

DISABILITY SERVICES COORDINATOR

ORIENTATION GUIDE



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INTRODUCTION

Head Start has been a leader in the movement to support the inclusion of children with disabilities in early childhood settings. Your program is part of a large network of programs committed to improving outcomes for young children with identified disabilities or suspected delays and their families. As a disability services coordinator, you have a critical role to play in Head Start's enduring commitment to this population.

WHO IS THIS GUIDE FOR?

The Disability Services Coordinator Orientation Guide is a resource tool. If you are new to the job, it provides a foundation for your work. If you are seasoned, the guide might be a refresher course. You might be called an inclusion coordinator, or a combination—disability/mental health coordinator. You might work under a support services manager, an education coordinator, or the program director. No matter your exact job title or your supervisor, you can learn from this guide.

You come to the role of disability services coordinator with unique experience, skills, and knowledge. Although all Head Start programs share many features, your program is unique in many ways. What works for you and for your program may not be the same for another coordinator or another program. That is fine. Use this guide to support you and your program.

Sections of the guide might be useful to other program staff, including program management, teachers, family advocates, and transportation and health specialists. Mental health consultants and school system staff also can find useful information. Some families may want to read about the processes involved and the service delivery for their children and for themselves. Your program's child care partners and other early childhood programs can use the guide too.

WHAT IS THE PURPOSE OF THIS GUIDE?

The guide is anchored in the Head Start Program Performance Standards (HSPPS). These are the requirements that apply to all Head Start programs. One regulation is very important to your work and that is the requirement that your program design and implement a coordinated approach that ensures the full and effective participation of all children with disabilities and their families (1302.101(b)(3)).

This guide can help your program strengthen its coordinated approach for children with disabilities and their families. Information about program requirements for screening and recruitment is included. This guide explains the requirements for quality education and health services. Research-based teaching practices also are described. This guide offers guidance for establishing partnerships and ensuring continuity during transitions. Professional development is highlighted. The guide is designed to inform you and help you ensure responsive systems and quality services across the program.

The concept of a coordinated approach is not new to Head Start programs. It is central to the core of building systems and delivering services. What is new is that a coordinated approach is required as part of your program's management system and continuous improvement efforts. There are many other HSPPS that pertain to children with disabilities and their families. When they are well-implemented, a coordinated approach is in place.

Remember that the overarching mission of Head Start is school readiness—to prepare children for success in school and later in life, to prepare schools for children, and to prepare families for engagement in their children's education. The goal for all children in Head Start, including those with disabilities, is to be successful learners. This guide can help you, as the disability services coordinator, ensure that all children are fully included in every learning opportunity and that families are empowered as their advocates.

Indeed, you have a big job to do as a disability services coordinator! But you are not doing it alone. There is someone there to help you. You work closely with program management, educational staff, family service workers, transportation, and health staff and many others in the program. Parents and families are your partners too. You also work with early intervention specialists, special educators, and community partners. The combined expertise and experience of all these people can support your efforts.

HOW IS THIS GUIDE ORGANIZED?

This guide is organized into three major sections. There are 13 chapters, followed by a conclusion. The chapters walk you through the tasks and processes of your job as a disability services coordinator.

PART I: THE BASICS

- I Diving into the Coordinated Approach and Legislation
- II Building Partnerships
- III Recruiting and Enrolling Children
- IV Screening Children
- V Referring and Evaluating Children

PART II: COORDINATED SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES

- VI Individualizing Teaching and Learning
- VII Implementing Curriculum and an Inclusive Environment
- VIII Coordinating with Health and Mental Health Program Services
- IX Coordinating Safety Practices
- X Ensuring Smooth Transitions

PART III: IMPROVING DISABILITY SERVICES

- XI Creating Support for Staff
- XII Building Support for Yourself
- XIII Improving Your Program's Coordinated Approach
- XIV Conclusion

The Appendices present checklists or other materials that you can use on the job. Selected Resources provide extensive online materials. A Glossary is included.

Each chapter has a similar reader-friendly format to engage you in the content. Each chapter offers the following:

- Overview of the coordinated approach and key ideas
- Brief summary of the HSPPS that apply to all children in the program; this grounds you in the regulations
- Specific regulations that refer to children with disabilities and their families
- Your role and responsibilities as a disabilities coordinator
- Relevant elements of your program's partnership agreements
- Tips to support your work
- People to help you
- Questions to discuss with colleagues
- Scenario about how a disability services coordinator takes action to strengthen an inclusive, coordinated approach in a Head Start program

HOW IS THIS GUIDE USED?

You can read this guide from beginning to end, but you may just dive into the section that interests you. You also can start by reviewing the content of this guide and make a plan to revisit the chapters that are most relevant. You might decide to look across all the chapters and pull out the tips and people to help you. You and your colleagues might decide to incorporate this guide into professional development activities. Based on staff interest and needs, your program might focus on a chapter or two.

This guide is intended to make your coordinator’s job easier in some ways and to ensure that you are keeping an eye on all the pieces—and there are many pieces—to help ensure a coordinated approach. Each chapter dives into the details of some piece of the coordinated approach, but when put together, the guide provides the “big picture” of what you need to do to best serve children with disabilities and their families.



In Head Start, we always put the child first...the disabilities are second. We refer to a child with a disability, not a disabled child. We keep our focus on what the child can do!

This guide is designed to help your program provide high-quality services for children with disabilities and their families. This guide is anchored in the [HSPPS](#) (released in 2016), specifically the regulation that requires a program-wide coordinated approach “to ensure full and effective participation of all children with disabilities, including but not limited to children eligible for services under the [Individuals with Disabilities Education Act](#) (IDEA)...” ([1302.101\(b\)\(3\)](#)).

The HSPPS regulation further states that a program must provide “services with appropriate facilities, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with [section 504 of the Rehabilitation Act](#) and the [Americans with Disabilities Act](#)...” From reading this HSPPS regulation about the coordinated approach, you can grasp that federal legislation is a foundation for the disability services in your program.

For your program to implement this regulation, program services and systems need to be integrated. How do the hiring procedures, budget, and community partnerships intersect with the education, health, and transportation services? They need to work together to create a program-wide inclusive environment.



What is IDEA? It is the [Individuals with Disabilities Education Act](#), a federal law that ensures that eligible children with disabilities have access to free and appropriate public education as well as necessary special education services.

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PART I. THE BASICS

CHAPTER I

DIVING INTO THE COORDINATED APPROACH AND LEGISLATION

“A coordinated approach is not entirely new. It’s what our Head Start program has always tried to do. But what is new is that we have to be very intentional and planful to ensure that services and systems are in sync.”

~ Head Start director

This chapter focuses on the “what-who-why” of a coordinated approach and the critical pieces of federal legislation that put services into place for children with disabilities and suspected delays. Because implementing a coordinated approach for children with disabilities is required in all Head Start programs—and is the driving force for your work as a disability services coordinator—let’s take a closer look at what this means for you and your program.

Most likely, you are the person who leads the way to ensure quality implementation of a coordinated approach to serve children with disabilities and their families. You will need to spend time planning across program systems and services with management, staff, families, early intervention and special education partners, and other specialists. Federal laws guide much of your work, so it’s important to become acquainted with the key legislation that affects children with disabilities.¹

The Head Start Program Performance Standards (HSPPS) require that a coordinated approach for children with disabilities is in place in every Head Start program:

1302.101 MANAGEMENT SYSTEM.

- (b) **Coordinated approaches.** At the beginning of each program year, and on an ongoing basis throughout the year, a program must design and implement program-wide coordinated approaches that ensure:
- (3) The full and effective participation of all children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate facilities, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act...

KEY IDEAS

- A coordinated approach for children with disabilities helps build a culture of inclusion in Head Start.
- [IDEA](#) legislation puts equitable educational opportunities into action from birth through age 21 and supports many services for children with disabilities and their families.
- Federal laws that prohibit discrimination and protect the rights of people with disabilities, including [Section 504 of the Rehabilitation Act](#) and the [Americans with Disabilities Act](#) (ADA), are central to a coordinated approach.
- Planning incorporates the use of data in the program to support quality improvement.
- Planning always includes the voices of families and takes into account their cultures and languages.
- Planning for disability services occurs across many systems and service areas to ensure a program-wide coordinated approach.

¹ In this guide, the term *children with disabilities* refers to children with suspected delays, unless specified otherwise.



WHAT IS A COORDINATED APPROACH?



Do some of these words look familiar? If you're an experienced disability services coordinator, you have probably juggled many of these before. If you're new to the job, you still know many of the words—teach, IEP, screening—though you may not know specifically how they apply to services for children with disabilities. You may wonder, “How will I ever make sense out of all of this?”

This is the point of a coordinated approach. When children's unique differences keep Head Start's comprehensive approach from fully meeting their needs, many considerations and many players enter the picture to ensure that the children and their families can fully participate.

Coordination takes the jumble out of the approach so staff can smoothly implement services.

Program-wide coordination takes it a step further. No single element of the Head Start services or systems stands alone. A program-wide approach ensures that no child, family, or requirement falls through the cracks.

Looking more closely at the requirement for a coordinated approach, timing matters. At the beginning of each year and on an ongoing basis throughout the year, a program must design and implement a program-wide coordinated approach. As the disability services coordinator, keep assessing your program's coordinated approach to continuously improve services to children and families.



Remember that the whole—a coordinated approach—is greater than the sum of its parts.

Everything that applies to the implementation of a coordinated approach in your program also applies to your child care partners. They are responsible for implementing the HSPPS, and to do that, they likely need support from you and your program's management.

WHAT IS COVERED IN A COORDINATED APPROACH?

As a disability services coordinator, you need to keep your eye on all these pieces listed in HSPPS 1302.101(b)(2)(iii):

- Facilities
- Materials
- Curriculum
- Instruction
- Staffing
- Supervision
- Partnerships

Many other HSPPS refer to children with disabilities and their families, ranging from regulations about recruitment to health to transportation. Taken together, they add up to a program-wide coordinated approach.

WHO RECEIVES COORDINATED DISABILITY SERVICES?

The HSPPS spell it out clearly—all children with disabilities, including but not limited to children eligible for IDEA services. IDEA is a federal law, and Part B and Part C govern many aspects of the disability services in your program.

- **Part B includes provisions for children with disabilities ages 3 and older.**
- **Part C covers services for infants and toddlers with disabilities and delays and their families.**

Along with supporting children who have been deemed eligible for services under IDEA, which other children must your program support?

- Children waiting to see whether they qualify for IDEA services.
- Children with special health care needs.
- Children with a significant delay who do not qualify for IDEA services.
 - They may qualify for services under Section 504 of the Rehabilitation Act.
 - They may receive services or adaptations under a program's Child Action Plan.

Your program's coordinated approach must address the needs of **all** children. Later chapters discuss the referral and evaluation process and the different plans in more detail.



The local Part B agency provides special education services for eligible children ages 3 and older. An Individualized Education Program (IEP) spells out the services and educational goals for the child.



The local Part C agency provides early intervention services for eligible infants and toddlers and their families. An Individualized Family Service Plan (IFSP) indicates the services and goals for the child and family.

WHAT IS THE IDEA LAW?

The foundation of the coordinated approach is the federal legislation referred to in the HSPPS. *IDEA* is the bedrock that, as a disability services coordinator, you turn to time and time again. It shapes the very nature of your job.

First enacted in 1975, the Individuals with Disabilities Education Act, or IDEA, has undergone many revisions. The most recent authorization in 2004 guides your work. The law governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities.

IDEA applies to children from birth to age 5 in Head Start and Early Head Start programs. It applies to all program options—center-based, home-based, family child care, and locally designed options. It applies to child care partners who serve Early Head Start children.

You work closely with the local Part B and Part C agencies that are responsible for implementing IDEA. Once your program makes a referral, their team of professionals conducts an evaluation to determine whether the child is eligible for IDEA services.

As the disability services coordinator, you must be aware of the *distinctions between Parts B and C of IDEA*. There are different eligibility criteria, evaluation procedures, types of services, service settings, service recipients, and systems of payment. Administration of services may vary from state to state, so learn about the specifics of your state. (Later chapters cover these topics in more detail.)

WHAT OTHER LEGISLATION IS REFERRED TO IN THE COORDINATED APPROACH?

SECTION 504 OF THE REHABILITATION ACT OF 1973

Often called “Section 504” for short, this federal statute administered by the Office of Civil Rights prohibits discrimination based on disability. To be protected under Section 504, a child must have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or be regarded as having such an impairment.

Section 504 applies to students who are 3–22 years old. Public schools and Head Start agencies, as well as all other programs directly or indirectly receiving federal dollars, must comply with the requirements of Section 504. Section 504 requires programs to provide preschool children with disabilities equal access to the program, with reasonable accommodations and modifications.

THE AMERICANS WITH DISABILITIES ACT (ADA)

The ADA prohibits discrimination against individuals with physical or mental disabilities. It uses the same definition of disability as Section 504. This includes children who have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or are regarded as having such an impairment. In the area of education, Section 504 focuses on requirements for public schools related to serving children with disabilities, and although the ADA does not have the same specific requirements, ADA accommodation provisions apply to public as well as nonsectarian private schools.

The ADA applies to all settings—including public schools, community pre-K programs, and private child care and preschools. Programs operated by religious entities are exempt. The ADA states that “public programs are required to make reasonable modifications to program policies and practices to integrate children with disabilities, unless doing so would constitute a fundamental alteration.” Facilities should be accessible to people with disabilities. Existing facilities must be “readily achievable,” and new facilities and any updates to existing facilities must be fully accessible.

Other state or local legislation affects the systems and services in your program for children with identified or suspected disabilities. For example, regulations related to children’s health services as indicated by the state health services agency or local health department may be of interest. Your program also has to be in compliance with local building codes. You can read about where other legislation and regulations connect with program practices later in this guide.

HOW DOES THE LEGISLATION AFFECT YOUR ROLE?

As a disability services coordinator, know the general purpose of the legislation and its implications for your program. You don't need to grasp all the details, but you need to be familiar with the timelines, the process, and eligibility requirements. You also want to know the HSPPS that affect your work.

Your program will have interagency memoranda of understanding that respond to the legislative requirements related to children with disabilities. These are formal partnership agreements between a Head Start program and the agencies responsible for evaluating children with disabilities and providing services. They describe the partners' roles and responsibilities. Tasks that you are responsible for in your program, such as referring children for evaluation and tracking children's status in the process, are listed in an interagency memorandum of understanding with the IDEA Part B and Part C local agencies. (See Chapter II for more information.)

Talk to the program director if you have questions about the legislation; maybe consult with your program's board members who have a legal background. Reach out to other resources, such as the early intervention partners and the local special education providers who implement the eligibility and service requirements of the legislation. Many online materials explain the legislation and implications for disability service coordinators, as do online discussion groups. (See Selected Resources at the end of this guide.)



IDEA requires that children who qualify should receive services. The ADA requires that programs be accessible. Section 504 prohibits discrimination. Together, they are a mighty trio! They are the backbone of your work as a disability services coordinator.

HOW DOES THE LEGISLATION SUPPORT INCLUSION?

A robust legal foundation supports the right to access inclusive early childhood programs, where children with disabilities learn alongside typically developing peers. The IDEA law supports equal educational opportunities for eligible children with disabilities. Part B of the IDEA requires that, to the maximum extent possible, children and their families receive special education and related services in the "least restrictive environment (LRE)." These settings might be a Head Start classroom or family child care home. Part C of the IDEA requires that all eligible infants and toddlers receive services in the natural environments of a child's home or community setting, such as an Early Head Start. The ADA and Section 504 support inclusion too. They prohibit discrimination on the basis of disability in program settings and activities.

An inclusive environment invites children with disabilities to engage in program activities. Individualized accommodations and evidence-based services and supports promote children's development, friendships, and sense of belonging. Staff see each child as an individual with strengths and potential.



The HSPPS use the term LRE in [Subpart F – Additional Services for Children with Disabilities](#).



Inclusion goes hand in hand with your program's coordinated approach to serving children with disabilities and their families.

As a disability services coordinator, you are likely to use the term *inclusive environment* to describe your program's approach to serving children with disabilities and their families. The term is probably familiar to the general public, educators, and program staff. However, at times, you may need to explain how inclusion benefits young children with and without disabilities. There is scientific evidence to back you up.

WHERE DOES A COORDINATED APPROACH FIT IN A HEAD START PROGRAM?

It falls under **HSPPS 1302 Subpart J – Program Management and Quality Improvement**. The purpose statement reads “A program must provide management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services.” A coordinated approach for children with disabilities is embedded in a strong management system. This means that you, the disability services lead, need to be an active member of the management team and make sure that your voice is heard in decision making.



Refer to the Policy Statement on [*Inclusion of Children with Disabilities in Early Childhood Programs*](#) issued jointly by the U.S. Department of Health and Human Services and the Department of Education (September 14, 2015).



There is a reason why a coordinated approach belongs under 1302 Subpart J - Program Management and Quality Improvement—it is an integral part of sound management and a quality program.

As spelled out in HSPPS 1302.102, a program must establish strategic goals, conduct ongoing monitoring, and perform an annual self-assessment to oversee progress toward the goals. You can help shape the program goals that affect children with disabilities and their families. Your program’s community assessment also provides critical information about the demographics of the service area, including the number of children with disabilities. Ongoing assessment of children’s progress toward school readiness goals also informs your work. Identify any trends in their attendance that may hinder their progress. You rely on data to inform decisions and plan goals. Lucky you—you can go to many different data sources in Head Start!

As the disability services coordinator, you are responsible for keeping the program management informed about what’s working and what isn’t with the disability services. To do that, keep in touch with families. Ask how the program is addressing their needs and those of their child with disabilities. The family services staff can support you because they know the families well.

Maintain regular communication with colleagues who are helping to implement a coordinated approach. Schedule meetings and create an agenda together. Program administrators and staff in all services and system areas can provide useful information about the program’s efforts with children with disabilities and their families. The special educators, early intervention specialists, and other community stakeholders also can contribute to your ongoing appraisal of how disability services are being planned and implemented.

As part of your program’s quality improvement efforts, you want to continue to build on the strengths of the disability services and work with staff, partners, and families to close the gaps. (For more information on continuous program improvement, refer to Chapter XIII.)



TIPS TO STRENGTHEN A COORDINATED APPROACH

- **Stay updated on the federal and state laws that affect disability services.** Be informed about changes in the current laws or new legislation.
- **Reach out to your Part B and Part C IDEA local agencies.** Communicate and ask questions—the early intervention specialists and special educators are experts in their fields. Also turn to community resources in health, mental health, and other service areas to learn more.
- **Communicate with parents and families.** Be sure that parents and families know about any changes that affect their child’s eligibility or service delivery.
- **Review your program’s strategic plan (and ongoing revisions).** Ensure that the plan supports a coordinated approach for children with disabilities who are or are not eligible for IDEA services and for those awaiting determination of their eligibility. Confirm that the program goals are inclusive.
- **Keep channels of communication open with program staff.** Ensure that you know about how the systems and services are being implemented for children with disabilities.
- **Meet regularly with program management.** Keep them informed about how well the coordinated approach is functioning. Ask for their help when you need it.
- **Ensure that your partners, including child care programs, are on board.** Help them understand what a coordinated approach means and how to plan and implement it.

PEOPLE TO HELP YOU (EVERYONE...BECAUSE ENSURING A COORDINATED APPROACH IS EVERYONE’S BUSINESS!)

- Program administration
- Program managers and staff in service areas, including education, health and mental health, nutrition, family services, transportation
- Program managers and staff involved in data systems, budget, facilities, quality improvement
- Staff engaged in recruiting and enrolling families
- Special educators and early intervention specialists responsible for implementing IDEA
- Governing bodies, policy councils, and advisory committees
- Community partners providing support and resources for children with disabilities and their families
- Former and current parents and families
- Consultants to the program and regional training and technical assistance (T/TA) providers
- Lead state agencies responsible for implementing IDEA
- Head Start State Collaboration Office

QUESTIONS TO CONSIDER WITH COLLEAGUES

- How do we develop program-wide plans to include services for children with disabilities and children who need interim services?
- Do our program school readiness goals include children with disabilities?
- How do we engage families of children with disabilities in our planning?
- What kind of support do systems or service areas need to ensure a program-wide coordinated approach?
- How do we engage staff in planning inclusive services? What kinds of training do they need to implement the plan?
- How effectively does our annual self-assessment review our disability services? Do the results lead to action steps?
- How do we stay informed about changes in legislative requirements? Or learn about new laws that affect our disability services?

SCENARIO

As part of its annual program self-assessment, Riverview Head Start and Early Head Start find that parents and families of children with disabilities are somewhat dissatisfied with services for their children. Families express concerns, such as:

- “My child’s needs aren’t always being met. She needs to have quiet time, away from the group.”
- “I was afraid to speak up when I got his assessment results.”
- “I know the teachers mean well, but I’m not sure they know how to deal with my toddler with Down syndrome when he gets really active.”
- “I speak Spanish, and it’s hard to communicate.”

Staff voice their concerns, too:

- “There are so many children in my class who need my attention, I can’t do it all.”
- “When a child has IEP goals, I’m not sure how to modify the curriculum.”
- “The early intervention specialists seem to have an easy time interacting with children with disabilities in my Early Head Start classroom. But I don’t. Who can help me?”
- “I’m a new home visitor and I really need training to help a family plan learning experiences for their child with serious disabilities.”
- “Children with walkers have a hard time getting on and off the bus. How can we help them?”
- “Do I have to learn sign language to communicate with a child with a hearing impairment?”

The disability services coordinator, Betsy, is new to the job. Both she and the program director feel frustrated, overwhelmed, and discouraged when they look at this self-assessment data. Although other program areas and systems function better, it’s clear that the services for children with disabilities and their families are inadequate. There isn’t much evidence that a coordinated approach is in place.

The director calls a management meeting that includes Betsy. All hands on deck! They review the self-assessment and prioritize the concerns—children’s health and safety is first. They turn to their Health Services Advisory Committee (HSAC) and the governing board for support.

At the next planning meeting, the program invites representatives from the Part B local education agency (LEA) and Part C early intervention agency. The Riverview program has strong interagency memoranda of understanding with these partners and a history of successful collaborations during the referral and evaluation process. It seems that the gaps are in creating inclusive learning environments and working with families. Together, the Head Start team and their partners discuss opportunities for sharing and leveraging resources. They develop an action plan, a timeline, and identify resources—both internal and external—for assistance.

Program management welcomes this opportunity for improvement. The LEA and the early intervention providers plan joint professional development activities for the Head Start and Early Head Start educators, including the coaches. Specialists from the school district also visit the classrooms to demonstrate inclusive teaching practices. Family advocates receive additional training and solicit ongoing feedback from parents and families about the program and their child’s progress. Betsy finds a mentor from a nearby Head Start who is an experienced disability services coordinator. She also connects with a professional network. The fiscal management and human resources systems contribute to the improvement efforts. The director learns that they can get some assistive devices for children from the school district. The program recruits bilingual family service staff. All these efforts strengthen the program’s implementation of a coordinated approach.

By the same time next year, the program self-assessment about services to children with disabilities and suspected delays is more positive, yet Betsy and the management team recognize that the services are not as good as they could be. There is still room for improvement. They describe their coordinated approach as “a work in progress.” Everyone is on board—program management, staff, families, governing boards, and community partners—to ensure the full participation of children with disabilities and their families.

CHAPTER II

BUILDING PARTNERSHIPS

“When I was new at the job, I pounded the pavement to talk with the special education directors in the school systems. I had to be a real go-getter and negotiate for what I knew our Head Start children needed. It was a little rocky at first, but in the end, I developed strong relationships with the schools.”

~ Disability services coordinator

This chapter is about developing effective collaborations to ensure quality services for children with disabilities¹ and their families. As the disability services coordinator, you’re going to become familiar with partnership building and the formal documents that keep partnerships alive.

Your role requires close collaboration with IDEA² Part B and Part C local agencies, community organizations, and many other entities. When your program establishes strong partnerships and has strong systems and services, then the coordinated approach for children with disabilities and their families is likely well implemented.

KEY IDEAS

- Because multiple agencies and service providers deliver disability services, they require effective partnerships.
- An interagency memorandum of understanding defines these partnerships.
- Partnership agreements need to affirm respect for children’s and families’ cultures and languages.
- When partners work together effectively, families receive consistent information, providers build on each other’s expertise, and children receive effective services.

WHAT ARE PARTNERSHIPS IN HEAD START?

The HSPPS, Part [1302 Subpart E – Family and Community Engagement Program Services](#), include regulations about collaborative relationships and community partnerships. Joint agreements, procedures, or contracts may deliver onsite services and facilitate access to community services and resources for families and children.

The HSPPS describe diverse collaborations that might include community health care providers, family support services, and housing and legal assistance. Libraries and children’s museums often partner with local programs. Agencies that serve families experiencing homelessness are important partners. In addition, a Head Start program is required to participate in coordinated systems of early childhood services, including publicly funded preschools, state or local Quality Rating and Improvement Systems, and state education data systems.

Additional HSPPS, in [1302 Subpart F – Additional Services for Children with Disabilities](#), require programs to develop interagency memoranda of understanding with their local IDEA Part B and Part C agencies to:

- Identify children who may qualify for services under IDEA as indicated by the screening and evaluation process or in the local agency Child Find efforts.
- Improve services for children eligible under IDEA, including the referral and evaluation process, service coordination, and service delivery in the LRE and transition services.
- Ensure continuity of services as infants and toddlers move from services provided under Part C of IDEA to services provided under Part B for preschoolers, and as preschoolers move from Head Start to kindergarten.
- If requested by a child’s family, develop or review the IFSP or IEP and its implementation.

¹ In this guide, the term *children with disabilities* includes children with suspected delays, unless stated otherwise.

² IDEA refers to the Individuals with Disabilities Education Act.



HSPPS Related to Partnerships

- [1302.53 – Community partnerships and coordination with other early childhood and education programs](#)
- [1302.63 – Coordination and collaboration with the local agency responsible for implementing IDEA](#)
- [1302.70 – Transitions from Early Head Start](#)
- [1302.71 – Transitions from Head Start to kindergarten](#)
- [1302.72 – Transitions between programs](#)

Other regulations under [1302 Subpart G – Transition Services](#) require collaborations—between Head Start and Early Head Start and between Head Start and the LEAs and state departments of education, as appropriate, when children transition into kindergarten. A program must collaborate with the family during all transitions and with the kindergarten teachers. Additional transition services are required for a child with an IFSP or an IEP. (Chapter X includes more information about transitions for children with disabilities.)

WHAT IS INCLUDED IN THE FORMAL PARTNERSHIPS?

An interagency memorandum of understanding defines cooperative work between a Head Start program and government agency, both at the federal and state levels. The term *interagency memorandum of understanding* is more common in the Head Start community. These documents formalize the Head Start partnership. They are not legally binding, but they are useful because they define roles and responsibilities. They establish shared goals, propose coordination and communication protocols, set deadlines, and provide other guidance. They may address funding arrangements and confidentiality requirements.



Interagency memoranda of understanding bring everyone in the room together!

All partners sign the interagency memorandum of understanding. The Head Start director signs for your program. However, you have primary responsibility for helping to frame the document to ensure that it supports your program's commitments to children with disabilities and their families. Depending on who the community partner is, the health manager, the mental health consultant, the education manager, and the professional development coordinator may also give input. (See Appendix A for a sample interagency memorandum of understanding.)

It's important to know that interagency memoranda of understanding aren't new to school districts. Under the [Elementary and Secondary Education Act](#), as amended by the [Every Student Succeeds Act](#) (ESSA) in 2015, all Title I schools must have agreements with Head Start programs. This federal requirement can help ensure that children, including children with disabilities, receive higher quality learning experiences and seamlessly transition from Head Start to kindergarten.

WHAT IS YOUR ROLE IN COLLABORATIONS AND PARTNERSHIPS?



Creating successful partnerships takes time—especially when partners come from different systems.

You are your program’s point of contact for the partners in your community who serve children with disabilities and their families. Because each partner comes from their own perspective and organizational structure, you must work together to define roles and responsibilities. As much as possible, you define areas of collaboration.

Your program must establish an interagency memorandum of understanding with the LEA—the IDEA Part B local agency. Your program also needs an agreement with the IDEA Part C agency in your service area. That entity might be a branch of the state health department, family and social services, rehabilitation services agency, or another state agency. It might be a community organization, such as the Easter Seal Society or United Cerebral Palsy, that serves children under age 3 with disabilities and their families.

Typically, the interagency memorandum of understanding between your program and the IDEA Part C and Part B local agencies detail the following:

- Joint use of screening results
- Preparation of referral procedures
- Coordination of evaluation timelines, sites, and schedules
- Assignment of paid specialists
- Coordination of staff visitation to programs
- Provision of translation services for families
- Transition plans for children with IFSPs and IEPs
- Timelines for planning meetings as well as the personnel, parents, and families who are invited to meetings
- Joint professional development efforts (Head Start staff, special educators, and early intervention providers benefit when they share training costs and personnel.)
- An interagency memorandum of understanding with an LEA may spell out different options for service delivery. For example:
 - A summer program for children with disabilities who are entering kindergarten
 - Special education teachers from the school system demonstrate teaching strategies in the Head Start classrooms to support the inclusion of children with disabilities
- You’ll need to be aware of these HSPPS and IDEA requirements as you formalize agreements with your partners
- Information about children and families is confidential. Which kind of information, at what time, and with whom will your team share?
- You must receive parental consent for referral and IFSP and IEP plans. What are the plans if parents and families do not consent or attend necessary meetings?



There may be an agreement between the Part B and Part C state-led agencies about disability services and Head Start. If so, this agreement will suggest state-specific features to include in your agreements with the local agencies. Contact your Head Start State Collaboration Office for more information.

Keep in mind that an interagency memorandum of understanding does not specify all collaborations. Some just happen because they're part of the IDEA services described in a child's IFSP or IEP. The child's plan may identify multiple disciplines that work together, such as a speech–language pathologist and physical therapist who provide services in the child's classroom. This is an opportunity for the program staff to learn from the specialists and vice versa. Professional development in action!

You can plan and implement a variety of other partnerships that go beyond the IDEA agencies and early intervention and special education providers. Maybe the public library wants to set up story times for toddlers, or the natural history museum offers workshops for preschoolers and their families. In your role, you are a strong advocate for the inclusion of enrolled children with disabilities in community-based learning activities.



PLAN FOR PARTNERSHIPS:

You want to help ensure that your program works with agencies that:

- Are committed to inclusion and service delivery in the LRE for children ages 3 years and older
- Are committed to inclusion and service delivery in the natural environment for infants and toddlers and their families
- Understand each other's areas of expertise and avoid duplication of services
- Communicate on a regular basis
- Share data
- Are able to resolve differences
- Ask families what they need and include families in joint meetings
- Help to assess children's ongoing progress as indicated by goals in the IFSP, IEP, or 504 plan
- Provide smooth transitions between programs and schools
- Address families' linguistic needs, including translation and interpretation services
- Demonstrate sensitivity and respect for families' cultural values and practices

Given the breadth of your work as a disability services coordinator, and the many touchpoints you have in the program and community, the possibilities for successful collaboration are endless!

REVIEWING AND REVISING PARTNERSHIPS

The partnership agreements are not set in stone. They can be revised and adjusted. New partners may work with you. LEAs and other agencies may develop new procedures. If the demographics change in your service area, your program may need interpretation or translation services to support families and their children with disabilities. The interagency memorandum of understanding with the LEA may need to state that these services for parents and families will be made available during an IFSP or IEP meeting. If a hospital has recently closed in your community, prenatal care may be less accessible. As a result, the risk of low-birth-weight babies and associated health risks increases. Your interagency memorandum of understanding with the Part C local agency or with medical clinics may need to reflect this new reality.

The disabilities team works with program leaders to assess interagency collaborations annually. Involve your colleagues who support inclusion, such as your program's Health Services Advisory Committee (HSAC) and program managers, family advocates, and transportation staff.

You need to gather data and information from a variety of sources to find out how the collaborations support children with disabilities and their families:

- Include questions in your program-wide self-assessment.
- Talk with your program’s management team and the partners.
- Ask families for feedback.
- Refer to the community assessment to identify any new partners in your service area.



Support strong partnerships to ensure that a coordinated approach is in place for children with disabilities and their families.

Once you have a sense of your program’s strengths and challenges, you can work with the management team to adjust the interagency memoranda of understanding. You need to be patient, because you may work with agencies and institutions that are bureaucratic and hierarchical in a way that your Head Start program isn’t. There may be layers of approval before agreements change. Just keep in mind that you’re doing this on behalf of children with disabilities and their families. You are their voice in these very complex, multifaceted, and diverse partnership arrangements.

TIPS TO IMPROVE YOUR PARTNERSHIPS AND COLLABORATIONS

- **Revise or create interagency memoranda of understanding.** Work with early intervention and special education partners to define successful strategies and challenges. Develop a list of recommendations. (See Appendix A for a sample interagency memorandum of understanding.)
- **Check on communication protocols.** Review and revise formal and informal communication procedures among early intervention and special education partners, families, and program staff—including the disabilities team.
- **Prioritize consistent messaging to families.** Ensure that different community organizations provide the same information to families. Clarify messages to reduce families’ confusion and stress.
- **Advocate for inclusive collaboration models.** Consider joint training for program staff and partners. Offer coaching to promote effective teaching strategies. When necessary, work with families to request more support from community partners.
- **Support ongoing data sharing that protects child records.** Review confidentiality requirements in the interagency memoranda of understanding. Review data collection and sharing procedures to improve where needed.
- **Be informed about partnerships in health service.** Ask the health care provider about how your program collaborates with community resources to serve children with special health care needs and disabilities.
- **Advocate for a community-wide approach to serving children with disabilities.** Communicate the importance of early intervention and disability services. Use your Head Start program as a community leader for inclusion.

PEOPLE TO HELP YOU

- Professionals from Part B and Part C local agencies
- Community partners
- Program management
- Program staff in health, mental health, nutrition, transportation, and other service areas



- Program staff in systems areas, including professional development, finance, and data management
- Families
- State-led IDEA agencies
- Head Start state collaboration director

QUESTIONS TO ASK COLLEAGUES ABOUT PARTNERSHIPS AND COLLABORATIONS

- Do we include all early intervention and special education partners in our interagency memoranda of understanding?
- Do we have written agreements with other community organizations that provide disability services, such as mental health clinics?
- Do we have partnership agreements with community resources that provide inclusive environments, such as recreation programs and libraries?
- How do we communicate and share data with our partners?
- How do we engage families in planning and implementing collaborations?
- How do our partnerships promote a coordinated approach to ensure the full and effective participation of children with disabilities?
- How often do we review the interagency memoranda of understanding?
- Are we aware of any duplication of services or funding? If so, how can they be reduced?

SCENARIO

Sequoia Head Start and the LEA, the Mt. Thomas school district, work well together. They have had the same interagency memorandum of understanding in place for several years. The local elementary school receives many Head Start children. The principal has worked hard to create a welcoming climate for the children and their families. He has advocated for parent and family engagement and invites Head Start families to join school district activities. In many ways, the relationship between the program and the school is strong.

However, Lydia, the disability services coordinator at Sequoia Head Start, hears that the school is not doing everything it could to help transition children with disabilities into the school. Some parents and families are dissatisfied with the lack of inclusive services: They say that the kindergarten teachers don't seem to individualize learning like the Head Start teachers did. They also report that the large-group activities don't work well for their children with disabilities. They say their children learn better in small groups. They also want their children to make friends, if possible, with some of their typically developing peers.

Lydia decides to survey the parents of the Head Start graduates to identify the strengths and the gaps in current services and supports. Parents and families are not happy with the pullout, yet they are pleased with the availability of adaptive equipment, the transportation services, and health support. They agree that the school has a positive, family-friendly environment.

Lydia calls a team meeting and includes the Head Start director, school district personnel, the principal, teachers, parents and families, and other staff. She shares the survey findings about the strengths and gaps. Parents, families, and school staff are clear that they want to improve this situation and decide that their first step is to focus on staff development. A group of teachers and special educators will meet regularly to learn more about the research on inclusion. They want to learn more about how to individualize in kindergarten. Coaches from the Head Start program decide to visit the kindergartens to demonstrate teaching strategies. Head Start and kindergarten staff plan monthly professional development activities about individualization. They are excited to learn from each other.

Lydia works with the programs to revise the interagency memorandum of understanding. She incorporates these new professional development activities. The school system and Head Start agree that the interagency memorandum of understanding is stronger than it was before.

CHAPTER III

RECRUITING AND ENROLLING CHILDREN

“When I first started the job, it took me a while to gain the trust of leaders in the community. But over time, they were willing to help me locate families they knew who had young children with suspected disabilities. The families were worried about being stigmatized.”

~ Disability services coordinator

This chapter describes the process of recruiting and enrolling children with disabilities or suspected delays¹ in your program and the regulations that apply. The process that Head Start managers and staff use to get eligible children in the door is described in HSPPS Part 1302 – Subpart A [Eligibility, Recruitment, Selection, Enrollment, Attendance \(referred to as ERSEA\)](#).

As the disability services coordinator, you play an important role in reaching out to the community to identify Head Start-eligible children with disabilities. You also ensure that other staff, former Head Start parents and families, and community partners, are prepared to help in this effort. Part of your job is to spread the word that Head Start is an inclusive setting that welcomes all children and offers comprehensive services.

KEY IDEAS

- Community and program self-assessment data help programs identify families of children with disabilities and offer them access to program services.
- Collaborations with the local [Child Find](#) office, early intervention programs, and the school district can support the recruitment and enrollment process.
- A Head Start grantee must fill at least 10% of its total funded enrollment with children who have been deemed eligible to receive IDEA² services.
- Enrollment can't be denied due to a disability or chronic health condition or its severity.
- Supports for children with disabilities are part of a program policy to decrease suspensions and eliminate expulsions.
- Recruiting and enrolling children with disabilities who represent culturally and linguistically diversity is a priority.
- Recruitment is everyone's business—staff, former and current parents and families, and community partners can be part of the effort.

HOW DOES ERSEA HAPPEN IN HEAD START?

ERSEA is how your program meets its funded enrollment. The HSPPS requirements are spelled out in [Part 1302 Subpart A](#). They are far-reaching, starting with the mandate that a program conducts a community assessment—collecting and using data to describe the community's strengths, needs, and resources. A program must describe the number of eligible children—from birth to age 5—and expectant mothers, along with their geographic location, race, ethnicity, and the languages they speak. Also, a program must collect information on the number of children with disabilities, the types of disabilities, and relevant community services and resources.

¹ In this guide, the term *children with disabilities* includes children with suspected delays, unless stated otherwise.

² IDEA refers to the federal law Individuals with Disabilities Education Act.

The HSPPS describe the age and income eligibility requirements and exceptions. If a program has made every effort to enroll income-eligible children and pregnant women, up to 35% of the families may be over the income limit and their incomes may be between 100% and 130% of the poverty line. A program needs a process for verifying eligibility, keeping records, and training staff. It must have a recruitment process to identify families with eligible children and help them enroll. A program must include specific efforts to locate and recruit children with disabilities and other vulnerable children, including children experiencing homelessness and children in foster care. Annually, a program must establish selection criteria that prioritize applicants based on community needs and other factors, including eligibility for IDEA services.

Once families meet the selection criteria, they can enroll their children in the program. After the first day of services in a center-based or home-based program, a program must track attendance to make sure that children and families get support they need. Poor attendance is a serious matter, because absent children are not able to maximize their learning opportunities.

The HSPPS also address suspension and expulsion. Temporary suspension due to a child's behavior is prohibited or severely limited. Expulsion or unenrollment of a child due to the child's behavior is prohibited.



HSPPS Related to ERSEA

- [1302.10 – Purpose](#)
- [1302.11 – Determining community strengths, needs, and resources](#)
- [1302.12 – Determining, verifying, and documenting eligibility](#)
- [1302.13 – Recruitment of children](#)
- [1302.14 – Selection process](#)
- [1302.15 – Enrollment](#)
- [1302.16 – Attendance](#)
- [1302.17 – Suspension and expulsion](#)

WHAT DO YOU NEED TO KNOW ABOUT ERSEA AS THE DISABILITY SERVICES COORDINATOR?

You will want to know about the ERSEA requirements that apply to all children in Head Start, but there are some that directly affect your work. HSPPS Part 1302 Subpart A highlights the recruitment and selection of children with disabilities. Head Start is prohibited from excluding children based on their disability or chronic health condition or its severity. This is a strong statement in favor of inclusion! Keep in mind the income exceptions that may open program slots for children with disabilities. Also, be sure that families know if your program offers family child care, a home-based program, and/or a partnership with child care. To meet their needs, some families may prefer an alternative to center-based care if your program offers it.



PLAN FOR PARTNERSHIPS

- Include a variety of outreach strategies for families that are hard to reach
- Provide language about suspension and expulsion so that partners know how to support one another to reduce suspension and eliminate expulsion
- Specify contacts with Child Find, agencies, and other community resources
- Ensure that ERSEA staff use strengths-based language to refer to children with disabilities and to describe the benefits of inclusion
- Develop recruitment materials that are culturally and linguistically responsive to families and children

WHAT DOES 10% MEAN?

Your program develops multiple selection criteria, including prioritizing children’s eligibility for IDEA services pertaining to special education or early intervention. This priority helps guarantee at least 10% enrollment of children who are deemed eligible for IDEA services, as required by the HSPPS.



In simple math terms, if your program (grantee) is funded for 400 slots serving children from birth to age 5, then children who are eligible for services under IDEA should fill 40 of those slots.

Children with disabilities in Early Head Start and Head Start who are enrolled in child care partnership programs also count toward your grantee’s 10% requirement. The requirement applies to the grantee, not to each and every center or classroom or any one program option or partner.

Points to keep in mind about the 10% requirement:

- Children who have been evaluated and deemed eligible for IDEA services, regardless of whether they are receiving such services, count toward the 10% requirement.
- Children with disabilities or delays who have **not** been deemed eligible for IDEA services do **not** count toward the 10% requirement.
- Children who are waiting for an evaluation or are in the evaluation process do **not** count toward the 10% requirement.
- The 10% requirement is based on total *funded* enrollment, not *actual* enrollment.
- If a child is deemed eligible, but the parents and families do not consent to IDEA services, the child still does count toward the 10% requirement.



Together with other program staff, such as the family advocates, you can help parents and families understand how their child can benefit from services. Many parents and families are unfamiliar with early intervention and special education services. You might work with the education staff or home visitors to help children understand what the process of determining eligibility means for them. The staff who know the child best will find sensitive and caring ways to communicate at the child’s level. These interactions are examples of the coordinated approach in action—staff with different expertise work together on behalf of children with identified or suspected disabilities and their families.

If your program has done everything possible to recruit and identify children who meet this qualification and you still don’t meet the 10% requirement, then your program director needs to alert the regional office. If, after further discussion, the 10% requirement still can’t be met, then your program director can ask for a waiver (or exemption) for this requirement from your regional office. Keep in mind that some programs exceed the 10% requirement, and you may ask for their advice about recruitment strategies.



Do you want to know more about the 10% requirement? Refer to this [online brief](#).

WHAT IS YOUR ROLE IN RECRUITING?

As your program begins the recruitment process, you will need to work closely with the ERSEA team. The team usually consists of the family service manager and family advocates who know the community well. Your role is pivotal in every step of the process. You want to do everything you can to help your program ensure that it meets its 10% requirement. Work with program management to update the community assessment—it helps identify children with disabilities or suspected delays in the service area. It also provides information about relevant services and resources in the community. You might identify gaps in the community services. Such gaps can affect your program design and staffing and open up possibilities for new partnerships.

You need to ensure that all ERSEA staff know how to reach out to families of children with disabilities or suspected delays. The way staff communicate and interact with families can encourage or discourage enrollment. Are program recruiters aware of and use words and language that are respectful, supporting, and encouraging of children with disabilities and their families? Are they informed about your program's commitment to the full and effective participation of children with disabilities and their families? Help staff understand that nondiscriminatory program practices are required in the legislation cited in the HSPPS (in Section 504 of the Rehabilitation Act and in the ADA). Maybe you will need to address this topic in staff development. As the disability services coordinator, you are key to promoting recruitment strategies that reach families of children with disabilities.

Make sure that your program's outreach efforts connect with children's adult caregivers. They are diverse—stepparents, grandparents, aunts, uncles, or foster parents. Families can be biological or nonbiological, chosen or circumstantial. They are connected through cultures, languages, traditions, shared experiences, emotional commitment, and mutual support.

Reach out to fathers of young children. Find out where they are likely to gather in your community—a barber shop, a recreation center, the lunchroom of a local employer. Plan a visit and distribute father-friendly materials about your program.



Fathers, grandparents, stepparents, and foster parents, as well as mothers, can enroll children in Head Start!

As always, it is important for you to keep records of recruitment efforts. Information on the selection criteria, enrollment, and attendance of children with disabilities is useful. (See Appendix B for an ERSEA worksheet and action plan.)

Reach out to the Child Find coordinator in your district or county. Child Find is a legal requirement under the IDEA that mandates states to locate, identify, and evaluate children who have disabilities and who may be entitled to early intervention or special education services. Child Find is often the entry point for families whose young children have suspected delays or disabilities.

You may also be able to identify children eligible for Head Start services based on:

- The [*Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)*](#) benefit that provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. Your program's health manager is likely to receive this referral.
- The [*Child Abuse Prevention and Treatment Act \(CAPTA\)*](#) requires staff to refer children under age 3 who are involved in a case of abuse or neglect to the Part C lead agency for a screening.
- Referrals from your community partners, such as the local Easter Seal agency and the children's hospital.
- Referrals from families' dental and medical homes; these contacts may be in touch with the health manager.

When recruiting families, it's okay to brag about Head Start as a placement option—it's an inclusive environment that provides comprehensive services for all children and support for families. Work with your community partners and local health providers, because they often assist families through an evaluation process and help them find appropriate inclusive placements. You want to be sure they know about Head Start's comprehensive services.



Get your elevator speech ready! Work with your management systems—including fiscal and communication—to provide information about Head Start's inclusive policies and practices. You can spread the word via print and social media. As much as possible, communicate in families' home languages during your outreach efforts.

ATTENDANCE MATTERS

Once families enroll, pay attention to the attendance data. For all Head Start children, attendance matters. When children are absent, they miss out on learning opportunities and socialization experiences. Be aware that some children with disabilities have related health issues that can affect their attendance. Working with the management team, the HSAC, and early intervention and special education partners, you can promote their participation.

If children with disabilities exhibit behaviors that challenge adults and affect their ability to participate, take steps to re-engage them. *Suspension* should rarely be an option, and expulsion should never be considered. The regulations require engaging a mental health consultant; considering support services under Section 504;³ and consulting with the parents, family, and the child's teacher or home visitor to help address the concerns. You will likely take the lead at this point. Tell families and staff that the goal is to facilitate the child's safe participation in the program or, in rare cases, to find an alternative placement.

TIPS TO BOOST ERSEA EFFORTS

- **Review your program's current policies and procedures for ERSEA.** Discuss with colleagues what's working, what's not, and how to improve (see Appendix B for an ERSEA worksheet and action plan).
- **Revisit your program's interagency agreement or memorandum of understanding with your and Part B LEAs and Part C early intervention partners.** Is the language clear and are the expectations reasonable? Can the partners fulfill their responsibilities?
- **Review your program's community assessment.** Update information about children with disabilities and related services and resources. Make sure that you have conducted outreach efforts with this population.
- **Do your best to enroll IDEA-eligible children.** Prioritize collaboration with Child Find coordinators.
- **Invite referrals.** Meet regularly with community partners and agencies who work with families and children. Provide them with brochures and flyers about your program.
- **Provide ERSEA staff with strengths-based language.** Help them communicate with families of children with disabilities and suspected delays about the benefits of enrolling their children in Head Start and the importance of early intervention.
- **Consider your program's selection criteria.** Work with your director, management team, governing body, policy council, and HSAC to ensure that selection criteria support inclusion and do not unintentionally exclude children with disabilities.
- **Ensure that the enrollment process is culturally and linguistically sensitive.** Review the intake forms to ensure that they include culturally responsive language. Be aware of cultural differences in families' perspectives about disabilities or suspected delays. Make translation and interpretation services available when needed.
- **Keep on top of the attendance data for children with disabilities.** Stay in close communication with the data management team. Flag concerns right away and investigate underlying causes.
- **Partner with the management team to reduce barriers to attendance.** Consider professional development, coaching, or other supports to help staff develop effective strategies to ensure the full participation of children with disabilities or suspected delays.
- **Ensure that your program maintains the enrollment of IDEA-eligible children and meets the 10% mark.** Work with the families and staff to ensure that the enrolled children receive the services and supports they need to successfully participate and maintain their enrollment. Review progress in the children's IFSP and IEP goals to assess the effectiveness of your program's disability services.
- **Note that many of these suggestions cut across systems and services.** An integrated, coordinated approach to ERSEA ensures the full and effective participation of children with disabilities and their families.



³ Section 504 of the Rehabilitation Act of 1973 prohibits discrimination in federally funded programs on the basis of a disability.

PEOPLE TO HELP YOU

All program staff and community partners who live or work in the community can reach out to help recruit families:

- Program management
- ERSEA staff
- Family services manager and staff
- Education managers and staff
- Governing board, policy council, and advisory committees
- Part B and Part C local agency representatives and specialists
- Community providers that serve children and families, such as hospitals, recreation centers
- Families both current and former

QUESTIONS TO CONSIDER WITH COLLEAGUES

- How do we use community and program data in the recruitment process?
- How do we develop the selection criteria?
- Which community partners are most helpful in recruiting families? How do we engage them? How do we reach out to new partners?
- What marketing strategies do we use?
- What kind of strategies and support seem to boost attendance?
- How have we used suspension and expulsion in the past? What strategies can we use to preclude their use?

SCENARIO

For several years, Tina has been the disability services coordinator at the Families First Head Start program, which is in a rural area. She has worked hard to recruit children with disabilities or suspected delays. As a result, the program has met the 10% requirement. However, this year, another issue has come up: The program is struggling to maintain the enrollment of IDEA-eligible children. Enrollment fluctuates and has now dropped below the required 10%. The program thinks that there is a pattern—there are complicated scheduling arrangements for off-site therapy that cause a drop-off in children's attendance.



For example, Jamie’s mother, Alisha, just told Tina that Jamie is no longer going to attend Head Start. She can’t manage to get her son to speech therapy and back to the Head Start center. Alisha has been taking time off from work to ride the public bus to her son’s sessions. She does this three times a week. The public bus has a limited schedule, and the round trip takes about 3 hours. Jamie doesn’t get to Head Start until lunch time, and then he is upset because he’s missed out on play and activities in the morning.

Tina is very concerned. She knows how much Jamie needs the preschool experience and speech therapy, as indicated on his IEP. At the same time, she recognizes that Alisha is very stressed over missing work. Tina talks to the program director and the transportation manager. They offer an interim solution. If Alisha can get her son to speech therapy, the Head Start bus will pick him up and bring him to the center. Head Start will provide a bus monitor too. This way, after the speech therapy session, Alisha can go directly to work, and Jamie can come directly to the center. The HSPPS allow a program to pay for services, like Jamie’s transportation, when there is no other funding option.

Tina begins to plan an even better, long-term solution. She talks to Alisha, program staff, the LEA team, and the speech therapist. They consider whether the speech therapist (and other specialists working with children with IEPs) can provide direct services to Jamie and other children in the Head Start classrooms. The therapist is unable to change her work schedule at this time but can in a few months.

Tina anticipates several benefits of this on-site arrangement. It’s a cost-efficient way to provide services to the children. Plus, the teachers can benefit from seeing how the speech therapist works with children and learn some effective techniques. It is important that this arrangement will help maintain the enrollment of children who need services and promote their consistent attendance. If this arrangement works to everyone’s satisfaction, they will revise the interagency memorandum of understanding to indicate that, whenever possible, the special educators will provide in-class support to the Head Start children with IEPs.



CHAPTER IV

SCREENING CHILDREN

“I think our program’s screening process is essential to our work with young children. In case after case, it has caught the first signs of difficulty—the things that are barriers to a child’s learning, whether it’s vision, hearing, speech or behavior issues.”

~ Head Start teacher

This chapter focuses on how your program screens recently enrolled children with disabilities or suspected delays. Depending on your program’s organizational structure, you may take the lead or share it with the education manager or health manager. You may be involved in selecting a screening tool and training staff to administer it. You may help ensure that staff meet deadlines, analyze the results, and engage families. You don’t have to do this alone. Other staff share some of these tasks, but you are likely to manage the screening process.

KEY IDEAS

- Screening is a snapshot of a child’s development to determine whether there are any concerns that require a referral for further evaluation.
- Developmental screenings must be obtained or completed on all children within a specified timeframe.
- The screening tools must be research based, valid, and reliable for the population and purpose.
- Screenings must be conducted by qualified personnel and must be age, developmentally, culturally, and linguistically appropriate, as well as appropriate for children with disabilities.
- Screening procedures for children who are dual language learners (DLLs) must be followed.
- Screenings are key to identifying children with concerns who need follow-up referrals.
- Programs partner with families throughout the screening process.
- An interagency agreement (IA) or interagency memorandum of understanding with the IDEA¹ Part C and Part B local agencies lay out the processes and procedures for screening.
- Medical and dental screenings are usually handled by the health services team.
- A coordinated approach to screening is necessary to ensure that all children with disabilities and suspected delays are identified.

WHAT IS THE PURPOSE AND PROCESS OF SCREENING?

Screening is one of the first steps in learning about a child. Screening requirements appear primarily in the HSPPS Part 302 [*Subpart C – Education and Child Development Program Services*](#) and [*Subpart D – Health Program Services*](#). The HSPPS require a program to work with each child’s parents and family and receive their consent when conducting a developmental screening. The screening provides a baseline snapshot of the child and identifies any potential concerns in the child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills. A program is required to either complete or obtain a developmental screening as well as an evidence-based vision and hearing screening for each enrolled child.

¹ IDEA is the Individuals with Disabilities Education Act.



HSPPS Related to Screening

- [*1302.17 – Suspension and expulsion*](#)
- [*1302.33 – Child screenings and assessments*](#)
- [*1302.34 – Parent and family engagement in education and child development services*](#)
- [*1302.35 – Education in home-based programs*](#)
- [*1302.42 – Child health status and care*](#)
- [*1302.45 – Child mental health and social and emotional well-being*](#)
- [*1302.102 – Achieving program goals*](#)

In addition, a program must gather additional screening information from the child’s family, teachers or home visitors, and other staff familiar with the child. These multiple data sources give a better picture of the child’s typical behavior. All information is confidential—a program can’t use it to exclude children from enrollment or participation.

The requirements are clear about the timeframe. Most screening takes place at the beginning of the school year. When children enroll later in the year, they are still required to be screened within 45 days.

The screening results give staff a profile of the child that they can use to support growth and development. A program must address any concerns the screening identifies, with guidance from a mental health or child development professional and consent from the parents and family. In these cases, the HSPPS require that a program refer the child to the local agency responsible for implementing IDEA Part B. Referral is based on results of screening as well as additional relevant information and with direct guidance from a mental health or child development professional.

Referrals are coordinated through local early intervention service providers for IDEA Part C. While a child is going through the process to determine their eligibility for IDEA services, the program must provide interim individualized services and supports to the extent possible. Funding for services may come from the child’s health insurance, Section 504 of the Rehabilitation Act, or the program budget.

The HSPPS prohibit a program from expelling or unenrolling children because of their behavior. Taken together, these regulations underscore the developmental screening’s importance and, when necessary, the value of implementing a timely referral and evaluation process.

The HSPPS require that a program use at least one research-based developmental standardized screening tool. The tool must be reliable and valid for the population and purpose for the screening. Instruments must be age appropriate, developmentally appropriate, culturally and linguistically appropriate, and appropriate for children with disabilities. The HSPPS state that qualified and trained personnel must conduct the screenings.



The HSPPS mandate deadlines for completing or obtaining a child’s developmental screening and vision and hearing screening:

- Within **45 calendar days** of the child’s first day at the program or home visit
- Within **30 calendar days** if a program operates for 90 days or less



Screening is:

- A snapshot of the child; it may lead to a referral for further evaluation

Screening is not:

- A diagnosis of a disability; a professional evaluation provides a diagnosis
- Ongoing assessment that tracks a child’s learning or plans curriculum



Validity addresses whether the instrument accurately measures the areas of development that it is supposed to measure.

For example, if an instrument is designed to measure cognitive development, it will not tell you about a child’s ability to walk, run, and jump.

Reliability addresses whether the instrument provides consistent information regardless of who, where, and when it is administered.

For example, staff use the instrument with different children across the same program, and when children score poorly, further evaluation usually identifies a delay.

WHAT IS THE SCREENING PROCESS FOR DLLS?

The HSPPS requirements about screening apply to children who are DLLs. They are acquiring two or more languages at the same time, or they are learning a second language while continuing to develop their first language. DLLs must be screened in a timely way, just as their peers are. The instruments must be valid and reliable and meet the other HSPPS requirements for cultural and linguistic appropriateness.

There are additional requirements for screening children who are DLLs (1302.33(c)):

- Qualified bilingual staff, contractors, or consultants must conduct the screening.
- If these personnel are not available, programs must use an interpreter in conjunction with a qualified staff person.
- If an interpreter is not available, staff may conduct the screening in English, using information from the family.
- Staff must collect data on the child's skills in their home language, English, and in the five domains of the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#) (ELOF).



[Screening Dual Language Learners in Head Start and Early Head Start](#) is an online resource that provides program leaders with the tools to plan, implement, and evaluate their screening processes for children who are DLLs. This resource focuses on ways that leaders can make informed and intentional decisions about:

- Selecting screening instruments for children who are DLLs and
- Implementing high-quality developmental screenings for children who are DLLs

WHAT IS ONGOING CHILD ASSESSMENT IN HEAD START?

Sometimes, screening is confused with [ongoing child assessment](#). It's important for you to understand the distinction. You may need to explain the two different purposes and processes to staff and families.

Ongoing child assessment is just that—ongoing—not limited to one point in time. The HSPPS require programs to conduct observation-based or direct standardized and structured assessments. These assessments provide ongoing information about a child's developmental level and progress.

Staff embed child assessment in curriculum activities throughout the program day in a center-based or family child care setting. The data supports individualized learning and is used to improve teaching practices. In home-based programs, staff and families plan home visits using information from ongoing assessments to individualize learning experiences and improve strategies used during home visits and group socializations.

A program must aggregate—or pull together—and analyze child-level assessment data at least three times a year (twice a year in programs operating less than 90 days). The educational staff are very involved in ongoing child assessment, more so than you and the disabilities team.



WHAT IS YOUR ROLE IN THE SCREENING PROCESS?

If you're new at the job, ask colleagues what they have done in the past. What has worked well? What would they like to change? If necessary, form teams of staff across the program to review screening tools. Together, decide how feasible it is to select a new tool in terms of cost, validity, and reliability requirements. Make sure to think about time management and staff training. This is another example of how the coordinated approach benefits children and improves program services.

When possible, have the screening take place naturally in the classroom, family child care setting, or family home. It's important to coordinate with the education manager and plan with teaching and home visiting staff. As the disability services coordinator, you want to ensure that staff know how and when screening occurs, what their role is, and how to use screening data to plan. Share the benefits and purpose of screening with the families. Work with the HSAC to plan screening and assessment information fairs for families and the wider community.



You will need to stay on top of many deadlines in the screening process. Your data management skills will be put into action as you keep track of where children are in the process.

At a team meeting with other staff, family, and mental health consultants or child development professionals (when appropriate), review a child's data and discuss the next steps. Establish a regular schedule for reviewing screening results and other data to meet timelines. Consider reviewing data weekly during the first 30 days, then biweekly. If you work in a large program, you may need to do this daily.

An important part of your job is understanding the screening results and how they indicate that a child needs a referral and evaluation. The mental health consultant, program staff, and specialists can help you. If a child has special health care needs, the health manager and you work together to initiate the referral process. Become familiar with the IDEA legislation, which lays out the requirements for eligibility, parental consent, and timelines. Understand, too, how your local Part B and Part C agencies operate so that you can better coordinate with them, know what to expect, and assist families in the process.

Most children screened in your program will not require a referral and evaluation. There are no identified concerns for these children. However, program staff must remain alert to suspected delays or developmental issues. They can use ongoing assessment to track a child's developmental progress and identify any concerns. Families are also an important source of information about a child's progress and issues identified at home. They may raise concerns before Head Start staff do.



PLANNING FOR PARTNERSHIPS

You work closely with community resources and program staff to conduct developmental screening. The Part B and Part C local agencies are responsible for follow-up evaluations. Your partnerships are designed to:

- Provide access to resources needed to ensure fair and accurate screening, such as interpreters or translators.
- Share updates about standardized screening instruments, especially for diverse populations.
- Plan joint training on screening tools.
- Determine protocols for communication with families to ensure they receive timely, consistent messages during the process.
- Define the data and screening results necessary to make a referral, such as a developmental history or ongoing assessment.
- List challenges that may occur during the process and steps that partners will take to support the family.

COORDINATING WITH PROGRAM STAFF

You may wonder how your colleagues can help you capture a picture of the child’s development and identify any concerns. There are a number of staff who can be involved along the way.

- Family service staff – Along with data from the screening process, learn from the family directly and program staff about the child’s history, development, strengths, and challenges.
- Health manager or staff – With permission from the family, the health manager or other staff can obtain a current developmental screening or medical history from the child’s medical home or any specialists working with the child and family.
- Educational staff – Ongoing assessment during classroom activities or home visits is another source of information about the child. In other words, you want to gather as much data as you can to complete a profile of the individual child.
- Human relations manager or other management – They can help you locate or hire qualified bilingual personnel to help screen children who are DLLs.

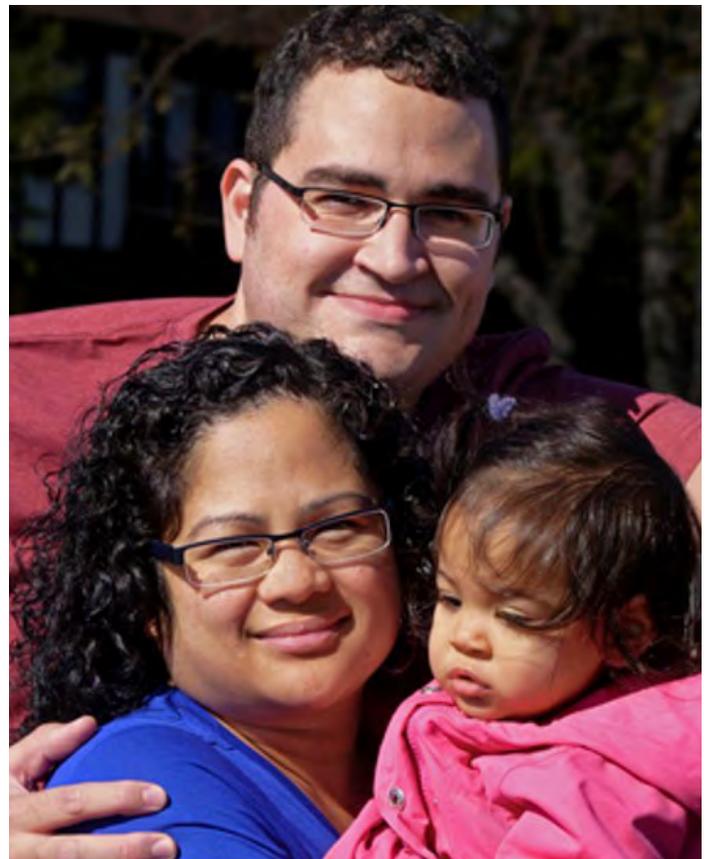
As the disability services coordinator, you may be at the center of the screening, referral, and evaluation processes—but you are not alone!

FAMILY AND CULTURAL CONSIDERATIONS

Many Head Start families may not understand the purpose of a developmental screening. They may think it’s a test of their child’s skills and knowledge. They don’t understand that children develop at different rates and that there is a wide range of normal or typical behavior. They may not have heard of developmental milestones. They may feel intimidated by the questions that you and other staff ask about their child and give what they think are the “right” answers. Address these concerns before the screening. Offering a clear explanation of screening’s purpose helps to dispel parental anxiety.

Screening results may highlight differences in cultural expectations for children and their development. For example, in some cultures, children are not encouraged to engage in conversations with adults. As a result, the screening may indicate a language delay. Some cultures may not emphasize the development of self-help skills until children are older, which could lead to screening results that raise concerns about fine motor skills. You and the family advocates can work together to ensure that the screening process and the resulting profile respect the family’s cultural expectations.

Staff need to be aware of cultural norms and family preferences when asking for parental consent or sharing information. Permission for a referral and evaluation might need to come from a male figure or family elder. You may need to discuss screening results in the presence of certain family members. As the disability services coordinator, schedule your activities with family service staff or local community partners who know and understand the cultural environments of the families. Also, be sensitive to a family’s preferred language. As necessary, your program can provide translators or interpreters to explain the screening process, gather information about the child, and share the results.





Migrant and Seasonal Head Start programs (MSHSs) operating fewer than 90 days must screen all children within 30 calendar days. During the summer months, when the LEA is typically closed, this requirement presents a challenge. Here is how one MSHS met this requirement.

The program recruited state-licensed, bilingual speech–language pathologists who were close to completing their degree program. Many had been migrant children. Under supervision, the students did their practicum in the MSHS program. The speech–language pathologists understood the importance of timely evaluations for families on the move. Their conversations with families provided useful insights. They also discussed the relevance of preserving the home language. The professionals conveyed the importance of early therapeutic intervention. They ensured that children with disabilities received services and family members learned how to advocate for their children. Families understood how important it was to provide early intervention programs or schools with their child’s IFSP or IEP when they moved to another state. By reaching out to these professionals, the program was able to provide quality services with minimal interruption to the MSHS children.

(Adapted from [*Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five*](#), p. 55.)

TIPS TO ENSURE A SMOOTH SCREENING PROCESS

As a disability services coordinator, you are the team leader for the screening for children with disabilities or suspected delays. Not only do you coordinate the people in the process, but you also have to work to remove barriers and challenges at each step.

- **Maintain accurate and thorough records.** Know where children are in the process. Consider: Who has been screened? Have the results been analyzed? (See Appendix C for tracking sheets and Appendix D for screening tasks.)
- **Make sure that people meet their deadlines.** Ensure that everyone is aware of the 45-day timeline, as stated in the HSPPS (and 30 days for shorter programs).
- **Collect information from the family.** Value their insights, knowledge, and concerns. Be sensitive to cultural and linguistic factors.
- **Use information from education staff.** Rely on their observations of the child’s behavior during the 45-day screening period.
- **Stay informed about standardized instruments.** Know about their reliability and validity for the populations in your program.
- **Facilitate communication.** Keep staff, partners, and families informed about screening procedures. Communicate to resolve issues that slow down the process or add confusion.
- **Stay informed about legislation.** Reach out to your early intervention and special education partners about changes in federal or state legislation that may affect screening services.
- **Work with the management team to regularly review and update screening processes with program partners.** Discuss concerns and make recommendations at least once a year.
- **Review program policies for screening children who are DLLs.** Do this on a regular basis. Put plans in place if there are no valid and reliable instruments for children who speak different home languages. Identify qualified translators and interpreters in your community.



For a detailed list of tasks related to screening, refer to Appendix D.

PEOPLE TO HELP YOU

- Family service manager and advocates
- Teaching staff and home visitors
- Data manager
- Health manager and staff
- Human relations manager
- Program management
- Representatives from Part B and Part C local agencies

QUESTIONS TO CONSIDER WITH COLLEAGUES

- How are we incorporating information from parents in the screening process?
- What tools do we use for screening? How do we use them?
- Do we have tools that are valid and reliable for children who are DLLs?
- Do we have a plan in place when no standardized instrument is available for children who are DLLs?
- How do our screening results indicate whether to refer a child? Do we use other data as well? What kind?
- How do we engage parents in making decisions about a referral? Who makes the referral?
- Is our tracking system efficient and accurate? Do we need to make any changes?

SCENARIO

Three-year-old Eva recently enrolled in a Head Start family child care. A bilingual family advocate, Maria, helps during the family intake process. The parents only speak their home language and say that Eva is not exposed to English in their home or community. They're worried that she doesn't speak much at home with her siblings or relatives. She answers questions with a simple "yes" or "no" in their home language but doesn't say much more. At family events where there is a lot of singing and dancing, she doesn't join in.

Maria explains that all Head Start children receive screening for developmental and health concerns. She describes the benefits of early screening. The older children in the family have never gone through a screening, so Eva's parents are a bit unsure and nervous, but they give their consent.

Maria talks with the disability services coordinator, George. Together, they review the HSPPS requirements for children who are DLLs. They know that their program should use a qualified bilingual staff, contractor, or consultant to screen Eva, but no one is available.

Their program has created options to ensure that children who are DLLs receive fair and accurate screenings. The best option is to have Maria interpret while an English-speaking teacher conducts the developmental screening. Eva has never had a hearing or vision screening, so Maria assists with that as well. During the 45-day screening period, the family child care provider learns basic vocabulary in Eva's home language to help Eva adjust and promote her learning. She observes how Eva interacts and communicates. She talks with the education supervisor, George, and Maria about her observations.

George uses his expertise and knowledge to fully understand Eva's screening results. He compares these results with the reports from the parents and the provider. They all suspect that Eva's speech in her home language is delayed. The hearing screening also indicates a hearing loss. George and Maria meet with the parents to review the results and to explain the referral process. The only way to determine the degree of hearing loss—and the intervention to help Eva—is to pursue a formal evaluation. The parents agree, and the program requests an evaluation from the school district (the Part B local agency).



CHAPTER V

REFERRING AND EVALUATING CHILDREN

“I was a nervous wreck when Early Head Start recommended that my toddler get an evaluation. I was scared of what the results would be. But the program held my hand every step of the way. And now she’s getting the help she really needs. Thank you, Head Start!”

~ Head Start parent

This chapter describes the referral and evaluation process. Your role is to support families and their children through what is often an unfamiliar, and maybe scary, referral process. You coordinate with the IDEA¹ Part B and Part C local agencies to provide timely and effective referrals and to complete the evaluations.

You help program staff and families understand the outcome of the referral and what actions they need to take. The formal evaluation identifies children with disabilities² who qualify for IDEA services. Your program must ensure the full participation of children who:

- Qualify for IDEA services
- Don’t qualify for IDEA services but still need support and individualized services
- During the interim period, are waiting for a determination of eligibility for IDEA services

KEY IDEAS

- Programs must follow a specific and timely course of action to address any identified needs based on screening results or other information.
- Part B and Part C of IDEA have different eligibility criteria, timing, and other requirements.
- Programs partner with families throughout the eligibility determination process.
- Programs ensure that the cultures and languages of the families are respected during the referral and evaluation process.
- Interagency memoranda of understanding with the Part B and Part C local agencies responsible for implementing IDEA lay out the processes and procedures for referral and evaluation.
- A coordinated approach to ensure full participation in the program must be in place for all children and their families during the referral and evaluation process.

WHAT IS THE REFERRAL AND EVALUATION PROCESS IN HEAD START?

The HSPPS [*Part 1302 Subpart C -- Education and Child Development Program Services*](#) details the referral and evaluation process. The HSPPS require that a program promptly and appropriately address any identified needs based on the screening results and other information. The needs or concerns might be related to an area of child development, or they may be medical or dental in nature.

A program must receive consent from the parents and family for a referral and evaluation. If parents and family don’t consent, the program can document the process and put it in the child’s file. A program is required to partner with the child’s parents and family and the relevant local agency to support families through the evaluation process.

The child with suspected disabilities or delays is referred to the local agency responsible for implementing IDEA. The agency conducts the evaluation and determines whether the child is eligible for IDEA services.

¹ IDEA refers to the Individuals with Disabilities Education Act.

² In this guide, the term *children with disabilities* includes children with suspected delays unless otherwise specified.



Which local agency is responsible for implementing IDEA?

- Under Part B for children age 3 years and older, it's the LEA.³
- Under Part C for children under 3 years old, it's the early intervention service provider, which can vary from state to state.

Sometimes, the Part C local agency is the LEA in your community, but often it is another organization or agency. If this is the case, your program will need to develop a separate interagency memorandum of understanding with each.

After the formal evaluation, if the child is not eligible for IDEA services, a program must seek guidance from a mental health or child development professional to determine whether the evaluation indicated a significant delay. If the child has a significant delay, a program must partner with the parents and family to help access additional services and supports that may be available through the child's health insurance or under Section 504 of the Rehabilitation Act. A program can pay for services and supports if no other funds are available.

[*The HSPPS Part 1302 Subpart F – Additional Services for Children with Disabilities*](#) requires programs to ensure that children with disabilities receive all services and participate in all activities. When children are going through the process to determine whether they are eligible for IDEA services, a program must provide individualized services and supports.

[*The HSPPS Part 1302 Subpart A – ERSEA*](#) prohibits a program from expelling or unenrolling children because of their behavior. If a child doesn't already have an IFSP or IEP, the program must work with parents and family and with the mental health consultant to consider a referral to the local Part B or Part C agency to determine whether the child with behaviors that concern adults is eligible for IDEA services.

The regulations require that screenings be conducted or obtained within 45 calendar days of a child's first attending the program or receiving a home visit and within 30 calendar days for a shorter program. (Once the referral is made, IDEA requires that the evaluation occur within 60 days for children over 3 years old and within 45 days for infants and toddlers.)

Additional HSPPS in [*Part 1303 Subpart C – Protections for the Privacy of Child Records*](#) apply to the confidentiality of children's records.

WHAT IS YOUR ROLE WITH FAMILIES DURING REFERRAL AND EVALUATION?

As a disability services coordinator, you ensure that families understand each step in the process, give them information they need when they need it, and prepare them to make decisions. You also debrief with families after any meetings. Talk through what you learned, discuss the next steps, and prepare questions for the next meeting. If they need translation or interpretation services, you may need to coordinate with your program management or community partners.



HSPPS Related to Referrals and Evaluation

- [*1302.17 – Suspension and expulsion*](#)
- [*1302.33 – Child screenings and assessments*](#)
- [*1302.60 – Full participation in program services and activities*](#)
- [*1302.61 – Additional services for children*](#)
- [*1302.62 – Additional services for parents*](#)
- [*1303.21 – Program procedures – applicable confidentiality provisions*](#)
- [*1303.22 – Disclosures with, and without, parental consent*](#)

³ The LEA is a public entity—usually a school district—responsible for the evaluation and determination of a child's eligibility for IDEA services when the child is age 3 years and older.

In some states, Head Start staff participate in this meeting as the general education representative. You may want to include the child’s teacher as part of the Head Start team. In other states, Head Start staff can’t participate unless family members invite them. Most families want Head Start staff to join them. Families may not know that they can invite Head Start staff or other specialists, so it’s important for you to check on your state laws.



PLAN FOR PARTNERSHIPS:

Your program works with its Part B and Part C local agencies to:

- Describe the roles and responsibilities for the representatives from your program and the local agencies during evaluation, eligibility determination, and IEP/IFSP meetings.
- Define timelines.
- Determine communication protocols with families to ensure that they receive timely, consistent messages during the process.
- Anticipate challenges that may occur during the process and actions that partners agree to take to support the family.
- Ensure the confidentiality of children’s records.



Make every effort to inform and engage co-parents and family in decisions. Consider using your program’s communication system, such as social media and videoconferencing, to reach a nonresidential parent or family member of a child with a disability. You also may need to reach out to another family member who will be involved in decision making. Family advocates can help you identify which adults to include. When you and your program’s systems and services work together, this is the coordinated approach in action!

Families may have many questions about the process—they may have doubts about the screening or evaluation results, stereotypes about children with disabilities, and concerns about “labeling their child.” In some cultures, families may encounter stigmas associated with people with disabilities, and they fear how such a label might affect their child’s future. You and other staff can address these concerns. Keep in mind that the goal is to support families and children through a new and often scary process.

As the disability services coordinator, you need to keep families informed about the process of determining eligibility for services. The waiting time for the evaluation and determination of IDEA services may seem to drag on for the family—60 days for preschoolers and 45 days for infants and toddlers. If it helps, check with the IDEA local agency to make sure that the process is moving ahead. Your program’s interagency agreement (IA) with the agencies may specify the timelines and what to do when deadlines are missed. Also, keep families informed about the individualized services and supports that ensure their child’s participation in program activities during this waiting period.



IDEA Part B Section 619 applies to children ages 3–5. If the school district designates a 619 coordinator, this is the person from the LEA who heads the formal evaluation process for preschoolers.

WHAT IS YOUR ROLE WITH OTHER PROGRAM STAFF DURING REFERRAL AND EVALUATION?

The waiting time for determination of IDEA services is valuable learning time for a child. Individualized support must be in place during the interim period. Typically, you coordinate with the child’s family, education staff, mental health consultant, and others to develop a Child Action Plan. It may include instructional strategies and environmental modifications for the interim. If the evaluation determines that the child is not eligible for IDEA services, your program may decide to keep the Child Action Plan and update it as needed.

During the interim period, you also may need to coordinate with the health services manager. If children with special health concerns have been referred to the IDEA agency because of suspected disabilities, they may need a Child Action Plan to specify their interim services. The health team can support you and the education staff to ensure that the children participate in learning activities.



To learn more about how to provide interim individualized services while awaiting IDEA determination for a child, refer to [*Standards in Action: Interim Services for Children with Disabilities or Special Delays.*](#)



HOW CAN YOU HELP FAMILIES PREPARE FOR AN IFSP/IEP MEETING?

1. Describe who will be there and why. Explain briefly what the purpose of the meeting is and what kinds of assessments were done. If possible, give the names of the participants and their responsibilities.
2. If parents and families want, rehearse questions or comments they might want to make. Also, ask them if there are points they would like you or other program staff to make.
3. Help families gather and present information about their child. They can make a “my child” book that includes previous reports from specialists and teachers along with photos, videos, and work samples that illustrate what the child can do and how they learn.
4. Review the meeting’s physical setup with your program staff, the IDEA agency, and the parents and family. A round table where parents and family sit next to familiar Head Start staff sends a message: “We want you to be our partner. We will advocate together for your child.” A room with a long table—where everyone sits far apart and where eye contact is difficult—conveys a different message.
5. Let parents and family know about how long the meeting will take.
6. Explain what rights parents and family have to appeal a decision.
7. Refer families to the [*Parent Training and Information Center*](#) (PTIC) in their state for support in the IFSP/IEP process and understanding their rights under the IDEA.

Your program’s management team also works with you during the referral and evaluation process. Accurate and timely recordkeeping is necessary. Your program must develop a system to track referrals and services provided and to monitor treatment plans. If your program is small, you might be able to do this by hand, but it’s more efficient to use an online tracking system. If you and program management decide to purchase new software, the cost of the tracking system will have to be figured into the program budget, along with any training costs. Whether tracking is done by hand or online, confidentiality is required to maintain secure records. (See Appendix C for a sample tracking sheet)

THE EVALUATION: DETERMINING ELIGIBILITY FOR IDEA SERVICES

Depending on the age of the child, the early intervention or special education partners complete a diagnostic evaluation, which gathers information about the child and family. They collaborate with qualified professionals in speech and language, cognitive, hearing, vision, psychology, and physical development. The evaluation team considers all the data your program provides, including the screening results, child assessments, child health records, and information from the family.

After specialists complete their evaluations, the team gathers to determine whether the child is eligible for services. Eligibility criteria differ under Part B and Part C.



A useful resource [IDEA Part C and IDEA Part B](#) compares the legislation. It’s important for you to know where the differences lie.

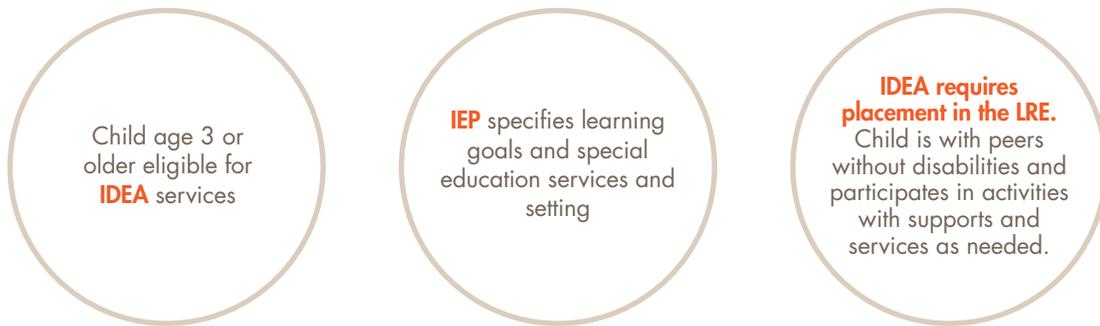
PART B ELIGIBILITY

For children and youth ages 3–21, IDEA Part B lists [13 eligible categories](#) for types of disabilities:

- Autism
- Deaf-blindness
- Deafness
- Emotional disturbance
- Hearing impairment
- Intellectual disability
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment (including blindness)

The federal definitions help states define who is eligible for free, appropriate public education under IDEA. The law allows states to decide whether they include the term *developmental delay* in their definition of a child with a disability and for what age range. Some states are more stringent about the use of the term *developmental delay*. How your state defines developmental delay affects how your LEA uses the term. This, in turn, affects who in your program qualifies for services under IDEA Part B. You need to learn about your state’s laws as well as the federal law.

If a child age 3 or older is eligible for IDEA services, the LEA prepares an IEP that specifies the learning goals and the special education services the child will receive and where these services will be provided. The law requires that the child be placed in the LRE. This means that, when possible, the child is in an inclusive learning environment with children without disabilities and participates in activities with supports and services as needed.



PART C ELIGIBILITY

Under Part C, an eligible infant or toddler has one of the following:

1. A developmental delay in cognitive, physical (including vision and hearing), communication, social, emotional, or adaptive development
2. A diagnosed physical or mental condition that has a high probability of resulting in developmental delay
3. Is “at risk” for experiencing a substantial developmental delay if early intervention services were not provided to the child or because of biological or environmental factors

Each state determines the percentage of delay that establishes eligibility for a developmental delay. The state also establishes the list of physical or mental conditions that have a high probability of resulting in developmental delay. States also determine whether they will add an eligibility category of “at risk” and serve infants and toddlers “at risk” for developmental delay.

If an infant or toddler is eligible for IDEA services, the local agency team starts writing an IFSP that specifies the early intervention services that the young child and the family will receive and where these services will be provided. The law requires that the services be provided in natural environments in the context of routines and activities that are part of the child and family’s daily life. The natural environment can be a family’s home, as in a home-based program or a group care setting.



SUPPORTS FOR CHILDREN WHO ARE NOT ELIGIBLE FOR IDEA SERVICES

Your program must continue to provide interventions and individualization to children who received a diagnostic evaluation but are not eligible to receive IDEA services. and support to their families. As the disability services coordinator, you work with your team and the child's family to update or develop a Child Action Plan. Another option is that the family chooses to seek eligibility under [Section 504](#) of the Rehabilitation Act.

There are important distinctions:

- A Child Action Plan (or Child Services Plan) is an internal Head Start plan. It specifies supports, goals, and strategies while the family is going through the process to determine whether their child is eligible for IDEA services. It is helpful to have a written plan, but it is not required. You can create the plan with the support of a mental health consultant, education staff, and/or other staff as necessary. Families should be included and may have information and valuable input to contribute to the development of the plan. The Child Action Plan prepared by your program may strictly be used on a short-term basis. It also may be used long term in the case of a child who may not have a disability but who does have concerns that require support.
- Only the LEA can determine eligibility for a 504 plan. If a child is not eligible to receive IDEA services but would benefit from additional supports, a 504 plan might apply. The law does not require a written plan, nor does it require the participation of parents and family in decision making. School districts handle 504 plans differently, and many districts do not write 504 plans for preschool-aged children. A 504 plan doesn't come with any funding.



School districts handle Section 504 plans differently, and many districts do not write Section 504 plans for preschoolers with disabilities. Find out about the policies in your school district so you can guide parents and family.

When a child is determined not to be eligible for IDEA services but needs support, you work with the family to consider the options. Your program may have already prepared a Child Action Plan during for interim services period during the evaluation process.

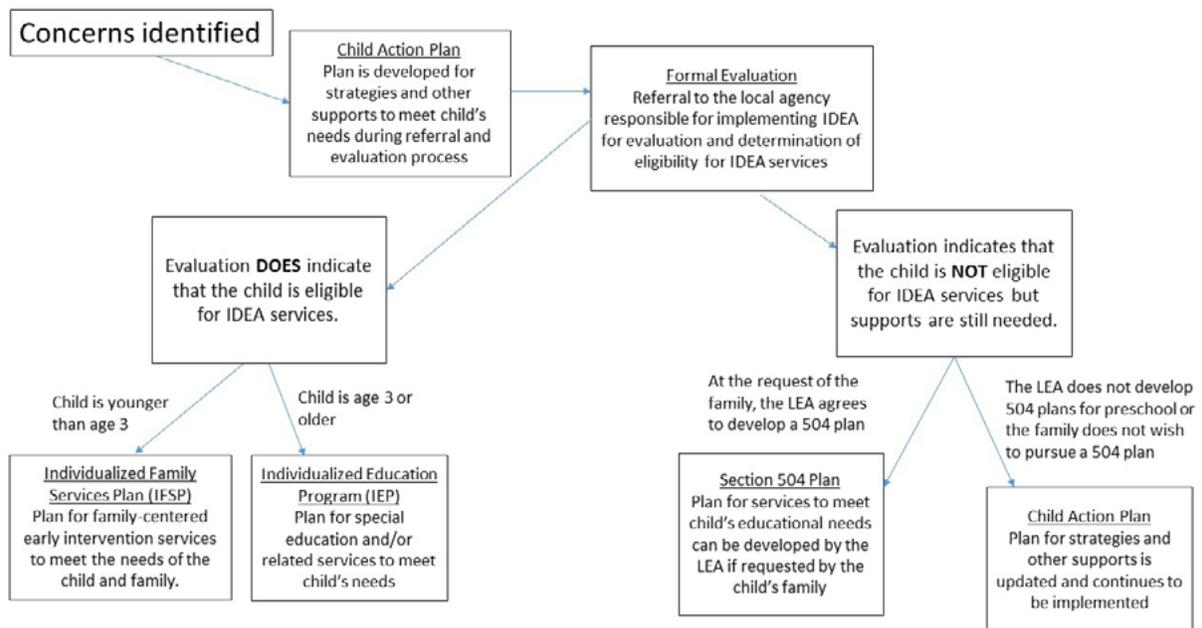
1. Ask the family if they would like to request that the school district explore a Section 504 plan for their child. Your input, along with that of specialists, other staff, and the mental health consultant, can help a family make decisions.
2. Parents and family must give their consent to release medical records or other information to help support eligibility for a Section 504 plan.
3. If the district agrees that the child is eligible for services under Section 504, then the Section 504 plan would replace the Child Action Plan.
4. If the child does not qualify for services under Section 504, then the Child Action Plan would go from being an interim plan to a permanent plan.

Through ongoing assessment and recordkeeping, your team may decide to refer a child again at a later date.



Your program has options to develop plans for children who need support but don't qualify for IDEA services. A Section 504 plan or a Child Action Plan is tailored for the individual child. A one-size-fits-all approach does not work!

This chart captures the steps from when concerns are identified to when the appropriate plan is in place.



PAYMENT SYSTEM

It's important to distinguish payment systems under IDEA Part B and Part C. Free, appropriate public education (FAPE), a provision in Part B, means that special education and related services for children age 3 years and older:

1. Are provided at public expense under public supervision and direction and without charge
2. Meet the standards of the state educational agency (SEA)
3. Include an appropriate early childhood setting, elementary school, or secondary school education in the state
4. Conform with an IEP

Part C statute and regulations provide a payment system for Part C services for infants, toddlers, and their families. States must develop written policy for all families that explains what, if any, responsibility the family must undertake in supporting the costs of services through public or private insurance or family fees.

If a child is not eligible for IDEA services but has a significant delay, the [HSPPS](#) require programs to partner with parents and family to help them access services and supports. A child's health insurance may provide some funding. A program might use program funds to provide services and supports when no other funding sources are available. For example, your program might purchase assistive devices or pay for a part-time classroom aide to support a child. This regulation helps ensure that all children with disabilities fully participate in Head Start.



TIPS TO ENSURE A SMOOTH REFERRAL AND EVALUATION PROCESS

As a disability services coordinator, you are the team leader for any evaluation follow-up. Not only do you coordinate the people in the process, but you also remove barriers and challenges at each step.

- **Maintain accurate and thorough records.** Know where children are in the process. Have referred children seen specialists? Are their families on board? How long before you learn whether the child is eligible for IDEA services? If they are not eligible for IDEA services, what are the next steps?
- **Make sure deadlines are met.** Ensure that everyone is aware of the timelines in relevant legislation and the HSPPS.
- **Support parents and family in their role as the primary advocate for their child.** Help them to be prepared for the IEP or IFSP meeting. Remind them to identify their child's strengths.
- **Facilitate communication.** Keep staff, partners, and families informed. Keep communication open to resolve issues that slow down the process or add confusion.
- **Work with the health manager.** Support the health team when a child with special health care concerns is referred to the health care provider and, if necessary, to the local IDEA agency.
- **Debrief with stakeholders.** Find out what could be done better next time.
- **Stay informed about legislation.** Reach out to your early intervention and special education partners about changes in federal or state legislation that may affect referrals and services.
- **Work with program management to review and update interagency memoranda of understanding.** Make sure that they reflect the processes and procedures that work. Address partners' concerns.



Refer to Appendix C for a child tracking sheet. For a detailed list of tasks related to referral and evaluation, refer to Appendix D.

PEOPLE TO HELP YOU

- Family service manager and family service staff
- Health managers and health staff
- Education managers, coaches, education staff, and home visitors
- Management team
- Mental health consultant
- Child development professional
- Early intervention providers
- Special education providers

QUESTIONS TO CONSIDER WITH COLLEAGUES

- What process is in place in our program for managing referrals? How do we decide to refer a child? How do we refer a child with special health care concerns? How do we engage parents and family? Who makes the referral?
- How do we help parents and family understand the process to determine eligibility for IDEA services and support them through it?
- Do we have translators and interpreters available when needed for meetings with the early intervention providers or special education providers?
- What are some of our past successes in the eligibility determination process? What are some major challenges?
- If a child is eligible for a Section 504 plan, do we have processes and procedures in place?
- Do our internal Child Action Plans represent the best way to support each child?
- Is our tracking system efficient and accurate? Do we need to make any changes?
- How often does a representative from the Head Start program attend evaluation meetings or IEP/IFSP meetings? How do we select that person? How do we prepare both the program representative and the parents and family for meetings?

SCENARIO

The results of 4-year-old Leroy's screening, paired with information from his parents and teachers, indicate developmental concerns. He may have delays in language and cognitive functioning. The Head Start disability services coordinator, Hillary, refers him to the LEA evaluation team. They will determine his eligibility for preschool special education services. Samantha, the district's parent coordinator, meets with Leroy's mother and a school psychologist, plus the Head Start team. The school professionals listen to the mother's and the teaching teams' concerns. They also collect observations and comments from the bus driver and the nutritionist, who have noticed Leroy's lack of verbal interaction. Teachers are concerned about his difficulty following two-step instructions and persisting with a task. He also has difficulty regulating his feelings and his behavior in the classroom. They don't think he's learning to his potential.

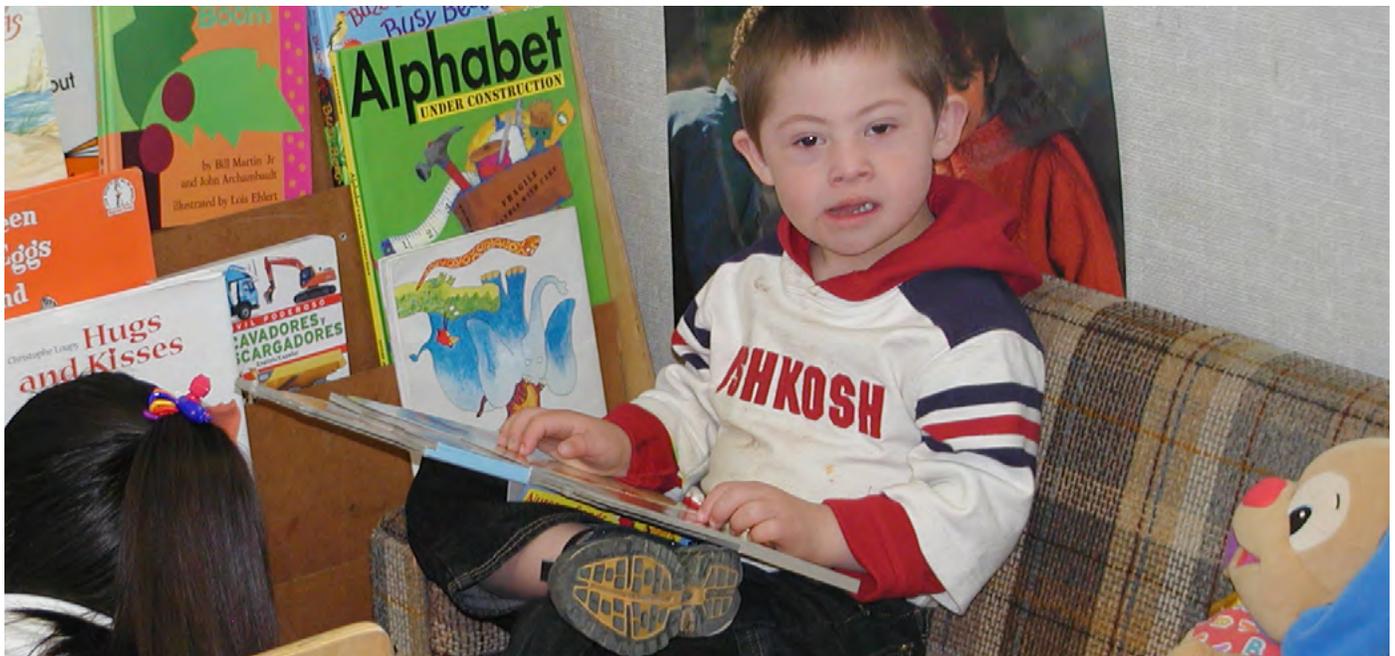
The psychologist describes the play-based assessment she uses as one part of the eligibility evaluation, and Samantha explains other parts of the process. They offer to answer any questions that the mother might have and ask how she wants to be involved. Hillary shares that Head Start is an inclusive program and that staff deliver intervention services for children with disabilities within the classroom setting. This is a relief for Leroy's mother, who likes the program and uses some of the family support services. The father can't attend these meetings, but they write up notes for him.

The Head Start team and the mother agree that it would be a good idea for the evaluation team to observe Leroy during a center rotation in Head Start. They think that the classroom setting will be a good place to see him in a place where he is comfortable. On the day of the observation, Hillary, the mother, and the LEA psychologist observe together. Hillary solicits and confirms her understanding of the mother's observations before writing them down. The LEA team conducts other evaluations to assess Leroy's speech and other areas of functioning.

Determining eligibility for IDEA services takes a while. During this time, Hillary knows that the program must provide quality services to Leroy and his family. She asks the mental health consultant to work with staff to develop strategies so he can successfully participate in class activities.

Both Leroy's mother and father attend the meeting to determine eligibility. Professionals from the school district and Head Start make sure that the parents feel like part of the meeting. Hillary invites their questions, solicits their observations, and makes sure that they understand the information. She also assures them that their priorities will be included in any proposed special education plans. At this point, the parents feel that they can trust the team to invite them to make decisions, and together, they will ensure that Leroy gets the support he needs.

Adapted from *Engaging Families as Assessment Partners* [DEC Recommended Practices Topic Area: Assessment, Practitioner Practice Guide: Assessment 2.1]. Retrieved from http://ectacenter.org/~pdfs/decrp/PG_Asm_EngagingFamiliesasAssessmentPartners_prac_print_2017.pdf.



**PART II. COORDINATED SERVICES FOR
CHILDREN WITH DISABILITIES AND
THEIR FAMILIES**

CHAPTER VI

INDIVIDUALIZING TEACHING AND LEARNING

“My overall teaching has really improved since I’ve been working with the special educators. They have shown me how to use planned and intentional teaching strategies to target a particular skill with children with IEPs. But I can really put those strategies into practice with all the children in my class.”

~ Head Start teacher

This chapter focuses on ways to provide positive learning environments that support children with disabilities or suspected delays.¹ Specifically, it highlights teaching practices that help staff individualize in center-based and family child care programs. The chapter also addresses home visiting practices that individualize learning experiences.

A program must provide high-quality early education and child development services. As a disability services coordinator, you work closely with the program management and education staff to ensure that children with disabilities or suspected delays can fully and effectively participate in all program activities. This requires a coordinated approach across multiple systems and service areas.

KEY IDEAS

- Individualization is an effective approach for all young children in center- and home-based programs.
- Learning environments must be developmentally appropriate and culturally and linguistically responsive to all children.
- An inclusive setting ensures both access to the environment and participation in the curriculum.
- IFSPs and IEPs under IDEA,² Section 504 plans,³ and Child Action Plans provide guidance for individualizing.
- Professional development (PD) improves teaching and home visiting practices.
- A coordinated approach across systems and services creates a positive learning environment for children with disabilities and their families.

WHAT ARE THE EDUCATION SERVICES IN HEAD START?

HSPPS [*Part 1302 Subpart C – Education and Child Development Program Services*](#) provide many of the requirements for educational programming in Head Start. They state that all children must receive high-quality early education and child development services, including children with disabilities. Programs must promote cognitive, social, and emotional growth for children’s success in school. A center-based or family child care program must ensure responsive, effective teacher–child interactions.

A home-based program must provide home visits and group socialization activities that promote secure parent–child relationships and help parents provide high-quality learning experiences. A home-based program must promote the parents’ and family’s role as the child’s first teacher and the home as a safe, stimulating learning environment.

The teaching practices and home visit experiences must support growth in the developmental progressions described in the [*Head Start Early Learning Outcomes Framework. Ages Birth to Five*](#) (ELOF), build on children’s strengths, and integrate child assessment data.

1 In this guide, the term *children with disabilities* refers also to children with suspected delays, unless stated otherwise.

2 IDEA refers to the federal Individuals with Disabilities Education Act.

3 Section 504 of the Rehabilitation Act covers some children with disabilities.



HSPPS Related to Individualization

- [1302.30 – Purpose](#)
- [1302.31 – Teaching and the learning environment](#)
- [1302.32 – Curricula](#)
- [1302.34 – Parent and family engagement in education and child development services](#)
- [1302.35 – Education in home-based programs](#)
- [1302.36 – Tribal language preservation and revitalization](#)
- [1302.60 – Full participation in program services and activities](#)
- [1302.61 – Additional services for children](#)
- [1302.62 – Additional services for parents](#)
- [1302.63 – Coordination and collaboration with the local agency responsible for implementing IDEA](#)

HSPPS 1302.31 provides specific requirements about the teaching practices for children who are DLLs.

- For infants and toddlers, a teacher supports the child’s home language by speaking it, and exposes the child to English.
- For preschoolers, teachers focus both on English-language acquisition and the continued development of the home language.
- If staff do not speak the home language, use materials and other strategies to support the home language, including volunteers who are competent speakers.

The HSPPS state that programs can integrate efforts to preserve and revitalize the tribal language into program services. Some Tribal programs consider children who speak a tribal language to be DLLs; other programs do not.

The learning environment includes all aspects of an early childhood classroom or family child care home—the physical space, materials, teaching practices, daily routines, adult–child relationships, and peer relationships. A program must ensure that teachers and family child care providers include learning experiences that offer opportunities for choice, play, exploration, and experimentation. The HSPPS specify that:

- For infants and toddlers, teachers offer individualized, small-group activities on a flexible schedule.
- For preschoolers, learning activities include teacher-directed and child-initiated, active and quiet, individual, small, and large groups.
- Teachers promote learning during activities, rest time, transitions, and routines—including physical activity portions of the day.
- Snacks and meal times promote positive teacher–child interactions and communication skills.
- Teachers periodically and intentionally adapt the learning environment to children’s changing needs, interests, and skills.

Additional requirements appear in HSPPS [Part 1302 Subpart F – Additional Services for Children with Disabilities](#). A program must provide services for preschoolers with disabilities, including, but not limited to, those eligible for IDEA services and their families in the LRE.

More specifically, services for infants and toddlers and their families are to be delivered in a natural environment in the context of their everyday activities and routines. This could be either a center-based or a home-based program. A program must ensure the full participation of children with disabilities by offering environmental adaptations, varied instructional formats, and individualized supports. These regulations about teaching and learning undergird a coordinated approach for children with disabilities.





PLAN FOR PARTNERSHIPS

There are many opportunities to collaborate and deliver high-quality educational services:

- Consider collaboration models between Head Start and Part B– and Part C–lead agencies, such as blended classrooms or joint funding for staff positions.
- Explore delivery of early intervention and special education services in Head Start center-based and home-based programs.
- Include joint training to build relationships between teachers and specialists.
- Describe how to share data about child and program outcomes to improve services. Respect confidentiality requirements.

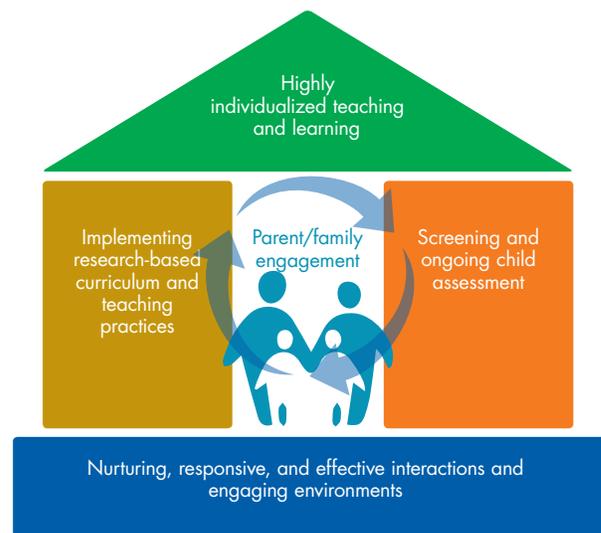
THE FRAMEWORK FOR EFFECTIVE PRACTICE: “THE HOUSE”

The National Center for Early Childhood Development, Teaching, and Learning (NCECDTL) uses a [House Framework](#) to represent five integral elements of quality teaching and learning for children from birth to age 5. The House Framework supports the services-related HSPPS.

The five elements of the house include the following:

- Foundation: Providing nurturing, responsive, and effective interactions and engaging environments
- First Pillar: Implementing research-based curriculum and teaching practices
- Second Pillar: Using screening and ongoing assessment of children’s skills
- Roof: Embedding highly individualized teaching and learning
- Center: Engaging parents and families

When these elements come together, they form a single structure that surrounds the family in the center. Many Head Start staff are familiar with the house and use it to foster children’s development and learning.



What does individualization mean?

Individualization is central to quality early childhood programs. It means that the focus is on the individual child. Staff tailor their teaching practices and curriculum decisions to meet the child’s needs, build on the child’s strengths, follow the child’s interests, and respond to the child’s unique background.

Time and time again, as a disabilities service coordinator, you can refer to the house. It anchors much of your work with the education services. The roof of the house is divided into three highly individualized teaching practices: curriculum modifications; embedded teaching; and intensive, individualized teaching. You can think of them as a pyramid that represents varying levels of support. (See Appendix E for a list of curriculum modifications and embedded learning opportunities.)

- Curriculum modifications are small changes or adjustments to activities and materials that enhance a child’s participation in learning experiences. They are the broad base of the pyramid and are used often in center- and home-based programs.
- Embedded teaching refers to planned interactions that teachers, family child care providers, and home visitors use in specific activities, routines, or transitions. Embedded teaching helps a child get extra practice while learning new skills and concepts.
- Intensive, individualized teaching refers to explicit or specialized teaching practices that give a child the extra help they need when learning a specific skill or concept. This teaching practice is at the top of the pyramid and is used less frequently.



The roof of the house—highly individualized teaching and learning—is built on the foundation of engaging interactions and environments. A strong roof requires a strong foundation to support it!

At times, all children may benefit from highly individualized learning opportunities that are linguistically and culturally responsive. They are not specific to children with disabilities or children at risk for developmental delays or to children with special health care concerns. These targeted practices help a typically developing child who is struggling to learn new skills or concepts for all sorts of reasons. Without this approach, the child can’t access the learning. In other words, the child can’t participate fully and effectively unless staff take a highly individualized approach.

For example, some children who need extra supports:

- Are learning a new language(s)
- Display difficult or challenging behavior
- Are quick learners who need to expand their skills and knowledge

As staff become familiar with the roof of the House Framework and gain confidence implementing these practices, these strategies will become part of their teaching repertoire.

Program staff or early intervention and special education providers may also refer to “accommodations” in the classroom environment. [Accommodations](#) are adjustments to materials, curriculum goals, or teaching practices that allow children with disabilities to participate fully in learning activities. Some staff may need your help understanding that accommodations are not an “add-on” to their busy days; rather, they are at the heart of working with young children because they support the individual child.



The Early Childhood Learning and Knowledge Center (ECLKC) offers a series of 15-Minute In-Service Suites that focus on [highly individualized teaching and learning](#). They are organized around one topic. Can program staff view and discuss them during a lunch break?

The Division for Early Childhood of the Council for Exceptional Children (DEC) also provides a variety of PD materials, including the [DEC Recommended Practices](#) that describe and provide examples of individualized teaching practices. Some materials are available in [Spanish](#).

HOW DO YOU SUPPORT HIGHLY INDIVIDUALIZED TEACHING PRACTICES?

As a disability services coordinator, you can help implement highly individualized learning opportunities for children with disabilities. Where do you begin? There are multiple approaches to take.

Build on what staff already know and do. Remind staff that they already make modifications to support a child's learning and development. For example, they steady a shaky stool to help a toddler climb to the changing table or sit quietly every morning with a child who is sad about saying goodbye to parents.

Reach out to early intervention and special education partners; specialists in your program; education managers and coaches; and, of course, families. Discuss effective strategies with them. Some children who receive IDEA services work with consulting (itinerant/visiting) teachers or therapists. Staff can benefit from collaborating with them and learning about effective teaching strategies. When Head Start teachers and home visitors implement practices from the roof of the house, they are already using some of the specialized practices that a consulting teacher or therapist may recommend. These practices will strengthen with additional support.



Check your program's IAs or interagency memoranda of understanding. Your Early Head Start or Head Start program and the special educators and early intervention providers in your community share responsibility for children with IEPs or IFSPs. The agreements spell out the collaboration process needed to optimize learning and development.

Gather information from an IFSP or IEP, Section 504 plans, Child Action Plans, ongoing assessments, and family notes. The health team can help you access health records. Review all this information with the education staff so they can set up the classroom or plan the home visit to ensure that children with disabilities can access and participate in activities. Children have teaching strategies detailed in their IFSP or IEP. Data collection will be more frequent for these IDEA-eligible children. This timeframe allows the teaching team to adjust their teaching strategies as soon as necessary.

You may be asked to support teaching staff in their daily practice without the benefit of prior information on the child. The child has not yet been referred or evaluated. Staff are puzzled, frustrated, and curious about how to help a particular child. Observe the child. Ask education managers, coaches, or early intervention and special education providers to observe with you. Also, talk with the family to see what they have noticed and what works at home. Brainstorm strategies and try them out. Compare notes on the child's performance. Some practices may work, others may not. Decide whether the child needs a referral for an evaluation or a Child Action Plan or other intervention strategies.

Help coordinate PD. As you observe and discuss with teaching staff and home visitors, you learn about their strengths and areas needing improvement. You can collaborate with education supervisors and coaches to provide ongoing, on-the-job support. Effective supports include modeling interactions, using photos, or showing video demonstrations. You can help plan joint training with specialists and community partners.



Want to learn more about how to support teaching staff? Take a look at the video "[*Day in the Life of a Disabilities Coordinator*](#)."

CULTURALLY RESPONSIVE TEACHING PRACTICES

Families in your Head Start program may come from diverse cultural backgrounds. Their cultures shape their goals for their children. Their goals translate into the ways they parent and support a child's development—how they hold a baby, respond to a toddler's crying, or handle a preschooler's conflict with another child. Adults within the same culture may have different views too.

As the disability services coordinator, you will want to learn about the family's goals for their child with disabilities. By learning more about their goals and child-rearing practices, program staff can match the learning experiences of the program to those of the home. Using information about a child's cultural environment is a key component to individualization.

Here is how one Early Head Start program addressed cultural relevance while making curriculum choices and individualized adaptations. A suspected developmental delay, in fact, reflected cultural differences in child rearing.

A mother from Ghana enrolled her 9-month-old daughter in the program. The baby could not roll over or sit up by herself. The staff were troubled by these screening results. The mother seemed unhappy with the care that her baby was receiving but appeared unconcerned about what the staff perceived as delayed motor development. The mother said that she used a long piece of fabric to keep the baby wrapped to her body most of the time. In her culture, babies weren't placed on the ground.

Once staff understood this important piece of information, teachers helped the mother feel more comfortable with the care her baby was receiving. The head teacher explained why they put babies on the ground for tummy time. She asked for the mother's permission to implement teaching plans. If the mother didn't want the baby on the floor, could she lie on a foam mat next to a teacher? The mother agreed, but she still wanted the baby held more often. Teachers and volunteers held the baby as much as possible and in ways to support her gross motor development. They played bouncing games on their laps, let her lie across their legs on her stomach, and gave her large objects to hold. The program gave another foam mat to the mother to use at home with her baby.

The teacher respected and incorporated the mother's cultural practice into individualized learning opportunities for the baby.

(Adapted from [Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five](#), p. 38.)



Become familiar with the [ten multicultural principles](#) that inform culturally responsive programming.

TIPS TO PROMOTE INDIVIDUALIZED PRACTICES

The requirements for education services are comprehensive. They regulate the actual learning environment—a classroom, a group socialization space, a family child care, or a family's home—and the teaching or home visiting practices. Plus, they address the curricula content. Here are some ways you can promote individualization in your work as a disability services coordinator.

- **Promote highly individualized teaching practices and home visiting practices for all children.** Explain to education staff how the practices support individualization, the key to quality early childhood programs.
- **Integrate the house framework into your work.** Use the framework as your touchstone with teaching staff. Use it with parents and families too.
- **Use data to inform plans for children.** Observe which teaching and home visiting practices are effective and which are not.
- **Involve specialists from the Part B and Part C local agencies in improving teaching and home visiting practices.** Ask them to observe children, brainstorm strategies, and model effective practices. Use coaches to provide ongoing support to education staff.
- **Ensure that programs use a coordinated approach.** Review budgets, personnel policies, PD plans, and facilities management that affect education services to children with suspected or identified disabilities.

- **Attend to children with disabilities who are also DLLs.** Ensure that staff implement the regulations about supporting home languages and English acquisition in learning environments.
- **Consider cultural factors.** Be aware of how a family's culture and prior experience affect their expectations for their child's learning experiences.
- **Become a strong advocate for inclusion.** Be ready to explain the benefits to staff, families, or others who question its value.
- **Take advantage of the many online resources available to support educational services.** Become acquainted with the [ECLKC](#) and the Head Start website. Check out the topics listed under Education & Child Development. Also, look at resources developed by professional organizations.

PEOPLE TO HELP YOU:

- Education manager, education staff, coaches, home visitors, child development specialist
- Health manager and staff
- Mental health consultant
- Early intervention providers and special educators
- Bilingual staff, consultants, volunteers
- Families
- Program management, including professional development coordinator
- Training and technical assistance (T/TA) providers



QUESTIONS TO ASK YOUR COLLEAGUES

- Are our teachers and home visitors able to use individualized teaching practices with all children? For children with disabilities? Is it more difficult to match teaching practices with certain types of disabilities?
- How do we help our families use modifications or accommodations with their children?
- What support do we need to improve the inclusive learning environment?
- What internal support do we provide (PD, coaching)? What external support do staff use (joint training, in-class visits with special education partners)?
- How do we make decisions about curricula, interventions, and adaptations for children with and without disabilities?
- Who participates in making decisions?
- How do we review our interventions and adaptations to make sure that they are effective?

SCENARIO

Jordan and Valerie are teachers in a Head Start preschool classroom. At their weekly meeting, they plan individualized learning experiences to meet the learning goals of several children who have disabilities. They have worked with the disability services team to develop a Child Action Plan for Amir, a 4-year-old with motor delays. He's having a hard time learning how to be persistent and positive when trying new tasks. When an occupational specialist observes Amir in the classroom, she suggests that the teachers develop specific strategies to help him write his name. The parents report that when he tries at home, he gets very frustrated. The teachers notice that he wants his writing to be perfect.

The teachers come up with a written plan, detailing the what, who, when, and how they are going to support Amir's emerging writing. They run it by the therapist who gives it a "thumbs-up." They post the plan on the bulletin board, along with their other curriculum plans for the week. They think about the roof of the House Framework and how to best implement highly individualized teaching strategies with Amir.

After a snack, Jordan plans to work one-on-one with Amir in the writing center, while Valerie rotates through the other learning centers. They will try this approach every day for a week. Then, they will reevaluate to determine whether they need to make changes in their plan. They will provide feedback to the parents and the disability services team, too.

On the first day, Jordan and Amir sit together at the writing table. She has made a card with his name in big letters. He is drawing with a big marker, and when Jordan asks him if he wants to write his name on the drawing, he says, "I don't want to write it now. Later." He frowns and presses down hard with the marker. She pauses and then asks him if he wants to do it with her. He nods. Together, they hold the marker and trace the letters on the card. Jordan notices that it's hard for Amir to write on the horizontal surface of the table, so the next day she brings in a slant board. She clips drawing paper and his name card to the board. They continue to spend time together at the writing center, and by the end of the week, Amir can write A-M by himself.

Jordan is proud of how she supports Amir's individualized learning. She intentionally tries a variety of strategies:

- Curriculum modification—using the slant board
- Embedded teaching—teaching during center time, a regular part of the daily schedule
- Intensive individualization—working one-on-one, side by side

The disability services lead and education manager follow up with the occupational therapist. They express appreciation for the therapist's assistance with Amir. In fact, they want to adapt the techniques Jordan used for other children. They ask the therapist if she can provide PD to all the education staff. They have already checked—there is money in the program's T/TA budget. The support team and the therapist agree to develop a PD plan. Everyone is excited about this learning opportunity to improve educational services to all children, not just those with disabilities.

(Adapted from *Individualizing Videos*. Retrieved from <http://headstartinclusion.org/individualizing/videos>.)

CHAPTER VII

IMPLEMENTING CURRICULUM AND AN INCLUSIVE ENVIRONMENT

“I worked with the disability services team to help classroom staff adapt materials. We glued little blocks on the top of puzzle pieces to help children with coordination issues and fine motor skills. We also glued Styrofoam on the pages of books to make them easier to turn. We used box lids to define individual work spaces. Best of all—these cost nothing!”

~ Education manager

This chapter is about engaging children in curriculum and ensuring their participation in an inclusive environment. Each program must use a curriculum to plan children’s learning experiences and establish learning goals. As the disability services coordinator, you can help the education staff and home visitors adapt the curriculum to meet the needs of individual children with disabilities. You can also help families understand how their children participate in the curriculum. In partnership with other staff and specialists, you also assess the learning environments to ensure that they maximize opportunities for children with disabilities.¹

KEY IDEAS

- Curriculum modifications are made as needed to ensure that children with disabilities fully participate in learning opportunities.
- The curriculum includes social and emotional learning goals.
- The curriculum is linguistically and culturally responsive to children and families.
- Creating an inclusive environment is a team effort that includes families, program staff, and early intervention and special education partners.
- Assessing and improving the learning environment is an ongoing process.

WHAT ARE THE CURRICULUM REQUIREMENTS IN HEAD START?

The curriculum is a key component of any learning environment—staff use it to plan learning experiences and establish goals for children. The HSPPS Part 1302 [Subpart C – Education and Child Development Program Services](#) includes many regulations about the curricula. The early childhood curricula for classrooms settings, family child care homes, and home-visiting programs must be:

- Developmentally appropriate, research based, and include any curricular enhancements
- Based on scientifically valid research and have standardized training procedures; this regulation helps to ensure that staff implement curricula with fidelity—in other words, curricula implementation looks similar across different settings
- Aligned with the [Head Start Early Learning Outcomes Framework: Ages Birth to Five \(ELOF\)](#) and state early learning development standards
- Based on a developmental scope and sequence that includes plans and materials for learning experiences; this supports an individualized approach to learning

¹ In this guide, the term *children with disabilities* includes children with suspected delays, unless stated otherwise.

The HSPPS [*Part 1302 Subpart D – Health Program Services*](#) refers to children’s mental health and social and emotional well-being. It addresses concerns about children’s behavior and the use of mental health consultants to help staff improve classroom management and teacher practices. The HSPPS [*Part 1302 Subpart F – Additional Services for Children with Disabilities*](#) requires that children with disabilities and their families receive program services in the LRE and participate fully in all program activities. These regulations apply to all children with disabilities, including, but not limited to, children eligible for IDEA services. A program must also modify the environment and the instructional format and provide individualized accommodations and supports as necessary.



HSPPS Related to Curriculum Implementation and Inclusion

- [*1302.30 – Purpose*](#)
- [*1302.32 – Curricula*](#)
- [*1302.34 – Parent and family engagement in education and child development services*](#)
- [*1302.35 – Education in home-based programs*](#)
- [*1302.36 – Tribal language preservation and revitalization*](#)
- [*1302.45 – Child mental health and social and emotional well-being*](#)
- [*1302.60 – Full participation in program services and activities*](#)
- [*1302.61 – Additional services for children*](#)
- [*1302.92 – Training and professional development*](#)
- [*1302.101 – Management system*](#)
- [*1303.56 – Inspection of work*](#)

Other HSPPS include requirements related to curriculum implementation and staff support. The HSPPS address personnel policies and professional development (PD) in [*1302 Subpart I – Human Resources Management*](#). A program must:

- Monitor curriculum fidelity; the education manager, supervisors, coaches, and child development specialists are likely to be involved in this process
- Support staff as they effectively implement the curricula; the PD system, including coaching, can facilitate staff learning
- Provide a mental health consultant to identify curriculum and teaching strategies for children with mental health and social and emotional concerns; a consultant helps staff as well as parents and family understand children’s behavior.
- Hire well-qualified coaches and consultants

This list of curricula requirements is broad because the various systems and services are inter-related in a Head Start program.



PLAN FOR PARTNERSHIPS

Include learning opportunities to provide a curriculum that supports full participation of children with disabilities in learning experiences.

- Develop a process for planning adaptations and curriculum modifications. Identify who is responsible for using and monitoring them.
- Plan joint training so Head Start staff and early intervention and special educators implement the curriculum consistently.
- Identify the resources and assistive technology that children need for inclusion. Decide who pays for it and maintains it.

SOCIAL AND EMOTIONAL CURRICULUM

A Head Start program is required to use a curriculum that aligns with the areas of early learning in the ELOF—including the goals in the social and emotional domain. Many programs implement a comprehensive curriculum that embeds social and emotional development in the learning activities. Other programs decide to implement a separate, specific [social and emotional curriculum](#) to teach basic skills and promote positive guidance. Reach out to your program’s mental health consultant for help in choosing an effective curriculum.

Social and emotional skills are the building blocks for getting along with others; asking adults for help; and being able to regulate emotions, behavior, and cognition. You can see that social and emotional development is critical to children’s readiness for school. Social and emotional development also is the foundation of young children’s mental health.

All the learning experiences that are part of your program’s social and emotional curriculum must be designed to include children with disabilities. Some children with significant social and emotional needs may require an individualized approach. For example, some strategies to address significant social and emotional needs will be in their IFSP, IEP, Section 504 plan,² or Child Action Plan. A child’s health plan may also include behavioral strategies. Turn to your program’s mental health consultant when you’re concerned about a child’s behavior for effective strategies to use in the program or at home. Also, rely on the early intervention and special educators to help identify effective modifications and adaptations. (See Chapter VIII for information about children who exhibit mental health concerns.)

WHAT IS YOUR ROLE IN CURRICULUM IMPLEMENTATION?

Help educational staff and home visitors understand how the curriculum supports effective teaching practices for children with disabilities. Continue to refer to the House Framework too. The first pillar is implementing research-based curriculum and teaching practices. Just like the roof and the foundation of the house, all the pillars support quality educational services.

Working with the education managers, coaches, and child development specialists in your program, help teaching staff understand what is meant by curriculum. The curriculum encompasses all aspects of the learning environment. It’s more than the lesson plans and the opportunities to play and explore. The curriculum includes:

- Schedules and routines
- Transitions from one activity to another or from indoor to outdoor settings
- Materials
- Organization of indoor and outdoor space

When staff consider modifying the curriculum for children with disabilities, they need to consider all these aspects. Are the transitions working smoothly for children with language and processing delays? Are the materials accessible? Does the floor space accommodate a wheelchair?

² Section 504 of the Rehabilitation Act covers some children with disabilities.



Choosing a curriculum can be a daunting task for any program. The ECLKC has resources to help you select a curriculum for [center-based](#) and [home-based](#) programs. It also offers [implementation guides](#).



Creating a truly [inclusive environment](#) means making appropriate adaptations to the physical space and materials and fostering the social and emotional environment.



The [Effective Practices Guides](#) offer tips and examples of teaching practices that support social and emotional goals. They highlight three types of practices—interactions, environment, and individualization. Use or adapt many of these practices for children with disabilities.

Your role with home visitors isn't much different. You help them adapt and modify the curriculum, if necessary, for children with disabilities. Consider the materials, the child's schedules and routines, and the organization of the space in the home and the group socialization setting. If a child needs assistive devices, you can help home visitors access them through early intervention and special education partners and community resources. Consider how the curriculum can be modified to improve the child's learning experiences and strengthen the parent's (or family member's) role as the child's teacher.

Help staff and families recognize the continuum of curriculum modifications. Communicating that message provides reassurance and says that you are there to help. Sometimes, the modifications are straightforward, such as supplying a large print book to a child with a visual impairment during story time or sandpaper letters to a child with sensory integration issues. Consult with your early intervention and special education partners about other modifications, including assistive technology. (See Appendix E for a list of curriculum modifications.)

For children eligible for IDEA services, deciding which curriculum modifications to use is part of the IFSP or IEP process. If the child is not eligible for IDEA, help plan modifications with family members, education staff, and other staff, such as the health coordinator or mental health consultant.



An assistive technology device is defined as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." (From The Technology Related Assistance to Individuals with Disabilities Act of 1988 (Tech Act)

Source: <https://ectacenter.org/topics/atech/definitions.asp>



Teaching staff may turn to you as an expert in working with children with disabilities. Although you may know a great deal, keep in mind that you can turn to others for ideas.

ASSESSING AN INCLUSIVE LEARNING ENVIRONMENT

You are the eyes and ears of the young children with disabilities or delays—can they participate fully and effectively in the education program? The curriculum and the learning environment go hand in hand.

Keep in mind the IDEA requirements about service settings. Part B of IDEA requires that eligible children ages 3 years and older receive special education and related services in the LRE. This means that, to the extent possible, they learn alongside typically developing children and within daily activities and routines. Part C of the law requires that infants and toddlers with disabilities or delays receive services in environments that are natural or typical for a peer without a disability.



Having the IDEA in your back pocket is a good idea! Over and over, you are likely to refer to it. The law specifies a learning environment that best supports an IDEA-eligible child's growth and development.

There is so much to do when it comes to ensuring an appropriate learning environment. Where do you start? One approach, called "scanning the environment" is used in a short space of time. For example, you can arrange to visit a classroom for an hour.

- Look at the room setup and the daily schedule.
- Are there materials that reflect the cultural and linguistic backgrounds of the children?
- Are there images in books or posters that depict children with differing abilities or who use assistive devices?
- Does the organization of the space invite children with limited mobility or who use assistive devices to participate?

- Observe teacher–child interactions and gauge the classroom climate.
- Are children happy, engaged, productive?

In a home-visiting program, accompany the home visitor to a family’s home and observe the interactions and use of materials. Observe socialization spaces to ensure that they invite children with disabilities to participate. Scan the outdoor areas too—they are also part of the learning environment.

Another way you can ensure that programs offer high-quality teaching and learning is to conduct a more formal environmental assessment. You need to collect and review environmental data for all the settings in your program that serve children with disabilities—classrooms, family child care, child care partners, and socialization sites for home visiting programs. If you have a large program, you may need a large team to help you.



When your program conducts an assessment for an inclusive environment, you learn how effectively your program implements a coordinated approach.

Cover these important aspects of inclusion in the environmental assessment:

- Physical – the indoor space, accessibility to the materials and their appropriateness, outdoor space
- Social – the interactions that occur between teachers and children and between children themselves
- Temporal – the daily schedule, the timing of transitions

TO START THE ENVIRONMENTAL ASSESSMENT PROCESS, FOLLOW THESE STEPS:

STEP 1.

- Work with your team to decide who to include. Do you think there should be representatives from each of the systems and services? Early intervention and special education partners?

STEP 2.

- Your program may have its own tool, or use one developed by the field, such as the [Inclusive Classroom Profile \(ICP\)](#), for observing indicators of high-quality inclusion. It includes items about teacher–child interaction and classroom environment. Your program’s self-assessment provides information, teacher and parent surveys, and ongoing child assessment data. Other observation-based tools (not specific to inclusive environments) include the [Early Childhood Environment Rating Scale \(ECERS\)](#) for preschool classrooms, the [Infant/Toddler Environment Rating Scale \(ITERS\)](#) for center-based programs, and the [Family Child Care Environment Rating Scale \(FCCRS\)](#).
 - Although the [Classroom Assessment Scoring System \(CLASS\)](#) is not designed to focus on children with disabilities, if your program collects CLASS domain scores, they may be one indicator of an inclusive environment.
 - Head Start programs must comply with the accessibility requirements in [Title II of the ADA](#). Your facilities manager can help you ensure that the facilities comply.

STEP 3.

- Organize the information you collect so it’s easy to understand and analyze.

STEP 4.

- Identify strengths and challenges within each environment. Analyze your data that include children with disabilities. Consider the physical, social, and temporal aspects of the learning environments.

STEP 5.

- Share what you see in the data with educational staff to learn more about their observations.

STEP 6.

- Identify environments where children with disabilities and staff are successful or struggling. Analyze the contributing factors in the environment.

STEP 7.

- Based on the results of the environmental assessment, you may want to review IFSPs, IEPs, Section 504 plans, and Child Action Plans to ensure that all children have access to all areas of learning and individualized lesson plans.

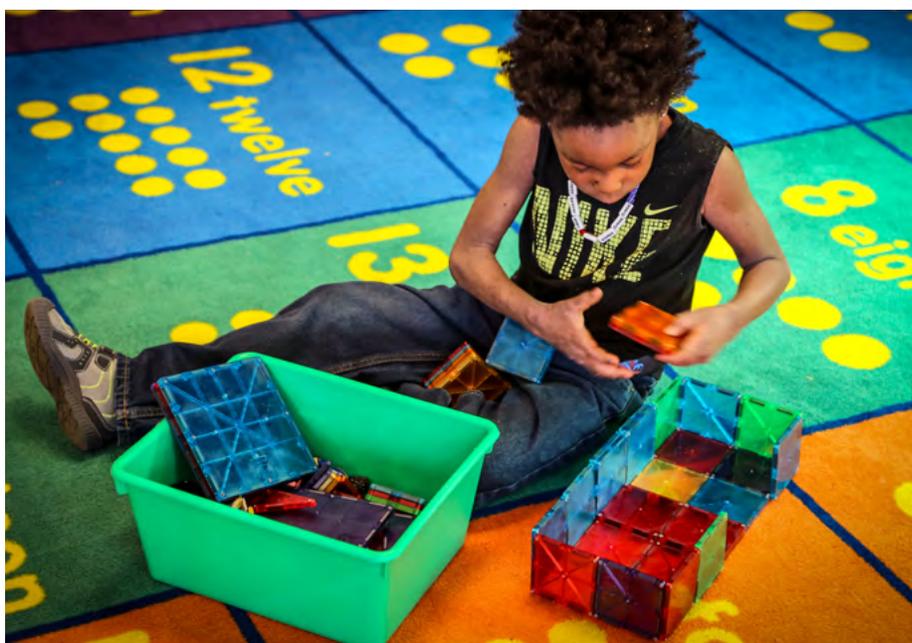
The goal of the environmental assessment is to improve services for children with disabilities and to ensure that the program uses a coordinated approach to maximize the benefits of an inclusive environment.

Your program is required to make continuous improvement efforts. Education staff continue to monitor the progress of children with disabilities, seek guidance from specialists, and plan to provide full and effective services. This information informs PD plans and programming to support education staff in their work with children with disabilities. (See Chapter XIII for information about improving the coordinated approach.)

TIPS TO PROMOTE INCLUSION IN THE CURRICULUM

The HSPPS requirements for education services are comprehensive. They regulate the actual learning environment—a classroom, a group socialization space, a family child care, or a family’s home—and the teaching or home visiting practices. Plus, they address the curriculum content. Here are some useful suggestions for your work as a disability services coordinator.

- **Review daily schedules, home visiting plans, transitions, and routines.** Ensure that they support inclusion and ELOF goals.
- **Consider curricula adaptations and modifications.** Note the gaps in addressing the learning needs of children with disabilities. Refer to modifications in a child’s IFSP or IEP.
- **Use data to inform plans for individual children.** Observe which curriculum modifications are effective and which are not. Use a combination of numerical and narrative data, if you can.
- **Ensure that a strong social and emotional curriculum is in place.** Work with the education staff, consultants, and specialists to ensure that children with disabilities make progress on their social and emotional goals.
- **Help families support social and emotional development.** Explain that school readiness includes social and emotional readiness.
- **Provide curriculum modifications that are culturally responsive.** Talk with family advocates and families about how to ensure the educational services for children with disabilities respect diverse childrearing practices.
- **Conduct an environmental assessment.** Review all aspects of the setting—physical, social, and temporal. Aggregate the data across your program to identify strengths and areas of improvement.
- **Plan PD based on the environmental assessment.** Tap into your community partners and the T/TA system to support staff.
- **Learn about instruments and tools that assess inclusive environments.** Talk to your early intervention and special education partners and other disability services coordinators.
- **Review children’s assistive devices.** Ensure that they are up to date and that staff and children use them effectively.
- **Become a strong advocate for inclusion.** Be ready to explain the benefits to staff, families, or others who question its value.
- **Ensure that the program has a coordinated approach in place.** Review budgets, personnel policies, PD plans, and facilities management that affect education services to children with suspected or identified disabilities.



QUESTIONS TO ASK YOUR COLLEAGUES

- What kinds of curriculum modifications or accommodations do we use most? How effective are they?
- Are social and emotional goals embedded in our curriculum?
- How do we help families use modifications or accommodations with their children?
- What assistive technology do we use?
- What are the strengths of our inclusive environments?
- What support do we need to improve the inclusive learning environment?
- What internal support do we provide (PD, coaching)? What external support do we use (joint training, in-class visits with special education partners)?
- How do we make decisions about curricula, interventions, and adaptations for children with and without disabilities?
- Who participates in making decisions?
- How do we review our interventions and adaptations to make sure they are effective?

SCENARIO

Maya is newly enrolled in Head Start. She has been diagnosed with autism spectrum disorder (ASD) and experiences difficulties with social communication. The disability services coordinator, Clyde, has offered ongoing support to her classroom teacher; so has the mental health consultant who has been observing in the classroom. Maya has an IEP, and Clyde works closely with the special educators from the school district.

When it is time for music and movement, Maya often has outbursts and shouts and kicks. Usually, a volunteer removes her from the activity and sits with her. The teacher wants to prevent her from harming herself or others. However, this is not a very satisfactory solution because Maya doesn't like being isolated and can be disruptive apart from the group. The team consisting of Clyde, the teacher, the mental health consultant, and a special educator shares their concerns and observations with the family.

Together, the team and the family come up with a new plan. Before music and movement begins, the teacher approaches Maya and provides a choice—offering “movement” or “break.” She speaks each word slowly, gesturing to the circle area and then to a quiet area of the room where there are headphones. When Maya says “break,” the teacher guides her to the quiet area where she can listen to music using headphones. The teacher has recorded some of the same songs and rhymes that the other children are using at this time. For much of the program year, Maya prefers to wear the earphones during this class activity. The teacher reports that Maya's behavior has improved. The mental health consultant continues to observe and so does Clyde. The plan seems to be working.

This curriculum modification for Maya—access to the headphones—seems quite simple, but it has many benefits. Notably, Maya engages in the music and movement component of the curriculum. This is the heart of the coordinated approach—full and effective participation of children with disabilities. Also, Maya learns appropriate communication behavior—one word—to make a request. She also gets to choose how she will participate—an important step toward building her confidence and independence. Because Maya enjoys wearing the headphones, she is motivated to participate in other activities if she wears them. As a result, she's more engaged in the curriculum and shows progress in her learning goals.

(Adapted from Coogle, C. G.; N. L. Rahn; J. G. Ottley; & A. Zehner. Young Children with Autism Spectrum Disorder: Increasing Social Communication with Evidence-Based Practices. *Young Children*. May 2018, pp. 81–87.)

CHAPTER VIII

COORDINATING WITH HEALTH AND MENTAL HEALTH PROGRAM SERVICES

“My preschooler has an IEP and health issues. He has a chronic heart condition so he can’t run and jump around like other kids because he gets too tired. He has to take meds at lunchtime. The special educators and the teachers came up with some great strategies so he can participate and also rest.”

~ Parent of a child with disabilities and special health care concerns

This chapter highlights the health and mental health services that are part of a coordinated approach for children with disabilities and their families. The health regulations are discussed first in this chapter, followed by the mental health regulations. Your work as a disability services coordinator includes how the health and mental health regulations apply to children with disabilities.¹ Your key partners are the health and mental health managers and the mental health consultant. In some programs, disability services coordinators also hold the position of health managers or mental health managers.

KEY IDEAS

- All health and mental health program services must be available to children with disabilities and their families.
- Collaboration with the health manager and the health team is essential to meet the needs of children with disabilities and their families.
- Responsive health and mental health services respect families’ cultural beliefs and practices.
- Individualization is key to providing health or mental health services to all children, including those with disabilities.
- A mental health consultant has an important role working with staff and families.
- Early childhood mental health is synonymous with social and emotional development.
- Children with disabilities and their families may need help accessing appropriate health and mental health services.
- Breaking down stigmas associated with health or mental health issues is an important part of staff training and parent education.
- Quality health and mental health services are integral to a coordinated approach for children with disabilities and their families.

WHAT ARE THE HEALTH PROGRAM SERVICES IN HEAD START?

The HSPPS [*Part 1302 Subpart D – Health Program Services*](#) require programs to provide high-quality health, oral health, mental health, and nutrition services to all children. All health services must be developmentally, culturally, and linguistically appropriate and support each child’s growth and school readiness. Learning experiences and daily routines must include teeth brushing, nutritious meals and snacks, physical activity, and age-appropriate rest time or quiet time.

Every program must have a Health Services Advisory Committee (HSAC) that includes Head Start parents, professionals, and community partners. The HSAC helps identify community health issues that affect the Head Start families, find and access resources, and advise on program health policies and procedures.

Within 30 days of a child starting the program, staff must determine whether the child has access to continuous and accessible health care and health insurance. If not, the program must help the family access these supports.

¹ In this guide, the term *children with disabilities* includes children with suspected delays, unless stated otherwise.

Within 90 calendar days of a child’s attending a center-based program or family child care home or receiving a home visit in a home-based program (or 30 days in a short-term program), a program must learn from professionals whether a child is up to date on the following:

- Primary medical and oral health care based on the well-child visits and dental periodicity schedules according to the Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) program of your state’s Medicaid agencies
- Immunization recommendations from the [Centers for Disease Control and Prevention](#) (CDC)
- Additional recommendations from a program’s HSAC based on community health problems

If children are not up to date on their well-child visits and dental periodicity schedules, a program is required to help parents arrange them or directly facilitate the child’s health services.

A program must facilitate and monitor oral health preventative care, treatment, and follow-up—including topical fluoride treatments. Also, a program must identify a child’s nutritional health needs.

Health services include screening and referral procedures as described in HSPSS [Part 1302 Subpart C – Education and Child Development Services](#). Within 45 days of a child’s entry, a program must either obtain or administer vision and hearing screening. If health concerns are raised in a child’s medical record or parent report, a program must facilitate further diagnostic testing, evaluation, treatment, and follow-up. A program must keep confidential records of referrals and services.

A program is required to collaborate with parents about their child’s health and well-being. Parents must give consent for any procedures administered by a program. The HSPSS require a program to help parents:

- Learn about preventative care and children’s health issues
- Promote their own well-being
- Navigate through health systems to meet their child’s general health and identified needs
- Obtain adaptive equipment and varied services when needed
- Engage with family support programs
- Establish their eligibility for additional supports

The HSPSS [1302 Subpart I – Human Resources Management](#) requires that staff or consultants who perform health procedures or support nutrition services meet professional qualifications. A program is required to provide information to staff about mental health and wellness issues that may affect their job performance and to schedule regular opportunities to learn about health topics.



HSPSS Related to Health, Oral Health, and Nutrition

- [1302.16 – Attendance](#)
- [1302.17 – Suspension and expulsion](#)
- [1302.33 – Child screenings and assessments](#)
- [1302.40 – Purpose](#)
- [1302.41 – Collaboration and communication with parents](#)
- [1302.42 – Child health status and care](#)
- [1302.43 – Oral health practices](#)
- [1302.44 – Child nutrition](#)
- [1302.91 – Staff qualifications and competency requirements](#)
- [1302.93 – Staff health and wellness](#)
- [1303.21 – Program procedures – applicable confidentiality provisions](#)
- [1303.22 – Disclosures with, and without, parental consent](#)



WHAT ARE MENTAL HEALTH PROGRAM SERVICES IN HEAD START?

The primary HSPPS pertaining to mental health services appear in [1302 Subpart D – Health Program Services](#). The HSPPS require a program to support a program-wide culture that promotes children’s mental health, social, and emotional well-being. The regulations mandate that a program:

- Provide supports for effective classroom management and teaching strategies to support children with behaviors that are challenging or manifest other mental health concerns
- Make available mental health consultation services to partner with staff and families
- Obtain parental consent for consultation services at the time of enrollment
- Build community partnerships to facilitate access to mental health resources and services
- Provide opportunities for parents and staff to discuss children’s mental health issues and concerns about their child’s behavior and development and appropriate responses

The HSPPS describe the roles and responsibilities of the mental health consultants. They are required to:

- Assist the program to implement strategies to identify and support children with mental health concerns
- Use observation and consultation to address the concerns of teachers, family child care providers, and home visitors related to children’s social and emotional development and effective strategies
- Help parents and staff understand mental health and access to interventions
- Assist in the implementation of the policies to limit suspension and prohibit expulsion

HSPPS Part 1302 Subpart I – Human Resources Management requires that a program use licensed or certified mental health professionals with knowledge and experience serving young children and their families. Part 1302 Subpart A [ERSEA](#) regulations refer to suspension and expulsion policies and the mental health consultant’s role to ensure children’s full participation in the program. The HSPPS Part 1302 – Subpart E Family and Community Engagement Services mandates that a program build relationships with child and adult mental health resources in the community.

As part of the developmental screening process, as described in HSPPS Part 1302 – Education and Child Development Program Services, a program must assess social and emotional behavior during the first 45 days of enrollment. A program may use a comprehensive screening tool or a specific screener for this purpose. Ongoing assessment data and information from the family also contribute to the child’s social and emotional profile. Depending on the screening results and other information, a child might be referred for a follow-up evaluation to determine eligibility for IDEA services.



HSPPS Related to Mental Health Program Services

- [1302.17 – Suspension and expulsion](#)
- [1302.45 – Child mental health and social and emotional well-being](#)
- [1302.46 – Family support services for health, nutrition, and mental health](#)
- [1302.91 – Staff qualifications and competency requirements](#)



PLANNING FOR PARTNERSHIPS

You are likely to collaborate with the health manager, the mental health manager, and other staff to develop effective local partnerships.

- Get to know the members of the HSAC and their areas of expertise.
- Plan joint training to make consistent accommodations for children’s health and mental health needs.
- Collaborate with mental health consultation services.
- Know what the process is for planning and communicating with children’s medical, dental, and mental health providers and specialists.
- Communicate the key requirements of your programs’ suspension and expulsion policies.
- Include parents’ and family’s voices in efforts to improve health and mental health services.

PARTNERING WITH THE HEALTH TEAM

As the disability services coordinator, your primary task is to ensure that all the health services are made available to children with disabilities. Their oral health and nutritional needs must be addressed; their immunizations must be up to date. Their families must have access to health services. You can help ensure that health concerns for all children, such as obesity and tooth decay, are addressed in appropriate ways with children with disabilities and their families. The health services are another piece of the coordinated approach.

You don’t do this work alone; you partner with the health manager who is responsible for implementing quality health services grounded in the HSPPS. The exact nature of your collaboration varies from program to program, depending on the size and structure of the program, the job qualifications, and other factors. However, typically, the health manager flags medical records that indicate health concerns and responds to parental concerns about their child’s health. The health manager reviews vision and hearing screening and identifies children who need follow-up. The health manager is the point of contact for children’s medical and dental homes and with health resources in the community.

Your partnership with the health manager helps you:

- Respond to the individual health needs of families of children with disabilities
- Develop partnerships with health professionals who work closely with children with disabilities or suspected delays
- Eliminate the barriers to health services for children with disabilities
- Promote a coordinated approach that ensures the full participation in program activities for children with disabilities and their families

You and the health team can encourage healthy eating, exercise, and rest. Look for ways to reduce staff stress at the program level. When caregivers take care of themselves, they are better able to care for young children. Plan health education opportunities with the health manager, other staff, and community resources. Provide learning opportunities to help break down barriers and stigmas associated with disabilities and medical or mental health conditions.



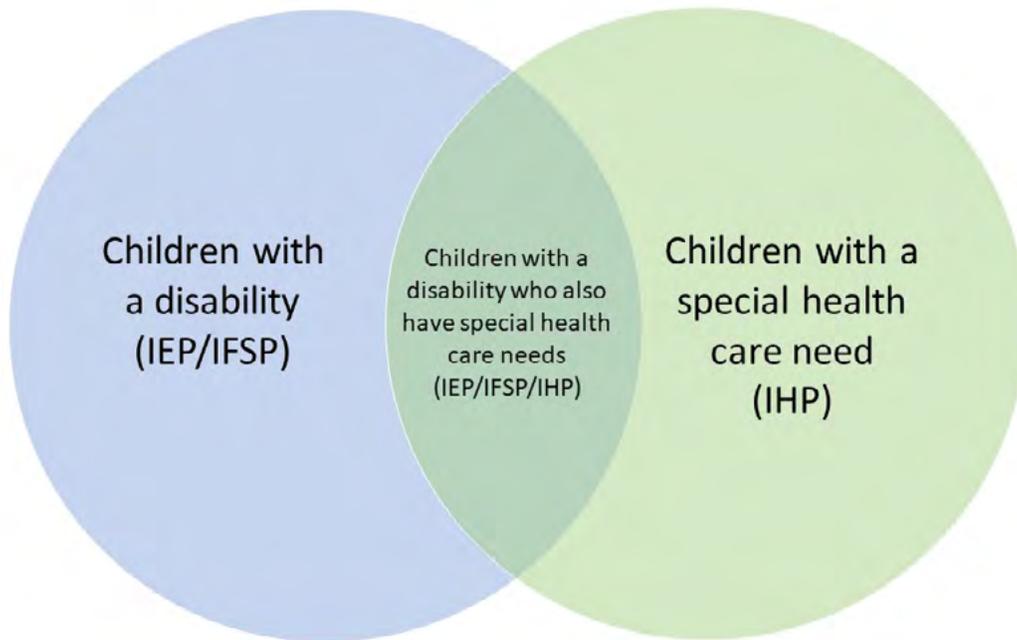
Spread the word! The ECLKC provides tips about how to help [children with disabilities brush their teeth](#) and find [comfortable positions](#). Share these resources with staff and families.



Refer to [The Health Manager’s Orientation Guide](#) for a description of the roles and responsibilities. Also, the Health Services Competencies describe the scope of work for health services staff.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Children with special care needs may have Individualized Health Plans (IHPs). The health manager works with the child's primary medical provider to develop an IHP that describes medication protocols and health and safety practices. The IHP also specifies whether the child needs regular activity adaptations due to a medical condition. Some children with health concerns may be eligible for case management services under a Section 504 Plan,² EPSDT, or other program. If children with health conditions have suspected delays that affect their learning, you can refer them to the local Part B or Part C agency for an evaluation. If they qualify for IDEA services, an IFSP or IEP would be prepared.



You and the health staff share the same goal—to individualize services for children and their families to ensure their inclusion in all program activities. Together, you can help teaching staff and home visitors accommodate learning experiences for children with disabilities and health concerns. You and the health manager are advocates for inclusive policies and practices across the program's services.

For example, if a child with feeding issues also has an IFSP or IEP, you can work with the agency specialists and the health team to make sure that the feeding issues are addressed clearly in an IHP. In this example, the child would be represented in the shaded area of the diagram above. Together, support the teachers or family child care providers to include the children at snack and meal times. Support home visitors too. There may be children with disabilities whose health conditions limit their physical activity. Work with the early intervention, special education, and Head Start education staff to ensure their participation in learning opportunities on the playground.

WHAT IS YOUR ROLE IN MENTAL HEALTH SERVICES?

You ensure that children with disabilities and their families receive mental health services that are available to all Head Start children and their families. The services are intended to promote positive, responsive relationships between a child, their peers, and adults in the program and between the child and family members.

Depending on the structure of your program, you may work directly with the mental health consultant, the health or mental health manager, and the education manager to respond to mental health concerns. In some programs, the disability services coordinator who meets the job qualifications also serves as the health or mental health manager.

² Section 504 of the Rehabilitation Act covers some children with disabilities.

You may manage or participate in the identification process for children referred for mental health concerns. Track where the children are in the process, just as you do for all referred children. (See Appendix C for a sample tracking sheet.) Work closely with your IDEA Part B special education partners or Part C early intervention partners to understand their eligibility criteria for social and emotional disorders, delays, and services. This helps your team decide who to refer for diagnostic evaluations. If you work with different school districts, the eligibility criteria may differ.

Depending on the circumstances, the child might be referred directly to a mental health clinic or other provider. Most likely, you will be part of a team that makes these referral decisions. The team might consist of the teachers, home visitors, mental health consultant, family service workers, and others who have contact with the child and the family. If children with mental health concerns don't qualify for IDEA services, there are other options to explore. Some may qualify for a Section 504 plan, or your program may develop an internal Child Action Plan.

Children's social and emotional issues are sometimes related to classroom organization and management. Working closely with the education manager and coaches helps ensure that the teaching staff or family child care providers implement a high-quality, supportive learning environment that builds positive adult-child relationships. In home-visiting programs, help staff work with the family to provide a nurturing, responsive home environment. Communicate to staff and families that predictable schedules and familiar routines support all children's social and emotional development. For children with disabilities, a safe and secure environment affects their positive mental health.



[Early childhood mental health](#) is the same as social and emotional development.

WORKING WITH A MENTAL HEALTH CONSULTANT

Typically, the program management prepares the contract for the mental health consultant and supervises their work. However, you may be asked to provide input based on your knowledge of the children with disabilities and their families in your program. In some programs, the disability services coordinator is also the mental health services manager (which is different from the mental health consultant).

An important part of your work is making sure that staff and families of children with disabilities know that they have access to a mental health consultant. This person does not work with the child but supports the caregiving adults. The consultant's role is to observe and consult. The consultant can identify mental health concerns, provide support to staff and families, and help your program and families obtain services.

Early on, the consultant is likely to meet with your program director or leadership team to identify the most effective ways to meet your program's needs. As you work with staff and families, you are likely to get a sense of how to prioritize the consultant's services. Some centers or some staff may need more support from the consultant. For example, if your program's ongoing assessment indicates frequent staff concerns in one center about children's behaviors that challenge adults, ask the consultant to spend more time observing in these classrooms and meeting with teachers. You and the management team also might ask the consultant to provide staff training.

Stay informed about Head Start's policies on temporary suspension and prohibition of expulsion due to a child's behavior. The HSPPS state that when a child's participation in the program is uncertain, a mental health consultant must be brought in. There may be times when you and the health/mental health team need to explain to staff and to the parents and family how your program implements these policies about suspension and expulsion.



For more information, refer to the resource: [Suspension and Expulsion of Children with Disabilities or Suspected Delays](#). The relevant HSPPS and effective program strategies are clearly laid out.

NURTURING SOCIAL AND EMOTIONAL DEVELOPMENT

In some cases, a child has an identified social and emotional disability with an IFSP, IEP, Section 504 plan, or internal Child Action Plan in place. However, in other cases, a different type of disability affects social and emotional development. For example, the child with a physical disability might be unable to keep up with peers on the playground. The child with a speech disability might not be able to communicate effectively with others. As a result, the child may feel rejected, frustrated, lonely, or anxious. Helping staff and families understand the complex relationship between disabilities and social and emotional development is part of your job.

Work with specialists, the mental health consultant, and other program staff to sort out these complexities. Remember that you are part of a coordinated effort. Together, you may identify effective strategies, such as:

- Making sure your program has accommodations in place that maximize positive interactions between children with disabilities and typically functioning peers
- Identifying strategies to help children with disabilities learn to regulate their feelings and verbalize them; use the Head Start ELOF as a guide when creating social and emotional goals for children from birth to age 5, and refer to the curriculum modifications discussed in Chapter VII.
- Implementing a specific curriculum designed to promote social and emotional development
- Helping families and staff understand that some children with disabilities need additional support to cope with their emotions in the program and at home
- Individualizing services and learning opportunities for all children is key



Affirm that, first and foremost, children with mental health challenges are children. Hold up a strengths-based lens as you view a child. This helps reduce the stigma associated with mental health issues.

BEHAVIORS THAT CHALLENGE US

Education staff, as well as parents and family, may come to you with serious concerns about a child's behavior. They may be worried about a child who appears withdrawn and disengaged, often referred to as internalizing behavior. The child's behaviors are quietly challenging to adults, because they don't know what to do or how to help the child engage. Likely, this is a child who is not participating fully and effectively in all learning activities and may go unnoticed in a classroom.



Working with the mental health consultant, you and educational staff can develop intentional strategies to engage the child, such as pairing with a peer during small-group activities.

More frequently, teachers and parents are concerned about a child who displays externalizing behaviors. They report that a child is “negative, defiant, aggressive, destructive” and fear for the child’s own safety, the safety of other children, or even that of staff. Teachers perceive these behaviors as challenging or disrupting in the group setting, and so they may exclude children who exhibit these behaviors from activities and isolate them from peers. Parents may resort to ineffective discipline techniques that sometimes escalate the child’s behavior. Help staff and families understand that such responses from adults do not support inclusion.



The defining feature of children’s challenging behavior is that adults perceive it as challenging. It is important for caregivers to remember that behavior has meaning. Some children’s challenging behavior is typical for their age and stage of development, and adults can use appropriate guidance to address it. Other children’s behaviors may indicate more serious concerns, and the children may need further evaluation or treatment.

(Adapted from the Mental Health Glossary)

Reach out to the mental health consultant, special educators, and your program staff to support effective class management and strategies to redirect children’s behavior. The HSPPS (1302.90) detail standards of conduct for all staff and other adults in the program. The use of restraints or isolation to discipline a child are strictly prohibited. As the disabilities lead, you need to know these regulations to ensure that your program takes the appropriate actions.

Depending on the situation, you and the team may decide to engage community mental health resources.

Children who receive IDEA services have additional protections from suspension and expulsion under the law. The IDEA states that programs serving 3- to 5-year-olds must make reasonable modifications to policies, practices, or procedures to protect children with disabilities from suspension or expulsion for disability-related behaviors, unless a program can demonstrate that making such modifications would fundamentally alter the nature of a service, program, or activity. If the child’s behavior impedes the child’s learning, or that of others, the IEP team must consider behavioral intervention strategies, including positive behavioral interventions and supports—strategies like the Pyramid Model that is often used in Head Start.

As your program considers alternatives to suspension and expulsion, it’s important to ask the following questions:

- Are these options in the best interests of the child and the family?
- Do they ensure the child’s full and effective participation in the program?

If the answers are “no” because they don’t maximize the child’s learning opportunities, these are not viable alternatives. This often means that a child can’t be moved from a center-based program that offers interactions with peers to a home-based program. The needs of the family must be considered too. If they need the support of a full-day program, a home-based program is not an acceptable alternative. If the child has an IEP, the decisions must support the child’s IEP-mandated services in the least restrictive environment. As the disability services coordinator, you are a strong advocate for inclusion of children with mental health concerns.



The key pieces of legislation—the IDEA; Section 504 of the Rehabilitation Act; and the ADA, referred to in Chapter I—prohibit discrimination and exclusion on the basis of a disability.

Turn to program management; the mental health consultant; and health, education, and family service staff. Together, consider ways to provide individualized support to the child and family.

- Conduct a [*functional behavior assessment to provide more systematic data to make decisions*](#).
- Make sure that the routines and curriculum activities are developmentally appropriate.
- Ask the family about the child’s behavior at home and find out what works for them.
- Use coaching, mental health consultation, or other professional development activities to build staff competencies and confidence.
- Consider referring the child to the local IDEA agency responsible for determining whether a child can receive services. A formal evaluation may provide a mental health diagnosis and specify intensive support in an IFSP, IEP, or Section 504 plan.
- Develop an internal Child Action Plan while waiting for the evaluation results. If the child does not receive services, continue with the plan.
- Consult with the IDEA agency if the child already has an IFSP or an IEP to ensure the child is receiving the support services specified.

If your program has explored and documented the steps you’ve taken to include the child in Head Start, and the family, teachers, the IDEA agency, and the mental health consultant determine that the child needs a more appropriate placement, your program must collaborate with the parents and family, and with professionals, to transition the child.



A useful resource for educational staff is the [*Pyramid Model*](#)—a tiered framework of evidence-based interventions that promote children’s social, emotional, and behavioral development.

TIPS TO PROMOTE QUALITY HEALTH AND MENTAL HEALTH SERVICES FOR CHILDREN WITH DISABILITIES

Many of these tasks are coordinated with the health manager and health staff.

- **Review screening results for health and mental health concerns.** Discuss with the managers whether a child needs a referral for an evaluation with the local IDEA agency or with a medical or mental health provider.
- **Review daily health and attendance records.** Note changes in health status and increased absenteeism of children with disabilities and special health care concerns. Talk to families, education staff, and special education partners to make any accommodations necessary to ensure a child’s full and effective participation.
- **Promote oral health.** Work with the health manager to help staff learn how disabilities can affect oral health and develop routines and strategies to ensure that children with disabilities brush their teeth. Make sure that children get necessary follow-up treatment.
- **Promote nutritional health.** Work with the health manager and nutritionist to review menus, identify accommodations for children with disabilities during mealtimes. Assist families to access food appropriate to their child’s dietary needs.
- **Partner with the mental health consultant.** Work together to identify program needs and effective consultation supports.
- **Review HSPPS about suspension and expulsion.** Ensure that staff understand the program’s policies applied to children with disabilities or suspected delays. Commit to keeping children enrolled in your program.
- **Ensure individualized teaching and learning.** Help staff respond effectively to children whose behaviors are challenging to adults. Include all personnel who come into contact with the child, including transportation, nutrition, and health staff.



- **Support staff to implement medical procedures.** Work with the health manager to ensure that staff understand necessary procedures related to special equipment, wheelchairs, or modifications to routines. Also, develop a protocol for staff to contact you or the health manager for help.
- **Check on effective service delivery for children with IFSPs and IEPs.** Ensure that the specified services are being delivered to children who have health or mental health disabilities.
- **Respect cultural beliefs and values about health and mental health.** Ask families about their health practices and their views about mental health. Help them address stigmas or stereotypes. They or other family members may have.
- **Advocate for the representation of medical and mental health services on the HSAC.** Ensure that the committee includes specialists who are knowledgeable about disabilities who can speak on behalf of families.
- **Use community resources.** Invite health providers to inform staff about health and mental health concerns in early childhood and effective strategies.

PEOPLE TO HELP YOU PROVIDE HEALTH AND MENTAL HEALTH SERVICES

- Health manager and health staff
- Program leaders and managers
- Family services manager and family advocates
- Education managers, teachers, and home visitors
- Nutrition staff
- Mental health consultant
- HSAC
- T/TA providers
- Community partners
- Families

QUESTIONS TO ASK YOUR COLLEAGUES ABOUT HEALTH AND MENTAL HEALTH SERVICES

- How do we include children with disabilities in our health services planning?
- How do we access health information for children with disabilities?
- How do we work with medical and dental providers of children with disabilities?
- How do we screen children with disabilities for health concerns?
- Are we satisfied with our screening procedures for social, emotional, and behavioral concerns?
- How do we use our ongoing assessment data to identify mental health concerns?
- What do our staff and families need to know about the relationship between disabilities and social and emotional development?
- What is our social and emotional curriculum? What are our discipline policies?
- How do we prevent the suspension and expulsion of children with mental health concerns?
- Do we implement highly individualized practices to support children whose behaviors challenge us? What more do we need to learn about effective strategies?
- How do we work with the mental health consultant? What kinds of support do we need from the consultant?
- What supports do our staff and families need to promote their own physical and mental well-being?
- What is the best way to access the HSAC? Who serves the child and why?
- Which community partners provide medical and mental health supports? How are families referred?
- How can we improve our collaborations and partnerships?

SCENARIO

Four-year-old Tony has a feeding tube. His IEP specifies nutrition support and inclusion with his peers during mealtimes. His parents provide valuable information about their techniques at home. The health manager develops protocols to use with Tony. All of this is a new experience for the teacher, Nury. She asks to meet with the disability services coordinator, the health manager, and her education supervisor. Nury wants their help to ensure that mealtime is a positive learning experience for Tony and that other children engage with Tony. She knows she needs to build her confidence.

First, the support team suggests that Nury observe at lunchtime to see how to embed learning opportunities for all the children. In fact, she finds that lunchtime offers many opportunities to address the children's questions about Tony's device. Also, this is a time to reinforce curriculum goals, such as building empathy and understanding and communicating.

The support team also suggests ways to embed learning opportunities in the classroom curriculum. Working with Nury, they obtain materials similar to Tony's feeding tube for the dramatic play area. In the context of peer play, the children can learn about Tony's experiences. The team considers other centers in the classroom, including the language and literacy area. Nury asks the school librarian to help her find books about young children with health problems and their coping strategies. When Tony goes to the hospital for a few days, the class illustrates a "Welcome Back" book for him when he returns to class. He is thrilled, and so are they!



CHAPTER IX

COORDINATING SAFETY PRACTICES

“Early Head Start has really helped me make my home safe and secure for my toddler. She is deaf and can’t hear me when I tell her, ‘Don’t touch the hot stove.’ ‘Be careful of the wet floor.’ I’ve learned some ways to communicate with her using gestures and putting up picture cues.”

~Parent of a child with a disability in a home-visiting program

This chapter highlights the safety practices that are vital to a coordinated approach for children with disabilities and children with special health care needs and their families. Your work as a disability services coordinator integrates with multiple systems and services to ensure the safety of children with disabilities.¹ Your key program partners are the health manager who is responsible for the overall health and safety of the children and the facilities manager who oversees accessibility indoors and outdoors. Working together, you can create a culture of safety.

KEY IDEAS

- Keeping children safe is a top priority for all Head Start and Early Head Start programs.
- Safety and injury prevention are essential in providing services to children with disabilities.
- Staff share the responsibility of ensuring a safe, inclusive environment both indoors and outdoors on a daily basis.
- Partnering with families keeps children safe at home.
- Families’ ideas about what is safe or not safe reflect their cultural backgrounds and their own experiences.
- Accessible facilities are integral to a coordinated approach to ensure full participation of children with disabilities and their families.
- To ensure that all children with disabilities participate effectively and fully in all activities, a coordinated approach includes integration of safety practices throughout the program.

WHAT ARE THE SAFETY PRACTICES IN HEAD START?

The HSPPS in [1302 Subpart B – Program Structure](#) specify that staff–child ratios and group size maximums, plus square footage requirements, should all ensure safe learning environments for children. If state licensing requirements differ from requirements in the HSPPS, a program must observe the strictest requirement.

[Most HSPPS on safety practices appear in Part 1302 Subpart D – Health Program Services.](#) A program must have a management system that includes policies and practices to make sure that all facilities, equipment and materials, background checks, safety training, safety and hygiene practices, and administrative safety procedures ensure child safety. The HSPPS require that staff with regular child contact attend initial orientation training within 3 months of hire and then ongoing training in health, safety, and child care requirements. Program management creates a disaster preparedness and response plan and include it in staff training.



HSPPS Related to Safety Practices

- [1302.21 – Center-based option](#)
- [1302.22 – Home-based option](#)
- [1302.23 – Family child care option](#)
- [1302.47 – Safety practices](#)
- [1302.100 – Purpose](#)
- [1302.102 – Achieving program goals](#)
- [1303.56 – Inspection of work](#)
- [1303.74 – Safety procedures](#)
- [1303.75 – Children with disabilities](#)

¹ In this guide, the term *children with disabilities* refers also to children with suspected delays unless stated otherwise.

Other regulations also pertain to safety issues. Requirements about safe facilities appear in [Part 1303 Subpart E – Facilities](#). When a new facility is completed, managers will need a final facility inspection. The report must certify that the facility complies with the access requirements of the ADA, Section 504, and other federal and local regulations. Safety regulations pertaining to vehicles and transportation of children appear in [Part 1303 Subpart F – Transportation](#). Children who receive transportation services must learn safety procedures and participate in bus evacuation drills. HSPPS [Part 1302 Subpart J – Program Management and Quality Improvement](#) requires staff to report any significant incident affecting the health and safety of program participants to the responsible Department of Health and Human Services (HHS) official immediately or as soon as possible.



PLANNING FOR PARTNERSHIPS

You are likely to collaborate with the program management, the health manager, transportation and facilities managers, and other staff as you develop effective community partnerships.

- Reach out to health care providers, early intervention and special education providers, and other specialists.
- Create emergency preparedness and safety and injury prevention plans.
- Ensure that the plan includes accommodations needed for children with disabilities or special health care needs.
- Offer joint training opportunities about roles and responsibilities that keep children safe.
- Develop a communication protocol to inform program staff and partners about children’s injuries and to provide consistent messages to parents and families.
- Include parents’ and families’ voices as you build partnerships.

WHAT IS YOUR ROLE IN SAFETY AND INJURY PREVENTION?

Keeping children safe is a top priority for all Head Start and Early Head Start programs. Children with disabilities and special health care needs may be more vulnerable to injuries. Also, they are more likely to sustain more serious injuries. As the disability services coordinator, you work with multiple systems and services to create a culture of safety. You continue to design and implement a coordinated approach that promotes the full and safe participation of children with disabilities and their families.

The safety regulations are broad and encompass many aspects that affect young children with disabilities and special health care needs. The leadership in your program has probably developed health and safety protocols or decided to use available [checklists](#) to ensure clean facilities and avoid dangerous situations on site. Making health and safety a priority begins at the top of your program; but, in fact, all staff are responsible for ensuring the safety of all children.



All staff must ensure that no child is left unsupervised or at risk of injury. Staff must attend to children’s behavior and potential hazards, with appropriate action taken immediately.

You and all program staff focus on anticipating hazards and individualizing to prevent injury. As children grow and change, the learning environment also changes. That’s why periodic checks are necessary. Often, the direct providers who work with children are responsible for completing safety checklists. The managers make sure that they are done in a timely fashion and that any identified issues are addressed. The manager might be a facilities manager, site or education supervisor, or center director. Also, work closely with transportation staff to ensure that they have safety procedures in place for children with disabilities and that staff follow any special requirements in their IFSP or IEP.

Across all program types and all age groups in Head Start, active supervision is a key element in creating safe learning environments. As a disability services coordinator, you can help staff:

- Understand how to position themselves to observe all the children, watching, listening, and counting at all times
- Use their knowledge of each child’s development and abilities to anticipate what they will do, and then get involved and redirect when necessary.



Active supervision looks like this: A preschooler places a heavy truck on top of a shelf. A child with a mobility challenge is playing on the floor near the shelf. The truck presents a hazard, because the child can’t move quickly if the truck topples. The teacher must act immediately to move the truck to a safer spot.

With the health and the facilities managers, and the educational staff, plus early intervention specialists and special educators, you can help develop approaches to adapt the learning environment so children with disabilities can participate safely. Think through the environment and the details of the children’s disabilities—including physical, social and emotional, cognitive, and sensory needs. Consider all the settings where children spend time—in center-based and home-based programs, indoors and outdoors.

Partner with the family service staff and families to ensure that homes are safe for young children with disabilities. Learn about the child’s experiences at home. What safety measures do they have in place? Do they need help for a child with a walker or language delays or mental illness? There may be times when you turn to health providers and specialists for suggestions.

The ELOF goals include “learning safe behaviors and demonstrating self-care in developmentally appropriate ways.” Work with education staff to plan curriculum modifications or embed learning opportunities to promote these skills with children with disabilities and special health care concerns.

DEVELOP SPECIALIZED SAFETY PLANS

Many children with disabilities need an individualized plan to ensure their safety and well-being. A child’s IHP, IFSP, or IEP might identify emergency procedures, or they may not include this information. You, other staff, and a child’s parents and family might need to develop plans to accommodate these kind of situations.

- A child with an IEP has a disability related to hearing and sensory integration. He is frightened by loud noises, such as sirens and alarms. When the school building schedules a fire drill, teachers have a plan—but what is the plan for staff to support the child when the building has an unscheduled fire drill?



The ECLKC offers valuable resources about health and safety. Check out the latest [webinars](#) and [safety guidelines](#). Also, the HSPPS recommend that a program consult [Caring for Our Children Basics](#) about implementing adequate safety policies and practices. For additional information and an explanation of the rationale behind evidence-based health and safety practices, consult the [CFOC Online Standards Database](#).



Safety at Home

An infant has low muscle tone, and her IFSP includes tummy time. You and the home visitor note that tummy time isn’t happening. You take a look around the home and notice that the floor space is crowded. You work with the family to set up safe floor space in a corner, so they can feel confident about providing tummy time each day. See the home safety guidelines at <https://eclkc.ohs.acf.hhs.gov/safety-practices/article/tips-keeping-infants-toddlers-safe-developmental-guide-home-visitors-toddlers>.

- A child walks with leg braces and moves slowly in comparison to the other children. If the child needs to make a quick exit from the classroom in an emergency, how can staff ensure the child's safety?
- A toddler with a visual impairment would not be able to see a hazard in the classroom or outdoor space in the same way as other children. How can teachers make sure that the child knows about changes to the classroom or outdoor environment that could affect the child's safety?

Your program's emergency preparedness plan must address the safety of children with disabilities and special health care needs. Review the procedures in your program to ensure access to medications and special dietary items in the case of a shelter in place. Also, make sure that these items are brought along in the event of an evacuation. In addition, some children with disabilities may require special transportation to properly evacuate.

Establish responsibilities during staff training and planning meetings before an emergency or drill to make sure that staff are comfortable with the procedures. Reach out to your community partners, such as the fire department/paramedics. Inform them about children with disabilities who might need special assistance during a natural disaster or other community-wide emergency.

Children with disabilities who ride program vehicles may need specialized plans for emergency evacuation. The IHP, IFSP, or IEP may include these plans. Some children with limited physical mobility may need adult assistance getting in and out of the bus. Children with communication problems may become very confused and upset because they don't understand the instructions. Ensure that all the adults involved in transportation know the specific procedures for a child with disabilities and have conducted the required evacuation drills.



The federally managed website on emergency preparedness, [Ready.gov](https://www.ready.gov), offers guidance for emergencies, with specific considerations for children and adults with disabilities.

TIPS FOR CREATING A SAFE ENVIRONMENT AND PREVENTING INJURY

- **Advocate for a program-wide culture of safety.** Make it clear that safety is everyone's responsibility. The eyes and ears of all adults need to be tuned into preventing hazards and ensuring all children's safety at all times.
- **Conduct a safety check.** Partner with education staff, home visitors, and their managers to conduct a safety check indoors, outdoors, and on program vehicles to identify hazards for children with disabilities and ensure that adaptations are in place.
- **Work with the facilities management.** Make sure the facilities meet the ADA requirements using materials provided on the [ADA website](https://www.ada.gov).
- **Emphasize the importance of active supervision.** Review program policies and procedures to ensure adequate staffing indoors and outdoors and consistent implementation of active supervision strategies.
- **Provide training.** Ensure that all staff, volunteers, and consultants understand the importance of injury prevention and their role in active supervision.
- **Plan for emergencies.** Make sure your program's emergency plan includes plans for children with disabilities and special health care needs who may require an accommodation. Hold practice sessions, such as fire drills.
- **Review home safety.** Partner with families to ensure that everyone knows how to ensure a safe home environment for their children with disabilities.
- **Reach out to partners and local resources.** Find out which resources address the safety issues of children with disabilities and special health care needs. Promote child safety throughout your community.



PEOPLE TO HELP YOU

- Health manager and staff
- Facilities manager
- Transportation manager and staff
- Education managers and staff
- Program leadership
- Partners engaged in community safety, such as first responders
- Health care providers
- Part B and Part C and related service providers
- Families

QUESTIONS TO ASK YOUR COLLEAGUES

- How do we ensure safe environments for children with disabilities and special health care needs? How do we engage families?
- How do we address hazards and risks to children with disabilities?
- What kinds of accommodations prevent injury to children with disabilities and special health care needs?
- What kinds of supports do we offer families to ensure safe environments at home and in the community?
- Do we have specialized emergency plans in place that ensure the safety of children with disabilities and special health care needs during a natural disaster or other situations?



SCENARIO

Janet is a disability services coordinator. She meets regularly with the classroom teachers who want to ensure that they provide the best learning opportunities for the young children with disabilities. Because of a congenital condition, 4-year-old Carlos has mobility challenges and uses a walker. He is not eligible for IDEA services but has an IHP. The teachers feel comfortable assisting him in the classroom. They've modified the classroom environment so he can move around easily.

However, the teachers are concerned about his safety outdoors. What if other children run and bump into him? They are also worried that he may get hurt going from the classroom to the playground. The children have to pass through a heavy door to reach the playground. Carlos moves slowly with his walker, and it takes him more time to get to the playground.

They also raise staffing concerns. Which teacher is going to keep an eye on the children who are already outside? Which teacher is going to hold the door for Carlos? Who is going to help Carlos navigate the steps? What if he falls and hurts himself? They don't think they have enough staff to provide adequate supervision, but they know how important it is for him to be engaged in outdoor activities with his classmates.

Janet appreciates the teachers' concerns about Carlos's safety. She affirms that safety is a priority for all children in Head Start. She brainstorms with the health manager, the facilities manager, and the teachers. Together, they come up with a few strategies:

- Classmates can help hold the door for Carlos.
- A volunteer can assist during this transition time.
- The health manager reaches out to Carlos's parents to find out more about the likelihood of his falling and inquire about fall prevention strategies and protective measures the program can implement.
- Everyone agrees that they need a safety plan for Carlos.

Janet and the teachers meet the next week. They report on their successes. The other children want to help hold the outside door for Carlos and for their other friends as well. The teachers designate this as a "job" on the job chart, because holding the door is a kind thing to do every day for all children. Janet contacts a volunteer organization. The teachers come up with a staffing plan that includes the volunteer to help when the children are outdoors. The health manager provides useful information from Carlos's primary care doctor and the parents.

The parents appreciate the concern and share that Carlos has fallen at home. They explain that playing outside is important for Carlos. They want him to have the same experiences as the other children in the classroom. Janet and the teachers are relieved to hear that perspective from Carlos's parents. The program team wants to have a plan in place so they will know what to do if Carlos falls, how much support to offer him, and how to help him navigate a possible tumble. Carlos's parents describe how they handle his falls at home. They have taught him how to get up after a fall and explain what kind of support he needs when he falls. They help write up a safety plan for the program. Next, the health manager shares the safety plan with Carlos's primary care provider for approval. The disability services coordinator, the health manager, and the education staff have worked together to ensure full participation for Carlos.

CHAPTER X

ENSURING SMOOTH TRANSITIONS

“More than anything, I want my child to continue to learn in kindergarten and on and on. Even though she has a lot of issues, all that support in Head Start is what made the difference. I’m going to make sure that she has everything she needs to be successful in school.”

~ Parent of a child with an IEP

This chapter shares effective and responsive ways to provide continuity of services as children transition into new settings, different programs, or kindergarten. As a disability services coordinator, you work closely with program staff, partners, and families to help children with identified or suspected disabilities navigate transitions. Programs must use a coordinated approach, because there are many pieces to put in place as children move from:

- Early Head Start to Head Start
- Preschool to kindergarten
- IDEA¹ Part C services to IDEA Part B services
- One program setting, classroom, or one service provider to another

All of these transitions bring new relationships, routines, and environments. A coordinated approach makes transitions smooth and effective for the children and their families. Your goals are to provide continuity of services and support the growth that children have made in Early Head Start or Head Start.

KEY IDEAS

- Families of children with disabilities² have a critical role in the transition process, as mandated in the IDEA and the HSPPS. They drive planning to ensure that their child receives appropriate services.
- Smooth transitions between programs and into schools help children with disabilities maintain their developmental progress and reduce families’ stress.
- Programs incorporate support for cultural and linguistic diversity into transition services.
- Partners and programs need to communicate effectively during transition planning.
- PD, including joint activities with early intervention providers special educators, and the LEA,³ promotes smooth transitions.
- A coordinated approach for transition planning involves families and team members across systems and service areas.



1 IDEA is the federal Individuals with Disabilities Education Act.

2 In this guide, the term *children with disabilities* refers also to children with suspected delays, unless stated otherwise.

3 The LEA is a public entity—usually a school district—responsible for the evaluation and determination of a child’s eligibility for IDEA services.

WHAT ARE TRANSITION SERVICES IN HEAD START?

Changes in service delivery can be challenging for children and families when they're accustomed to the services they have previously received. When programs do advanced, individualized planning, it makes transitions easier.

[*The HSPPS 1302 Subpart G – Transition Services*](#) requires programs to implement strategies and practices to support successful transitions for children and their families. Programs must collaborate with families by providing information about the child's progress and strategies to work with the new program. It is important for programs and families to communicate with receiving programs or schools so they can facilitate continuity of learning and development. These requirements apply to all transitions from Early Head Start and Head Start and between programs.

In addition, there are specific requirements about transitions from:

- Early Head Start to Head Start
 - Plan at least 6 months before the child's third birthday
 - Transition as soon as possible after the child's third birthday
 - Work with Head Start to maximize enrollment transitions for eligible children
- Head Start (preschool) to kindergarten
 - Prepare parents and family to exercise their rights and responsibilities about their child's education
 - Collaborate with LEAs about transferring records, staff communication, joint training, and participation in summer programs
 - Create learning environments and activities to familiarize children with kindergarten
- Between programs
 - Help families find Early Head Start, Head Start, or other early childhood programs

The HSPPS [*1302 Subpart F – Additional Services for Children with Disabilities*](#) includes additional requirements for transitional services for children who are IDEA eligible. For children with an IFSP who are transitioning out of Early Head Start, a transition plan that outlines the steps for the child's transition is part of the IFSP. The program must collaborate with the parents and family and with the local agency responsible for IDEA to determine the child's eligibility for Part B. The agency must write an IEP for specialized services to continue past the child's third birthday.

For children with an IEP who are leaving Head Start for kindergarten, a program must collaborate with the parents and family and with the agency responsible for implementing IDEA to support the child and family.



HSPPS Related to Transitions

- [*1302.61 – Additional services for children*](#)
- [*1302.62 – Additional services for parents*](#)
- [*1302.63 – Coordination and collaboration with the local agency responsible for implementing IDEA*](#)
- [*1302.70 – Transitions from Early Head Start*](#)
- [*1302.71 – Transitions from Head Start to kindergarten*](#)
- [*1302.72 – Transitions between programs*](#)
- [*1302.102 – Achieving program goals*](#)



Keep a copy of the IFSP or IEP for the duration of the child's enrollment in Early Head Start or Head Start to provide information during the transition process. Be sure to observe any confidentiality requirements.



PLANNING FOR PARTNERSHIPS

Transition planning involves working closely with the Part C and Part B local agencies, other community partners, and staff in your program. To build partnerships around transitions:

- Include specific steps for planning the transition with families.
- Develop a communication protocol so partners share information about the programs, the children, and the families.
- Exchange data about children between sending and receiving programs, ensuring parental consent and confidentiality when necessary.
- Specify language supports for children with disabilities who also are DLLs.

WHAT IS YOUR ROLE IN TRANSITION SERVICES?

As the disability services coordinator, you are a key player in transition planning. The goal is to maintain each child's progress during transitions by keeping services as consistent as possible and empowering families to advocate for their children with disabilities. Collaboration and communication are key to successful transitions for children with disabilities and their families.

Your program may have a transitions team in place, composed of program staff and partners. If not, work with program management to consider establishing a transitions team. Some of the key players and tasks might be the following:

- Family services coordinator to ensure that the family plans a process that works for them; consider interpretation or translation services, if necessary
- Education manager, a child's teacher, or home visitor to ensure that information about effective teaching and learning strategies and about the child's progress is current
- Health manager to support children with disabilities and special health care needs
- Transportation manager, if a child with disabilities receives support on the bus

You manage the relationship with Part B special educators and Part C early intervention partners as children transition. The transition for children eligible for IDEA services under Part C in Early Head Start to Part B in preschool Head Start includes programmatic changes. After the child's third birthday, the early interventionists under Part C will likely be replaced by special educators from the school system. The child who is moving out of Early Head Start enters a new classroom setting with new staff and some, if not all, new children. There can be many transitions that the child and family need to navigate. Help the families understand the expectations of the preschool setting. Be sure that the IFSP and any other treatment and behavioral plans are passed on.



The transition from Head Start into kindergarten is a big step for most children with disabilities and their families. Under IDEA, schools must educate children with disabilities in the LRE. Even though schools are organized differently and may not offer the comprehensive services that Head Start does, they have inclusive settings. Schools may offer a continuum of special education settings ranging from inclusion to self-contained programs to ensure that, to the maximum extent appropriate, children with disabilities, are educated with children who are not disabled.

The decision-making process about the placement and service options in kindergarten is a joint effort between the IEP team and the family. As the disability lead, you and the child’s Head Start teacher or home visitor will be involved in these decisions. If a child has a Section 504 plan, a Child Action Plan, or a health plan, partner with the parents and family and with other specialists to discuss the transition. In many cases, you will advocate the child’s placement and services to be provided in an inclusive setting, similar to the child’s experience in Head Start. Be prepared to explain what inclusion practices worked well and why. Also, identify the challenges so that the new school or program can be ready to address them. Many LEAs provide summer classes before children go into kindergarten. If your Head Start program doesn’t operate in the summer, this may be an opportunity for children with disabilities to be with same-age peers. Explore whether this option exists for children in your program.

As part of your work, update—or at least review—the current interagency memorandum of understanding (MOU) with the local agency responsible for implementing IDEA. Ensure that the transition services the child receives are appropriate and adequate.



Help families advocate for inclusive practices. Connect them with the [Parent Training and Information Center](#) in their state.

SUPPORTING FAMILIES

When children transition, they need to form new relationships with adults and other children. The new learning environment may have different rules and routines, materials, and assistive devices, even different child–staff ratios. It will take time for children with disabilities to get used to the new setting. It will also take time for their families to adjust.

When helping a child and family transition to new services and programs, you:

- Support the family to make sure that the evaluations and decisions about eligibility for an IEP are timely and appropriate
- Partner with families to minimize changes in services during re-evaluation
- Meet with the family to understand what they anticipate and help them prepare
- Gather child records and other information that will be helpful to the transition team
- Ensure that current and receiving partners have accurate and relevant information



During the transition process, partner with all interested family members, including nonresidential parents and family members. When you work together, families are affirmed as lifelong educators and advocates for their children.

Strategies to promote family engagement and advocacy for children with disabilities who are transitioning to a new program or kindergarten include the following:

- Help families keep the focus on this question: What is in my child’s best interests? There may be a lot of information and different points of view to consider.
- Make sure that families have the information they need to make decisions about the transition.
- Answer families’ questions about services. What is going to change? What is going to be the same?
- Provide families with written information about services in the school system.

- Build a connection with the receiving school. Schedule meet-and-greets and visits. Connect families to parent-teacher associations and encourage family engagement.
- Help families advocate for culturally and linguistically appropriate plans for their child.

Your goal is to help families outline what they expect from preschool or kindergarten special education services and advocate for supports that will ensure their child's success in the new program or school.

WORKING WITH THE LARGER TEAM

Work closely with staff, agency partners, and families to plan transitions for children with disabilities. Ideally, they are members of an established transitions team in your program.

What do you do? You do a lot to help ensure that stakeholders have what they need:

- Coordinate meetings, communications, and other support activities
- Ensure the exchange of child data
- Monitor the process
- Minimize any disruptions in services
- Advocate for inclusion

Know the timeframes and the tasks:

- Six months before the child's third birthday, begin planning for the transition from Early Head Start to Head Start or another early childhood program. Include visits to and from receiving programs. Comply with legal requirements for the transition between Part C and Part B. Use the transition plan in the IFSP.
- Allow enough time to manage plans between your program, special education partners, and LEAs.
- Keep in mind that the receiving program or kindergarten should be ready to implement the IEP on the first day the child enters.



The Office of Head Start is developing resources about the transition from Head Start into kindergarten. These will help you develop and strengthen partnerships between your Head Start and receiving schools. You can tailor them for your community. The [ECLKC](#) also has useful calendars for planning transition activities.

TIPS TO SUPPORT EFFECTIVE TRANSITIONS FOR CHILDREN WITH DISABILITIES

- **Review transition policies and procedures in your program.** Make sure that they support inclusive practices. Make sure that family engagement is a priority.
- **Develop information packets for families and stakeholders.** Share information from your program and early intervention and special education partners.
- **Communicate frequently with the receiving program or school.** It helps if you and program administrators clarify expectations and identify challenges in advance.
- **Revise interagency agreements (IAs)/interagency memoranda of understanding as needed.** It is important to update the formal agreements with the local agencies responsible for implementing IDEA Part B and Part C to ensure continuity for children and families.
- **Advocate for the LRE for preschoolers.** Consider the advantages of a general education placement that offers the LRE. What supports need to be in place for successful inclusion? How can the child meet goals in the LRE? Share the successful supports and modifications that have been used in Head Start.
- **Advocate for early intervention services in the natural environment for infants and toddlers.** What supports do family child care, center- or home-visiting programs need? What supports do families need?

PEOPLE TO HELP YOU

- Family services staff
- Education manager
- Teachers and home visitors who work with the children and with parents and family
- Health manager
- Transportation manager
- Data manager
- Program administrators
- Early intervention specialists
- Special educators with the LEA
- Mental health consultant
- Staff in receiving programs or school, such as principals or kindergarten teachers
- Parents and families

QUESTIONS TO ASK YOUR COLLEAGUES:

- What options does the receiving program or school offer? How can we make full inclusion an option?
- What is the transition from Early Head Start to Head Start like for families? For children with disabilities? For staff? Are we doing everything we can to ensure a smooth start in a new program?
- How effective is our current transition process for children with disabilities? When does it start? Who is involved? What are some of the strengths and challenges?
- What do our families and children say about the transition process?
- What supports do our families receive during the process? Have they asked for additional support?
- What lessons can we learn from the successful transitions of children with disabilities? How can we use these lessons to ease transitions for all children?



SCENARIO

Sydney Street Head Start and one of its receiving elementary schools have a strong partnership. At the beginning of the school year, the disability services coordinator, Mohammed, and the principal want to take a closer look at the transition process for children with disabilities. They also want to learn more about each educational setting and services. They plan monthly meetings with the core transitions team: the Head Start director, teachers, other interested Head Start staff, and special educators from the school system. Parents and family members, too, are invited.

At these meetings, they discuss a number of important issues, such as plans for joint training opportunities, transportation, and supports for children who are DLLs. The team puts forward several suggestions to ease the transition and improve specialized services. Teachers in both settings—and parents, too—are concerned about the prevalence of social and emotional issues in young children. The team decides to plan joint teacher training on mental health issues and strategies to address them. The school specialists and the mental health consultant in Head Start will take the lead. A local mental health clinic will offer information sessions for parents.

The partners agree to offer a summer program in the receiving school for children with disabilities who transition to kindergarten in the fall. The children are dually enrolled. Head Start provides the classrooms, dental screenings, and support services to families, along with meals and snacks. The school district provides the teachers and paraprofessionals, which helps the children and families make connections to their new teachers.

The summer program ensures that the children have learning experiences with their typically developing peers, as much as they will when they start kindergarten. All the children will have a chance to meet some of their future classmates and teachers. It's a win-win—both partners are invested in a smooth transition for the children with disabilities and their families.

The partners revise the interagency memorandum of understanding to reflect their new responsibilities and tasks.



PART III. IMPROVING DISABILITY SERVICES

CHAPTER XI

CREATING SUPPORT FOR STAFF

“My program has always been great about arranging learning opportunities. One of the best was when we joined up with our local school district to discuss working with families whose children have severe disabilities. I have a better understanding of what the families are going through and how much support they need.”

~ Head Start family advocate

This chapter is about identifying and supporting staff’s professional development (PD) needs. Your job as a disability services coordinator is wide-reaching, touching all aspects of the Head Start program. To ensure that a coordinated approach is in place for children with disabilities¹ and their families, you need to address PD. What are the staff’s strengths? Where do they need additional support managing systems or delivering services? When you build trusting relationships with staff, you will be more effective in using PD to improve your program’s coordinated approach.

KEY IDEAS

- Successful inclusion depends on staff who are confident and capable of supporting the development and learning goals of children with suspected or identified disabilities.
- Some staff may need individualized support, including coaching or mentoring, to deliver high-quality disability services.
- Joint training with early intervention and special education partners helps to ensure consistent delivery of services.
- Respect for cultural and linguistic diversity of staff—and of the children and families—is a key message in all training and PD activities.
- PD for child and family services staff promotes child and family outcomes.
- A coordinated approach for children with disabilities intersects with a coordinated approach for PD and training (a requirement in Head Start programs).

WHAT IS THE TRAINING AND PD SYSTEM IN HEAD START?

Staff training, supervision, and support are the methods of preparing and providing ongoing PD for staff who work with children and families. The HSPPS [1302 Subpart J – Program Management and Quality Improvement](#) requires a program wide coordinated approach to ensure that the training and PD system effectively supports the delivery and continuous improvement of high-quality services. This means that implementing a coordinated approach for the PD system intersects with the coordinated approach for service delivery for children with disabilities and their families. These two coordinated approaches go hand in hand.

The HSPPS [1302 Subpart I – Human Resources Management](#) provides requirements about training content. For children and family services staff, including those working in health and disabilities, training needs to build their knowledge, experience, and competencies to improve child and family outcomes. The PD system also must include research-based approaches for education staff that are focused on the following content areas:

- Effective curricula implementation
- Knowledge of the content in the Early Learning Outcomes Framework ([ELOF](#))
- Partnering with families



HSPPS Related to Staff PD

- [1302.91 – Staff qualifications and competency requirements](#)
- [1302.92 – Training and professional development](#)
- [1302.93 – Staff health and wellness](#)
- [1302.101 – Management system](#)

¹ In this guide, the term *children with disabilities* refers also to children with suspected delays, unless stated otherwise.

- Supporting children with disabilities and their families
- Providing effective and nurturing adult–child interactions
- Supporting children who are dual language learners (DLLs), as appropriate
- Addressing challenging behaviors
- Preparing children and families for transitions
- Using data to individualize learning experiences for improved child outcomes

A program also must ensure that staff can access mental health and wellness information. The HSPPS require that programs implement a research-based, coordinated coaching strategy. Based on staff needs, programs must offer intensive coaching to education staff who would benefit most. The coaching plan might include observation, feedback, and models of effective teaching or home-visiting practices that align with program performance goals. Staff who don't need intensive coaching can receive other forms of research-based PD.



All staff must complete at least 15 clock hours of PD per year. As appropriate, the PD should offer academic credit.

The Head Start Act of 2007 requires that a PD plan is developed for all full-time Head Start employees who provide direct services to children. Such plans must be evaluated regularly for their effect on teacher and staff effectiveness. This requirement can be met by program-wide PD planning and/or by individualized PD plans, which are often supported by coaches and supervisors.

WHAT IS YOUR ROLE IN PD FOR STAFF?

As the disability services coordinator, you help ensure that all staff receive the training, supervision, and PD they need to deliver high-quality services to children with suspected or identified disabilities and their families. This scope covers teachers, family child care providers, home visitors, and family service workers who are direct providers. It also covers other personnel. Consider the bus drivers who transport children with disabilities, the nutritionists who prepare meals for children with special health needs, and the data specialists who analyze data about children with disabilities. Include volunteers in training, when possible. Of course, not all staff need to know all the details about disability services, but they need to know enough to support inclusive services and fulfill their roles. To implement a coordinated approach for children with disabilities, collaborate with the PD system and its outreach to all staff members, volunteers, and other stakeholders.



PLANNING FOR PARTNERSHIPS

Include joint training opportunities among partners to ensure consistent information.

You can support effective staff development when you help:

- Create tools and protocols to identify staff's PD needs.
- Promote collaboration between coaches, early intervention providers, and special education partners to provide staff with consistent support.
- Think broadly about staff PD. Learning about inclusion—its benefits and effective strategies—builds strong advocates for children with disabilities.

PD content is broad. All of the PD content areas for education staff that are listed in the HSPPS can be integrated with information about children with disabilities. As you and the program management plan PD, topics may include the IDEA and other laws, plus the HSPPS regulations. It's important to address recruitment, family support, and transitions. In fact, you may cover the topics highlighted in each chapter of this guide in staff PD.

Make sure that PD about inclusion integrates cultural and linguistic responsiveness to children with disabilities and their families. Also consider the cultural and linguistic backgrounds of the staff as you plan PD. For some staff, inclusion may not be part of their past experience. PD may need to incorporate a rationale and the legislative requirements.

Keep in mind that the HSPPS require a research-based approach to PD. Stay informed about new developments in the field that support inclusion. Integrate this information into staff PD. The HSPPS also require a research-based, coordinated coaching strategy. Share the latest research about effective teaching practices, home-visiting strategies, and inclusive learning environments for children with disabilities with education managers, supervisors, coaches, and child development specialists.

Consider grounding staff in child development research, especially for those who work directly with children with disabilities. When staff know about developmental milestones, they are better prepared to support a child with suspected or identified disabilities. They might be alert to developmental delays that can lead to a referral. Also, a foundational knowledge of child development helps staff view children as individuals with different rates and paths of development. They can better understand why they must individualize their teaching practices or their home-visiting strategies. You can point staff to your program's curriculum guides and to the ELOF, which provides developmental milestones from birth to 60 months.

It's important that staff know about the cultural factors that affect child development. If there are children with disabilities who are DLLs in your program, staff need to understand first- and second-language acquisition processes. Include information about how disabilities can affect language learning and language processing. Plan training with input from the family advocates in your program. They have information about the families' cultures and languages. In short, the principles of child development guide staff's work with all children, including children with disabilities.

WORKING TOGETHER

When you develop positive relationships with program staff, they are likely to be interested and receptive to PD that supports children with disabilities and their families. Effective communication is critical. If you are perceived as a partner who hears their concerns and wants to address the challenges they face, they are more likely to be engaged in PD activities. Make it clear that PD helps them do their job better.

Work closely with the human resource (HR) department in your program. You might help write job descriptions for educators or managers who play critical roles in the coordinated approach. You might learn about PD needs from performance appraisals of staff. Although the information on any one person is confidential, your HR colleagues may be able to identify trends or patterns.



In 2017, a committee of the National Academies of Sciences, Engineering, and Medicine published a comprehensive report: *Promoting the Educational Success of Children and Youth Learning English: Promising Futures*. One chapter discussed DLLs and English learners with disabilities. This resource can be incorporated into PD for Head Start staff.

<http://www.nationalacademies.org/hmd/Reports/2017/promoting-the-educational-success-of-children-and-youth-learning-English.aspx>



"Creating a partnership generally involves getting to know the other person and establishing trust, gaining an understanding of another's priorities and needs, and reaching consensus on how best to work together." See CONNECT Module 3: Communication for Collaboration.

<https://www.connectmodules.dec-sped.org/connect-modules/learners/module-3/>

Become familiar with staff qualifications and required competencies as stated in the HSPPS. An important piece of onboarding for new staff, volunteers, and consultants is learning about disability services in your program. You can use this guide as a valuable resource!

There are many ways for you to help plan and provide PD in support of inclusion. Depending on the size and configuration of your program, it might make sense to plan PD activities for large groups (or for orientation at the beginning of the year for staff, consultants, and volunteers) of personnel in specific roles, such as teachers and home visitors who work with infants and toddlers with disabilities. Work with a team to decide on the training priorities.

The Head Start Act of 2007 requires that all full-time Head Start employees who provide direct services to children have a PD plan. These plans must be evaluated regularly for their effect on teachers and staff effectiveness. Often, coaches and supervisors help develop individualized PD plans. Form a team with the educational staff to help shape individualized plans for teachers and home visitors to learn about inclusion and how to better support children with disabilities and their families. Based on assessment data and observations, a teacher or home visitor might identify particular learning goals to support inclusive practices, along with an action plan. Act as a resource, especially if a staff person has career goals related to special education or early intervention.



When teaching staff and home visitors receive PD on intentional teaching and learning supports for children with disabilities, they are better prepared to use individualized approaches with all children.

GETTING STARTED

When programs build their PD systems, they start by identifying staff needs. Through ongoing monitoring of program quality, staff self-assessment, and staff supervision, program management determines what kinds and levels of PD the staff need to provide a high-quality, inclusive environment. Planning PD may involve:

- Reviewing staff records for experience or training in disability services
- Analyzing IEP/IFSP progress, child outcome data, and school readiness goals
- Reviewing transition data for children with identified or suspected delays
- Learning directly from staff who work with children and families about their training needs
- Consulting with others, including coaches, mental health consultants, and early intervention and special education partners
- Reviewing staff evaluations from previous training activities
- Using data from the community assessment and from continuous improvement



The needs assessment may indicate that all staff need a refresher on the program's inclusion policies. You may also want to review the federal legislation about inclusion. Your PD can provide the rationale for a coordinated approach. When educators, transportation and nutrition specialists, family outreach advocates, budget personnel, and other staff come together, they will appreciate the roles they play in ensuring that children with disabilities and their families fully participate in the program.

The most effective PD targets the audience's particular needs. Often, experienced staff need different training than inexperienced staff. You may want to tailor learning experiences for staff who work directly with children and families. Some may need intensive PD related to a particular disability or specific practices. At times, PD efforts may support a particular child and family. These specific PD needs may be addressed in a staff member's individualized PD plan.



Volunteers, too, need to learn about inclusion during their orientation. If possible, they can participate in ongoing staff development.

Also, consider ways to support coaches and education managers. They may need to build their knowledge and skills about inclusive practices by learning from experts in the field at conferences or via online modules. The staff needs assessment will help you make plans that work for everyone.



Just as children's learning experiences are individualized in your program, so are staff learning opportunities.

Who can deliver the training and PD supports? Here are some options.

- T/TA system providers – The regional training and technical assistance (T/TA) providers offer PD opportunities, including institutes and onsite visits to grantees.
- The [ECLKC](#) – This is the official communication channel for all things Head Start. It provides online modules, chat rooms, and other interactive venues—as well as extensive resources.
- Professional organizations, such as the [Council for Exceptional Children's DEC](#) and the [National Association for the Education of Young Children](#) (NAEYC), often provide training and resources for service providers. The National Head Start Association (NHSA) offers PD in states and regions (<https://www.nhsa.org>). Check out local child care resource and referral agencies and family child care organizations.



As you plan PD, cast your net wide in identifying trainers and resources.

TIPS FOR BUILDING PD TO SUPPORT INCLUSION

- **Review all training and PD plans.** Make sure that they are grounded in data, such as the needs assessment from staff and also reflect the program's philosophy of inclusion. Integrate the HSPPS and legislative requirements into your plan.
- **Identify some PD activities that are general and others that are specific to disability services.** Topics like individualization apply to all children, but specific teaching strategies and home-visiting strategies might apply only to children with disabilities.
- **Support individual staff.** Meet with them or their supervisors regularly to problem-solve and address the needs of children with disabilities. Be creative as you investigate PD opportunities online and at local, regional, and national levels.
- **Coordinate with coaches and managers.** Provide guidance to supervisors and others who support direct line staff working with children with disabilities and their families.
- **Ensure collaborations with partners.** Review IAs and interagency memoranda of understanding, the community assessment, and the program self-assessment to identify joint PD opportunities. LEAs may be sources of PD for your program. Contact community colleges for credit courses and trainers.
- **Know your staff.** Support their PD goals. Help them find credit courses, if they are working toward a degree or credential.
- **Think outside the box.** Think about how staff who perform a variety of functions in the program can benefit from learning about children with disabilities. Include contractors, consultants, and volunteers, when possible. Help create a welcoming, inclusive environment for children and their families when they first walk in the door.

PEOPLE TO HELP YOU

- Program management who plan and budget PD
- Educational staff and home visitors
- Family service manager and staff
- Health manager and staff
- Coaches, supervisors, and child development specialists
- Mental health consultant
- Part B and Part C local agencies responsible for IDEA services
- Other community partners
- T/TA providers

QUESTIONS TO ASK YOUR COLLEAGUES

1. What content do we deliver in staff orientations? Does it include information about inclusion and disability services?
2. How do we ensure that our program-wide PD addresses the unique needs of children with disabilities and their families?
3. What training and support needs have our staff self-identified? What needs has the program self-assessment identified?
4. Do our education managers, coaches, child development specialists, and other managers need PD to support the staff who provide direct services to children and families?
5. What is the best delivery system for PD? Preservice? In-service?
6. How do we assess the effectiveness of PD? Do our staff and program self-assessments indicate improved classroom quality and teaching practices? Are we seeing increased confidence as staff interact with children and families?
7. What hiring policies and procedures ensure that we have the best qualified staff work with children with disabilities and their families?

SCENARIO

In a few weeks, 9-month-old Tamara is going to enroll in Early Head Start. The teachers are experienced, but this child poses new challenges. She has hip dysplasia. They have a medical plan in effect. She's been referred to the Part C local agency, but she has not yet received an evaluation to determine eligibility for IDEA services. At this time, she does not have an IFSP. The child has just been fitted with a soft brace to hold her legs in position. The brace has to stay in place at all times, even during diapering.

Staff want to ensure that they can provide a nurturing and responsive environment for Tamara. The medical plan doesn't address some of their concerns. They reach out to the disability services coordinator, Alexa, for help. Staff ask, "Is it going to be safe to hold Tamara? What if I hold her the wrong way and move her brace? Can I put her on the floor for play time? How do I chart her progress against the ELOF goals?" Staff express anxiety and fear that they may inadvertently harm the baby.

After consulting with the child's family, the medical provider, and the child's physical therapist, Alexa reassures the staff. However, this situation makes her wonder whether the teaching staff in Early Head Start and preschool Head Start need support in working with children with identified or suspected physical disabilities or health concerns.

With the program management team, Alexa develops a short needs assessment for all teaching staff, home visitors, education managers, and coaches. The responses come back, and they affirm the need for more guidance about working with children with medical conditions. Alexa shares the survey results with the management team, and together, they create a PD plan to address the staff needs. The program uses community partners, such as Easter Seals, Part C providers, the LEA, and members of the HSAC to deliver the content. Supervisors and coaches follow up in the classrooms. Child development specialists and Alexa follow up with home visitors.

All in all, this PD effort is a success. It began with one child, but the benefits spread to other children and families throughout the program. There's a ripple effect!

CHAPTER XII

BUILDING SUPPORT FOR YOURSELF

“The hardest part of my job is understanding how to support the staff. As a teacher, I know about children and families, but I had to take some courses about adult learning and motivation. My coach was a great help too.”

~ Disability services coordinator

This chapter is about identifying and addressing your own learning needs. Your job as a disability services coordinator is wide-reaching, touching all aspects of the Head Start program. Your work with program staff, community partners, families, and children with disabilities¹ requires a rich skill set. To ensure that your program has a coordinated approach in place, you must attend to your own PD.

KEY IDEAS

- It is essential that you access resources and training to support your professional growth.
- Working with a mentor is often a successful strategy.
- There are many multimedia options for networking and training.
- As you engage in PD, you are setting a model for other staff.
- Make a PD plan for yourself to explore any cultural biases or stereotypes that you bring to your job.

WHAT IS THE TRAINING AND PD SYSTEM IN HEAD START?

The HSPPS [1302 Subpart I – Human Resources Management](#) provides requirements about staff qualifications and competency. For children and family services staff, including those working in health and disabilities, training needs to build their knowledge, experience, and competence to improve child and family outcomes. A program must ensure that staff who manage services to children with disabilities and who were hired after November 7, 2016, have—at a minimum—a baccalaureate degree, preferably related to one or more of the disciplines they oversee. Disability services coordinators who also serve as education managers or coordinators must meet the degree requirements for those positions. Grantees have the option to implement more stringent staff qualifications than those in the HSPPS.

Many of the HSPPS requirements about training and PD apply to all staff, including you. All staff must complete a minimum of 15 clock hours of PD per year. As appropriate, the PD should offer academic credit. The HSPPS [1302 Subpart J – Program Management and Quality Improvement](#) requires programs have a coordinated approach for PD to ensure high-quality services. This requirement supports a coordinated approach for children with disabilities and their families.



HSPPS Related to Training And PD

- [1302.91 – Staff qualifications and competency requirements](#)
- [1302.92 – Training and professional development](#)
- [1302.93 – Staff health and wellness](#)
- [1302.101 – Management system](#)

¹ In this guide, the term *children with disabilities* refers also to children with suspected delays, unless stated otherwise.



PLANNING FOR PARTNERSHIPS

PD is ongoing and multifaceted. As you develop your own PD plans:

- Include joint training opportunities to ensure that you and partners have consistent information
- Develop tools and protocols to help identify areas where you need to extend your knowledge and skills
- Create partnerships that offer courses and training for credit; investigate the opportunities that they offer for your own career development
- Engage with other professionals in the disability services field so you can exchange ideas and learn from each other

BUILDING YOUR OWN SUPPORT NETWORK

As the disability services coordinator, you are at the center of a coordinated approach to disability services. That means that you connect with multiple systems and services in the program and community.

It may seem that your job never ends, that it's all-encompassing, and that it has many moving parts—and you're right! That's why you need to gather support from others in your program and your community. With technology, you also can reach across your state and the country. You can get advice, find new strategies, and network with others who understand just how demanding your job is.

Connecting with like-minded people and accessing resources can help you do your job better. Head Start provides an online community hosted on the MyPeers platform. One is the Disability/Inclusion Network. You can pose questions, problem-solve, share your successes, and find support for the challenges of your job. You are not alone!



Questions posted on MyPeers are wide ranging: What forms do you use to track the screening and referral process? What procedures do you have when a service dog has been assigned to a child? Do you have a job description for a coordinator? [Register now](#) as a member of MyPeers. If you are already a member of MyPeers, find the Head Start Disability/Inclusion Network community under "All Communities" and select the blue "Join" button.

CREATING YOUR OWN PD PLAN

As you plan your own PD, consider the variety of tasks you perform. Some are tied into areas of service—education, transportation, health, transitions. Do you feel confident about your knowledge base in these areas? Are you well-grounded in IDEA and the HSPPS? Much of your work involves collaborating with others, including program staff, community partners, and families. Are some interpersonal relationships easier than others? Do you know why? If you supervise other staff, how well do you meet those responsibilities? How do staff rate your supervisory skills? Where do you need to improve your supervision skills?



Professional growth is a must for all staff! You need to keep your curiosity alive and experience the joy of learning.

Ask yourself, "What are my priorities for professional growth this year?" If you did a recent self-assessment, that's a starting point. Maybe your last performance review identified both strengths and areas to improve. In looking over your performance reviews for the past several years, can you identify trends?

Take your data and reflect on your work. Then begin to take these steps:

- Select a goal that is realistic and doable.
- Consider the specific skills associated with that goal.
- Develop an action plan.
- Specify what you already know. What do you need to know?
- Identify what resources or support you need and draft a timeline.
- Finally, consider how achieving the goal will support your work as a disability services coordinator. Consider both the measurable outcomes and the more intangible ones, such as your increased confidence or self-esteem.

Identifying what you need to know may be a challenge. Turn to colleagues in your program, a mentor, coach, network buddies, early intervention and special education partners, or training and technical assistance (T/TA) providers to help you pinpoint areas of learning. Think about what you want to know and then how to get there. Consider whether you want to accumulate credits for your PD activities. Do you want to work toward an advanced degree? Take advantage of early childhood and early intervention and special education resources (see Selected Resources at the end of this guide).

As you engage in your own PD activities, your job description may need to be updated to reflect what you do. Do you need to add or modify roles and responsibilities? Work with your supervisor and the HR staff to revise your job description. Also, make sure to update your records to include recent coursework and credits.

TIPS TO SUPPORT YOUR OWN PD

- **Identify support in your program.** Build positive relationships with your program director and management staff.
- **Take advantage of technology.** Participate in PD opportunities on your own time and at your own pace using web-based resources, such as the [Individualized Professional Development \(iPD\) Portfolio](#) or [Early Educator Central](#).
- **Find a mentor.** Look for someone who has done well at a job like yours. A mentor is someone you can lean on and someone to celebrate your successes!
- **Be a mentor.** Strengthen your own knowledge and skills by mentoring another disability services coordinator.
- **Participate in networking opportunities.** Join the Head Start Disabilities/Inclusion Network on MyPeers. Look for other communities of learners.
- **Connect with T/TA providers.** They can offer direct support as you plan, implement, and evaluate disability services in your program. Your program director can contact the regional office to request assistance and also contact local experts.
- **Join associations and professional organizations.** State and local chapters often provide training, networking opportunities, and other resources focusing on disabilities and inclusion.
 - [DEC, Council for Exceptional Children](#)
 - [NHSA](#)
 - [NAEYC](#)
 - Child care resource and referral organizations

PEOPLE TO HELP YOU

- Program management
- HR staff
- Mental health consultant
- Higher education faculty
- Special educators and early intervention providers
- T/TA providers
- Other disability services coordinators

QUESTIONS TO ASK YOURSELF

1. What do I do well?
2. Where do I need to grow?
3. Does my job description fit what I do? Does it need to be changed?
4. Where do I want to be in my professional career in 1 year? 3 years? 5 years?
5. Are there colleagues who will help me think through these questions?

SCENARIO

Carla recently began working as a disability services coordinator for Community Action Head Start. She is excited to build on her experiences as a Head Start teacher and to be able to help a larger number of children and families. After a few days of reading through the HSPPS and policy manuals developed by her predecessor, Carla becomes concerned. She thinks to herself, “There is so much that I don’t know! How can I ever be helpful to the teachers out there who know as much as I do?”

During her weekly supervision meeting, Carla shares her concerns with the program director, Alicia. Together, they brainstorm the questions that are at the heart of Carla’s concerns.

- What are my strengths? What can I share from my own experiences as a classroom teacher and the lessons that I learned when supporting children with disabilities?
- What components of the job feel overwhelming to me? Where are my knowledge gaps?
- What aspects of inclusion am I most curious about? Which topics do I want to explore professionally?
- Where can I go to find this information? Are there books on these topics? Articles in journals or on websites? PD opportunities and conferences? Other team members who have information and success stories to share?

Using the answers to these questions, Carla identifies many lessons learned that she can share with team members right away. She also identifies her most pressing knowledge gaps and decides to explore three content areas in depth during the coming year: embedded learning opportunities, strategies to support the social and emotional needs of infants and toddlers, and development of an updated interagency memorandum of understanding.

Alicia reminds Carla that learning a new job takes time. Together, they organize the three topics into a plan, with a timeline that Carla can manage along with her day-to-day responsibilities. Alicia also suggests that Carla reach out to Juan, the mental health consultant, to ask whether he would be willing to meet on a regular basis for a while. This would give Carla an opportunity to bounce ideas around with a peer. Carla thinks that is a great idea!

At the end of the meeting, Carla gives Alicia a hug and shares that the process really has lifted a load off of her shoulders. Even though she still has a lot to learn in her new role, Carla realizes that she also has a lot to share with others. She knows that the learning curve will present a great opportunity for personal and professional growth. She’s excited and eager to dive into her work as a disability services coordinator!





CHAPTER XIII

IMPROVING YOUR PROGRAM'S COORDINATED APPROACH

“To support inclusion, you need to ask two basic questions:
‘How is my program doing?’ and ‘How can we improve?’”

~ Head Start program director

This chapter focuses on strategies your program can use to strengthen its coordinated approach for children with disabilities¹ and their families. As the disability services coordinator, one of your tasks is to collect information and assess the disability services being implemented. One way you do this is by ongoing monitoring (OGM). Sometimes this isn't a formal process; rather, you gather information as you interact daily with children, families, staff, and community partners. Sometimes you rely on systematic data collection methods to provide useful information. You also participate in the annual program-wide self-assessment. The information that you and others collect is used to improve your program's coordinated approach for children with disabilities and their families.

KEY IDEAS

- Ongoing monitoring helps identify immediate, timely improvements for disability services.
- The annual program self-assessment informs continuous improvement of the coordinated approach.
- Decisions are data driven.
- Planning and goal setting are intentional.
- Families, staff, and community partners participate in continuous program improvement efforts.
- Continuous improvement includes strengthening the cultural and linguistic responsiveness of systems and services for children with disabilities and their families.

WHAT ARE THE REQUIREMENTS FOR CONTINUOUS PROGRAM IMPROVEMENT IN HEAD START?

The HSPPS [*Part 1302 Subpart J – Program Management and Quality Improvement*](#) states the requirements for a Head Start program related to ongoing monitoring and continuous program improvement. A program is required to implement a sound management system. It must provide fiscal and human resource management and oversight so staff can effectively deliver services. These efforts include regular and ongoing supervision to support staff and continuous program improvement. The management system also designs and implements coordinated approaches in training and PD, participation of children who are DLLs, participation of children with disabilities, and the management of program data.

A program must establish goals and measurable objectives, including strategic long-term goals, goals in service areas, school readiness goals, and effective health and safety practices. An oversight system must monitor compliance with the HSPPS and track progress toward program goals on an ongoing basis and annually. To this end, a program must conduct an annual self-assessment that uses program data.



HSPPS Related to Continuous Improvement

- [*1302.100 – Purpose*](#)
- [*1302.101 – Management system*](#)
- [*1302.102 – Achieving program goals*](#)
- [*1302.103 – Implementation of program performance standards*](#)

¹ In this guide, the term *children with disabilities* refers also to children with suspected delays unless stated otherwise.

A program must use many kinds of data in a self-assessment—information on PD activities, family engagement systems, and aggregated child assessment data. As appropriate, information on children with disabilities is included in the self-assessment. Program staff, parents and families, the governing body, and the policy council participate in the program self-assessment. A program must use information from OGM, the annual self-assessment, and other sources of program data on teaching practices, staffing and PD, child-level assessments, family needs assessments, and comprehensive services to identify program needs and develop improvement plans. The HSPPS state that programs can use improvement plans to strengthen or adjust PD, service delivery, and program goals and to address the needs of subgroups (such as children with disabilities).

A program must submit status reports to the governing body and policy council twice a year and submit findings of the self-assessment to their HHS official. An annual report must be disseminated by the program that includes a summary of the recent community assessment.



PLANNING FOR PARTNERSHIPS

You work closely with program managers and other staff to gather reliable and complete information from community partners

- Describe a process for collecting information about the successes and challenges of the partnerships
- Gather information on a regular, ongoing basis and also annually
- Include a process for recommending improvements in the partnerships

WHAT IS YOUR ROLE IN OGM?

You’ve heard the word “ongoing” many times—ongoing child assessment, ongoing supervision, ongoing support for children with disabilities and their families.

The word “ongoing” appears in another important context. Your program relies on [OGM](#) to measure program performance, identify areas of concern, make immediate program corrections, and generate reports. The program directors must ensure that the OGM system operates effectively. Managers are responsible for OGM in their service or system area.

As the disability services coordinator, you monitor the staff’s implementation and coordination of disability services. You are the eyes and ears of the young children with disabilities or delays and their families. Are they able to participate fully and effectively in program activities? If you’re not sure how to conduct OGM, talk with your supervisor or the program director. Most likely, you are doing OGM already as you engage with all aspects of the disability services.



HOW DO YOU COLLECT OGM DATA?

You interact with staff, families and children, partners, and others as you go about your workday. You have conversations, go to meetings, observe—which helps you keep your finger on the pulse. These activities feed into the OGM of the disability services.

As you work with education and health managers, as well as teaching staff, you’ll get a sense of how they are meeting the individual needs of children with disabilities and special health care issues. As you visit classrooms, home settings, and socialization spaces, see for yourself how effectively the staff implement individualized teaching and learning practices.

Turn to specific data sources, too. Use the results from the screening and diagnostic evaluations to assess adaptations specified by an IFSP and IEP, Section 504 plan, Child Action Plan, or health plan. Monitor how effectively and accurately staff implement these adaptations.

Staff collect and aggregate child-level assessment data three times a year (except for programs operating fewer than 90 days, child assessment data are aggregated and analyzed at least twice during the program operating period) for all children, but you focus on children with disabilities. This information tracks children's progress toward their learning goals. Other sources of data about children with disabilities include the Program Information Report (PIR), attendance reports, and health data.

Keep abreast of your program's inclusive practices. The [ICP](#) helps education staff assess the learning environment and tailor PD to specific needs (see chapter VII). Several checklists and observational instruments can provide information about the learning environment (not specific to inclusive environments). Working with the education staff, consider the [ECERS](#) for preschool classrooms, the [ITERS](#) for center-based programs, and the [FCCERS](#).



Using the OGM and other data, refer back to the House Framework. Are all the elements of the house stable and secure—the foundation, the pillars, the roof? How are the parents and families doing at the center of the house?

The PD needs assessment feeds into your OGM. Are staff asking for support in their work with children with disabilities and their families? What kind of support? As a result of training, do staff demonstrate improved practices? Teachers, home visitors, coaches, and education managers can give you feedback about the effect of training as they work with children with disabilities.

Regularly collect information from families about the effectiveness of disability services. Your partnership with families during the referral and evaluation process, or the IFSP or IEP review, is an opportunity to hear about their concerns and recommendations. Turn to family service workers for useful information, too.

Because you work with many community partners, you can ask them for feedback. What's working well in the interagency memoranda of understanding? Where are the challenges? The tracking forms for screening, referral, and evaluation can give useful data about the numbers of children, the deadlines, and the outcomes (see Appendix B).



If your program enrolls children who are DLLs, the [Dual Language Learners Program Assessment \(DLLPA\)](#) provides information for planning and goal setting. Be sure to look at the results about DLLs with disabilities and special health care needs, staffing, curriculum implementation, and other program services and systems.

WHAT DO YOU DO WITH THE OGM DATA?

As you monitor the disability services, you're gathering information about what's working well, what isn't, and how to make things better. The OGM process can lead to timely improvements in service delivery.

For example, after a meeting with parents and family or having a conversation with colleagues, you may understand the challenges. You'll likely come away with ideas about how to address these obstacles. Maybe, all it takes is a phone call, an email, or a follow-up meeting. The corrective actions derived from OGM are often immediate and targeted. They are more of a quick fix than a long-term, program wide solution, which is associated with the program self-assessment.

With your disabilities team or other staff, ask questions that lead to dialogue. What are the strengths and challenges of disability services? What do different groups of respondents say? Do we need other data or new data to collect and monitor? How we can build on our successes?

Regularly communicate with your supervisor and the program leaders about what the OGM data tell you about disability services. They can help you troubleshoot, if necessary.



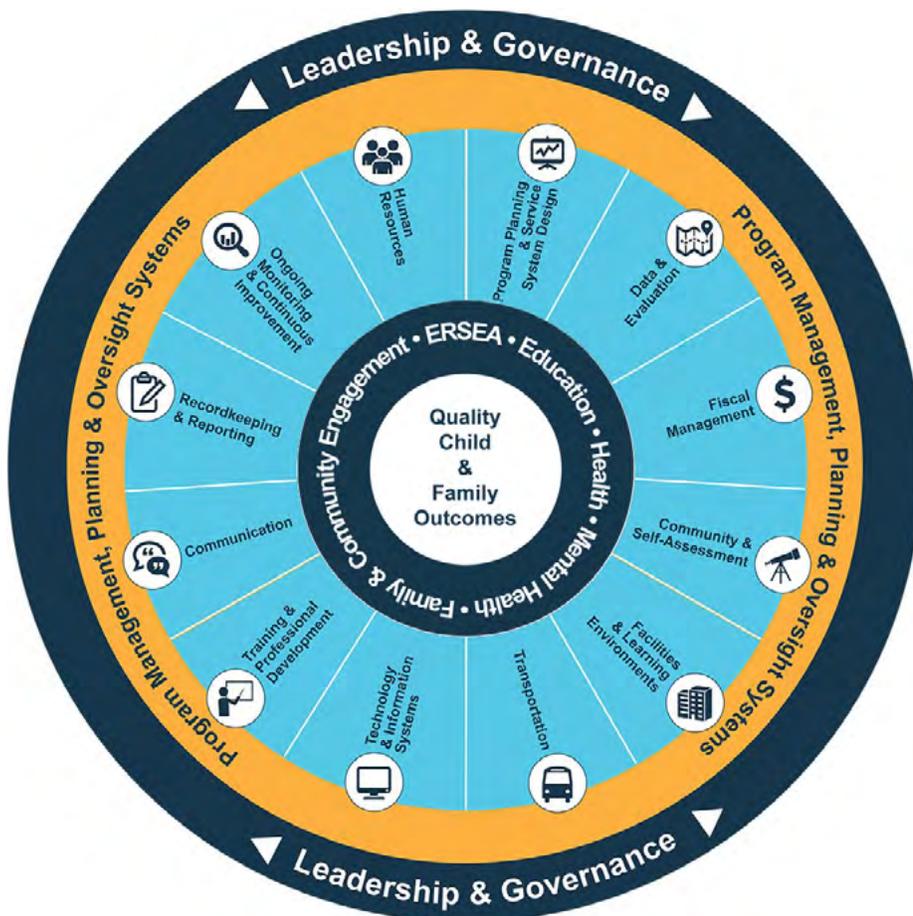
No Head Start program is stagnant. Positive change is data based, planned, and intentional. Your goal is to improve program operations and service delivery for children with disabilities and their families.

WHAT IS YOUR ROLE IN THE ANNUAL PROGRAM SELF-ASSESSMENT?

Program leaders work with a team to plan and implement the annual *self-assessment*. They are responsible for collecting and analyzing from the OGM for all systems, services, goals, and objectives. Based on the program-wide data collected, the team plans how to improve program systems and services and revise and update the program goals—including school readiness goals—for all children.

Data from multiple service and system areas feeds into the annual assessment of the coordinated approach for children with disabilities and their families. Think back to the chapters in this guide that touch on many program aspects—community partnerships, ERSEA, screening and referral, individualizing and curriculum, health and safety, transitions, and PD. Other program systems also support the coordinated approach—fiscal, facilities, HR, and data management. Working together, you and the team aggregate and analyze the data from the OGM and other data sources to provide a robust picture of the coordinated approach.

The goal of the self-assessment is to strengthen your program’s systems and services. You and the team can identify action steps, based on the data, that will improve your program’s coordinated approach for children with disabilities and their families (see Appendix F for an assessment and planning matrix for a coordinated approach). Because the coordinated approach cuts across multiple systems and services, changes may involve staff, partners, and families. Clear communication will ensure that everyone hears a consistent message.



Learn more about the connection between [planning, OGM, and program self-assessment](#) by viewing resources on the ECLKC website.



The [Head Start Management Systems Wheel](#) (MSW) is a useful tool to ensure that all systems and services are part of the program self-assessment.

While conducting the program self-assessment, your own action steps might emerge. What do you, as the disability services lead, need to do to improve the coordinated approach? Do you need to work more closely and effectively with a manager of a system or a service area? Are there PD options to support your professional growth?

The annual program self-assessment is a big undertaking, but the benefits are great:

- Improved systems and quality services that support children and families
- Revised program goals that reflect the needs of the children, families, and community

Your role is to ensure that children with disabilities and their families experience these benefits.

TIPS FOR CONTINUOUS IMPROVEMENT OF THE COORDINATED APPROACH

- **Learn about the instruments and tools to assess inclusive environments.** Talk to your early intervention and special education partners and other disability services coordinators.
- **Value data.** Learn more, if you need to, about how data can show patterns and trends that you can use to improve services to children with disabilities and their families.
- **Review information that the program already has.** Consider the community assessment, the PIR, child-level assessment, and observational data, professional needs surveys, and other program data.
- **Seek feedback from parents and community partners.** Ask them to share both the challenges and the successes of your program's disability services. Ask for their recommendations.
- **Work with program management.** Review budgets, personnel policies, PD plans, and facilities management that affect services to children with suspected or identified disabilities.
- **Stay open-minded.** Learn from the process and be open to changes.
- **Remember the purpose of the program self-assessment.** Accept that there is always room for improvement. Change is inevitable.

PEOPLE TO HELP YOU:

- Program managers in all system and service areas, including:
 - Data managers
 - Transportation managers
 - ERSEA managers
- Direct service staff who work with children with disabilities and their families
- Early intervention specialists and special educators from LEA
- Community partners
- Families

QUESTIONS TO ASK YOUR COLLEAGUES

- What are the strengths of our inclusive approach?
- What support do we need to improve inclusive learning environments?
- What internal support do we provide for inclusive services (PD, coaching, mental health consultation)? What external support do we use (joint training, in-class visits or home visits with special education partners)?
- Do we have effective processes in place—at the micro level—to review our ongoing, regular work with children with disabilities and their families?
- Do we have effective processes in place—at the systematic, program, or macro level—to ensure that we are getting a true picture of our coordinated approach?
- How do our data about disability services feed into program planning and goal setting?

SCENARIO

The Mountain Lakes Head Start and Early Head Start program is preparing their annual self-assessment and collecting data from many sources. The disability services coordinator, Janelle, and the health coordinator, Sergio, are reviewing the ERSEA information. They disaggregate attendance data by subgroups, including children with disabilities and medical conditions, and by individual children. (Some children have IFSPs or IEPs.) Then, the program identifies children who are chronically absent or at risk of missing 10 percent of the program days. Janelle and Sergio discover that 90 percent of the children with asthma are absent frequently. They know that the HSPPS require programs to implement strategies to promote attendance, identify the causes of absenteeism, and make changes as part of the continuous improvement efforts.

Working with the management team, they review the community assessment. The city's health department reports that the prevalence of pediatric asthma is rising, as is the number of children receiving medical treatment for asthma. Interviews with hospital staff and medical providers in the community confirm these trends. A multiyear comparison of the PIR data reveals that the percentage of children with asthma in their program has steadily increased over the years. This year, it is higher than the national percentage.

Janelle and Sergio work as a team to gather information from a staff survey. Teachers, family child care partners, and home visitors in Early Head Start report feeling comfortable implementing health care plans, but the majority are not confident about identifying triggers in their classrooms that might aggravate a child's asthma. Janelle and Sergio survey the families of children with asthma. Many families do not fully understand asthma and want more information in their home languages.

The program analyzes data from all sources and presents them to the governing bodies and the HSAC. They all agree that the program needs to develop a comprehensive asthma approach to maximize all children's learning opportunities and promote their regular attendance. Janelle and Sergio know all too well that when children are absent, they miss out on learning opportunities. In a home-based program, when a child is sick and the home visit is cancelled, the child and the family miss learning experiences too.

The program adds a new health goal for the next program year: to increase the attendance of children with asthma. Janelle and Sergio will keep attendance figures and look for indications of increased absenteeism. They will contact the parents and family as soon as they notice a child's continued absence in the classroom. They also will keep tabs on missed home visits or group socialization experiences in Early Head Start. A quick response will help them problem-solve and, hopefully, return the child to the program.

The program also undertakes a multipronged, multiyear plan that strengthens its coordinated approach to ensure the full and effective participation of children with disabilities and medical conditions. This plan crosses many systems and service areas. The primary elements are to:

- Develop an asthma policy and related procedures that include staff training on asthma, how to use an asthma-friendly child care checklist, and how to complete child enrollment/attendance/symptom records for children with asthma
 - Education and facility managers will use checklist data to make facility improvements. The program will bring in budget personnel when needed.
- Create an interagency memorandum of understanding with the local hospital to train program staff to educate families about asthma and offer resources in their home languages

The management team, Janelle, and Sergio are eager to implement this program wide health initiative to improve service delivery to the children with asthma and their families. They are sure that the staff and families will be on board, too.

(Adapted from *Foundations for Excellence: A Guide for Five-Year Planning and Continuous Improvement* [2nd ed.]. Retrieved from <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/foundations-for-excellence-topic-04.pdf>.)





PART IV. CONCLUSION

CHAPTER XIV

CONCLUSION

There is no question that you have a big job as a disability services coordinator. If you are new, you may have a steep learning curve. This guide is designed to orient you and lead the way through the complex and multiple demands you juggle. If you are seasoned, this guide can bring you up to date.

The recurring theme of this guide is the required coordinated approach to ensure the full participation of children with disabilities and their families in the Head Start program. This theme weaves itself through the chapters on legislation, enrollment, screening and referral, teaching and curriculum, health and safety, transitions, and PD. Everywhere you turn, you will see a connection to the coordinated approach. This guide ends with a look at the continuous improvement efforts that your program takes to ensure effective services and systems that support children with disabilities and their families.

A few pointers as you continue your important work:

- **You are not alone.** Working with program staff and early intervention and special education partners is essential. Numerous online materials can support your work. Use this guide as a resource.
- **You can be innovative.** As you identify areas needing improvement, think of new ways to do things. Brainstorm with others. Think about writing your own scenarios that appear in this guide!
- **You can count on families.** They have their children's best interests at heart—as do staff. Together, you make a strong team.
- **You can be an advocate for inclusive environments.** You have seen firsthand the benefits for children and families. Help others understand the guiding legislation and the child and family outcomes that support inclusion.
- **You can always learn.** People bring different perspectives, including specialists, staff, and parents. The field changes as new research emerges.

As a disability services coordinator, what is your final goal? Of course, it's to ensure the implementation of a coordinated approach. At another level, however, it's to hear comments like this one from a mother of an Early Head Start child with severe disabilities:

“THE OTHER CHILDREN KNOW HIM AS CHRISTOPHER, NOT AS THE WHEELCHAIR KID.”



APPENDIX A

BUILDING AN INTERAGENCY MEMORANDUM OF UNDERSTANDING

I. PURPOSE

The main themes expressed here indicate why agencies develop an interagency memorandum of understanding:

- Address an identified need or goal
- Create joint, cooperative services—avoid duplication
- Provide and strengthen services to children with disabilities and their families
- Define staff's roles and responsibilities
- Plan joint training and technical assistance and share information
- Promote information and share resources
- Facilitate transition
- Describe the setting for delivery of services
- Define roles and responsibilities for sharing information
- Define participants and agencies involved
- Describe fiscal/funding arrangements

II. PROGRAM OVERVIEW

The organizations listed represent the participants in the interagency memorandum of understanding and include a description of their services:

- Early Head Start or Head Start program, which offers children educational services
- Local education agency or early intervention agency, which offers IDEA services to eligible children
- Contract organizations, which hire and train interventionists, teachers, and related service personnel as necessary
- Community partners, which support disability services for children and their families

III. MUTUAL PHILOSOPHY

The following terms describe the philosophies that guide partners' work. Think about what you have in common and where you differ. Develop ways to resolve different perspectives.

- Collaboration and interagency coordination
- Family centered
- Partnership
- Communication
- Inclusive services
- Avoiding duplication
- Individualized services
- Consistent and secure relationships
- Diversity
- Smooth transitions

IV. ENABLING MANDATES

Here are some examples of the mandates for an interagency agreement:

- [45 CFR 1302.53](#) and [45 CFR 1302.63](#) of the HSPPS
- Part B—[Sec. 300.154 Methods of ensuring services](#) within the IDEA

- Part C—[*Sec. 303.210 Coordination with Head Start and Early Head Start, early education, and child care programs*](#) and [*Sec. 303.511 Methods to ensure the provision of, and financial responsibility for, Part C services*](#) within the IDEA
 - Local or [*state policies*](#) regarding service delivery in the LRE or natural environment
-

V. AREAS OF COLLABORATION

This section describes roles and responsibilities for the agencies. Each interagency memorandum of understanding considers state-specific processes or procedures:

- Identify Early Head Start's or Head Start's role in Child Find
 - Work together to refer and evaluate the child
 - Determine eligibility and share evaluation results
 - Organize and track supports
 - Create greater opportunities for inclusive opportunities
 - Work together to follow the Individualized Education Program/Individualized Family Service Plan
 - Support communication between staff and early intervention and special education providers
 - Integrate and coordinate service delivery
 - Plan adaptations, accommodations, assistive technology, and other supports
 - Coordinate training and technical assistance
 - Enhance transitions
 - Enhance family engagement
-

VI. CONFIDENTIALITY

This section describes confidentiality practices as required by the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the HSPPS.

VII. DISPUTE RESOLUTION

A brief section outlines how to deal with conflict as it might arise through the partnership. This likely indicates specific, agreed-upon procedures for conflict resolution. Either partner can initiate a dispute resolution.

VIII. REVIEW AND AMENDMENTS

This section specifies a regular review schedule for the agreement to ensure that it is effective. Partners also define the process for requests for changes or amendments.

IX. DEFINITIONS

The definitions section simply serves as a glossary or a list of terms and acronyms listed in the agreement to establish a common language and understanding of services. Some of the terms listed here may be state specific.

X. SIGNATURES

All partners must sign each interagency memorandum of understanding.

XI. APPENDICES

Many interagency memoranda of understanding contain appendices with items such as:

- Relevant policies and procedures
 - Collaborative processes
 - Joint professional development
 - Documents to support the work
 - Lists of partners, agencies, or supporting organizations
-

APPENDIX B

ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, AND ATTENDANCE (ERSEA) WORKSHEET AND ACTION PLAN

To fill in the matrix, start by asking yourself and your team the following questions.

1. What is the goal or purpose of this policy? Is it clear? Does it include children with disabilities specifically?
2. How does it help children with disabilities and their families attend and participate in program activities?
3. Next, complete the ERSEA action plan by asking:
What supports or resources do we need to implement this policy specifically for children with disabilities and their families?

	NOTES FROM ERSEA QUESTIONS ABOVE	HOW DOES IT MEET REQUIREMENTS?	HOW CAN WE IMPROVE THE ERSEA PROCESS FOR CHILDREN WITH DISABILITIES OR SUSPECTED DELAYS AND THEIR FAMILIES?
Eligibility			
Recruitment			
Selection			
Enrollment			
Attendance			
Discipline policy			

ERSEA ACTION PLAN

ACTIVITY	RESOURCES	STAFF	TIMELINE

APPENDIX C

TRACKING SHEETS

SAMPLE TRACKING SHEET

FOR ALL CHILDREN IN THE PROGRAM:

CHILD ID	ENROLLMENT DATE	SCREENING DUE	SCREENING RESULTS	HEALTH RECORD DUE	HEALTH RESULTS	ACTION STEPS	TIMELINE	RESPONSIBLE PARTY

FOR CHILDREN REFERRED:

CHILD ID	REFERRAL DATE	PLACE WHERE CHILD WAS REFERRED	EVALUATION FINDINGS	EVALUATION MEETING DATE	CHILD ACTION PLAN	TIMELINE	RESPONSIBLE PARTY

FOR CHILDREN DETERMINED TO BE ELIGIBLE FOR IDEA SERVICES:

CHILD ID	IFSP/IEP PLANNING MEETING	MEETING ATTENDEES	IFSP/IEP REVIEW	COMMENTS	TIMELINE	RESPONSIBLE PARTY

FOR CHILDREN DETERMINED NOT TO BE ELIGIBLE FOR IDEA SERVICES:

CHILD ID	DATE	CHILD ACTION PLAN	SECTION 504 PLAN/OTHER REFERRAL	COMMENTS	TIMELINE	RESPONSIBLE PARTY

**MEETING SCHEDULE: NOTE THE CHILD'S NAME OR ID AND THE MEETING DATE.
ALSO, ADJUST THE MONTHS ACCORDING TO YOUR ENROLLMENT YEAR.**

MONTH	TEAM REVIEWS EVALUATION RESULTS	PRELIMINARY EVALUATION MEETINGS	ELIGIBILITY MEETINGS	IEP/IFSP PLANNING MEETINGS	SECTION 504/ CHILD ACTION PLAN MEETINGS	EVALUATION MEETINGS	TRANSITION MEETINGS
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
July							

APPENDIX D

SCREENING, REFERRAL, AND EVALUATION TASKS

Some of the tasks include tracking children’s status during the screening, referral, and evaluation process. Find tracking reports in Appendix C.

SCREENING TASKS

SCREENING TASK 1:

Review on a regular basis and make recommendations to screening policies, procedures, and practices in collaboration with managers, families, and partners.

STEP 1.

Ask the director and your management team for screening policies, procedures, and tools.

STEP 2.

Determine whether the process matches best-practice recommendations from the Administration for Children and Families. [*Birth to 5: Watch Me Thrive! An Early Care and Education Provider’s Guide for Developmental and Behavioral Screening*](#) offers a comprehensive description of the screening process.

STEP 3.

Review your program’s screening tool to make sure that it’s valid in screening your population. Make sure the tools are designed for screening rather than diagnostic evaluation. The [*Birth to 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children*](#) is a great resource.

STEP 4.

Decide how to screen children with IEPs and IFSPs in your program, if necessary. Make sure that you are screening areas, such as social and emotional development or sensory areas, that are not covered by the IEP or IFSP to ensure that there are no other emerging concerns.

STEP 5.

Ensure that staff have the required training for the screening tools and meet any qualifications specified in the HSPPS, such as bilingual competencies for screening children who are DLLs.

SCREENING TASK 2:

Work with managers to ensure that staff meet screening timelines.

STEP 1.

Collaborate with the education and health manager to develop a tracking sheet or pull data from your program-wide data system so you can follow individual children. Refer to the tracking sheet in Appendix C. Here’s a list of some information you may need:

- Each child enrolled in your program
- Date of enrollment
- Due date for the developmental and sensory screenings (either getting results or completing the screening—note who conducted them and what tool they used)
- Results from screenings
- Due date for completion of child health record
- Results from child health record
- Information from pre-existing IEP/IFSP

STEP 2.

Determine which manager will track screening timelines. If it falls to you as the disability services coordinator, proceed to the following steps. If the health or education manager takes the lead, you will stay in touch and be available if additional need arises.

STEP 3.

Schedule time to review screening data. Consider pulling data weekly during the first 30 days, then biweekly or daily.

STEP 4.

Identify steps to make sure that every child is screened within the timeline. Consider the following:

- Talk with families or have staff talk with families about the purpose and benefits of screening. Some parents and families may simply need to know what screening is and why your program screens children before agreeing to it.
- Gather information about the child from the family is essential. Families share any concerns and provide a developmental and medical history.
- Make sure screening happens naturally in the classroom, family child care setting, or home visit. If teachers or home visitors feel stressed about conducting screening, work with your management team to offer staffing or professional development solutions.
- Conduct a “health and education fair” to collect screening and health information. Ask community partners to come and help. Use your HSAC to help plan it; or, if your community conducts a health event at a convenient time, ask to join it so you can gather screening information within a community context.

STEP 5.

If children have not been screened within the timeline, document all efforts to complete screenings. Record communication with families, staff, and partners in the child’s file. This helps you explain why your program was unable to meet the timeline.

SCREENING TASK 3:

Review all screening results, document the process, and follow up with children whose results indicate concerns.

STEP 1.

Schedule a meeting with the health and education manager, appropriate education staff, and health partners.

STEP 2.

Go through the screening results to determine whether the process identified any children with developmental or health concerns that need further evaluation.

STEP 3.

Add to your tracking sheet or enter into the program database recommendations for:

- Referral
- Individualization
- Family supports

STEP 4.

Determine who will meet with the family to [*share results and recommendations*](#). Find out the families’ preferred language. Secure interpreters or translators, if needed.

STEP 5.

Share results using strengths-based language. Remember how powerful this information can be and that it might change the way the parents and families view their child.

STEP 6.

Determine follow-up and next steps. Ensure that there is a way to check that the follow-up is timely.

STEP 7.

Coordinate with other staff and managers to record any relevant correspondence or meeting notes between team members and the family.

ONGOING ASSESSMENT TASKS

ASSESSMENT TASK 1:

Review assessment tools and process with the education manager to determine how they capture progress for children with disabilities.

STEP 1.

Talk with the education manager about how your program assesses children with disabilities. Determine how the process aligns with the ELOF and best practices. Review [DEC Recommended Practices on Assessment](#) (pp. 11–13) to learn evidence-based recommendations.

STEP 2.

Use checklists to evaluate ongoing assessment in your program. Consider using:

- [Authentic Child Assessment Practices Checklist](#)
- [Building on Child's Strengths Practices Checklist](#)
- [Skill Assessment Checklist](#)

STEP 3.

Talk with your Early Intervention (EI) or special education partner to discuss:

- How they conduct child assessment, including what tool they use, staff training, and reliability and fidelity
- Who receives the assessment data
- Ways to ensure that each partner has the information they need to plan

STEP 4.

Recommend adaptations to ensure ongoing assessment accurately captures information. Discuss with the rest of your management team.

STEP 5.

Plan any changes to child assessment and train staff in these changes.

ASSESSMENT TASK 2:

Analyze and use ongoing assessment data from children with identified disabilities, children who were referred for further evaluation, and children who need additional resources or supports.

STEP 1.

On a regular schedule, gather managers, staff, family members, and partners to discuss children's progress.

STEP 2.

Analyze assessment data to determine level of progress.

STEP 3.

Ask questions to explore why results look as they do.

STEP 4.

Connect classroom assessment and observational data to IEP/IFSP data. Determine how to ensure child participation and what supports each child might need.

STEP 5.

Plan ways to improve services for children.

ASSESSMENT TASK 3:

Review all assessment results and follow up on children whose results show concerns.

STEP 1.

Schedule a meeting with the health and education manager, appropriate education staff, and health partners.

STEP 2.

Go through the assessment results to determine whether the process identified any children with developmental or health concerns that need further evaluation.

STEP 3.

Add to your tracking sheet or enter into the program database recommendations for:

- Referral
- Individualization
- Family input
- Family supports

STEP 4.

Determine who will meet with the family to [share results and recommendations](#). During this meeting, attendees will determine next steps.

STEP 5.

Coordinate with other staff and managers to record meeting notes or correspondence between team members and the family.

STEP 6.

Work with the mental health consultant, staff, and family to develop a Child Action Plan, if the child needs additional support and services. Explore funding options, including the child's health insurance, community partners, and program funds.

STEP 7.

Ensure that all staff know the program's policies on suspension and expulsion.

REFERRAL TASKS

REFERRAL TASK 1:

Review and make recommendations regarding the referral process with other managers, families, and partners.

STEP 1.

Ask the director and your management team for referral policies, procedures, and tools.

STEP 2.

Ask the early intervention or special education partner how they handle referrals.

STEP 3.

Determine how each partner's referral process supports the [broader steps](#) for timely evaluations to determine eligibility for IDEA services. To learn more about IDEA requirements, read Section 635(a)(5) and Section 614(a). The timeline for Part C is 45 days. Note that once the special education partner receives a referral, they must begin evaluation and cannot use a multitiered system of support (including response to intervention [RTI] or recognition and response) to delay the evaluation. See Office of Special Education Programs (OSEP) Guidance Letters from [June 2, 2010](#) and [April 29, 2016](#). Also, note that a state can establish a timeline that is beyond the 60 days—so check with the LEA to make sure that the state timeline is the same as the timeline indicated in the IDEA.

STEP 4.

Make recommendations to improve referral process. If all partners agree, implement changes.

STEP 5.

Make sure that all staff and families understand the referral process and how it works.

STEP 6.

Ensure that parents and family give consent. If they don't, help them understand the process and how it benefits their child. If they don't concur, put a note to that effect in the child's file.

REFERRAL TASK 2:

Track all children who are currently in the referral process.

STEP 1.

Use your tracking sheet or a report pulled from your program-wide system to identify children who are in the referral process.

STEP 2.

Develop a Child Action Plan to ensure that children receive individualized supports and services during the IDEA eligibility determination process. The plan describes supports, goals, and strategies. It is helpful to have a written plan but not required. Staff or a mental health consultant can create the plan with parental input.

STEP 3.

Work with your management team and special education partner to determine where each child is in the process.

STEP 4.

Organize a to-do list associated with next steps for each child.

REFERRAL TASK 3:

Support families through the referral process.

STEP 1.

Gather other program managers, including health, education, and family services.

STEP 2.

Determine steps to make sure that the child and family receive the support they need during the referral process. This may include:

- Translation and interpretation services
- Connections with cultural organizations that help families understand what disability labels and services mean in culturally responsive ways
- Resources families need to advocate for their child

REFERRAL TASK 4:

Coordinate data to support the referral process.

STEP 1.

When children enter a program supported by the LEA, work with special education partners to make sure that they capture data on the child's progress accurately and share it with the Head Start program, as appropriate.

STEP 2.

If the child is under age 3, the referral is to an early intervention agency. Follow the same process in Steps 3 and 4.

STEP 3.

Develop a process to capture the interventions that children receive and how they support progress. Consider using the tracking sheet in Appendix C.

STEP 4.

Work with the education manager to make sure that staff capture all necessary child outcome data. Ensure that the data align with the data collected as part of the program's ongoing child assessment process.

EVALUATION TASKS

EVALUATION TASK 1:

Determine which children are currently being evaluated and where they are within the 45- or 60-day timeline.

STEP 1.

Using your tracking sheet or a report pulled from your program-wide system, identify children who are participating in diagnostic evaluation through your early intervention or special education partner.

STEP 2.

Communicate with early intervention or special education partner to learn the schedule for evaluation.

STEP 3.

Make sure that each child receives a timely evaluation.

STEP 4.

Develop a to-do list to make sure evaluations move along and best capture the child's abilities.

STEP 5.

Ensure that staff have a Child Action Plan in place to provide individualized support during the evaluation process.

EVALUATION TASK 2:

Provide child data to the evaluation team.

STEP 1.

Coordinate with other management and staff to ensure that each evaluation team has child screening and ongoing assessment data.

STEP 2.

Include a program representative who knows the child and family in the evaluation team.

EVALUATION TASK 3:

Support the family through the evaluation process.

STEP 1.

Work with the family services coordinator to identify ways to support the family throughout the evaluation process.

STEP 2.

Working with staff, develop a *family support plan*. This may include:

- A process for providing information (including who, how, and when)
 - Guidance about the early intervention or special education process
 - Translators, interpreters, and individuals who understand the family's culture
 - Referring a family to the Parent Training and Information Center (PTIC) for information about their rights under IDEA
-

FOLLOW-UP TASKS

FOLLOW-UP TASK 1:

Identify children who need follow-up.

STEP 1.

Work with other managers to review program tracking information and make sure that children receive all necessary screening, examinations, and evaluations.

STEP 2.

List all children who have not received screening, examinations, and evaluations.

STEP 3.

Talk with staff and families to identify why screening, examinations, and evaluations aren't complete. Add those reasons to your list.

STEP 4.

Work with other managers, staff, families, and partners to find ways to complete the identification process. Develop a to-do list and assign responsibilities and timelines.

FOLLOW-UP TASK 2:

Seek eligibility under [Section 504](#) of the Rehabilitation Act for children who are not IDEA eligible.

STEP 1.

Ask families if they would like the school district to explore a Section 504 plan for their child. Your input, along with specialists, other staff, and the mental health consultant can help the family make decisions.

STEP 2.

Parents and family must give their consent to release medical records or other information that supports eligibility for a Section 504 plan.

STEP 3.

If the district agrees to the Section 504 plan, once it is developed, it replaces the Child Action Plan.

Note: Only the LEA can write a Section 504 plan. Under the plan, the child does not need specialized instruction to learn but finds accommodations helpful. The law does not require a written plan, nor does it require the participation of the parents or family in decision making. The LEA determines eligibility for Section 504 plans. School districts do this differently, and many districts do not write Section 504 plans for preschool. A Section 504 plan doesn't come with any funding.

FOLLOW-UP TASK 3:

Make the Child Action Plan permanent.

STEP 1.

Your team created this plan while the child was awaiting IDEA determination. It was an interim plan.

STEP 2.

Review and update the plan considering the evaluation results, the ongoing assessment data, and other sources of information about the child. Include information from the family about the child.

APPENDIX E

TYPES OF CURRICULUM MODIFICATIONS AND EMBEDDED LEARNING OPPORTUNITIES

(For more detailed information, access

<http://headstartinclusion.org/modules-curriculum-modifications> and <http://headstartinclusion.org/elo>)

TYPES OF CURRICULUM MODIFICATIONS

- Environmental Support
 - Alter the physical, social, and temporal environment so the child can participate, engage, and learn.
- Adaptation of Materials
 - Modify materials so that the child can participate as independently as possible.
- Simplify the Activity
 - Simplify a complicated task by breaking it into smaller parts or by reducing the number of steps.
- Child Preferences
 - If the child is not taking advantage of the available opportunities, identify and integrate the child's preferences.
- Special Equipment
 - Use special or adaptive devices that allow the child to participate or increase the child's level of participation, including homemade equipment or devices, as well as commercially available therapeutic equipment.
 - Consider assistive technology and other accommodations.
- Adult Support
 - Have an adult intervene in an activity or routine to support the child's participation and learning. (This is often referred to as scaffolding.)
- Peer Support
 - Use peers to help the child make progress toward the learning goals.
- Invisible Support
 - Purposely arrange naturally occurring events within one activity.

EMBEDDED LEARNING OPPORTUNITIES

- Intentional and Systematic Learning Opportunities
 - Plan meaningful, developmentally, culturally, and linguistically appropriate opportunities that align with the ELOF.
- Priority Skills
 - Focus on behaviors to create, change, or enhance.
- Everyday Learning Opportunities
 - Intentionally set up learning experiences and interactions in typically occurring activities, routines, and transitions.
- Activity Matrix
 - Ensure that authentic activities and materials support learning and specific skill development.
- Ongoing, Authentic Assessment
 - Use ongoing assessment to identify children's strengths and areas where they need improvement.
- Families
 - Share strategies back and forth with families so they can support their child's development at home.
 - Consider culturally and linguistically responsive strategies.

APPENDIX F

PLANNING MATRIX FOR A COORDINATED APPROACH

DATA SOURCES	FINDINGS ABOUT DISABILITY SERVICES	SERVICES MISSING, INCOMPLETE, OR NEEDING IMPROVEMENT	WAYS TO IMPROVE	OTHER MANAGERS AND PARTNERS	TIMELINE

GLOSSARY

(REFER TO HSPPS PART 1305.2 TERMS.)

Act – The Improving Head Start for School Readiness Act 2007.

Dual language learner (DLL) – a child who is acquiring two or more languages at the same time, or a child who is learning a second language while continuing to develop their first language. The term may encompass or overlap substantially with other terms frequently used, such as bilingual, English language learner (ELL), limited English proficient (LEP), English learner, and children who speak a language other than English (LOTE).

Parent – a Head Start child’s mother or father, other family member who is a primary caregiver, foster parent or authorized caregiver, or guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.

Research-based curriculum – a curriculum that is consistent with research about child development and learning; promotes teaching and learning activities that have been shown to have positive effects on children’s progress and outcomes; and has descriptive research evaluation reflecting child progress but lacks evidence for a randomized control study.

Responsible HHS official – an official of the Department of Health and Human Services who has authority to make grants under the Act. Usually refers to staff in the Regional Office.

For additional terms, refer to the DEC Recommended Practices Glossary:
<https://divisionearlychildhood.egnyte.com/dl/fackSFYIF/>.

ACRONYMS

ACF – Administration for Children and Families

ADA – Americans with Disabilities Act

DEC – Division of Early Childhood for the Council of Exceptional Children

ECE – Early childhood education

ECTA – Early Childhood Technical Assistance Center

EHS – Early Head Start

ESEA – Elementary and Secondary Education Act

ESSA – Every Child Succeeds Act

FAPE – Free and public education

FERPA – The Family Educational Rights and Privacy Act of 1974

HHS – Department of Health and Human Services, U.S. Government

HIPAA – Health Insurance Portability and Accountability Act of 1996

HSAC – Health Services Advisory Committee

HSPPS – Head Start Program Performance Standards

IA – Interagency agreement

IDEA – Individuals with Disabilities Education Act

IEP – Individualized Education Program

IFSP – Individualized Family Service Plan

LEA – Local education agency

LRE – Least restrictive environment

MOU – Memorandum of understanding

MSHS – Migrant and Seasonal Head Start program

NCECDL – National Center on Early Childhood Development, Teaching, and Learning

NHSA – National Head Start Association

OHS – Office of Head Start

PBC – Practice-based coaching

PD – Professional development

SEA – State educational agency

SELECTED RESOURCES

GENERAL RESOURCES

All Kids Count: Child Care and the ADA

<http://www.adainfo.org/sites/default/files/Child-Care-ADA-Resources.pdf>

Center for Parent Information & Resources

<https://www.parentcenterhub.org>

Child Care Aware of America

<http://childcareaware.org/about/child-care-aware-of-america>

CONNECT Modules

<http://community.fpg.unc.edu/connect-modules/learners>

Disabilities Services Newsletter: Leading to Support High-Quality Inclusive Services

<http://hsicc.cmail19.com/t/ViewEmail/j/9892FE6D8131291B2540EF23F30FEDED/>

Division for Early Childhood (DEC)

<http://www.dec-sped.org>

Early Childhood Education Linkage System

<http://www.ecels-healthychildcarepa.org>

Early Childhood Learning & Knowledge Center (ECLKC)

<https://eclkc.ohs.acf.hhs.gov>

Early Childhood Technical Assistance Center

<http://ectacenter.org>

Head Start Center for Inclusion

<http://headstartinclusion.org/>

The following resources offer supports for children with disabilities from birth to age 21, so watch for those that are relevant for infants and toddlers from birth to age 5.

Beach Center on Disability

<https://beachcenter.lsi.ku.edu/>

IRIS Center Resource Locator

<https://iris.peabody.vanderbilt.edu/resources/iris-resource-locator/?term=early-intervention-early-childhood>

PACER Center: Parent Special Education Information

<https://www.pacer.org/parent/>

CHAPTER I DIVING INTO THE COORDINATED APPROACH AND LEGISLATION

Coordinated Approaches: Serving Children with Disabilities

<https://eclkc.ohs.acf.hhs.gov/video/coordinated-approaches-serving-children-disabilities>

Early Childhood Technical Assistance Center

<http://ectacenter.org>

Eligibility and Service Delivery Policies: Differences Between IDEA Part C and IDEA Part B

<http://www.infanthearing.org/earlyintervention/docs/aspect-idea-part-c-and-idea-part-b.pdf>

Facts About the Americans with Disabilities Act

<https://eclkc.ohs.acf.hhs.gov/human-resources/article/facts-about-americans-disabilities-act>

The Family Educational Rights and Privacy Act (FERPA) Guidance for Parents

- English: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/for-parents.pdf>
- Spanish: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/for-parents-spanish.pdf>

A Guide to Disability Rights Laws

<https://www.ada.gov/cguide.htm>

Improving Head Start for School Readiness Act of 2007

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/HS_Act_2007.pdf

Individuals with Disabilities Education Act (IDEA)

<http://idea.ed.gov>

<https://sites.ed.gov/idea/>

An Overview of the Americans With Disabilities Act

<https://adata.org/factsheet/ADA-overview>

Parents' Guide to the *Family Educational Rights and Privacy Act*: Rights Regarding Children's Education Records

<https://www2.ed.gov/policy/gen/guid/fpco/brochures/parents.html>

Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs

<https://www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf>

Policy Statement on Preschoolers and LREs

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/preschool-lre-dcl-1-10-17.pdf>

Section 504, Rehabilitation Act of 1973

<https://www.dol.gov/agencies/oasam/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973>

Your Health Information Privacy Rights

https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer_rights.pdf

Your Rights Under Section 504 of the Rehabilitation Act

<https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf>

CHAPTER II BUILDING PARTNERSHIPS

Collaboration in Leadership Checklist

http://ectacenter.org/~pdfs/decrp/LDR-1_Leaders_collaborate_2018.pdf

High-Quality Inclusion Federal Series (Webinar)

<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/high-quality-inclusion-federal-series>

List of State Part C Coordinators

<http://ectacenter.org/contact/ptccoord.asp>

List of State Section 619 Coordinators

<http://ectacenter.org/contact/619coord.asp>

<http://ectacenter.org/topics/eiservices/eiservices.asp>

<http://ectacenter.org/topics/inclusion/default.asp>

CHAPTER III RECRUITING AND ENROLLING CHILDREN

Disabilities Services Newsletter: Preventing Suspension and Expulsion

<https://hsicc.cmail20.com/t/ViewEmail/i/234B8B01455F9D2A2540EF23F30FEDED/>

ERSEA Eligibility Topic Page

<https://eclkc.ohs.acf.hhs.gov/eligibility-ersea>

Preventing and Reducing Suspensions and Expulsions in Early Care and Education Settings
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/preventing-reducing-suspensions-expulsions.pdf>

Supporting Children and Families Experiencing Homelessness
<https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/supporting-children-families-experiencing-homelessness>

Suspension and Expulsion in Early Childhood
<https://challengingbehavior.cbcs.usf.edu/Pyramid/suspension.html>

Unveiling the Updated Head Start PFCE Framework
<https://eclkc.ohs.acf.hhs.gov/video/unveiling-updated-head-start-pfce-framework>

CHAPTER IV SCREENING CHILDREN & CHAPTER V REFERRING AND EVALUATING CHILDREN

Birth to 5: Watch Me Thrive!
<https://www2.ed.gov/about/inits/list/watch-me-thrive/index.html>

Building the Legacy: Training Curriculum on IDEA, Module 10: Initial Evaluation and Reevaluation
https://www.parentcenterhub.org/wp-content/uploads/repo_items/legacy/10-trainerguide.pdf

Child Screening & Assessment Topic Page
<https://eclkc.ohs.acf.hhs.gov/child-screening-assessment>

Communicating with Your Child's School Through Letter Writing
<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/communicating-your-childs-school-through-letter-writing>

Encouraging Active Parent Participation in IEP Team Meetings
<http://www.casenex.com/casenex/cecReadings/encouragingActive.pdf>

Fact Sheets About Specific Disabilities
<https://www.parentcenterhub.org/specific-disabilities/>

Finding Out If Your Child Is Eligible for Special in Early Childhood Education
<https://www.understood.org/en/school-learning/special-services/special-education-basics/finding-out-if-your-child-is-eligible-for-special-education>

Frequently Asked Questions: Disabilities
<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/frequently-asked-questions-disabilities>

IFSP Process: Planning and Implementing Family-Centered Services in Natural Environments
<http://ectacenter.org/topics/ifsp/ifspprocess.asp>

Individualized Education Program (IEP) Basics
<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/individualized-education-program-iep-basics>

Letter to Head Start Directors
<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/oseptipreschoolmemo4-29-16.pdf>

List of Parent Centers Across the United States
<https://www.parentcenterhub.org/find-your-center>

Module 4: Screening, Evaluation, and Assessment Procedures
<https://www.parentcenterhub.org/partc-module4/>

Ongoing Child Assessment: Children with Disabilities
<https://eclkc.ohs.acf.hhs.gov/video/children-disabilities>

OSEP Part C Guidance and Training Resources: Part C, Guidance Materials from OSEP
<http://ectacenter.org/partc/OSEPresources.asp>

Part C of IDEA

<https://ectacenter.org/partc/partc.asp>

Relationship-Based Practices: Talking With Families About Developmental Concerns

<http://resources.kognito.com/hs4/pdf/hs4-printsummary.pdf>

Standards in Action: Serving Children with Disabilities and the 10% Eligibility Requirement

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/10-percent-eligibility.pdf>

Strengthening Partnerships to Support Babies with Special Needs

<https://eclkc.ohs.acf.hhs.gov/video/strengthening-partnerships-support-babies-special-needs>

CHAPTER VI INDIVIDUALIZING TEACHING AND LEARNING & CHAPTER VII IMPLEMENTING CURRICULUM AND AN INCLUSIVE ENVIRONMENT

15-Minute In-Service Suite: Additional Highly Individualized Teaching and Learning Suites

<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/highly-individualized-teaching-learning>

15-Minute In-Service Suite: Highly Individualized Teaching and Learning: An Overview

<https://eclkc.ohs.acf.hhs.gov/video/highly-individualized-teaching-learning-overview>

15-Minute In-Service Suite: Organizing Learning Throughout the Day

<https://eclkc.ohs.acf.hhs.gov/video/activity-matrix-organizing-learning-throughout-day>

Day in the Life of a Disabilities Coordinator

<http://headstartinclusion.org/day-life-disabilities-coordinator>

Disabilities Services Newsletter: Ongoing Child Assessment to Support Learning

<http://hsicc.cmail19.com/t/ViewEmail/j/C23EB055178AA8312540EF23F30FEDED/>

Division for Early Childhood (DEC) Recommended Practices

<http://www.dec-sped.org/recommendedpractices>

Division for Early Childhood (DEC) Recommended Practices Performance Checklists

<http://ectacenter.org/decrp/type-checklists.asp>

Effective Practice Guides: Social and Emotional Development

<https://eclkc.ohs.acf.hhs.gov/school-readiness/effective-practice-guides/social-emotional-development>

Encouraging Strong Parent-Child Relationships for Early Childhood Professionals

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/encouraging-strong-parent-child-relationships.pdf>

Highly Individualized Practices Webinar Series

<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/highly-individualized-practices-series>

Measuring the Quality of Inclusion: The Inclusive Classroom Profile

<https://npdci.fpg.unc.edu/measuring-quality-inclusion-inclusive-classroom-profile>

Multicultural Principles for Early Childhood Leaders

<https://eclkc.ohs.acf.hhs.gov/culture-language/article/multicultural-principles-early-childhood-leaders>

National Center for Pyramid Model Innovations

<http://challengingbehavior.cbcs.usf.edu>

Practice Guides for Families

<http://ectacenter.org/decrp/type-pgfamily.asp>

Practice Guides for Practitioners

<http://ectacenter.org/decrp/type-pgpractitioner.asp>

Practice Improvement Tools: Using the DEC Recommended Practices

<http://ectacenter.org/decrp>

Quality Inclusive Child Care Checklist

<https://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/QualityChecklist0508.pdf>

Resources Supporting Individualization

<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/resources-supporting-individualization>

SpecialQuest Multimedia Training Library: Early Childhood Inclusion Materials

<https://eclkc.ohs.acf.hhs.gov/children-disabilities/specialquest/specialquest>

CHAPTER VIII COORDINATING WITH HEALTH AND MENTAL HEALTH PROGRAM SERVICES & CHAPTER IX COORDINATING SAFETY PRACTICES

Active Supervision on Buses

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/active-supervision-on-buses.pdf>

ADA Checklist for Existing Facilities

<https://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf>

California Childcare Health Program: Forms, Policies, and Checklists

<https://cchp.ucsf.edu/content/forms>

Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs, 4th ed. (CFOC4)

<http://nrckids.org/CFOC>

Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education

<https://eclkc.ohs.acf.hhs.gov/health-services-management/caring-our-children-basics/caring-our-children-basics>

Children with Special Health Care Needs Webinar

<https://eclkc.ohs.acf.hhs.gov/video/children-special-health-care-needs-webinar>

Definition of Children with Special Health Care Needs/Chronic Conditions

<https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>

Early Childhood Education Linkage System (ECELS) Active Play Safety Checklist and Planning Tool

<http://ecels-healthychildcarepa.org/tools/checklists/item/587-active-play-safety-checklist-planning-tool.html>

Early Childhood Education Linkage System (ECELS) Health and Safety Checklist 2011 with References

<http://www.ecels-healthychildcarepa.org/tools/checklists/item/255-ecels-health-and-safety-checklist-2011-references>

Health and Safety Checklist for Early Care and Education Programs

https://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/HS_Checklist.pdf

Leave No Child Unattended! Use Active Supervision to Keep Children Safe

<https://eclkc.ohs.acf.hhs.gov/video/leave-no-child-unattended-use-active-supervision-keep-children-safe>

Mental Health Consultation Tool

<https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool>

Planning Transitions to Prevent Challenging Behavior

<https://eclkc.ohs.acf.hhs.gov/video/planning-transitions-prevent-challenging-behavior>

Public Playground Safety Handbook

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/cos-playground-safety.pdf>

Suspension and Expulsion in Early Childhood

<https://challengingbehavior.cbcs.usf.edu/Pyramid/suspension.html>

10 Actions to Create a Culture of Safety

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/culture-of-safety.pdf>

Tips for Keeping Children Safe: A Developmental Guide

<https://eclkc.ohs.acf.hhs.gov/safety-practices/article/tips-keeping-children-safe-developmental-guide>

2010 ADA Standards for Accessible Design

<https://www.ada.gov/regs2010/2010ADASTandards/2010ADAstandards.htm>

CHAPTER X ENSURING SMOOTH TRANSITIONS

Disabilities Services Newsletter: Infant/Toddler to Preschool Transitions for Children with Disabilities

<http://hsicc.cmail20.com/t/ViewEmail/j/F5C57E8A57E96B222540EF23F30FEDED>

Disabilities Services Newsletter: Preschool to Kindergarten Transitions for Children with Disabilities

<http://hsicc.cmail19.com/t/ViewEmail/j/CC2186FD836C88C82540EF23F30FEDED>

Division for Early Childhood (DEC) Recommended Practices with Examples

<https://divisionearlychildhood.egnyte.com/dl/NRAghl7roM>

Early Childhood Transitions: Supporting Children and Families for Early Childhood Professionals

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/early-childhood-transitions.pdf>

Family Engagement in Transitions: Transition to Kindergarten

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/rtp-transition-to-kindergarten.pdf>

Get Ready for Kindergarten! Activity Calendar for Families

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/transition-calendar-family.pdf>

Get Ready for Kindergarten! Activity Calendar for Teachers

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/transition-calendar.pdf>

Supporting Transitions: Program Policies and Practices

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/supporting-transitions-brief-three.pdf>

Supporting Transitions: Working with Early Education Partners

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/supporting-transitions-brief-four.pdf>

Transition from Part C to Preschool

<http://ectacenter.org/topics/transition/transition.asp>

Transition from Preschool Services to Kindergarten

<http://ectacenter.org/topics/transition/transstoK.asp>

CHAPTER XI CREATING SUPPORT FOR STAFF & CHAPTER XII BUILDING SUPPORT FOR YOURSELF

Early Childhood Technical Assistance Center Illustrations

<http://ectacenter.org/decrp/type-illustrations.asp>

Early Childhood Technical Assistance Center Performance Checklists

<http://ectacenter.org/decrp/type-checklists.asp>

15-Minute In-Service Suites: Highly Individualized Teaching and Learning

<https://eclkc.ohs.acf.hhs.gov/children-disabilities/article/highly-individualized-teaching-learning>

Find Your Parent Center

<https://www.parentcenterhub.org/find-your-center/>

Practice-Based Coaching

<https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc>

Professional Development Resources from Other Organizations

<https://eclkc.ohs.acf.hhs.gov/professional-development/article/professional-development-resources-other-organizations>

Professional Development to Support Effective Inclusion Practices

<https://eclkc.ohs.acf.hhs.gov/video/professional-development-support-effective-inclusion-practices>

CHAPTER XIII IMPROVING YOUR PROGRAM'S COORDINATED APPROACH

The Center for IDEA Early Childhood Data Systems

<https://dasycenter.org/>

Data in Head Start and Early Head Start

<https://eclkc.ohs.acf.hhs.gov/organizational-leadership/article/data-head-start-early-head-start-series-home-page>

Division for Early Childhood (DEC) Recommended Practices with Examples

<https://divisionearlychildhood.egnyte.com/dl/NRAghl7roM>

Dual Language Learners Program Assessment

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/dllpa-collection-508-revised-v3.pdf>

Evaluating the Implementation of Evidence-based Practices—Tip Sheet Series

<https://dasycenter.org/evaluating-the-implementation-of-evidence-based-practices-tip-sheet-series/>

Head Start A to Z: Ongoing Monitoring

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/ogm-session-description.pdf>

Foundations for Excellence: A Guide for Five-Year Planning and Continuous Improvement, 2nd Edition

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/foundations-for-excellence-complete-guide.pdf>

Self-Assessment: Your Annual Journey Resources

<https://eclkc.ohs.acf.hhs.gov/program-planning/article/self-assessment-your-annual-journey>



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