



## Disabilities Services Newsletter

### Issue 1: Interim Services

The term *interim services* refers to services provided to meet a child's unique needs in the period of time after a referral has been made and before the child is deemed eligible and an individualized plan is written. In this issue you will find:

- Policies related to interim services
- How programs can plan for and provide interim services
- How programs can engage families in interim services
- A spotlight on a program implementing interim services

#### Interim Services in the HSPPS

The new Head Start Program Performance Standards (HSPPS) require Head Start programs ensure that all children with disabilities “have access to and can fully participate in the full range of activities and services” offered (HSPPS §1302.61). This is for all children—whether or not they qualify for the Individuals with Disabilities Education Act (IDEA) services. Some children may be waiting for an evaluation to find out if they are eligible for IDEA; other children may have delays, but not meet the state's eligibility criteria for services. According to §1302.61(b) *Services during IDEA eligibility determination*, “a program must provide individualized services and supports” during this interim period—the time between referral for evaluation and development of a service plan—and ongoing for those determined not eligible for IDEA (§1302.61(a)).

In order to pay for these accommodations, the program may use the child's private insurance. If no other funds are available, the program may use its own funds to pay for these accommodations.

#### Ways for Programs to Provide Interim Services

A program can use family input, child assessment, and observation information to create an individualized plan for interim services. These services may include making changes to the environment or adjusting teaching practices to meet the child's needs. Each child may need unique changes and supports. The program may need to provide special services and supports to meet these needs. Services may include special education or physical, occupational, or speech therapy. Consider the following example:

Sean, age two, struggles with communication, which impacts his participation in learning activities. He is lagging behind his peers' expressive communication skills. He has been evaluated, and you and Sean's family are waiting to learn if he is eligible for speech and language services under IDEA. In the meantime, you want to—and the new HSPPS require you to—provide him with interim services. Where can you start?

### **DEC Recommended Practices**

In 2014, the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) published a set of research-based practices that support inclusion. They provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through age 5, who have or are at-risk for developmental delays or disabilities. The purpose is to help bridge the gap between research and practice by highlighting those practices that have been shown to result in better outcomes for young children with disabilities, their families, and the personnel who serve them.

The 66 DEC Recommended Practices are organized into eight topic areas— four are systems-focused (Teaming, Transition, Family, and Leadership) and four are child- focused (Instruction, Assessment, Interaction, and Environment).

A DEC practice must meet specific parameters, including the following:

- supported by research, values, and experience
- observable
- not disability-specific
- delivered in all settings (natural/inclusive environments)

The DEC Recommended Practices document includes examples of each of the 66 practices from a practitioner's point of view.

Milieu teaching, featured in this newsletter, is an example of an instructional practice. Indeed, several of the DEC Recommended Practices in the area of Instruction apply to milieu teaching, including the following:

- INS7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.

If you want to see all the DEC Recommended Practices, with examples, go to [DEC Recommended Practices](#).

One evidence-based intervention, as mentioned above, is a teaching strategy called *milieu teaching*. We're excited to offer you a time-limited free link to an article in the journal *Young Exceptional Children* which describes milieu teaching in great detail. Click here to access the article [Teaching Your Tot to Talk: Using Milieu Teaching Strategies](#), available through this newsletter until January 30, 2017.

### **Engaging Families in Interim Services**

Head Start is a two-generation program involving children and their families. They are inseparable. We work with children **and** families. We attend to relationships, passions, stresses, little and big milestones. Some of the ways we engage families come from skills we develop and ideas we have or hear about. Some simply come from being warm, caring human beings.

We always work with families in understanding and planning for their children. Sometimes families

and teachers, family child care providers, and home visitors work together to help a child who just doesn't seem to be on track in learning or development. For these children, the disability coordinator has an important role.

When children are receiving services through IDEA, the IDEA staff can guide us in how to best support each child's learning. But we've all worked with children who struggle to keep up with their peers and yet are not eligible for IDEA services. We've also worked with children who have been evaluated but are waiting to get services. Here are some ideas for how program staff and families can work together to help these children.

- Talk with families about their child's learning and development. Learn what families think about their child's interests, skills, and struggles. Families are usually the first ones to raise concerns about development. Share your observations and assessment data. That way, if delays emerge, they won't come as a surprise to anyone.
- Talk together about what is going on. Families, program staff, and disability coordinators may try to puzzle out the nature of the issue they want to address.

*At 3, Oscar was barely talking. His voice was quiet. He used few words. At home, his older siblings spoke for him. His parents and grandparents spoke to him but not with him. Was this causing his speech delay or was his limited speech causing others to act this way? His teachers often became discouraged when trying to talk with him.*

*Together, Oscar's teachers, parents, and grandparents met to understand what each adult experienced while talking with Oscar. They talked about the results of his hearing screening (his hearing is fine), and shared ideas for encouraging him to talk.*

- Help families plan things to do with their child to promote learning in the area of concern. With your disability coordinator, plan learning activities that all adults can do with the child.

*5-month old Risha wasn't rolling over. Beth, the disability coordinator, and Tim, Risha's teacher, sat down with Risha's mother and grandmother to think about how to help her. Beth explained that rolling involves some strength in the trunk, reaching, and leg movements. Together they thought of games to help Risha's muscles get stronger and to help her realize she can roll over.*

*Now, Nana plays a game where she sings one of Risha's favorite songs while Risha holds her thumbs. Nana raises Risha from her back to sitting. When she is upright, Nana kisses her on the nose! Meanwhile, Risha's belly muscles are getting stronger. At the program, Tim is on the floor with Risha, encouraging her to turn to him and reach for a favorite toy across her other shoulder. He lightly supports the roll her body begins.*

- Keep checking in. Did your efforts help the problem or do other issues come up as the child grows older? This will help you decide together if the child may need additional services.
- Use your community's Child Find services to perform an evaluation. The Child Find team may provide you with information and ideas to support the child, even if the child does not qualify for IDEA services.
- Sometimes therapists work through a consultation model. The therapist will see a child and create a plan for interactions and experiences that the family and teachers can carry out. The therapist may check in monthly, a much less expensive approach to services.

Together, families and program staff may identify a concern and work to make it better. In other words, they share a goal, a way to support an area of development. They work together to understand the problem and create possible solutions. On all sides, the relationship is marked by listening and respect as well as sharing observations, information, and ideas. When families and staff work together to support a child's development, they are working within a positive, goal-oriented relationship.

## Spotlight on Providing Interim Services

When the new HSPPS requirement for interim services came out, several experienced disability coordinators were surprised. In one Head Start program we talked to, the disability coordinator told us, “I thought we were always supposed to do that!” In this program, the staff and family would work together to:

- Accurately observe the child in all domains of development, and confirm observations with the family to determine any differences or similarities across the home and program environment. They used the ongoing child assessment tool to keep an eye on progress.
- Provide focused interactions and experiences in any area of developmental concern. For example, after talking with the family about what they do at home or any preferences the child might have, teachers included a thoughtful approach to introducing language experiences, offering more opportunities for active and physical play, consciously supporting exploration of materials, helping a child stay calm during transitions, or using interactions to increase attention and memory.
- Engage a therapist as a consultant to provide guidance for their work.
- Keep IDEA staff informed (with the family’s permission) about the child’s progress and potential need for services.

### **The Head Start Disability/Inclusion Network**

Join the disability and Head Start community around the country in the online Disability/Inclusion Network hosted on the My Peers platform. Share resources, engage in conversations, ask questions and provide answers to others. Let us know about your program’s effective systems and practices.

- [Register](#) as a member of My Peers.
- Click on Communities.
- Join the Head Start Disability/ Inclusion Network.

We’re waiting for you!

## Resources for Interim Services

[Teaching Your Tot to Talk: Using Milieu Teaching Strategies](#)

The HSPPS (§1302.61) describe the requirements for interim services.

[https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-61-additional-services-children?language\\_content\\_entity=en](https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-61-additional-services-children?language_content_entity=en)

Positive, Goal-oriented Relationships: Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities. <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/gor.html>

This document was developed with funds from Grant #90HC0012-01-00 for the U.S Department of Health and Human Services, Administration for Children and Families, Office of Head Start and Office of Child Care, by the National Center on Early Childhood Development, Teaching, and Learning. This resource may be duplicated for noncommercial uses without permission.