood Technical Assistance Center is also provided.

[Facts about Developmental Screening Tools](#)

The Centers for Disease Control and Prevention (CDC) National Center on Birth Defects and Developmental Disabilities informs users about the purpose of the screening tools. Head Start/Early Head Start program staff must consider which instrument is appropriate to use for children. An identified function of a screening tool is to identify possible developmental delays in children.

INDIVIDUALIZATION

[Adaptations for Children with Disabilities](#)

This resource focuses on adaptations for children with disabilities and offers guidance to disabilities coordinators, education managers and program directors to meet federal requirements. Teaching practices that support learning and development for children with disabilities are identified in the Head Start Child Outcomes Framework.

[Center for the Social Emotional Foundations of Early Learning](#)

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age five. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.

[Bulletin #80: Mental Health](#)

Promoting mental health is a vital component of the work done every day to enrich the lives of Head Start children and families. Head Start staff will benefit from the strategies and approaches discussed in this bulletin.

[Bright Futures: Mental Health](#)

This is a two-volume set considering the mental health of children in a developmental context, presenting information on early recognition and intervention for specific mental health problems

and mental disorders, and providing a toolkit with hands on tools for health professionals and families for use in screening, care management, and health education.

[Strategies for Understanding and Managing Challenging Behavior in Young Children: Early Head Start Technical Assistance Paper #10](#)

What is developmentally appropriate – and what is a concern? This technical assistance paper provides helpful guidance when it comes to the fine line between appropriate behavior and when parents and staff should be concerned. This paper was developed by the Early Head Start National Resource Center.

HEALTH AND SAFETY ISSUES FOR DISABILITIES SERVICES:

[Caring for Our Children/Children with Special Needs](#)

The National Resource Center for Health and Safety in Child Care published standards and recommendations by leading health and safety experts on the health and safety of children in childcare settings. This companion document presents the standards related to the care of children with special needs in childcare settings.

[The Head Start Orientation Guide for Health Coordinators](#)

The purpose of this Guide is to support health coordinators and health service teams with direction and guidance in their work to provide health services in Head Start. The Guide provides an overview on the roles and responsibilities of the health coordinator, the Health Services Advisory Committee (HSAC), the health-related responsibilities of family service workers and other Head Start staff.

[Oral Health for Children with Disabilities and Special Needs](#)

This handout provides information on the risks, and the health implications due to the poor oral health of children with disabilities. It provides useful suggestions and tips to remember when working with children who are at high risk of developing oral health problems.

[Physically Healthy and Ready to Learn](#)

This Technical Assistance Paper offers guidance to programs regarding the implementation of the Head Start Program Performance Standards on child health and developmental services, child health and safety, and child nutrition.

[The National Center for Medical Home Initiatives for Children with Special Needs](#)

On this web site, the American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

[Guidelines for Serving Students with Special Health Care Needs](#)

These guidelines are intended to enhance the educational process by providing guidance to parents, school nurses, teachers and other school staff members on the care of students with special health care needs.

[Training Guides for the Head Start Learning Community](#)

This guide offers Head Start staff and parents information on the causes of childhood injuries and offers suggestions and steps on how to effectively prevent and manage children's injuries in Head Start, at home, and in the community.

[National Resource Center for Health and Safety in Child Care and Education](#)

This web site provides tips from the National Resource Center for Health and Safety in Child Care and Early Education (NRC)'s resource *Healthy Kids, Healthy Care* to promote healthy hearts in children. The information contains ideas for childcare providers regarding physical activity and how parents can support caregivers in their efforts to increase physical movement.

[Head Start Design Guide, Appendix A - Accessibility](#)

This Appendix, located on page 139 of the Head Start Design Guide, is included primarily to aid non-design professionals in understanding accessibility requirements. Architects and engineers should consult the latest ADAAG and UFAS regulations.

[School Bus Transportation of Children with Special Health Care Needs](#)

This resource from the Academy of Pediatrics offers researched recommendations concerning occupant securement for children who must ride in a wheelchair or children with other special needs who are transported on a school bus.

[Transporting Children With Special Health Care Needs](#)

This resource from the Academy of Pediatrics highlights important considerations for transporting children with special health care needs and provides current guidelines for the protection of children with specific health care needs, challenging behaviors, or muscle tone abnormalities as well as those transported in wheelchairs.

[Accommodating Children with Special Dietary Needs in the School Nutrition Programs](#)

Serving children with disabilities presents new challenges as well as rewards for school food service staff. This guidance presents information on how to handle situations that may arise and offers advice about such issues as funding and liability.

[Caring for Children with Chronic Conditions: A Training Guide for the Head Start Learning Community](#)

This module of the Training Guides for the Head Start Community offers guidance on how to care for children with chronic conditions; it highlights the importance of working with the families and providers involved.

[Supporting Children during Mealtime and Snacks](#)

The Circle of Inclusion Project offers helpful intervention strategies for supporting children during mealtime. This handout focuses on modifications in positioning, food selections, adaptive equipment, environmental factors and child-specific training.

SUPPORTING FAMILIES:

[Technical Assistance Alliance For Parents Centers](#)

The Technical Assistance Alliance helps parents to participate more effectively with professionals in meeting their children's educational needs. The Parent Centers work to improve outcomes for children and youth ages birth to 26 years and includes **all** disabilities (emotional, learning, cognitive, and physical).

[Assuring the Family's Role on the Early Intervention Team: Explaining Rights and Safeguards](#)

This paper helps service providers, families, and family advocates understand and explain procedural safeguards for families.

TRANSITIONS:

[Strategies for Supporting Transitions for Young Children with Special Needs](#)

As children with disabilities move from Head Start programs to Kindergarten they may experience a significant change. In addition to the change in classroom and curriculum, children will also experience a change in the way services are being provided in their new school. The following report offers Disabilities Specialists and other staff some of the strategies that preschools use to make this transition easier.