

TULARE COUNTY/DISTRICT SELPA POLICY # 9600

**SPECIAL EDUCATION –
SERVICES – MISC.**

Adopted: 5/13/2020

Revised:

Early Intervention Services (Birth to 3)

The Tulare County/District SELPA is guided by and embraces the philosophy that early intervention is a positive influence on the infant and parent(s) which maximizes the potential of that child. The importance of parent involvement in infant growth and development is supported. It is important that parents are provided training and support to work with their child.

Tulare County SELPA believes that the families of young children with disabilities should receive direct services as soon as possible after diagnosis. This service is optimally provided through thoughtful interagency collaboration with a commitment to provide a family-focused intervention which is sensitive to both child needs and family priorities. Families share decision making and are equal partners in the Individual Family Service Plan (IFSP) process. Other agencies have made a commitment to work collaboratively with Tulare County Office of Education (TCOE) to provide and plan services to families through mutual sharing with the permission of participating families. This is done through a partnership between the Central Valley Regional Center (CVRC or Regional Center) and TCOE's Bright Start Program.

Tulare County SELPA and the Central Valley Regional Center (CVRC) have entered into an agreement to comply with Part C and California Early Start regulations and policies. Programs and services included within the IFSP will be implemented by the responsible agency. The continuum of services and programs available to infants and their families may include as appropriate, but not limited to the following services:

- Coordinated child find and outreach and coordinated referral process;
- Collaborative referral, enrollment, and service delivery system through Interagency Agreements;
- Multidisciplinary Evaluation and Assessment;
- Infant Instructional programs including home-based in the natural environment;
- Family/parent involvement activities including parent support and training;
- Collaborative staff development among agencies providing related early start services including health, education and social welfare programs;
- Designated Instructional Services (i.e. speech, physical therapy, occupational therapy, vision, hearing, mobility, and other special services); and
- Respite services.

Referral Process

Anyone who has a concern about an infant's growth or development may make a referral to CVRC. Primary referral sources include, but are not limited to hospitals, including prenatal and postnatal care facilities, physicians, parents, child care programs, LEAs, public health facilities, other social services agencies and other health care providers.

CVRC and LEAs shall inform primary referral sources of the:

- (1) Eligibility criteria for early intervention services;
- (2) Types of early intervention services available through the Bright Start Program;
- (3) Contact persons and telephone numbers for CVRC and LEAs; and,
- (4) Federal requirement that a referral shall be made to CVRC or the LEA within two (2) working days of an infant or toddler who in in need of early intervention services.

Through the Interagency Agreement between Tulare County/District SELPA and CVRC, the referral procedures required under Part C have been delineated in accordance with agency mandate to the collaboration process of the Tulare County Health and Human Services High Risk Infant Team (HRIT). The HRIT acts as a single point of entry for Early Start infants and toddlers. The CVRC and SELPA agree to use the High Risk Infant Team referral form and/or the High Risk Infant Assessment form as a common interagency initial screening and inquiry document. A parent or legal representative must give consent prior to the exchange of information between agencies. The agency that receives the referral will notify the other appropriate agencies as needed. A copy of the referral form will be faxed and/or mailed to the second agency within 24 hours or by the next business day. The party to be notified of the referral at CVRC is the Intake Coordinator (or designee). The party to be notified for SELPA is the designated Program Manager of Special Education Office of the County Superintendent of Schools (or designee). CVRC agrees to notify the SELPA when a referral of an infant or toddler with a solely visual, hearing or orthopedic impairment is received. The 45-day timeline begins on the day the written referral is received by CVRC or SELPA. Both CVRC and SELPA agree to begin the referral process when contacted by a parent or legal representative of an infant or toddler.

Procedural Safeguards

Eligible infants will be enrolled for services under the Individual Family Service Plan (IFSP) according to procedural safeguards and due process. Prior to the initial evaluation and assessment to determine eligibility, and annually thereafter, written notice shall be given to the parent, which shall include:

1. The personally identifiable information maintained by the regional center or the District;

2. The types of information used in the evaluation, assessment and IFSP development; and
3. The methods that the regional centers and Districts use to protect the confidentiality of personally identifiable information including:
 - a. The sources from whom personally identifiable information is gathered;
 - b. The uses to be made of the personally identifiable information;
 - c. The policies and procedures regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information as required in Title 34 Code of Federal Regulations, Section 300.572 through 300.573, and;
 - d. The rights of parents and infants and toddlers regarding access to information, including the rights accorded to families in these regulations and the rights under the Family Education Rights and Privacy Act of 1974, Title 20, United States Code, Section 1232 (g) and implementing regulations Title 34 code of Federal Regulations, Section 99.

Procedures for Determining Eligibility

Qualified personnel of the Regional Center shall make the determination of eligibility for an infant or toddler with the participation of the multidisciplinary team, including the parent. The Regional Center shall ensure that written notice is provided and written parental consent to evaluate and assess is obtained within the 45 day timeline. The initial evaluation and assessment must be completed within the 45 day timeline and address the following developmental areas: level of physical and motor development including, vision, hearing, and health status; communication development; cognitive development; social and/or emotional development; and adaptive development.

1. Eligibility under Part C concerns infants and toddlers from birth to 3 years of age who meet one or more of the following criteria:
 - a. Infants and toddlers with a developmental delay in one or more of the following five areas: cognitive development; physical and motor development including vision and hearing; communication development; social or emotional development; or adaptive development. Developmental delays include a significant difference between the expected level of development for their age and their current level of functioning. This determination shall be made by qualified special education personnel who are a part of a multidisciplinary team which includes the parents.
 - b. Infants and toddlers with established risk conditions, who have conditions with conditions of known etiology or conditions with established harmful developmental consequences. The conditions shall be diagnosed by qualified personnel who are part of a multidisciplinary team which includes the parents. The condition shall be certified as having a high probability of leading to developmental delay if the delay is not evident at the time of diagnosis.

- c. Infants and toddlers who are at high risk of having substantial developmental disability due to a combination of biomedical risk factors, the presence of which is diagnosed by qualified clinicians recognized by, or part of, a multidisciplinary team, including the parents.
2. Procedures for Evaluation and Assessment for Services Planning. The agencies will decide at the time the referral is shared as to which agency will complete the evaluation and assessment process with the family. That agency will assign an interim service coordinator who is responsible for ensuring the completion of the initial Individualized Family Service Plan (IFSP) within the 45-day timeline. Students eligible for the early intervention services shall receive a multidisciplinary assessment which includes the family in the most natural environments to the maximum extent possible. Factors to consider in determining which agency will complete the evaluation and assessment are:
 - The nature of the parents'/family's concerns and needs of child (i.e., medical, social, financial, developmental, etc.); and
 - The agency that is more likely to play a prominent role with the child and family.
3. Assessment Process. The assessment will be initiated following written parental consent and conducted by qualified, trained personnel. The District will secure assessments for infants or toddlers with solely a visual, hearing, or severe orthopedic impairment, or any combination thereof, and for dually-served infants or toddlers, to the District's funded program capacity. CVRC is considered the payor of last resort and will secure assessments that may include the District for infants or toddlers who may be eligible for early start services and/or regional center services. Family assessments shall be family-directed and voluntary on the part of the family.

A complete assessment is completed in the child's natural environment and includes:

- A review of pertinent records related to the infant's or toddler's health status and medical history provided by qualified health professionals who have evaluated or assessed the infant or toddler;
- Information obtained from parental observation and report; and
- Evaluation by qualified personnel of the infant's or toddler's level of functioning in each of the following areas:
 - Cognitive development;
 - Physical and motor development, including vision and hearing;
 - Communication development;
 - Social or emotional development; and,
 - Adaptive development.
- No single procedure shall be used as the sole criterion for determining eligibility.

- Standardized tests or instruments may be used as part of the evaluation, and if used, shall:
 - Be selected to ensure that, when administered to an infant or toddler with impaired sensory, motor or speaking skills, the test(s) produce results that accurately reflect the infant's or toddler's aptitude, developmental level, or any other factors the test purports to measure and not the infant's or toddler's impaired sensory, motor or speaking skills unless those skills are the factors the test purports to measure;
 - Be validated for the specific purpose for which they are used.
- If standardized, normed or criterion referenced instruments are used as part of the evaluation specified above, a significant difference between an infant's or toddler's current level of functioning and the expected level of development for his or her age shall be established when an infant's or toddler's age equivalent score falls one third below age expectation.
- Procedures and materials for evaluation shall be selected and administered so as not to be racially or culturally discriminatory.
- Infants or toddlers with solely low incidence disabilities shall be evaluated and assessed by qualified personnel of the LEA whose professional preparation, license or credential authorization are specific to the suspected disability.
- The Regional Center, LEAs and multidisciplinary teams shall not presume or determine eligibility, including eligibility for medical services provided through the Department of Health Care Services, for any other state or local government program or service when conducting evaluations or assessments of an infant or toddler or their family.
- Evaluations shall be conducted in natural environments whenever possible.

Assessment for Service Planning

Assessment for service planning for eligible infants or toddlers shall identify all of the following:

- (1) The child's unique strengths and needs in the areas of cognitive development, physical and motor development (including vision and hearing), communication development, social or emotional development, and adaptive development.
- (2) Early intervention and other services appropriate to meet the identified needs; and

- (3) The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of an infant or toddler with a disability.

For purposes of service planning, CVRC and the SELPA may use existing evaluation materials if the multidisciplinary team agrees that the existing materials adequately describe the levels of development and service needs for the infant or toddler.

Assessment for service planning shall be based on age-appropriate methods and procedures that may include any of the following:

- (1) A review of information related to the child's health status and medical history provided by qualified health professionals who have evaluated or assessed the child.
- (2) Developmental observations by qualified personnel and the parent.
- (3) Other procedures used by qualified personnel to determine the presence of a developmental delay, established risk condition, or high risk for a developmental disability.
- (4) Standardized tests or instruments.

Assessments of family resources, priorities, and concerns related to enhancing the development of the infant or toddler shall be voluntary on the part of the family. The family assessment shall:

- (1) Be conducted by qualified personnel trained to utilize appropriate methods and procedures;
- (2) Be based on information provided by the family through a personal interview;
- (3) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the development of the child; and
- (4) Be conducted in the language of the family's choice or other mode of communication unless it is not feasible to do so.

Evaluations and assessments for service planning shall be conducted in natural environments whenever possible.

Timeline for Completion of Evaluation and Assessment

Except as provided below, the evaluation and assessment for eligibility for each child shall be completed within 45 days of the date that the referral was received by the SELPA or the Regional Center.

In the event of exceptional family circumstances or lack of parent consent for the initial evaluation and assessment (despite documented repeated attempts to obtain consent), which make it impossible to complete the evaluation for eligibility, and assessments (child and family), and IFSP meeting within 45 days of receiving a referral, the service shall inform the parents and document the reason(s) for the delay. The service coordinator shall also inform the parent of an alternative timeline which includes a specific date for completing the evaluation as soon as possible; and document that the parent has been informed and is in agreement with the reason(s) documented for the extension beyond 45 days.

If an infant or toddler has been determined eligible, but the assessment has not been completed within 45 days of receiving a referral because of exceptional circumstances which make it impossible to complete a timely initial evaluation, the service coordinator shall inform the parents and document the reasons for the delay. In such cases, an interim IFSP will include the name of the service coordinator and timelines for completing assessments.

Eligibility

The term "eligible infant or toddler with a disability" means infants and toddlers from birth through 2 years of age inclusive (Govt Code 95014(a)) for whom a need for early intervention services is documented by means of assessment and evaluation and who meet one of the following criteria:

- (1) **Developmental Delay.** Infants and toddlers with a developmental delay in one or more of the following five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development.

Developmentally delayed infants and toddlers are those who are determined to have a "significant difference" between the expected level of development for their age and their current level of functioning. This determination shall be made by qualified personnel who are recognized by, or part of, a multidisciplinary team, including the parents. A "significant difference" is defined as a 33-percent delay in one or more developmental areas.

- (2) **Established Risk.** Infants and toddlers with "conditions of known etiology" or "conditions with established harmful developmental consequences" which have a high probability of resulting in developmental delay; or, infants and toddlers who have solely a low incidence disability.

- (3) **High Risk for Developmental Disability.** Infants or toddlers with a combination of two or more of the following factors that require early intervention services based on evaluation and assessment:

- a. Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1,500 grams.

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

High risk for a developmental disability also exists when a multidisciplinary team determines that the parent of the infant or toddler is a person with a developmental disability and the infant or toddler requires early-intervention services based on evaluation and assessment.

A developmental delay shall not be determined based on:

- a. Temporary physical disability;
- b. Cultural or economic factors;
- c. The normal process of second language acquisition; or
- d. Manifestation of dialect and sociolinguistic variance.

(4) Additional State Eligibility Criteria. A child shall qualify as an individual with exceptional needs (pursuant to Education Code section 56026(c)(1) and Government Code section 95014) if the IFSP and IEP Teams determine that the child meets the following criteria:

- a. Is identified as a student with a disability pursuant to 5 Cal. Code of Regulations section 3030, and
- b. Requires intensive special education and services by meeting one of the following:
 - i. The child has a developmental delay as determined by a significant difference between the expected level of development for their age and their current level of functioning in one or more of the following five developmental areas: cognitive development, physical and motor development, including vision and hearing, communication development, social or emotional development, and adaptive development.
 - ii. A "significant difference" means a 33% delay in one developmental area before 24 months of age, or, at 24 months of age or older, either a delay of 50% in one developmental area or a 33% delay in two or more developmental areas.
 - iii. The child has a disabling medical condition or congenital syndrome which the IFSP Team determines has a high predictability of requiring intensive special education and services.

Individualized Family Services Plans

Each eligible infant shall have an Individualized Family Service Plan (IFSP) developed by the multidisciplinary team including the family and shall be in writing to address the following components:

- A statement of the infant or toddler's present levels of physical development including vision, hearing and health status, cognitive development, communication development, social and emotional development, and adaptive developments.
- With the concurrence of the family, a statement of the family's concerns, priorities, and resources related to meeting the special developmental needs of the eligible infant or toddler.
- A statement of the major outcomes expected to be achieved for the infant or toddler and family where services for the family are related to meeting the special developmental needs of the eligible infant or toddler.
- The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions are necessary.
- A statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler as identified, including, but not limited to, the frequency, intensity, location, duration and method of delivering the services and ways of providing services in natural environments.
- A statement of the agency responsible for providing the identified services.
- The name of the service coordinator who shall be responsible for facilitating implementation of the plan and coordinating with other agencies and persons.
- The steps to be taken to ensure transition of the infant or toddler upon reaching three years of age to other appropriate services. These may include, as appropriate, special education or other services offered in natural environments.
- The projected dates for the initiation of services and the anticipated duration of those services.

Implementation of the IFSP

Each eligible infant or toddler and family shall be provided a service coordinator who will be responsible for facilitating the implementation of the IFSP and for coordinating with other agencies and persons providing services to the family. Service coordinators must meet federal and state requirements governing qualifications, competency, responsibilities, and functions and must be trained to work with infants and families.

Review of the IFSP

A periodic review of the IFSP shall be conducted every six months, or more frequently if the service needs change or if the parent requests such a review. The periodic review may be carried out by a meeting or by other means that is acceptable to the parents and other participants.

Each periodic review of the IFSP shall include the following participants:

- (1) The parent;
- (2) The service coordinator;

- (3) Service providers as appropriate; and
- (4) Other family members, an advocate or person outside of the family upon parent request.

Provision of Early Start Services.

Multidisciplinary team members shall be responsible for providing and coordinating early start services for one or more infants and their families, and shall serve as consultants to other team members in the delivery of related services. All services are offered in natural environments to the maximum extent possible.

Parental Choice of Services.

A continuum of program options will be made available to the family through the IFSP process. Families are respected as the equal decision-makers for their child. Services options may include but are not limited to:

1. Home-based services. Children and their families receive instructional and/or specialist services in their natural environments with conformity to the IFSP based on individual need. The Infant Program collaborates with other agencies to ensure adequate provision of home-based services related to the child's and families' needs as identified in the IFSP.
2. Family involvement activities. All families are invited to participate in weekly on-going activities along with a mutual support group of families. The various activities are in response to the families' needs as identified on the IFSP. Participation by families in family involvement activities is voluntary. The Infant Program includes a commitment to a flexible, family focused program which emphasizes reinforcement of the positive aspects of the family relationship and a focus on the child's growth and development. Families share decision-making and are equals in the program planning process. The SELPA respects family diversity in structure, coping styles, values, culture, race and religion. Families have access to on-going activities that may include meeting agency representatives for discussions; trainings in special topics, creative and holiday activities; parent-child bonding classes, and specialist services (DIS) presentations. Families will have access to a parent liaison who provides the current community resources and current informational materials regarding specific disabilities or needs through the lending library. In addition, the FRC conducts support groups in collaboration with the SELPA. Instructional staff model activities for families to participate along with the entire family. Individualized suggestions are provided to each parent to implement with their child during the week.
3. Related services. Instructional services are delineated on the IFSP and provided either in a direct service mode or by consultation to parents of infants who meet the criteria for solely low incidence including visual,

hearing, or orthopedic impairments or any combination thereof. Specialists serve as a multidisciplinary team member in the IFSP development process.

4. Multidisciplinary assessment and services. Early Education services are provided by the District, County Office of Education, or participating agencies through a multidisciplinary team. The team consists of professionals from various disciplines, agencies, and parents who shall share their expertise and services to provide appropriate services for infants and their families. Each team member shall be responsible for providing and coordinating early education services for one or more infants and their families, and shall serve as a consultant to other team members and as a provider of appropriate related services to other infants in the program. Any team member may serve as a service coordinator as identified in the infant's IFSP.

Multidisciplinary teams may include, but need not be limited to, qualified persons from the following disciplines:

- (1) Early childhood special education;
- (2) Parent support;
- (3) Speech and language therapy;
- (4) Nursing, with a skill level not less than that of a registered nurse;
- (5) Social work, psychology, or mental health;
- (6) Occupational therapy;
- (7) Physical therapy;
- (8) Audiology;
- (9) Vision Services;
- (10) Mobility Services;
- (11) Hearing Services.

5. Medically-necessary therapy. Medically-necessary occupational therapy and physical therapy shall be provided to the infant with solely low-incidence needs when warranted by medical diagnosis and contained in the IFSP.
6. Service coordination. Service coordination includes the activities carried out by a service coordinator to assist and enable an eligible infant/toddler and family to receive the rights, procedural safeguards, and services authorized. It must be provided under public supervision. The role of the service coordinator is to facilitate implementation of the IFSP and to coordinate services with other agencies and persons. Each eligible infant or toddler and family shall be provided a service coordinator responsible for facilitating the implementation of the Individualized Family Service Plan and for coordinating with other agencies and persons providing services to the family. The qualifications, responsibilities and functions of service

coordinators shall be consistent with the statutes and regulations under Part C. The District will provide service coordination for infants with solely low-incidence disabilities and will collaborate with CVRC regarding service coordination for dually-served infants.

7. Respite services. Alternative respite services are based on the individual needs of the families and documented on the IFSP. The District will be responsible agency for all children eligible under low incidence disabilities. CVRC is the responsible agency for those children dually served. The IFSP will give consideration to the following items whenever respite services may be needed:

- Review purpose of respite services with family.
- Identify the level of need through the multidisciplinary evaluation and assessment and include provisions when necessary as part of the IFSP.
- Identify current respite resources the family is presently utilizing which may include extended family members, friends, day care providers, etc.
- Identify type of respite care services based on individual needs of the family.
- Identify the specific time frames by which the services are offered including initiation date, frequency, intensity, duration, location and method of service.

Staff will review options with families as necessary to best accommodate those needs whether family may choose personal respite provider or one selected by the District/CVRC.

8. Provision of specialized services to infants and toddlers with low-incidence disabilities. Credentialed personnel with expertise in vision or hearing impairments are made available through the County Office of Education for consultation or direct services to infants with low-incidence disabilities. Specialized services are provided under the IFSP in the natural environments to maximum extent possible. Interagency cooperation maximizes a flexible collaboration to provide for specialized individual needs.
9. Low incidence disabilities. Eligible infants who meet the eligibility criteria for a solely low incidence disability will be enrolled for services through the documentation process of the IFSP according to mandated procedural safeguards and due process. A review of the IFSP for the child and the child's family will be conducted every six months or more frequently when needed.
10. Transition at age three. CVRC and SELPA agree that transition planning is an ongoing interagency process throughout the child's enrollment in early start. The child's transition from current programs and services into a new program(s) requires adjustments by the child and family and cooperation among the agencies

that provide these programs. The written IFSP Transition Plan should include community program options, the necessary evaluations, assistance for families in evaluating and accessing programs/services, steps to make a smooth transition, and communication between team members to ensure that the child and family are well prepared for the transition.

As part of the IFSP, the District will develop and implement a Transition Plan for infants or toddlers with solely a visual, hearing, or severe orthopedic impairment, or any combination thereof and for dually-served infants.

The transition planning process will begin prior to age 3 and as early as up to 6 months in prior to the child's third birthday. Children who are eligible for special education and related services at age 3 under Part B shall have an IEP developed and implemented prior to the child's third birthday.

References:

EC 52060

Title 17 C.C.R. 52040 – 52112,
Title 17 .C.C. R. 52121-52122