Handbook on Developing Individualized Family Service Plans and Individualized Education Programs in Early Childhood Special Education

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Handbook on *Developing Individualized Family Service Plans and Individualized Education Programs* in Early Childhood Special Education

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Prepared for publication
by CSEA members.

A Message from the State Superintendent of Public Instruction

We now know that the first years of a child's life are crucial in determining that child's future success in school and beyond. The importance of these years is particularly true for children with special needs. This *Handbook on Developing Individualized Family Service Plans and Individualized Education Programs in Early Childhood Special Education* has been designed to help educators build a seamless, integrated, comprehensive early childhood development system in special education.

This handbook is one in a series of resources on how to provide the best possible programs and services for young children with special needs. We have worked closely with local school districts and county offices of education to determine what information will be most useful for developing and maintaining quality early intervention programs.

We recognize that local programs and services have changed substantially as a result of changes in federal law, particularly the Individuals with Disabilities Education Act. All across California, families, agencies, and children's advocates are altering the way in which services are provided to children with special needs.

The emphasis is now on *natural environments*, such as the home and day care center, which has made a difference in how local educational agencies meet the needs of young children with disabilities. Services have become more family focused, with the emphasis on the family as the child's first and most important teacher.

I hope you find this information useful, and I thank you for your efforts on behalf of our youngest, most special children.

DELAINE EASTIN
State Superintendent of Public Instruction

Preface

The early years are the foundation for a child's healthy development and readiness for lifelong learning. For young children with disabilities, development and learning in the early years depend on the quality of early intervention services. This handbook provides information on the design and maintenance of quality programs, their statutory and regulatory requirements, and the resources available to local educational agencies to support those programs.

Background

Infant, toddler, and preschool special education programs and services have changed substantially in recent years. The implementation of Senate Bill 1085 in 1993 established the Early Start interagency program under the California Department of Education, in collaboration with the California Department of Developmental Services (DDS). This program provides early intervention services that are individually designed for infants and toddlers from birth through two years of age and their families. Funding is provided under Part C of the Individuals with Disabilities Education Act (*United States Code, Title 20,* Section 1471 et seq.) to develop innovative ways of providing family-focused, coordinated services that are built on existing systems.

Under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (*United States Code, Title 20,* sections 1411, 1412, 1413, and 1419), preschool special education programs received a boost from the federal government with increased funds and expansion of eligibility categories for children between the ages of three and five years with disabilities

Additionally, California state law, Chapter 311 (AB 2666, Hannigan, Statutes of 1987), established program standards for all preschoolers in California with exceptional needs. Prior to enactment of this law, public schools in California were mandated to serve only preschool children requiring intensive special education and services.

Principles of Early Childhood Special Education Service Delivery

The handbooks in the Early Childhood Special Education series are based on the following principles:

- Early childhood special education programs must be child-centered.
- Programs should be family-focused.
- Programs should be culturally sensitive.

- Collaborative interagency coordination is the most efficient and effective way to provide services to families.
- Programs should provide transdisciplinary approaches to the assessment of children and for the delivery of services.
- Programs should provide opportunities for staff development.
- Program evaluation is a necessary component of special education programs and services.

Purpose of the Handbook

The California Department of Education, through the Special Education Division, is providing staff in the field with a resource that presents ideas, concepts, and quality criteria for best practices in early childhood special education programs. New federal and state statutes and changes in regulations and funding mechanisms have affected the provision of services for young children with disabilities.

Each handbook in the Early Childhood Special Education series describes core concepts and best practices that are based on an in-depth review of current literature, statutes, and regulations. These handbooks may be accessed on the Department's Web site <*http://www.cde.ca.gov*> by clicking on the link to Special Education and then selecting "Resources."

We thank the parents and educators who contributed the ideas in this handbook to make it a valuable resource for administrators, teachers, and family members.

HENRY DER
Deputy Superintendent
Education Equity, Access, and Support Branch

ALICE D. PARKER
Director
Special Education Division

Introduction

The individualized family service plan (IFSP) and the individualized education program (IEP) are written records of services that the local educational agency (LEA) or the regional center is required to provide to meet a child's early intervention or educational needs. This handbook provides needed information for LEA staff to create effective IFSP and IEP documents and contains guidelines for working together with the child's family. Because the documents must include all the relevant information necessary to comply with legal requirements, this handbook also includes current state and federal regulations governing the content of and process for developing IFSPs and IEPs.

The intent of the Individuals with Disabilities Education Act (IDEA) is to ensure that family members are equal partners in the planning process for the child's education; therefore, this handbook places strong emphasis on maintaining the family's involvement for the benefit of the child. The recommended practices for IFSPs and IEPs that have been developed by the Council for Exceptional Children, Division for Early Childhood (DEC),

describe the principle of family members as the decision makers in the process:

> This does not mean that the family must make all decisions. It means that the family may choose the extent to which they wish to do the decision making. Families may choose to make all of the decisions or none of them; or families may choose to make decisions about some parts of the plan while having the service providers make decisions about other parts. The key here is that the family defines its own decision-making role.[1]

Despite IDEA's emphasis on family involvement, a 1998 review of California's Early Start program by the American Institutes for Research (AIR) was critical of the LEAs' coordination of IFSP meetings and provision of services to families and found several other deficiencies in the IFSP process. In light of these findings, AIR concluded that to improve the IFSP process, LEA staff involved with early childhood special education must receive further training in assessing families, conceptualizing and wording outcomes, and using nonrequired services and natural environments. The intent of this handbook is to help fill that information gap.

The IFSP or IEP process can significantly influence the beliefs the child's family has about the educational system, so it is critical for LEA staff to have the knowledge and skills to inform parents about legal requirements and to work with the family in producing an effective plan. If staff are knowledgeable and if the process sets a positive tone for participants, then the IFSP or IEP team can become a partnership that promotes success for the child.

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[1] *DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families.* Reston, Va.: Division for Early Childhood, Council for Exceptional Children, 1993, pp. 37–39.

Developing the Individualized Family Service Plan for Children from Birth to Age Three

The IFSP is a promise to children and families—a promise that their strengths will be recognized and built on, that their beliefs and values will be respected, that their choices will be honored, and that their hopes and aspirations will be encouraged and enabled.

—Lisbeth Vincent, Ph.D.

The individualized family service plan (IFSP) is the result of a dynamic process that begins with the first contact with a child's family. Because it is based on a partnership between family members and professionals, it is important that staff and parents are flexible during the process to best meet the child's needs. The IFSP will change and grow during this process to reflect the needs of the family as well as those of the child. Although the legal timelines for the IFSP establish a linear outline for activities, circumstances that affect the child and the family may interrupt the process and alter the schedule. These circumstances include:

- The health of the child (Medical needs may take precedence over other needs.)
- Family crises
- Diagnostic appointments, which may yield important information about the child that should be included in the IFSP
- Family work schedules that may conflict with the scheduling of IFSP-related activities

Federal and state regulations specify the IFSP process and timelines as follows (see Appendix A for pertinent statutes):

1. Within two working days from the time the infant or toddler is identified by the primary referral source, he or she must be referred to the appropriate public agency.
2. Within 45 calendar days of referral, the agency coordinating services must:
   a. Receive the referral and assign a service coordinator.
   b. Notify the parents of the referral.
   c. Notify the parents of their rights and procedural safeguards (see Appendix B).
   d. Obtain written parental consent to conduct the initial evaluation and assessment (see the consent form in Appendix C).
   e. Conduct the evaluation and assessment activities.
   f. Hold a meeting with the parents in their native language, at a place and time convenient for them, to present evaluation and assessment results, determine eligibility, and develop the initial IFSP (see the IFSP form in Appendix C).
   g. Obtain written parental consent to provide the agreed-upon early intervention services.
3. The public agency that is coordinating services must initiate the agreed-upon services specified in the IFSP as soon as possible.
4. Every six months, and when requested, the coordinating agency must:
   a. Notify the parents of the intent to review.
   b. Conduct the review of the IFSP and the progress of the child.
5. Annually, the agency must take these actions:
   a. Notify the parents of the intent to review.
   b. Notify the parents of their rights and procedural safeguards.
   c. Conduct a meeting to review the IFSP and the progress of the child.
6. When the child is two years six months old, the agency must:
   a. Notify the parents of the approaching transition.
   b. Notify the receiving LEA of the transition of the child.
   c. Begin to develop a written transition plan as a part of the IFSP.
7. Within 30 days following the notification of the intent to begin transition planning, the agency must determine a date for the transition planning meeting.
8. The agency must complete planning for the transition when the child is two years nine months old, at the latest.

Interim IFSPs

An interim IFSP is developed under two circumstances:

1. An interim IFSP may be developed during the initial evaluation and assessment process if a child is determined to be eligible before the process has been completed. A decision to begin services may occur any time during the 45 days following referral. With written parental consent, the interim IFSP allows services to begin if there is an immediate need.

Examples

The LEA receives a referral from the physician of a child with Down syndrome. The physician indicates that occupational and physical therapy should begin immediately. An interim IFSP can be written so that these services can begin without delay. The LEA's program administrators can conduct assessments that they and the family determine are necessary and must hold the IFSP meeting by the end of the 45-day period.

2. An interim IFSP must be developed if the evaluation and assessment have not been completed within the 45-day timeline because of exceptional circumstances involving the family, such as family emergencies, that are beyond the agency's control. In such cases the service coordinator is responsible for informing the parents of the reasons for the delay and for documenting the circumstances in the child's records.

The interim IFSP must include the following information:

- Timelines for completing assessments
- The name of the service coordinator responsible for ensuring that the assessment is completed and that the IFSP is implemented
- The services that are agreed upon as necessary for the child and that are to be provided immediately

The initial IFSP must be entirely completed within the 45-day period from the date of referral and include the results of all evaluations, assessments, and other required components.

When a child with an existing IFSP is referred from another LEA, services must begin immediately. If a child is referred by another agency and school services have not been identified, eligibility for the school program must be determined as soon as possible by using the information available. A new IFSP must be written before services can begin. The new IFSP must include the services that the family and child are receiving from all involved agencies.

Participants in the IFSP Process

> The ideal process is one which uses the skills and expertise of each participant and facilitates trustful, respectful collaboration among all members of the IFSP or IEP team.
>
> *—DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families*

Many people are involved in the development of the IFSP. The following team members must participate in the development of the initial and annual IFSPs:

- The child's parents, guardians, or surrogate parents (see Appendix D)
- Other family members, at the parents' request (if feasible)
- An advocate or person outside the family, at the parents' request
- The service coordinator
- One or more persons directly involved in conducting the child's and family's evaluations and assessments

- Service providers, as appropriate
- An interpreter, if necessary

Each of these participants brings vital information to be addressed in the IFSP, and all are equal team members. In addition to knowing the child best, family members know the supports within the child's daily environment and set the priorities that fit into the members' lives. The service coordinator provides information regarding all aspects of services for the child, and evaluators and service providers bring specific information that is critical to developing a plan to benefit the child.

If the persons conducting the evaluations cannot attend the IFSP meeting in person, they can make other arrangements, as follows:

- Participate in a telephone conference call.
- Send a knowledgeable representative to the meeting.
- Make records available at the meeting.

Components of the IFSP Document

The *Code of Federal Regulations* and the *California Code of Regulations, Title 17,* identify what is included in the IFSP. Descriptions of the California Department of Education's expectations regarding information reported on the IFSP follow, with examples. The IFSP must include information in the following categories:

- Levels of development in cognitive, physical (including vision, hearing and health), communication, social–emotional, and adaptive areas.
- Family information, including concerns, resources, and priorities.
- IFSP outcomes expected for the child and family (when services for the family are related to meeting the special developmental needs of the child). Outcomes should include the criteria, procedures, and timelines used to determine the degree of progress made and whether revisions are necessary.
- Types of services: (1) early intervention services, including the frequency, intensity, and method of delivery; (2) other public services; and (3) nonrequired services.
- Location of the services provided, including a statement about whether they are provided in the natural environment and justification if they are not provided in such an environment. A *natural environment* for purposes of the IFSP is a setting in which the chronological-age peers of the child—children without disabilities—participate, not one in which only children with an IFSP are present.
- Initiation and duration of services.

Levels of Development

Specific information about the child's present *levels of development* in all areas must be included on the form. This information is gathered by a team, which includes the family, during the evaluation and assessment of the child. The team must use multiple measures to gather information on these developmental areas:

- Cognitive development
- Physical development (including vision, hearing, and health status)
- Communication development
- Social–emotional development
- Adaptive development

Developmental levels may be stated in many ways as long as the descriptions use professionally acceptable, objective criteria and are understandable to all team members. Statements about developmental levels may be reported as follows:

- Age-specific (one-year level)
- In an age range (e.g., twelve to eighteen months)
- Within normal age range expectations

- Slightly above or below the level of expectations for the child's age range
- Approximately within the age range
- At the corrected age[1]
- Newborn

In addition to a statement indicating the child's developmental level, a description of his or her performance may be included, but it is not required. This information is useful to the family and to the service providers who participate in the implementation of the IFSP. When information is documented in terms of the child's strengths rather than his or her deficits, family members and providers gain a better understanding of the child, what motivates him or her, and how to plan interventions that lead to progress.

[1] For a child who is born prematurely, the corrected age is the difference between the actual date of birth and the date the child would have been born had he or she completed the normal 40-week gestation period.

Examples

Olivia's social–emotional development is in the twelve- to sixteen-month age range. She likes to be in sight of familiar adults but shows independence. She has a favorite toy and enjoys being the center of attention.

Javier is functioning at his corrected age, which is four months, in motor development. He sits with slight support, holds his hands at midline, and rolls from his stomach to his back.

Mark communicates with adults and children by using one- and two-word phrases. He has a vocabulary of more than 50 words, including the pronouns *I* and *mine*, and imitates and asks for new words ("What that?"). His expressive language is in the twenty-four- to thirty-month range.

Family Information

Family information is a record of the concerns, resources, and priorities related to the child's development that the family voluntarily shares. Concerns may be about the child or about other issues that affect the family. Resources not only are financial or those services provided by another agency, such as California Children Services (CCS) but also incorporate the informal human supports a family receives. These informal resources may include the extended family, friends, church affiliations, or other supports. Priorities are the areas in which the family would like to see change first and in which the family and service providers should focus their energy.

Family members *must* understand that giving this information is *voluntary*. The California Department of Education expects LEAs to document the family's voluntary participation on the IFSP document, on the parent questionnaire, or on the consent form signed by the parent. Examples of documenting consent on various forms are indicated below.

Families from different cultures may react in different ways to questions about themselves. Staff must consider cultural and individual preferences when asking for information in family interviews. It is important to encourage family members to talk about what is working well and what they enjoy in their relationships with the child. The information may be documented either by paraphrasing the responses or by expressing them in the members' own words, as in the examples noted on the next page.

Evaluation and Assessment Consent Form

I understand that the provision of information about family concerns, priorities, and resources is part of the overall evaluation and assessment and is voluntary on the part of the family.

Parent Questionnaire

Respond only to those questions whose answers you think will be helpful for us to know and only provide information that you feel comfortable about sharing. Completion of this questionnaire is voluntary. If you do not wish to provide this information, your child will not be denied assessment, evaluation, or needed services.

IFSP Document or Parent Questionnaire

I understand that the following information is provided only with my consent and that of my family members and that completion of any or all of the following is strictly voluntary. I understand that the following information will be kept confidential as part of my child's file:

☐ I willingly provide the following information.

☐ I do not choose to share this information.

(Please check one of the boxes.)

Members' own words	*Paraphrase*
Concerns	
"Amber has so many appointments that I don't have any time for myself."	Mrs. Jones has no time for herself because of Amber's many appointments.
"Sean is up so often that I don't get any sleep at night."	Ms. Thatcher is not able to sleep at night because she is up so often with Sean.
"Will our baby be all right?"	Sarah's parents ask if Sarah will be all right, given her diagnosis.
Resources	
"My mother can baby-sit."	Grandmother can baby-sit.
"My sister-in-law has a car and can drive."	Aunt can drive mom and baby to appointments.
Priorities	
"For our child to talk and walk."	Jason's parents want him to talk and walk.
"For our marriage to last."	The parents want their marriage to last.

IFSP Outcomes

IFSP outcomes are statements defining a major change the child or the family is expected to achieve. Outcomes may include anything that team members believe will foster the child's growth and development and may incorporate any area of child development or family life. Through assessments and evaluations the team identifies the child's needs and strengths and develops outcomes based on those needs and strengths combined with the family's resources, concerns, and priorities for the child. Outcomes have the following characteristics:

- Have the potential of being measured.
- Are developed by *all* team members.
- Provide criteria that measure the change expected.
- Identify expected results, procedures, and the time frame for achieving the outcomes.

Outcomes are *not* services. Services describe what agencies provide to assist families. For example, the statement "Teacher will refer the child to CCS for occupational therapy" should appear under services rather than outcomes.

Criteria, *procedures*, and *timelines* refer to the standards, methods, and target dates that will be used to determine progress toward meeting the IFSP outcomes. This information must be documented. Some forms include space to record these elements for each outcome. Other forms include strategies, steps, or activities to document the criteria, procedures, and timelines. Although federal regulations do not require the strategies and activities to be noted on the IFSP, the use of a form is acceptable as long as the information is clear regarding the criteria for determining progress and procedures and regarding the target date for evaluating progress.

Criteria are standards by which one can judge whether outcomes have been met, as illustrated in these examples:

Examples

Juan will take three steps.

Patti will sit unsupported.

Colin will say ten new words.

Procedures refer to the methods that will be used to evaluate progress toward achieving the outcomes, not the methods that will be used to secure or provide a service. Examples of appropriate procedure statements are as follows:

Examples

Staff observations will be used to measure progress.

Parent reports will be used to evaluate progress.

Checklists will be used to measure progress.

Standardized tests will be administered.

In contrast, the following are examples of inappropriate procedure or outcome statements:

Contact CCS to obtain physical therapy services.

Assist the family in scheduling an appointment with the vision specialist.

Timelines refer to the dates when progress toward achieving the outcome will be assessed. For many outcomes progress will be assessed at the periodic or annual review, although any date appropriate to the outcome may be specified.

Table 1 illustrates examples of expressing outcomes on the IFSP that include all the necessary components.

Table 1
Early Intervention Outcomes on the IFSP

Outcomes in developmental areas	*Criteria (to evaluate progress)*	*Procedures (to evaluate progress)*	*Timeline (to evaluate progress)*
Cognitive Kalisha will play meaningfully with toys.	Kalisha will stack blocks and place rings on a ring stacker without assistance.	Parent or teacher observation	6/01
Cognitive Susan will look at books.	Susan will turn pages appropriately and point to objects when requested to.	Parent or teacher observation	6/01
Physical movement Maria will first sit supported and then she will sit unsupported.	Maria will sit supported with towel rolls during storytime. Maria will sit unsupported.	Parent, teacher, or therapist observation	6/01 9/01
Physical movement Ping will walk.	Ping will progress from knee-standing to standing and walking with support.	Parent, teacher, or therapist observation	6/01
Physical movement Ben will gain better use of his hand.	Ben will play with a toy by using both hands at midline.	Parent, teacher, or therapist observation	10/01
Communication Jenny will make more sounds.	Jenny will imitate combinations of /b/, /m/, and /p/ sounds with vowel sounds.	Speech therapist will mark off on a checklist	4/01
Communication (Receptive) Rafael will follow spoken one-step directions.	Rafael will follow directions, such as "Get the ball" and "Give me the bear."	Speech and language therapist's observation	4/01
Communication (Expressive language) Dan will increase his use of words and signs to indicate his need for food.	Dan will use eight signs to ask for food in a social situation.	Parent or teacher observation at mealtime	8/01
Social–Emotional Corey will improve his attending behavior.	Corey will listen quietly for 25 percent of storytime.	Charting by teacher	6/01
Social–Emotional Justin will improve eye contact.	Justin will maintain eye contact with the speech and language therapist for 15 seconds when told, "Look at me."	Charting by speech and language specialist	6/01

Table 1 (Continued)

Outcomes in developmental areas	*Criteria (to evaluate progress)*	*Procedures (to evaluate progress)*	*Timeline (to evaluate progress)*
Social–Emotional Wyatt will engage in parallel play.	Wyatt will play next to another child for ten minutes at each group visit.	Parent or teacher observation	6/01
Social–Emotional Peter will imitate social hand motions.	Peter will participate in imitative social games, such as peekaboo and bye-bye, and will clap hands.	Parent or teacher observation	4/01
Self-help and adaptive dressing Jasmin will learn to dress herself by first learning undressing.	Jasmin will remove socks, shoes, and coat with teacher's or parent's physical help and verbal directions. Jasmin will remove *(list the item)* when asked.	Parent, teacher, or therapist observation	6/01 9/01
Self-help and adaptive feeding Ashley will self-feed.	Ashley will finger-feed herself crackers, peas, and small bits of food.	Parent or teacher observation	5/01
Parental concern Ahmad's parents will learn more about Down syndrome.	Parents will report that they have received information through discussion and books and were notified of support groups.	Parent report	By semiannual review (6/01) or date of genetic clinic appointment
Parental concern Jill's parents will have a break from the demands of providing constant care for Jill.	Parents will report satisfaction with the respite care and family resources they have received.	Parent report	By semiannual review (12/01)
Speech language Brandon's mother wants him to say "Mama."	Brandon will increase vocalization to a minimum of three words, including "Mama."	Parent report and teacher observation	By semiannual review (12/01)
Parental concern Tran's weight and height will be appropriate.	Height and weight are within normal limits on infant weight and height chart.	Charting of weight and height	In three months (7/01)
Parental concern The family will have resources to get to out-of-area medical appointments so that Nick's health is maintained.	Medical appointments are kept.	Parent report	By semiannual review 12/01)

Family outcomes in the IFSP refer to a statement of outcomes for the family to meet the special developmental needs of the infant or toddler.

Examples

Respite

Rodrigo's parents can attend to chores without worrying about the child's care.

Monica's parents will be more rested by having a break from Monica's care.

Transportation

Bill's parents will be able to get Bill to required medical appointments.

Thuy's parents will have the resources to take Thuy to out-of-town medical appointments.

Financial resources

Harry's parents will have the financial means to meet Harry's special care needs.

Counseling and training

Parent will have information about Darion's diagnosed condition.

Parent will be better able to cope with the demands of Ryan's care.

Maria's parents will have information regarding cochlear implants.

Edward's parents will meet and talk with other parents who have a blind baby.

Anatoliy's mother will learn sign language to communicate with her child.

Types of Services

The IFSP form offers three types of services for a child:

Early intervention services. Those services are based on the identified needs of the child, the family's priorities, and the outcomes that the family and staff develop. The service coordinator and team members are responsible for providing information regarding all service options appropriate to meeting the needs of the child and family. The family and staff may identify several services that would benefit the child. Family members, as decision makers, will help determine what is realistic for them and their child, including the location of the services, time frame for delivery, frequency, and intensity. There must be a relationship between the needs, outcomes, and early intervention services.

Early intervention services include the following:

- Assistive technology
- Audiology
- Family support services
- Family training, counseling, and home visits
- Health services
- Medical services for diagnostic purposes only
- Nursing
- Nutrition
- Occupational therapy
- Physical therapy
- Psychological services
- Respite care
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology
- Transportation
- Vision services

Special instruction is often given on a home visit or in the community. If other services, such as occupational, physical, or speech therapy, are also needed, the specifics should be noted on a single IFSP for the child and family. For example, the IFSP should include the frequency, method, and intensity of the service; the location of the service and whether it takes place in the natural environment (see the section "Location and Natural Environment"); and the agency providing or funding the service.

The agencies noted must participate in the development of the IFSP.

Other public services. The services are those services that the IFSP team determines the child or family needs and that may be provided by:

1. Other public programs, subject to that program's eligibility requirements and criteria. Examples include Head Start; the Women, Infants, and Children (WIC) Supplemental Nutrition Program; Supplemental Security Income (SSI); and Temporary Assistance for Needy Families (TANF).
2. Community agencies that offer services such as employment, child care, or housing.

If such services are noted, the IFSP must specify only those steps taken to obtain the service and must note the payment source. Parents are to be notified in writing of their eligibility or their co-payment responsibility before or during the IFSP meeting. Routine medical services, such as well-baby care or immunizations, may also be included as other public services if they are not currently provided *and* are necessary for the child.

Nonrequired services. The services are those that the local educational agency is not required to provide or pay for, such as the following:

- Child care
- Clothing
- Dental care
- Housing
- Immunizations
- Medical care beyond diagnosis for eligibility
- Referrals to private agencies
- Services for siblings

Location and Natural Environment

The place and setting in which services are provided must be noted on the IFSP.

Location is the actual place or places where services will be provided.

Natural environment means any setting that is typical for the child's chronological-age peers, including the home and community settings. Examples of community settings are the ZZZ Park Playground, the XXX Preschool, the WWW Child Care Center, or Miss Mary's Family Child Care Home.

The Individuals with Disabilities Education Act (IDEA), Part C, requires services to be provided in the natural environment. If services are not provided in the natural environment, the IFSP must include a statement justifying that decision. One way to meet this requirement is to document the natural environment as part of the statement indicating where services will be provided (e.g., in the column labeled "Natural Environment or Location and Justification"). Another way to meet this requirement is to make a separate summary statement on the IFSP form regarding all the natural environments and any necessary justifications.

Examples

Jane needs intense, specialized instruction in an environment that reduces distraction and provides supports to meet her developmental needs.

This child requires time with hearing-impaired peers who can be appropriate language models.

Frequency

The number of days or sessions that a service will be provided during a specified period of time must be indicated on the IFSP.

Examples

- Once each week
- Once each day
- Twice each week
- Twice each month

Intensity

This term means the length of time that the service is provided during each session and whether the service is provided in a group setting or individually.

Examples

- Forty-five-minute group session
- Two hours in a group
- Thirty minutes individually
- Individual consultation once per month

Method

Method indicates how a service is provided to accomplish a specified outcome. The service must be provided by a qualified person. According to the *California Code of Regulations, Title 5*, LEAs must specify the professional title rather than the name of the person providing the early intervention service. The professional title identifies the expertise of the person (e.g., speech therapist, therapy aide, or teacher).

Examples

Provided by XXX School District's physical therapist

Provided by the infant specialist of ABC Developmental Center under contract with ZZZ Regional Center

Provided by the child's mother

Provided by the HOPE Infant and Family Support Program, including the teacher, speech therapist, and physical therapist

The California Early Intervention Services Act (*Government Code* Section 95014[d]) indicates that no LEA or multidisciplinary team shall presume or determine eligibility for any other agency. LEAs cannot assign responsibility for payment of services to specific providers unless such agencies or providers are present. For example, the parents may have told IFSP team members that CCS is scheduling occupational or physical therapy, or an LEA may have copies of the treatment plan. This fact can be documented by including the following language:

- By parent report, CCS is scheduling occupational therapy.
- The CCS treatment plan indicates that CCS is scheduling physical therapy.

Initiation and Duration of Services

This information should be as specific as possible so that parents and other team members are clear about the beginning and ending dates of services. The IFSP team must attach a program or service calendar indicating the dates when services will not be provided, such as during holidays, in-service days, and winter and summer breaks. If possible, the month, day, and year that services begin and end should be noted. If the day is not known, a ten-day range of dates should be indicated (e.g., January 5 to 15). The month, day, and years for the anticipated duration of services, including the six-month review date, should also be listed. Simply noting "Ongoing," "As needed," or "Continuing" is not acceptable.

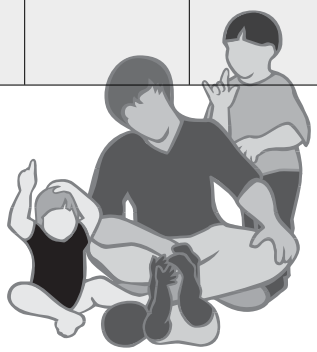
Table 2 provides an example of how the team may document services on the IFSP. The services may be (1) early intervention services either from the LEA or from the regional center; (2) other public services; or (3) nonrequired services.

Table 2
Documenting Services on the IFSP Form

Early intervention service to achieve outcomes	*Natural environment (NE) or location and justification*	*Intensity and frequency of service*	*Type of service*	*Beginning and ending dates of service*	*Method, agency, provider, and/or payer*
Occupational therapy	Medical therapy unit, Millard School *Justification:* Specialized equipment (nontransportable)	Twice per week for 20 minutes per individual	Early intervention	6/01–12/01	CCS occupational therapist (Parent reports that CCS is providing therapy as identified here.)
Speech and language therapy	Child care center (NE)	Once per week for 30 minutes, group of six	Early intervention	6/01–12/01	Speech and language specialist funded by the LEA
Respite service	Respite home (NE)	10 hours per month per individual	Early intervention	6/01–12/01	Regional center caretaker
Respite service	Home (NE)	Up to 68 hours per quarter per individual	Early intervention	3/1/01–6/30/01	Acme Respite, Inc., to provide a one-on-one caretaker funded by the LEA
Speech therapy	Home (NE)	Once per week for 1 hour, one-on-one therapy	Early intervention	3/1/01–6/30/01	Stockton Speech Association to provide a speech pathologist funded by the regional center and Medi-Cal
Assistive technology assessment	Assistive technology center, Elmont School *Justification:* Specialized equipment (nontransportable)	1–3 hours per individual, one time only	Early intervention	3/01–6/01	Assistive technologist's assessment funded by the LEA
Audiology assessment, follow-up to screening	Sierra Hearing Center *Justification:* Specialized environment needed	1–3 hours per individual, one time only	Early intervention	6/01–12/01	Audiologist's assessment funded by the LEA

Table 2 (Continued)

Early intervention service to achieve outcomes	*Natural environment (NE) or location and justification*	*Intensity and frequency of service*	*Type of service*	*Beginning and ending dates of service*	*Method, agency, provider, and/or payer*
Service coordination *Steps:* Refer to community mental health for marriage counseling.			Early intervention	6/01	Community mental health agency
Specialized instruction	Home (NE)	Twice per week for 1 hour per individual	Early intervention	6/01–12/01	Special education teacher and aide funded by the LEA
Housing assistance (other) *Steps:* Refer to HUD for low-cost housing.			Nonrequired	6/01	Department of Housing and Urban Development (HUD)
Psychological services *Steps:* Develop and implement a behavior plan.	Home (NE)	Three times for 1 hour per individual and parent	Early intervention	8/01–12/01	Psychologist's services funded by the LEA
Nutritional consultation	Home (NE)	One consultation per month for 1 hour per individual	Early intervention	7/1/01–10/30/01	Nutritionist's consultation service funded by the regional center
Supplemental Security Income consultation			Other public service		Local Social Security office



Service Coordinator's Responsibilities

The service coordinator is responsible for arranging the assessment and evaluation of the child, ensuring that the family's concerns and priorities are addressed, scheduling IFSP meetings, and inviting all required participants to attend. It is helpful for the coordinator to work with the family at the beginning of the IFSP process to explore options for convenient times and locations for meetings and visits. The coordinator can set tentative dates and times on a calendar at the beginning of the process to provide ample time for participants to complete required tasks and for written notices of IFSP meetings to be sent to parents and providers.

Interagency agreements at the local level can provide guidance for determining who is responsible for ensuring that all required participants in the IFSP meeting receive written notices in a timely fashion. Such agreements will protect the interests of children served by a regional center and an LEA and will prevent duplication of efforts by individuals in each agency.

The IFSP meeting should be conducted in a family-friendly manner. The service coordinator should ensure that the family members understand the process and that they are as comfortable as possible in the meeting. The service coordinator is also responsible for helping parents understand their rights and the procedural safeguards. A written copy of the completed IFSP document should be given to the family and all service providers at the end of the meeting.

For non-English-speaking families, an interpreter should be present at the meeting. Forms may be available in the family's native language. Whenever possible, the documents at the meeting should be written in the family's language of choice. If that is not possible, a copy of the documents in English should be made available at the meeting. The date for completion of the translation should be specified.

The service coordinator, in collaboration with other agencies and personnel, is responsible for ensuring that the IFSP is implemented. The IFSP must include the name of the service coordinator and his or her telephone number rather than merely the name of the agency where that person is employed.

Periodic Reviews

Because very young children develop and change more rapidly than do older children, a review of progress is required each time an IFSP meeting is convened and, at a minimum, every six months. A review of the IFSP must take place whenever the family requests it or when a service or outcome is added or removed. During the review, revisions or modifications should be documented for program continuity. This written record must be given to the parents and be available to any new service provider.

The periodic review does not have to be a formal meeting, as the initial meeting and annual review are. Only the service coordinator and a parent are required to participate, although others may also be present. The service coordinator may obtain updated information from involved parties through conference calls, video conference calls, or written reports. However, if any assessments or evaluations have been conducted, it is necessary to have a person present who is able to interpret results.

If additional services from another agency are needed, a representative from that agency must be present at the periodic review; no agency may determine eligibility or assign service responsibilities for

another without that agency's participation and agreement.

The annual IFSP meeting must take place one year after the first IFSP meeting. There must be periodic reviews every six months or more frequently, if necessary. The transition planning must begin when the child reaches the age of two years six months, with a meeting scheduled no later than when the child is two years nine months old. The receiving LEA must participate in the transition planning meeting. (See the IFSP form in Appendix C.)

Transition Plan

Federal and state regulations require that a transition plan be developed when the child is two years nine months of age or earlier, if all parties agree to develop one sooner. It is advantageous to begin discussions of the transition earlier whenever possible. A transition may be a difficult time for family members: They may need numerous opportunities to discuss the impending changes, understand the differences in the nature of the programs, and adjust to new professionals and services. They will also need assistance in carrying out the steps of the transition process.

Federal and state regulations require that policies and procedures be in place to ensure a smooth transition to preschool services. Notices of the approaching transition must be provided to the parents and to the administrators of the LEA's program. An individual from the receiving school district must attend the transition IFSP meeting. In addition, the receiving district must participate in developing the individualized education program (IEP), which must be in place by the child's third birthday. Participants in the IEP meeting include a preschool teacher. If the child is eligible for continued regional center services, an individual program plan (IPP) may be written at the same time as the IEP and may be developed by the regional center service coordinator and a parent.

The transition plan may be written in terms of outcomes and services, or it may be written in an action plan format. An example of the action plan format is shown in Table 3.

The plan must include the following five steps:

1. *Discussion with parents of matters related to the transition*

   Parents of children who are eligible for special education at age three (including

Table 3
IFSP Transition Plan in Action Plan Format

Steps to be taken	*By whom*	*By when*
Make a referral and assess the child to determine his or her eligibility for special education under the IDEA, Part B.	Transdisciplinary/ multidisciplinary team of ABC school district	3/26/01
Identify preschool special education options.	YYY Unified School District	4/1/01
Arrange preschool program visits.	ZZZ Unified School District	5/2/01
Invite parents to attend the IEP orientation meeting.	AAA Family Resource Center	4/15/01

those who will continue to be eligible for services at a regional center) will join transition-related discussions about these subjects:

- Parents' rights and due process
- The assessment process
- Eligibility for preschool services under Part B of IDEA
- Eligibility for general education preschool services
- Differences between services provided under an IFSP and those provided under an IEP
- Differences between services under Part B and those under Part C of IDEA

Also discussed will be future service options available to the child at age three; options may include special day classes, participation in a program with a resource specialist or an inclusion specialist, designated instruction, or any combination of these.

Future settings for services may include these locations:

- A regular public or private preschool program; a child development center; or a family child care home
- The child's home
- A site where preschool programs for both children with disabilities and children who are not disabled are located close to each other, providing an opportunity to share resources and programming
- A special education preschool program where nondisabled children attend and participate
- A public school that provides a developmentally appropriate environment, materials, and services

Eligibility requirements will be explained to parents of children who are not eligible for special education at age three, including requirements for general education programs (e.g., Head Start, State Preschool, children's centers, community preschools, and child care programs).

A discussion with parents will take place regarding future placements at agencies such as Head Start, community preschools, State Preschool, child care centers, and family child care homes. The use of child care resource and referral (R&R) agencies and subsidized or nonsubsidized child care will also be discussed.

2. *Preparation of the child for changes in service delivery and for the adjustment to a new setting*

   This preparation may include these elements:

   - Concentration on the child's acquisition and development of specific skills (e.g., following simple directions)
   - Program or classroom visits
   - Follow-up visits of new programs by early intervention staff
   - Telephone consultations with staff of the preschool program

3. *Exchange of information, with parents' consent*

   Written parental consent must be obtained to exchange specific information. The timing for such exchanges must also be included so that the information can be useful to the staff of the receiving program.

4. *Scheduling of the IEP meeting*

   The IEP must be in place by the child's third birthday. The transition plan should specify the date by which the IEP meeting will be held.

5. *Participation by the LEA in transition conferences arranged by the Part C lead agency*

The transition plan should specify the name of the child's school district of residence that will send a representative to the transition planning conference(s).

Development of the transition plan may begin when the child is two years six months old. The plan must be completed by the time the child is two years nine months old. If the child is older than two years nine months when he or she enters the early intervention program, the information in the plan must be incorporated into the record of the initial IFSP meeting.

At the meeting held before the child's third birthday, the IFSP is reviewed and closed out, and an IEP is written for preschool educational services. If the child has also been served by the regional center and continues to qualify for its services, an IPP will be completed as well. The service coordinator should determine the family's preferences for the number of meetings to complete these plans and for the times and locations. Some families find it more convenient to hold separate meetings; others may wish to hold consecutive or simultaneous meetings to complete both plans.

Developing the Individualized Education Program ***for Preschool-Age Children***

If we are to be successful with families, we are going to need to reorient as professionals. We are going to need to look to parents as leaders, parents as the experts, parents as the bosses. We are going to need to ask them to join us cooperatively as equals in this partnership so that we create a reality out there that matches what all of us want to see.

—Lizbeth Vincent, Ph.D.

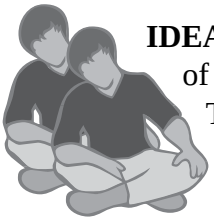
The 1997 amendment to IDEA (Public Law 105-17) changed some required components of the individualized education program (IEP) process for children aged three to twenty-two years. (See Appendix E for portions of statutes pertaining to the IEP, and see Appendix F for the IEP checklist incorporating the latest changes to the IEP required by federal regulations.) The primary purposes of the changes were to strengthen the role of parents in the development of the IEP; promote greater inclusion of the child in the regular classroom setting or in age-appropriate activities; and broaden the child's access to the general education curriculum.

As in the development of the IFSP, a team works with the family to create the IEP. This team approach has a strong impact on the final written document and the nature of the ongoing parent-professional relationship. The team approach establishes a forum to build trust between a family and the school program and, in the case of a child who previously received early intervention services, builds a bridge that allows a family to transfer trust from past service providers to new ones.

The desired outcome of this process is to develop an IEP that successfully includes families as equal partners and that

covers all pertinent information in a manner appropriate to the child, satisfactory to all team members, and compliant with all legal requirements. The keys to ensuring a successful process are adequate preparation and continued communication. The more all team members, including the parents, know ahead of time, the smoother the IEP development process will be. A helpful procedure is to assign one team member to act as the family's primary contact to answer questions; assist in identifying family concerns; and explain the IEP process, parental rights, and procedural safeguards. Checklists for parents (see appendixes F and G) can help them prepare questions for the meeting and know what to look for when reviewing placement options. Parents should be encouraged to bring questions, concerns, and information about their child to the meeting to share with the team. Appendix H contains a list of sample questions parents may ask.

Participants in the IEP Process



IDEA expanded the requirements of the IEP team membership. The roles of members are outlined below:

The child's parents. The role of parents or guardians was strengthened in the federal regulations (*34 CFR* 303.406) to make them equal participants in developing, reviewing, and revising the IEP for their child. This role includes providing critical information about their child's abilities, interests, and development and articulating their concerns related to their child's education. Parents must be given the opportunity to participate in the discussion about their child's need for special education, including any supplementary aids and services. They must also be involved in the decisions affecting their child's eligibility for and participation in the general education environment and curriculum, including supports that may be required.

The general education teacher. A general education teacher must participate if the child is currently attending or may attend the general education program. Because it is not known before the IEP meeting whether a child will enroll in a regular class, it is important that a general education teacher attend all initial IEP meetings, including IEP meetings for preschool-age children. The teacher is most likely the one who will be responsible for implementing the portions of the IEP provided in the general education program. His or her role is to participate in discussions on modifying the curriculum to best meet the child's needs. This participation may include determining appropriate instructional strategies and behavioral interventions and anticipating the need for program modifications, supplementary aids and services, and any training or support deemed necessary for school personnel. If there is no regular preschool program in the school district, someone with certification in child development who is qualified to work with this age group must be designated to participate.

At least one special education teacher. This teacher should be responsible for implementing the special education services of the IEP and may be an early childhood special education teacher, speech and language therapist, nurse, adapted physical education teacher, or other service provider.

An LEA representative. This person should be qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of children with disabilities, have knowledge of the general education curriculum, and be familiar with the LEA's resources.

A professional who can interpret assessment results. This team member—perhaps one of those professional members

noted previously—must be able to interpret the instructional implications of the evaluation results.

Providers of related services. These providers may be proposed or current providers or vendors of services for the child.

*An interpreter (*if required).

Others. Those who have knowledge of the child (e.g., a relative) or who possess special expertise of benefit to the child (e.g., a former pediatrician) fall into this group. They may attend at the parents' discretion.

Components of the IEP Document

The required components, with few exceptions, remain the same as those previously required under IDEA. The IEP for the preschool child differs from the one for young people from kindergarten to age twenty-two years. Descriptions of each component follow.

Present Levels of Educational Performance

The special education assessment for present levels of educational performance for persons from three to twenty-two years of age is required only in the areas of the suspected disability. The assessment must include information on how the disability affects the child's participation in age-appropriate activities and is intended to focus attention on any adjustments necessary for the child to participate in the regular preschool curriculum.

This section outlines the child's performance in the following areas:

- Adaptive skills
- Cognitive ability
- Health (including hearing and vision)
- Gross and fine motor skills
- School readiness or achievement
- Social–emotional interactions
- Speech and language development

The IEP should address a child's strengths and needs in each performance area, especially in the areas affected by the child's disability. This section is a likely place to note information about what motivates the child and which teaching methods are likely to be successful. The family can provide a wealth of information regarding the skills the child exhibits at home and in other natural environments. This information provides the team with baseline data and identifies those circumstances that will enhance the child's potential for success.

Assessment results. Results of the assessments of student achievement should be written in a manner that is understandable to all team members and should be more than just a list of test scores. This is particularly important for young children for whom standardized testing is often inappropriate or, at best, inconclusive. The inclusion of a range of abilities and descriptive information, in addition to assessment results, gives a more accurate picture of the child's strengths and needs when services and goals are determined. If nonstandardized assessment is used or if standardized assessment tools are adapted, those conditions must be so noted in the assessment report.

Examples

Manuel's fine and gross motor skills, by parental report and classroom observation, appear age-appropriate according to developmental scales.

Tanya walks and runs without difficulty, climbs a playground structure, and is able to catch a large ball. Her skills are within age-level expectancy.

Myesha snips with scissors, copies simple shapes, manipulates paint brushes, and uses crayons and markers with an appropriate grasp.

Jessica can follow two-step directions; understand the concepts *in*, *on*, and *under;* and identify six body parts. She scores in the 2- to 2.6-year range using the PLS-III measure of receptive language. (PLS refers to the Preschool Language Scale.)

Garrett is able to produce all sounds expected for his age. His receptive and expressive language is moderately delayed. He uses two-word phrases and follows two-step directions.

Kim's cognitive skills are in the below-average range at this time.

Consideration of special factors. The IEP must document any special factors that may influence the child's educational program. The following areas must be addressed:

Behavior. If a child's behavior impedes the child's or others' educational performance, the team must consider strategies and interventions to address the behavior and promote the child's educational improvement. If necessary, a functional behavioral analysis should be completed.

Limited English proficiency. If a child does not speak or understand English or has limited English proficiency, his or her language needs must be considered.

Vision impairment. The IEP must evaluate and note the need for instruction in and the use of braille. For preschool children this information is gathered through a functional vision assessment and has implications for readiness activities in the preschool program.

Deaf or hard of hearing. Language and communication needs, including a clear statement of the child's mode of communication for instruction (e.g., American Sign Language [ASL], Signing Exact English [SEE], oral, or total communication), must be documented. In addition, the IEP must include a statement of the opportunities for direct communication with peers and instructional staff.

Need for assistive technology devices and services. Preschool is often the time when the child's need for assistive technology is first determined. The IEP must document whether the child requires this technology and how it will be provided.

Parental concerns. The IEP meeting must allow parents an opportunity to present to other team members their immediate concerns about their child's development and education. Expressing these concerns will often help the team identify

the family's priorities in developing the child's program and in setting goals. These concerns may be reported in the parents' own words or they may be paraphrased, as in the following statements:

Examples

"Other people can't understand Tyrone when he talks, so he gets frustrated and angry."

"Caitlin doesn't seem to hear people talking to her."

"Toua doesn't play well with other children."

"I'm worried that the day care center won't let Cameron stay because of his behavior. I'm always getting calls at work to come get him. If I don't have child care, I'll lose my job."

Mrs. Jones wants Terry to be able to go to kindergarten with his neighborhood friends when he is five.

Miyuki's parents are concerned that she is not learning the way their other children did.

Annual goals. The annual goals, including the benchmarks or short-term objectives that are developed, must be measurable. The goals must enable the child to progress in the general curriculum. In addition, the goals and short-term objectives, or benchmarks, must be relevant to meeting the educational needs that result from the child's disability. The family's participation in establishing the goals gives the team an opportunity to set priorities collaboratively in addressing the child's educational needs. A child may have many educational needs; however, once the IEP team agrees on where to place emphasis and energy, there is a greater likelihood of success and home and school support for the child.

Once the IEP team has developed measurable goals for a child, the team develops effective strategies to realize those goals. Benchmarks are major milestones of progress that may naturally occur within a child's development and that may lead to achievement of the goals; short-term objectives are measurable, intermediate steps toward the goals. Both benchmarks and objectives give families and service providers a way to monitor progress and determine whether the annual goals can reasonably be met.

IDEA links annual goals and benchmarks to the general curriculum and requires the team to focus on addressing the child's needs so that the child may participate, as appropriate, in the general curriculum. It is important to address the child's social–emotional needs so that he or she may participate successfully in typical preschool environments and activities. Examples of short-term objectives and benchmarks are as follows:

Examples

Antoine will use three-word sentences when interacting with peers during free play in the Head Start classroom, as observed by staff on three separate occasions.

Patti will participate with peers in acting out a story, such as *The Very Hungry Caterpillar,* during activity time in the classroom, as observed and documented by classroom staff.

Seth will demonstrate an understanding of number concepts from one to four during small-group activities, as observed by staff on three separate occasions.

Mei-ling will initiate and engage in imaginative play with other preschool children in a variety of indoor and outdoor settings during the day, as observed by staff on five different occasions.

Related Services

The IEP must state the special education services, as well as supplementary aids and services, provided to the child to meet the goals and objectives or benchmarks developed. There must also be a statement of program modifications or supports the program staff need to meet the goals and allow the child to make progress in the regular preschool setting. The intent of IDEA is to provide needed services to the child in the least restrictive environment rather than to fit the child to an existing program.

Placement determination must take into account all factors related to the child's needs. There are three guiding principles for placement decisions:

1. The child will be placed in the least restrictive environment that meets his or her educational needs.
2. Educational need will be addressed rather than the disability category of the child.
3. Family desires and priorities will receive primary consideration.

Preplanning with the parent by reviewing all options and observing programs when feasible helps all participants make well-informed decisions regarding appropriate programs and services. A full range of options must be available, as follows:

- Designated instruction and services that include activities in these professional areas:
  - Adapted physical education
  - Assistive technology
  - Audiology
  - Behavior management
  - Deaf and hard of hearing services
  - Education technology
  - Group counseling
  - Health and nursing—other services
  - Home and hospital teacher
  - Individual and small-group instruction
  - Individual counseling
  - Interpreter services
  - Itinerant services
  - Language and speech
  - Occupational therapy
  - Orientation and mobility
  - Parent counseling
  - Physical therapy
  - Psychological services
  - Social services by a social worker
  - Specialized physical health care
  - Specialized service for low-incidence disabilities
  - Transportation
  - Vision services
- General education
- Home visits
- Hospital visits

- Inclusive settings where special education services are provided
- Resource specialist program
- Special class settings
- State special schools for students who are blind or deaf
- Any combination of the above

Age-Appropriate Activities

IDEA specifies that the IEP must include a statement of how the disability affects the preschool child's participation in age-appropriate activities. These activities may be different for each family, depending on culture, values, and responsibilities. Activities may occur in any setting that is typical for the child's peers, must be provided in the least restrictive environment, and must include activities in the home and in community settings in which children without disabilities participate. Age-appropriate activities may take place in the following locations:

- Child care center
- Community preschool
- Family child care home
- Head Start program
- Child's home
- Park
- Play group
- State Preschool

Examples

Matthew is able to participate in outdoor play at a community preschool when helped on and off playground equipment. He needs assistance because he has cerebral palsy.

To participate in the Head Start program, Stacy requires a sign language interpreter because of her hearing impairment.

Luis is not able to participate in a large-group preschool setting because of his educational needs related to Asperger's syndrome. He requires a structured learning environment in a small group.

Note: The law requires all children to be educated in a general education setting unless the nature or severity of a child's disability is such that he or she cannot learn in that setting, even with supplementary aids and services. In addition, if a child is not participating in a regular preschool program, or in a setting that is age-appropriate, the reasons must be explained.

Frequency, Location, and Duration of Services

As in the past, the IEP must include the frequency and duration of the special education and related services provided and the date when service will be initiated. In addition, the IEP must indicate the location of the services, such as "in the classroom" or "in the speech therapy room."

Progress Reports

IDEA requires that parents be informed of progress at least as often as parents who have children in the regular school program are informed. Publicly funded preschool programs, such as Head Start, State Preschool, or General Child Care, are required to hold progress reviews with parents during the year. Private community preschools may or may not have regularly scheduled parent meetings to review progress. The IEP must include a statement of how the child's parents will be informed of progress and how often. Parents may be informed in a variety of ways:

- A progress report from the regular preschool program, which documents the modifications
- Additional information from the provider of special education or related

services regarding the child's progress toward goals and short-term objectives or benchmarks

- An interview with the parent during a home visit or meeting, which the provider documents in the child's records

The parent and teacher should communicate with each other, preferably in person, during a progress review. An interview allows parents the opportunity to ask questions about the report and receive clarification if necessary. If the current IEP needs modification, a formal IEP meeting must be called in accord with all state and federal requirements.

At the annual IEP review, parents and other team members must evaluate the child's progress toward the goals and short-term objectives or benchmarks and the success of the placement and services. Determination of continued goals and a review of appropriate placement options for the coming year are also required. In preparation for this meeting, it is recommended that the teachers talk with the family and answer questions regarding goals and placements to ensure that the family has all the information necessary to participate equally in the IEP meeting. If the teacher or a service provider (e.g., the county mental health association or CCS) anticipates a change in placement or services, it is appropriate to plan with the parents as much as possible prior to the meeting. Examples of ways in which parents can prepare for IEP meetings can be found in appendixes G and H. Appendix I contains helpful information on what parents may expect from the IFSP and IEP processes.

Conclusion

The IEP and IFSP are part of a planning and implementing process, or journey, that professionals and families embark on together to discover the child's strengths and needs and to determine the direction his or her education will take for the future. The journey begins with the initial referral for assessment and culminates with a written document that is a road map for the child, the family, and the instructional staff who will provide the services. The process is influenced by the beliefs and attitudes of the service providers involved with the families and marks the beginning of a relationship that families have with the educational system throughout their children's school experience.

The process is critical and more important than the written product because the way in which it is conducted has a strong bearing on the success of the IFSP or IEP. A family may find the process uncomfortable, even alienating, unless the professionals involved take steps to ensure the parents' understanding and participation along the way. A family whose members have experience in the IFSP process and a thorough understanding of early intervention services encounters a new experience with the IEP process because of different eligibility criteria, regulations, and operating guidelines. Parents may pursue their due process rights if they disagree with the recommendations of the IFSP or IEP team, but potential difficulties in the process can be eased by giving the family the opportunity to fully participate on the IFSP or IEP team.

Family members bring a knowledge of the child that is very valuable to the professionals with whom they are involved. Their involvement is critical in developing successful plans that, when implemented, result in successful outcomes for the child and the family.

Appendix A

Legal Citations Pertaining to the Individualized Family Service Plan

The components of the IFSP are defined in the *Code of Federal Regulations, Title 34 (34 CFR);* the *California Code of Regulations, Title 17 (17 CCR);* and the California *Government Code (GC).* Relevant portions of those codes are as follows:

I. Levels of Development

34 CFR 303.344

(a) Information about the child's status.

(1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.

17 CCR 52106

(b) The IFSP shall include the following:

. . .

(2) A statement, based on evaluation and assessment information, of the infant's or toddler's present levels of:

(A) Physical development including fine and gross motor development, vision, hearing, and health status;

(B) Cognitive development;

(C) Communication development;

(D) Social or emotional development; and,

(E) Adaptive development.

(3) The statement of present levels of development required in subsection (b)(2) of this section shall be based on evidence that can be measured or observed by a qualified professional. . . .

II. Family Information

34 CFR 303.344

(b) Family Information. With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

17 CCR 52106

(b) . . .

(1) With the agreement of the parent, a statement of the family's resources, priorities, and concerns related to enhancing the development of the infant or toddler . . .

III. Outcomes

34 CFR 303.344

(c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine:

(1) The degree to which progress toward achieving the outcomes is being made; and

(2) Whether modifications or revisions of the outcomes or services are necessary.

17 CCR 52106

(b) . . .

(4) A statement of the developmental outcomes expected for the infant or toddler and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving outcomes is being made. Such outcomes shall be based on the identified needs of the infant or toddler and family pursuant to assessment.

(5) A statement about the outcomes for the family when services for the family are related to meeting the special developmental needs of the infant or toddler. . . .

Criteria, Procedures, and Timelines

34 CFR 303.344

(c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family; and the criteria, procedures, and timelines used to determine:

(1) The degree to which progress toward achieving the outcomes is being made; and

(2) Whether modifications or revisions of the outcomes or services are necessary.

IV. Early Intervention Services

34 CFR 303.344

(d) Early intervention services.

(1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes identified in paragraph (c) of this section . . .

34 CFR 303.12

(d) Types of services . . . Following are types of services included under "early intervention services". . . :

(1) Assistive technology devices . . . Assistive technology services . . .

(2) Audiology . . .

(3) Family training, counseling, and home visits . . .

(4) Health services . . .

(5) Medical services . . .

(6) Nursing services . . .

(7) Nutrition services . . .

(8) Occupational therapy . . .

(9) Physical therapy . . .

(10) Psychological services . . .

(11) Service coordination . . .

(12) Social work . . .

(13) Special instruction . . .

(14) Speech-language pathology . . .

(15) Transportation and related costs . . .

(16) Vision services . . .

Note: The lists of services in paragraph (d) . . . are not exhaustive. Early intervention services may include such services as the provision of respite and other family support services. . . .

17 CCR 52000

(b) . . .

(12) Early intervention services means those services designed to meet the developmental needs of each eligible infant or toddler and the needs of the family related to the infant's or toddler's development. The services include but are not limited to assistive technology; audiology; family training, counseling and home visits; health services; medical services only for diagnostic or evaluation purposes; nursing services; nutrition services; occupational therapy; physical therapy; psychological services; service coordination; social work services; special instruction; speech and language services; transportation and related costs; and vision services. Early intervention services may include such services as respite and other family support services.

Note: In California, respite is an entitled early intervention service.

17 CCR 52106

(b) . . .

(6) Statements of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family to achieve the outcomes including:

(A) The frequency, intensity, and method of delivering the services;

(B) The location where the services will be delivered;

1. The statements of location shall specify the natural environments such as home, child care, school program, or private program where early intervention services shall be provided; and

2. The statement shall include a justification of the extent, if any, to which the services will not be provided in a natural environment.

(C) The projected date for initiation of each service;

(D) The anticipated duration of the services;

(E) The scheduled days when services/programs will not be available when the service provider operates a program which has a fixed schedule, which includes breaks in service for periods such as holidays or vacations; and

(F) The name of the regional center, LEA, or service provider providing each early intervention service . . .

Frequency, Intensity, and Method

34 CFR 303.344

(d) Early intervention services

1. The IFSP must include a statement of the specific early intervention services . . . including:

(i) The frequency, intensity, and method of delivering the services. . . .

(2) As used in paragraph (d)(1)(i) of this section . . .

(i) Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis. . . .

Natural Environment

34 CFR 303.12

(b) Natural environments.

(1) To the extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. . . .

(2) As used in paragraph (b)(1) of this section, natural environments means settings that are natural or normal for the child's age peers who have no disability. . . .

34 CFR 303.344

(d) Early intervention services.

(1) The IFSP must include a statement of the specific early intervention services . . .

(ii) The natural environments, as described in paragraph 303.12(b), in which early intervention services will be provided . . .

Location

34 CFR 303.344

(d) Early intervention services

(1) The IFSP must include a statement of the specific early intervention services . . . including . . .

(iii) The location of the services . . .

(3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided.

Payment Arrangements

34 CFR 303.344

(d) Early intervention services.

(1) The IFSP must include a statement of specific early intervention services . . . including . . .

(iv) The payment arrangements, if any.

GC 95020

(c) . . .

(6) A statement of the agency responsible for providing the identified services.

GC 95014

(d) No agency or multidisciplinary team . . . shall presume or determine eligibility . . . for any other agency. . . .

17 CCR 52106

(b) . . .

(7) The funding source for other or non-required services provided by any entity other than regional centers or LEAs, including the procedures that will be followed to obtain such funding. . . .

V. Other Services

34 CFR 303.344

(e) Other services.

(1) To the extent appropriate, the IFSP must include:

(i) Medical and other services that the child needs, but that are not required under this part; and

(ii) The funding sources to be used in paying for those service or the steps that will be taken to secure those services through public or private sources.

(2) The requirements in paragraph (e)(1) of this section do not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.

Designation of Services on the IFSP

17 CCR 52108

(a) Each service on the IFSP shall be designated as one of the following:

(1) A required early intervention service. These services shall be provided, purchased or arranged by a regional center or LEA; or

(2) Other public programs providing services that may benefit the infant, toddler and/or family, which the eligible infant or toddler or his or her family may be eligible to receive, subject to the statutory, regulatory, and other program criteria of those programs or agencies. These services may include but not be limited to: residential care; family reunification services; Head Start; Supplemental Security Income; Supplemental Security Programs; Temporary Assistance to Needy Families and food stamps; Medi-Cal; or

(3) A referral to a community service that may be provided to an eligible infant or toddler or his or her family but is not required under the California Early Intervention Services Act, *GC* 95000–95030.

(A) A non-required service includes but is not limited to employment; child care; housing; medical services, such as surgery medication or hospitalization; medical devices necessary to control or treat a medical condition; immunizations; well-baby care; income support; family or marital counseling unrelated to the infant or toddler's development; and substance abuse counseling.

(B) The IFSP shall, to the extent appropriate, include the steps and timelines for the service coordinator to assist the parent to secure those services through public or private sources.

(b) The receipt of required early intervention services listed on the IFSP, pursuant to Section 52108(a)(1) of these regulations, from other state or federal agencies such as California Children Services, is dependent on the infant or toddler and the infant's or

toddler's parent meeting the statutory, regulatory, and other program criteria of the agency and/or program that provides those services. These criteria may include financial eligibility and medical condition eligibility as diagnosed by program certified personnel and on the availability of funding for the program.

(1) In the event that the infant or toddler or infant's or toddler's parent is not eligible to receive those agency services, or funding for the program is unavailable, the required early intervention services shall be provided by the regional center or the LEA.

(2) The parent shall be informed in writing of this provision during the initial 45-day evaluation and assessment period and/or during the IFSP meeting.

VI. Dates and Duration of Services

34 CFR 303.344

(f) Dates; duration of services. The IFSP must include:

(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Section 303.342; and

(2) The anticipated duration of those services.

17 CCR 52106

(a) For purposes of this Section:

(1) Duration means the period between the initiation date of services and the ending date of services in the IFSP.

(2) Frequency means the number of days or sessions that a service will be provided during a specified period of time, such as two times each week or four times each month.

(3) Initiation means the beginning date of the service.

(4) Intensity means the length of time the service is provided during each session, and whether the service is provided in a group or individual setting.

(5) Location means the environment where early intervention services are provided.

(6) Method means how a service is provided, by qualified persons to accomplish a specified outcome. . . .

VII. Service Coordinator

34 CFR 303.344

(g) Service coordinator.

(1) The IFSP must include the name of the service coordinator. . . .

VIII. Transition from Part C Services

34 CFR 303.344

(h) Transition from Part C services.

(1) The IFSP must include the steps to be taken to support the transition of the child . . . to:

(i) Preschool services under Part B of the Act, in accordance with Section 303.148, to the extent that those services are considered appropriate; or

(ii) Other services that may be available, if appropriate.

(2) The steps required in paragraph (h)(1) of this section include:

(i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;

(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

(iii) With parental consent, the transmission of information about the child to the LEA to ensure continuity of services, including evaluation and assessment information required in Section 303.322, and copies of IFSPs that have been developed and implemented in accordance with sections 303.340–303.346.

17 CCR 52112

Transition from Early Intervention Services.

(a) LEAs shall provide special education and related services to eligible children at age three. Pursuant to the requirements contained in *34 CFR* 303.344, each LEA shall participate in the transition planning for toddlers served under the Early Intervention Services Act, *GC* 95000–95030, who may be eligible for preschool programs under Part B of the Individuals with Disabilities Education Act, *United States Code, Title 20,* sections 1400–1420, before the toddler is two years nine months, or at the discretion of all parties up to six months before the child turns three to ensure that an IEP has been developed and is implemented by the toddler's birthday.

(b) The service coordinator, six months before the third birthday of the toddler receiving early intervention services, shall:

(1) Notify the parent of a toddler who may be eligible for special education and related services under Part B of the Individuals with Disabilities Education Act that transition planning will occur within the next three to six months;

(2) Notify the LEA where the toddler resides that there will be an IFSP meeting requiring the attendance of an LEA representative pursuant to *34 CFR* 300.132, before the toddler is two years nine months, or at the discretion of all parties, up to six months before the toddler turns three years old to specify the transition steps necessary for movement into services under Part B of the Individuals with Disabilities Education Act; and,

(3) Within thirty days following notification of the parent and the LEA, the family, service coordinator, and LEA shall agree on the date for the IFSP to specify the transition steps necessary for movement into services under Part B.

(c) For all toddlers with an IFSP, the transition steps contained in the IFSP at two years nine months or earlier shall include all of the following:

(1) Discussions with and providing information to parents regarding:

(A) The toddler's transition to special education for a toddler with a disability who may be eligible for special education and related services under Part B of the Individuals with Disabilities Education Act, *United States Code, Title 20,* sections 1400–1420; and,

(B) Steps to prepare the toddler for changes in service delivery, including steps to help the toddler adjust to, and function in, a new setting;

(2) Provide information about community resources, such as Head Start, child development preschools, private or public preschools, for a toddler who will not be eligible for special education services after thirty-six months of age; and,

(3) A projected date for conducting a final review of the IFSP to review the early intervention services and the transition outcomes by age three.

(d) For toddlers who may be eligible for preschool services from the LEA under Part B of the Individuals with Disabilities Education Act, *United States Code, Title 20,* sections 1400–1420, the transition steps necessary for movement into services under Part B or other appropriate program, written at the IFSP meeting before the toddler is two years

nine months, or, at the discretion of all parties, up to six months before the toddler's third birthday, shall include all of the following:

(1) With parental consent, the transmission of information about the toddler to the LEA including evaluation and assessment information and copies of IFSPs that have been developed and implemented;

(2) Identifying needed assessments to determine regional center and special education eligibility and determining the regional center or LEA responsible and time lines for completing the needed assessments;

(3) Statements of the steps necessary to ensure that the referral to an LEA, is received by the LEA in a timely manner to ensure that assessments required under the provisions of Part B of the Individuals with Disabilities Education Act are completed and an IEP is implemented by the toddler's third birthday;

(4) A referral for evaluation and assessment for services under Part B of the Individuals with Disabilities Education Act, *United States Code, Title 20,* sections 1400–1420, no later than the time that the toddler is two years nine months of age or before the LEA's break in school services if the toddler will become three years of age during a break in school services. The transition IFSP shall contain steps necessary to satisfy the referral and IEP development requirements contained in *Education Code* sections 56321 and 56344;

(5) Identification of the people responsible for convening an IEP and final IFSP meeting, and the person responsible for convening an IPP meeting, if necessary, for a toddler by age three to:

(A) Review the progress toward meeting the early intervention services outcomes identified in the IFSP;

(B) Determine the eligibility for special education and develop the IEP; and,

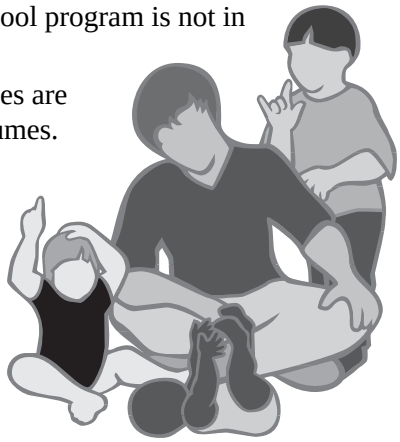
(C) Develop an IPP if the toddler is also eligible for services under the Lanterman Developmental Disabilities Services Act as required in *Welfare and Institutions Code* Section 4646.

(e) If a toddler is older than two years and six months on the date of the initial IFSP, the IFSP shall include steps to ensure transition to special education services under Part B of the Individuals with Disabilities Education Act or other services that may be appropriate.

(f) Regional centers may continue providing or purchasing services for a preschooler who has been determined eligible for regional center services:

(1) Until the beginning of the next school term after the toddler's third birthday during a period when the LEA special education preschool program is not in session; and,

(2) When the multidisciplinary team determines that services are necessary until the LEA special education program resumes.



Appendix B, Parents' Rights

and

Appendix C, Sample Program Forms

Early Start Program: Consent for Evaluation and Assessment Services

Individualized Family Service Plan

Early Start Program: IFSP Checklist

available only in the hard copy

Appendix D

Surrogate Parents

Department of Developmental Services
Prevention and Children Services Branch

EARLY START PROGRAM ADVISORY

May 1999

Background

In accordance with Federal and State laws (*Code of Federal Regulations* Section 303.406 of *Title 34*, Appendix A and *Government Code* Section 95022(f)), the Department of Developmental Services (DDS) and the California Department of Education (CDE) are issuing this policy outlining the procedure for assigning surrogate parents to represent the interests of infants and toddlers who are eligible for the Early Start program and require the appointment of surrogate parents. The Federal law stipulates that the lead agency "shall ensure that the rights of children eligible under this part are protected if (1) No parent can be identified; (2) The public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or (3) The child is a ward of the State under the laws of that State, and the court has limited the educational rights of the child's parents."

DDS as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), has the responsibility to ensure that surrogate parents are appointed. Locally, the local education agencies (LEAs) or regional centers are responsible for appointing and training surrogate parents. These responsibilities are outlined in interagency agreements between LEAs and regional centers as required in State regulations [*California Code of Regulations* sections 52140(b)(12)(d) and 52175(b) of *Title 17*].

Surrogate Parents in California Special Education: An Overview (December 1993) was distributed to regional centers (and previously distributed to local education agencies) with the original DDS/CDE Joint Letter of December 1993. The surrogate parent resource notebook is a comprehensive manual regarding surrogate parent issues and generally applies to Early Start. If your regional center or LEA does not have a copy, contact the Resources in Special Education (RiSE) library in Sacramento to obtain one. The telephone number at RiSE is (916) 492-9990.

Definition of a Surrogate Parent

A surrogate parent is an adult appointed by a regional center or local education agency to represent a child at an Individualized Family Service Plan (IFSP) meeting when no parent can be identified or his/her whereabouts is unknown or the child is a ward of the court (a court dependent)[*34 CFR* Section 303.406(a)].

A surrogate parent is a person with knowledge and skills that ensure adequate representation of the child, and who has no interest that conflicts with the interests of the child whom he or she is representing [*34 CFR* Section 303.406(c)].

A surrogate parent cannot be an employee of a public or private agency involved in the education or care of the child. Included among those ineligible to be a surrogate parent are regional center staff, local education agency staff, and child welfare workers from child protective services [*34 CFR* Section 303.406(d)].

Conflict of Interest Considerations

- √ Is the person employed by a district or any public agency involved in the education or care of the child?
- √ Does the person hold a position that might restrict or bias his/her ability to represent the child's educational needs?
- √ Does the person hold a position that might subject him/her to administrative influence or reprimand for acting as the child's representative?
- √ Does the person have interests that might restrict or bias his/her ability to advocate for all of the early intervention services required?

The recent reauthorization of IDEA (PL 105-17) clarified the prohibition on who may not serve as a surrogate parent to include a person or an employee of a person providing early intervention services to the child or to any family member of the child [*34 CFR* Section 303.406(d)(1)(ii)].

Determining the Need for a Surrogate Parent

Parent consent is required before the initial evaluation/assessment or initial provision of early intervention services (*34 CFR* Section 303.406). There are times when a parent cannot be located or a parent no longer has the right to sign for educational decisions.

Immediately upon referral of a child to a regional center or local educational agency, the primary service coordinator must consult with the referring agency or individual to determine the precise legal status and participation level of the parent. The legal status of the parent is to be determined and documented prior to the appointment of a surrogate parent. If the rights of the parent to make educational decisions *have not* been limited, and the child remains in foster care, there is no need for assigning a surrogate parent. Notices regarding early intervention services need to be sent to the parent. If a parent who retains educational rights is not available and a reasonable attempt has been made to locate the parent, then a surrogate parent may be appointed. Reasonable notice to the parent may consist of a certified letter to the last known address and a telephone contact if a telephone number is known.

If the parent of a child who is a court dependent does not respond to noticing efforts, the service coordinator must consult with the county child welfare services agency regarding the need to limit the parent's rights to make educational decisions. The county child welfare services worker may request a juvenile court order limiting the parent's right to make future educational decisions for the child so that a surrogate parent can be appointed to represent the child throughout the individual education and family service planning.

According to the Office of the State Attorney General (Opinion No. 91-204, Appendix B), "a surrogate parent may be appointed before a natural parent is located if the child has been adjudicated a dependent or ward of the juvenile court, the parent is not known or cannot be identified, or reasonable efforts have been made to discover the parent's location." For children who are dependents of the juvenile court and placed in out-of-home care, the service coordinator must determine whether the rights of the parents to make educational decisions have been limited pursuant to *Welfare and Institutions Code* Section 361(a).

Regional centers or local education agency administrators may wish to develop a surrogate parent protocol and/or form to assist the service coordinator in determining a child's status and need for a surrogate parent. The form could include: 1) information regarding the parent's address and telephone number (or last known address and telephone number); and 2) information verifying that a juvenile court order has been made limiting parental rights to make educational decisions.

Regional centers and LEAs may experience system barriers to serving children who are referred and/or deemed eligible for the Early Start program based on their court-dependent status and living in out-of-home placements. Agency administrators need to contact their local child welfare services agencies to develop interagency procedures

which will facilitate the delivery of services to eligible children and their families. County child welfare agencies may request technical assistance related to these issues from their county counsels or California Department of Social Services, Child Welfare Services Operations Consultants.

Parent Designation

A parent who maintains education rights may designate another adult to represent his/her child's interests for educational and related services. A form which the designee signs may be included in the child's record as an alternative to the formal appointment process for a surrogate parent. A parent whose whereabouts is known, but who is unavailable to represent him/herself, may choose to ask a friend or relative to represent him/her during the IFSP process (*34 CFR* Section 303.18).

The regional center or local education agency administration may wish to provide a form and process to assist parents in making their own appointment of a parent representative in matters relating to the Early Start program. The form could include a place for the parent's signature, a witness to the appointment, and a date and place for the acceptance of the appointment by the designated representative.

Roles and Responsibilities

A surrogate parent may represent a child in all matters related to the following: evaluation and assessment of the child; development and implementation of the child's IFSPs and IEPs, including annual evaluations and periodic reviews; ongoing provision of early intervention services to the child; and any other rights established under IDEA, including parent notice and due process provisions (*34 CFR* Section 303.406[e]).

A surrogate parent's rights include access to review regional center and local educational agency records relevant to any decisions made regarding the educational early intervention program for the child. This includes the right to review and inspect any records collected, maintained, or used by an agency to make decisions affecting the child's early intervention program (*17 CCR* Section 52164[a]).

Considerations for the Appointment Process

In California, priority is given to "a relative caretaker, foster parent or court appointed special advocate" to be appointed as a surrogate parent (*Government Code* Section 7579.5(c), Appendix C). The court-appointed special advocate (CASA) may be the appropriate surrogate parent for an infant or toddler who is not in a long-term placement, and as directed by the court, is assigned a CASA to represent the child's best interests. CASAs are trained volunteers and commit to a minimum of one year of service to a child (*Welfare and Institutions Code* sections 100–109, Appendix D). While foster parents have the first priority to become a surrogate parent, this appointment is not automatic. Foster parents may not be appropriate where a conflict of interest would prevent them from adequately addressing the child's need for services in the IFSP process.

A surrogate parent must be willing to take the time to be trained and to attend the child's IFSP meetings (*34 CFR* Section 303.406). Service coordinators may wish to consult with the child's county welfare services worker to assist in assessing the caretaker's ability to assume responsibility for surrogate parent responsibilities.

Another issue to consider is the possibility that a juvenile court order exists ordering participation by a foster parent or relative caring for a child who is in the Early Start program. At times a foster parent or relative with whom the minor is placed may be directed to participate in a program in cases in which the court deems such participation is appropriate and is in the child's best interest (*W&I Code* sections 361[a], 36 [a-c], Appendix E).

Surrogate Parent Recruitment and Training

DDS and CDE recommend that regional centers and LEAs combine their resources to recruit and train potential surrogate parents, and that a similar process for recruiting, selecting, training, and assigning surrogate parents be followed by both agencies. The process for recruiting, selecting, training, and

assigning surrogate parents is detailed in interagency agreements as required in State regulations (*17 CCR* sections 52140[b][12][d] and 52175[b]). A list of trained or potential surrogate parent volunteers may be kept by the regional centers and LEAs responsible for recruiting and/or training the volunteers.

LEAs use surrogate parents when necessary for children eligible for Part B of IDEA under California *Education Code*, Section 56050. Some regional centers have interagency agreements with LEAs for use of their surrogate volunteers by the regional center. Local interagency recruitment and training of surrogate parents can be a successful joint activity for the local interagency council or group.

Recruitment procedures generally follow those used for obtaining volunteers in a local community. The following resources are recommended for locating potential surrogate parent volunteers: local school-parent associations; Community Advisory Committees (CAC); retired teacher associations; local chapters of the National Association of Social Workers; Rotary, Lions, and Kiwanis Clubs; Big Brother/Big Sister Associations; foster grandparents; American Association of University Women (AAUW); and university graduate students. As far as is practical, a surrogate parent needs to exercise cultural sensitivity in matters related to the child.

Federal regulations require that surrogate parents have knowledge and skills that ensure adequate representation of the child. It is important that surrogate parents be informed of all opportunities and their responsibilities under the Early Start program (*34 CFR* sections 303.406[c][1] and [d][1][2]). Regional centers and LEAs are responsible for ensuring that appointed surrogate parents are sufficiently trained to adequately represent the child's interests.

Training and ongoing consultation with surrogate parent volunteers may include the following topics: overview of the Early Start program; understanding of what early intervention services are and what is available to families; federal and state regulations; cultural sensitivity; IFSP process; multidisciplinary team processes; and procedural safeguards.

Appointment Terms and Dismissal of Surrogate Parent

Regional centers and local education agencies may decide to specify a length of appointment for a surrogate parent with provisions for application for reappointment as a child's surrogate parent.

Surrogate parents' roles may be terminated upon the reappearance of a parent or when the child is no longer eligible for the Early Start program. It is advisable for both regional centers and LEAs to establish policies and procedures for the dismissal and/or resignation of an appointed surrogate parent.

Termination of surrogate parent appointments may be considered under certain circumstances such as a child's exit from the Early Start program, actions by the surrogate parent which fall under the mandated child abuse reporting laws or threaten the well-being and safety of the child, conflict of interest on the part of the surrogate, or failure of the surrogate to properly perform his/her duties, and when parents are located and retain educational rights (*Government Code* Section 52175[b][2]).

California Children Services (CCS) Application and Treatment Authorization

California law (*Health and Safety Code* Section 123865) and California Children Services' program policy require that the parent (natural or adoptive) or guardian apply for CCS services. No provision is made in law authorizing other persons (including surrogate parents) to apply for services on behalf of a child who may be eligible.

In addition to the above requirement, California's *Health and Safety Code* Section 123930 prohibits any treatment service by CCS without the written consent of a parent or guardian unless the person under 18 years of age is an emancipated minor. Nevertheless, California's *Family Code* provides two alternatives for the consent for medical and dental care by an individual other than the parent or guardian.

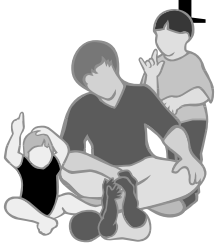
Family Code Section 6910 (Appendix F) provides that the parent or guardian of a minor may authorize in writing that a named adult, into whose care a minor has been entrusted, may consent to medical care or dental care, or both, for the minor. Also, *Family Code* sections 6550 and 6552 (Appendix G) permit a non-parent adult care giver relative with whom a minor child is living (e.g., an infant in the care of a grandparent) to authorize medical and dental care for the minor by signing a "Care Giver's Authorization Affidavit" (Appendix G). These alternatives may be considered if a parent or guardian has signed the application for CCS services and all conditions specified in the *Family Code* can be met.

Facilitating Service Delivery to Dependent Children

Regional centers, local education agencies, and county child welfare agencies are encouraged to work collaboratively in ensuring that eligible dependent children and their families receive Early Start services. *Welfare and Institutions Code* Section 362(a) authorizes juvenile courts to require government agencies to "join" in juvenile court proceedings if the court determines an agency has not met a legal obligation to provide services to a child. Regional centers, local education agencies, and county child welfare agencies who are currently experiencing difficulty in coordinating Early Start assessments or services for dependent children need to work cooperatively in developing interagency procedures to facilitate service delivery to eligible children and their families. County child welfare agencies may request technical assistance related to these issues from their county counsels or California Department of Social Services, Child Welfare Services Operations consultants. Regional centers and local education agencies may request assistance from DDS and California Department of Education, respectively.

Appendix E

Legal Citations Pertaining to the Individualized Education Program



The components of the IEP are defined in the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 (PL 105-17), Part B, Section 1414 as follows:

(d) Individualized education programs.

(1) Definitions . . . :

(A) Individualized education program. The term "individualized education program" or "IEP" means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section and that includes:

(i) a statement of the child's present levels of educational performance, including:

(I) how the child's disability affects the child's involvement and progress in the general curriculum; or

(II) for preschool children as appropriate, how the disability affects the child's participation in appropriate activities;

(ii) a statement of measurable annual goals, including benchmarks or short-term objectives, related to:

(I) meeting the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum; and

(II) meeting each of the child's other educational needs that result from the child's disability;

(iii) a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child:

(I) to advance appropriately toward attaining the annual goals;

(II) to be involved and progress in the general curriculum in accordance with clause (i) and to participate in extracurricular and other nonacademic activities; and

(III) to be educated and participate with other children with disabilities and nondisabled children in the activities described in this paragraph;

(iv) an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in clause (iii);

(v)(I) a statement of any individual modification in the administration of state or districtwide assessment of student achievement that are needed in order for the child to participate in such assessment; and

(II) if the IEP team determines that the child will not participate in a particular state or districtwide assessment of student achievement (or part of such an assessment), a statement of:

(aa) why that assessment is not appropriate for the child; and

(bb) how the child will be assessed;

(vi) the projected date for the beginning of the services and modifications described in clause (iii), and the anticipated frequency, location, and duration of those services and modifications . . .

(B) Individualized education program team. The term "individualized education program team" or "IEP team" means a group composed of:

(i) the parents of a child with a disability;

(ii) at least one regular education teacher of such child (if the child is, or may be, participating in the regular education environment);

(iii) at least one special education teacher, or where appropriate, at least one special education provider for the child;

(iv) a representative of the local educational agency who:

(I) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;

(II) is knowledgeable about the general curriculum; and

(III) is knowledgeable about the availability of resources of the local educational agency;

(v) an individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in clauses (ii) through (vi);

(vi) at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and

(vii) whenever appropriate, the child with a disability . . .

Appendix F

The Individualized Education Program Checklist

The IEP Checklist has been updated to include references to the Individuals with Disabilities Education Act Amendments of 1997 (PL 105-17) of the *Code of Federal Regulations (34 CFR);* an update to Section 34, Part 300; and citations from *California Special Education Programs: A Composite of Laws* (Revised edition 2000).

One item on the checklist was revised to be consistent with the new federal regulations. In item 36, "Service Plan," not "IEP," is the term used to apply to programs developed for pupils placed in private schools. This item also contains citations of legal codes that pertain to children placed in private schools.

A bill to update California's regulations concerning student discipline is being developed. The checklist will be updated when that bill becomes law. For updates please refer to the Web site of the Special Education Division of the California Department of Education <*http://www.cde.ca.gov/spbranch/sed/*>.

Individualized Education Program Checklist

New requirements are in boldface type.

I. IEP Content

A. In General—The IEP for each child includes:

1. ❑ **A statement of the child's present levels of performance, including how the disability affects the child's involvement and progress in the general curriculum.** (*20 USC* 1414 [d][1][A][i][I]; *EC* 56345[a][1][A])
2. ❑ **For preschool children, how the disability affects the child's participation in appropriate activities.** (*20 USC* 1414[d][1][A][i][II]; *EC* 56345[a][1][B])
3. ❑ **Measurable annual goals and benchmarks (short-term objectives) related to the child's needs resulting from the child's disability that will enable the child to be involved in and progress in the general curriculum.** (*20 USC* 1414[d][1][A][ii][I]; *EC* 56345[a][2][A])
4. ❑ A direct relationship between the present levels of performance, any assessments, the educational services to be provided, and the student's goals and benchmarks. (*5 CCR* 3040[c])
5. o **A statement of the special education, related services, and supplementary aids and services to be provided to or on behalf of the child.** (*20 USC* 1414[d][1][A] [iii]; *34 CFR* 300.347 [a][3])
6. ❑ **Descriptions of program modifications and supports for school personnel that will be provided to enable the child to:**
   - **Advance toward attaining annual goals;**
   - **Be involved and progress in the general education curriculum and participate in extracurricular activities; and**
   - **Be educated and participate with other children with disabilities and with nondisabled children.**

   (*20 USC* 1414[d][1][A][iii][I], [II], and [III]; *34 CFR* 300.347[a][3]; *EC* 56345[a][3])
7. ❑ **An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in activities described in item 6.** (*20 USC* 1414 [d][1][A] [III][iv]; *34 CFR* 300.347[a][4]; *EC* 56345[a][4])
8. ❑ **A statement of how the child's parents will be regularly informed (perhaps through periodic report cards) at least as often as are parents of nondisabled children regarding their child's progress toward annual goals and the extent to which that progress will enable the child to achieve the annual goals by year's end.** (*20 USC* 1414[d][1][A][viii]; *34 CFR* 300.347[a][7]; *EC* 56345[a][10])
9. ❑ **A statement of whether the child will take district or statewide achievement tests without accommodations or modifications or with such accommodations.** (*20 USC* 1414[d][1][A] [v][I]; *34 CFR* 300.347[a][5]; *EC* 56345[a][5])
10. ❑ **An explanation of why the child will not participate in such assessment if the IEP team so decides.** (*20 USC* 1414[d][1][A][v][II]; *34 CFR* 300.347[5][ii]; *EC* 56345[a][5])
11. ❑ **A statement of how that student will be tested if statewide or district tests are not used.** (*20 USC* 1414[d][1][A][vi]; *34 CFR* 300.347[5][ii]; *EC* 56345[a][5])
12. ❑ The projected date for initiating services and modifications. (*20 USC* 1414[d][1][A][vi]; *34 CFR* 300.347[a][6]; *EC* 56345[a][6])
13. ❑ The anticipated frequency, duration, **and location** of the recommended services and modifications. (*20 USC* 1414[d][1][A][vi]; *34 CFR* 300.347[a][6]; *EC* 56345[a][6])

14. ❏ The need for extended school year services. (*EC* 56345[b][3])

15. ❏ Whether differential graduation standards for the student will be developed. If so, they are included in the IEP. (*EC* 56345[d])

16. ❏ For newly referred pupils, documentation of the consideration and prior use of regular education resources and that parents are aware of the full continuum of program options. (*EC* 56303)

17. Documentation that the IEP team considered:

    ❏ The strengths of the child and parental concerns

    ❏ The results of the initial or most recent evaluation of the child

    ❏ The results of state or districtwide assessment

    ❏ The special factors listed in item 28

    (*20 USC* 1414[d][3][A]; *34 CFR* 300.346[a])

18. For students determined by the IEP team to have a specific learning disability, the team certifies that:

    ❏ The disability is not the result of visual, hearing, or motor impairment; mental retardation; or emotional disturbance.

    ❏ Observations were made of relevant behavior of the student and the relationship of that behavior to the student's academic functioning.

    ❏ A severe discrepancy exists between intellectual ability and academic achievement in oral and written language, reading, or mathematics that cannot be corrected through regular or categorical services.

    ❏ A psychological processing disorder exists.

    ❏ The disability is not due to environmental, cultural, or economic factors.

    ❏ Any educationally relevant medical findings have been reviewed.

    (*34 CFR* 300.541, 300.542, 300.543; *5 CCR* 3030[j]; *EC* 56337)

B. Transition Requirements

19. ❏ **For students at age 14, and on an annual basis thereafter, the IEP contains goals and benchmarks (objectives) that focus on the transition needs of the student in his or her course of study.** (*20 USC* 1414[d][1][A][bb][vii][1]; *34 CFR* 300.347[b])

20. ❏ For students at age 16, or younger if appropriate, the IEP describes a coordinated set of activities designed within an outcome-oriented process and reviewed annually that promotes movement of the student from school to postsecondary activities. (*34 CFR* 300.29[a][2]; *EC* 56345.1[c])

    ❏ The IEP takes into account the student's interests, preferences, and needs. (*34 CFR* 300.29[a]; *EC* 56345.1[c])

    ❏ **The IEP states the interagency responsibilities or any needed linkages to implement the transition activities.** (*20 USC* 1414[d][1][A][vii][II]; *EC* 56345.1[b])

21. ❏ If needed, related services continue to be considered and recommended by the IEP team for students in every program and age group. (California Federal Corrective Action Plan 1998; *34 CFR* 300.29)

22. ❏ For students for whom an agency fails to provide transition services, an IEP meeting is called to develop alternative strategies to meet transition objectives set out in the IEP. (*20 USC* 1414[d][5]; *EC* 56345.1[d])

23. ❏ If an invited agency representative cannot attend the IEP meeting, steps are taken to obtain agency participation in planning transition services. (*34 CFR* 300.344[b][3])

24. ❏ **Beginning at least one year before the student reaches the age of 18, the IEP states that the student has been informed of the IDEA rights that will transfer to the student upon turning 18.** (*20 USC* 1414[d][1][A][bb][vii][III]; *34 CFR* 300.374[c]; *EC* 56345[a][8])

25. ❏ **For an eligible child who turns three and is moving from an infant program, the public education agency (PEA)[1] conducts and attends the individualized family service plan (IFSP) meeting to establish a transition plan.** (*EC* 56426.9; *20 USC* 1427[a][8][ii][II]; *34 CFR* 300.132)

26. ❏ Transition language in the IEP supports the movement of students from special to general education classrooms, from middle to high school, and from infant to preschool to kindergarten to first-grade programs. (*EC* 56345[b][4]; *EC* 56326.9; *EC* 56445[a])

C. Consideration of Special Factors

27. The IEP team considers or provides the following:

    ❏ For a student with a low-incidence disability, specialized services, equipment and materials consistent with state guidelines. (*EC* 56345[b][5]; *EC* 56136)

    ❏ For a student whose behavior impedes his or her learning or that of others, positive behavioral interventions, strategies, and supports to address the behavior. (*20 USC* 1414[d][3][B][i])

    ❏ For a student with limited English proficiency, the language needs of the child. (*EC* 56345[b][2])

    ❏ For a student with vision impairment, determines the appropriate media for the child in accordance with state guidelines and provides for instruction in Braille and the use of Braille unless the IEP team determines, after evaluation, that Braille instruction or use is not appropriate for the child. (*EC* 56352)

    ❏ For a child who is deaf or hard of hearing, the child's communication needs and opportunities for direct communication with peers and professional personnel in the child's language/communication mode that meets all the child's needs, including the need for direct instruction, and is at his or her academic level. (*EC* 56345[e])

    ❏ For any child, considers whether the child requires assistive technology and services. (*EC* 5634363)

D. IEP Meeting Notice Requirements

28. ❏ The PEA makes every effort to ensure that one or both parents of the child with a disability can attend the IEP meeting. (*34 CFR* 300.345[a])

29. ❏ The meeting notice indicates the meeting's purpose (e.g., transition, preexpulsion, change of placement, three-year review), the location, the time of the meeting, and who will attend. (*34 CFR* 300.345[b]; *EC* 56341.5)

30. If the team considers transition services for students of any age, the IEP notice must:

    ❏ Indicate that this is the purpose of the meeting.

    ❏ Indicate that the student is invited to the meeting.

    ❏ Identify and invite any other agency involved to send a representative. (*34 CFR* 300.345[b][2] and 300.344; *20 USC* 1414[d][vii]; *EC* 56341.5[d])

[1]The term PEA includes not only public schools, but also the California Youth Authority, state hospitals, and developmental and mental health centers, among others.

31. ❏ For IEP meetings held without the parent present, there is documentation of phone calls, correspondence, or parent visits made to establish a mutually agareeable time and place for the IEP meeting. (*34 CFR* 300.345[d]; *EC* 56341.5[g])

32. ❏ A copy of the Parents' Rights notice is provided to parents along with the meeting notice. (*20 USC* 1415[d][1][B])

33. ❏ The meeting notice, Parents' Rights, and IEP are in the primary language of the parent, unless it is clearly not feasible to do so. (*5 CCR* 3040[b]; *20 USC* 1415[b][4] and [d][2])

II. IEP Process

A. In General

34. ❏ To the maximum extent possible, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled. Special classes, separate schooling, and removal of children with disabilities from the regular educational environment occur only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (*20 USC* 1412[a][5][A])

35. ❏ By the third birthday of a child eligible for services, the IEP is implemented. (*20 USC* 1412[a][9]; *34 CFR* 300.121[c])

36. ❏ An IEP or service plan has been developed and implemented for each child served by the agency, including any child who is placed in private school by parents and who is eligible for special education and related services from the agency. (*20 USC* 1412[a][3][A]; see also *20 USC* 1412[a][10][A]; *34 CFR* 300.452[b] and 300.454)

37. ❏ The IEP is in effect before special education and related services are provided to a child and at the beginning of each school year. (*20 USC* 1414[d][2][A]; *34 CFR* 300.342)

38. ❏ The IEP meeting is nonadversarial and is held solely to make educational decisions for the good of the child with the disability. (*EC* 56341[h])

39. ❏ The IEP is implemented as soon as possible after the IEP meeting. (*5 CCR* 3040[a])

40. The general education teacher participates as appropriate in the IEP, including the determination of:

    ❏ Positive behavior interventions and strategies

    ❏ Supplementary aids and services

    ❏ Program modifications

    ❏ Supports for school personnel

    (*20 USC* 1414[d][3][C]; *34 CFR* 300.346[d])

41. The IEP is reviewed at least annually to consider whether annual goals are being achieved and to:

    ❏ Address any lack of progress toward annual goals or in the general curriculum.

    ❏ Consider the results of any reevaluation.

    ❏ Consider information provided by the parents.

    ❏ Consider the child's anticipated needs.

    ❏ Consider other matters as appropriate.

    (*20 USC* 1414[d][4]; *34 CFR* 300.343[c])

42. ❏ The IEP team includes:
    - ❏ The parents of the child.
    - ❏ At least one general education teacher if the child is in or may be participating in general education (the student's teacher).
    - ❏ A special education teacher or specialist.
    - ❏ A representative of the PEA who is qualified to provide or supervise specially designed instruction for children with disabilities and who is knowledgeable about the general curriculum and the resources of the PEA.
    - ❏ An individual who can interpret the instructional implications of the evaluations.
    - ❏ Other individuals with knowledge or expertise regarding the child.
    - ❏ Other indviduals as the parent or PEA wishes.
    - ❏ The child, when appropriate; the child must be invited to all IEP meetings that consider postsecondary transition. (*20 USC* 1414[d][1][B]; *34 CFR* 300.344)
43. ❏ Interpreters for the IEP meeting are obtained for parents who are deaf or whose primary language is other than English. (*34 CFR* 300.345[e])
44. ❏ The PEA gives the parent a copy of the IEP at no cost, and when requested and if feasible, in the primary language of the parent. (*5 CCR* 3040[b])
45. ❏ The parent is provided with a copy of the evaluation report and the documentation that formed the basis for the determination of eligibility. (*20 USC* 1414[a][4][B])
46. ❏ For students newly referred to special education, an assessment plan is developed and given to the parents, along with a copy of the Parents' Rights notice, within 15 days from the time the referral was made. (*EC* 56321[a])
47. ❏ Assessments are complete and the IEP meeting held within 50 calendar days of obtaining the parent signature agreeing to the student's assessment plan. (*EC* 56344)
48. ❏ All service providers, the school site, and any outside agencies that will provide services or are knowledgeable of its content are given a copy of the IEP. (*EC* 56347)
49. ❏ The district or PEA appoints a surrogate parent when no parent can be located or if the court has specifically limited the right of a parent or guardian to make educational decisions for the child. (*GC* 7579.5)
50. ❏ The parents are informed in the Parents' Rights notice of their right to record the IEP meeting. (*EC* 56341[g])
51. ❏ The district or PEA ensures that parents are members of any group that makes decisions on the educational placement of the individual with exceptional needs. (*20 USC* 1414[f])
52. ❏ If neither parent can attend the IEP meeting, the PEA uses other means to ensure parent participation, including individual or conference telephone calls. (*34 CFR* 300.345[c]; *EC*56342.5[f])
53. ❏ The IEP team reviews the student's progress toward attaining previous annual goals, benchmarks, or short-term objectives and progress in the general curriculum when developing new goals, benchmarks, and short-term objectives. (*20 USC* 1414[d][4][A][i] and [ii])
54. ❏ An IEP meeting is held within 30 days of receipt of a written request from a parent. (*EC* 56343.5)

B. Interim/Administrative Placement

55. ❏ A student transferring into the district is immediately placed in a district or agency program in conformity with the student's IEP [unless the parent agrees otherwise] for a period not to exceed 30 days. (*EC* 56325[a])

56. ❏ Before the expiration of the 30-day placement, the IEP team meets, reviews information, records and reports any evaluations, and makes a final recommendation for placement. All the usual requirements for IEP meetings are followed. (*EC* 56325[b])

C. IEP Process to Consider Suspension or Expulsion

57. ❏ **When a disciplinary action involving suspension or expulsion of more than 10 days in a school year occurs, the student is provided all IEP services on the 11th day.** (*20 USC* 1415[k][1][A]; OSEP letter of interpretation of September 19, 1977; *34 CFR* 300.121)

58. If disciplinary action is considered to change a student's placement for 10 days or more because the student has violated a rule or code of conduct applying to all children, the following actions occur:

    ❏ **The parents are notified on the same day this decision is made and given a copy of the Parents' Rights notice.** (*20 USC* 1415[k][4])

    ❏ The IEP meeting is held on or before the 10th day of suspension to consider whether the behavior was a manifestation of the child's disability and whether placement was appropriate. (*20 USC* 1415[k][1][B])

    ❏ A functional behavioral assessment and a behavioral plan are drawn up to address the behavior that resulted in the suspension if such a plan is not already in place. (*20 USC* 1415[k][1][B]; *34 CFR* 300.520[b])

59. In making the manifestation determination, the IEP team must also consider whether:

    ❏ Services, including the behavior intervention strategies plan, were provided consistent with the IEP.

    ❏ The disability impaired the child's ability to understand the impact and consequences of the behavior in question.

    ❏ The disability impaired the child's ability to control the behavior that led to the disciplinary action. (*20 USC* 1415[k][4][C]; *34 CFR* 300.523)

60. ❏ **The IEP team, in making the manifestation determination, considers all evaluations, parental suggestions, health records, observations, discipline records, implementation of the IEP, and the student's placement.** (*20 USC* 1415[k][4][C]; *EC* 48915.5[e])

61. ❏ If a parent is unable to attend the IEP meeting, a telephone conference call may be substituted for the IEP meeting to consider expulsion. (*EC* 48915.5[d])

62. ❏ If a parent has received proper notice of the meeting and chooses not to participate in the IEP meeting or to consent to an extension beyond 10 consecutive school days, the meeting may be conducted without the parent. (*EC* 48915.5[d])

63. ❏ The education program specified in the IEP must be provided to the pupil during the period of the expulsion. (*20 USC* 1415[k][3][B]; *34 CFR* 300.300[a])

64. ❏ Parents make the student available without delay at a site determined by the district for the preexpulsion assessment required prior to the IEP meeting held to consider expulsion. (*EC* 48915.5[e])

65. ❏ Parents are allowed to request a postponement of the IEP meeting of up to three school days. (*EC* 48915.5[d])

66. ❑ Parents are informed at least 48 hours before the IEP meeting of their right to participate in the IEP meeting held to consider initiation of expulsion proceedings. (*EC* 48915.5[d])

67. ❑ Parents have the right to pursue a due process hearing if they disagree with the decisions of the IEP team regarding expulsion. (*EC* 48915.5[g])

68. ❑ The expulsion hearing is conducted only after the preexpulsion assessment is completed and the IEP team convenes and finds that the behavior was not a manifestation of the student's disability and that placement was appropriate, that IEP-driven behavior plan interventions were tried, and that any due process proceedings were completed. (*EC* 48915.5[a], [e], and [h]; *20 USC* 1415[k])

69. ❑ Relevant disciplinary procedures applicable to all children may be carried out only when all conditions in item 68 are met. (*20 USC* 1415[k][5][A])

D. Behavior Intervention Plans (Hughes Act)

70. ❑ The IEP team specifies the development of a functional analysis assessment if it determines that other behavioral or instructional approaches specified in the student's IEP have been ineffective. (*5 CCR* 3052[b])

71. ❑ Parents may request that a functional analysis assessment be performed. (*5 CCR* 3052[b])

72. ❑ The case manager for behavior intervention is a member of the IEP team that reviews the functional analysis and develops the behavior intervention plan, which becomes part of the IEP. (*5 CCR* 3052[c])

To fully implement the Hughes Act requirements for behavior intervention plans, refer to the local procedures or guidelines developed for this purpose in accord with *5 CCR* 3052.

Appendix G

The Family's Role in the IFSP or IEP Process

You have a vital role to play in the education of your child, especially if your child has a disability or is at risk of one. Federal law prompted by parent support (Public Law 94-142 and Public Law 99-457) guarantees your right to participate in the educational decision-making process. This legal right is extended to parents of a child with a disability and should be exercised in cooperative partnership with the professionals who support and educate your child.

The individualized family service plan (IFSP) and the individualized education program (IEP) for an infant or toddler are specific plans written with your help and suggestions. The IFSP is developed to help identify the child's or family's strengths, needs, and concerns, as well as priorities for early intervention services. An IEP is written to meet your child's unique education and related service needs. You are needed to help develop these plans and to share your ideas about your child's special needs, the types of programs appropriate to meet those needs, and the related services the school or agencies will provide to help your child benefit from the educational program.

To ensure your child receives the most from his or her educational program, you will need to develop a partnership with the school or agency. You will need to share relevant information about your child's education and development, monitor your child's progress, and keep records. Your observations and suggestions can be a valuable resource to aid your child's progress. You are the single most important influence on your child's growth and development.

The Education of the Handicapped Act (now known as the Individuals with Disabilities Education Act [IDEA] of 1997, Public Law 101-476) established four major rights:

1. A free and appropriate public education
2. Placement in the least restrictive environment
3. Fair assessment procedures
4. Parent involvement in educational decisions

IDEA also established two protections:

1. Individualized education programs
2. Due process procedures

Your partnership with the school or agency starts with the referral to assess your child's educational needs. It extends through the assessment process, possible placement and specific programming, annual reevaluations, and program exit.

You are an important member of the IEP team or, in the case of a child under three, the IFSP team. The school psychologist, teachers, speech and language specialists, program specialists, and other professionals with applicable expertise are other members of this team. This team's mutual goal is to develop the written plan—either an IFSP or IEP—of an educational program designed to meet your child's needs. As an expert on your child, your participation is critical.

Adapted from materials developed by Southwest Human Development, Phoenix, Arizona.

To help you in this important role, you need to know what the IFSP and IEP consist of, how they are developed, and your responsibilities in the process. This information was provided to help you make the most of your child's education.

If you need any more information or resources, contact the school district's special education administrator.

Questions Parents Ask About Special Education

What is special education?

Specially designed instruction to meet unique needs of individuals with exceptional needs.

How do I know whether my child needs special education services?

If your child has a demonstrated problem that prevents effective functioning in a regular school program, your child may be eligible for special education.

What age must my child be in order for me to notify the district that my child may need special services?

Notify your local school principal or special education office as soon as you suspect a problem. Special education services are available for young people from birth to age twenty-two years.

What is a special education local plan area (SELPA)?

A SELPA is a school district or group of school districts that ensures the provision of a free and appropriate public education to all individuals with exceptional needs in the area by coordinating and sharing resources, services, and programs.

How do I know whether my child is eligible for special services?

A child's eligibility is determined by the IFSP or IEP team, of which you are a member.

What is an IFSP or an IEP?

An IFSP is an individualized family service plan for children under three years of age.

An IEP is an individualized education program designed to meet your child's special education needs. If you disagree with the team, you can pursue the disputed areas through due process procedures.

Who will be at the IFSP or IEP meeting?

You will be there, and you may invite anyone you believe should be there. Different people will be at the meeting depending on the services your child needs: someone from the school district, a special education teacher, your child's classroom teacher or child care provider, a speech and language therapist, a program administrator, the teacher of an adapted physical education class, an occupational therapist, and a school psychologist. The people who have been invited will be indicated on the meeting notice that you receive. If you would like someone else to come to this meeting, please let one of the team members know.

May I tape-record the IFSP or IEP meeting?

Yes, parents have the right to tape-record these meetings. The parents shall notify the IFSP or IEP team of their intent to record the meeting at least 24 hours in advance.

Are the IFSP and the IEP legally binding contracts?

The services outlined in an IFSP or IEP must be carried out; however, the goals and objectives are not legally binding.

Will my child be placed in special education without my permission?

No. Written parental consent is required prior to special education placement.

What constitutes a change to the student's IFSP or IEP?

Moving the student or adding and ending services. Another change is when the student moves from one level of service to another. Changes may not be made without parental approval.

If I am not happy with my child's present progress in school, whom do I contact?

First contact your child's teacher, then the principal. You may request a student study team meeting, an assessment for special education, or a new IFSP or IEP meeting.

What can I do to make all of this easier for me to understand?

1. Ask questions when you do not understand what is discussed. Sometimes professionals may not take the time to explain what they are talking about, so stop them and ask them.
2. Think about whom you would like to go with you to the IFSP or IEP meeting. This may be a spouse, relative, or friend. There will probably be a lot of information, and it may be helpful to have someone with you for support and to help you remember details.
3. Write down your questions, ideas, and responses to the ideas on this handout and take them with you to the meeting.
4. Think about taking notes or taking a tape recorder to record the meeting for your information in the future.

How long will my child receive special education?

As long as the IFSP or IEP team agrees that special education is needed.

Under what circumstances will my child receive special transportation?

If the IFSP or IEP team determines that age, disability, or distance prevents your child from walking or riding the regular school bus, your child will receive special transportation at no cost to you.

Will my child participate in regular school programs?

Your child will participate in the regular programs to the extent that he or she can be successful in those programs.

May my child participate in extracurricular activities?

The activities should be written into the IEP when needed and appropriate. If other children are transported to extracurricular activities, then parents have the right to ask for arrangements to accommodate their child.

Will my child need to meet regular high school graduation standards?

Students with exceptional needs must meet the same requirements for graduation if the IEP team determines that those standards are appropriate. A diploma or certificate attesting to the student's attendance in the program may substitute for a regular diploma.

Is there a preschool program available?

Statewide preschool programs (for children ages three to five years) or Head Start programs are available for children whose families are income-eligible. Early intervention programs for children from birth to three years are also available in all counties.

Whom do I contact if I want to do volunteer work for the special education classes?

Contact your child's teacher, the principal, or the school district's special education administrator.

Outlines of the IFSP and the IEP

Content	
Individualized Family Service Plan (For children from birth to age three)	*Individualized Education Program (For children from ages three to twenty-two years)*
• Child's present physical, health, cognitive, communication, social–emotional, or adaptive developmental status • Family concerns, priorities, strengths, and resources • Desired outcomes • Criteria, procedures, and timelines for reaching outcomes • Frequency, intensity, location, methods, and natural environments for delivery of needed or required early intervention services • Dates when needed services were initiated and the duration of services • Agencies responsible for needed services • Name of service coordinator • Other needed or nonrequired services • Steps for transition to other appropriate services at age three (PL 101-476, IDEA, Section 1477; *Code of Federal Regulations, Title 34,* Section 303.344) (*Public Health Code,* Section 52000)	• Present levels of school work • Special education and related services needed • When services will begin and end • Amount of time needed and ways in which to join the regular class • Annual goals and short-term instructional objectives • Means of deciding whether short-term objectives have been met • Specially designed physical education • Transition plan for regular education, employment, or higher education • Employment skills • Prevocational career education goals • Vocational education • Ways in which to meet high school graduation requirements • Alternative standards for graduation • Specialized services, materials, and equipment needs • Transportation needs • Programs and services for bilingual students • Extended school-year services (California *Education Code,* Section 56345[a])

Timeline

Individualized Family Service Plan	*Individualized Education Program*
Within two working days the child is: • Identified by the primary referral source • Referred to the appropriate public agency **Within 45 calendar days:** • The referral is received by the appropriate public agency. • The LEA or regional center appoints a service coordinator. • The parent is notified of the referral and intent to evaluate. • The parent consents to the initial evaluation and assessment. • The evaluation and assessment activities are conducted. • The LEA or regional center holds a meeting to develop the initial IFSP and to identify a service coordinator. • The parent consents to the provision of early intervention services (for the first time). **According to the initiation dates in the IFSP:** • The LEA or regional center initiates services in accord with the IFSP. • Parents are advised that programs in LEAs are in session 200 days. **Every six months the LEA or regional center's service coordinator:** • Conducts a review of the IFSP **Annually the service coordinator:** • Conducts a meeting to review the IFSP	**Within 15 calendar days the LEA:** • Receives written referral for further assessment of individuals with possible exceptional needs • Develops the assessment plan, notifies parents, and explains parents' rights **Allowing at least 15 calendar days for the parents' decision, the LEA:** • Obtains the parents' written, informed consent to an assessment **Within 50 calendar days from the date of receipt of the parents' written consent for assessment—excluding July and August, days between regular school sessions, and school vacations in excess of five school days—the LEA:** • Conducts an assessment of educational needs in compliance with mandated procedures • Develops the IEP with the parents' participation • Obtains the parents' written consent to the IEP and the educational placement of the individual **As soon as possible the LEA:** • Implements the individual's IEP **Annually the LEA:** • Reviews the IEP

Checklist for Parental Participation in the IFSP or IEP Process

Participating in the Assessment

- ❏ I received notice that my child would be assessed.
- ❏ My signed consent was obtained before the assessment.
- ❏ I was asked to participate in the assessment and to provide information.
- ❏ I was informed about the specific areas and methods included in the assessment. (I asked for an explanation.)
- ❏ All areas related to my child's abilities and needs were assessed in the language he or she knows best.
- ❏ I requested that specific areas be included, and they are.
- ❏ I read the assessment plan carefully, and I understand it.
- ❏ I understand the tests and procedures used.
- ❏ A team of professionals assessed my child.
- ❏ My child was observed in the classroom or home and in other appropriate settings.
- ❏ I monitored the assessment process to ensure it was timely, thorough, and nondiscriminatory.
- ❏ I was invited to attend a meeting at a mutually agreeable time to discuss, in my language, the results of the assessment.
- ❏ The assessment findings were reported to me in an understandable language. (If not, I asked for an explanation.)
- ❏ For the IEP the reassessment was conducted no more than three years after the initial assessment.

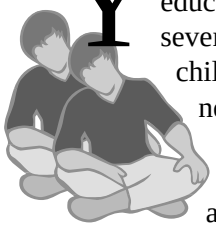
Checklist for Developing the IFSP or IEP

- ❏ I was invited to participate in reviewing and developing my child's IFSP or IEP.
- ❏ Team members presented information in language understandable to me.
- ❏ I was given an opportunity to ask questions and discuss my perceptions, concerns, and priorities.
- ❏ I felt as though I were a fully participating member of the IFSP or IEP team.
- ❏ I was encouraged to contribute significant information about my child and family.
- ❏ The section "Present Level of Educational Performance" describes what my child can do.
- ❏ Goals or outcomes are based on my child's assessment and seem to meet my child's educational needs and our family's priorities.
- ❏ Short-term objectives in reaching annual goals can be measured.
- ❏ Specific services listed include the special education instruction and other related services my child will receive.
- ❏ The services were determined by what is needed, according to assessments.
- ❏ I understand and am satisfied with the services to be provided and the people who will provide them.
- ❏ The beginning dates of service are clear.
- ❏ I know when services will end (if this was agreed to) and what my child's performance is anticipated to be at that time.
- ❏ Evaluation of my child's progress includes how and when my child's progress will be reviewed, who is responsible, and who will communicate with me.

- ❏ Placement in a regular class and in community early childhood services in the natural environment for my child were considered during the IFSP or IEP meeting.
- ❏ Regular school and community activities for my child were considered.
- ❏ An attempt was made to provide for time in a regular classroom or in a community early childhood program.
- ❏ The IFSP or IEP fits my child's educational and developmental needs.
- ❏ A date to review the IFSP or IEP is indicated.
- ❏ I received a copy of the IFSP or IEP at the team meeting.
- ❏ I gave written consent for my child to receive special education and related services as identified on the IFSP or IEP.
- ❏ A variety of services and placement alternatives are available and have been explored and discussed.
- ❏ The recommended services and placement are appropriate. (If not, the IFSP or IEP team is investigating alternatives.)
- ❏ My child's placement and services were determined after the team decided what was needed.

Appendix H

Suggestions for Parents About IEP Meetings



Your child has been referred for special education services. You will attend several meetings to discuss your child's abilities and educational needs. By law you are an equal member of the team that plans your child's education, and you are invited to be an active participant on the team.

Now that your child has been tested, the next step is to plan for the individualized education program (IEP). This step will take place at a meeting where the information from the testing will be shared and the IEP written. The following information will help you understand what will happen and how you can be a part of the process.

What is an IEP?

The IEP is a document that describes what your child can do well and what your child has difficulty with in specific areas of development (e.g., speech and language, learning, getting along with others, self-help skills). Goals and objectives are written to describe the ways in which to improve your child's abilities in those areas. The IEP will also describe the services that your child is to receive and where he or she is to get those services.

As a member of the team, you will be asked for your ideas about the IEP. Here are some questions to consider before voicing your concerns:

1. What worries you the most about your child?
2. What do you want your child to learn at school that would help you at home?
3. What do you want your child to learn or be able to do at school?
4. What services does your child need? How long do you think your child will need those services?
5. What behaviors does your child have that cause difficulty?
6. How do you want to be involved in helping your child (e.g., helping at school or getting ideas from staff for activities at home)?
7. As you write down questions that you have about your child, the program, and the testing, what concerns do you have about your child's education? What else do you need to know about your child?
8. What does your child like to do (e.g., games and favorite toys) and what does and does not work in helping your child learn new tasks or activities?

You may want to talk with a member of the team before the meeting to discuss these issues, or you may bring the information to share at the IEP meeting.

Who will be at the IEP meeting?

The names of attendees will appear on the meeting notice sent to you. Different people will attend depending on the services your child needs. Included will be someone from the school district, a special education teacher, your child's classroom teacher or child care provider, a speech and language therapist, a program administrator, the teacher of an adapted physical education class, an occupational therapist, and a school psychologist. If you would like someone else to come to this meeting, please let one of the team members know. You may invite anyone whom you feel should join you.

Adapted from materials developed by Southwest Human Development, Phoenix, Arizona.

Appendix I

Recommended Practices for the IFSP and IEP Processes

Best-practice indicators are based on the assumption that parents or legal guardians have the ultimate responsibility for decisions regarding the IFSP and IEP processes.

1. The IFSP and IEP processes should be ongoing, dynamic, and individualized.
2. The initial step in the process is for the person responsible for the development of the IFSP or IEP to clearly describe the process to families, including the rights that families have and the role of the service coordinator in the process.
3. From the first contact with families, professionals build a supportive relationship that shows respect for them.
4. Families have the opportunity to select from the pool of available service coordinators the person whose skills and resources most closely match the needs and preferences of the family members.
5. When families are not familiar with anyone available to serve as the service coordinator, they may ask professional team members to recommend a service coordinator to attend the initial IFSP meeting.
6. Families may request a change in the service coordinator at any time during the IFSP process. That request will be honored if resources allow.
7. State and local agencies provide competency-based training to ensure that the service coordinator appropriately fulfills his or her role.
8. A system for training service coordinators includes training for family members if they want to participate as co-coordinators.
9. Training in service coordination includes methods to help family members identify informal supports.
10. The person responsible for coordinating the development of the IFSP or IEP determines with family members the composition of the IFSP or IEP team and, with family authorization, ensures the participation of all team members.
11. Families may select persons to serve on the IFSP or IEP team who provide emotional support and practical assistance to the family, including service providers, friends, and members of other families who have children with disabilities.
12. With family consent, the team may also include representatives of agencies and community programs that previously served, or are likely to serve, the child or family.
13. To develop an IFSP a family may choose a family-directed process in which family members have a leadership role, a collaborative process in which the family shares equal decision-making responsibility with

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Adapted from *DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families.* Reston, Va.: Division for Early Childhood, Council for Exceptional Children, 1993, pp. 37–39.

other team members, or a process that delegates decision making to other members of the team.

14. Families will have an opportunity to choose or change the nature of their role in decision making for each issue in question.
15. Families receive individualized support and information so that they can participate in the process in the manner they have chosen. Other team members adjust their roles in response to family preferences.
16. Family members are invited to participate in any team discussion of their child.
17. Families receive complete copies of all reports concerning them and their children, and team members offer assistance, when appropriate, in interpreting those reports.
18. Families decide what information they wish to share with the team.
19. Team members base decisions pertaining to updating and revising IFSPs and IEPs on family preferences, assessment results, and new information.
20. The communication, actions, and written statements of team members reflect the members' respect for one another.
21. All team members are honest with one another.
22. All team members recognize the critical role of emotional support and provide this support to other members.
23. The IFSP and IEP meetings and documents are free of jargon and include explanations of technical information when necessary.
24. Professional members of the team are knowledgeable about laws, policies, and recommended practices for the development, implementation, and monitoring of IFSPs and IEPs.
25. Families are given the opportunity to obtain information about current recommended practices related to the IFSP or IEP.
26. Professional members of the team actively advocate the full rights of the children and families.
27. Team members keep policymakers informed of gaps in community services.
28. Agencies allow sufficient time for their team members to work in ways that are consistent with recommended practices.
29. Team members should ensure that meeting times and locations are convenient for the family members of the team and that the location is accessible.
30. Team members individualize the criteria for assessing progress toward outcomes.
31. Family-initiated outcomes, goals, and objectives are given priority in the development of the IFSP or IEP.
32. The persons responsible for coordinating the development of the IFSP or IEP discuss with families all the options for the range of service settings and for natural and least restrictive environments. They also help families consider the advantages and disadvantages of each.