

Coaching in Early Intervention



“I do”



I will partner with you to learn what is most important to you for your child's development and learning.
I'll show you some new strategies.
I'll demonstrate and model new activities in ways that you prefer.
Ask me lots of questions!

“We do”

Together we will develop a plan to address what is most important to you.
We'll work on strategies together in your daily routines.
I'll guide you through new activities.
Tell me what you're thinking. I'll let you know what I think, too.



“you do”



Your turn to practice!
I'll just watch and give you hints and reminders here and there.
Continue to **ask any questions.**
Let me know **what is working or not** working.
We can adjust the plan to meet your needs.

Screening in Early Intervention: Facts for Families

What is screening?

Screening is an activity that is part of the first steps in Early Intervention for gathering information to help to get to know your child. Its purpose is to take a *brief* look at your child's development in these areas: body/muscle movement, seeing and hearing; babbling, talking and understanding; playing alone and with others; eating, and learning. Think of screening in Early Intervention as similar to other types of health screening you or your child has had in the past such as the Newborn Hearing Screening your child had at birth. The information gathered through the screening process helps you and the Early Intervention program to learn more about the developmental milestones your child has reached. This screening does not tell you if your child has a developmental delay or disability, it only begins to help you understand how your child is growing and learning. It will not tell you if your child is eligible for Early Intervention services and supports. However, it can provide helpful information about your child's development and can support the decisions you make to address the concerns you may have about your child. After the screening, you and the Early Intervention program professional will discuss the information that was gathered and determine if further evaluation is necessary at this time. As a parent, you have a right to continue with the information gathering process and request an evaluation regardless of the results of the screening. Screening activities will not occur unless you give your permission. At any point, either before or during the screening, you can decide to stop the activities and move to another part of the process.

What happens during screening?

During screening, you will be asked by a staff person from Early Intervention to answer questions about your child's typical behaviors and activities. The questions are specially developed for the age of your child. In some instances, the Early Intervention program professional working with you may come to your home so they can help you gather information about your child. In other instances, the questions may be asked of you over the phone or mailed to you for you to answer. As you are answering the questions, be sure to share any additional information about your child that you think may be important. Pictures may be provided to help you to better understand the questions that will be asked about your child. You may want to use your own toys and objects in your house to interact with your child and then answer the questions about your child.

What will the screening results tell me?

After the screening process has been completed, the information will be reviewed and results shared with you. The results will provide a general picture of your child's abilities in each of the developmental areas described above. Remember that this information is just intended to be a quick look at how your child is growing and learning. But, be sure to mention if you have any concerns or questions about the results or if the results do not seem to describe your child well. After the screening process you and the Early Intervention professional may decide not to continue the process of gathering more information because neither you nor the Early Intervention professional has any further concerns about your child's development. If this is the case, then the process will stop. This means that your child's development is typical for their age, and that Early Intervention supports and services are not necessary. Some families may feel that they still have questions about how they can support their children's development. Early Intervention professionals can provide you with tools and resources that can help to answer questions and provide ideas of how you can continue to support your child's learning and development. Sometimes the results of the screening may suggest that the information gathering process should continue with a more in-depth look at your child's development. This step of gathering more information is called a Multidisciplinary Evaluation (MDE) and this will provide more developmental information in order to find out if your child is eligible for Early Intervention services. As a parent, you have the right to request a full Multidisciplinary Evaluation, regardless of the results of the screening. Also, if at any time, you feel concerned about your child's development, you can get back in touch with your Early Intervention program and request a Multidisciplinary Evaluation. The Early Intervention program professional can support you in this planning process.

The good news is that if your child is developing at a pace that is typical of children their age, Early Intervention Services are not necessary. It is also good news that if now, or in the future, your child experiences a developmental delay, that Early Intervention services are available to all children in Pennsylvania that need this extra level of support.

If you want to know anything else about the screening process in Early Intervention, please don't hesitate to ask the Early Intervention program professional who is talking with you about your child.

FAMILY NEEDS SURVEY

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Rune Simeonson

Frank Porter Graham
Child Development Center
The University of North Carolina
at Chapel Hill

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FORM H

Family Name/ID _____ Relationship to child _____

Date _____

INSTRUCTIONS: Listed below are some of the needs expressed by parents of special children. Please read each statement and decide if you need help in this area. Then circle the number (1, 2 or 3) which represents your response to the need.

	Definitely do not need help with this	Not sure	Definitely need help with this
<u>NEEDS FOR INFORMATION</u>			
1. I need more information about my child's condition or disability	1	2	3
2. I need more information about how to handle my child's behavior	1	2	3
3. I need more information about how to teach my child	1	2	3
4. I need more information on how to play with or talk to my child	1	2	3
5. I need more information about the services that my child might receive in the future	1	2	3
6. I need more information on the services that are presently available for my child	1	2	3

	Definitely do not need help with this	Not sure	Definitely need help with this
7. I need more information about how children grow and develop	1	2	3

NEEDS FOR SUPPORT

1. I need to have someone in my family that I can talk to more about problems	1	2	3
2. I need to have more friends that I can talk to	1	2	3
3. I need to have more opportunities to meet and talk with parents of handicapped children	1	2	3
4. I need to have more time just to talk with my child's teacher or therapist	1	2	3
5. I would like to meet more regularly with a counselor (psychologist, social worker, psychiatrist) to talk about problems	1	2	3
6. I need to talk to a minister who could help me to deal with problems	1	2	3
7. I need reading material about other parents who have a child similar to mine	1	2	3
8. I need to have more time for myself	1	2	3

EXPLAINING TO OTHERS

1. I need more help in explaining my child's condition to either my parents or my spouse's parents	1	2	3
2. My spouse needs help in understanding and accepting our child's condition	1	2	3

	Definitely do not need help with this	Not sure	Definitely need help with this
5. I need more help paying for babysitting or respite care	1	2	3
6. I need more help paying for toys that my child needs	1	2	3

FAMILY FUNCTIONING

1. Our family needs help in discussing problems and reaching solutions	1	2	3
2. Our family needs help in learning how to support each other during difficult times	1	2	3
3. Our family needs help in deciding who will do household chores, child care, and other family tasks	1	2	3
4. Our family needs help in deciding on and doing recreational activities	1	2	3

What are your greatest family needs at this time?
 These may include needs listed on the survey or other needs
 you may have.

	Definitely do not need help with this	Not sure	Definitely need help with this
3. I need more help in how to explain my child's condition to his/her siblings	1	2	3
4. I need help in knowing how to respond when friends, neighbors, or strangers ask questions about my child's condition	1	2	3
5. I need help in explaining my child's condition to other children	1	2	3

COMMUNITY SERVICES

1. I need help in locating a doctor who understands me and my child's needs	1	2	3
2. I need help locating a dentist who will see my child	1	2	3
3. I need help locating babysitters or respite care providers who are willing and able to care for my child	1	2	3
4. I need help in locating a day care center or preschool for my child	1	2	3
5. I need help in getting appropriate care for my child in our church or synagogue nursery during church services	1	2	3

FINANCIAL NEEDS

1. I need more help in paying for expenses such as food, housing, medical care, clothing, or transportation	1	2	3
2. I need more help in getting special equipment for my child's needs	1	2	3
3. I need more help in paying for therapy, day care, or other services that my child needs	1	2	3
4. I or my spouse need more counseling or help in getting a job	1	2	3

MEDICAL ASSISTANCE LOOPHOLE

If your child has a serious disability, he or she may be eligible for Medicaid (also known as medical assistance) regardless of your income. Medicaid will pay for a wide range of services including doctors' office visits, hospitalization, prescription drugs, medical supplies and medical rehabilitative services.

The loophole works in the following way: The Department of Public Welfare (DPW) does not count any of the parents' income, at least for now, in determining medical eligibility for a child with severe disabilities. The child's income, alone, is all that is considered.

HOW TO APPLY

1. Call your local County Assistance Office. The number is (724) 773-7300 in the blue pages under "Government and Other Public Services", or Public Welfare Department of your county. It is important that if they tell you that you make too much money that you make it very clear that you are only applying for Medicaid for your child. Insist on getting an application.
2. Send copies of all documentation of the child's disability, e.g. pediatrician's report, psychiatric evaluation, the school's psychological evaluation, comprehensive evaluation reports (CER's), individualized education plans (IEP's), 504 service agreement plans.
3. Take the application to the county assistance office and ask for a pre-screening interview. If you have to mail the application, send "certified mail" through the post office (applications have been known to get lost in the mail). Once mailed, you should receive a phone call from someone at the county assistance office to conduct the pre-screening interview on the phone. Again, they may tell you that you make too much money. Ask them to look up section 355.4 in the medical eligibility handbook. No matter what the county assistance office tells you, you must insist on an "intake interview" – even if the worker tells you that your application will be rejected. If you withdraw your application at this point, you will not have the right to appeal.
4. For the intake interview, you must go to the county assistance office. They should send you a list of documents to bring, i.e. birth certificate, proof of address, etc. Bring as many documents as possible. At the interview, make it clear that you are only applying for Medicaid for a disabled child, and mention the handbook section 355.4. If you have been turned down for SSI, bring those papers also. The worker may ask you to apply for SSI for your child.
5. The medical paperwork is the last step. The Department of Public Welfare must determine whether your child meets the disability standard. Once that is done, you should get a medical assistance card in the mail.

WANA XIII – March 28, 2001



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ANNOUNCEMENT: EI-13 #02

Effective Date: 3/19/2013

SUBJECT: Pennsylvania System of Payment

TO: Infant/Toddler Early Intervention Leadership

FROM: Barbara G. Minzenberg, Ph.D.
Deputy Secretary, Office of Child Development and Early Learning



PURPOSE:

The purpose of this announcement is to provide guidance on Pennsylvania's (PA) system of payment per requirements under regulations for Part C of the Individuals with Disabilities Education Act (IDEA) Amendments of 2004 and supporting federal regulations at 34 CFR 303.

BACKGROUND:

The Pennsylvania Early Intervention (EI) Program is implemented in compliance with the IDEA as amended by Public Law, 108-446; Pennsylvania Act 212-1990: The Early Intervention Service System Act; and Title 55, Chapter 4226. Early Intervention Services. IDEA establishes requirements for state policies and procedures related to system of payment for EI services.

DISCUSSION:

The Department of Public Welfare (Department) ensures:

- A. State policies are established related to PA's system of payment, EI services to eligible infants and toddlers and their families, and how services shall be paid or reimbursed under Part C of the IDEA.
- B. EI services in PA are provided at no cost to the families of infants and toddlers with disabilities per state regulations at Chapter 4226.5(ii). Fees shall not be charged to families for EI services that an infant or toddler is otherwise entitled to receive at no cost to the family under Part C of IDEA and Pennsylvania Act 212-1990: The Early Intervention Service System Act.
- C. Services subject to the state's system of payment that are provided at public expense and without fees charged to families are as follows:

- 1. Implementation of child find activities;
- 2. Evaluation and assessment activities;

3. Service coordination activities carried out to assist and enable a child and a child's family to receive the rights, procedural safeguards and services authorized under the State's EI system; and
4. Administrative and coordinative activities related to:
 - The development, review and evaluation of the Individualized Family Service Plans (IFSPs); and
 - Implementation of procedural safeguards and all components of the statewide system of EI services.
5. Services as defined under Chapter 4226.5(v) and requirements under PA Act 212-1990.

D. Funding sources for EI services, including the services provided through each funding source are as follows:

- Federal Part C, when no other funding source is available:
 - Evaluation and assessment services and
 - Services identified under Chapter 4226.5(v).
- Federal Medical Assistance – Early Periodic Screening Diagnosis and Treatment:
 - Evaluation and assessment services and
 - Services identified under Chapter 4226.5(v) with the exception of special instruction and transportation services.
- Federal Medicaid Waiver under the Infant, Toddler and Families Waiver:
 - Services identified under Chapter 4226.5(v).
- State General Fund:
 - Child find activities
 - Evaluation and assessment service
 - Services identified under Chapter 4226.5(v) and
 - Administrative and coordinative activities.
- County Matching Funds:
 - Child find activities
 - Evaluation and assessment services
 - Services identified under Chapter 4226.5(v) and
 - Administrative and coordinative activities.
- Private Insurance:
 - Services identified under Chapter 4226.5(v).

E. Income information is not collected from families, therefore, fees are not charged for failure to provide such information.

F. Federal Part C funds delineated through the Department shall always be considered the payor of last resort. Federal Part C EI funds may not be used to satisfy a financial commitment

for services that would otherwise have been paid for from another public or private source. Funds may only be used for EI services that an eligible child needs but is not currently entitled to under any other federal, state, local or private source. If necessary to prevent a delay in the timely provision of EI services to a child or the child's family, federal Part C funds may be used to pay for appropriate services pending reimbursement from the agency or entity that is responsible for the payment.

G. Part C funds are permitted to be used to pay for costs such as premiums, deductibles or co-payments if necessary.

Private Insurance

Although private insurance is considered a potential funding source for EI services under Chapter 4226.13, PA insurance companies do not consider EI services as a covered service under their health insurance policies. However, if private insurance was utilized, the local Infant/Toddler EI program shall follow the requirements outlined in state regulations at §4226.13(b)(1-3) that states:

Private insurance may be used to pay for EI services only with the consent of the family, as long as such use will not result in a cost to the family, including but not limited to the following:

1. A decrease in available lifetime coverage or any other benefit under an insurance policy;
2. An increase in premiums or the discontinuation of the policy;
3. An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim.

If collecting payments under private insurance, the Infant/Toddler EI programs shall ensure that parental consent is obtained for the disclosure of personally identifiable information prior to billing private insurers for the initial provision of services and any subsequent increases in service due to changes in frequency, length, duration or intensity of a service. If a family does not give consent to use their private insurance, the lack of consent shall not delay or deny EI services to the child or family.

During the initial contact meeting with families, the Infant/Toddler EI programs shall provide families with the following:

- Information on the no-cost provision of EI services in PA;
- The state's system of payment policy; and
- The family's rights related to filing a complaint, mediation, or due process hearing should they disagree with the financing of their EI services.

Funding options shall be explained to families during the initial contact or during meetings with the service coordinator prior to the IFSP development. It is through the IFSP development process where funding decisions are determined and what funding sources will be utilized.

Infant, Toddler and Families Medicaid Waiver

Supplemental grant funds shall be expended for the provision of EI services to infants and toddlers with disabilities and their families under the home and community waiver known as the Infant, Toddlers and Families Medicaid Waiver to the extent that eligible services and eligible infants and toddlers can be identified and the infants' and toddlers' parent consent to participate in the waiver per Chapter 4226.12.

Public Benefits or Insurance – Medical Assistance (MA)

The access and use of PA Medical Assistance (MA) funds results in no cost or potential negative impact on children or families. Families shall not be required to apply for MA for infants or toddlers to receive EI services. The Infant/Toddler EI Program must obtain consent prior to using the MA of a child or parent if that child or parent is not already enrolled in the MA program. However, Infant/Toddler EI programs shall inform families of and encourage families to use all financial resources available to them to support their EI services.

Infant/Toddler EI programs shall ensure that parental consent is obtained prior to using the MA of a child or family who is currently enrolled or newly enrolled in MA if such use would:

- Decrease available coverage or any other insured benefit for the child or family;
- Result in the child's family paying for services that would otherwise have been paid for by MA;
- Result in any increases in premiums or discontinuation of MA for the child or family; or
- Risk the loss of eligibility for the child or the child's parents for home and community based waivers based on total health related costs.

If a family does not provide consent for the use of the child's or family's MA, all services on the IFSP shall be available to the child and family.

Infant/Toddler EI programs shall provide written notification to the family prior to using a child's or family's MA benefits. The notification shall include the following:

- A statement that parental consent must be obtained before disclosing a child's personally identifiable information to the MA program;
- A statement of the no cost protections consistent with parental consent listed above and that if the parent does not provide consent to use their MA benefits, all EI services on the child's IFSP shall be available for which the parent has provided consent;
- A statement that a family has a right to withdraw consent for the disclosure of personally identifiable information at any time; and
- A statement that services are at no cost to families.

MA does require the use of a family's private insurance prior to billing MA for eligible EI services. However, EI services are not a covered service by PA private insurance companies. Local Infant/Toddler programs shall ensure a denial of service is obtained from the private insurance company before billing MA for eligible EI services. If this denial is obtained, parental consent for use of private insurance shall not be necessary for the payment of service through MA.

NEXT STEPS:

1. Infant/Toddler EI programs shall review existing policies and procedures to ensure that they are consistent with this announcement and shall take steps to assure that they are in compliance.
2. Infant/Toddler Programs shall ensure that all staff review the information included in this announcement and any new or revised local procedures.

Comment and questions should be directed to the Office of Child Development and Early Learning, Bureau of Early Intervention Services at 717-346-9320 or ra-ocdintervention@pa.gov.

Understanding Early Intervention Data Systems

The Office of Child Development and Early Learning (OCDEL), through the Bureau of Early Intervention Services, serves approximately 79,000 infants, toddlers and preschool children with developmental delays and/or disabilities from birth until they reach school age. Electronic information management systems are used to maintain individual child records in the Early Intervention (EI) program.

What is Early Intervention's Data System?

PELICAN (Pennsylvania's Enterprise to Link Information for Children Across Networks) is the name of OCDEL's information management system. It is used to manage all the records of children receiving EI services across the Commonwealth. The information that is entered into PELICAN is based on the information families provide to service coordinators or Early Intervention service providers about their child through conversation, correspondence and meetings. The PELICAN system contains:

- Demographic information about children i.e. name, address, contact information, date of birth etc.
- Evaluation information
- Information about family routines and activities so that OCDEL can match the services to the child's natural settings
- Individualized Family Service Plans (IFSP) and Individualized Education Programs (IEP)
- Transition plans

To make sure there is only one identifying number assigned to each child, the EI program will ask families to provide the child's Social Security Number (SSN). The child's SSN ensures the proper identification of a child's information, especially if it already exists in other statewide data systems. This prevents families from providing the same information repeatedly. However, providing the child's SSN is not required to receive EI services.

Why is information collected in a data system?

Child information is collected to allow for effective program management and accountability including:

- Assessing the effectiveness of EI programs and services in supporting children and families both at the state and local level
- Identifying best practices and areas for improvement at the state level
- Completing mandatory state and federal reports
- Making provider payments.

What are the benefits of an electronic data system to families?

Families will not have to give the same information repeatedly as they move through the EI program. Each child record in the information management system will be assigned one identifying number. This means that each child receiving services will have only one record in the statewide data system, regardless of how they entered the system or what services they receive.

Maintaining child records through an information management system allows the record to be accessible to his/her IFSP/IEP team. It also allows for a smooth exchange of information when a child transitions from one program to another, as the child's record may be shared quickly with a new program (with parental consent).

(over)

Data systems promote and assure:

- Quality services for children
- Program accountability to ensure all resources are used wisely and effectively
- Anticipation of changing needs
- Continuity of data across programs.

Who has access to a child's information?

Child information contained in the information management system is kept confidential and only authorized persons will have access to the records, per federal and state confidentiality, privacy, and security laws. Data in PELICAN is protected by security protocols, which require secure and encrypted servers, unique user names with strong passwords and user roles that are assigned specific security roles and access. This means that:

- Only the staff directly involved with a specific child has access to that child's information.
- State personnel have limited access to child information for the purposes of monitoring the delivery of EI services.
- Information about a child will not be shared outside a program, except as permitted by law and/or with parental consent.
- Families have the right to inspect and review EI records relating to their child and request an amendment to inaccurate information in a record. A copy of a child's record is also available to families upon request and is kept for a period of four years.
- As permitted by law, for transition purposes, a child's name, date of birth and parent contact information will be shared with the Preschool Early Intervention Program during a transition year to assist with planning purposes.

Who should families contact with questions about their child's record in these data systems?

Families should call their child's Service Coordinator, Teacher/Therapist or Preschool EI Supervisor should they have any concerns regarding the collection of child information in PELICAN. If at any time, you feel that confidentiality has been compromised; families may file a complaint with the OCDEL by call 717-346-9320.

Family Tip Sheet

Understanding Early Childhood Outcomes

As a parent of a child who receives early intervention services in Pennsylvania, you want to be sure these supports and services help your child to learn and grow, as well as support your family to help your child.

What are the Early Childhood Outcomes (ECO)?

Early Childhood Outcomes, developed by the U.S. Department of Education, are used by all states for children receiving early intervention. While the Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP) contain outcomes that are written specifically for you and your child, these three child outcomes are the same for everyone. Early Childhood Outcomes focus on skills and abilities that children use to be successful in activities, routines and future school settings.



The three Early Childhood Outcomes are:

1. **Gaining positive social emotional skills, including social relationships.** This outcome measures how children interact and play with family, other adults, and other children.
2. **Learning and using new knowledge and skills.** This outcome measures how children learn and use basic language and communication skills such as counting and problem-solving that will prepare them to be successful learners.
3. **Using appropriate behaviors to meet needs.** This outcome measures how children gradually become more independent by learning how to move from place to place, feed themselves, and take care of basic needs.

Why do we measure Early Childhood Outcomes?

Families and professionals want to know that early intervention services are helping children. Early Childhood Outcomes are one way that Pennsylvania uses to look at the effectiveness of these services. Information about the amount and type of progress that children are making on these Outcomes helps us improve Pennsylvania's early intervention program.

How are Early Childhood Outcomes measured?

Child outcomes are measured when your child begins to receive early intervention services (entry) and when your child is finished receiving early intervention services (exit).

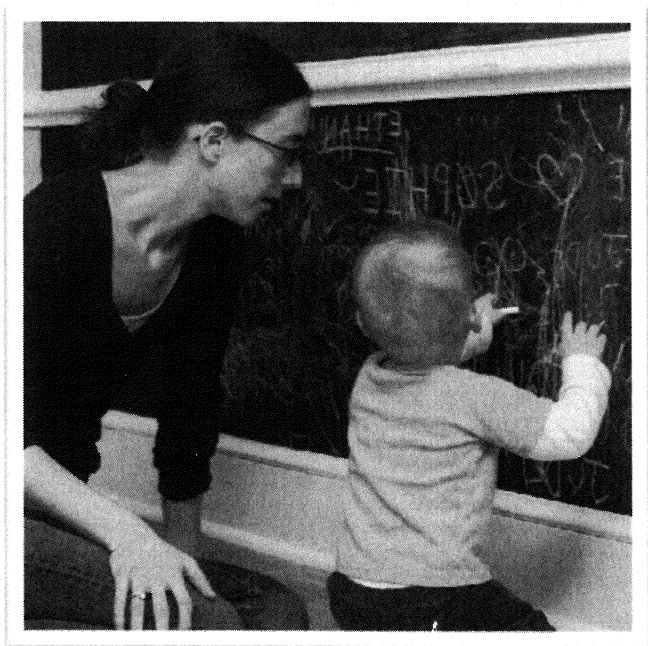
One person from your child's team will use a tool called an authentic assessment to learn about your child's skills, abilities and development. The authentic assessment is completed by observing how your child participates in typical routines and activities. The authentic assessment is completed as part of your child's regular early intervention services. No additional visits or sessions are needed. Together, you and your child's early intervention team, will share information and develop a picture of your child in each of the Early Childhood Outcomes.

How can you participate?

You are the expert on your child and know your child's strengths and needs. As an equal partner on your child's team, you provide important information about your child's skills. You can share what you see your child doing at home and in the community. You can talk to your child's team and learn more about what is expected for a child at different ages.

Who should I talk to about measuring Early Childhood Outcomes for my child?

_____ (name), your child's _____ (role) will be responsible for collecting Early Childhood Outcome information for your child. You can share information about your child with him/her. This team member can also answer any question you may have about Early Childhood Outcomes.



INFORMATION YOU CAN SHARE WITH YOUR CHILD'S TEAM

Here are some questions to consider as you prepare for a conversation about your child and the Early Childhood Outcomes.

1. How does your child interact with you and familiar adults?
2. How does your child interact with people who are not familiar?
3. How does your child show you what she is feeling?
4. How does your child respond to changes in activities or places?
5. How does your child use his words in everyday activities?
6. How does your child show that she notices differences? For example, does she notice the difference between two toys or between a dog and a cat?
7. How does your child interact with books and pictures?
8. How does your child tell you what he likes?
9. What does your child do when she needs help?
10. How does your child use objects to get what he wants? For example, does he use a switch to turn on a toy or use a spoon to eat?

To learn more about Early Childhood Outcomes in Pennsylvania go to:

<http://www.eita-pa.org/early-childhood-outcomes/>



Parents In Partnership ~ Connecting for Kids

Beaver County Interagency Coordinating Council

PARENTS IN PARTNERSHIP (PIP) is a group of parents, professionals, and community members who are interested in promoting quality services for children with special needs and their families. Parents and professionals are of equal status at the PIP meetings. Each member's perspective is valuable. We believe that a partnership between families, service providers, and the community will improve the quality of Early Intervention services. It takes parents of children with special needs to tell providers what they need and when they need it. Without parental input, the "professionals" are just making "best guesses." Parent involvement is vital if your child is to receive the best that our community has to offer. PIP needs your direction and guidance. We are committed to providing quality services to you! If you would like more information or have any questions about PIP, please feel free to contact Lori Murtha at (724) 774-7800. Meetings are held on the third Tuesday of the month, five times each year, at 10:00 a.m., at the Beaver Valley Intermediate Unit. PLEASE JOIN US!

2019-2020 General Meeting Schedule—REVISED 8/28/19

October 22, 2019—NEW DATE

November 19, 2019

January 21, 2020

March 17, 2020

May 19, 2020



**BEAVER COUNTY
FAMILY ENGAGEMENT GROUP**

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Naomi Galman

L.I.C.C. Parent Co-chair



<https://www.facebook.com/groups/bcfamilyengagement/>

Approved Statewide Provider Listing, Revised February 2018

As a family member choosing a provider, you have the right to choose any provider from this list with the stipulation that the provider be willing and have the ability/resources to deliver services in your county of residence.				
County	Provider Name	Address	Phone Number	Service(s) Provided
Beaver Cont'd	Positive Steps Therapy, LLC.	5465 Route 8 Gibsonia, PA 15044	(724) 444-5333	Occupational Therapy Physical Therapy Speech Therapy Special Instruction Nutrition
	RehabLinks	20 Freeport Street Delmont, PA 15626	(888) 546-5751	Evaluation Services
	TEIS Early Intervention	Three Parkway Center East 2020 Ardmore Blvd., Suite 295 Forest Hills, PA 15221	(412) 271-8347	Evaluation Services Physical Therapy Special Instruction Nutrition Occupational Therapy Speech Therapy
	Therapy House	4100 7th Street New Kensington, PA 15068	724-493-2540	Physical Therapy Occupational Therapy Speech Therapy Special Instruction Special Instruction Nutrition
	Western Pennsylvania School for the Blind	201 North Bellefield Avenue Pittsburgh, PA 15213	(412) 621-0100	Special Instruction-Vision
	Western Pennsylvania School for the Deaf/Choices for Children	300 East Swissvale Avenue Pittsburgh, PA 15218	(412) 244-4235	Special Instruction-Hearing

The complete statewide provider list is available at:
www.education.pa.gov/.../Early%20Intervention%20Provider%20lis.pdf
 or a hard copy may be requested.

If you do not choose a provider, a provider will be assigned to you.

Approved Statewide Provider Listing, Revised February 2018

As a family member choosing a provider, you have the right to choose any provider from this list with the stipulation that the provider be willing and have the ability/resources to deliver services in your county of residence.

County	Provider Name	Address	Phone Number	Service(s) Provided
Beaver	Achieva	711 Bingham Street Pittsburgh, PA 15203	(724) 837-8159 X 132	Special Instruction Occupational Therapy Physical Therapy Speech Therapy Independent Assessment
	Allegheny Valley Institute For The Development of Learning (AVID)	1607 3rd Street, 3rd Floor Beaver, PA 15009	(724) 728-1666	Speech Therapy Occupational Therapy Physical Therapy Behavior Special Instruction
	Community Care Connections, Inc.	114 Skyline Drive Butler, PA 16001	(724) 283-3198	Occupational Therapy Physical Therapy Speech Therapy Special Instruction Nutrition
	Early Intervention Specialists, Inc.	9800 B McKnight Road, Suite 150 Pittsburgh, PA 15237	(412) 364-2446	Special Instruction Occupational Therapy Physical Therapy Speech Therapy Nutrition
	HAP Enterprises, Inc. (Tiny Tot Child Development Center, Inc.)	310 Wayne Street, PO Box 567 Beaver, PA 15009	(724) 774-2677	Physical Therapy Occupational Therapy Speech Therapy Special Instruction Special Instruction Vision Audiology
	Integrated Care Corporation Inc.	371 Bethel Church Rd. Ligonier, PA 15658	724-593-7447	Occupational Therapy Speech Therapy Special Instruction
	Pediatric Therapy Professionals, Inc.	3023 Wilmington Road New Castle, PA 16105	(724) 656-8814 Toll-free: (855) 270-1397	Occupational Therapy Physical Therapy Speech Therapy Special Instruction Vision Nutrition Behavior

**Early
Childhood
Resources
In
Beaver County**



Beaver County Behavioral Health

Early Intervention Services~ Birth - Age 3

724-891-2827

Beaver Valley Intermediate Unit

Early Intervention Services~ Ages 3-5

724-728-3730

Beaver County Head Start

Preschool for children over age 3

724-728-2110

Early Head Start program for prenatal to age 3

724-240-1575

(ELRC) Early Learning Resource Center 3

An Early Learning Resource Center (ELRC) is a partner with the PA Office of Child Development and Early Learning. The ELRC offers supports for early learning programs and helps families access quality early learning programs, including Child Care Works, the subsidized child care program.

724-847-0145

Childline

Report suspected child abuse

1-800-932-0313

Pennsylvania WIC

Nutrition program for pregnant mothers and children up to age 5

1-800-WIC-WINS

PA CHIP Health Insurance Program

1-800-986-KIDS or www.chipcoverspakids.com

Beaver County Assistance Office

724-773-7300 LIHEAP 724-773-7495

Apply for benefits:

www.humanservices.state.pa.us/compass.web

Macaroni Kid

You can find a list and schedule of events and activities throughout the county

www.BeverValley.MacaroniKid.com

Beaver County YMCA

724-847-2200 or www.beavercountyyymca.org

Beaver County Library System

724-728-3737 or www.beaverlibraries.org

Adult Literacy Action, Penn State Beaver

724-773-7810 or www.adultliteracy.org

Keystone STARS Providers in Beaver County

1-800-860-2281 or www.pakeys.org

Pennsylvania's Promise for Children

www.papromiseforchildren.com

The H.O.P.E. Learning Center

Baden and Wexford

Social skills groups, parent support groups,

therapies 724-933-HOPE or

www.thehopelearningcenter.com

Lifeline

Caring and Confidential help for pregnancies

724-728-5651 or www.lifelineofsouthwestpa.org

Tower of Hope

724-544-4894

Also on Facebook, "Tower of Hope, Inc. Pregnancy and Family Support Center"

Social Security Administration

1-800-772-1213

Apply for benefits: www.socialsecurity.gov

PA Parent to Parent

1-888-727-2706 or www.parenttoparent.org

Free vision assessment for babies

6 to 12 months old

1-888-396-3937 or www.infantsee.org

M.O.P.S.

Groups meet in a variety of locations including
Chippewa Mt. Olive Church or Chippewa Evangelical
Free Church

www.mops.org

Beaver County Moms

Families set up play groups and have chat rooms/
discussion boards

www.beavercountymoms.com

Social Butterflies Playgroup

The Early Learning Institute (TELI)

90 Grant St, Kennedy Township 15108

412-331-3560

Zelienople Toddler Time

Families set up playgroups and you can join on

Facebook www.meetup.com/Zelienople-Toddler-Time/

Tumbleweeds Gymnastics

724-846-5782 or www.arcadiagymnastics.com

Monaca Turners Gymnastics

724-774-2077 or www.monacaturnersgymnastics.com

Facebook Groups:

Beaver County Play date Meet-ups

Beaver County Area FB Kids Flea Market

Beaver County Area FB Misc. Flea Market

Beaver County Early Intervention

Early Intervention Family Resources

The Bureau of Early Intervention Services and Family Supports, Office of Child Development and Early Learning (OCDEL), supports families in meeting the developmental needs of their children. To enhance families' skills, the Bureau has a range of resources for families in Early Intervention.

CONNECT Helpline

Early Intervention Services (EI) are provided for eligible children with developmental delays and their families. To learn more about EI, contact the CONNECT Helpline at 800-692-7288, connecthelp@tiu.11.org, <https://www.papromiseforchildren.org/>

Parent to Parent of Pennsylvania

Parent to Parent of Pennsylvania (P2P of PA) links families of children and adults with disabilities or special needs on a one-to-one basis with a Peer Supporter for support and information. P2P of PA can match for physical disabilities, developmental disabilities, special health care needs, behavioral/mental health concerns, foster care or adoption, and educational issues. Services are free and confidential. Contact: P2P of PA, 1-888-727-2706, www.parenttoparent.org

Hands & Voices Guide By Your Side™

Hands & Voices Guide By Your Side (GBYS)™ of PA is a specialized parent support program that links families of infants and toddlers newly identified with deafness and hearing loss in Pennsylvania with trained and experienced Parent Guides. Parent Guides are other parents of children with deafness and hearing loss who provide unbiased information, emotional support, and a perspective of optimism and hope on a shared journey. Services are free and confidential. GBYS™ is funded through the PA Department of Health in partnership with the OCDEL. Contact: Anne Gaspich, 800-360-7282 (in PA only) or 717-580-0839, agaspich@pattan.net; <http://www.paearlyhearing.org/families/diagnosed/item/70>

Competence and Confidence Partners in Policymaking Early Intervention (C2P2EI)

C2P2EI is an leadership training program for parents of children in Early Intervention. C2P2EI provides up-to-date information on best practices, resources, and policy issues. Contact: <http://disabilities.temple.edu/programs/leadership/c2p2ei.shtml> or by phone at 215-204-1772.

Parents as Partners in Professional Development (P3D)

P3D brings together families of children who have received Early Intervention services with opportunities to contribute to professional development. In certain instances, OCDEL is able to reimburse families for expenses and provide honorariums. Contact: Mary Mikus, 800-441-3215 x 7277, mmikus@pattan.net www.eita-pa.org/information-and-resources-for-families

continued

Early Intervention Family Resources (cont.)

Professional Development

The Bureau of Early Intervention Services and Family Support provides professional development on a variety of topics. Family members are always welcome in these events. Professional development is provided statewide through Early Intervention Technical Assistance, part of the Pennsylvania Training and Technical Assistance Network. To learn more about training in your area, contact your local Early Intervention program or go to <http://www.eita-pa.org/> or www.pattan.net.

Pennsylvania Parent Centers

Federally-funded Parent Centers are available to provide information, resources, and training opportunities to educate families about all aspects of Early Intervention and special education (from birth to age 21).

Parent Education and Advocacy Leadership Center (PEAL)

The PEAL Center helps parents with individual information, technical assistance and training, including leadership training for families for children with disabilities and special health care needs. PEAL also helps families with access to health care, health insurance, and services at home and in the community through the PEAL Family to Family Health Information Center.

Contact: www.pealcenter.org; 1-866-950-1040

Hispanos Unidos para Niños Excepcionales (HUNE)

HUNE serves, but is not limited to, Spanish-speaking families across the state. Contact: www.huneinc.org, 215-425-6203

Mission Empower

Mission empower serves Erie County families who have children with the full range of disabilities, from birth to age 26 through individual assistance, advocacy, training and facilitation of parent involvement in their child's school. Contact: (855) 825-0788, advocate@missionempower.org, www.missionempower.org



Because I have been
where you are...
I offer...

My listening ears...



My experience...



My time...

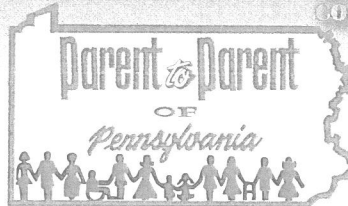


My heart...

Linking families of
children and adults with
disabilities or special needs

Call Us...

Our services
are free and
confidential.



1-888-727-2706

www.parenttoparent.org

How can we make a difference?

Parent to Parent of Pennsylvania links parents and family members of children and adults with disabilities or special needs on a one-to-one basis according to conditions or concerns.

- Parent to Parent of Pennsylvania can connect you to one of the Affiliate Parent Support Programs that we administer: see listings on website
- Parent to Parent of Pennsylvania helps parents or family members locate a support group that meets their needs.
- Parent to Parent of Pennsylvania provides technical assistance to local support and mentor groups.
- Parent to Parent of Pennsylvania currently has over 1900 volunteer Peer Supporters (mentors).

Parent to Parent of Pennsylvania is funded by the Pennsylvania Department of Education and Department of Human Services; Office of Child Development and Early Learning.



Member of the Parent to Parent Alliance. Committed to Parent to Parent USA Endorsed Practices

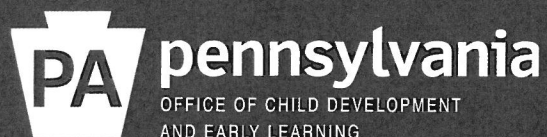
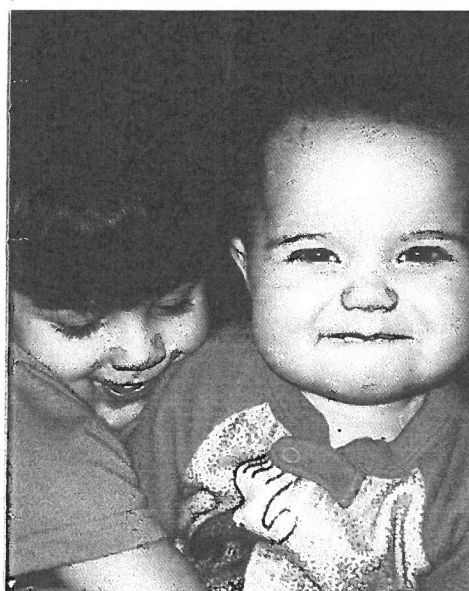
A program of the Tuscarora Intermediate Unit 11.

www.parenttoparent.org

Parents and Family members of children and adults with disabilities or special needs may be matched for the following conditions or concerns:
(please note: list is not inclusive)

- Physical disabilities
- Developmental disabilities
- Special health care needs
- Behavioral/mental health concerns
- Foster care or adoption
- Educational issues

A Family's Introduction to Early Intervention in Pennsylvania



OFFICE OF CHILD DEVELOPMENT
AND EARLY LEARNING

At A Glance: Phone Numbers to Contact

**My child is receiving supports and services
through the Early Intervention program.**

Service coordinator: _____

Phone: _____

Infant/toddler Early Intervention program representative: _____

Phone: _____

Preschool Early Intervention program representative: _____

Phone: _____

Teacher name: _____

Agency: _____

Phone: _____

Therapist name: _____

Phone: _____

Other name: _____

Agency: _____

Phone: _____

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"Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof, or many. A family can be as temporary as a few weeks, or as permanent as forever. We become a part of a family by birth, adoption, marriage, or from a desire for mutual support... A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity... Our families create neighborhoods, communities, states, and nations."

Source: REPORT OF THE HOUSE MEMORIAL 5 TASK FORCE ON YOUNG CHILDREN AND FAMILIES, (1990), NEW MEXICO

Welcome

When you think of your child and how he or she is growing, you notice things like how soon he or she smiles, sits up, rolls over, or how well he or she walks, talks, holds a spoon, and feeds himself or herself. Children learn naturally during this time by watching you and other children, and by being taught how to do different things. Because you know your child so well, you might notice that he or she is growing or developing differently than a cousin, brother or sister at that age. What you are noticing are changes in development. Children develop in five primary areas:

- Ability to move, see, and hear—physical development
- Ability to talk, understand, and express needs—language and speech development
- Ability to relate to others—social and emotional development
- Ability to eat, dress, and take care of oneself—self help (or adaptive development)
- Ability to think and learn—cognitive development

While all children grow and change at their own rate, some children can experience delays in their development. Sometimes this can be cause for concern.



My 2-year-old daughter, Rose, was born prematurely and with Trisomy 21. The days following her birth were difficult and overwhelming. At the time, the only thing I knew for sure was that I did not know enough to be able to help her grow and thrive. What actually went through my mind one night was - to paraphrase a quote from the movie, Jaws - "We need a bigger boat!" For my family, Early Intervention was the bigger boat. The exchange of ideas, different strategies, and the ability to share concerns, hopes and goals with the therapists was life-saving for us, especially me. The services we continue to receive have made me more confident in my parenting abilities. Early Intervention provides tools for the entire family, not just the child receiving services.

Karen, Delaware County

What is Early Intervention in Pennsylvania?

Early Intervention in Pennsylvania consists of services and supports designed to help families with children who have developmental delays or disabilities. Early Intervention builds upon the natural learning occurring in those first few years. It is a process that promotes collaboration among parents, service providers, and others significantly involved with your child.

Early Intervention:

- Helps children with disabilities develop and learn to their fullest potential
- Enhances each family's capacity to meet the developmental needs of their child in the settings where children would be if they did not have a disability

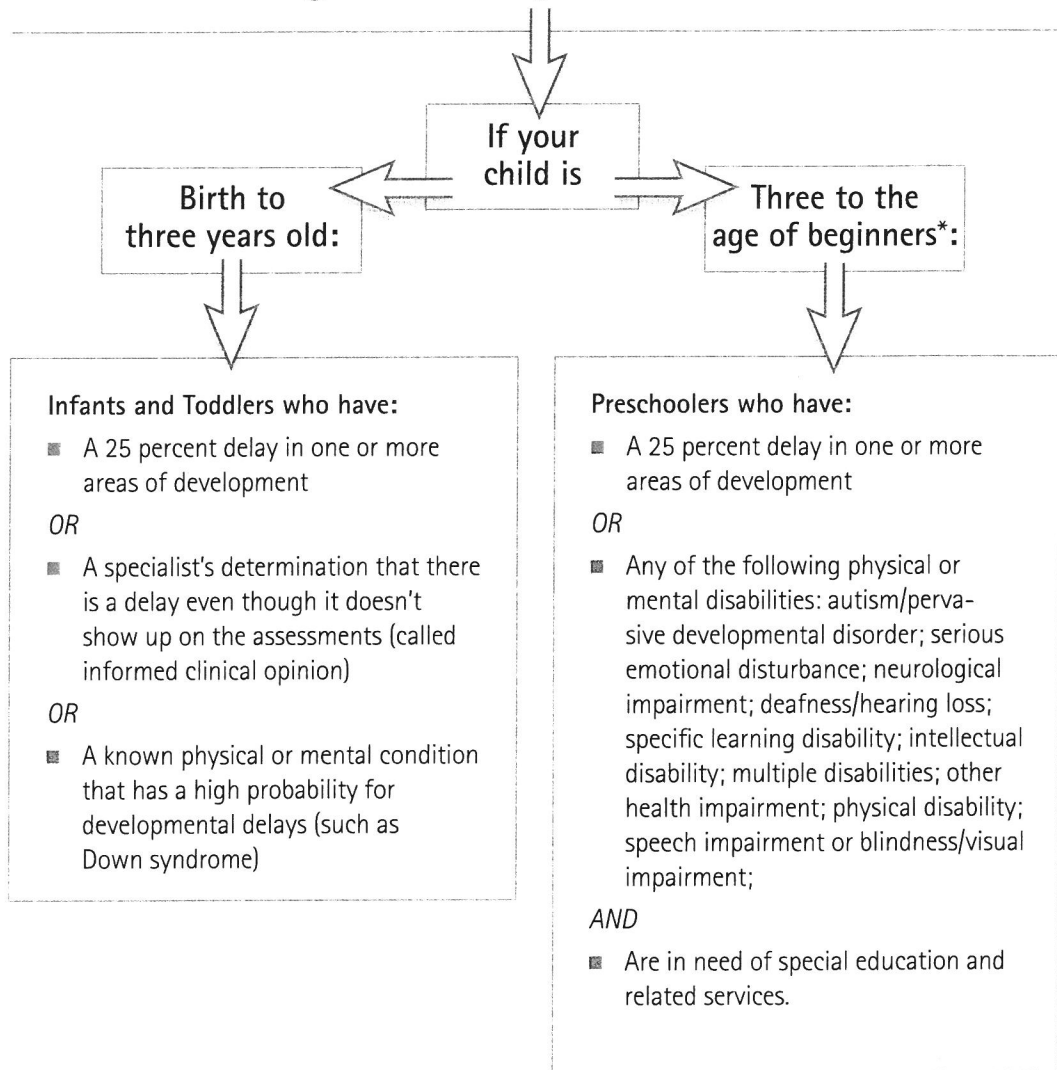
- Respects the family's strengths, values, diversity and competencies and answers families' questions about their child's development
- Supports communities to become more aware of the gifts and abilities of all its children
- Helps prevent the need for more and costly intervention in the future

What are Early Intervention supports and services?

Early Intervention supports and services are provided at no cost to families. Early Intervention services can include: information about how children develop, parent or caregiver education, family supports, and developmental and instructional therapies that assist in child development. Early Intervention is individualized and provides supports to the child and family at home and in the community and is individualized to enhance the child's growing and learning. When a child attends an early care and education setting, Early Intervention can assist the early childhood staff with strategies to promote the child's development. Early Intervention can also assist families to link to a variety of community services and supports.

You are the expert about your child. The recommendations or suggestions that you have for your child and family are uniquely yours. Sharing them with other members on your Early Intervention team allows others to know what is important to your family. This information will help your Early Intervention team to create meaningful individualized services and supports.

Who is eligible for Early Intervention services?



Through a unique collaboration between the Pennsylvania Departments of Education (PDE) and Human Services (DHS), the Office of Child Development and Early Learning (OCDEL) administers the commonwealth's Early Intervention program for eligible infants, toddlers and preschoolers.

At a local level, the infant/toddler Early Intervention programs administer the services for children from birth to three years of age. OCDEL contracts services through intermediate units (IUs), school districts, and private agencies for local services to preschoolers from three years of age to the age of beginners.*

* Age of entrance into first grade

Where do I start?

Screening

Your first contact with the Early Intervention program may include a screening of your child's development. A screening is a quick and easy process, usually just a few questions about your child's development. The screening helps to determine if an evaluation is needed. You may request a multidisciplinary evaluation at any point during the screening process.

Evaluation

If there are concerns about your child's development, a multidisciplinary evaluation will be conducted to determine your child's eligibility for Early Intervention supports and services.

The evaluation will only occur with your written permission. You will be given a consent form to indicate that you understand and agree to the evaluation.

Planning for an evaluation begins with a team; you and your service coordinator or representative from the Early Intervention program. Other team members may participate as appropriate for your child and family's needs. **You are the expert on your child** and your participation as a member of the team is very important.

How to prepare for the evaluation:

- Think about your child and any questions or concerns you might have related to his or her development.
 - Be prepared to share information about activities that are challenging for your child and family to participate in at home, in the community, and at child care or preschool, as well as what your child and family enjoys doing together.
 - Think about where your current support comes from, for example, your extended family, a faith community, your neighborhood, a parent group, etc.
- The evaluation will look at all areas of your child's development. During the evaluation, you and members of the team will talk about the good things your child is doing as well as identify any concerns. The evaluation will also determine the strengths and needs of your child and family.
- If your child is determined eligible, the information from the evaluation will help the team know what is important to your family and will help create meaningful individualized services.
- Inform the service coordinator or your Early Intervention contact person if you need an interpreter or other assistance.
 - Be ready to share information that you think is important: current health reports, medical records, a baby book, growth chart, or other evaluations or reports.

IFSP—Individualized Family Service Plan IEP—Individualized Education Program

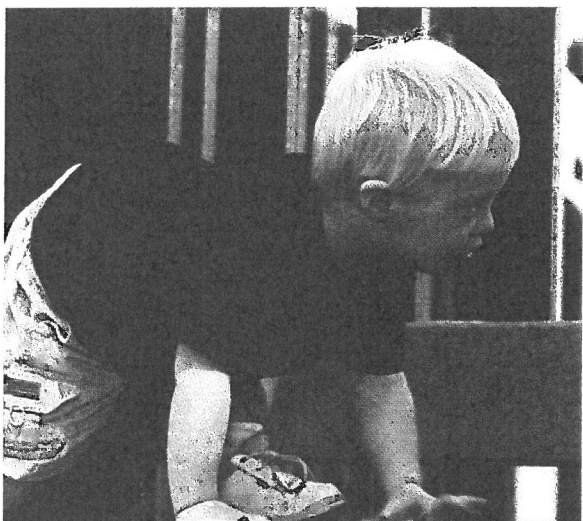
If your child is eligible, the Early Intervention team, including you, will move to the next step; the development of a written plan. The written plan for infants and toddlers is called the Individualized Family Service Plan (IFSP) and for preschool children it is called the Individualized Education Program (IEP).

Who develops the IFSP or IEP?

With your service coordinator or representative from the Early Intervention program, you help develop the IFSP or IEP. **You are an equal partner on the team.** As the parent and expert on your child, your knowledge of your child is important to the development of the IFSP or IEP.

How is the IFSP or IEP developed?

Your IFSP or IEP team will meet together and discuss the information gathered from the evaluation about your child's strengths and needs. The plan meeting is your opportunity to share ideas for your child and family with other members of the team. It is also your opportunity to share information about your daily routines, preferred activities, and activities that are challenging for your family. This information will provide your team with ideas about how to target Early Intervention supports and services to meet your child's and family's needs.



We are grateful for the support, kindness, guidance, understanding and ideas to help our son, Alex. We learned about the importance of working as a team to help him and have been thankful for this program ever since.

Nancy, Montgomery County

An IFSP or IEP must include:

- A statement of your child's level of development
- With your consent, a statement of the family's strengths, priorities and concerns as they relate to your child's development
- Information or assistance to help you access community resources
- Special considerations that relate to vision, hearing, challenging behaviors, communication and needs related to assistive technology or transitions
- The measurable goals or outcomes expected for your child and family, as well as how and when it is hoped they will be achieved
- A description of Early Intervention services that are to be provided, as well as in what setting they will occur
- A statement of when services are expected to begin and how long they will continue
- The name of your service coordinator or Early Intervention contact person
- A written plan for transitions as your child's needs change
- The date when the IFSP or IEP will be reviewed



IFSP or IEP *(continued)*

Where are IFSP or IEP services provided?

Early Intervention services must be delivered in settings that are consistent with the needs of your child and family. To the maximum extent appropriate, services and supports are provided in environments, including the home and community settings, in which children without disabilities participate.

Early Intervention supports and services are embedded in the learning opportunities that exist within your typical routines in the home, community and/or child care/preschool programs. Early Intervention services should support the child's participation in the typical routines of family and community life.

When do Early Intervention services and supports start?

Early Intervention services must start no later than 14 calendar days from the date you agree to the services described on the IFSP or IEP, unless you and the team recommend a later date.

You may request an IFSP or IEP meeting to discuss the potential need for changes at any time by getting in touch with your service coordinator or contact person.

How to prepare for the IFSP or IEP:

- Identify your child's unique qualities and strengths.
- Think about what you and your family want for your child now, and in one, two, or five years from now or even as an adult.
- Identify the questions you have regarding your child. All questions are important. For example: Why is she so fussy? Why is he so quiet? Is that ok? Is that a concern?
- List what you and your child really enjoy doing such as: playing with water or sand, watching TV, or going for walks. This will help you and the team identify how you can use these routines to help your child develop and grow.
- Consider the special needs your child has. Think about what your child might need to reach his or her full potential: adaptive equipment, feeding or self-help skills, help to move around, or help to communicate.
- Consider issues for which you would like help in finding the solution. For example, do you as a family like to go to the beach, but you're concerned about how to take your child?

Transitions for you and your child

Transitions occur in our lives all the time in many different ways. Changes in our jobs or homes are examples. While receiving Early Intervention services, you and your child experience transitions as well.

Transition in Early Intervention services means movement from one program to another, such as:

- From the hospital to your home
- From an infant/toddler Early Intervention service to a preschool Early Intervention service
- From Early Intervention services to other early care and education settings such as Head Start or child care programs
- From preschool Early Intervention services to kindergarten or first grade

Planning a successful transition

As a very important part of the team, you need to know all the options—ask questions:

- What is needed for my child?
- What is available?
- Who is involved?
- Where are they?
- When is this transition going to occur?
- How will the transition occur?
- What activities will help my child adjust to the transition?
- How can my family and child be supported through this change?

Early Intervention transition meetings

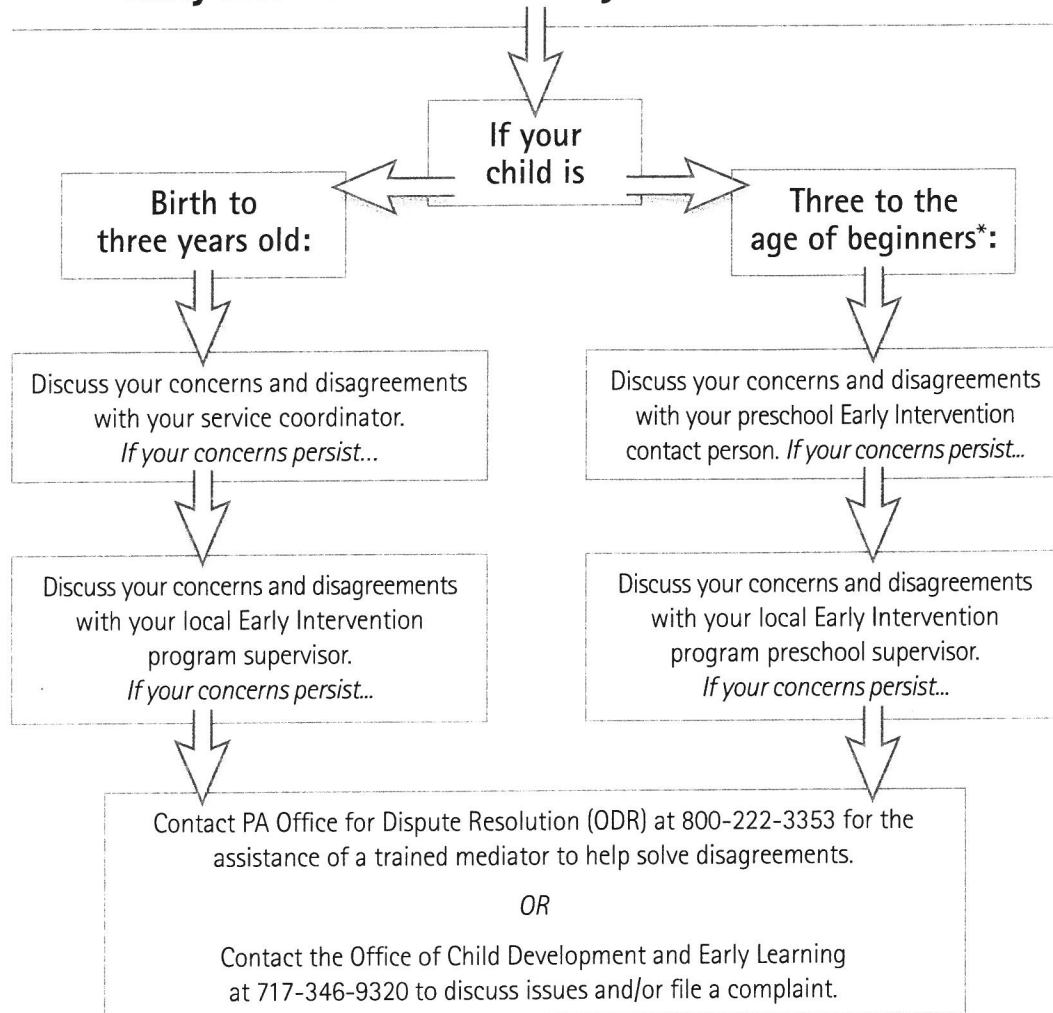
If your child is in the infant/toddler Early Intervention program, the year before your child's third birthday, the Early Intervention program will invite you to a transition meeting to discuss options. The transition meeting should occur 90 days before your child's third birthday.

If your child is in the preschool Early Intervention program, during the year before your child is eligible for kindergarten or first grade, the Early Intervention program will invite you to a transition meeting to discuss options for your child. This transition meeting must occur before the end of February. If your child is kindergarten/school age, the funding for services is the responsibility of the local school district.

Sharing information during transitions

Sharing information is key to a successful transition. To help with transition planning, the Office of Child Development and Early Learning (OCDEL) provides local Early Intervention preschool programs with information on infants and toddlers in the Early Intervention program who will be turning 3 in the upcoming year. This information includes the child's name, date of birth, and parent contact information. This information is provided as required by federal regulations and helps to make sure that all children who are potentially eligible for Early Intervention services have been identified. Your written permission is required to share any additional information with the Early Intervention preschool program.

What do you do if you are not satisfied with the Early Intervention services your child receives?



You may request a due process hearing conducted by the Office for Dispute Resolution at any time by:

- Contacting your service coordinator at the infant/toddler Early Intervention program if your child is under three years of age; or
- Contacting your preschool Early Intervention program supervisor and putting your request in writing if your child is three years of age or older; or

- Calling ODR at 800-222-3353 or visit the ODR website at <http://odr-pa.org>.

If you have any questions about which process to follow, call one of the phone numbers listed above. Persons who are deaf or hard of hearing may access all numbers by dialing 800-654-5984 or 711 through the PA Relay Service.

* Age of entrance into first grade

Where to go for more information

Parent to Parent of Pennsylvania (P2P of PA)

888-727-2706 (toll free)

Email: info@parenttoparent.org

www.parenttoparent.org

Parent to Parent of Pennsylvania links families of children and adults with disabilities or special needs on a one-to-one basis with a peer supporter for purposes of support and information. Services are free and confidential.

Competence and Confidence Partners in Policymaking Early Intervention (C2P2EI)

215-204-3031

Email: iod@temple.edu

<http://disabilities.temple.edu/programs/leadership/c2p2ei.shtml>

C2P2EI is an innovative leadership training program for parents of children in Early Intervention. C2P2EI provides up-to-date information on best practices, resources, and policy issues.

Disability Rights Network of Pennsylvania (DRN)

800-692-7443 (Harrisburg)

215-238-8070 (Philadelphia)

412-391-5225 (Pittsburgh)

Email: intake@drnpa.org

www.drnpa.org

DRN is a statewide, nonprofit corporation designated as the federally mandated organization to advance and protect the civil rights of adults and children with disabilities.

Education Law Center

215-238-6970 (Philadelphia)

412-258-2120 (Pittsburgh)

www.elc-pa.org

The Education Law Center is a nonprofit legal advocacy and educational organization, dedicated to ensuring that all of Pennsylvania's children have access to a quality public education.

Hands and Voices Guide By Your Side (GBYS)

800-360-7282 (PA Only)

Email: agaspich@pattan.net

<http://www.paearlyhearing.org>

GBYS is a specialized parent support program that links families of infants and toddlers identified with deafness and hearing loss with trained and experienced parent guides. Parent guides are other parents of children with deafness and hearing loss who provide unbiased information and emotional support. Services are free and confidential.

Where to go for more information *(continued)*

Hispanos Unidos para Niños Excepcionales (HUNE) (Hispanics United for Exceptional Children)

215-425-6203 (Voice)
www.huneinc.org

HUNE is a not-for-profit organization that provides free, bilingual English and Spanish training and technical assistance to parents of infants, children, and youth with disabilities and to professionals who work with children.

Local Interagency Coordinating Councils (LICCs)

To contact your local LICC, call CONNECT at 800-692-7288 (for TTY, dial 711 for Relay Service) or email CONNECTHelp@tiu11.org.

LICCs are local Early Intervention program councils with membership from families, infant/toddler and preschool Early Intervention programs, school districts, Early Intervention providers, and other programs. Please ask your Early Intervention program how you can get involved.

Mission Empower

1-844-370-1529
Email: advocate@missionempower.org
www.missionempower.org

Mission Empower serves Erie County families who have children with the full range of disabilities, from birth to age 26, by providing individual assistance, as well as advocacy, training, and facilitation of parent involvement in their child's school.

Office of Child Development and Early Learning (OCDEL) Bureau of Early Intervention Services and Family Supports (BEISFS)

717-346-9320
Email: RA-ocdintervention@pa.gov
www.education.pa.gov (click on Early Learning then Early Intervention)
OR
www.dhs.pa.gov for DPW Program Offices, (click on Office of Child Development and Early Learning, then Early Intervention).

Through a unique collaboration between the Departments of Education (PDE) and Human Services (DHS), OCDEL administers Pennsylvania's Early Intervention program for infants, toddlers and preschoolers with developmental delays or disabilities.



All of our therapists communicated with each other and provided a coordinated, comprehensive plan for our child. This helped to ensure that we got the most out of this critical time for our child and that she was prepared for preschool.

Marquitha, Chester County

**Parent Education and Advocacy Leadership
(PEAL) Center**

866-950-1040 (toll free)
412-281-4404 (Voice) / 412-281-4409 (TTY)
Email: info@peal.org
www.pealcenter.org

The PEAL Center provides training and information for parents and friends of children with disabilities, educators, health care and community service providers, and advocates. The PEAL Center serves western and central Pennsylvania.

**Parents as Partners in Professional
Development (P3D)**

800-441-3215 x7277
Email: mmikus@pattan.net

P3D links family members to Early Intervention professional development and pre-service opportunities. Families share their insight and expertise in such roles as co-presenters, university guest lecturers, and publication reviewers.

Pennsylvania Office for Dispute Resolution (ODR)

1-800-222-3353
Email: odr@odr-pa.org
www.odr-pa.org

ODR provides the resources for parents and educational agencies to resolve disputes concerning the identification, evaluation, educational placement, or the provision of service for infants, toddlers, preschool children, and students with disabilities served by the Early Intervention or special education system. These services include mediation, IFSP & IEP facilitations, and due process hearings.

**Pennsylvania Training and Technical
Assistance Network (PaTTAN)
Early Intervention Technical Assistance (EITA)**

PaTTAN works collaboratively with intermediate units in the area of professional development, technical assistance, and information dissemination to support school districts throughout the Commonwealth. Early Intervention Technical Assistance (EITA) works collaboratively with Early Intervention programs for children with developmental delays/disabilities. EITA is the birth to school age component of PaTTAN.
www.pattan.net

PaTTAN Harrisburg

800-360-7282
or 717-541-4960

PaTTAN East

800-441-3215
or 610-265-7321

PaTTAN Pittsburgh

800-446-5607
or 412-826-2336

Appendix

Individuals with Disabilities Education Improvement Act of 2004 (IDEA)

In Pennsylvania, the Office of Child Development and Early Learning, Bureau of Early Intervention Services, administers both Part C and Part B of the federal law IDEA.

Part C

- Provides services for eligible infants and toddlers and their families from birth until the child's third birthday
- Services are developed by a team and written into an Individualized Family Service Plan (IFSP)
- Services are delivered in a natural environment for the child and family

Part B

(Section 619 is the Preschool Section)

- Provides services for eligible young children and their families from age three to the age of beginners (start of first grade)
- Services are developed by a team and written into an Individualized Education Program (IEP)
- Services are delivered in the least restrictive environment

Pennsylvania Act 212: Early Intervention Services System Act of 1990:

PA-Act 212, the state statute for Early Intervention services, requires the Departments of Education and Human Services to ensure that:

- Eligible young children (birth until the age of beginners) and their families receive Early Intervention services and programs
- Appropriate services under public supervision that are designed to meet the developmental needs of eligible children are available
- Services specifically designed to address the needs of the family to enhance their child's development are provided



Family Educational Rights and Privacy Act (FERPA)

The following information summarizes your rights and privileges under the Family Educational Rights and Privacy Act of 1974 (FERPA). This is a federal law which protects the confidentiality of a child's educational records by limiting their disclosure. FERPA guarantees parents certain rights which are described below.

1. **Access to records:** You have the right to inspect and review your child's records and to receive a copy of the records.
2. **Amend information in records:** You have the right to request that your child's Early Intervention records be changed if they are inaccurate or misleading, and to have a hearing if that request is refused.
3. **Disclosure of personally identifiable information:** Generally, the Early Intervention program must have written permission from the parent in order to release any information from a child's educational record. However, FERPA allows Early Intervention programs to disclose those records, without consent, to the following parties or under the following conditions:
 - a. Early Intervention officials with legitimate educational interest
 - b. Dissemination of directory information (e.g., child's name, DOB, and parent contact information)
 - c. Other Early Intervention program to which a child is transferring
 - d. Specified officials for audit or evaluation purposes
 - e. Organizations conducting certain studies for or on behalf of the Early Intervention program
 - f. To the courts to comply with a judicial order or lawfully issued subpoena
 - g. Appropriate officials in cases of health and safety emergencies
4. **Complaints:** If you believe that the Early Intervention program is not complying with FERPA or not guaranteeing you your rights outlined above, you may file a letter of complaint with the federal office in charge of enforcing the Act at the address below:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue
Washington, DC 20202-8520
1-800-872-5327
5. **Policy:** A complete copy of the FERPA legislation is available at your request. You may receive a copy by contacting your Early Intervention program or <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Parental Consent and Notice

1. **Prior written notice:** You have the right to prior written notice before the Early Intervention program proposes, or refuses, to initiate or change the identification, evaluation, or placement of your child or the provision of Early Intervention services.
2. **Parental consent:** You must provide consent before any screening, evaluation or assessment; before Early Intervention services are provided; before public benefits or insurance or private insurance is accessed; and prior to the disclosure of personally identification information.

Appendix *(continued)*

Understanding the Early Intervention data system

The Office of Child Development and Early Learning (OCDEL), through the Bureau of Early Intervention Services (BEIS), has electronic information management systems, which are used to maintain individual child records in the Early Intervention program.

What is Early Intervention's data system?

PELICAN (Pennsylvania's Enterprise to Link Information for Children Across Networks) is the name of OCDEL's information management system. It is used to manage all the records of children receiving Early Intervention services across the Commonwealth. The information that is entered into PELICAN is based on the information families provide to service coordinators or Early Intervention service providers about their child through conversation, correspondence and meetings. The PELICAN system contains:

- Demographic information about children (i.e. name, address, contact information, date of birth)
- Evaluation information
- Information about family routines and activities so that OCDEL can match the services to the child's natural settings
- Individualized Family Service Plans (IFSP) and Individualized Education Programs (IEP)
- Transition plans

To make sure there is only one identifying number assigned to each child, the Early Intervention program will ask families to provide the child's Social Security Number (SSN). The child's SSN ensures the proper identification of a child's information, especially if it already exists in other statewide data systems. This prevents

families from providing the same information repeatedly. However, providing the child's SSN is not required to receive Early Intervention services.

Why is information collected in a data system?

Child information is collected to allow for effective program management and accountability including:

- Assessing the effectiveness of Early Intervention programs and services in supporting children and families both at the state and local level
- Identifying best practices and areas for improvement at the state level
- Completing mandatory state and federal reports
- Making provider payments

What are the benefits of an electronic data system to families?

Families will not have to give the same information repeatedly as they move through the Early Intervention program. Each child record in the information management system will be assigned one identifying number. This means that each child receiving services will have only one record in the statewide data system, regardless of how they entered the system or what services they receive.

Maintaining a child's record through an information management system allows the record to be accessible to his/her IFSP or IEP team. It also allows for a smooth exchange of information when a child transitions from one program to another, as the child's record may be shared quickly with a new program (with parental consent).

Data systems promote and assure:

- Quality services for children
- Program accountability to ensure all resources are used wisely and effectively
- Anticipation of changing needs
- Continuity of data across programs

Who has access to a child's information?

Child information contained in the information management system is kept confidential and only persons authorized by federal and state confidentiality, privacy, and security laws have access to the records. Data in PELICAN is protected by security protocols, which require secure and encrypted servers, unique user names with strong passwords and user roles that are assigned specific security roles and access. This means that:

- Only the staff directly involved with a specific child has access to that child's information.
- State personnel have limited access to child information for the purposes of monitoring the delivery of Early Intervention services.
- Information about a child will not be shared outside a program, except as permitted by law with parental consent.

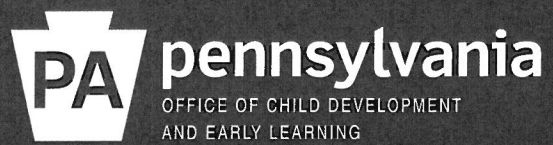
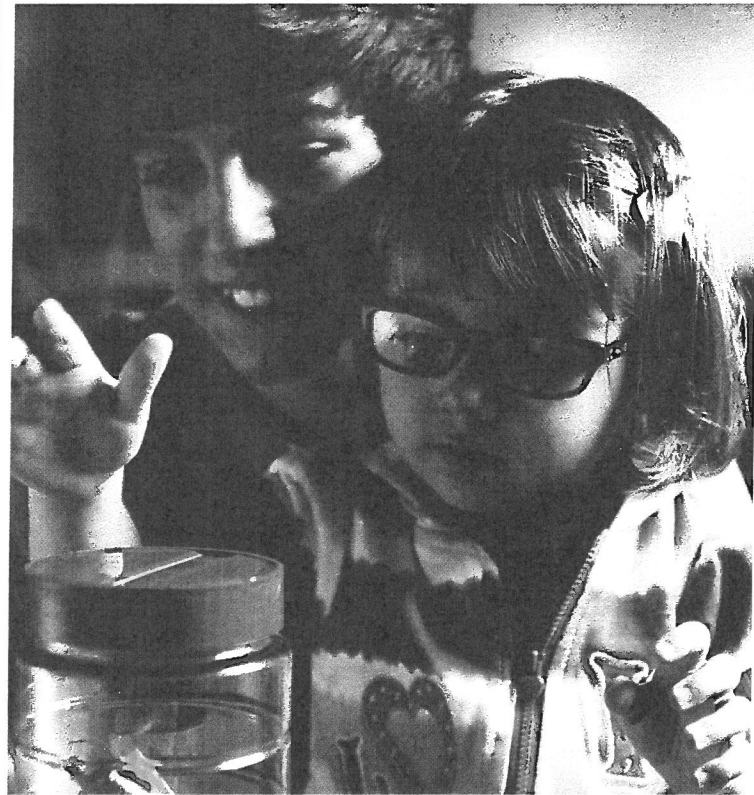
- Families have the right to inspect and review Early Intervention records relating to their child and request an amendment to inaccurate information in a record. A copy of a child's record is also available to families upon request and is kept for a period of four years.
- As permitted by law, for transition purposes, a child's name, date of birth and parent contact information will be shared with the preschool Early Intervention program during a transition year to assist with planning purposes.

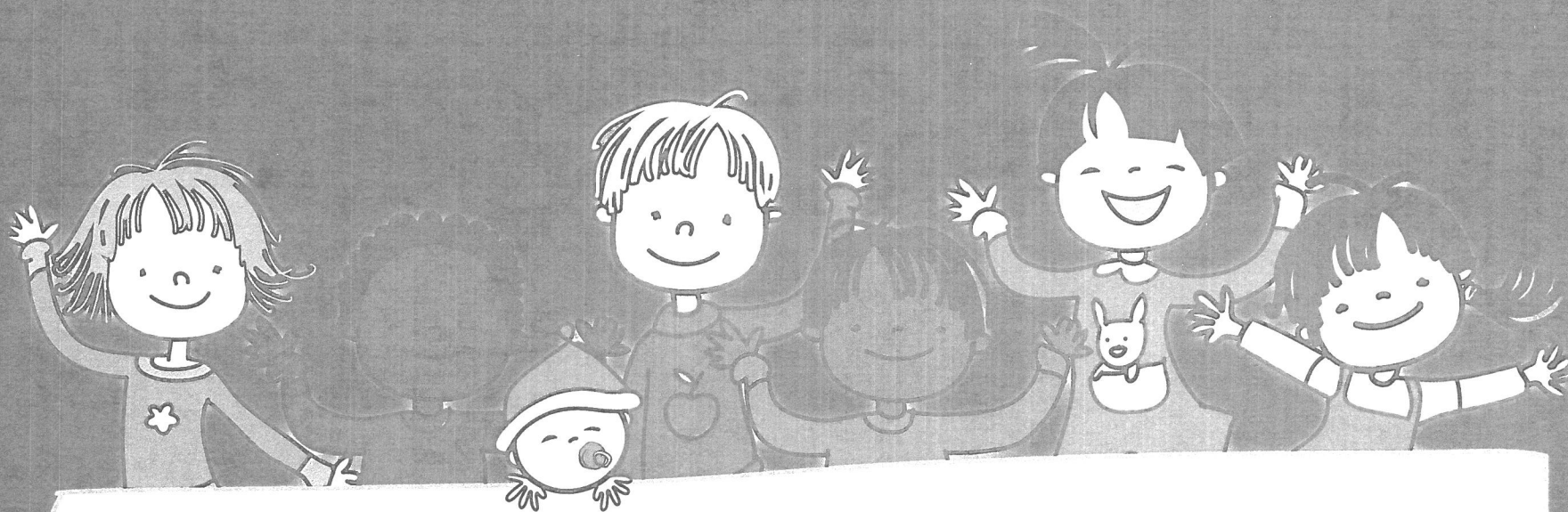
Who should families contact with questions about their child's record in these data systems?

Families should call their child's service coordinator or preschool Early Intervention supervisor should they have any concerns regarding the collection of child information in PELICAN. Families may also contact OCDEL by calling 717-346-9320.

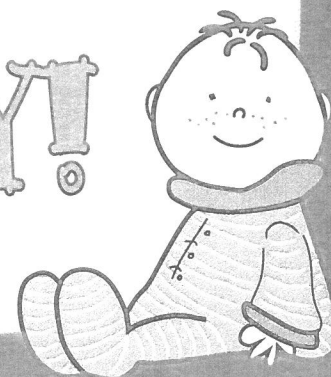
Credits:

Early Intervention Technical Assistance (EITA) is a cooperative training and technical assistance effort between the Pennsylvania Departments of Education and Human Services. EITA is administered by the Tuscarora Intermediate Unit 11. The Tuscarora Intermediate Unit 11 is an equal opportunity educational service agency and will not discriminate on the basis of race, color, national origin, ancestry, sex, disability, age, or religion in its activities, educational and vocational/programs, or employment practices as required by Title VI of the Civil Rights Act of 1964, Title IX of the 1972 Educational Amendments, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Pennsylvania Human Relations Act of 1955 as amended. For information regarding civil rights or grievance procedures, contact the Equal Rights and Opportunity Coordinator at Tuscarora Intermediate Unit 11, 2527 US HWY 522 SOUTH, McVeytown, PA 17051-9717, 814-542-2501 or 717-899-7143; TDD 814-542-2905.





EVERY DAY I LEARN THROUGH PLAY!



ACTIVITIES TO DO WITH YOUR INFANT OR TODDLER



KEY LEARNING AREAS

- ☺ Approaches to Learning
- 🎨 Creative Arts
- 📖 Language and Literacy
- 🏠 Social Studies
- ▲ Mathematics
- 🍏 Physical Health and Wellness
- 🔍 Science
- 👐 Social and Emotional

Best wishes on your new baby! Your new arrival is ready to learn. No need to buy fancy programs or expensive materials, you can help your child learn and develop using daily routines, every day interactions and play. This guide provides ideas for learning in many areas of development (outlined in the Key Learning Areas below). You are your child's first and MOST IMPORTANT teacher!

Every child grows and learns new things at his or her own pace. Children may vary as much as 6 months in some of the things they are able to do. Children developing new skills need lots of practice, therefore, the activities in each age range can be used over and over again. You might notice that some activities are intentionally repeated in various age levels.

The activity guide is designed around key routines. Each routine provides multiple opportunities for interactions with adults and materials.

- ✧ **Let's Eat:** mealtimes, snack times, eating out.
- ✧ **Let's Get Clean:** bathing, diapering, toileting, grooming and dressing.
- ✧ **Let's Go:** travel, running errands, taking walks, exploring outdoors, vacations, body movement.
- ✧ **Let's Share Words and Stories:** reading, orally telling stories, acting out stories, pretend play, drawing and other forms of expression
- ✧ **Let's Say Hello/Goodbye:** transitions you and your child will make including transitioning between activities, cleaning up, visiting with a babysitter or going to child care
- ✧ **Let's Rest:** nap time, bed time and down time.

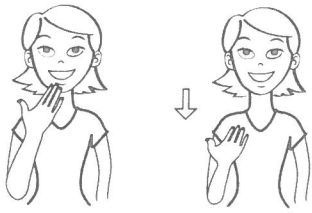


If you have any concerns about your child's development, call your local Early Intervention programs or CONNECT (1-800-692-7288) and talk with a child specialist.

Activities are linked with Pennsylvania Learning Standards for Early Childhood which define the skills and concepts children should know and do at various stages. For more information on the Learning Standards and to access other important information regarding your child's early education, go to www.pdesas.org/ocdel and check out the "For Families" tab.

This activity book is made possible through the support of...





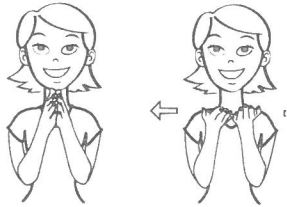
THANK YOU



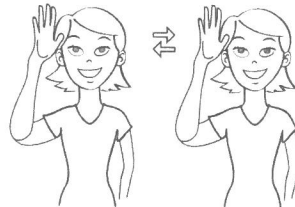
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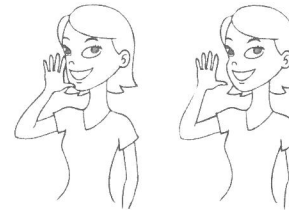
PLEASE



BOOK

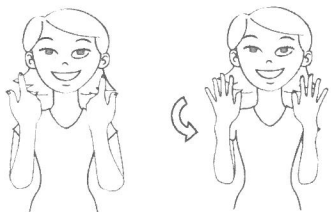


DADDY

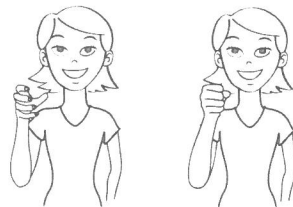


MOMMY

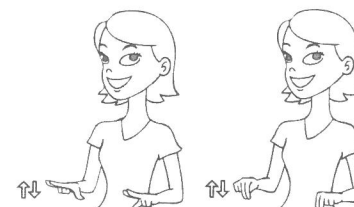
Using sign language with young children is a simple way to give your child a way to express his/her message.



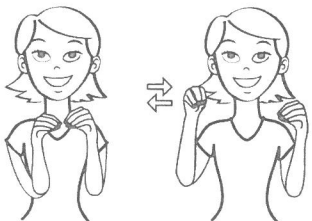
FINISHED/ALL DONE



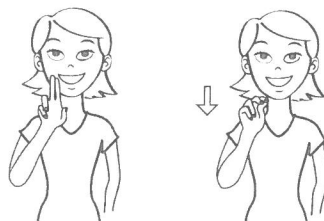
MILK



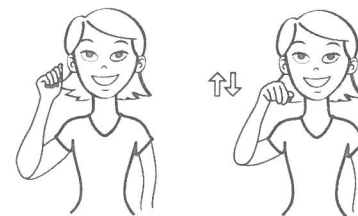
DIAPER



MORE



NO



YES

Children are able to understand language before they are able to speak it. Imagine you have something to say, but do not have the words to say it! How frustrating! Such frustration is a major reason young children act out.

Using sign language with young children is a simple way to give your child a way to express his/her message.

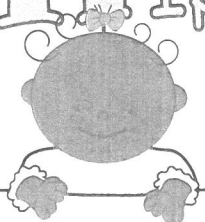
Here are a few simple signs to get you and your child "talking."



For more signs visit:

www.aslpro.com

0-3 MONTHS



MILESTONES *By end of 3 months*

- ✧ Can briefly calm self
- ✧ Smiles
- ✧ Focuses on faces
- ✧ Coos
- ✧ Turns toward sounds
- ✧ Follows things with eyes
- ✧ Acts bored (cries, fusses) if activity doesn't change
- ✧ Holds head up
- ✧ May begin to push up when lying on tummy

Let's EAT!

-  Describe your baby's signs of hunger. Describe what you are doing as you prepare for feeding, as well as during the actual feeding process. For example: "I hear you crying. That sounds like a hungry cry. Let's get ready to eat."
-  Use names for those who are interacting with and feeding your baby. For example: Daddy's feeding you today.
-  During feeding time, if your baby is alert, make "music" while making eye contact with him/her. Click your tongue, make kissing noises, whistle, hum a tune, or sing a favorite tune.

Children begin learning even before birth. Children learn through experiences with their world. Interaction is at the heart of learning and, all children benefit from spending time with adults who are close to them. From birth, infants take in their world through their developing senses. The senses of hearing, touch and smell are the most developed during the first three months of life. Sight develops significantly during these first few months, but babies in this age range focus best on items 8-12 inches away. Adult faces become a major focal point.

It may take your newborn several seconds to respond to you or he or she may not respond much at all. Be patient — you may need to keep trying or wait a while for your baby to enter an alert, responsive state.

Parentese: the sing-songy tone of voice favored by many babies.

INTERNET RESOURCES

Pennsylvania Department of Human Services www.dhs.pa.gov
*Connect with the various program within the
Department of Human Services
to get the answers you need.*

Let's GET CLEAN!

-  While changing a diaper or getting ready for a bath, gently play with your baby's toes and feet, doing light tickles. Add "This Little Piggy Went to Market" (see song list), touching a different toe per verse.
-  After bath time, give your baby's tummy a sampling of different textures. Collect an assortment of soft, touchable household objects. One at a time, brush each item ever so gently across your baby's skin, describing the sensation as you go. For example: "Feel the silky scarf? It's very slippery."
-  After bath time, warm a dime-sized squirt of baby massage oil or plain vegetable oil by rubbing it between your palms. Then gently massage it into your baby's skin. Name your baby's body parts as you gently massage each part.

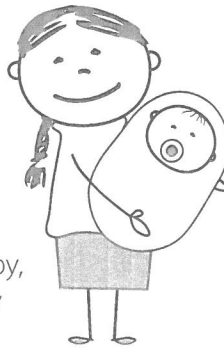


Let's GO!

🏠 Take a walk outside. Describe the things you are seeing and feeling. Stop and have a picnic.

😊 Tie or tape some ribbons, fabric, or other interesting streamers onto a wooden spoon. While walking or while riding in the back seat of the car with your baby, pull out the wooden spoon and dangle them gently over and in front of your baby's face.

🍏 Place your baby on his/her back, holding your baby's ankles, gently rotate your baby's legs as you say, "Row, Row, Row, Your Boat." (see song list)



Let's SAY HELLO - GOODBYE!

😊 Play "Now you see it, Now you don't." Show your baby a toy. Cover the toy with a cloth, asking "Where is it?" Remove the cloth with a "Here it is."

👋 Hold your baby closely or lie your baby down on a soft flat surface. Be sure to be close enough (8-12 inches) so your baby can see you. Start with small movements, like sticking out your tongue or opening your mouth in a wide grin. If you are patient, your baby may try to imitate you.

👋 Begin to establish predictable routines for diapering, bath time, bedtime, etc. Routines and rituals provide a sense of safety that is the foundation for later exploration.

Let's SHARE WORDS and STORIES!

📖 Lie your baby down on a soft flat surface. Gently tap or rub your baby's hands and fingers while singing "Pat A Cake." (see song list)

📖 Place your baby on his/her tummy (younger babies may only be able to handle a minute or two on their tummy but it is important to provide some tummy time to infants everyday). Place cardboard books or black and white pictures in front of your baby. Describe the pictures.

📖 Read aloud to your baby in a calming tone. At this age it does not matter what you are reading as long you read with expression using parentese (see above) and make frequent eye contact with your baby.

Let's REST!

😊 Create black and white images either by drawing simple patterns such as diagonals, bull's eye, checkerboard, and simple faces with a black marker onto white paper or by printing out black and white images from the computer. Place these images where your baby can see them, ideally 8-12 inches from their face, in places where your baby has downtime.

📖 Play "Goodnight Moon" as part of your bedtime routine. Carry your baby around the room or the house and say "goodnight" to favorite toys, people, and objects. ☆

📖 Play a favorite CD or tape of lullabies or other soothing music while you settle your baby, and then leave it on at a low volume after you leave.



KEY LEARNING AREAS

😊 Approaches to Learning

🎨 Creative Arts

📖 Language and Literacy

🏠 Social Studies

▲ Mathematics

🍏 Physical Health and Wellness

🔍 Science

👋 Social and Emotional

3-6 MONTHS

MILESTONES *By end of 6 months*

- ✧ Recognizes familiar faces
- ✧ Responds to other's emotions, often seems happy
- ✧ Likes to look at self in the mirror
- ✧ Rolls over in both directions
- ✧ May react to strangers
- ✧ Strings vowels together when babbling (ah, eh, oh)
- ✧ Responds to own name
- ✧ Begins to sit without support
- ✧ Passes items from one hand to another

Let's EAT!

- ✋ While cuddling before feeding time, try the following finger play:

'Round and round the garden, went the teddy bear.

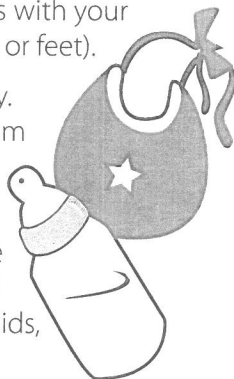
One step, two steps

Tickle under there

(Walk your fingers around your baby's palm. Take steps with your fingers up their arm, and then tickle their armpit, chin, or feet).

- 🔑 Hang a wind chime close to where you feed your baby. You can make a home-made one by hanging aluminum pie plates close together. Your baby will enjoy watching and listening to the sound during feeding.

- 😊 When your baby can sit upright in a highchair or while holding your baby in your lap, allow your baby to hold and explore spoons. When your baby begins to eat solids, he/she will enjoy holding a spoon while being fed.

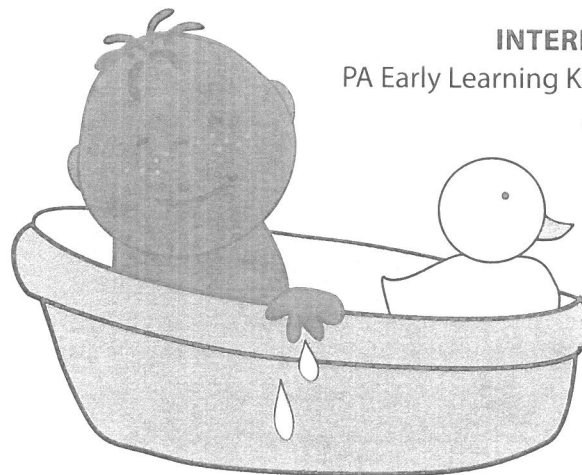


Three to six month olds begin to pay more attention to the world around them. Positive interactions, filled with language and sensory exploration, are beneficial to your baby's learning. If your baby is interested and involved in an activity—and having fun—he/she is learning! It isn't necessary to "teach" very young children. Treasure these early days of playing and cuddling with your little one—it is exactly what he/she needs to grow and learn.

INTERNET RESOURCES

PA Early Learning Keys to Quality www.pakeys.org

A quality improvement system in which all early learning programs and practitioners are encouraged and supported to improve child outcomes.



Let's GET CLEAN!

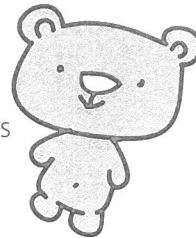
- ▲ After changing your baby's diaper, hold onto your baby's hands and wrists and count, "one, two, three, up!" GENTLY pull your baby to a sitting position. Smile and lower your baby to repeat.
- 📖 After diapering, a bath or while getting dressed, recite "Hickory, Dickory, Dock" with accompanying movements (see song list)
- 😊 Play "What's that Toy?" by placing a textured toy under your baby's shirt during diapering or while getting dressed. Talk about what the toy feels like and where it is hidden.

Let's GO!

-  Play Airplane Baby! Rest your baby, tummy down, on your arm with your hand on the chest (similar to football hold). Use your other hand to secure your baby (supporting head and neck). Gently swing your baby back and forth. Walk your baby around the room making airplane noises.
-  Hang safe toys that make music or different sounds when they are touched from your baby's car seat. As your baby discovers them, he/she will begin to experiment with cause and effect. Be sure to point out and recognize your baby's efforts.
-  Weather permitting; take your baby on a nature adventure by taking a walk outside. Collect natural items along the way, such as leaves, grass, sticks, acorns, etc. When you get home, place the items in clear plastic bottles and secure the lids very tightly (you can use glue or tape, as well). Let your baby explore the items inside the bottles. You can punch small holes in bottles containing items which smell.

Let's SAY HELLO - GOODBYE!

-  Show your baby a ball then cover it under one of three plastic cups. Make sure your baby sees which cup you hid the ball under. Next, encourage your baby to grab or tap the cup with the hidden ball with a "You found it!"
-  After spending time away from your baby, tell your baby about your day.
-  A favorite toy, stuffed friend, blanket, or other item helps your baby feel comfortable moving from one place to another. Pictures of family members work great too!



Let's SHARE WORDS and STORIES!

-  While holding your baby on your lap or while your baby practices sitting up (with support), read a simple story. Board books made of thick cardboard are best. Allow your baby to explore the book (most babies will attempt to place the book in their mouths). Point out pictures.
-  Place interesting photos and pictures around the house in areas where your baby will notice them (on the floor where your baby has tummy time, on ceiling above diaper area). Talk to your baby about these pictures when he/she notices them. Photos of family members engaged in various activities will interest your baby the most!
-  Have conversations with your baby. Listen for your baby's babbling. When he/she stops babbling, repeat what you heard, then wait. Your baby will most likely respond and you can repeat this back and forth conversation.



Let's REST!

-  As you cuddle with your baby before nap or bedtime, pull out a flashlight, turn it on, and say "Look at the light!" Slowly move the light around the darkened room, focusing on various objects. Talk about the objects.
-  Place an unbreakable mirror on the floor in front of your baby. Your baby will enjoy seeing his/her reflection moving and smiling back.
-  Have an open space for your baby to practice rolling and resting. Add small cushions or pillows (with close supervision) for an added challenge.

KEY LEARNING AREAS

-  Approaches to Learning
-  Creative Arts

-  Language and Literacy
-  Social Studies

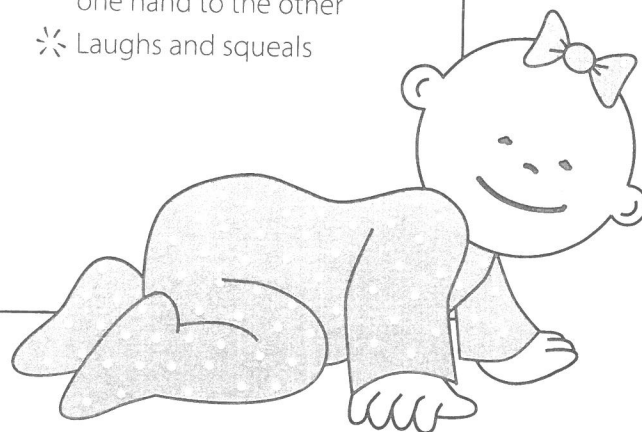
-  Mathematics
-  Physical Health and Wellness

-  Science
-  Social and Emotional

6-9 MONTHS

MILESTONES *By end of 9 months*

- ✧ Responds to own name
- ✧ Finds partially hidden objects
- ✧ Sits alone
- ✧ Rolls over from back to stomach and stomach to back
- ✧ Babbles words like 'mama' or 'dada'
- ✧ Stands while holding on
- ✧ Passes toys or objects from one hand to the other
- ✧ Laughs and squeals



Let's EAT!

- 🍏 Bring your baby to the table while your family is eating. Give your baby finger foods like banana slices or cheerios that allow your baby to practice picking up small items.
- 🍏 Introduce new foods, slowly. When the doctor tells you to start soft, solid foods like rice cereal, give one food several times to allow your baby to get used to the taste. If your baby appears not to like it, try again a few days later.
- 😊 Help your baby discover why or how things happen. When your baby drops a spoon or bottle, pick it up, describing what happened. "You dropped the spoon and it made a loud noise." Babies learn by doing the same thing over and over again.

Six to nine month olds are explorers. They like to try things to find out what happens (cause and effect). They are beginning to move with some skill, sitting up, crawling and even beginning to stand. Babies of this age are interested in new things and people but, at the same time, often are afraid of strangers. They enjoy watching and responding to the things going on around them and like to repeat sounds and actions.

INTERNET RESOURCES

PA Promise for Children www.papromiseforchildren.com

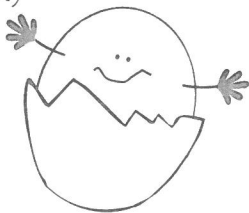
Pennsylvania's Promise for Children is a campaign to raise awareness about the importance of providing Pennsylvania's young children with access to quality early learning opportunities.

Let's GET CLEAN!

- 😊 Peek-a-boo! After changing your baby's diaper, put a soft blanket or clothing item over a part of his/her face saying "Where's baby?" Then, pull it off gently, saying "Peek-a-boo!" Repeat with your baby's arm or leg, describing the covered body part as you play.
- 🔑 Give your baby a rattle or small toy to splash while being bathed.
- 👉 While undressing your baby, gently run your fingers from stomach up to the chin, saying, "Creepy, creepy mousy, from the barn (tummy) to the housy (chin)." Tickle your baby's chin when your fingers arrive there.
- 👉 Hold your baby up to the mirror while dressing. Describe your baby's face. Let your baby touch the mirror to discover that what is being seen is not "the real thing."

Let's GO!

- 🍏 Safety proof your house; crawl around with your baby to make sure there are no small items under the couch or dresser that your baby could put in his/her mouths.
- 🍏 Put a toy just out of reach and encourage your baby to crawl or move to get it. Shake it or move it to catch your baby's attention.
- 🏠 Talk about the wonderful colors and smells of the grocery store as you walk through with your baby. Use your shopping trip to talk about foods that are good to eat.
- 👤 Hold your baby on your lap and bounce, saying, "Humpty Dumpty sat on the wall. Humpty Dumpty had a great... pause and while holding your baby securely, bounce him/her between your legs as if to drop, saying with enthusiasm, "had a great fall."



Let's SAY HELLO - GOODBYE!

- 👤 Hold your baby's hand up to wave good-bye when a familiar person leaves, saying "Good-bye." Make sure your baby sees favorite people leave so he/she won't worry about people disappearing.
- 👤 Help your baby know how to respond to visitors or new people by showing (or modeling) the ways you say hello or greet someone. Your baby will learn how to react in similar ways. Don't be surprised if your baby is fearful of new situations or adults; help your baby feel comfortable in strange situations, allowing time to warm up slowly.
- 👤 Sing the "Where is Thumbkin?" (see song list). This action song will help your baby learn that objects do not disappear when they go away.

Let's SHARE WORDS and STORIES!

- 📖 Describe objects and activities as they happen. "I'm putting on your socks," "look at that big ball," "that feels really soft."
- 📖 Play word games by repeating the sounds your baby makes. . . "Dada, Dada." Then, wait to see if your baby says them again. Change the sound a bit. . . "Mama, Mama" and wait to see if your baby tries a different sound.
- 📖 Make up songs by describing your baby's actions, clothing, etc. This teaches new words. "Pretty, pretty Polly is wearing a green shirt."
- 📖 Share the book Baby Faces (see book list) with your baby. Talk about each pictured face.

Let's REST!

- 👤 Your baby may wake in the middle of the night and cry. This could be a sign of separation anxiety. Gently pat your baby's back and reassure him/her that you are nearby.
- 👤 Start your baby's day with a bonding experience. When your baby wakes up, sing "Good Morning Song" (see song list).
- 📖 Read Baby Can't Sleep (see book list) before bedtime. Pretend that five cotton balls are sheep. Count the "sheep" as you jump them over your baby's head.



KEY LEARNING AREAS

- 😊 Approaches to Learning
- 👤 Creative Arts

- 📖 Language and Literacy
- 🏠 Social Studies

- 📐 Mathematics
- 🍏 Physical Health and Wellness

- 🔍 Science
- 👤 Social and Emotional

9-12 MONTHS

MILESTONES *By end of 12 months*

- * Pulls off socks or hat
- * Claps hands together
- * Says at least one word
- * Puts objects in containers and takes them out
- * Enjoys imitating people
- * Understands "no"
- * Identifies self in mirror
- * Uses pincher grip to pick up small objects
- * Stands for 1-2 minutes without support

Let's EAT!

- 🍏 Babies try new foods more willingly if they are allowed to feed themselves. Put small pieces of a new food on the tray and give your baby time to investigate it. Be prepared for the mess as your baby becomes better at getting foods into his/her mouth. Take a picture of your messy baby for the baby book!
- 🔍 Bring out the plastic food storage containers for stacking. Show your baby how to put one on top of the other and then give your baby time to try it.
- 📻 Put on some lively music while cooking dinner. Encourage your baby to bounce or move to the music. Music is a great way to gain control over body movements.



Babies at this age watch others and then repeat the actions they see. They like to explore objects and actions and do things over and over again to understand how things work. Older babies also are beginning to remember things they've seen before and may copy something they've seen. They are starting to say basic words and understand many things they hear.

INTERNET RESOURCES

Center on the Social and Emotional
Foundations for Early Learning
csefel.vanderbilt.edu

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age 5.



Let's GET CLEAN!

- 🔍 Play "Name the Body Part" while bathing or dressing. Ask "Show me your nose" or "Where are your hands?"
- 🍏 Help your baby get excited about bath time! Put a favorite toy or rattle just out of your baby's reach and encourage your baby to reach for it. Keep moving it closer and closer to wherever you bathe your baby.
- 😊 Dip a kitchen spatula or spoon with holes into bubble solution (dish detergent works great!) and blow bubbles for your baby to watch. Encourage your baby to try to catch them.
- 🖌️ Introduce art and painting to your baby by painting in the bathtub. Give your baby a clean paintbrush and encourage him/her to paint the walls with the water.

Let's GO!

-  Keep your baby's attention while driving in the car by chanting your baby's name or other familiar words. Then add words that rhyme even if they are nonsense words. "car, car, far, far, har, har, har." "Beep, cheep, heap, sleep."
-  Make a ramp by putting a toilet paper or paper towel roll under a large book or flat object. Then, roll a small ball or object down the ramp and watch what happens! Repeat over and over and clap when the ball reaches the bottom.
-  Make a texture book by putting different objects on sheets of paper and fasten the sheets together. Make a page with cotton, another page with sandpaper, and another with felt or ridged cardboard. Help your baby feel each page and talk about the way the materials feel. Put this book in your diaper bag for touching and reading while you wait at the doctor's office.

Let's SAY HELLO - GOODBYE!

-  Give your baby a chance to be part of the hello-good-bye routine by letting her/him push the doorbell or the elevator button when you enter child care or are visiting a friend or neighbor.
-  Make a set of shakers for the car or stroller. Fill small plastic containers with safe materials like rice or dry lima beans. Put on the lids and seal the containers with glue or heavy tape. Keep them handy when you're running errands.
-  Hold up each of your pointer fingers and make motions as you say: Two Little Blue birds sitting on a hill. One named Jack (wiggle one finger), One named Jill (wiggle the other finger). Fly away Jack (Move finger behind back). Fly away Jill (Move other finger behind back). Come back Jack (bring finger back in front of you). Come back Jill (bring second finger back).

Let's SHARE WORDS and STORIES!

-  Take pictures of family members and paste each one on cardboard to make a family album. Read the book, talk about each family member. "There's Grandma. She has a big smile in this picture." Read this book every day before bed or before leaving for child care.
-  Tape down a large piece of sticky paper or Velcro on the floor. Put objects on top of the sticky paper and then, with your baby, try to pull them off. Use words that describe what's happening. "That sticks!" "The ball is hard to pull off!"
-  Give your baby a piece of paper and a thick, non-toxic crayon or marker. Show your baby how to make marks on the paper and let him/her scribble away. Beginning writing starts with scribbles!

Let's REST!

-  Fresh air before naptime helps babies become drowsy. Take a walk around the block, talking about the scenery. "The leaves are starting to turn green. I hear a dog barking. Listen to that loud truck."
-  Sing Twinkle, Twinkle Little Star as a good night song. Move your baby's hands and arms to the motions: Twinkle, Twinkle Little Star (wiggle fingers); How I wonder what you are. Up above the world so high (hold hands above head); Like a diamond in the sky (make a diamond shape); Twinkle, Twinkle Little Star (wiggle fingers); How I wonder what you are.
-  Count your baby's toes as you take off his/her socks while getting ready for rest time. Sing, "1-2-3-4-5, once I caught a toe alive. 6-7-8-9-10. Then I let it go again."

KEY LEARNING AREAS

 Approaches to Learning

 Creative Arts

 Language and Literacy

 Social Studies

 Mathematics

 Physical Health and Wellness

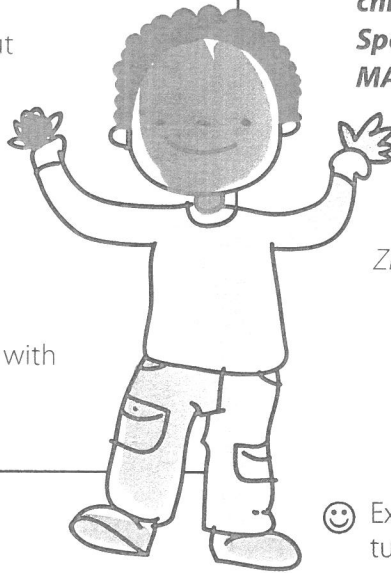
 Science

 Social and Emotional

12-18 MONTHS

MILESTONES *By end of 18 months*

- ✧ Imitates others during play
- ✧ May have temper tantrums
- ✧ Plays pretend (talking on a toy phone)
- ✧ May show fear with strangers
- ✧ Uses several single words.
- ✧ Points to things he/she wants
- ✧ Walks without help
- ✧ Scribbles on his/her own
- ✧ Says and shakes head "no"
- ✧ Drinks from a cup and eats with a spoon



Let's EAT!

- 🍏 Allow lots of time for your toddler to practice feeding himself/herself with a spoon and drinking from a sippy cup.
- 😊 Provide time for your toddler to pretend to feed his/her doll or stuffed animal.
- 🍳 Provide play food, plates, pots/pans, cups, etc. for your toddler to "cook" with. Enjoy the pretend meal together!
- 📖 Teach and use simple sign language (see resource) such as "eat," "more milk," "please," "thank you," and "finished." Simple sign language is a wonderful tool to help your toddler communicate while language is being developed.

First words, first steps, and first efforts at independence - what an exciting time for you and your growing baby. Toddlers are aware of other children, but still may prefer to play alone. Sharing is hard for toddlers and will be learned over time. Hearing your toddler say, "It's mine" is common. When your toddler does play with other children, offer plenty of materials. During this time of active exploration, it is best to direct your child to another activity if they are doing an unwanted behavior. Spend more time encouraging wanted behaviors. It will take MANY reminders as your toddler learns what is expected.

INTERNET RESOURCES

Zero to Three www.zerotothree.org

ZERO TO THREE is a national, nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers.

Let's GET CLEAN!

- 😊 Explore with bath toys, plastic cups, squirters, strainers in the bathtub. Pour water from a cup into the bath from different heights.
- 🔑 Freeze a small bath toy in a paper cup filled with water. Peel off the cup and watch as the ice melts in the bathtub. *The toy must be big enough to not fit into a toilet-paper roll to prevent possible choking.
- ▲ Sing "Five Little Ducks" (see song list) while acting out the song with 5 rubber duckies in the bathtub. Practice counting to 5.
- 👤 If your toddler is fearful of the sound made when taking the plug out to drain bath water, make crazy, fun sounds before and during the process.
- 😊 Give your toddler a brush/comb to brush their stuffed animal or doll's hair.



Let's GO!

-  Encourage your toddler to throw, push and kick a ball forward.
-  Run, hop and march to music.
-  Sing action songs like "Itsy Bitsy Spider" and "Wheels on the Bus" (see song list).
-  Go for a nature walk and collect items (acorns, leaves, sticks, pinecones, etc.) to fill a wagon or bucket. Toddlers love to fill and dump things over and over again!
-  Make instruments such as a drum made from an oatmeal container, shakers with paper towel rolls filled with rice with tape over the ends, bells tied to ribbons, etc. Parade around in a marching band.

Let's SAY HELLO - GOODBYE!

-  Make a "take along" book with pictures of familiar things, people and routines. Glue the photos to large index cards. Label each photo. Place the index card pages into zipper plastic baggies, punch a hole in the corner and tie with yarn or book rings.
-  When a storm is coming, or you get caught in the rain, ease your toddler's fear and make it fun by singing a song about rain such as "I Hear Thunder" (see song list).
-  After bath time, have your toddler use a cup to scoop out bathwater and put into a bucket. Then take it outside together to water the garden!
-  Tell your toddler before you are going to grandma's, childcare, etc. Make a book or picture chart (or picture schedule) showing the order that the activities and events of the day will occur.



Let's SHARE WORDS and STORIES!

-  Read Mouse Paint (see book list). Make mouse tracks by dipping your toddler's finger into red, blue and yellow non-toxic paint and pressing onto paper. Talk about how the colors mix to make other colors.
-  After reading a favorite story, ask your toddler to act out something a character did. For example, after reading The Little Engine that Could (see book list), ask your child to move like a train and make a sound like a train.
-  Look for books with real pictures of animals and practice making animal sounds together. Talk about the animals. For example, "the snake is slimy and makes hissing sounds."
-  Take books everywhere! Let your toddler "read" to you! Listen, smile and laugh as he/she points and babbles.



Let's REST!

-  Have your toddler put his/her doll or stuffed animal to bed, covering it and patting the doll or animal's back.
-  Read Goodnight Moon (see book list). Go and find the moon and talk about it together. You can even pretend to jump over the moon!
-  Read Time for Bed (see book list) and talk about how, where and when different animals sleep.
-  Have your toddler color or paint slowly while listening to lullabies or other slow, relaxing or classical music. He/she could also crawl, walk, or dance slowly to the tempo of the music.
-  Give your toddler choices! For example, allow your toddler to choose from 2 sets of pajamas. He or she could also choose a book from three selections. Count the books as you point to them.

KEY LEARNING AREAS

 Approaches to Learning

 Creative Arts

 Language and Literacy

 Social Studies

 Mathematics

 Physical Health and Wellness

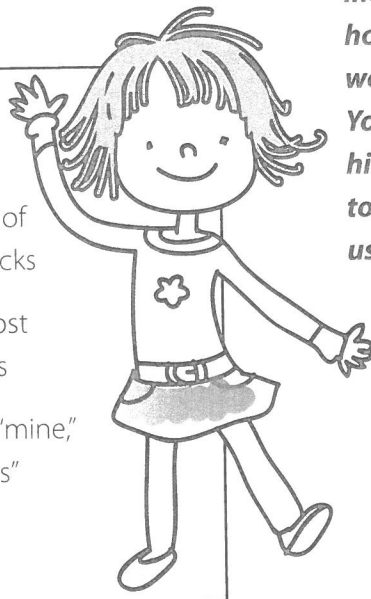
 Science

 Social and Emotional

18-24 MONTHS

MILESTONES *By end of 24 months*

- ✧ Says 30-50 words & says two word sentences
- ✧ Builds towers of 4 or more blocks
- ✧ May show interest in the potty
- ✧ Can name most familiar things
- ✧ Shows a wide range of emotions
- ✧ Understands "mine," "his" and "hers"
- ✧ Shows defiant behavior



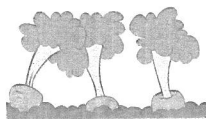
Your 18-24 month old is on the go! As your toddler begins to walk, run and climb with greater skill, a new sense of independence emerges. You may need to toddler-proof your house AGAIN! As your toddler continues to explore his/her world, you may see your toddler watching and imitating others. Your toddler might copy day-to-day tasks such as brushing his/her hair, dressing, and feeding routines. You may find your toddler using objects for different, new purposes, such as using a toothbrush as a brush for their stuffed animal.

INTERNET RESOURCES

American Academy of Pediatrics www.aap.org
The official Web site of the American Academy of Pediatrics—an organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

Let's EAT!

- ▲ Look at pictures and photos of foods in magazines and name them. Help your toddler to tear or cut out (with appropriate child-size scissors) pictures of food and glue them to make a food collage or book. Count the foods together.
- 🔍 Talk about how vegetables grow and help your toddler plant and care for a bean seed.
- ▲ When dining out, have your toddler point to, color and talk about different foods on the children's menu. Count food items as your toddler points to them.
- 😊 Make pudding together. Help your toddler pour and stir the ingredients. Describe the ingredients and expand your toddler's language (ex: your toddler says "milk" and you can say "yes, the milk is white and creamy").



Let's GET CLEAN!

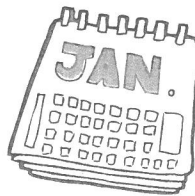
- 🍏 Assist your toddler with tooth brushing while playing/singing Raffi's "Brush Your Teeth" song (see song list).
- 😊 During bath time, encourage your toddler to name different body parts as he/she washes. Use a variety of washers (sponge, washcloth) to experience different textures.
- 🍏 Give your toddler a wet sponge or washcloth to wipe counter-tops, tables, etc. Allow her/him to help clean with child-sized brooms, mops, etc.
- 🔍 Put a bar of soap and plastic animals or dolls into a water table, sink, or tub and have your toddler wash them. Exploring with the bar of soap can be a new experience, since many families use liquid soaps. Talk about how the soap feels. For example, "slippery and wet."

Let's GO!

-  Draw a simple map with 3 places (such as your house, a tree and a neighbor's house) before going for a walk and point out the places on the map as you pass them.
-  Read books that encourage movement and singing such as Five Little Monkeys Jumping on the Bed (see book list).
-  Move like a variety of animals (ex: jump like a frog, crawl like a bug, etc.)
-  Throw and catch a ball outside. Inside, you can toss balls or beanbags into baskets or inside a hula hoop.
-  Play "Follow the Leader" by having your toddler follow you as you march, hop, etc. and then allow her/him to be the leader, following what he or she does.
-  Play outside daily weather permitting! Use push/pull and riding toys.

Let's SAY HELLO - GOODBYE!

-  When it's time to clean up toys, sing "Toys away. Toys away. Time to put the toys away." Or sing "Clean Up" (see song list). Clean up with your toddler, showing him/her how and where to put toys and praise your toddler as he/she cleans up. "Wow, you are doing a great job putting your toys away!"
-  Move like an animal: walk quietly "like a mouse" into the doctor's office or library, hop "like a cricket" to the door before going outside to hunt for bugs.
-  Look at a calendar together. Point to and count the number of days until a special event such as a play date, first day of school, vacation, etc.



Let's SHARE WORDS and STORIES!

-  Give your toddler a large paper heart, a blanket, and/or hats and allow him/her to hide various stuffed animals/dolls behind the heart, the blanket or the hat as you read Peek-a-Boo, I Love You! (see book list). The book ends with a heart-shaped mirror for your toddler to see himself/herself as you read "Peek a Boo, I love You!"
-  Relate stories to things that your toddler is familiar with asking things like, "Where do dogs live?" "What sound does a dog make?" or "What toys do you like to play with in the bath?"
-  Play "I Spy" while reading. "I spy something big and blue. What is it?"
-  Describe your toddler's emotions while reading. "This part of the story makes you laugh, feel sad, etc."
-  Allow your toddler to look at books independently and tell the story to you.



Let's REST!

-  Ask your toddler to wiggle his/her sillies out, then point to a body part (nose, mouth, arm, etc.) and "put it to sleep" until your toddler's whole body is resting.
-  Put several items into a bag or empty tissue box and have your toddler reach in and feel and guess the item or ask him/her to find "something bumpy."
-  Have your toddler lie down on a big piece of paper (you can cut open a brown paper bag) and trace the outline of her/his body. Color the face, hair, clothes together.
-  Give your toddler strips of construction paper and a variety of stickers and make bookmarks together.
-  "Paint" with water on sidewalk, driveway, etc. with sponges, paint brushes and roller brushes. Explore with water and sidewalk chalk.

KEY LEARNING AREAS

-  Approaches to Learning
-  Creative Arts

-  Language and Literacy
-  Social Studies

-  Mathematics
-  Physical Health and Wellness

-  Science
-  Social and Emotional

24-30 MONTHS

MILESTONES *By end of 30 months*

- ✧ Copies others
- ✧ Gets excited when with other children
- ✧ Says sentences with 2 – 4 words
- ✧ Follows simple instruction
- ✧ Builds towers of 4 or more blocks
- ✧ Might use one hand more than the other
- ✧ Stands on tiptoe
- ✧ Throws ball overhand

INTERNET RESOURCES

Center for Early Literacy Learning www.earlyliteracylearning.org/pgparents.php
The Center for Early Literacy Learning (CELL) promotes the adoption and sustained use of evidence-based early literacy learning practices.

Let's EAT!

- 🍏 Explore ways to create fun snacks with your child. For example, ants on a log with cream cheese on celery and cereal down the center. Talk about how you are going to make it, as well as the textures, colors, smells and tastes. Brainstorm other snack ideas that you could try at a later time.
- 🍏 Set your child up for success. Prepare food in a form that is reasonably easy for your child to manage, for example, finger foods, thickened soups. Allow your child to be independent. If she/he does ask for help, assist minimally still allowing him/her to be as independent as possible.
- 🏠 Visit a local farmer's market or produce stand. Talk about what kinds of food come from the farm. Enjoy some locally grown foods together. Talk about colors, flavors, textures.
- ▲ At home or while dining out, count the number of place settings together.

Children 24-30 months are consistently testing their independence, insisting on completing tasks without help. Expect to hear words and phrases such as "mine", "no" and "me do it." You will notice that your child plays next to other children and may begin to play more cooperatively with others. As your child becomes more social, provide opportunities for play dates with other children. Good news, you may begin to see your child showing signs of being ready to use the toilet (dry diaper for long periods of time, some regularity of bowel movements, urinates a lot at one time).

Let's GET CLEAN!

- 📖 Sing the following song, while drying off after a bath.

*After my bath, I try, try, try
To wipe myself off til I'm dry, dry, dry.
My arms, my legs, my neck, my nose,
All my fingers and all my toes!
Just think how much less time it would take
If I were a dog and could shake, shake, shake!*

- 📖 Get creative and change the words to your favorite nursery rhymes. Rub a dub dub; a child is in the tub; and who do you think he/she be?; Why "child's name" is in the tub. Rub a dub dub; as clean as he/she can be.

- 🔍 Take a milk jug and make a few holes in the bottom of it. Be careful to sand down any rough edges. Your child will enjoy filling and watching the water pour out of the bottom of the jug. Engage your child in questions: Why is the water coming out of the bottom?; Can you find a way to stop the water from coming out?; Can we make the water come out slow/fast?



Let's GO!

-  Waiting in line at the grocery store is an excellent time to engage your child in conversation and vocabulary building. Point to a picture on a magazine cover while asking "What do you think this girl is doing?" Look for letters in big type. Point to a letter and say "Look, here's a B just like the letter B in your name."
-  Go outside after it rains. Look for a puddle. Have your child drop a rock into the puddle and talk about what happens. "How can we make a BIG splash? A small splash?" Look for worms and talk about how they feel, and move. Follow up by reading Diary of a Worm (see book list).
-  Lie in the grass and watch the clouds on a sunny day. Have your child share what shapes he/she sees OR find a certain shaped cloud and ask your child to search the sky for it. Follow up by reading It Looked Like Spilt Milk (see book list).

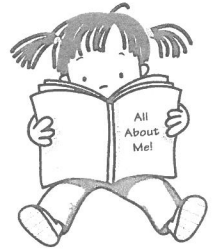


Let's SAY HELLO - GOODBYE!

-  When you are sending your child to a setting for the first time, there are a few things you can do to help your child get over those first day jitters. Visit the setting as many times as possible before you begin. You and your child both will be more comfortable if the surroundings, sounds and staff are familiar.
-  Invite a friend over for a play date. Get your child excited about the visit, sharing how much fun he/she will have and offering many items of interest to explore. As children play, introduce new vocabulary and engage in conversations.
-  Begin introducing the concept of time. Talk about what we do in the morning (get up, eat breakfast, play), what we do in the afternoon (nap, play) and what we do in the evening (dinner, play, story time and go to bed). Have your child start predicting what routines may come next.

Let's SHARE WORDS and STORIES!

-  Have lots of conversations with your child. This boosts language skills, introduces the concept of conversation and enables your child to feel important. ***Two-year olds typically can speak between 200 and 250 words.***
-  Your child can tell stories through drawing. Help your child understand that pictures have meaning. Ask him/her to tell you about his/her drawings. Show you are listening by asking questions about the colors, shapes and what the picture is about.
-  Start a story and ask your child to add to it. When telling a pretend story, ask your child to make up details, for example, "What does the child's bike look like?" If the story is about a real person or place, ask your child to give details about them.



Let's REST!

-  The soothing sound of a familiar voice helps your child drift off to sleep. Have a calming conversation while settling down for bed.
-  Make bedtime fun and a part of the day your child looks forward to! Play a quiet game before going to bed. For example, Pick something in the room and give your child clues to help him/her guess what it is. For example, "I see something ..."
-  Add a new twist to naptime. Take a blanket and pillow outside on a warm (not hot) afternoon and look for a shaded area. Have your child close his/her eyes and listen to the sounds all around. Listen for the birds, the cars, a dog barking, a door opening and closing etc.
-  Create a fort together. Drape sheets and blankets over furniture. Crawl in with your child. Use a flashlight to make shadow puppets. You and your child will enjoy this indoor "camping" experience.

KEY LEARNING AREAS

 Approaches to Learning

 Creative Arts

 Language and Literacy

 Social Studies

 Mathematics

 Physical Health and Wellness

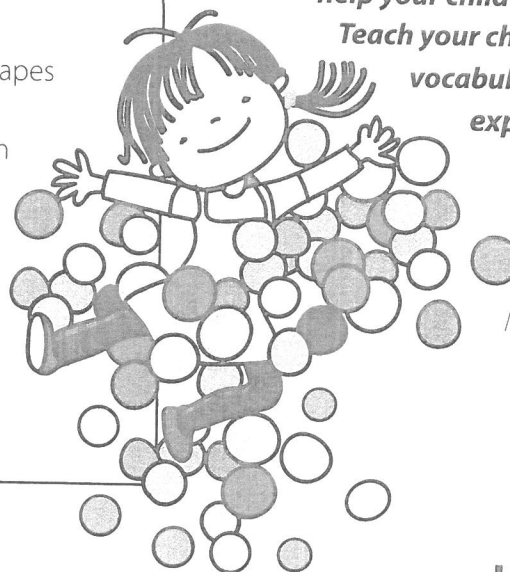
 Science

 Social and Emotional

30-36 MONTHS

MILESTONES *By end of 36 months*

- ✧ Play begins to include others (i.e. tea parties, chase games)
- ✧ Laughs at unusual words for things
- ✧ Points to things or pictures when they're named
- ✧ Repeats words overheard in conversation
- ✧ Begins to sort shapes and colors
- ✧ Finds things even when hidden
- ✧ Follows two-step directions
- ✧ Kicks a ball
- ✧ Begins to run
- ✧ Makes or copies straight lines



As children continue to demonstrate independence, they will test their limits and boundaries--taking risks and showing defiant behavior. Spend more time praising your child's positive behavior while limiting attention to negative behavior. Language is developing quickly and can help your child talk about his/her behaviors and feelings.

Teach your child to "use his/her words." Introduce new vocabulary by labeling emotions and talking about experiences.

INTERNET RESOURCES

Pennsylvania Public Libraries

www.publiclibraries.com/pennsylvania.htm

Most libraries have wonderful learning opportunities for children of all ages. To find out what programs are offered in your local community, please visit the link above which provides a listing of all public libraries within the Commonwealth.

Let's EAT!

- 🔑 Pretend that your kitchen is a science lab. For example, ask your child what he/she thinks might happen when you mix baking soda and vinegar OR make "goop" by mixing corn starch and water. Talk about how the "goop" feels (dry and wet at the same time).
- 🍎 Enjoy strawberries as a snack. Talk about the seeds on the outside. After washing, cut the strawberry in half and talk about what you see. JOKE: What do you call a sad strawberry? (A "blue" berry)
- 😊 Try new fruits and vegetables like star fruits, kiwis, corn in the husk, etc. Discuss the shape, texture and smells. Compare what the fruit/vegetable looks like on the outside to what it looks like on the inside. Ask your child questions and listen closely to his/her answers.
- 👤 When dining out, give your child a few choices (use picture menu if the restaurant provides one). Let your child choose what he/she will eat from the choices given.

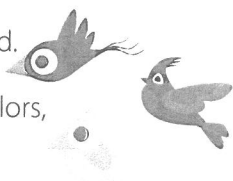
Let's GET CLEAN!

- 🔑 Provide several objects during bath time (a feather, cotton, leaf, rock etc...) and have your child predict whether the object will float or sink, then test them.
- 🍏 Time your toothbrushing. Play one of your child's favorite songs and have him/her brush teeth until the song is over.
- 🧴 You can encourage creativity in the tub! Make homemade bath paints with your child using 1 Tbsp (or more) of cornstarch, 1/3 cup dishwashing soap (eco-friendly) and food coloring. Encourage your child to paint away.
- 🧴 Create a microphone using an empty toilet paper roll and a piece of crumbled aluminum foil. Attach the ball of aluminum foil to the toilet paper roll with tape. Encourage your child to use the microphone to sing or to tell stories while in the tub.



Let's GO!

- ▲ Go on a scavenger hunt with your child. Search your home looking for change that has been lost under sofa cushions etc. Once found, help your child sort the coins into separate piles by type. The money he/she finds can be used to purchase a treat the next time you are out and about!
- 🔑 Go outside and scatter birdseed or stale bread around. Make predictions on how long it will take the birds to come. Watch for the birds. Be sure to talk about colors, sizes of the birds and sounds they make. Take paper and encourage your child to draw the birds.
- 🏠 A great way to teach your child to give back is to volunteer. Your local SPCA can always use volunteers to walk their dogs. As you control the leash, your child will be happy to walk alongside a furry friend. Be sure to use this opportunity to build vocabulary and encourage discussion. You can also talk about dog safety.



Let's SAY HELLO - GOODBYE!

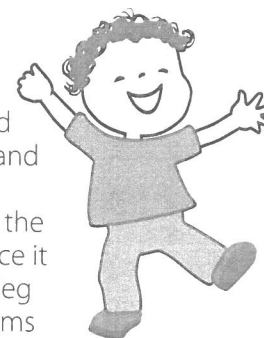
- 👋 Moving from one activity to another (transitioning) can be stressful for children and parents. Offering two, acceptable choices can help ease the stress of transition times. For example, "Do you want to slither like a snake or jump like a frog to bed?"
- 📖 Make cleaning up fun. Be sure to give a verbal or non verbal warning before it's time to clean up. Warning signals include: 5 minute verbal warning, ring a bell, turn on a favorite song or turn off the light.
- 📖 When picking your child up from a play date, school or a relative's house – show interest in them by asking specific questions about what they have done. Listen to his/her response and add comments or ask more questions to keep the conversation going. The number of words you exchange TRULY matters in language development!

Let's SHARE WORDS and STORIES!

- 📖 Have your child choose her/his favorite stuffed animals. Take photos of the animals and create a book with a title page. Have your child look through the book and tell you the story.
- 🍏 Talk to your child about fire safety – steering clear of matches, lighters, candles, stovetops, radiators and heaters. Discuss what to do in a fire emergency and practice with your child.
- 📖 Make your own face paint combining ½ cup of cold cream with 2 Tbsp. of cornstarch. Scoop mixture in empty egg carton containers and add food coloring. Turn your child into his/her favorite animal or character. Get creative!

Let's REST!

- 🍏 Yoga provides many health benefits for children and adults. Try "the Tree Pose" by standing up straight and tall. Breathe in and out and feel your legs reaching toward the ground and your head reaching toward the sky. Lift your right leg, bending at the knee and place it on your left leg above or below the knee. Let your leg be strong like the trunk of a tree and stretch your arms up like branches!
- 📖 Read stories aloud to your child. Your child will enjoy hearing the same story over and over again. Repetition helps children learn about the structure of stories which prepares your child to become a reader and writer.
- 🔑 Take a quiet, peaceful walk inside or outside. Agree to be very quiet and pay attention to the sounds that are all around you. Ask, "What do you hear?" Talk about where the sounds may be coming from. At the end of your walk, reflect on all the different sounds you heard together. See how many your child can remember.



KEY LEARNING AREAS

- 😊 Approaches to Learning
- 📖 Creative Arts

- 📖 Language and Literacy
- 🏠 Social Studies

- ▲ Mathematics
- 🍏 Physical Health and Wellness

- 🔑 Science
- 👋 Social and Emotional

SONGS & FINGER PLAYS

Pat-A-Cake

Pat-A-Cake, Pat-A-Cake,
Baker's Man.

Bake me a cake,

As fast as you can. (clap hands to beat)

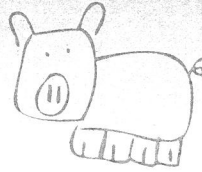
Roll it. (roll hands)

Pat it. (pat lap or floor)

Mark it with a "B," (finger write "B" on baby's belly)

And put it in the oven for baby and me.

(tickle baby's belly)



This Little Piggy Went to Market

This Little Piggy went to market.

This Little Piggy stayed home.

This Little Piggy had roast beef.

This Little Piggy had none.

And this Little Piggy went "wee wee wee"
all the way home!

The Itsy Bitsy Spider

The itsy bitsy spider

Climbed up the waterspout

Down came the rain

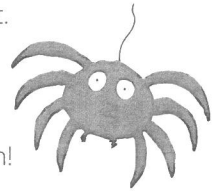
And washed the spider out.

Out came the sun

And dried up all the rain

So the itsy-bitsy spider

Climbed up the spout again!



Hickory, Dickory, Dock

Hickory, Dickory, Dock

(Touch your baby's toes, knees and hips)

The mouse ran up the clock.

(Tickle up your baby's body)

The clock struck one,

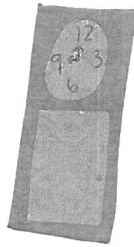
(Touch your baby's nose)

The mouse ran down,

(Tickle down your baby's body)

Hickory, Dickory, Dock.

(Touch your baby's toes, knees and hips)



Row, Row, Row Your Boat

Row, Row, Row Your Boat,

Gently Down the Stream,

Merrily, Merrily, Merrily,

Life is but a Dream.



Clean Up

Clean-up, clean-up

Everybody get some toys.

Clean-up, clean-up

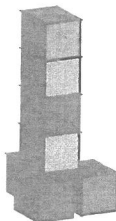
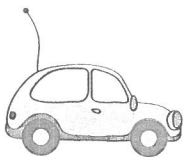
All the little girls and boys.

Clean-up, clean-up

Everybody do your share.

Clean-up, clean-up

Everybody, everywhere.



I Hear Thunder

(sung to the tune of "Are You Sleeping?)

I hear Thunder, I hear Thunder, (drum feet on the floor)

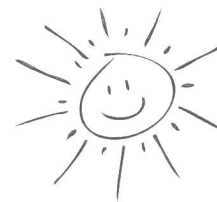
Oh don't you? Oh, don't you? (pretend to listen)

Pitter-patter raindrops, (flutter your fingers for raindrops)

Pitter-Patter raindrops

I'm wet through, (shake your body vigorously)

So are you! (point to your child)



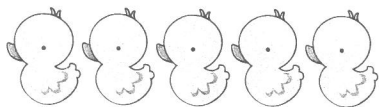
Good Morning Song

Good Morning, Good Morning,

Good Morning to you.

I'm Happy to see you,

And how do you do?



Five Little Ducks

Five Little Ducks went out to play,
Over the hills and far away.
Momma Duck said,
Quack, Quack, Quack, Quack,
But only four Little Ducks came back.

(repeat for 4, 3, 2, 1, no little ducks)

No Little Ducks went out to play,
Over the hills and far away.
Momma Duck said,
Quack, Quack, Quack, Quack,
And all of the five little ducks came back.

Raffi's "Brush Your Teeth" Song

If you get up in the morning at a quarter to one
and you want to have a little fun,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to two
and you want to find something to do,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to three
and you want to hum a tweedle dee dee,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to four
and you think you hear a knock at the door,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to five
and you just can't wait to come alive,
You brush your teeth ch ch ch ch, ch ch ch ch....



Wheels on the Bus

The wheels on the bus go round and round.
Round and round.
Round and round.

The wheels on the bus go round and round,
all through the town!

Additional verses:

The people on the bus go up and down.
Up and down.

The horn on the bus goes beep, beep, beep.

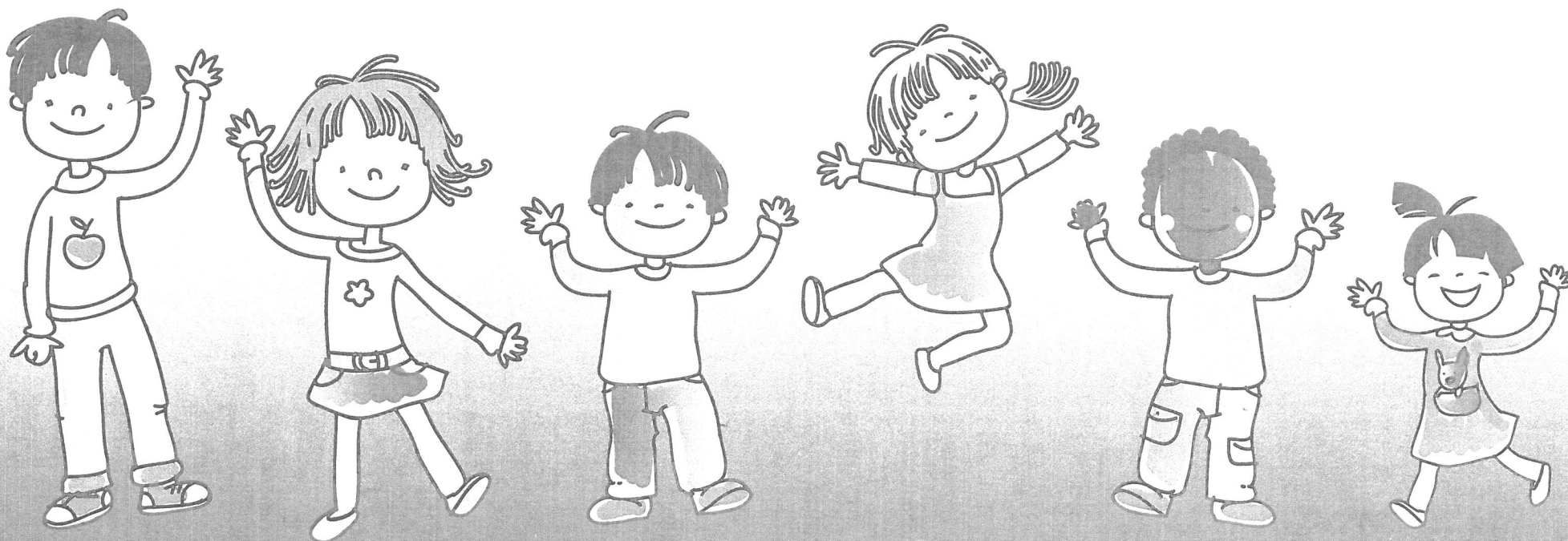
The wipers on the bus go swish, swish, swish.

The signals on the bus go blink, blink, blink.

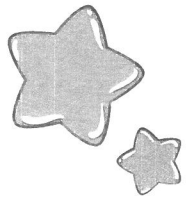
The motor on the bus goes zoom, zoom, zoom.

The babies on the bus go waa, waa, waa.

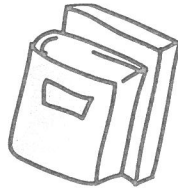
The parents on the bus go shh, shh, shh.



INFANT & TODDLER BOOK LIST



Highlighted book titles are used with activities referenced in this guide.



BOOKS FOR BABIES

Baby Can't Sleep by Lisa Schoeder
Book for babies about counting sheep.

Baby Faces by Joy Allen
Babies love to look at other baby faces. These colorful photographs of various facial expressions of babies will delight youngsters. (series)

Beep Beep by Peter Horacek
A family goes for a ride in their bright yellow car to Grandma's house, but the fun is with the wonderful sound words given. A companion book is Choo Choo.

Colors by Justine Smith
A first color book is just one in a series of books by this author for babies through age two. Others include Shapes and Alphabet.

Duckie's Splash by Francis Barry
A clever concept board book showing a duck meeting several other animals with a surprise pop-out ending that will delight the very young.

Global Babies
by Global Fund for Children
A board book displaying 17 baby faces from around the world, and also the clothing each baby wears.

Goodnight Moon
by Margaret Wise Brown
A little rabbit bids goodnight to each familiar object in his moonlit room.

Peek-a-Moo! by Marie Torres Cimarusti
An oversized life-a-flap peek-a-boo book with brightly colored animals and the sounds they make.

Ten, Nine, Eight by Molly Bang
This picture book shows a loving father and his little "big" girl who turn bedtime into playtime with a rhyming game.

That's Not My Teddy... Its Paws Are Too Wooly by Fiona Watt
Brightly colored pages with touch-and-feel surfaces is just one of many great titles in this popular series

Yellow-Red-Blue: Baby Flip-a-Face
by Sami
Young babies like to focus on other baby faces, and this book of simple smiling faces with fun die-cuts and soft foam-filled pages is a great choice. (series)

BOOKS FOR TODDLERS

Big Yellow Sunflower by Frances Barry
Pages shaped like petals unfold one-by-one to reveal the stages in the life-cycle of a sunflower plant from seed to fully grown plant. (series)

Diary of a Worm by Doreen Cronin
A young worm discovers, day by day, that there are some very good and some not so good things about being a worm.

Do Lions Live on Lily Pads?
By Melanie Walsh
Nonsense questions about animal homes are on a perfect level of humor for toddlers. (series)

Down on the Farm by Merrily Kutner
Toddlers can bounce along with the rhymes in this joyful barnyard romp and can also join in the repeated refrain of "Down on the Farm."

Five Little Monkeys Jumping on the Bed
by Eileen Christelow
A count-down book where the little monkeys jump on the bed, only to fall off and bump their heads. (series)

Freight Train by Donald Crews
Clear, bright illustrations show all the cars of a train moving through day and night, country and city.

He's Got the Whole World in his Hands
by Kadir Nelson
An African-American boy with a multi-ethnic family is the star of this well-known spiritual.

It Looked Like Spilt Milk
by Charles Green Shaw
A mystery book for young children presents a continuously changing white shape silhouetted against a blue background that challenges them to guess what it is.

It's Okay to Be Different by Todd Parr
Brightly colored child-like figures celebrate diversity and the acceptance of individualism (several other great titles by this author).

Mouse Paint by Ellen Walsh
Three white mice discover jars of red, blue, and yellow paint and explore the world of color.

My Big Book of Spanish Words by Rebecca Emberley
A first dictionary of simple bilingual words introducing children to colors, numbers, animals and much more.

Peek-a-Boo, I Love You
by Sandra Magsamen
This adorable peek-a-boo book invites little ones to play along with their favorite animals, with soothing rhymes and engaging illustrations.

The Napping House by Audrey Wood
A rhythmic, repetitive text tells the story of a snoring granny, a dreaming child, a dozing dog, a snoozing cat, a slumbering mouse, and a disruptive, wakeful flea.

Sheep in a Jeep by Nancy Shaw
A playful story reveals the misadventures of a group of sheep that go riding in a jeep. (series)

Ten, Nine, Eight by Molly Bang
A little girl counts down to bedtime.

The Three Bears by Byron Barton
A simplified version of the classic tale with vibrantly colored illustrations.

Time for Bed by Mem Fox
As darkness falls parents everywhere try to get their children ready for sleep.

Who Hoots? By Katie Davis
This book becomes a guessing game of animal sounds with many silly, nonsense suggestions.



MILESTONES & FUN MEMORIES

MY HANDPRINT

Month _____ Day _____ Year _____

MY FOOTPRINT

Month _____ Day _____ Year _____

Fill in with the dates your child accomplishes these milestones!

★ The first time I smiled was with _____
on _____. I think I smiled because _____.

I can now hold my head up. _____

I love lying on my stomach, but now I can push myself up on my
elbows! _____

Wow! I can roll over in BOTH directions. _____

★ There is no stopping me now, I can crawl _____

I am sitting up all by myself! _____

My first word was _____ and I said it to
_____ on _____.

I graduated! I now drink out of a sippy cup/cup. _____

I am eating solid foods: I really like to eat _____

★ I don't care too much for _____

I can use a spoon without anyone's help. _____

I took my first steps on _____

I walked toward _____

MY FAVORITES

Book: _____

Toy: _____

Place to visit: _____

Time of day: _____

Color: _____

Song: _____

Fingerplay: _____

Drink: _____

Outfit: _____



FAMILY PHONE LIST & IMPORTANT INFO

EMERGENCY: 911 * POISON CONTROL: 1-800-222-1222

MEDICAL

Pediatrician _____

Doctor _____

Dentist _____

Eye Doctor _____

Orthodontist _____

Pharmacy _____

Veterinarian _____

FAMILY CONTACTS

School _____

Bus/Carpool _____

Mom at Work _____

Mom's Cell _____

Dad at Work _____

Dad's Cell _____

Other _____

Other _____

MAINTENANCE

Electrician _____

Trash Removal _____

Cable/Internet _____

Gas/Oil _____

Auto Repair _____

Phone Co. _____

Pest Control _____

Plumber _____

FRIENDS, NEIGHBORS, ETC.

CHILD CARE

ALLERGY/MEDICAL INFO

USEFUL NUMBERS

Library _____

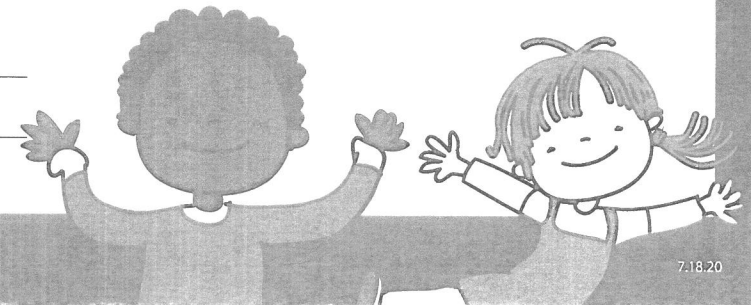
Hair Salon _____

Florist _____

Delivery/Take Out Food: _____

Alarm Co. _____

Other _____





When I Play,



I Learn!



LEARNING IS EVERYWHERE

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

For your infant or toddler

When I Play, I Learn!

Learning is Everywhere

What I Feel

- ◆ Encourage me to touch different fabrics.
- ◆ How do the fabrics feel? Do all the fabrics feel the same?
- ◆ How many different words can we use to describe the way each fabric feels?

Bumpy	Fuzzy	Itchy	Smooth
Scratchy	Bumpy	Tickly	Soft

What I See

- ◆ Show me different fabrics.
- ◆ Which one is a circle? Which one is a square? Can I find blue, red or yellow?
- ◆ How many words can we use to describe the size, colors, & shapes of the fabrics?

Little	Teeny-tiny	Wide	Shiny
Colorful	Small	Square	Straight
Big	Circle	Gigantic	Huge

What I Do

- ◆ Hide an item under the fabric. Where did it go?
- ◆ Hold the fabric up to my face. Where is the baby? Make a funny face when you lower the fabric and surprise me. Peek-a-boo!
- ◆ How many words can we use to describe the location?

Above	On	Across	Left
Before	Behind	Cover	Around
Right	Under	Below	After

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LEARNING IS

everywhere

ACTIVITIES TO DO WITH YOUR YOUNG CHILD

For your infant or toddler

When I Play, I Learn!

Playing with every day items can help your child learn.

Use: Pie pan, cookie sheet, or bowl with sand or sugar.

Measuring cups.

When I use
my fingers
to draw in
the sand or
sugar

I learn fine motor skills

Ask me what I'm
drawing.

Show me how to
draw simple
shapes.

When I use a
small car or
truck to drive
in the
sand or sugar

I learn social skills

Use another car
or truck to play
with me.

Can we follow
each
other?

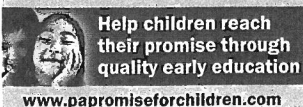
When I scoop
sand or sugar
with the
measuring
cup

I learn math skills

Hold a
measuring cup
for me while I
pour.

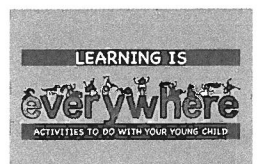
Count the
number of
scoops!

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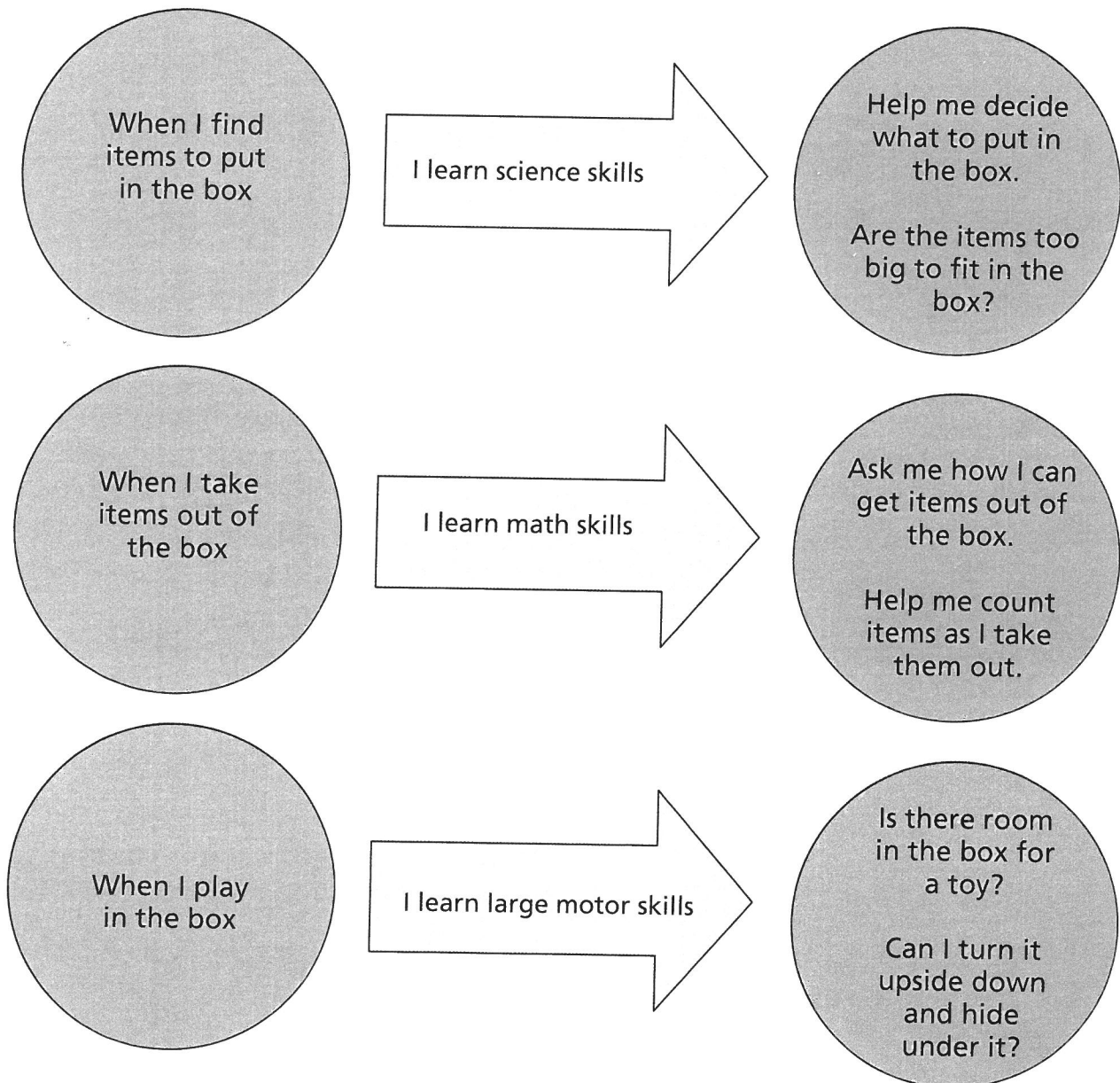


For your infant or toddler

When I Play, I Learn!

Playing with every day items can help your child learn.

Use: Box—any size or shape!

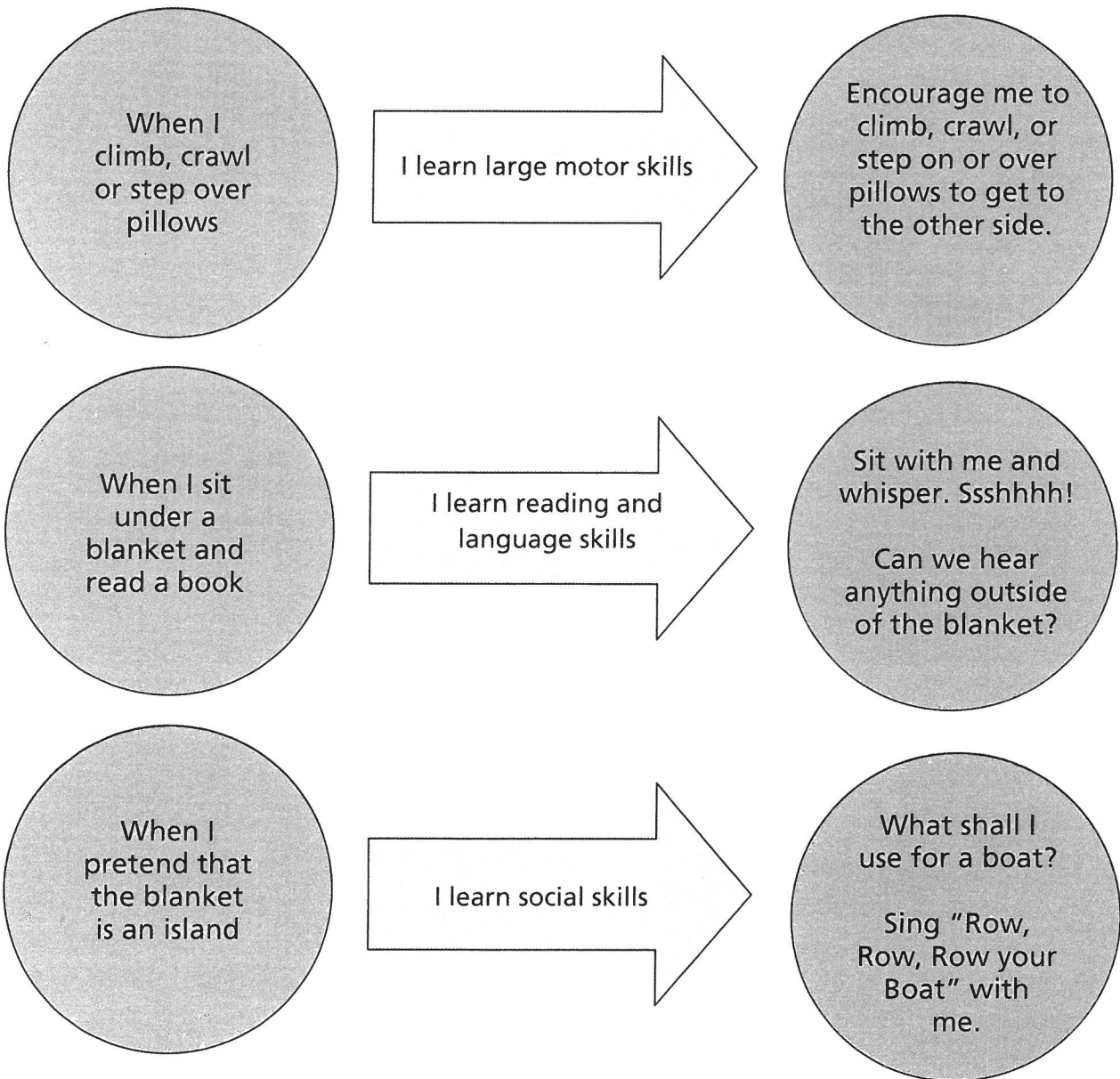


For your infant or toddler

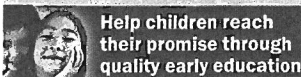
When I Play, I Learn!

Playing with every day items can help your child learn.

Use: Pillow, sheet, or blanket



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ACTIVITIES TO DO WITH YOUR YOUNG CHILD

For your infant or toddler

When I Play, I Learn!

Playing with every day items can help your child learn.

Use: My hands and mouth

When I click
my tongue

I learn language skills

Show me how to
click my tongue
so I can make a
noise.

Encourage me to
try it!

When I clap
my hands

I learn fine motor skills

Can we clap
softly? Can we
clap loudly?

Encourage me to
clap! Yeeeahhh!

When I sing
la-la-la

I learn social skills

Sing with me!

Mary Had a
Little Lamb or
Twinkle,
Twinkle Little
Star.

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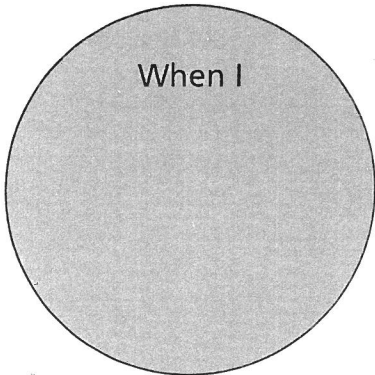
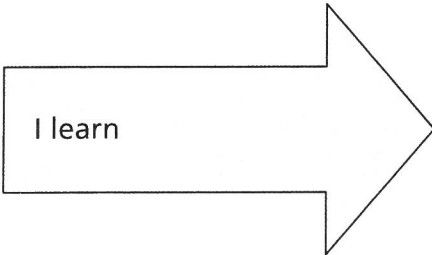
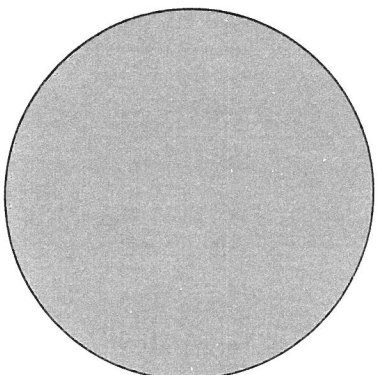
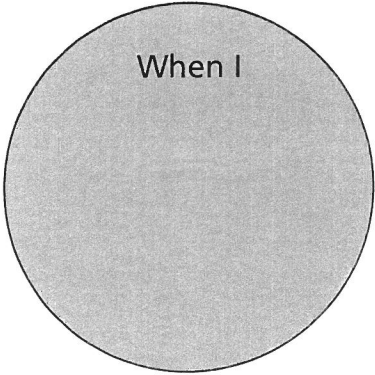
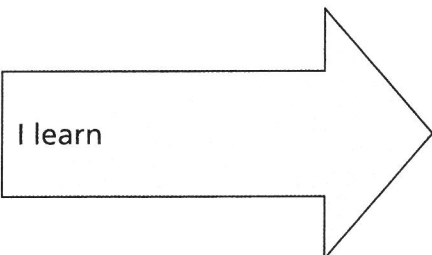
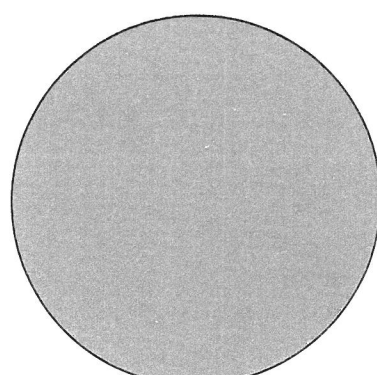
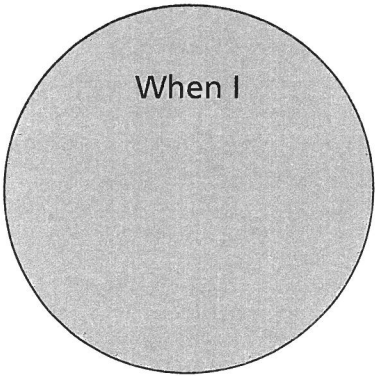
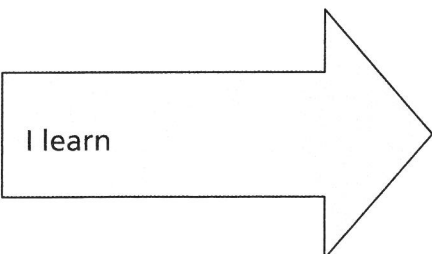
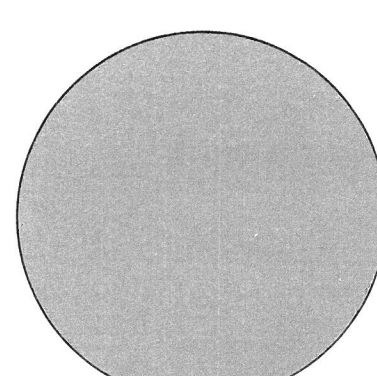
ACTIVITIES TO DO WITH YOUR YOUNG CHILD

For your infant or toddler

When I Play, I Learn!

Playing with every day items can help your child learn.

Use:

For your preschooler or kindergartener

When I Play, I Learn!

Learning is Everywhere

What I Feel

- ◆ Encourage me to touch different fabrics.
- ◆ How do the fabrics feel? Do all the fabrics feel the same?
- ◆ How many different words can we use to describe how each feels?

Bumpy	Itchy	Smooth	Wavy
Fuzzy	Light	Soft	Rough
Heavy	Scratchy	Tickly	Slithery

What I See

- ◆ Help me compare two different fabrics.
- ◆ Which one is larger or smaller? What shape are the different fabrics?
- ◆ Where are two fabrics with the same colors or patterns? The same shape, but different sizes?
- ◆ How many different words can we use to describe how each looks?

Bright	Crooked	Rectangle	Straight
Broad	Fat	Shiny	Teeny-tiny
Circle	Gigantic	Square	Zig zag

What I Do

- ◆ What happens if I fold a fabric? Does it become a different size or a different shape?
- ◆ Count the number of different types of fabric, like all the circles, or all the squares, or all the red pieces. How many can I find?
- ◆ How many words can I use to describe the location?

Above	Beneath	Left	Over
Across	Beside	On	Right
Around	Inside	Opposite	Under

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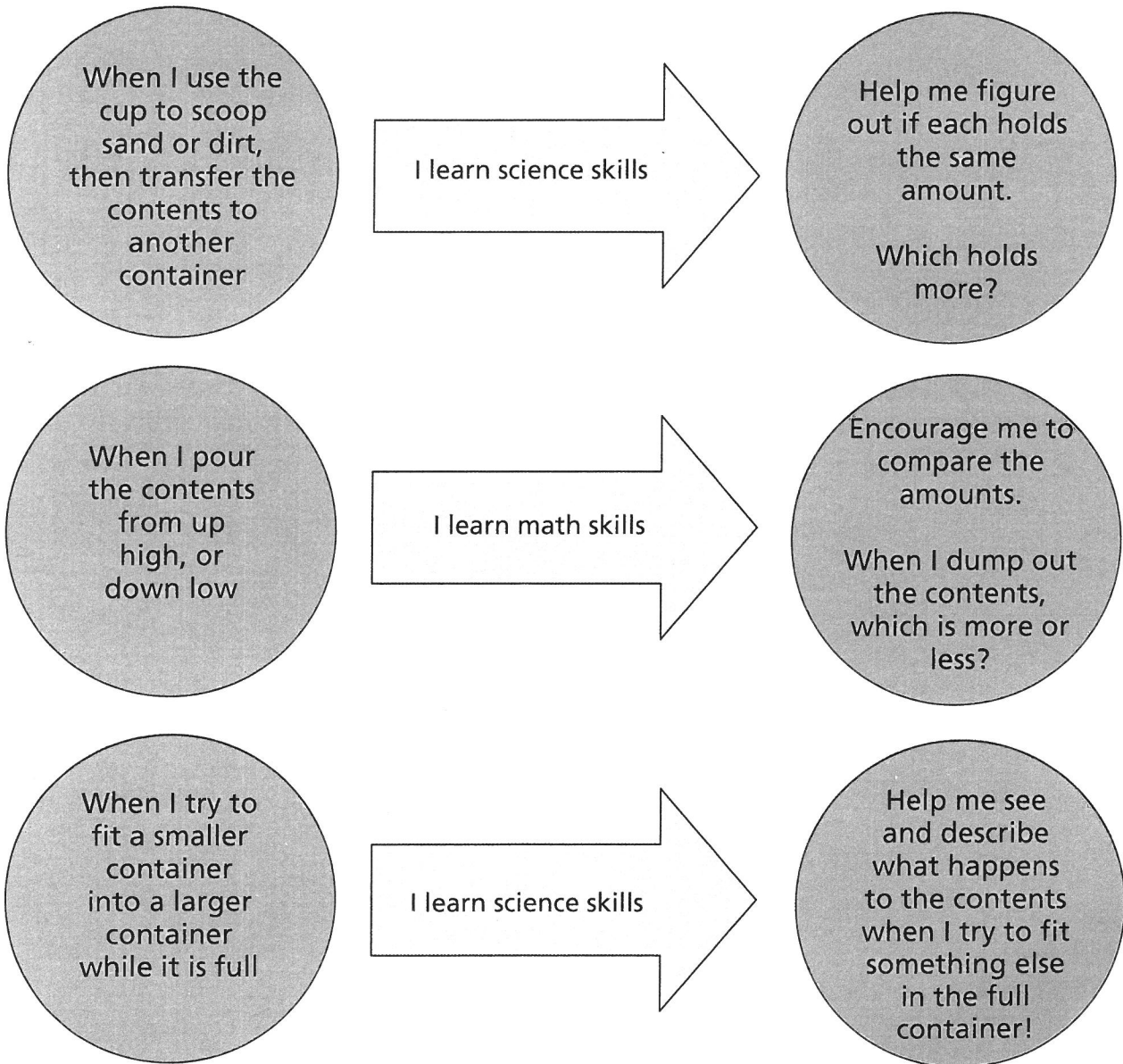
ACTIVITIES TO DO WITH YOUR YOUNG CHILD

For your preschooler or kindergartener

When I Play, I Learn!

Playing with every day items can help your child learn.

Use: Measuring cups, plastic cups, bowls, or pie pans, with water, sand, beans, or rice.

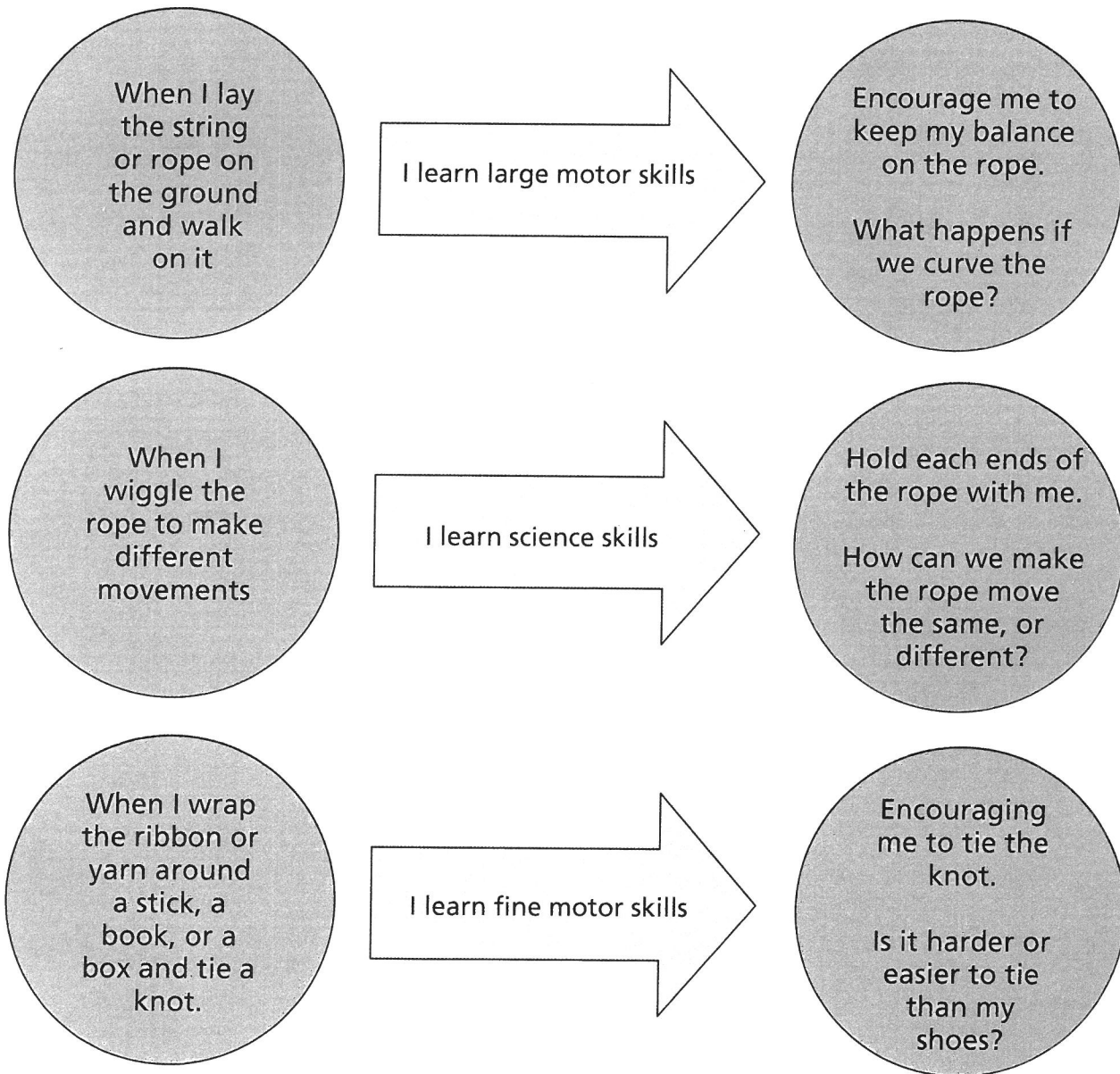


For your preschooler or kindergartener

When I Play, I Learn!

Playing with every day items can help your child learn.

Use: Jump rope, yarn, string, ribbon



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everywhere

ACTIVITIES TO DO WITH YOUR YOUNG CHILD

For your preschooler or kindergartener

When I Play, I Learn!

Playing with every day items can help your child learn.

Use: plastic lids from containers, large buttons, or blocks

When I use
as game
piece to
play
tic-tac-toe

I learn math skills

Draw a simple
tic-tac-toe and
play with me.

How many
different ways
can we get three
in a row?

When I line
up the items
from big to
small, then
from small to
big

I learn science skills

Show me how to
compare each
item.

Explain how we
can see which is
larger or smaller.

When I stack
or group
items into
different
piles

I learn math skills

Ask me how each
item is different
or the same.

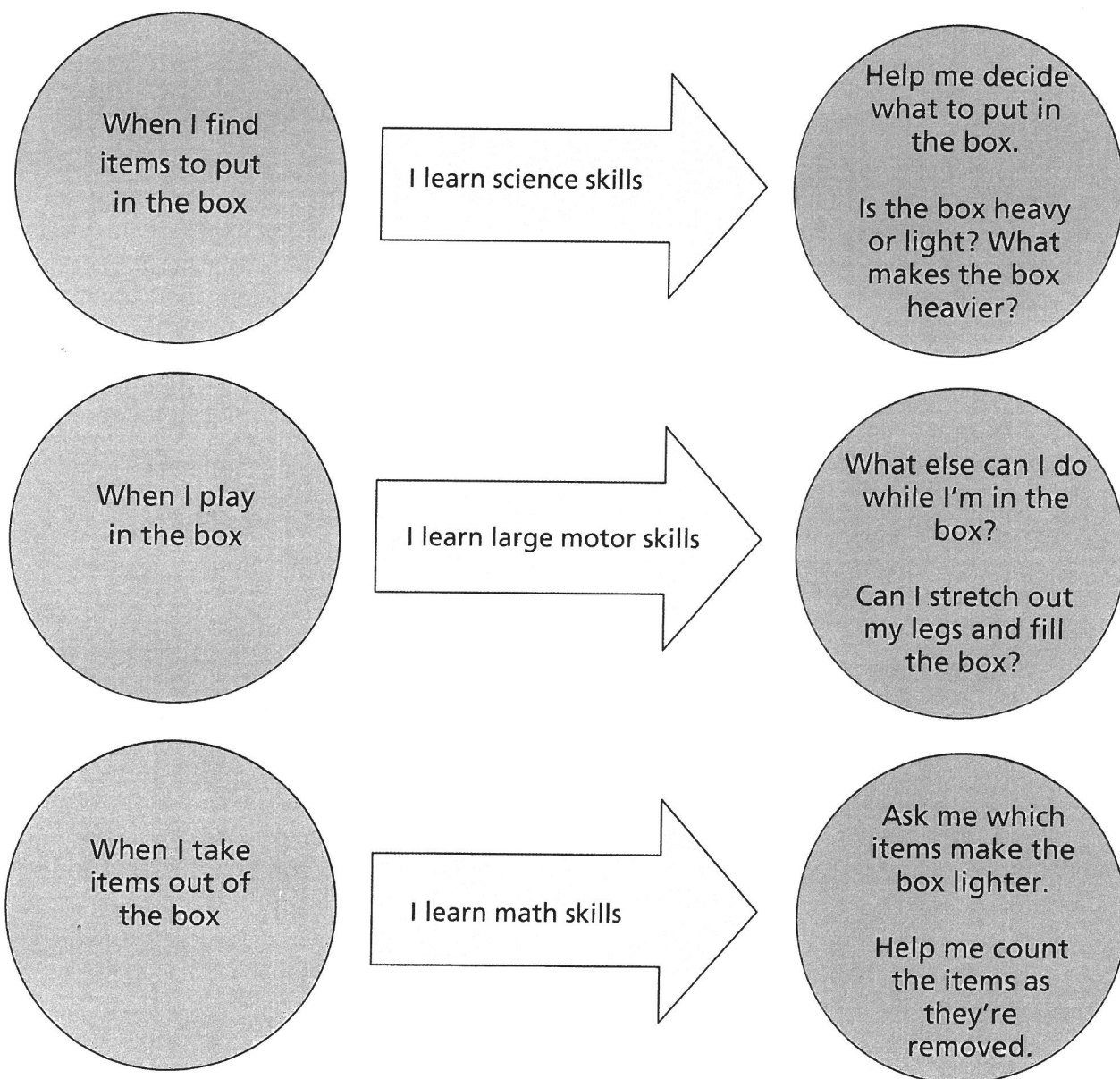
How will we
separate them?
By color, size, or
shape?

For your preschooler or kindergartener

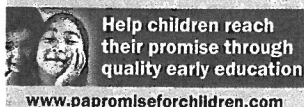
When I Play, I Learn!

Playing with every day items can help your child learn.

Use: Box—any size or shape!

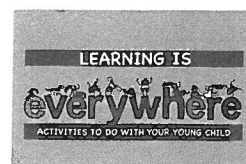


Every child is Pennsylvania's future



Learning is Everywhere

www.papromiseforchildren.com

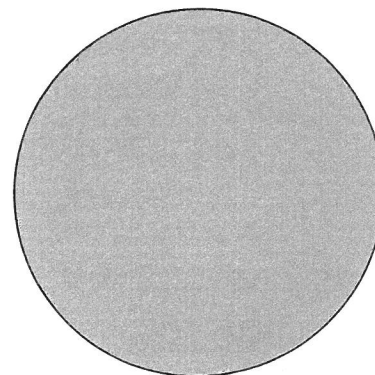
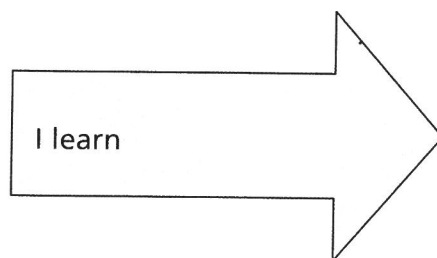
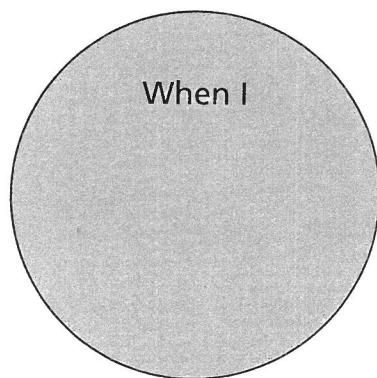
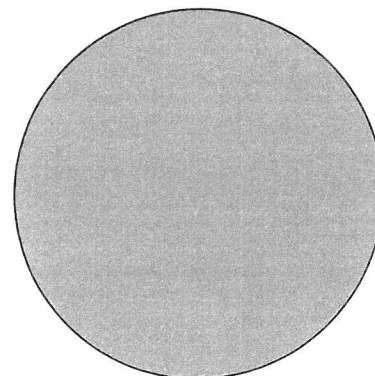
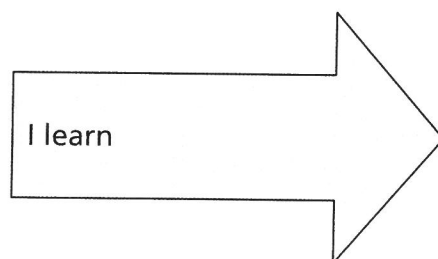
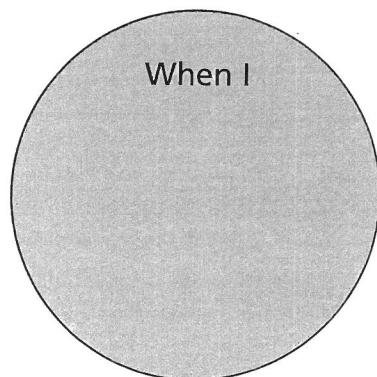
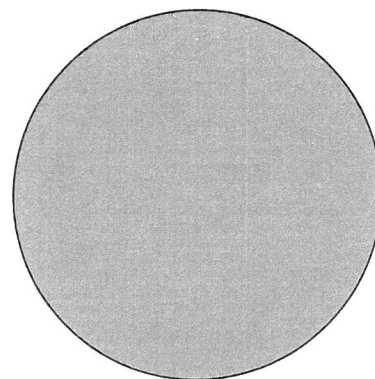
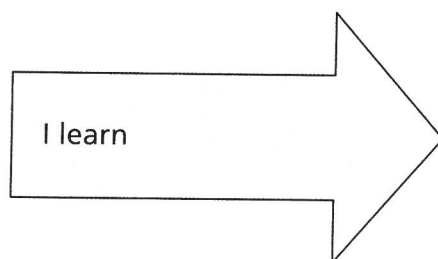
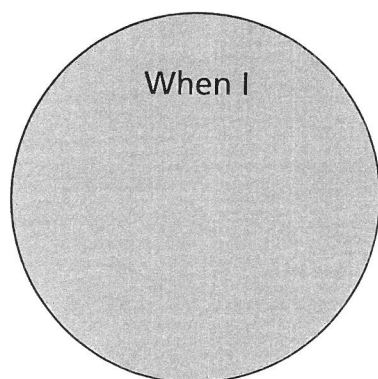


For your preschooler or kindergartener

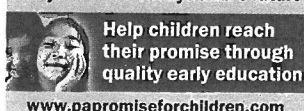
When I Play, I Learn!

Playing with every day items can help your child learn.

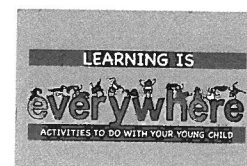
Use:



Every child is Pennsylvania's future



Learning is Everywhere
www.papromiseforchildren.com



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Every child is Pennsylvania's future



**Help children reach
their promise through
quality early education**

www.papromiseforchildren.com

Visit the Pennsylvania's Promise for Children website at www.papromiseforchildren.com to find out more about developmental milestones - what children can typically do at certain ages – and how you can help your child meet milestones. Also find tips on choosing a quality caregiver or daycare/ child care/ early learning program, like finding out about violations and questions to ask when you visit. There is also information on ways to afford child care on a tight budget.

You can share your story. There are thousands of families like you who would love to hear your story. Your community leaders and legislators are listening too!

Pennsylvania's Promise for Children is sponsored by the PA Build Initiative, Pennsylvania Early Learning Keys to Quality, The Grable Foundation, The Heinz Endowments, and William Penn Foundation.

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WIP.20.04.16

Problem Solving in Early Intervention

First Steps in Problem Solving

Questions or concerns about Early Intervention (EI) programs and services should first be addressed by contacting your service coordinator (infant/toddler EI program) or your EI representative (preschool EI program). You are encouraged to meet with staff at your EI program as a first step in resolving concerns.

This is likely to result in a more timely resolution. Any change that results from the meeting will be documented on the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). If you ask for a meeting to talk about your concerns, the meeting must be held within seven days of your request.

What if parents still have concerns?

You have five choices available to you if concerns persist. Any of these choices may be used at any time.

1) Contact the Bureau of Early Intervention Services

You may contact the Bureau of Early Intervention Services (BEIS) by calling 717-346-9320. BEIS can assist in resolving the concern before a more formal written complaint is filed.

A BEIS Advisor will contact your child's EI program to determine if there can be an immediate resolution. If no immediate resolution is available, you can file a written complaint.

2) File a Written Complaint

You may file a written complaint to resolve concerns if you believe the EI program hasn't followed proper steps in the EI process.

BEIS will investigate the complaint within 60 days.

If a concern is identified, a plan of correction will be developed within 30 days after the investigation.

3) IFSP/IEP Facilitation

You may ask for IFSP/IEP facilitation, a voluntary process that can be used when parents and EI staff agree that a neutral person would help to achieve a successful IFSP/IEP meeting. This is a less formal way to resolve disagreements than more formal proceedings such as due process. **You can get more information from your service coordinator or preschool EI representative or by contacting the Office for Dispute Resolution at 1-800-222-3353 or www.odr-pa.org.**

4) Mediation

You may use mediation when there is a disagreement about a child's evaluation or services on the IFSP/IEP, such as the choice of a service, how often a service is provided, or where a service takes place. In mediation, everyone agrees to work together with a mediator, a person trained to help resolve concerns without taking sides. Mediators don't make "decisions," but help parties come to an agreement. Mediation is offered at no cost, is informal, and happens quickly.

You can get more information about mediation by contacting the Office for Dispute Resolution (ODR) at www.odr-pa.org or 1-800-222-3353.

5) Due Process Hearing

You may request a due process hearing, a more formal process for resolving disagreements about EI services, such as the choice of a service, how often a service is provided, or where a service takes place. These are formal hearings at which all sides can present witnesses, including experts.

There are some differences in due process for families with infants and toddlers, and those with preschool age children.

Parents with infants and toddlers under three years of age

You may request a hearing and the hearing officer will set a date and send a notice to you. If there is a problem with the date, the hearing can be rescheduled. The hearing must be held, and a decision reached, within 30 days.

Parents with preschool children three to five years of age

If you request a hearing, you and your preschool EI representative will be required to meet before a hearing takes place to resolve disagreements at the local level through a resolution meeting. Both parties can agree to waive the resolution meeting in writing or they may agree to try mediation. If the preschool program does not hold a local resolution meeting within 15 calendar days, you may ask the hearing officer to move forward with the due process hearing. The hearing must be held, and a decision reached within 45 days. **For more information on due process hearings, you can contact your preschool EI representative or call the Office for Dispute Resolution (ODR) at 1-800-222-3353 or visit www.odr-pa.org.**

*An EI representative could be your EI teacher, therapist, or service coordinator.

What can you do if you are not satisfied with the Early Intervention services your child receives?

Discuss concerns and disagreements with your service coordinator or preschool Early Intervention representative.

Discuss concerns and disagreements with the local Early Intervention program supervisor.

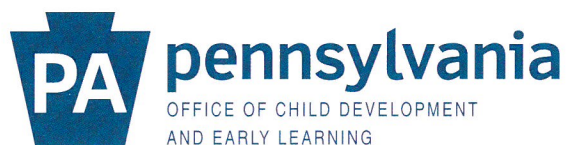
Contact PA Office for Dispute Resolution at 800-222-3353 for the assistance of a trained mediator to help solve disagreements or request a due process hearing.

OR

Contact the Bureau of Early Intervention Services 717-346-9320 to discuss issues and/or file a complaint.

Questions about problem solving in Early Intervention?

Call 717-346-9320 or Email the Bureau of Early Intervention Services at RA-ocdintervention@pa.gov



NOTICE OF PRIVACY PRACTICES
Beaver County Outpatient Assessment Center
Beaver County Behavioral Health/Direct Services

Notice of Information Practices

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information

Each time you visit a provider, a record of your visit is made. Typically, this record contains your diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities

Our facility/agency is required to:

- maintain the privacy of your health information
- provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this Notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

- (1) Treatment. We will use your health information for treatment without your consent. For example, information obtained by a physician or case manager will be recorded in your record and used to determine the course of treatment that should work best for you. The physician or case manager will document in your record the actions taken and their observations. In that way, we will know how you are responding to treatment. We also share your crisis plan with the county crisis services and the local emergency rooms to assure your safety and continuity of care.
- (2) Payment. We will use your health information for payment without your consent from the third party payor you designate, including Medicare and Medicaid. The information on or accompanying the bill will be limited to that information necessary to establish the claims for which reimbursement is sought. For example, the bill may include information of the dates, types and costs of therapies and services, and a general description of the general purpose of each treatment session or service.
- (3) Health care operations. We will use your health information for regular health operations without your consent. For example, members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
- (4) Notification. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Using our professional judgment, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.
- (5) Communication with family. With your written permission, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- (6) Research. We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- (7) The County Administrator. Without your consent we are permitted to share certain pieces of your PHI with the County Administrator who is responsible for overseeing this facility and must receive information regarding the operation of this facility as required in certain circumstances as permitted by law.
- (8) Commitment Proceedings. During the course of an involuntary commitment proceeding, the court may direct that it or a mental health review officer, as allowed under the Mental Health Procedures Act have access to your PHI for purposes of conducting the hearing without your consent. Also, information will be disclosed to attorneys assigned to represent you if you are the subject of an involuntary commitment proceeding without your consent.
- (9) Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- (10) Public health. As required by law, we may disclose your health information without your consent to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- (11) Incarceration or Inpatient Treatment. Should you be in a correctional institution or inpatient treatment facility, we may disclose to the health care professionals at the institution, without your consent, health information necessary for your health treatment.

Your Health Information Rights

Although your health record is the physical property of the provider, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or general health care operations, and/or to a personal representative or guardian. We ask such requests be made in writing on a form provided by our facility/agency. Although we will consider your request, please be aware we are under no obligation to accept or to abide by it unless you pay for said services out of pocket. Even if you pay for services out of pocket, there may be instances where we are required by law to release information.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Privacy Officer.
- We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies we may charge you a reasonable fee.
- If you believe any health information in your record is incorrect or important information is missing, you may request we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility/agency to make such requests. For a request form, please contact the Privacy Officer.
- You may request we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility/agency. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests made thereafter, you will be charged a reasonable, cost-based fee.
- You have the right to obtain a paper copy of our NOTICE OF PRIVACY PRACTICES upon request.

- You have a right (subject to State/Federal limitations) to inspect material to be released.
- You have the right to be notified if your record has been subpoenaed.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.
- You will be informed if there is a breach of your unsecured health information.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our facility/agency's Privacy Officer at 724-891-2827.

If you believe your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from any staff person and when completed should be returned to the Privacy Officer. Complaints are to be filed within 180 days of when you believe the act or failure to act occurred. You may also file a complaint with the secretary of the Federal Department of Health and Human Services. (Contact information is provided below.) There will be no retaliation for filing a complaint.

Mid-Atlantic Region: Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia):

Office for Civil Rights
U.S. Department of Health and Human Services
801 Market Street, Suite 9300
Philadelphia, PA 19107-3134

Main Line: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

NOTICE OF PRIVACY PRACTICES
Beaver County Outpatient Assessment Center
Beaver County Behavioral Health/Direct Services

Receipt Acknowledgement Page

Name: _____ **041-**_____

DOB: _____

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Effective Date: April 14, 2003

Revised: May 1, 2020

ACKNOWLEDGEMENT OF THE RECEIPT OF THIS NOTICE

Signature of Patient (14 years of age or older)

Date

Signature of Parent/Legal Guardian (Agency or Person)

Date

☐ Accepted copy of Privacy Notice

☐ Refused copy of Privacy Notice

Beaver County Behavioral Health Taglines Representing the Top Fifteen (15) Non-English Languages in Pennsylvania

Source Text:

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call [\[724-891-2827\]](tel:724-891-2827) or [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).

Translations:

SPANISH

ATENCIÓN: Si habla español, los servicios de interpretación están disponibles para usted sin ningún costo. Llamar al [\[724-891-2827\]](tel:724-891-2827) / [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).

RUSSIAN

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам предоставляются бесплатные переводческие услуги. Позвоните по номеру [\[724-891-2827\]](tel:724-891-2827) / [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).

SIMPLIFIED (MANDARIN) CHINESE

注意: 如果您的母语不同于英语, 我们可以免费向您提供语言服务, 请致电:[724-891-2827](tel:724-891-2827) 或者 [1-800-318-8138](tel:1-800-318-8138) (宾夕法尼亚州 中转号 711)

VIETNAMESE

Chú ý: Nếu bạn sử dụng ngôn ngữ khác ngoài tiếng Anh, sẽ có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Vui lòng gọi đến số [\[724-891-2827\]](tel:724-891-2827) hoặc [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).

ARABIC

تنبيه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، تتوفر لك خدمات المساعدة اللغوية مجاناً.
[\[724-891-2827\]](tel:724-891-2827) / [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).

NEPALI

सुचना : यदि तपाईं अंग्रेजी भाषा भन्दा अन्य भाषा बोल्नु हुन्छ भने, भाषा सहयोगका
सेवाहरु निःशुल्क उपलब्ध छन् । सम्पर्क : ७२४-८९१-२८२७/१८००-३१८-८१३८

KOREAN

주의: 영어의 다른 언어 사용하시면, 무료 언어 서비스 있습니다. [\[724-891-2827\]](tel:724-891-2827) or [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711) 전화 하세요.

CAMBODIAN (KHMER)

សូមប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាកម្ពុជាពីភាសាអង់គ្លេស

នោះសេវាជំនួយផ្តល់ភាសាដោយមិនគិតថ្លៃនឹងត្រូវផ្តល់ឱ្យអ្នក។

សូមហៅទូរស័ព្ទទៅលេខ [\[724-891-2827\]](tel:724-891-2827) ឬ [1-800-318-8138](tel:1-800-318-8138) (PA Relay 711) ។

FRENCH

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le [\[724-891-2827\]](tel:724-891-2827) / [1-800-318-8138](tel:1-800-318-8138) (PA Relay 711).

BURMESE

ကျုပ်ရန်။ အကယ်၍သင်သည်အင်္ဂလိပ်ဘာသာကိုမပြောနိုင်ဘဲအခြားဘာသာစကားတစ်ခုကိုသာ
ပြောနိုင်လျှင်အခမဲ့ဘာသာစကားအကူအညီသင်ရရှိနိုင်ပါသည်။ ဖုန်းနံပါတ် ၇၂၄-၈၉၁-၂၈၂၇ သို့မဟုတ်
၁-၈၀၀-၃၁၈-၈၁၃၈ သို့ဆက်သွယ်နိုင်ပါသည်။

HATIAN CREOLE

ATANSYON: Si ou pale yon lang ki diferan de Anglè, ou gen sèvis asistans lang, gratis, ki disponib pou ou. Rele [\[724-891-2827\]](tel:724-891-2827) oubyen [1-800-318-8138](tel:1-800-318-8138) (PA Relay 711)

PORTUGUESE (BRAZIL)

ATENÇÃO: Caso você fale português, você tem serviços assistenciais de idioma gratuitos à sua disposição. Ligue para [\[724-891-2827\]](tel:724-891-2827) / [1-800-318-8138](tel:1-800-318-8138) (PA Relay 711).

BENGALI

ইংরেজী ছাড়া যে কোন ভাষা বলিলে , ভাষা অনুবাদ করার সাহায্য বিনামূল্যে দেয়া হবে . কল করুন - [724-891-2827](tel:724-891-2827) অথবা [1-800-318-8138](tel:1-800-318-8138)

ALBANIAN

VËMENDJE: Në qoftë se ju flisni Shqip, shërbime perkthimi ne Shqip-Anglisht janë në dispozicionin tuaj, pa pagesë. Telefono [\[724-891-2827\]](tel:724-891-2827) / [1-800-318-8138](tel:1-800-318-8138) (PA Relay 711)

GUJARATI

સાવધાન: જો તમે અંગ્રેજી સિવાય અન્ય કોઈ ભાષા બોલતા હો તો, નિઃશુલ્ક, ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૉલ કરો [\[724-891-2827\]](tel:724-891-2827) અથવા [1-800-318-8138](tel:1-800-318-8138) (PA Relay 711).'

Parent Rights Agreement

Event/Reason for Agreement: _____

Name of Child: _____ Date of Birth: _____

Yes N/A

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | I/we have been informed that information gathered is confidential (Family Educational Rights and Privacy Act). |
| ☐ | ☐ | I/we received information explaining Early Intervention, our rights, and Procedural Safeguards. |
| ☐ | ☐ | I/we understand that parents have the right to accept or decline any or all of the proposed services and activities. |
| ☐ | ☐ | I/we have been informed of the screening process and the right to request a Multidisciplinary Evaluation (MDE) anytime during the screening process. |
| ☐ | ☐ | I/we give permission for a screening for my child (if a current screening is not available) to determine the need and focus of an MDE. |
| ☐ | ☐ | I/we give permission for a MDE for my child (if a current evaluation is not available) to determine eligibility for Early Intervention. |
| ☐ | ☐ | I/we have been informed that an Individualized Family Service Plan (IFSP) meeting shall be held within 45 days from the date of referral to the Infant/Toddler Early Intervention Program, if my child is found eligible during the MDE. |
| ☐ | ☐ | I/we participated in the MDE and IFSP meetings to discuss, plan, and implement Early Intervention services or tracking services. |
| ☐ | ☐ | I/we agree our child no longer needs Early Intervention services because s/he has met exit criteria and all current Early Intervention services will be discontinued. |

I/We request

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | All activities and services listed on the IFSP. |
| ☐ | ☐ | Another meeting to continue to discuss the issues presented today. |
| ☐ | ☐ | All tracking activities. |
| ☐ | ☐ | All recommended activities and services to be delayed. |
| ☐ | ☐ | Only the following IFSP listed activities or services to start: |

The Screening results indicate

- ☐ Your child is meeting age appropriate developmental milestone for the following reason:
- ☐ Your child is not meeting age appropriate developmental milestones for the following reasons:

I/we authorize the following team members/agencies to be provided copies of the Evaluation Report(ER)/IFSP:

Name/Agency	Address	Its entirety or certain sections?

I/we are dissatisfied with the proposed services and activities and request:

- ☐ A discussion with the county administrator responsible for the Early Intervention program
- ☐ A mediation session conducted by the Office for Dispute Resolution.
- ☐ A due process hearing conducted by the Office for Dispute Resolution.
- ☐ Filing a complaint with the Bureau of Early Intervention Services and Family Supports.

Parent Signatures(s): _____

Date: _____

05/16/18

EARLY INTERVENTION PROGRAM PARENT'S RIGHTS & PROCEDURAL SAFEGUARDS

WHAT ARE MY RIGHTS AND WHY ARE THEY IMPORTANT?

Rights protect your child and family. All families enrolled in early intervention have the same rights. Your rights within the early intervention process begin as soon as you are referred to a program and continue as long as you and your child participate in the early intervention program.

THE RIGHT OF PARENTAL CONSENT:

Consent means that you have been fully informed about the activity for which you are giving consent and that you understand and agree to this activity. The early intervention program will offer your child and family the option to participate in activities to determine eligibility, receive services and participate in the tracking system. The consent and the information to be released/obtained through the consent will be explained to you in the language that you use in your home. Your written consent must be obtained before the completion of evaluations, referral to the tracking program, determination of eligibility for Medicaid waiver services, initiating or changing early intervention services. Your consent is voluntary and can be taken back at any time, but the activities of the early intervention program cannot be completed without your consent.

THE RIGHT TO DECLINE SERVICES:

You can decide to accept or decline any early intervention service offered and may decline service even after accepting. Declining a service will not jeopardize other services being provided or the referral to a service at a later time.

THE RIGHT TO REVIEW RECORDS:

You have the right to review your child's records. The early intervention program gives you the opportunity to inspect and review any early intervention records relating to your child which are collected or maintained. The early intervention program must comply with a request without unnecessary delay and before any meeting regarding an IFSP or hearing related to identification, evaluation, placement, or provision of appropriate early intervention services.

THE RIGHT TO PRIOR NOTICE:

You will meet with early intervention staff many times for different reasons during your enrollment in the program. Each time you meet to make major decisions, you must be given a notice that fully explains the action being taken in writing or orally in a language you understand. You will also receive a copy of the *Parent's Rights Agreement* with every notice.

THE RIGHT TO A SURROGATE PARENT:

The early intervention program will ensure that the rights of a child referred to early intervention are protected by a surrogate parent if a parent cannot be identified, the whereabouts of the parent is not known, or the child is in the legal custody of Children and Youth Services without parent involvement.

THE RIGHT TO CONFLICT RESOLUTION:

You can request a meeting with administrative staff of the early intervention program to discuss and resolve issues related to early intervention services. Conflict resolution is voluntary and does not deny or delay your other rights.

THE RIGHT TO MEDIATION:

The mediation process provides the opportunity to resolve a dispute with the assistance of a qualified mediator who is trained in mediation techniques. Mediation is voluntary and does not deny or delay your other rights.

THE RIGHT TO DUE PROCESS:

Due process provides the opportunity to resolve a dispute in a formal hearing conducted by an impartial hearing officer. You can be advised by counsel, present evidence, have witnesses and obtain a written copy of the hearing. The hearing will be scheduled at a time and place that is convenient for the family. Your child will continue to receive early intervention services during the process unless you and the early intervention program otherwise agree.

More information is available to you in the text of the Family Education Rights and Privacy Act (FERPA). You may have a copy upon request.

STEPS IN THE EARLY INTERVENTION PROCESS

This is an overview of the steps your child and family will take in an Early Intervention program. There are certain timelines when these steps should happen.

REFERRAL

A child should be referred to the Early Intervention program as soon as there is a concern about how the child is developing. Parents, family members, doctors or pediatricians, childcare providers, Early Head Start and WIC can all refer a child to Early Intervention.



ASSIGN SERVICE COORDINATOR/INITIAL HOME VISIT

The Service Coordinator will contact the family and set up an initial home visit. During the visit the EI program will be explained, parental rights reviewed, and some basic information on the child and family will be obtained. During this visit the Service Coordinator will discuss the child's strengths and areas where the family may have concerns.



EVALUATION/ASSESSMENT

The Service Coordinator will schedule a date and time for the child to be evaluated. The evaluation team, including the Service Coordinator, will administer the evaluation in the child's environment. The information and results will be explained to the family, and the family will know the same day if their child is eligible for services.

THIS IS REQUIRED TO HAPPEN WITHIN 45 DAYS OF REFERRAL



INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) MEETING (IF ELIGIBLE)

This is a meeting between the family, Service Coordinator, the evaluation team and service providers as appropriate. During this meeting, everyone collaborates to decide where the child's strengths and needs are and to decide what goals to work towards with the child and family.

THIS IS REQUIRED TO HAPPEN WITHIN 45 DAYS OF REFERRAL



DELIVERY OF SERVICES

Services will begin as soon as possible after the initial development of the IFSP, and in the child's natural environment (home, daycare center, caregiver's home).

THIS IS REQUIRED TO HAPPEN WITHIN 14 DAYS OF THE IFSP



THREE, SIX, AND NINE MONTH REVIEWS OF THE IFSP RE-EVALUATION WITH ANNUAL REVIEW OF THE IFSP

IFSP team will discuss any need for change in services or re-evaluation



EXIT/TRANSITION FROM SERVICES

When your child turns 3 or is developing appropriately for his or her age, they will no longer be eligible for Early Intervention Infant/Toddler services. The Service Coordinator will help your family transition from the Infant/Toddler Early Intervention program.

EARLY INTERVENTION SERVICES AND SUPPORTS

SPEECH THERAPY:

Speech therapists are trained to provide you and your child with valuable skills to enhance the ability to understand language. They help your child learn to communicate wants and needs through the use of speech, sign language, picture exchange, or alternative communication methods. Through play, therapists are able to encourage syllable sounds, choices and the labeling of objects, either verbally or through gestures. Speech therapists are also trained to assist children who exhibit oral motor difficulties related to eating and speech. They provide exercises to improve strength and coordination. They also develop strategies to maximize your child's ability to accept and manage food safely.

PHYSICAL THERAPY:

Physical therapists focus on strength, endurance, and mobility. Physical therapists educate the family on how to promote rolling, sitting, crawling, kneeling, standing, and walking. They also assist with negotiating stairs, running, jumping, and balancing activities. PT specializes in movement, posture, and gait analysis and assists the child to achieve independence in all motor development areas. Physical therapists assess and manage tone and assess the need for splints, positioning devices, and walking aids.

OCCUPATIONAL THERAPY:

Occupational therapists focus on adaptive skills development. The therapist will assist with improvement of independence with self-help skills including feeding, grooming, hygiene, and dressing. They also help with social/emotional development by assisting with improved interaction with family members, caregivers, and peers. OT works on fine motor skills including grasping, eye-hand coordination, range of motion, muscle tone, and transitions during play. They also assist with sensory awareness, tolerance, and acceptance to encourage appropriate exploration of the child's environment.

SPECIAL INSTRUCTION:

Special instruction teachers focus on your child's overall development. They specialize in helping your child develop emotionally, socially, and cognitively. This includes increasing attention to task, appropriate behaviors, problem solving, following directions, and interacting with others. The SI teacher works on improving play skills, labeling objects, sorting, identifying, and exploration of toys.

VISION THERAPY:

Vision therapists work to increase a child's functioning vision. They work on tracking, scanning, and following objects that allow the child to be more aware of his or her surroundings.

HEARING THERAPY:

Hearing therapists assist a child to utilize his or her hearing. They specialize in enhancing communication skills by teaching functional signs, speech, lip reading, and hearing aid use.

NUTRITIONIST:

Services necessary to enable a child to benefit from Early Intervention services while the child is receiving another Early Intervention service. This includes consultation with other service providers concerning the special health care needs of the child that will need to be addressed in the course of providing other Early Intervention services. **These services are not designed to meet the medical needs of the child, but to assist with the delivery of Early Intervention services to enhance the development of the child.**

***Early Intervention service providers are required to have pediatric experience, FBI fingerprinting, child abuse and criminal record clearance checks, and 24 hours of ongoing training every year. Early Intervention therapists have bachelor or master degrees and appropriate licensing or credentialing. Availability of Early Intervention staff may be dependent on the number of families they are currently working with and demographic area. Your Service Coordinator will always work with your family to develop a team that can meet your child's needs and can address your concerns.**

PARENT FOLDER ACKNOWLEDGEMENT FORM

Name of Child _____

Child's Date of Birth _____ BSU# _____

Name of Parent, Guardian, or Surrogate Parent _____

This is to verify that I have received a copy of my Early Intervention Parent Folder that includes the following:

- ❖ A Family's Introduction to Early Intervention in PA
- ❖ Problem Solving in Early Intervention
- ❖ Understanding Early Intervention Data Systems
- ❖ Annotated Evaluation Report & Individualized Family Service Plan (IFSP)
- ❖ Parent to Parent Brochure
- ❖ Parent's Rights and Procedural Safeguards
- ❖ PA System of Payment for EI Services
- ❖ BCBH/Direct Services Notice of Privacy Practices
- ❖ Statewide Provider Listing
- ❖ Early Learning Standards
- ❖ Screening Facts for Families
- ❖ Coaching in Early Intervention
- ❖ Understanding Early Childhood Outcomes (ECO)
- ❖ Medical Assistance Loophole/Benefit Enrollment Specialist contact
- ❖ Family Resources

I understand that I have the right to:

- ❖ Have my rights explained to me in a way I can understand
- ❖ Participate in decision making for my child
- ❖ Have my child's developmental skills evaluated
- ❖ Give consent or permission for evaluation and services
- ❖ Develop a plan for services (IFSP) within 45 days of referral
- ❖ Receive a written notice prior of meetings for IFSP, evaluation and assessment, or proposed changes to or refusal of services by the early intervention program

The Early Intervention Parent Folder informs me of my rights and my child's rights while enrolled in an Early Intervention program. These rights have been explained to me by:

Name _____

Date _____ Title _____

My signature below indicates I have received my Early Intervention Parent Folder and understand its contents.

Signature of Parent, Guardian, or Surrogate Parent

Date

**Beaver County Behavioral Health
MH/EI/ID/D&A**

REQUEST FOR ELECTRONIC COMMUNICATION

Individual's Name: _____

041-_____

Electronic communication, including but not limited to; e-mails and text messages, provide an alternative means of communication with Beaver County Behavioral Health (BCBH). The following is intended to assist you with your determination of whether you wish to electronically communicate with BCBH.

General Considerations

- BCBH will treat electronic communications with the same degree of privacy and confidentiality as written medical records. BCBH has taken reasonable steps with internal information technology to protect the security and privacy of your personal identifying and health information (PHI) required by the Health Information Protection and Accountability Act of 1992 (HIPAA).
- Standard e-mail services, including but not limited to; Yahoo, Hotmail and Gmail, are not secure. This means email messages, including any PHI or other sensitive information are not encrypted and could be misdirected, disclosed to, read, or intercepted by, unauthorized third parties.

I have read and understand the above description of risks and responsibilities associated with Electronic Communications with BCBH. I acknowledge that commonly used Electronic Communications are not secure.

Please check applicable statement(s) below:

_____ Having been informed of risks above, I consent to accept the risk and still desire to communicate with BCBH using **Texting**.

_____ Having been informed of risks above, I consent to accept the risk and still desire to communicate with BCBH using **E-mail**.

I understand that I can withdraw this consent at any time by written notification to BCBH.

Signature of Individual or Personal Representative

Date

If unable to obtain signature of individual, verbal authorization is permitted. Check Verbal Authorization below and two BCBH staff members must sign below as witnesses.

_____ Verbal Authorization from Individual

BCBH Staff Member

Date

BCBH Staff Member

Date

Beaver County Local Interagency Coordinating Council 2021-2022

2021-2022 General Meeting Schedule

10:00 AM September 21, 2021

10:00 AM November 16, 2021

10:00 AM January 18, 2022

10:00 AM March 15, 2022

10:00 AM May 17, 2022

2021-2022 Committee Meeting Schedule

10:00 AM October 19, 2021

10:00 AM December 21, 2021

10:00 AM February 15, 2022

10:00 AM April 19, 2022

10:00 AM June 21, 2022

Meeting location/format will be determined based on state and local guidance related to meetings and gatherings for educational entities as of Sept. 1, 2022.

Office of Child Development and Early Learning



The Early Intervention Process: Evaluation Report – with Annotations

The Evaluation Report documents the strengths and needs of the child and family. It is used to determine eligibility, the need for supports and make recommendations that can assist the young child to develop, learn and grow.

Type of Evaluation:

Initial or Reevaluation:

Date Evaluation Completed:

Use for evaluation and reevaluation. An evaluation must be completed within 45 days of referral. If there are multiple evaluation dates, record most recent.

Date Evaluation Report sent to Parent/Guardian:

Use for evaluation and reevaluation. A written ER is provided to the parent within 30 calendar days of the evaluation.

I. Demographic Information

Child Information	
Child's Name:	Gender:
Date of Birth:	Age:
EIX00 #:	
Referral Date:	
Referral Source:	
Child's Address:	
City/State/Zip:	
Phone #:	
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
School District of Residence:	
County of Residence:	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Family Information	
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
Interpreter Needed: <i>If the family declines an interpreter, indicate 'No' in this section and document in the Family Information section of the record.</i>	
School District of Residence:	
County of Residence:	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

II. Participants in the Evaluation

Participation of the parent/guardian as an equal partner of the evaluation team is essential. In addition to the parent/guardian, other members of the Infant/Toddler Early Intervention evaluation team shall include a service coordinator, a qualified professional and other team members as appointed by the family.

Name	Title/Role
	Parent/Guardian
	Parent/Guardian
	Service Coordinator

Child's Name:
Local Program :

Date of Birth:
Local ID# :

III. Evaluation Background/History

Reason for Referral for Evaluation

Type of Evaluation:

Describe the reason(s) child is being referred for this evaluation.

For initial evaluations, include the reason the child was referred for evaluation and the source of the referral. For reevaluations, the reason for referral may include gathering additional information on the child's level of development in a specific area and whether the child continues to be eligible. For evaluations for children in the process of transitioning from Part C to Part B Early Intervention, the reasons for referral should include determining if the child is eligible for Part B special education services.

History

Brief account of previous EI program and services, this should also include any other evaluations or services outside the EI programs

The materials gathered in this section are based on information from the family and those familiar with the child: friends, caregivers, early learning practitioners, Early Interventionists, and others. Medical/health information may be included here if it is pertinent to the child's history. Be sure to include: (1) a statement explaining from where and from whom the information was obtained; (2) information on participation in early care and education programs such as Early Head Start or childcare, (including days and times attended, center name and address, director/teacher name and contact phone number, history of attendance); (3) a brief account of relevant programs and services with which the child has been involved, for example: ongoing therapies and treatments, specialized care, services received in other counties/states, Children, Youth & Families involvement, Behavioral Health Rehabilitative Services (including name and location of provider, type and amount of services), MH/ID case management, Medical Assistance programs, WIC, food stamps, subsidized child care, home visitation/family supports, or any other program or service. For children who are deaf or hard of hearing, document whether or not the parent(s) and sibling(s) are hearing, have some degree of hearing loss, identify as culturally Deaf, or their hearing status is unknown; (4) any available information about strategies that have been shown to be beneficial to the child.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

IV. Family Information

It is helpful to know the kinds of activities your child participates in, the people who your child spends time with, and the things your child enjoys doing. This information will be used to plan the Early Intervention services and supports that your child might need. Families have the option to participate and are welcome team members in the evaluation process.

There are resources available (ex. the Routines Based Interview) to provide examples of how to ask these questions and others to enhance the quality of the responses from parents and caregivers. Gathering this information with families is integral to the evaluation and planning process. If you are unable to obtain information from the family, describe the efforts made to obtain information.

1) Describe the child/family's typical day/routines. Also include the family's views of their child's strengths and activities that are challenging for the child and family.

Describe typical child/family routines that happen during the day. This should include all activities that the child/family participates in, including those that the child/family enjoy and those they, and other care providers, find difficult. This includes meals, bath time, bedtime, playtime, etc. It also includes community programs such as childcare, home visitation/family support programs, playground, family groups, library, etc. Describe the child's interests, strengths and abilities. What are characteristics, ways of interacting with others or things the child does that people who know the child best appreciate and enjoy? Describe what the family wants people to know about how their child's developmental needs are affecting the lives of the child and family. Also, include the child's strengths as seen by teachers or caregivers and other concerns they may have for the child in the early learning setting. Include the source(s) of the information; for example, the people who provided the information, such as friends, caregivers, early learning practitioners, Early Interventionists, and others; or from the results of questionnaires.

Describe current activities that are difficult for the child and/or family to participate fully. Describe those activities the family did in the past and would like to do again. Describe any new activities in which the family would like the child to participate, but the family needs assistance to successfully participate in the experience.

This information should be used to develop recommendations for intervention that are part of the typical routines and activities of the child and family. For eligible children, this information should assist in the identification of outcomes and potential locations for intervention.

2) Describe the family's resources, including extended family, friends, community groups, etc.

Who is involved with the child and family? How are they helpful and how do they support the child and family? How can personnel in Early Intervention show respect for the family's individual preferences; for example, family routines, relationships, traditions, communication styles, cultural preferences? Explain what the family wants people to know about the types of resources they have to meet their family's needs including family, friends, community groups, financial supports. What are the family's priorities for their child's future? Do they have thoughts on how they might address those priorities?

This information should be used to develop recommendations for intervention that are part of the child and family's typical routines and activities. For eligible children, this information should help to develop outcomes.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

V. Health, Vision and Hearing Summary

Health Summary

Date of Most Recent Health Appraisal:

By Whom:

Summarize the child's medical/health history including any information that impacts current health status or the results of the evaluation. Include information on nutrition, eating or growth concerns, immunizations, etc.

This section should include developmental history; use of glasses, hearing aids, walkers, etc. This section may include information from the initial and annual health report:

- *Brief birth history, if relevant*
- *Review of previous health history, including a physical exam & growth assessment*
- *Hospitalizations, surgical history*
- *Immunizations and screening tests*
- *Medications and information on how they impact on the child's activities & diet*
- *Recommendations for follow-up health care or treatment*
- *Information on the management of the child's health care needs, including any instructions for medical emergencies and ongoing treatment*
- *Allergies and secondary health issues/diagnoses*

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Hearing Summary

Summarize the results of hearing assessments, including the results of the newborn hearing screening as appropriate. Describe information that the team gathered during the evaluation about the child's hearing skills using observation, parent report, screening tools, etc.

Date of Most Recent/Any Hearing Screening/Assessment:

By Whom:

Screening Instrument (if known):

Hearing Summary

Summarize the results of recent hearing screenings and assessments. Include the results of the Newborn Hearing Screening as pass or refer. Include documentation of the date and hearing test results from the audiogram and audiologist report. Include the type of loss (sensorineural, conductive, mixed, or other) and any other screenings done in the past year (i.e. by pediatrician at well child visit). Describe information that the team gathered during the MDE about the child's hearing skills. If there is no medical documentation, ask the parent/caregiver about their observations of the child's hearing skills and discuss whether further hearing evaluation should be recommended. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities. When completing this section, the team should keep in mind the high risk indicators associated with permanent congenital, delayed-onset, progressive hearing loss or unilateral hearing loss. These indicators identify the need for hearing screening or subsequent in-depth testing to rule out the presence of a hearing loss. They are listed in the "Risk Indicators Associated with Permanent Congenital, Delayed-Onset, or Progressive Hearing Loss in Childhood" document, which includes an original and annotated version. You can find this document on the EITA Portal under Topics of Interest > Low Incidence > Hearing/Deafness > Documents section.

Vision Summary

Summarize the results of vision assessments. Describe information that the team gathered during the evaluation about the child's vision skills using observation, parent report, screening tools, etc.

Date of Most Recent Vision/Any Screening/Assessment:

By Whom:

Screening Instrument (if known):

Vision Summary

Summarize the results of recent vision screenings and assessments. Include results of any vision screening done in the past year (i.e. by pediatrician at well child visit). Describe information that the team gathered during the MDE about the child's vision through observation, parent report, screening tools, etc. Check local availability of Spot Visual Screeners as needed. This information should be used to develop recommendations for interventions and strategies that support the child's support the child's participation in typical routines and activities.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

VI. Evaluation of Developmental Domains

Each section may include a summary of standardized testing, parent/caregiver/early childhood educator information, and observation of the child. Each of the developmental sections should include descriptive statements about the child's present abilities, strengths, and their unique needs, as based on parent/caregiver/early childhood educator report, administration of evaluation instruments, observations, or review of recent evaluation information from other agencies/programs outside of early intervention. Be sure to include the functioning level of these skills, including academic information and progress in appropriate activities for Infants and Toddlers.

The evaluation instrument must be administered by qualified personnel and unless clearly not feasible to do so, all evaluations and assessments of an infant or toddler must be conducted in the native language of the child. When conducting the evaluation and assessment, gather information from sources such as family members, other caregivers, medical providers, social workers, home visitors, and educators, if necessary, to understand the full scope of the infant or toddler's unique strengths and needs. Consider any use of adaptations or assistive technology that the child/family currently uses. Observe the child and ask the parent/caregiver about any current use or potential need for any low tech or high tech assistive technology that would support the child to better demonstrate developmental skills in each domain of development. Please reference "Assistive Technology Devices and Services Defined" document for a clear definition and examples of AT (<https://www.specialedconnection.com/LrpSecStoryTool/printDoc.jspdocid=10004&chunkid=1000008966>).

A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child), if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that the child has a diagnosis which has a high probability of resulting in a developmental delay. If the child's eligibility is established through the use of medical or other records, the Infant/Toddler Program must conduct an assessment of the child and family to identify the child's unique strengths and needs and the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability.

In order to be complete, all sections should include the information above, as appropriate for an individual child.

The information below may be helpful for families to understand what developmental skills may be represented in each section. These skills can be demonstrated within the child's typical play and community activities. This information may help to develop recommendations for interventions, and for an eligible child, the development of outcomes or goals, teaching strategies, specially designed instruction, and/or the location of intervention.

Cognitive Development

This section refers to how the brain functions and includes the development of thinking, learning, awareness, judgment, and information processing.

Communication Development

This section includes early development of the communication and language children use to express themselves, including the child's ability to understand (receptive) and communicate (expressive) wants, needs, and ideas within everyday routines.

Social and Emotional Development

This section includes the child's ability to engage others including playing, responding to adults and other children, and expressing their emotions.

Physical Development

This section includes the child's ability to move their own body including control of muscles, ability to sit, stand, move from place to place, and manipulate toys using both large and small muscle development.

Adaptive Development

This section includes the child's self-help skills such as feeding, dressing, and toileting.

Other Information

This section may include additional evaluation/assessment information from other sources or information not covered in previous sections. It may also include how the information gathered, including cultural preferences, impacts on the child's typical routines and activities. This section might also include learning strengths and learning difficulties observed and experienced in evaluation and daily routines and assistive technology needs.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Cognitive Development

This section includes play skills and early concept development, such as object permanence and related concepts. Also included are classification, spatial relationships, problem solving, attention to task and remembering skills and readiness activities, especially related to pre-academic skills/pre-literacy and pre-math skills. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Communication Development

This section includes early development of communication and language, including the child's ability to understand (receptive) and communicate (expressive) wants, needs and ideas within everyday routines. Other information may include report of the child's status or progress in pragmatics, phonology, articulation, voice/fluency, oral mechanisms, etc. as developmentally appropriate, as well as the child's use of other communication opportunities, including American Sign Language, Listening and Spoken Language, Total Communication, or Cued Speech. This also includes the use of augmentative and alternative communication; both low tech (e.g. picture exchange) and high tech (e.g. tablet technology), and other forms of AT to support communication.

These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities. If the child has a delay in communication development, in order to rule out a hearing loss, a recommendation of a hearing screening/assessment should be considered. The Communication Plan is a tool that identifies considerations that must be addressed during the planning process. The team may choose to embed the Communication Plan components into the IFSP/IEP; or the team may elect to use the Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Social And Emotional Development

This section includes the child's ability to engage others and interact in their environment. This section should also address the child's attachment/separation and autonomy; the ability to follow routines, directions, learn rules and expectations; interactions with other family members; behavioral concerns, responses to redirection, emotional responses to others, etc. These skills can be demonstrated within the child's interactions/relationships with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information will help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities. If a Functional Behavior Assessment (FBA) has been completed prior to writing the Evaluation Report, include the results of that assessment here. An FBA is very useful for determining strategies to teach appropriate behaviors. It does not determine if a child is eligible for Early Intervention services.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Physical Development

This section includes the child's ability to sit, stand, move from place to place, and manipulate toys. It also includes looking at the child's pre-writing skills, and large and small muscle development and vision and hearing. The impact of hearing or vision loss on the child's participation in everyday routines and activities should be addressed in this section. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Adaptive Development

This section includes the child's self-help skills such as feeding, dressing, toileting, etc. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Other Information

Include additional evaluation/assessment information from other sources or information not covered in previous sections. Remember to include how the information gathered, including cultural preferences, impacts the child's participation in typical routines and activities. This section should address assistive technology needs, if not addressed in other domains. This section should also include information on learning strengths and learning difficulties observed during the evaluation and experienced in the child's daily routines. This information should help to develop recommendations and interventions and, for an eligible child, the development of outcomes/goals, teaching strategies/specially designed instruction and/or the location of intervention. Evaluations conducted outside of Early Intervention can be included here. This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child.

Child's Name: _____
Local Program : _____

Date of Birth: _____
Local ID# : _____

VII. Summary of Evaluation Results

Date of Evaluation	Age at Evaluation	Evaluation Procedures (Standardized assessment, parent/caregiver/early childhood educator report, observation, etc.) Include the location of evaluation, i.e. observation at early care and education setting.	Results	Administered by: (name, title)
Date this evaluation activity occurred.		Include the instruments, methods and modifications used for the evaluation.	For standardized tests, the results should include standard score and/or standard deviation.	Include the name and role of the person(s) completing the evaluation.

VIII. Eligibility

Is the child eligible to receive Early Intervention Services?

To be eligible for Part C Early Intervention, the infant or toddler must meet one or more of the following criteria:

(1) Have a developmental delay as measured by appropriate diagnostic instruments and procedures of 25% of the child's chronological age in one or more of the developmental areas; (2) have a developmental delay in one or more of the developmental areas as documented by test performance of 1.5 standard deviations below the mean on accepted or recognized standard tests for infants and toddlers; (3) have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay, including a condition that is not accompanied by delays in a developmental area at the time of diagnosis; or (4) qualified personnel based on informed clinical opinion has determined that the child is eligible for Early Intervention services. "Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for Early Intervention.

Reason(s) Eligible:	☐ 25% delay or 1.5 standard deviations below the mean in or more areas of development <i>This should be used if a child is eligible as a result of developmental delay</i> ☐ Informed clinical opinion of this multidisciplinary team <i>If informed clinical opinion was used to determine eligibility, then the appropriate developmental domain section(s) should include specific reasons why clinical opinion was used.</i> ☐ Diagnosis which has a high probability of resulting in a developmental delay <i>When this reason is selected, the specific diagnosis or disability should be indicated on the diagnosis screen in PELICAN. This includes children who have a diagnosis which has a high probability of resulting in a developmental delay such as hearing loss, chromosomal abnormalities, genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, severe attachment disorders, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. The team may gather further information or consult with the child's physician to determine if a diagnosis will result in high probability for delay.</i> ☐ Eligible for early intervention services, but family declined services and requested tracking <i>Select this reason if the child is eligible for Early Intervention services but the family is choosing to enroll their child only in tracking. A reason for at-risk tracking must be selected</i>
Reason(s) Ineligible:	☐ Demonstrating skills similar to children his/her age ☐ Eligible for tracking only <i>Select this reason if the child is not eligible for Early Intervention services but is eligible for tracking. Reason for at-risk tracking must be selected. This reason would also be used if the family decides to enroll in tracking without an evaluation.</i>
Reason(s) for At-Risk Tracking:	☐ Affected by an elevated lead level ☐ Affected by prenatal substance exposure, including alcohol ☐ Birth weight was under 1500 grams ☐ Cared for in a Neonatal Intensive Care Unit ☐ Experiencing homelessness <i>See Announcement EI 14-#01 for definition of homelessness</i> ☐ Referred by Children, Youth & Families ☐ County follow-up <i>County Programs may identify additional tracking categories.</i>

Child's Name:
Local Program :

Date of Birth:
Local ID# :

IX. Recommendations

Recommendations for consideration by the team regarding early intervention and related services are needed to enable the child to be involved and make progress in typical routines, community or preschool educational activities. For informational purposes only include additional suggestions for the family, such as contact information for outside resources. Each recommendation should include a description of the appropriate natural environments or least restrictive environment, including community settings, and family activities and routines, in which early intervention services and/or community supports, may be provided.

Recommendations should describe specific strategies the family can begin using while services are being determined. Recommendations should not list the specific therapy service, the amount of service or frequency. These are decisions made by the IFSP team during the development of the IFSP. Recommendations should include ideas to help the IFSP team develop an accurate, comprehensive plan based on family and team concerns. Reflect on information gathered throughout the process, such as family assessment information, health/vision/hearing information, and functional information from the developmental domains. Each question should be considered and addressed as appropriate to meet the individual needs of the child and family. If the child is not eligible for Early Intervention services, describe non-Early Intervention supports/services that may assist the family in addressing their concerns.

As a result of the evaluation, how will concerns identified by the family and team be addressed?

*Information to identify learning strategies to enhance the family's capacity to assist their child's development and promote the family's participation in everyday activities should be included here. This should build upon the family's strengths, priorities and preferences.
For eligible children, this should include what the family would like to see addressed first. This information will help develop strategies the family can begin using while services are being determined.
If the child is not eligible for Early Intervention services, describe non-Early Intervention supports/services that may assist the family in addressing their concerns*

Are there referrals or linkages to people and community resources, that are not Early Intervention services, that will assist the child/family in expanding their opportunities for involvement in community activities?

*These are resources and people that may be useful in supporting the child and family to begin or enhance their access to community activities. These resources should be considered as you develop IFSP outcomes/goals. This should also include specific referrals and linkages that the family can use to support successful participation in the community. Consider a referral to the local Early Learning Resource Center and other services or programs from which a family might benefit or enjoy, including local transportation options, libraries, museums, playgrounds/parks, recreational centers, cultural centers, faith/religious communities, etc.
Ask the family if they want to learn more about their child's diagnosis or talk to another parent who has a child with similar delays. Consider referrals to Parent to Parent of Pennsylvania for all families and Guide By Your Side for families of infants and toddlers who are deaf or hard of hearing. Consider asking the family if they would like to learn more about the Early Intervention system. If so, consider linking the family to the Local Interagency Coordinating Council (LICC), Parents as Partners in Professional Development (P3D), or Competence and Confidence Partners in Policy Making EI (C2P2 EI).*

Other Recommendations

Because all social interactions either support or challenge a child's social development, encourage the parent/caregiver to share strategies they know to be effective in supporting their child's development and behavior across all settings. Consider referrals to programs such as Medical Assistance programs, CHIP, health/dental/vision clinics, housing programs, food/clothing banks, mental/behavioral health and substance use treatment programs, etc. For children who are deaf or hard of hearing, discuss the voluntary release of information with the Department of Health. This section can be used to capture any additional team recommendations that meet the child and family needs.

Child's Name:
Local Program:

Date of Birth:
Local ID #:

Office of Child Development and Early Learning



Individualized Family Service Plan (IFSP) Individualized Education Program (IEP) – *with Annotations*

In all sections of the IFSP/IEP, use language that is understandable to all team members. Define words that may not be familiar to all team members

- The IFSP and IEP are plans that identify services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP/IEP team determines the skills/abilities and appropriate supports and services either in the natural environment or the least restrictive environment to accomplish the established goals and outcomes.
- These decisions are not made by matching the child's areas of delay with a particular early intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- The IFSP and IEP are plans that consider: the strengths of the child; concerns of the parent/guardian; most recent evaluation results; academic, developmental and functional needs of the child; communication needs of the child; and will incorporate revisions to the plan to address lack of progress.

Child's Name:
Local Program:

Date of Birth:
Local ID #:

Meetings for the IFSP/IEP	
Date meeting(s) held	Purpose Of Meeting(s) (Ex.: Initial IFSP/IEP, Annual, Revisions)

The table above is to be used by the team to document important IFSP/IEP meetings that have occurred. Write the actual date of the meeting. Beside each date, note the purpose of the meeting such as initial IFSP/IEP, Annual Review, Quarterly Update, Six Month Review, or Other Update. Revisions to the IFSP/IEP will be displayed in Section IX.

Child's Name:
Local Program:

Date of Birth:
Local ID #:

I. Demographics and IFSP/IEP Team Membership

Child Information	
Child's Name:	Gender:
Date of Birth:	Age:
EIX00 #:	
Referral Date:	
Referral Source:	
Child's Address:	
City/State/Zip:	
Phone #:	
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
School District of Residence:	
County of Residence:	

Child's Name:
Local Program:

Date of Birth:
Local ID #:

Family Information	
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
Is Interpreter Needed? <i>If the family declines an interpreter, indicate 'No' in this section and document in the Family Information section of the record.</i>	
School District of Residence:	
County of Residence:	

Child's Name:
Local Program:

Date of Birth:
Local ID #:

IFSP/IEP Team Membership:

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator (infant/toddler) or Local Education Agency Representative (preschool) must be present for the meeting; a person directly involved with evaluation and assessment results who can interpret instructional implications; a person who will be providing services, as appropriate (infant/toddler); a regular education and a special education teacher (preschool).

Role	Printed Name	Attendance Signature
Parent/Guardian		

The following individuals provided information to the IFSP/IEP team but did not attend or were excused from the meeting.

List Infant/Toddler and Preschool Early Intervention team members excused from the planning meeting who participated by providing written pertinent information to the meeting, by phone, or by the attendance of another authorized representative.

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parental Rights Agreement:

Yes

☒

No

☐

Parent Signature:

Child's Name:
Local Program:

Date of Birth:
Local ID #:

II. Child and Family Information

Summary of the Child's Present Performance

Provide a summary from the Evaluation Report, if current, or update with current information. This summary describes the child's strengths (including strengths that exist in areas of concern) and the child's needs. Include developmental, academic achievement (preschool), and functional performance. Describe how the child's developmental delay or disability affects the child's involvement in everyday routines and appropriate activities. Describe instructional strategies that have been successful and how they can be incorporated into the child's educational program and curriculum that will support the child. Describe the child's favorite activities and materials, and factors that motivate the child to participate and learn.

This section is designed to link the evaluation information with the IFSP/IEP. It should combine a synthesis of information first shared by family about their child's development with the findings of the evaluation team. It should capture team priorities and provide contextual information to be addressed through the development of outcomes/goals and teaching strategies. If needed, medical and health considerations should be addressed here. For Newborn Hearing Screening (NBHS) results, documentation should be 'refer' rather than 'fail' or 'did not pass' and include the date and hearing test results from the audiogram and audiologist report in the Hearing section of the Health Summaries. This would include the type of loss (sensorineural, conductive, mixed, or other). For Preschool programs, if this is an IEP developed without a new evaluation, this section should include a summary of all new and updated information regarding the child's present performance. This update should include the child's present performance in all developmental domains across all early learning settings (i.e. home, child care, community, preschool, etc.).

Child's Name:
Local Program:

Date of Birth:
Local ID #:

Summary of Family Information

Provide a summary from the Evaluation Report, if current, or update with current information.

This section is intended to provide an opportunity to review and highlight assessment information shared by families. Include family information that will be helpful in the design of Early Intervention supports and services that are respectful of and culturally responsive to the child and family and their activities and routines. For children who are deaf or hard of hearing, document whether or not the parent(s) and sibling(s) are hearing, have some degree of hearing loss, identify as culturally Deaf, or their hearing status is unknown. For children who are deaf or hard of hearing, documentation that the Communication Plan was discussed/developed with the family could be included here. For Preschool EI programs, if this is an IEP developed without a new evaluation, this section should include a summary of all new and updated family information comparable to what would be gathered when completing Section IV of the Evaluation Report. Be sure to include any updates from the family about new routines, areas of growth, interests and strengths, as well as needs and barriers to participation. Include any early learning opportunities or community activities in which the family participate, or wishes to participate in the future.

Child's Name:
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**With parent consent, list assistance to the family in helping them access community, medical or other non-EI funded services.
If the parent does not want to address this item, document in the child's record.**

Inform families this section may include a wide range of supports such as referrals and access to community agencies such as Early Learning Resource Centers, local recreation providers, home health services, behavioral health services, housing, substance use services, etc. Families may or may not prefer to have these referral supports listed on an IFSP/IEP. In any case, these types of agency referrals can be an appropriate and needed component of Early Intervention services.

Information on community activities the child and/or family participates in and medical or other services that the child currently receives should be included here. These services are not required to be funded by the Early Intervention program. Resources and supports that strengthen the family will enhance their ability to successfully participate in the community.

Include community activities, medical or other services that the child needs but are not otherwise available or being provided. If there are services that are not currently provided and the family needs or requests assistance, write a brief description of the steps the Service Coordinator, family and/or team may take in securing these services.. For infants and toddlers who are deaf or hard of hearing, include the Voluntary Release of Information with the Department of Health

III. Special Considerations

Following are special factors the IFSP/ IEP team must consider before developing the IFSP/ IEP. Each question must be answered. If YES is checked, the IFSP/IEP must address the child's needs related to any identified special factor. *If you check yes to any of the considerations below, please indicate where in the IFSP/IEP this need is addressed. As the IFSP/IEP is reviewed and updated across the year, if the decisions regarding special considerations change, you may need to come back to check or uncheck an item on this page to accurately reflect the child's needs at that time.*

1. Is the child blind or visually impaired?
NO YES - As developmentally appropriate for the infant, toddler and preschooler, the IFSP/IEP should evaluate the child's early literacy needs, including reading and writing media. The IFSP/IEP must consider the current and future needs of the child related to the use of Braille if the team decides that this is appropriate for the child. <i>A teacher of the blind and visually impaired can help the team determine the relative roles of vision, hearing and touch in the child's learning. The IFSP/IEP team should then incorporate the results of the learning media assessment, including the functional vision assessment, into the IFSP/IEP, documenting the child's present need for Braille and the likelihood of future need. The IFSP/IEP team should adopt a systematic method of documenting this information for all children with visual impairments, including children with multiple disabilities, when visual impairment is present.</i>
2. Is the child deaf or hard of hearing?
NO YES – Team must consider the infant's, toddler's or preschooler's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IFSP/IEP. <i>Opportunities for direct interaction (without the need for an interpreter or transliterator) in the child's own language and communication mode must be considered. When children use communication methods such as American Sign Language, Listening and Spoken Language, Total Communication, or Cued Speech as their primary method of communication in typical early childhood programs, the teacher, other children, and the ancillary support service providers should be supported to understand and use the appropriate form of communication. The Communication Plan is a tool that identifies considerations that must be addressed during the planning process. The team may choose to embed the Communication Plan components into the IFSP/IEP; or the team may elect to use the Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.</i>
3. Does the child exhibit behaviors that impede the child's learning or that of others?
NO Yes – Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment. <i>This special consideration is met when a child engages in behavior that is not developmentally appropriate in form or intensity and the child is not responding to typical interventions. There must be a functional behavior assessment, and either: (1) specific outcomes/goals and/or specially designed instruction related to the child's behavioral needs or, (2) a Positive Behavior Intervention Plan. Note: In the case of culturally or linguistically distinct children, a person of the child's cultural group who has knowledge or special expertise regarding the child should participate to explain or evaluate the behavior.</i>
4. Does the child have limited English proficiency (e.g., the child's home language is not English)?
NO YES – Team must consider the family and child's language needs as those need relate to the development and implementation of the IFSP/IEP. <i>Describe how the child's native language and the language needs of the family and child will be incorporated into the development and implementation of the IFSP/IEP. The team should consider evidence based practices related to dual language learning.</i>

Child's Name:
Local Program:

Date of Birth:
Local ID #:

5. Does the child have communication needs?
NO YES – Team must consider the communication needs of the child in the development of the IFSP/IEP. <i>Communication needs are determined by observations of daily interactions with a variety of communication partners (parents, professionals and peers) in a variety of settings. Consideration should also be given to the mode(s) of communication used by the child to receive information and communicate with others, to determine what opportunities exist to foster communication with the general population, and to determine if the child's communication skills impact on learning. The team should also determine if the child requires augmentative and alternative communication to assist in the development and use of meaningful communication. Family input is critical to the comprehensive communication considerations. For children who are deaf or hard of hearing, select yes. The Communication Plan is a tool that identifies considerations that must be addressed during the planning process. The team may choose to embed the Communication Plan components into the IFSP/IEP; or the team may elect to use the Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.</i>
6. Does the child need assistive technology devices and/or services?
NO YES – Team must consider the infant, toddler or preschooler needs for assistive technology in the development of the IFSP/IEP. <i>Assistive technology device means any item, piece of equipment, or product system whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of a child. Assistive technology is not a medical device that is surgically implanted. Assistive technology service means any service that directly assists a child, their family/caregivers or service providers in the selection, acquisition or use of a device. This includes any special equipment or technology that children may need to help them participate in everyday routines and activities across all settings. It also includes the services required for assessment and implementation of these devices. Be sure to include specific steps/timelines to identify, trial and obtain any needed service or device. For children who are deaf or hard of hearing, this would include hearing aids, microphones and FM systems. Check yes if the child is currently using low tech or high tech assistive technology to support participation in daily routines and activities, or if there is a potential need for assistive technology as identified in the ER. Please reference "Assistive Technology Devices and Services Defined" document for a clear definition and examples of AT (https://www.specialedconnection.com/LspSecStoryTool/printDoc.jsp?docid=10004&chunkid=1000008966).</i>
7. Is it anticipated that the infant/toddler or preschooler will be transitioning from the early intervention program because of a transition in the life of the family and child?
NO YES – The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to transition. <i>This consideration is for all children who are anticipated to be exiting the Early Intervention program because they have been successful in meeting their outcomes/goals, will be moving out of state, or for any other transition out of the current Early Intervention program. This includes children whose IEP is considered to be 'Monitor to Exit' from preschool, but not changes to a child's early learning program, such as moving from Pre-K Counts to a Head Start Classroom. Complete Section X. Transition Plan for this child. If they transitioning to further special education services (Part B or Kindergarten), see Special Considerations numbers 8 and 9.</i>
8. Is this an IFSP for a toddler who is at least 2 years 3 months of age?
NO YES – The IFSP must include a transition plan that addresses the child and family's needs related to the transition to the Part B program if eligible or to other community programs. <i>The development of the Transition Plan should be documented at the IFSP meeting or IFSP review after the child turns 2 years, 3 months. Complete Section X. Transition Plan for this child. If a child is referred after they are 2 years, 3 months old, the Transition Plan should be completed as part of the initial IFSP.</i>
9. Is this a preschooler within 1 year of transition to a program for Kindergarten age children?
NO YES – The IEP must include a transition plan that addresses the transition process. <i>Complete Section X. Transition Plan for this child. If the team checks 'no', the team should consider services and activities that will occur within the IEP year and document on Section X. Transition Plan as appropriate.</i>

Child's Name:
Local Program:

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Local ID #:

IV. Measurable Result/Outcome/Goal

Activity/behavior/skill in everyday life, identified by the family and the IFSP/IEP team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring. Goal should be developed in accordance with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

Outcome/Goal:	Date outcome/goal developed:	Date outcome/goal completed:
Outcome/Goal Statement: <i>A statement of the functional, measurable results or outcomes/goals expected to be achieved for the child (including pre-literacy and language skills, and social and emotional skills as developmentally appropriate for the child) and family. Outcomes/goals should be both measurable and functional. To be measurable, a skill or behavior is identified and a consequence for the skill/behavior is determined; measurement can be "seen" in real world contexts, not tested. To be functional, the skill/behavior should be meaningful within the child and family daily routines and activities and should reflect participation in the child's natural learning environments. The wording of an outcome/goal should be positive, precise and easily understood; the use of acronyms or jargon should be avoided. It should not be discipline-specific, and may be addressed by multiple team members, including the family, related service providers/therapists, special instructors/teachers, and early care providers.</i>		
What is happening now? What is child's current level of performance related to this outcome/goal? <i>For the outcome/goal listed above, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the family's routines and activities. The description should be based on evaluation results and/or progress monitoring information, as well as other assessment information as appropriate. The description should serve as a baseline for measuring progress on individual outcomes/goals and should include dated periodic updates. Simply stating that the child cannot do what the goal says is not adequate. (Ex. Child is not walking.) Statement should include what the child IS doing. (Ex. how is the child moving around) For an annual IFSP/IEP, include progress specific to the outcome/goal and a summary statement.</i>		
What teaching strategies are needed to reach the outcome/goal? Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials needed by the family or team. Also include location and how all team members, including the family/caregivers/early childhood educators, will work on this. <i>All strategies should be individualized for the specific child and family based on their unique needs.</i> <i>Strategies which relate to this outcome/goal should consider the following:</i> <i>1) Skills needed by the child for successful participation in the outcome/goal through the child's routines/activities: Include the setting(s) or portion of the child's daily routine and activities when the child will perform the behavior/activity, i.e. mealtime/snacks, play time, bath time, small/large group activities, playground, etc. Include pre-literacy and language skills and social and emotional skills as appropriate for the child.</i> <i>2) Skills to be learned by the family/caregivers/early childhood educators to assist in the child's development and participation in everyday routines;</i> <i>3) Steps to identify, trial and obtain Assistive technology or augmentative and alternative communication devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities;</i> <i>4) Referrals or linkages to people and community resources that will assist the family in expanding their opportunities for involvement in community activities; and</i> <i>5) Information to enhance the family's capacity to assist their child's development and enhance the family's participation in everyday activities.</i> <i>Include teaching strategies such as: modeling, imitating, cueing, prompting, guided practice, opportunity for practice, providing information, linking to resources & problem solving. Specify the needed specially designed instruction (SDI) and modifications as well as supports to program personnel. All services will be on an individual basis unless otherwise indicated within the plan here and/or the service page.</i>		
<i>With parental consent, ensure that all team members, including family/caregivers/early childhood educators, who have ongoing responsibilities for the child's plan have access to the IFSP/IEP.</i>		

Child's Name:
Local Program:

Date of Birth:
Local ID #:

How will we as a team measure progress and collect data for this outcome/goal? Include what is going to be measured, how it will be measured, when it will be measured and by whom. Describe when periodic reports on progress will be provided to the parent.

Include criteria, procedures and timelines, such as:

WHAT – What change will we see in the activity/behavior/skill, stated in the outcome/goal as a result of the intervention?

HOW - What data collection strategies will be used to evaluate and record progress?

WHEN - What is the recommended frequency/timeline for collecting the information? When will it be reviewed and used for decision making?

BY WHOM - Who on the team, including the family, is going to be responsible to collect data?

At IFSP/IEP reviews, this information should be used to determine:

- The degree to which progress toward achieving the results or outcomes/goals identified in the IFSP/IEP is being made*
- Whether modifications or revisions of the expected results or outcomes/goals, instruction/teaching strategies or Early Intervention services identified in the IFSP/IEP, are necessary.*

Data should be presented in a manner that is understandable to parents/caregivers and describes progress in specific, functional terms.

After reviewing the outcome/goal and progress monitoring data, we, the team, have decided: (Check one)

- ☐ **We still need to work toward this outcome/goal. Let's continue with what we have been doing.**
- ☐ **We still need to work toward this outcome/goal. Let's discuss new ways to get there.**
- ☐ **Our situation has changed; we no longer need to work on this outcome/goal.**
- ☐ **We are satisfied that we have finished this outcome/goal.** *Fill in "Date Outcome/Goal Completed" above.*
- ☐ **Other:**

Use this section to update child progress and provide families with periodic updates. Any revisions to the Outcome/Goal can be made to the appropriate sections.

Date of review: _____

Child's Name:
Local Program:

Date of Birth:
Local ID #:

V. Early Intervention Services

Location ²	Start Date ³	Delivered Date Needed	Actual Delivered Date	Service End Date	Frequency up to a Maximum	Session Duration ⁴	Unit Cost ⁵	Estimated Total Cost ⁵
Infant/Toddler list "Home", "Community" or "Other" For preschool, list where EI services will be provided	The date the IFSP/IEP is developed and parent has provided consent. Exception: for a child transitioning from the Infant/Toddler program, the preschool should use the 3rd birthday.	YES NO	The date the child received the service. If actual delivered date is more than 14 days from start date, document the reason for the delay.		Frequency of service per 7 days, per 14 days, per 30 days, per 60 days or per 90 days.	Length of session – reflect in units; 1 unit = 15 minutes	Cost per unit of this service	Total Cost of this service per year
Service Comments: <i>Document the person responsible for collecting ECO data; list the location address where the service will be provided; document professional-to-professional time if the service is not directly provided to the child – (e.g. the therapist discussing with the teacher how to try a new teaching strategy); phone extension; included regularly scheduled times of service (e.g., Tues & Thurs 10-11am); additional service setting details, if needed/relevant; for larger providers, the name of an alternate or another service person if there is a "team" providing the service; and the cell/alternate phone number for the service person (this would be needed if the parent would need to cancel or reschedule directly with the provider of the service)</i>								

¹All services will be on an individual basis unless otherwise indicated within the plan here and/or in the service page.

² If IFSP/IEP services/supports are not being provided in a natural environment or an inclusive environment, complete the sections titled "Participation with Typically Developing Children".

³ If an early intervention service is projected to start later than 14 calendar days after the Start Date, a justification of the later date must be documented in the Service Comments section.

⁴A unit is equal to 15 minutes.

⁵Only completed by Infant/Toddler Programs: This child's Infant/Toddler early intervention services may be funded through state, Medical Assistance or Infant/Toddler and Family Waiver funds.

Child's Name:
Local Program:

Date of Birth:
Local ID #:

VI. Participation in Regular Early Childhood Programs

Is the child currently attending a regular early care and education program?

(Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care. Attendance at an early childhood program need not be funded by early intervention funds.)

If Yes, how many hours per week does the child spend in the regular early childhood program?

hrs/wk

Enter the time the child is in a regular education/early childhood setting including time the child is receiving any special education/Early Intervention services in the regular education/early childhood setting. If the child attends an early childhood setting but is pulled out of regular classroom routines or activities to receive Early Intervention/special education services, then include the time pulled out separately when answering the question "Is the child receiving special education in a specialized setting?" or "Is the child receiving special education and related services in other settings?" on this page. For more information on how to answer these questions, see the Decision Tree for Reporting Educational Environments for children Ages 3-5 with IEPs at https://ideadata.org/sites/default/files/media/documents/2018-06/B6_Toolkit.pdf

Where does the child receive the majority of hours of special education and related services?

☐ In the regular education program *El services are provided at least 50% of the time or greater in an early childhood setting: Head Start, Pre-K, reverse mainstream classroom (with at least 50% non-El eligible children), private preschools, or group childcare. Attendance at an early childhood program does not need to be funded by Early Intervention.*

☐ In some other location *Less than 50% of the El services are in a setting other than an early childhood setting*

Is the child receiving special education in a specialized setting? *Refers to the total time the child spends receiving Early Intervention/Special Education and related services outside of a regular education program.*

☐ NO

☐ YES

If yes, how many hours per week does the child spend in a specialized setting? _____ hr/wk

☐ Special Education Class

☐ Separate School

☐ Residential Facility

Is the child receiving special education and related services in other settings? *Refers to the child receiving special education and related services in their home or a provider service location or outside of their regular classroom routines or activities*

El Preschool Location of Intervention (LRE):

VII. Participation with Typically Developing Children

For infants and toddlers: Explain why and to what extent the eligible child does not receive Early Intervention services in their natural environment.
For preschool age children: Explain why and to what extent the eligible child will not participate with typically developing peers in appropriate preschool activities.
For eligible infants, toddlers and preschool children: Include in what environment the child will receive Early Intervention services, the reason for this placement, and ways to maximize the opportunities for the child to participate with typically developing peers in natural/inclusive environments.

For infants and toddlers: If all services are provided in the natural environment, include a statement that all Early Intervention services are provided in the natural environment. If services/supports are not being provided in natural environments, include the justification for the determination that services/supports not be provided in the natural environment. Additional information is needed to describe the plan that will allow the child's and family's outcomes to be satisfactorily achieved in his/her natural environments. **For preschoolers:** If a preschool age child will not participate with typically developing peers in appropriate preschool activities then the IEP must include an explanation and a description of those activities in which the child will not participate with typically developing children. The explanation should be based on current assessments and evaluations that have been performed with full consideration of the least restrictive environment intent, including the provision of the full range of supplemental aids and services within appropriate preschool activities. **For all infants, toddlers and preschoolers:** The availability of services, child's disability, or program issues are not an appropriate rationale for not providing services/supports in natural/least restrictive environments.

VIII. Early Intervention Services during Scheduled Breaks - **PRESCHOOL ONLY**

All services are based upon the preschool early intervention calendar. If the IEP team determines that this child is eligible for preschool special education services during scheduled breaks based on the educational needs of child, specify the services below.

The IEP team has considered and discussed services during scheduled breaks and determined that: This

☐ child does NOT need services during scheduled breaks based on:

☐ This child needs services during scheduled breaks based on:

The IEP team must specify on the IEP whether the child is eligible for preschool Early Intervention services during scheduled breaks. If the child is eligible, the IEP must specify the services that will be provided during the scheduled break.

Child's Name:
Local Program:

Date of Birth:
Local ID #:

Child's Name:
Local Program:

Date of Birth:
Local ID#:

IX. Revisions to the IFSP/IEP

Date of Revision(s)	Name and Role of Team members involved in the Revision	IFSP/IEP Section(s) Amended	Reasons For Revision

Child's Name:
Local Program:

Date of Birth:
Local ID #:

X. Transition Plan

A transition plan should be completed for children as identified in the Special Considerations section.

This plan should be written in conjunction with the team as part of an IFSP/IEP team meeting. It should be reviewed and updated as needed, and will be reviewed at the required transition meeting. For children at the age to transition, the parent should be made aware that basic child information is transmitted to the receiving program for child find purposes. With parental permission, further information is exchanged between the programs to ensure a smooth transition for the child, including the most recent evaluation and assessment of the child, and the IFSP/IEP.

Transition Outcome/Goal:

Team should develop an overall outcome/goal based on the individual child and family needs for transition; both between programs and/or out of Early Intervention. This outcome should meet the criteria of an IFSP/IEP outcome. It should describe an activity, behavior or skill that is identified by the family and team. The transition outcome will include the routines, activities and unique needs of the child and the priorities of the family within their natural learning environments, whether it is at home, in the community, or in an early learning setting. What type of programs or experiences would the family consider if the child did not have a developmental delay or disability? In what programs and activities do the child's siblings and neighbors participate?

Transition Document Dates

Date transition notification Sent(MM/DD/YYYY):

Transition plan initially developed on(MM/DD/YYYY):

Transition meeting held on(MM/DD/YYYY):

Transition plan updated on(MM/DD/YYYY):

What is happening now?

What information and child and family considerations should be shared with the team in order to better prepare for transition?

Specifically related to this transition outcome/goal, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the child/family/caregiver/early childhood educator/early learning practitioner's routines and/or activities. In what community programs, activities or early childhood programs does the child currently participate? How are services delivered? What makes these experiences successful for the child? Are there any challenges?

Activities/Services Designed to Ensure a Smooth Transition In Early Intervention

The plan should include at least the following:

1. Discussions with the parent regarding future support and other matters related to transition;
2. Steps to prepare the toddler/young child for changes based on developmental needs, including activities to help the adjustment to and participation in new settings;
3. Steps to ensure a smooth transition, including sharing of information, and convening a meeting with the family, preschool EI program and/or community provider, or school district at least 90 days and up to 9 months prior to the child's 3rd birthday (infant/toddler) or by February 28 of the current program year for preschool EI.

Person Responsible

Date
To be Completed

Actual Completion Date

Child's Name:
Local Program:

Date of Birth:
Local ID #:

Include both the steps to exit the Early Intervention program, as well as the supports identified as needed. Steps to exit the Program include:

- Child Find information transmitted to the receiving program
- Transmission of additional information to the receiving program, such as the most recent evaluation, assessments, IFSP/IEP (with parental consent)
- Gathering child progress measurement information, reviewing with family, and completing all required data entry
- Other steps which will vary depending on the program to which the child is transitioning:

Supports include things such as:

- Activities to support the transition of the child as identified by the IFSP/IEP team
- Strategies/supports needed by the toddler or preschooler and his or her family
- Discussions with families/parents regarding future program options and other matters related to the transition of their child
- Training of early learning practitioners that will be receiving the child

Information should be specific to the child and family, and should document the sharing of information, as well as all activities and specific steps that occur related to transition. It should include information related to all aspects of transition, not just the transmission of information or skills needed by the child.