



District of Columbia
Office of the State Superintendent of Education

STRONG START DC EARLY INTERVENTION PROGRAM

Evaluation and Service Provision Manual

Effective February 2021

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Overview of Strong Start DC Early Intervention Program

A. Welcome to Early Intervention

Welcome to Strong Start, the early intervention (EI) program in DC that is administered through the DC Office of the State Superintendent of Education (OSSE), Division of Early Learning. You have decided to be part of a team that provides early intervention services to Part C eligible infants/toddlers and their families in the District of Columbia.

As part of the Strong Start team you are expected to adhere to a high set of standards, OSSE's core values, and to provide services in accordance with the Natural Learning Environment Practices. Under Part C of the Individuals with Disabilities Education Act (IDEA), a child and their family have the right to a Service Coordinator, who will assist the parent/guardian in understanding the procedural safeguards and who will guide the parent/guardian through the EI process.

This manual has been developed to assist early interventionists in the Strong Start DC Early Intervention Program (DC EIP) with the procedural operations in their performance of evaluations and service delivery. The procedures outlined in this document are based on agency, District of Columbia and federal regulations. Early interventionists and their agencies are required to comply with these procedures and all pertinent law, regulations and policies.

B. Strong Start mission

To identify and serve infants and toddlers, birth through 3 years, with developmental delays and disabilities and their families. We strive to coordinate services in a caring and compassionate manner that supports the culture and meet the needs of the families in the District of Columbia.

The purpose of Strong Start DC EIP is:

- To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families; in child care, preschool, secondary school programs; and in the community.
- To enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.

C. Background

OSSE is the designated state agency for Strong Start, the District of Columbia’s Early Intervention Program for infants and toddlers with developmental delays and/or disabilities, funded under the federal IDEA, Part C, P.L. 101-110, more commonly known as Part C system, as amended. The program is responsible for the development and implementation of a District-wide coordinated, comprehensive service delivery system for eligible infants and toddlers and their families.

DC EIP is responsible for ensuring that identification, evaluation and service delivery occur within federally mandated timelines. In addition, the program is responsible for the following activities: collection of demographic data; comprehensive assessment of services and available resources; coordination of service programs within the public and private sectors; promotion of public awareness regarding the program; development of state-level policies and procedures designed to enhance the capacity of families to meet their infants and toddlers developmental needs; funding direct services for eligible Part C children and their families; responding to federal reporting requirements, such as preparation of the Annual State Application, the Annual Performance Report, the State Systemic Improvement Plan and other federally mandated data collection reports.

Part C requires states to provide services in the child and family’s natural environments. Under Section 303.18 of Part C, natural environments are defined as “settings that are natural or normal for the child’s same age peers who have no disabilities.” This means that children and families participating in Part C services receive these supports and services at home, in child care programs, and/or where the child and family are during the day. Services are determined based upon functional outcomes that focus on child development, family needs and supports, that address the child’s developmental needs rather than medical needs.

D. Principles of early intervention

All plans for service delivery are based upon the unique needs of each child/family and focus on the coordination of developmental activities to ensure that all members of the team are involved in a child’s intervention, including the family and/or caregiver, are working together.

The Key Principles for Providing Early Intervention Services in Natural Environments ¹ are:

1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.
2. All families, with necessary supports and resources, can enhance their children’s learning and development.
3. The primary role of the service provider in EI is to work with and support the family members and caregivers in a child’s life.
4. The EI process, from initial contacts through transition, must be dynamic and individualized to reflect the child and family members’ preferences, learning styles, and cultural beliefs.
5. IFSP outcomes must be functional and based on children’s and families’ needs and priorities.
6. The parent/guardian’s priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

¹ *Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Agreed upon mission and key principles for providing early intervention services in natural environments. Retrieved from http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf*

Within the Strong Start DC EIP Program:

- The parent/guardian is viewed as the primary interventionist in a child's life and the expert in relation to the needs of the child and family.
- The parent/guardian and the early interventionists involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.
- The parent/guardian who is supported to be an active partner is able to facilitate their child's continued development and advocate for their family's needs.
- Activities are incorporated into a child's everyday life to naturally emphasize Developmental the acquisition of functional skills.
- The early intervention process is dynamic and individualized to reflect the parent/guardian's preferences, learning styles and cultural beliefs.

E. Early intervention services available under Part C

Strong Start DC EIP offers a variety of services designed to meet the unique needs of each child in the following domains:

- Adaptive - self-help, i.e., eating, dressing
- Cognitive - i.e., thinking, learning, problem-solving
- Communication - i.e., talking, listening, understanding
- Physical - i.e., reaching, rolling, crawling, walking
- Social Emotional - i.e., relationship-building, playing, feeling secure and happy

Depending on the child's developmental and family needs, services available may include:

- Service coordination
- Developmental therapy
- Speech therapy
- Occupational therapy
- Physical therapy
- Vision and hearing services

Families can be linked to community and medical services such as:

- Assistive technology
- Audiology - aural rehabilitation
- Family training and support - includes Interpretation and Translation

- Health consultation
- Medical services (for diagnostic or evaluation purposes, only)
- Nursing
- Nutrition
- Psychological/Counseling Services
- Social Work
- Transportation

F. Procedural Safeguards

The early intervention system is designed with the intent of maximizing the family's involvement and ensuring parental consent in each step of the process, beginning with the determination of eligibility and continuing through service delivery and transition. Parents must be informed of the rights and safeguards so that they can have a leadership role in the services provided to their family. "Families Have Rights" is an official notice of the rights and safeguards of children and families as defined under federal Part C regulations.

It is the responsibility of the service coordinator to:

- Inform the parent/guardian of their rights and ensure that parents/guardians receive a written copy of the Families Have Rights document during their initial meeting with the Service Coordinator.
- Verbally explain the rights to parents/guardians.
- Offer a parent/guardian a copy of their family rights every time a Prior Written Notice document is sent. This includes, but is not limited to, when there is an IFSP modification, eligibility meetings, assessment for service planning, transition plan and conference, and discharge from services.
- If the parent/guardian has already received a copy of their rights another copy must be offered. If the parent/guardian has previously received a copy of their rights and informs the Service Coordinator that they do not want another copy, it is not necessary to leave another copy. In instances where a parent/guardian has declined an additional copy of their rights, a correspondence note must be written in the Strong Start Child and Family Data System (SSCFDS) to document that a copy of the Families Have Rights document was offered but the parent/guardian declined.

Below is a summary of the general family rights which are mandatory for the Part C process in the District of Columbia and which service coordinators must communicate to all parents/guardians as they move through the process to receive EI supports and services. Parent/guardians/legal guardians must be informed of:

- Families have the right to an evaluation;
- Eligible families have the right to a coordinated plan (IFSP);
- Eligible families have the right to a Service Coordinator;
- Families have the right to privacy;
- Families have the right to consent;
- Families have the right to review their records;
- Families have the right to amend records concerning their child and family;
- Families have the right to written prior notice;
- Families have the right to be provided information that is understandable; and
- Families have the right to disagree.

Please refer to the Strong Start DC EIP document “Families Have Rights” online osse.dc.gov/publication/families-have-rights-idea-part-c-procedural-safeguards

I. NEW PROVIDER REQUIREMENTS

The following serves as a guide for vendor agencies when hiring new providers. These activities will orient new providers to the practices and procedures expected of all early intervention providers.

A. National Provider Identification

All providers looking to work in the program will need to have a National Provider Identifier (NPI). The NPI can be obtained from the National Plan and Provider Enumeration System at <https://nppes.cms.hhs.gov/#/>

B. Online Training Modules

New providers looking to work in DC Early Intervention Program will need to first complete the Contemporary Practices in Early Intervention. There are seven online modules that cover the fundamentals of evidence-based, culturally and linguistically competent, family centered, early intervention practices. Providers need to complete the workbook while reviewing the modules and take the post-test. After successfully completing the post-test the provider will receive a certificate of completion. Providers must complete the workbook while reviewing the modules.

Online modules can be accessed at www.teachingei.org/index.html

1. On the left side choose “For DC Strong Start” link
2. At the bottom of the page select “Click here to register”
3. Complete Registration and “Proceed to Step 2”
4. Access code: Capitol

C. Trainings

All providers new to Strong Start are required to complete specific trainings and orientation before they are assigned to cases. It is the responsibility of each vendor agency to ensure all trainings are completed.

New Provider Trainings	Responsible Party for the training	Timeframe to complete	Details
Orientation to Early Intervention	Vendor agency	At hiring	The orientation should be an in-person session that covers the specific timelines, documentation, billing and other procedural information necessary to meet the requirements of Strong Start.
Strong Start Child and Family Data System (SSCFDS)	Vendor agency	Within one week of hiring	Each vendor agency is responsible for training new providers on the use of the Strong Start Child and Family Database (SSCFDS) as part of its onboarding process.
Foundation Training	Strong Start	Within one month of hire and before working with children in EI.	<p>This training an in-person workshop providing the necessary information to understand how Strong Start, the DC Early Intervention Program, implements early intervention services. This training is a requirement before any new employee will be able to render services for Strong Start.</p> <p>“Contemporary Practices in Early Intervention” must be completed prior to attending. Follow the link here to start. https://www.teachingei.org</p> <p>The in-person session is held the second Friday of each month at 1050 First St. from 12 to 2 p.m. Providers are to register with Christopher Chapman at christopher.chapman@dc.gov.</p>
Assessment, Evaluation and Programming System (AEPSi)	Strong Start or Vendor agency	Within three months of hire	<p>Strong Start uses the AEPSi to monitor progress of children in the system and to report on the federal child outcome indicators. This in-person session covers the administration and interpretation of the AEPSi and prepares providers to facilitate internal training of their staff. How to report data in the electronic system is also addressed.</p> <p>It is held quarterly, on the second Friday of March, June, September and December at 1050 First Street from 2pm to 4 p.m. If vendor agencies have providers who are AEPSi Inter-rater reliability certified, they can provide the training internally. Providers interested in Strong Start AEPSi training need to register with Christopher Chapman at christopher.chapman@dc.gov.</p>

D. Request Access to Strong Start Child and Family Database System (SSCFDS)

The Strong Start Child and Family Database is the central online location for information, data and record sharing in the Strong Start DC Early Intervention Program. In order to request access to the SSCFDS a manager or administrator from the vendor agency will submit a request through the SSCFDS using the Manager Profile Tool. Vendor agencies should follow the directions on the Appendix A “Request Access to SSCFDS” and the Appendix B “Updating profile on existing users of the SSCFDS” guidelines.

Managers need to make sure all required fields are completed, and that the following information is entered and supporting documentation uploaded:

- Resume
- Licensure or certification
- Contemporary Practices in Early Intervention Module Certificate
- Certificate of completion from the in person Foundations Training

When naming the attachments, the below naming convention should be used:

FirstName_LastName_NameofDocument, i.e., John_Smith_Resume, John.Smith_Licensure

E. Evaluation Training

Battelle Developmental Inventory, 2nd Edition Normative Update (BDI-2 NU)

Vendor agencies are responsible to ensure that all providers employed at their agency have completed the appropriate training in evaluations and assessments used by the Strong Start DC Early Intervention Program. All providers who will be doing eligibility evaluations must be trained in the use of the Battelle Developmental Inventory 2 Normative Update (BDI-2NU) and the Assessment Evaluation and Programming System (AEPS).

Assessment, Evaluation and Programming System (AEPS)

Providers who are providing intervention services only must be trained in the use of the AEPS. Training for the AEPS is provided by Strong Start on a monthly basis. Alternatively, providers who have been certified through AEPS as Inter Rater Reliability trained may also train new staff as they come into Strong Start. Once new staff has been trained, they will have to submit a certificate of completion via the SSCFDS.

AEPS Interrater Reliability (IRR)

All providers who will be administering the AEPS to children in the DC Early Intervention program must complete the Interrater Reliability Certification for Birth to Three Years from Brookes Publishing Co. within eight months of hiring. Certification is valid for 3 years and it must be renewed to be able to continue doing evaluations and assessments.

II. CHILD ELIGIBILITY

Pursuant to the D.C. Municipal Regulations, 5-A DCMR § 3108.4, a child's eligibility is determined based on a 25 percent delay in at least one area of development, informed clinical opinion, or diagnosed condition.

A. Eligibility by developmental delay

Children may be found eligible for DC EIP services with a 25 percent delay in one or more areas of development based on age equivalency. Those areas include cognitive, adaptive, motor (fine and gross), communication and socio-emotional development.

B. Eligibility by diagnosed condition

Pursuant to the D.C. Municipal Regulations, 5-A DCMR § 3108.4 (b), children may be found eligible for DC EIP services if they have a physical or mental condition that has a high probability of resulting in developmental delay, including conditions such as 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.

1. Genetic Disorders: disorders that are caused by one or more problems or abnormalities of the genome system. Genetic disorders may result in birth defects. Examples of genetic disorders commonly seen in young children include Turner Syndrome, Down Syndrome, Sickle Cell, Cystic Fibrosis, and CHARGE syndrome.

2. Sensory Impairments: impairments that impact sight, hearing, smell, touch, taste, proprioception/spatial awareness. Examples of sensory impairments include but are not limited to vision impairments such as cortical and neurological vision impairment and low vision, and hearing impairments such as conductive or neural hearing loss.

3. Motor Impairments: impairments that result in the partial or total loss of function of a body part or limbs. Examples of common motor impairments in children under the age of 3 are hypotonia, hypertonia, muscular dystrophies, torticollis, and brachial plexus injury.

4. Neurologic Disorders: disorders that result from abnormalities in the brain, spinal cord and the nervous system. Examples of common neurological disorders found in the birth to three population include but are not limited to: cerebral palsy, intraventricular hemorrhage (brain bleed), epilepsy (uncontrolled), encephalitis (inflammation), brain malformation, hypoxia (loss of oxygen) and hydrocephalus.

5. Socio-communicative (emotional) Disorders: disorders that impact how a child is able to establish relationships socially and through communication. Examples of conditions that would be considered socio-communicative include Autism, childhood depression, Rett Syndrome, and Reactive Attachment Disorder

6. Medically Related Disorders: disorders that are related to medical conditions that result in delayed or disordered development.

- i. Pre-natal exposures: pediatric HIV, TORCH, Fetal Alcohol Syndrome, pre-natal drug exposure
- ii. Metabolic disorders: inborn errors of metabolism, Tay-Sachs disease, cerebral lipidosis.
- iii. Prematurity of birth: very low birth weight (<1000 grams at birth, up to 6 months corrected age only); gestation of 28 weeks or less up to 6 months corrected age only
- iv. Other medical conditions

7. Acquired Trauma Related Disorders: disorders such as that are the result of a traumatic event such that can be both physical and psychological in their presentation such as Traumatic Brain Injury (TBI) , “Shaken Baby” syndrome, Post-traumatic stress and Acute stress disorders.

C. Eligibility by informed clinical opinion

Children may qualify for early intervention services through Strong Start based on informed clinical opinion, which will state that although the child may not present with delays on the eligibility tool that qualify them for services, they present with an atypical pattern of development that is agreed upon by two qualifying evaluators.

Children who are found eligible through Informed Clinical Opinion are eligible for Strong Start services for six months before they must be re-assessed.

D. Continuing eligibility and discharge from DC EIP

Eligibility should be looked at on an ongoing basis. A child in early intervention who has made progress, meaning they have improved developmentally and the family feels supported to continue working with the child through new routines, can be considered for discharge. All discharge conversations should take place as a team, with the service coordinator and family.

III. INITIAL ELIGIBILITY EVALUATION PROCESS

Evaluation agencies are responsible for completing developmental evaluation and eligibility determination within the 45-day timeline. If a child is eligible, the evaluation team is required to participate in an in-person eligibility and Individual Family Services Plan (IFSP) meeting.

The service coordinator is responsible for uploading the DC EIP Prior Written Notice & Consent for Initial Evaluation/Assessment within 48 hours of the family interview.

The evaluation agency shall contact the family and notify the service coordinator of the evaluation scheduled date no later than three business days after being assigned. If the agency has trouble contacting the family, it should notify the service coordinator after two failed attempts. **All communications (including attempted communications) must be entered in the SSCFDS by the evaluating agency or team member.**

The evaluation team is responsible for uploading the DC EIP Evaluation/Assessment Prior Written Notice (PWN) within 48 hours after the evaluation is scheduled. Consent to evaluate must be signed by the family before administrating the evaluation and assessment and then uploaded into the SSCFDS within 24 hours of completing the evaluation and assessment.

The evaluation team must provide feedback to the service coordinator on the eligibility recommendation within 48 hours of completing the evaluation. If the child is eligible, the evaluation site will have their designated proxy to open the child's AEPS profile, add the service coordinator to the child's team, and notify the service coordinator of the child's eligibility status.

After the evaluation is completed, the evaluation team is responsible for uploading a written evaluation report in the SSCFDS and the Child Observation Data Recording Form (CODRF) summary in AEPSi within five business days or sooner if applicable. Service recommendations and/or frequencies should not be included in the report. Families must receive a copy of the evaluation report no later than five days before the IFSP meeting. The evaluation agency is responsible for mailing the report to the family.

A. Family Interview and Evaluation Report Template Guidelines

The family interview and evaluation report template are combined into one family-friendly document that both service coordinators and evaluators can complete.

Service coordinators and evaluators should follow the guidelines below:

- Service coordinators will complete the Family Interview Section Part I and upload the document into the Family Interview section on the Strong Start Child and Family Data System (SSCFDS).
- Evaluators will then download the document in Word format from the SSCFDS.

- During the assessment, evaluators should review with the parent or caregiver the information in the Family Interview section gathered by the service coordinator. If necessary, add any additional information and complete Part II of the document including the signature page.
- Evaluators must verify that the scoring and eligibility information is correct, review reports for accuracy and upload the document back into the SSCFDS under the Evaluation/Assessment tab as a Word document.
- Evaluation agencies are responsible for mailing a copy or emailing a password-protected copy of the report to families five days prior to the Individualized Family Service Plan (IFSP) meeting.
- **If a child is found eligible for Strong Start**, the service coordinator will complete the IFSP add-on document.
- **If a child is not eligible for Strong Start**, the family will be given the Family Interview and Evaluation report and the results will be reviewed at the child’s eligibility meeting. At this meeting, the evaluators and service coordinator will have the opportunity to support the family in identifying resources that can answer questions and support them with helping their child meet developmental milestones.
- **Transition Evaluations** - When completing an evaluation that will serve as the child’s initial and transition evaluation, evaluators will download the child’s most recent Family Interview and Evaluation report, and enter the new transition evaluation information in Part II of the document. If the evaluation is for transition only, the **Transition Evaluation Report** template to document the evaluation.
- Reports must be saved using the following naming convention:
[FirstName][LastName]_NameofDocument_[MMDDYY of evaluation or assessment], for example
 - Multidisciplinary Evaluation (MDE):
 - BabyGirl_MDE_080115
 - Assessment, Evaluation and Programming System (AEPS):
 - BabyBoy_AEPS_080115

Reminders:

- If there are delays with completing the family interview and evaluation report in a timely manner, the service coordinator will inform the evaluation team. When this happens, the evaluation team will complete the family interview and evaluation report at the time of the evaluation.
- Evaluation teams must use computers to complete this template and not tablets as it will greatly disrupt formatting of the report. Use of the most current MS Word or compatible application is recommended.
- “Actual percent delay” must be reported in the scoring section of the template, as it is used for state reporting and IFSP planning.
- If additional information is obtained during the evaluation, please indicate that by adding “Updated information at the time of the evaluation (date)” to the corresponding section of the report.

Evaluation/Assessment	When to complete:	What report form should be uploaded	What to document in the report
<p>Battelle Developmental Inventory-Second Edition (MDE)</p> <p><i>Criterion based standardized assessment</i></p>	<p>Initial: to determine initial eligibility based on 25% delay in one or more areas</p> <p>Annual: to determine continued eligibility based on 25% delay in one or more areas</p> <p>Transition: if transition age is more than 6 months past the most recent developmental evaluation</p>	<p>Information to be completed on the Strong Start Family Interview Evaluation Template</p> <p>To be completed on the Transition Report form, if the previous evaluation was not completed on the Family Interview Evaluation Template</p>	<ul style="list-style-type: none"> ● Developmental summaries ● Developmental Scores ● Eligibility Determinations
<p>Assessment Evaluation Programing System (AEPS)</p> <p><i>Curriculum based assessment used for service planning</i></p>	<p>Initial Auto-eligible</p> <p>Annual Auto-eligible</p> <p>6 months</p>	<p>Initial and Annual Auto-Eligible:</p> <p>Information to be completed on the Strong Start Family Interview Evaluation Template</p> <p>6 months: CODRF summary and scores in the AEPS system</p>	<p>Initial and Auto-Eligible AEPS:</p> <ul style="list-style-type: none"> ● Falls within range of typically developing children ● Falls at level of typically developing children ● Falls below level of typically developing children ● <p>6 months AEPS: Document in the online system; upload CODRF Summary and Child Progress Record(CPR) into the SSCFDS</p>

IV. EVALUATION AND ASSESSMENT TOOLS

The following section gives detailed description and explanation of how the BDI2-NU is administered by trained providers who are evaluating children for initial, annual and transition evaluations as well as for six-month and annual AEPS assessments.

A. Battelle Developmental Inventory (BDI) - 2U

Test Description

1. Appropriate for children birth through age 7 years, 11 months
2. Measures developmental milestones
3. Assesses current developmental strengths and needs
4. Child-friendly
5. Scripted to ensure administration consistency
6. Gives a comprehensive picture of a child's skills
7. Provides an approximate age equivalence for each developmental domain

Test Considerations

1. Reliability in reporting by caregivers can impact scoring and, therefore, eligibility of a child.
2. Inconsistency of administration by evaluators can lead to inaccurate results

Scoring

1. Clear scoring criteria is provided in the Item Test Book for each domain.
2. Can be scored manually by utilizing three appendices or electronically through the use of BDI-2 NU Data Manager.

Scoring Considerations for scores that do not yield age equivalent

Areas tested at 24 months and above (e.g. perceptual motor, reasoning and academic, peer interaction, and personal responsibility) may yield scores lower than the lowest score in the appendices. These are to be reported as "< 24 months." Eligibility for that area is then determined by using the Developmental Quotient (DQ): A Developmental Quotient of 84 and below is to be notated as "Greater than a 25% delay."

B. Assessment, Evaluation, and Programming System for Infants and Children Interactive (AEPSi), Second Edition

When to Use

1. The AEPSi is utilized in conjunction with the BDI-2 NU for every child who enters the Strong Start Program via percent delay or clinical opinion.
2. It is utilized as the sole assessment tool for every child found eligible for Strong Start early intervention qualifying with an automatically eligible diagnosis/ condition which is known or highly likely to cause developmental delays.
3. It is completed by the evaluation team at program entry and by the treating clinician every 6 months while the child is in the program.
4. Early interventionists shall monitor the due dates for each child's AEPS assessment.
5. Early interventionists shall complete the AEPS no later than two weeks and no sooner than five weeks prior to the six-month / annual review IFSP date. It is the responsibility of the early interventionist to notify the service coordinator if no referral for the assessment has been submitted in the SSCFDS in order to complete the AEPS on time for the six-month review, annual review IFSP or exit AEPS.

Test Description

1. Comprehensive assessment with items encompassing the six developmental domains (e.g. fine motor, gross motor, cognition, communication, social-emotional, and adaptive), as well as pre-literacy, numeracy, and pre-writing.
2. It is proven, reliable, and highly regarded.

Test Considerations

1. User friendly
2. Reliability of reporting party affects scores
3. Inconsistency of assessor affects scores

Scoring

1. Once the assessor inputs data for each item, the assessment is automatically scored in the AEPS interactive portal (AEPSi).

2. If a child is eligible for services via percent delay or if they are automatically eligible due to a qualifying diagnosis, input the AEPS scores into the AEPSi and copy and paste the narrative for each section into the corresponding summary box. **Note:** If this is an annual review, typically one of the treating therapists does the AEPS, *not* the evaluation team.
3. Be sure to click the circle for “Near Entry” for “OSEP Include?” on the CODRF Summary page when scoring an initial assessment.
4. The “Program Entry Date” is the date of the IFSP meeting which is to be entered by one of the evaluators after the meeting has occurred.

AEPS Inter-rater Reliability (IRR) Certification

1. Required to ensure that all assessors are following the same criteria and giving credit for the same skills.
2. The AEPS IRR Certification modules have been designed to give AEPS users and their supervisors confidence in their ability to be reliable scorers.
3. In addition to the certification test, the modules include an AEPS Scoring Guide presentation, a Practice Test, and access to the resources to expand learning.

V. PREPARING FOR EVALUATIONS

A. Family Interview Evaluation Report

1. The service coordinator (SC) meets with the family to confirm their desire to move forward with the evaluation process and to complete a family interview to determine relevant strengths, needs, family routines, concerns and all information up to **“PART II: Summary of Evaluation & Results.”**
2. The SC determines whether a child is automatically eligible and should receive just the AEPS or if eligibility must be determined utilizing the BDI-2 NU.

B. Prior Written Notice (PWN)

1. The SC creates the evaluation table in the SSCFDS and Strong Start operations team assigns an evaluation company.
2. The evaluation company schedules the evaluation and assigns an evaluation team.
3. The evaluation company uploads the PWN into the SSCFDS.
4. The evaluation company sends the PWN to the family at least five days prior to the evaluation/assessment.

C. Consent Form

1. A signed and dated consent form is required for all evaluations/assessments. The parent/guardian must sign and date their own consent form. Pre-populated dates cannot be added next to the signature line. All information in the “Evaluation/Assessment” and “Evaluation Procedure/Instrument to be Used” boxes must be completed prior to the consent form being signed.
2. Consent forms are to be uploaded into the SSCFDS within 24 hours from receiving signed consent from the parent or caregiver.

VI. COMPLETING EVALUATIONS

A. Family Interview section of report

1. The family interview is completed by the Service Coordinator. The information is confirmed at the evaluation and additional information may be gathered by the evaluation team.
2. It should be clear and give a complete picture of the child and family's daily routines, as well as the child's strengths and needs.

B. Evaluation Summaries

1. Summaries should be reported in the evaluation table of the report under "PART II: Summary of evaluation & Results."
2. It should give a complete picture of the child's development and any routines that are impacted by developmental delays.
3. It should report on functional skills versus listed evaluation/assessment items.
4. Summaries should have a strengths-based focus instead of a needs-based focus (e.g., "[Child] is learning to do _____, but is not yet able to do so consistently" vs. "[Child] cannot do _____."
5. It should include language that is understandable by the parent (e.g. not too much clinical jargon without explanations).
6. Summaries should be free of grammatical errors, spelling errors, and name errors, and abbreviations that have not been explained.

C. Evaluation Scoring

1. Scoring should be completed within 24 hours to update the SC on the child's eligibility (if he or she is not automatically eligible).
 - a. Eligibility determined via percent delay
 - i. Percent Delay: Comparison of a child's developmental age in relation to their chronological age (e.g. Developmental age of 15 months, chronological age of 20 months- $15/20=.75$; $1-.75=.25=25\%$ delay).
 - ii. The delay must be 25% or greater to qualify.
 - iii. For areas that yield a delay of more than 50%, be mindful of the families and indicate that the child has "at least a 50% delay."
 - iv. For children 2 years of age and older, a Developmental Quotient of 84 or below for areas where scores of "< 24 months" were given is equal to "At least a 25% delay." This is not relevant for children under the age of 2 and the age equivalent is used in all instances.
 - v. **There is no adjustment given for premature birth.**
 - b. Eligibility determined by Informed Clinical opinion (ICO)

- i. Clear and concise statement indicating why *both* evaluators have determined that this child is at risk of falling further behind without immediate and appropriate intervention.
 - ii. **Must be** approved by clinical manager, Chelsia Latney, prior to giving definitive eligibility to SC.
 - iii. Continued eligibility is determined after 6 months.
 - c. Children who are found automatically eligible
 - i. The SC will inform of the he child’s automatically qualifying condition
 - ii. Evaluators will complete the AEPS and report summaries and rating on the Family Interview Evaluation Report
- 2. Scores should be recorded in the evaluation table of the report under “PART II: Summary of evaluation & Results.”

a. Example of documenting Cognitive data for a 9-month-old child:

Attention and Memory

Raw Score: 19
Scaled Score: 9
Percentile Rank: 37th
Age Equivalent: 7 months
Results: Average

Perception and Concepts

Raw Score: 7
Scaled Score: 7
Percentile Rank: 16th
Age Equivalent: 5 months
Results: Low Average

Developmental Quotient: 87

Percentile Rank: 19th
Results: Low Average
Actual Percent Delay: 33% Delay
Administered by: Jane Doe, M.S., OTR/L

- 3. For children 2 years and older, the Perceptual Motor scores and information must be included on the report (even though this section is not used to calculate eligibility).
- 4. AEPS scores are to be noted on the report only if the assessment was done for an automatically qualifying diagnosis, not for children who were given the BDI-2 NU to determine eligibility.

BDI Descriptive Results:

Developmental Quotient (DQ)	Scaled Score (SS)	Description
130 and above	16-19	Accelerated Development
120-129	14-15	Advanced Development
110-119	12-13	High Average
90-109	8-11	Average
80-89	6-7	Low Average
70-79	4-5	Mild Developmental Delay
69 and below	1-3	Significant Developmental Delay

D. Report Submission

1. Reports are due in the Strong Start Child and Family Data System (SSCFDS) within five business days after the evaluation/assessment is completed.
2. Should translation be required, the evaluating company is to have this completed prior to uploading the reports and in time to meet the same deadline of five business days.
3. The evaluation/assessment report and AEPS Child Progress Report (CPR) should be emailed or mailed to the family, based on their preference prior to the eligibility meeting. The evaluation/assessment report has personal information such as name, address, date of birth, and sensitive medical information and should be sent via an encrypted email.

VII. PARTICIPATING IN THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

A. Eligibility and IFSP Meeting Attendance Guidelines

A member of the evaluation team that participated in the evaluation is required to attend the eligibility meeting and/or Individualized Family Service Plan (IFSP) meeting in person (or by virtual means using video conferencing during a public health emergency).

If the case is at day 35 or later of the 45-day timeline and an evaluation team member is not available to attend the eligibility and/or IFSP meeting, the following steps should be followed as prioritized steps, not a list of options, and the circumstances must be documented in the child’s correspondence notes:

- a. Another member from the evaluation team’s company is present. This person must be an evaluator, but does not need to be a member of the team that evaluated the child.
- b. A member of the evaluation team is present by phone.
- c. Service coordinator contacts family and asks if they have questions about the evaluation report. If they do, a member of the evaluation team schedules a time to answer these questions via phone before the eligibility meeting is held. **This phone call is not billable.**
- d. Service coordinator will attend eligibility meeting with family without another evaluation/clinical member present. The service coordinator will use the evaluation report as a representative of the evaluation team and will discuss with the evaluation team before the eligibility meeting

B. Outcome Writing

Outcomes are functional, routines-based and measurable goals that are included in a child’s IFSP. Using the principles of NLEP, therapists will work with the family and service coordinator by lending their expertise in developing functional and measurable outcomes. Outcome writing is a **team process** and based on the family’s primary concern. See Appendix F for the IFSP Outcome Writing Format and Appendix G for an Outcome Scenario. Below is an example of the format used to write a child’s IFSP outcomes.

Concern: Jasmine’s family is concerned that she does not want to walk on her own when they go to the park. She will walk for half of a block before crying and saying “up” wanting to be picked up. When Jasmine is at the playground, she seems to tire easily and sits down on the steps of the slide.

Outcome: Jasmine will walk to the park, play, and walk home from the park with her family.

Measurable Criteria: The family will know when the outcome is achieved when Jasmine is able to walk to the park, play on the playground equipment for 15 minutes, and walk back from the park twice a week for four weeks.

C. IFSP implementation

The early intervention supports and services listed on the IFSP shall begin within 14 calendar days and no later than 30 calendar days of the date the signed IFSP. The date on the signature page of the IFSP is day 1. Any attempts to start services shall be documented by the early interventionist in the correspondence notes of the child's electronic record.

Early interventionists should schedule visits in advance with each family or child care center and provide services in accordance with the frequency and visit duration outlined in the child's IFSP. Families are active participants in each early intervention visit. Missed appointments and limited caregiver participation in early intervention visits are cues to contact the service coordinator and discuss coaching, service frequency, or other issues with the parent and IFSP team.

D. IFSP reviews

The purpose of the periodic IFSP review is to determine the child's functioning and progress toward the IFSP outcomes and whether modification or revision of the IFSP outcomes or supports and services, including frequency and length, is necessary.

The service coordinator coordinates and monitors the delivery of IFSP supports and services. The IFSP is reviewed at least every six months or whenever a team member, including the family, identifies the possible need for a change. A new IFSP is written annually during the child's enrollment in DC EIP.

If the family or another IFSP team member(s), based on data, observation and/or assessment, indicates the child has reached age level in the areas of development and/or met the outcomes on the IFSP, then an IFSP review is held to determine the child's eligibility status. When the reason for determining the child's eligibility status is because one or more team members believe the child is no longer eligible, the service coordinator and one or more individuals representing two disciplines must participate in the eligibility determination process.

Any new services added at an IFSP review must begin within 14 days and no later than 30 days of the date the family signs the IFSP Review page unless the team planned a later start date to meet child and family needs.

VIII. TRANSITION TO PART B

DC EIP has developed and implemented policies and procedures to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C of IDEA to:

- Preschool or other appropriate services, for toddlers with disabilities; or
- Exiting the DC EIP for infants and toddlers with disabilities.

Therapists who are a part of the child’s evaluation team, and who will be completing the transition evaluation, should make sure the evaluation is uploaded in a timely manner and that a quality report is completed. Transition evaluations should be done on the “transition evaluation template.”

Strong Start and Early Stages collaborate with evaluations of children as they approach age 3.

If parents agree, Strong Start evaluators complete the “transition evaluation” at 2 years and 4 months (28 months) and send the results to Early Stages.

If the child is at transition age upon **entry** into the program, a full initial evaluation using the BDI-2 NU is completed (including children who have an automatically eligible diagnosis).

Early Stages uses the results from the evaluation, along with observation, further assessment, if needed, and family report to determine eligibility for Part B based on their standards and requirements.

A transition meeting is held with Strong Start and Early Stages to help ensure a smooth transition from Strong Start to Early Stages.

IX. ANNUAL ELIGIBILITY

Children who were found eligible for DC EIP by percent delay, or by an automatically qualifying medical condition with a determinate eligibility period (torticollis, Pierre Robin syndrome, children born < 28 weeks, at < 1000 grams, retinopathy of prematurity, Intervertebral hemorrhage, failure to thrive, cleft-lip and palate post-surgery, radial club hand) must be evaluated for eligibility annually. The annual eligibility evaluation shall coincide with the child's annual IFSP. A 25 percent delay in one or more areas will continue to qualify a child for early intervention services.

Annual eligibility follows a similar evaluation process as the initial eligibility process, with the exception of the AEPS. Children are evaluated using the BDI-2U by a multidisciplinary team consisting of a motor therapist and a speech language pathologist or developmental therapist. The AEPS will be completed by the child's treating therapist.

If the child is not found eligible to continue in the early intervention program, services will end the week following their annual IFSP meeting. Eligible children will continue early intervention services under a new IFSP.

X. DETERMINATION OF CHILD PROGRESS AT EXIT

Children and their families exit DC EIP for a variety of reasons. Early interventionists are responsible to complete an exit AEPS for children who have been in the system for 6 months or longer since their initial IFSP. The AEPS must be done no more than 6 months prior to exit from early intervention.

There may be situations where it is not possible to complete the AEPS, such as when the child has not been seen for an extended period of time and the family leaves the system without notice. If it is not possible to complete the exit ratings, this must be documented in the correspondence notes of the SSCFDS. Since the ratings reflect the child's status at the time of the assessment, it is important to time the exit assessment/rating as close to exit as possible in order to capture results for the full time the child was receiving early intervention services.

XI. DOCUMENTATION OF THE EARLY INTERVENTION VISIT

Therapy notes are used to document how Part C early intervention services are delivered. Therapy notes are legal documents and may be used in the investigation of an administrative complaint or in a due process hearing under Part C, or in a court case such as a custody dispute. Thorough therapy notes are essential in documenting compliance with Part C requirements, provision of supports and services in accordance with the IFSP, reasons for missed appointments, and other contacts and activities completed on behalf of the family. See Appendix J for a sample note.

Providers should document in the therapy note section of the Strong Start Child and Family Data System:

1. A narrative description of what occurred during the session including what the provider did, strategies used, progress information and plans for next session and opportunities to practice within the context of NLEP using coaching interaction style of service delivery.
2. When a family cancels or declines a service, including what service was missed, dates of missed services and reasons for missed services.
3. Inability to provide a service due to extreme weather or natural disaster including a description of the duration and severity of the disruption caused by the extreme weather or natural disaster.
4. When a provider cancels or fails to provide services in accordance with the current IFSP including what services that have been missed, dates of missed services and reason for missed services.
5. The provider must document any efforts to make up the service and any communication with the parent regarding the service.
6. The provider must document in the correspondence notes the offer to make up service, the parents' response, if and when the makeup service is provided and the reason if the makeup service is not provided.
7. Ideally, the therapy note should be done immediately following the contact to ensure optimal recall of what occurred and so that the note is available for other team members who may need the information for their service provision to the family. Therapy notes need to be entered in the SSCFDS no later than **three business days of occurrence and the day of the visit counts as the first day**.
8. Providers must sign the note by writing their full name as it appears in their license and credentials (e.g., John Smith, MS-CCC/SLP).
9. For sessions delivered via telehealth, providers must document in the intervention log the modality of service used to deliver the service (e.g., audio/visual, audio-only, etc.) and the patient's telephone number, cellphone number, or other information on how communications were established with the patient based on the mode of communication used to deliver the service via telehealth.
10. Early interventionists are allowed to write a note or parts of the note during a session, provided that they are still engaged with the family (For example, during the last minutes of the session as they develop the joint plan or in the middle of the session as they document the parent response/engagement during the session).
11. The actual start and end time of sessions that include the time with the child and the parent/caregiver shall be reflected in the note. Providing a 53-minute session and then leaving to another client to then write the intervention log note cannot be documented as a 60-minute session.

A. Family Cancellation

If a family cancels a therapy session, a make up for that session is not required. The cancellation should be documented in the intervention log in the SSCFDS.

It is not necessary to make up sessions missed because of family cancellations. However, offering a makeup is considered “best practice.” Makeup sessions must be made during the month of the cancellation or the month following the cancellation. If a makeup session cannot be scheduled during the next month period, then those makeup sessions are forfeited. Makeup sessions are not cumulative and do not carry over to the following months.

B. Provider Cancellation

When a provider cancels or fails to provide a service in accordance with a current IFSP, that visit must be rescheduled as soon as possible to ensure that the service is delivered at the frequency and length planned on the IFSP. Sessions cancelled by the provider must be made up, unless the family states that they do not wish to make up the missed session. Contact notes must document the offer to reschedule and the fact that the family declined this offer.

Under the following circumstances families are not entitled to make up services. However, providers have their own discretion to offer make up services.

- When a service is missed due to extreme weather or natural disaster; or
- When a scheduled service falls on a state, federal or religious holiday. Provider agencies should provide families with the agency’s yearly holiday calendar.

C. Makeup policy

Make up sessions shall not take the place of regularly scheduled sessions. Providers shall document all makeups offered and if for any reason the family cancels then the provider should add a note in the intervention log and mark it as a cancellation. Time can be made up ahead of a missed session only when there is a known reason (e.g., vacation, surgery) for the provider to miss a specific upcoming session. Time may not be made up in anticipation of possible missed sessions (e.g., scheduling extra session in January to make up for possible snow day in February).

Only one session more per week than the number specified in the IFSP may be provided as a makeup session. For example, if you are authorized to provide one session per week, then in any week the total number of sessions you do, including make-up sessions, cannot be more than two.

The therapy note for a makeup session must include the date of the session that was missed.

A makeup session cannot occur on the same day as a regular session is provided for the same type of service. This policy also applies to Developmental Therapy services delivered using ABA. For example, if a child is approved for five times per week, two hours per day and assuming that the regular schedule is Monday to Friday and the provider misses a session on Thursday, the makeup session can only be offered on Saturday or Sunday.

D. Intervention log statuses

The following chart will provide a description of each of the session statuses and when to use it.

Status	Description
Completed	A regular scheduled session with the child and family was completed in accordance with services indicated in the IFSP.
Makeup	A session made up for a missed regular scheduled session. Only make-up sessions that properly document the date of the missed session will be reimbursed.
Parent/ Caregiver Cancellation	When a family cancels or refuses services from a provider.
Therapist Cancellation	When a provider cancels or fails to provide a service in accordance with a current IFSP.
No Show	<p>When the provider went to the child’s house or child care center and the child was not present. Cancellations prior to or the day of the scheduled session are not considered no-show.</p> <p>Providers will only be paid for sessions (including makeup sessions) that the child attends. Any child absence or provider absence, except up to two documented “no shows” per child per month, is not payable. The “no shows” policy only applies to children who have DC EIP as their primary payer and does not apply for children who are covered by an MCO. Services must be provided in accordance with the frequency and session duration authorized on the child’s IFSP. Sessions provided at a greater frequency than what is authorized in the IFSP will not be paid.</p>
Holiday	<p>A missed therapy session either by a therapist or parent/caregiver due to Federal holiday, religious holiday or an observed holiday. It constitutes a cancellation and it is not reimbursable.</p> <p>If a parent/caregiver has a scheduled therapy session that falls on a holiday, the therapist and the family will make the determination as to whether the session will proceed. It’s at the therapist’s discretion whether they work on a Federal holiday or religious holiday.</p>
Note Withdrawn	When there are multiple notes for the same day or if errors have been discovered. The use of this status by the provider will indicate that the note has been withdrawn. The provider must indicate the reason for withdrawn.
IFSP	Providers shall use this status to indicate they have attended an IFSP.
AEPS	Providers shall use this status to indicate they have conducted an assessment.

Status	Description
Child Care Closure	Providers shall use this status to indicate a cancelled session due to a child care facility closing such as but not limited to a delayed opening, staff development, or inclement weather.
Joint Visit	When a provider accompanies the PSP for the purpose of supporting the PSP, the child’s caregiver and the child.
Teaming Meeting	A PSP shall use this status to document a child that was discussed in a teaming meeting
Eligibility/Exit IFSP	Providers shall use this status to indicate they have attended an eligibility meeting or Exit IFSP

XII. GUIDELINES FOR TEAMING MEETINGS

The purpose of teaming meetings in a primary service provider approach to teaming is to have a regular scheduled time for the primary service provider (PSP) to get support from the other early interventionists in the team. This transdisciplinary team provides colleague-to-colleague coaching and support necessary to build the capacity of parents and care providers to promote the child's participation in everyday activities.

The PSP or a designated person at the PSP's agency is responsible for organizing teaming meetings and notifying all team members (including service coordinators and early interventionists from other agencies if applicable) with at least three business days' notice. Notifications shall be delivered via email and include the date, start and end times, location of the teaming meeting, and the children who will be discussed.

All teaming meetings should be led by the team meeting facilitator and guided by an agenda. The agenda for each child shall include the status of the current situation, what currently is or is not working, and what the PSP and care providers have already tried or discussed, followed by sharing necessary resources, supports, and information from other team members.

The primary focus of the teaming meeting should be helping the PSP reflect through coaching rather than immediately moving to making suggestions or recommendations. Team members should use the same principles used in the coaching interaction style in order to build the capacity of the PSP for both the current and possible future situations.

The primary service provider shall enter an intervention note in the SSCFDS for each child teamed within three business days of the meeting. The note shall include at least the following:

- Question/issue that the PSP is bringing to the team for support
- PSP and/or caregiver's current knowledge/actions taken regarding the topic/issue
- The plan of next steps for additional actions to be taken as a result of the support provided by the team

XIII. INCIDENT REPORTING

A. Child Care Centers

To make a complaint about child care services or to report an incident at a child care center such as issues of abuse, neglect or sanitation, early interventionists should call the Complaint and Unusual Incidents Hotline: (202) 727-2993 or send an email to OSSE.ChildcareComplaints@dc.gov. Complaints may also be faxed to the Licensing and Compliance Unit at (202) 727-7295.

It is recommended that any unusual incident be reported to OSSE immediately so that compliance officers can investigate. It is also recommended that the service coordinator be notified.

Unusual Complaint Form:

osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/Unusual%20Incident%20Report%20Form_July%202018.pdf

B. Child abuse and neglect

Pursuant to the Prevention of Child Abuse and Neglect Act of 1977, D.C. Code §§ 4-1321.02, early intervention providers are mandated reporters. An early interventionist who knows or has reasonable cause to suspect that a child known to him or her in his or her professional or official capacity has been or is in immediate danger of being a mentally or physically abused or neglected child, as defined in § 4-1301.02(15A), shall immediately report or have a report made of such knowledge or suspicion to either the Metropolitan Police Department of the District of Columbia or the Child and Family Services Agency.

All providers are required to complete annually the free online training for mandated reporters in the District of Columbia at <https://dc.mandatedreporter.org/>. The training certificate must be uploaded in the SSCFDS under “Other Documents” for each provider.

Appendix A

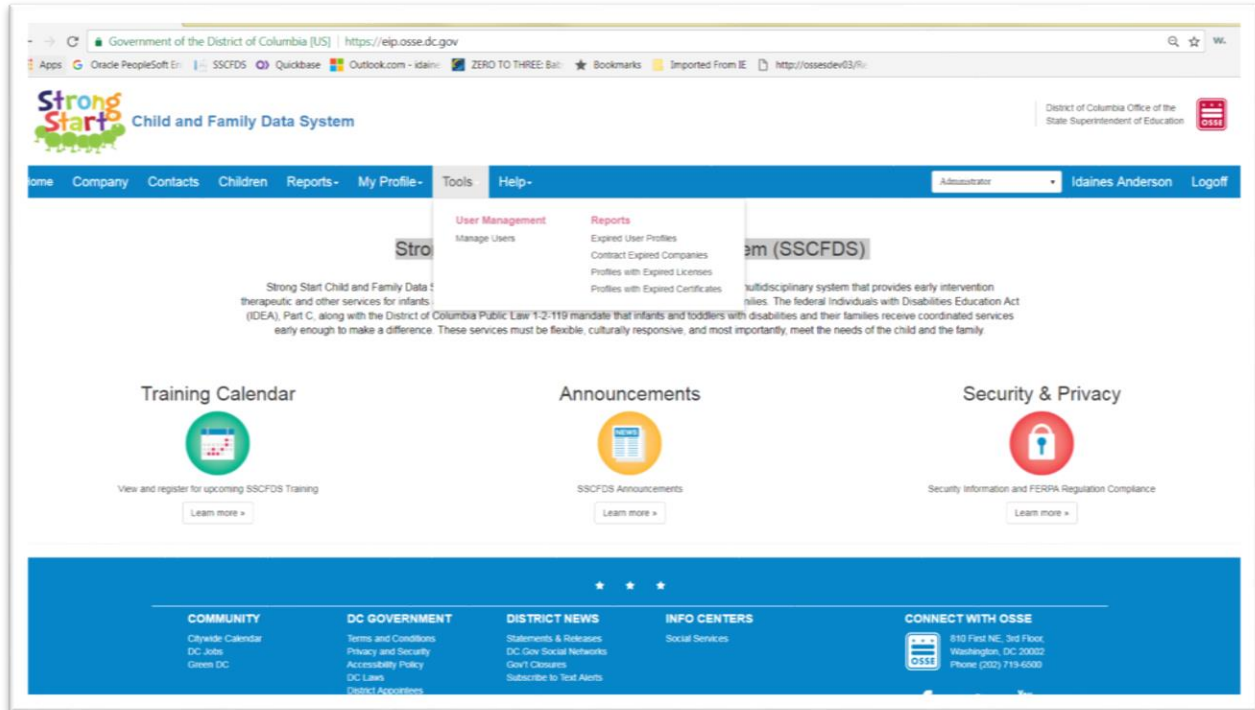
Request Access to Strong Start Child and Family Database System (SSCFDS)

This document serves as a guide for vendor agencies managers when hiring new providers and requesting new users.

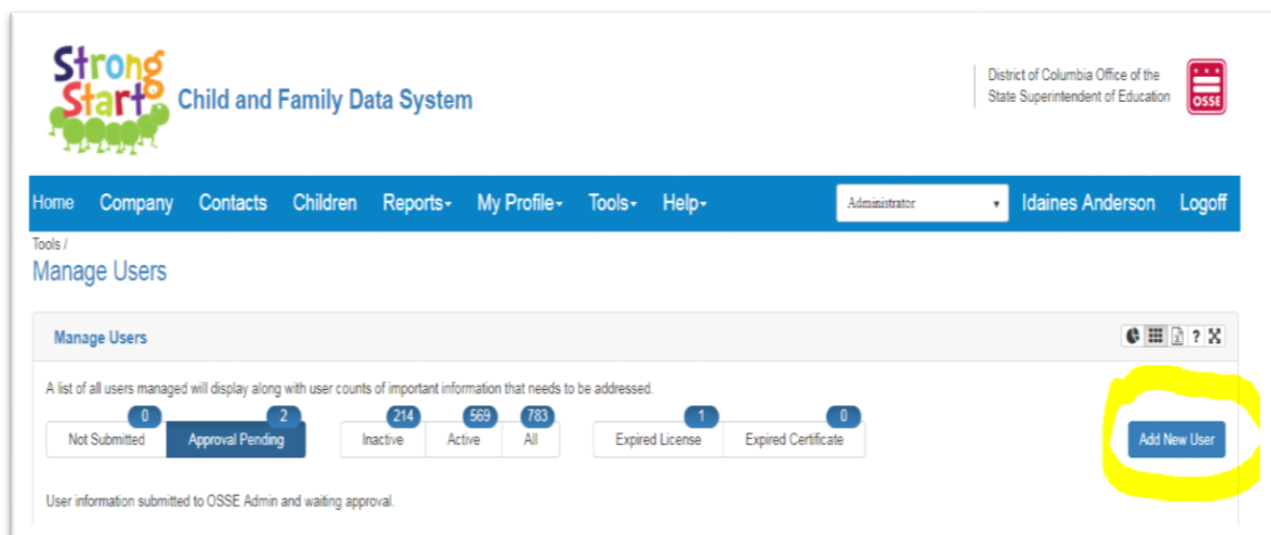
When naming the attachments, the below naming convention should be used:

FirstName_LastName_NameofDocument, i.e. John_Smith_Resume, John.Smith_Licensure

Click on **Tools** and then click on **Manage Users**



Your screen as a Provider Manager may look different from this screen shot. However on the right hand side (circled in yellow here) there is a Blue button that you will click on to **Add New User**



Please fill out the Contact details and everything that has a red asterisk (*) on it. If the new user is a therapist please be sure to list their NPI number. Therapist will not be approved without one. There is also space for you to document SLP Clinical Fellows, their start and end date as well as who the CF-SLP Supervisor is.

The screenshot shows the 'Profile Information' page with the 'Contact Details' section expanded. A note at the top states: 'NOTE: Changes will not be saved if the user is moving away from the page without completing request/submitting. Fields marked with an asterisk(*) are required.' The form fields include: Last Name*, First Name*, Email*, NPI, Address*, Address Line 2, City*, State* (dropdown), Zip Code*, Mobile Phone (with format (xxx) xxx-xxxx), Office Phone, Other Languages, Start Date*, End Date, and a checkbox for 'Family Services Unit Supervisor'. At the bottom, there are fields for 'CF-SLP Start Date', 'CF-SLP End Date', and 'CF-SLP Supervisor' (dropdown), with a note: 'Please select Company before CF-SLP values'.

You will then need to request the roles by typing the Available Roles on the Request for Roles field. You will have to do the same if applicable for Direct Services, Directory Categories, Evaluation/Assessment, and Disciplines.

The screenshot shows the 'Roles' section of the profile. A message says: 'Please select at least one Role to approve the request'. Under 'Assigned Roles', it says 'No Roles assigned'. The 'Available Roles' section lists various roles as buttons: Provider Manager, View Only, Administrator, MCO Administrators, Dedicated Service Coordinator (DSC), Initial Service Coordinator (ISC), MCO Case Managers, Billing Specialist, Translation Provider, Intake/Child Find Specialist, Transition Liaison, Lead Dedicated Service Coordinator (DSC), Service Provider, Evaluator, Help Desk, and Technical Assistance. Below this is a 'Request for Roles' text input field. At the bottom, there are expandable sections for: + Direct Services, + Directory Categories, + Evaluation / Assessment, + Disciplines, + Licenses, + Certificates, and + Other Documents.

Soon you will be able to click on the option presented in Roles, Direct Services, Directory Categories, Evaluation/Assessment, and Disciplines. The option to type in the request will always be available.

- Direct Services ?

For Service Providers requesting to perform Direct Services for Strong Start, please select the applicable Direct Services and enter any additional information related to the request into the text box and click submit request. If a Direct Service should be removed, please enter the assigned Direct Service that is to be removed. All requests will be reviewed by OSSE Strong Start DC Early Intervention Program.

Assigned Direct Services

No Direct Services assigned

Available Direct Services

SI-DTI/Playgroup OT PT SLP Feeding Therapy (OT) Feeding Therapy (SLP) SI (DT) SI (ABA) SI (ABA-Group/Class)

SI (Parent Coaching) SI (Psychologist) SI (HS) - Auditory/Verbal SI (VS) HANEN (Non-SLP) HANEN (SLP) SI (AT)

SI (StrongStart Playgroup) SI (Infant and Toddler Massage) SI (Play Project)

Additional Information

Discard Changes Submit Request

The final steps are to upload the License, Certificate, and Other Documents. You will click on blue button to add the documents.

- Licenses ?

License which is in verified status cannot be edited or deleted

Add License

Article#	Issuer Name	Number	Status	Start Date	End Date	Type	Notes	Attachment
No items to display								

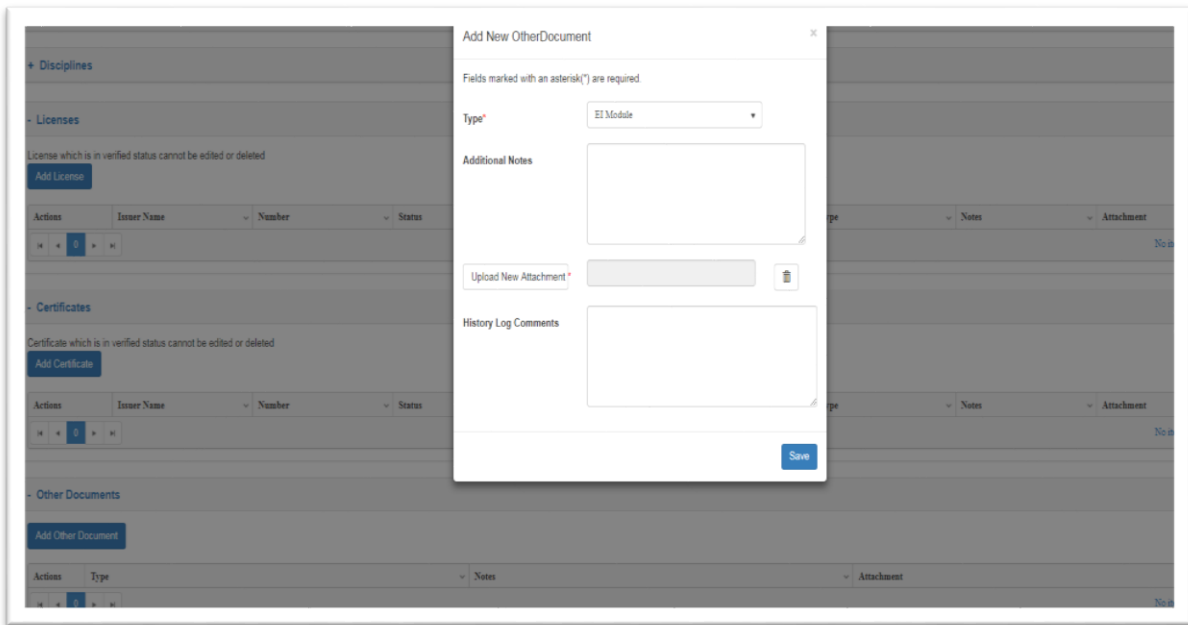
Add Certificate

Article#	Issuer Name	Number	Status	Start Date	End Date	Type	Notes	Attachment
No items to display								

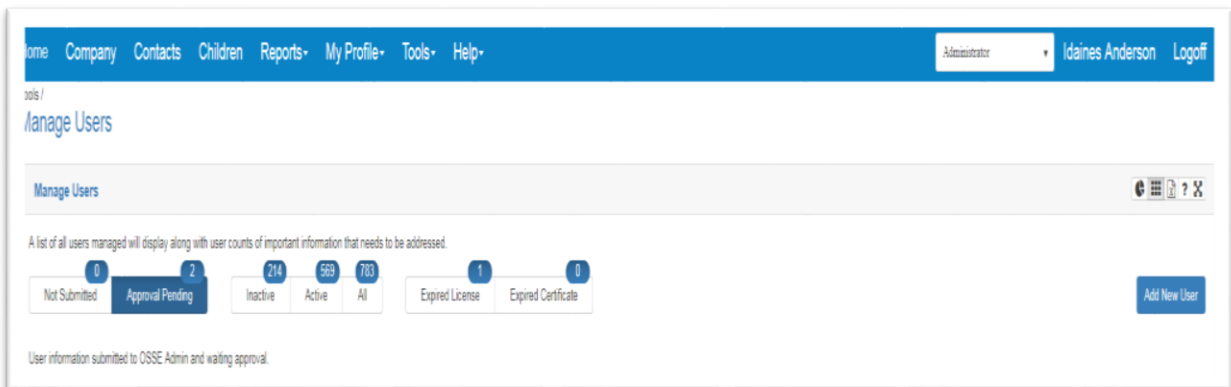
Add Other Documents

Article#	Type	Notes	Attachment
No items to display			

When you click on it there will be a pop up page. Here you will use the drop down screen to identify who issued the license or what type of document it is. You will also have the opportunity to upload the required forms.



When you have uploaded all the documents, please review all the information and submit the request. You can follow along the process under manage user. The dashboard will allow you to see how many you have filled out but not submitted, which are pending approval, Active users and if a License is expiring.



If you have any questions please feel free to contact Ida Anderson at idaines.anderson@dc.gov or 202-741-0790.

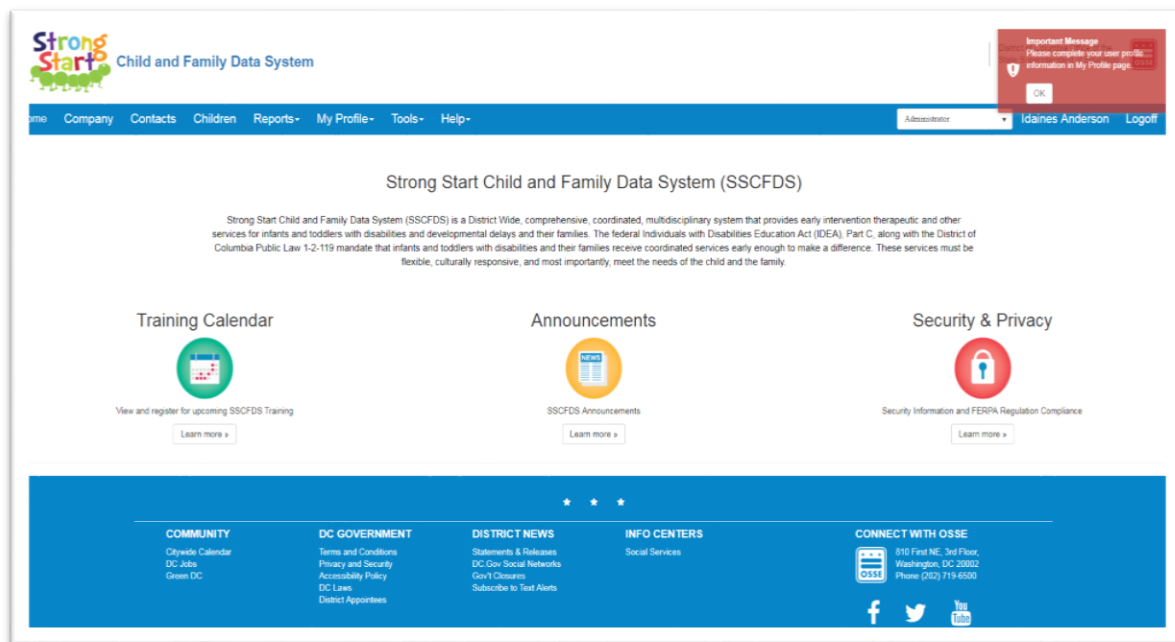
Appendix B

Updating profile on existing users of the Strong Start Child and Family Database System (SSCFDS)

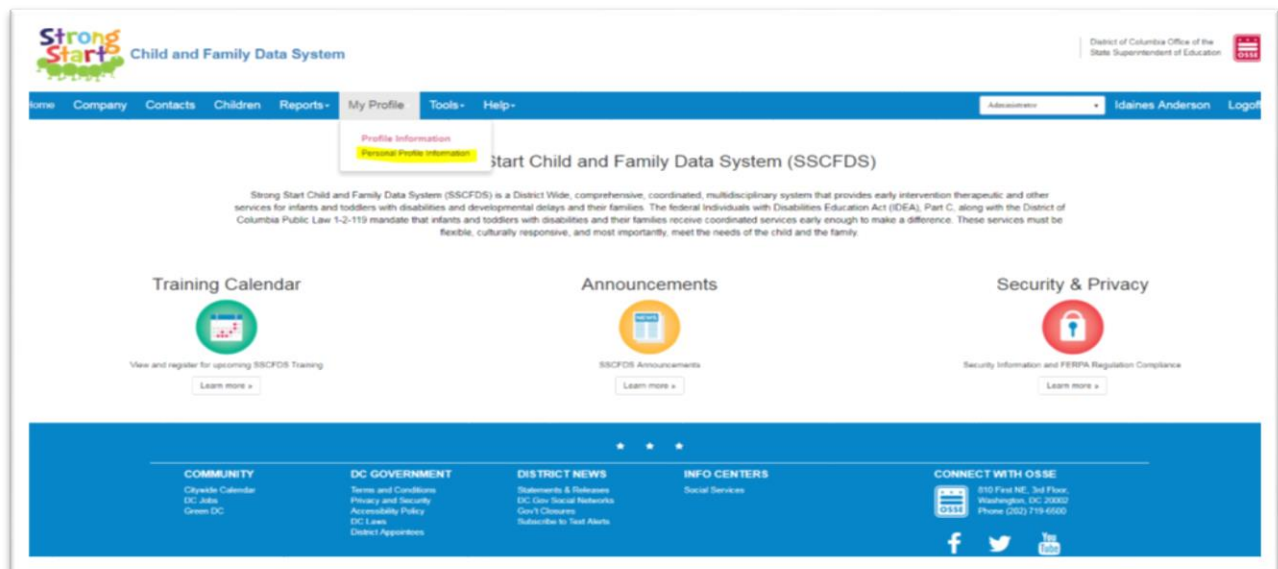
This document serves as a guide for users to update their profile information such as contact details, roles, services, disciplines, licenses, certification and other documents.

When naming the attachments, the below naming convention should be used:
FirstName_LastName_NameofDocument, i.e. John_Smith_Resume, John.Smith_Licensure

User first need to log on into the database.



Go to My Profile and click on Personal Profile Information



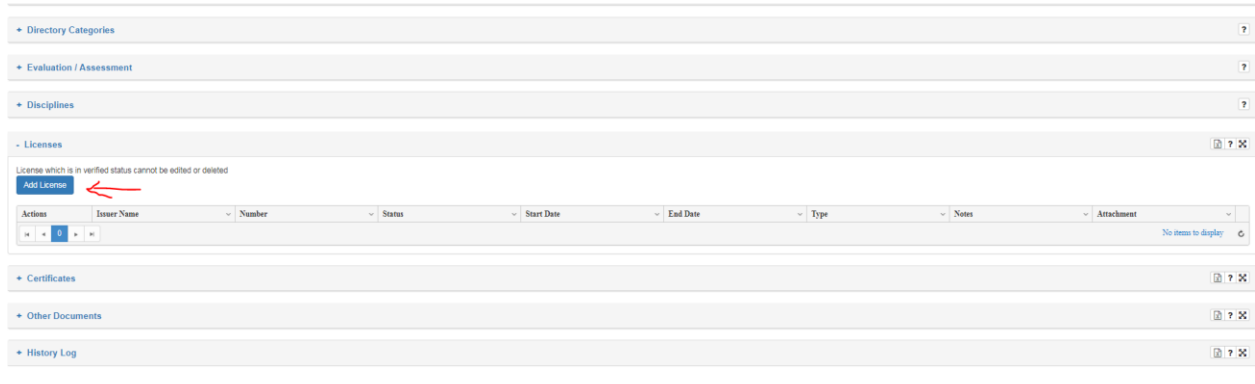
Click on Edit Profile and then make sure to type your NPI number under Request for Name Change or NPI. You can take this opportunity to add your work address, your phone number and if you speak an additional language.

The screenshot shows the 'Edit Profile' page in the Strong Start Child and Family Data System. The page is titled 'Profile Information' and has a navigation bar with 'Home', 'Company', 'Contacts', 'Children', 'Reports', 'My Profile', 'Tools', and 'Help'. The user is logged in as 'Idaines Anderson'. The 'Edit Profile' button is highlighted with a red arrow. Below the navigation bar, there is a section for 'Contact Details' with fields for 'Last Name', 'First Name', 'Email', and 'NPI'. The 'Request for Name Change or NPI' field is highlighted in yellow. Below this, there are fields for 'Address', 'Address Line 2', 'City', 'State', 'Zip Code', 'Mobile Phone', 'Office Phone', and 'Other Languages'. There are also fields for 'Start Date', 'End Date', 'CF-SLP Start Date', 'CF-SLP End Date', and 'CF-SLP Supervisor'.

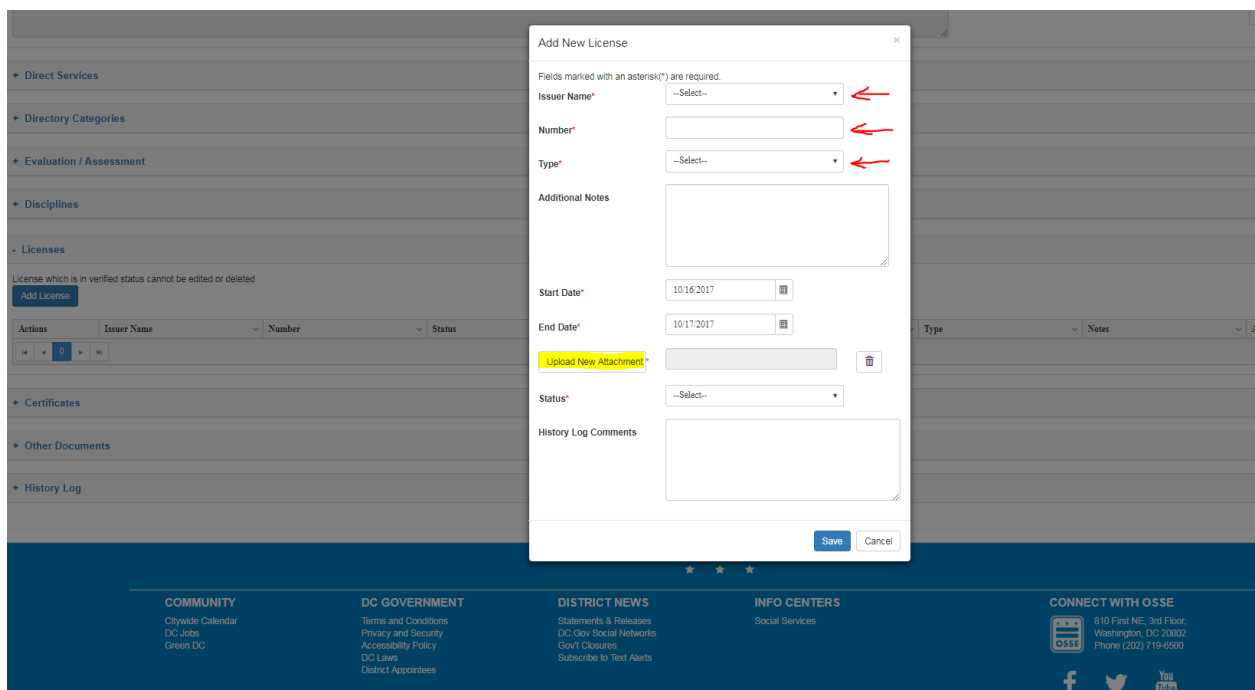
Once the information is added please be sure to click on Complete Request for NPI request and Save for Contact information.

This screenshot shows the same 'Edit Profile' page, but with the 'Complete Request' button highlighted by a red arrow. The 'Request for Name Change or NPI' field is now empty. Below the 'Contact Details' section, there is a 'Company Information' section with fields for 'Name', 'NPI', 'Tax ID', 'Contract Start Date', and 'Contract End Date'. The 'Save' button is also highlighted with a red arrow.

User will also be able to update expired Licenses and Certificates as well as upload supporting documents.



There needs to be a valid license in the profile for OT, PT, SLP. Before the expiration of a license the user and provider manager will receive notification. It is their responsibility to update the license, if the license expires and a new one is not uploaded the user will be deactivated in the database.



Developmental Therapist, Behavioral Therapist and BCBA will upload their certificate from OSSE or BACB. They are responsible for maintaining a valid certificate in the system.

The screenshot shows a web application interface with a modal window titled "Add New Certificate". The modal contains the following fields and controls:

- Fields marked with an asterisk(*) are required.
- Issuer Name* (dropdown menu, highlighted in yellow)
- Number* (text input)
- Type* (dropdown menu, highlighted in yellow)
- Additional Notes (text area)
- Start Date* (calendar icon, value: 10/25/2017)
- End Date* (calendar icon, value: 10/26/2017)
- Upload New Attachment* (button with trash icon)
- Save (button)
- Cancel (button)

The background interface includes a sidebar with the following sections:

- Services
- Category Categories
- Registration / Assessment
- Policies
- Users
- Certificates
- Documents
- Activity Log

The footer contains the following navigation links:

- COMMUNITY: Citywide Calendar, DC Jobs
- DC GOVERNMENT: Terms and Conditions, Privacy and Security
- DISTRICT NEWS: Statements & Releases, DC Gov Social Networks
- INFO CENTERS: Social Services
- CONNECT WITH OSSE: 810 First NE, 3rd Floor, Washington, DC 20002

When you have uploaded all the documents, please review all the information and submit the request. The Provider Manager in your company will be able to keep track as it is pending and you will both receive an email notifying you when it has been approved.

If you have any questions please feel free to contact Ida Anderson at idadines.anderson@dc.gov or 202-741-0790.

Appendix C



District of Columbia
Office of the State Superintendent of
Education

**Policies for Implementing Part C of the
Individuals with Disabilities Education Act**



April 2014

APPENDIX
DC EARLY INTERVENTION PROGRAM
LIST OF ESTABLISHED CONDITIONS

1. Genetic Disorders

Abnormalities of Chromosome Number

(All except Klinefelter) Such as but not limited to:
Down syndrome, Trisomy 21, Patau's syndrome,
Trisomy 13, Edward's syndrome, Trisomy 18
Other conditions due to autosomal anomalies

Genetic Conditions with Known Chromosomal Alterations

Angelman Syndrome, Autosomal deletion syndromes: antimongolism syndrome, Cri-du-Chat Syndrome,
Bardet-Biedl Syndrome, CHARGE Syndrome, Cornelia de Lange Syndrome, Fragile X Syndrome, Jeune Syndrome, Menkes Syndrome, Noonan Syndrome, Opitz Syndrome, Prader-Willi Syndrome, Rubenstein-Taybi Syndrome, Weaver Syndrome, Williams Syndrome

Pre-natal exposures

Fetal Alcohol Syndrome, Fetal Phenytoin (Dilantin) Syndrome, Pediatric AIDS, TORCH, congenital toxoplasmosis, congenital rubella, congenital CMV (cytomegalovirus), congenital herpes

Neurocutaneous Syndromes

Tuberous Sclerosis, Sturge Webber Syndrome, Neurofibromatosis, Ataxia Telangiectasia

Inborn Errors of Metabolism

Amino Acidopathies, Organic Acidemias, Glutaric Aciduria type II

Very long chain fatty acid storage diseases

All, including Peroxisomal Disorders
Leukodystrophy, Krabbe's disease, Pelizaeus-Merzbacher disease, Sulfatide Lipidosis
Cerebral lipidoses, Batten disease, Jansky-Bielschowsky disease, Kufs disease, Spielmeyer-Vogt disease, Tay-Sachs disease, Glangliosidosis, Cerebral degeneration in generalized lipidoses, Cerebral degeneration of childhood in other disease classified elsewhere

MCAD (medium chain acylCoA dehydrogenase deficiency)

2. Sensory Impairments

Blindness ("legal" blindness or 20/200 best acuity with correction)
Low Vision (20/70 best acuity with correction)
Retinopathy of Prematurity, (Grades 4 and 5)
Neurological Visual Impairment
Hearing Impairment
Neural hearing loss (includes auditory neuropathy)

3. Motor Impairments

Arthrogryposis/multiplex Congentia, Torticollis, Childhood Apraxia of Speech (diagnosed by an SLP)

4. Neurologic Disorders

Absence of part of brain

Agyria, Aplasia of part of brain, Arhinencephaly
Brain Malformation, Cerebral Dysgenesis or agenesis of part of brain, Cerebral Palsy (all types), Charcot-Marie-Tooth Disease, Congenital Cerebral cyst, Degenerative Progressive Neurological Condition, Encephalopathy
Holoprosencephaly, Hydrocephaly congenital or acquired, Intraventricular Hemorrhage (IVH), Lissencephaly Syndrome (Miller-Dieker Syndrome), Macroencephaly, Macrogyria, Megalencephaly /Meningomyelocele / Myelomeningocele / Spina Bifida / Neural Tube Defect, Arnold-Chiari syndrome, type II and Chiari malformation, type II. Hydromeningocele (spinal), hydromyelocele, mengocele (spinal), meningomyelocele, myelocele, myelocystocele, rachischisis, spina bifida (aperta) syringomyelocele, Microgyria, Multiple anomalies of the brain, NOS, Myopathy, Peri-ventricular Leukomalacia (PVL), Porencephalic Cyst, Seizures (poorly or uncontrolled), Spinal Muscular Atrophy / Werdnig Hoffman Disorder Stroke, Ulegyria

5. Sociocommunicative Disorders

Asperger Syndrome / Disorder, Autism, Childhood Depression, Childhood Disintegrative Disorder, PDD-NOS, Reactive Attachment Disorder, Rett syndrome

6. Medically Related Disorders

Congenital or infancy-onset hypothyroidism
Cleft Palate (prior to the operation to repair the cleft and up to one-year post-operative)
Lead intoxication (>45 µg/dL) (up to six months after identification)

Very Low Birth Weight (<1000 grams at birth, up to 6 months corrected age only)
if under 500g, if 500g-749g, 750g-999g

Prematurity (28 weeks or less gestation, up to 6 months corrected age only)
less than 24 completed weeks of gestation, 24 completed weeks of gestation , 25-26 completed weeks of gestation
27-28 completed weeks of gestation

7. Acquired Trauma Related Disorders

Traumatic Brain Injury/TBI without open intracranial wound (a) with prolonged loss of consciousness and return to conscious level (b) with prolonged loss of consciousness without return to conscious level unspecified state of consciousness

Traumatic Brain Injury/TBI with open intracranial wound
(a) with prolonged loss of consciousness and return to conscious level (b) with prolonged loss of consciousness without return to conscious level with concussion, unspecified

Appendix D

Strong Start Road Map

A Guide through the DC Early Intervention Program

Strong Start is the District's Early Intervention Program for families with children under age three who are concerned about their child's development. Keep this "Road Map" handy to remind you of the steps for each phase. **Strong Start** is a voluntary program and you may withdraw at any time.

1

Referral

- Referral source or parent suspects child of having developmental delay or disability and contacts Strong Start
- Strong Start contacts parent, informs them about program and assigns **Service Coordinator (SC)**

2

Service Coordinator

- Provides information about Strong Start
- Informs family of rights
- Refers family to an evaluation site

3

The Evaluation

- Determines eligibility
- Conducts family assessment
- Gathers information for **Individualized Family Services Plan (IFSP)**

4

IFSP Meeting (If child is eligible)

- Family identifies desired outcomes
- IFSP team specifies early intervention services and develops written plan
- Family agrees to services

5

Early Intervention Services

- Services that support families to be able help the child participate in every day routines
- Delivered in the child's natural learning environment such as home, child development center or community settings
- Provided at no cost to the families

*Areas of Development

- Cognitive
- Physical (including vision and hearing)
- Communication
- Social/Emotional
- Adaptive development

6

IFSP Review (Six Months / Evaluate Annually)

- IFSP team makes decision to continue, add, modify or delete strategies, outcomes, and/or services based on ongoing assessments
 - If parent requests, review may happen sooner
- Child may exit **Strong Start** based on assessment results

7

Transition

- Plans for transition included in IFSP
- Planning begins between ages 2 years 6 months and 2 years 9 months
- **Strong Start** services end on child's 3rd birthday

Don't wait and wonder.

If your child is younger than three and you have questions, call **202-727-3665** or visit **osse.dc.gov**.

Parental/guardian's consent required for the evaluation, IFSP, provision of services in IFSP, and transition.

Appendix E



AGREED UPON PRACTICES FOR PROVIDING EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

**Developed by the
Workgroup on Principles and Practices in Natural Environments**

Workgroup Members:

Susan Addision, Betsy Ayankoya, Mary Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M’Lisa Shelden, Mary Steenberg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.

Evidence base and intent:

The document reflects practices validated through several research, model demonstration and outreach projects whose developers were part of the work group. Practices were written to be model neutral rather than endorsing any specific model or approach. The practices reflect consensus opinion of the work group members. The practices suggest a flow of activities that need to occur during the IFSP process from first contacts through transition. They are not intended as a sequential “checklist”. There will be variations in implementation due to state and local procedures. Please use the following citation when referring to this work.

Please use the following when citing this work:

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, February). *Agreed upon practices for providing early intervention services in natural environments*. Retrieved from http://www.ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf



AGREED UPON PRACTICES FOR PROVIDING EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

A. First Contacts with Families from Referral to the IFSP Meeting

1. Become acquainted and establish rapport.

- Use communication styles and social behaviors that are warm and welcoming and respectful of family culture and circumstances.
- Ask what language the family usually speaks (mode of communication) and if any family members may want an interpreter. Explore their level of comfort with written documents.
- Balance the time listening to the family with sharing information.
- Let the family know that you are interested in exploring the family's concerns and working with them to find solutions.

2. Engage in a conversation to find out why the family is contacting early intervention and to identify the next appropriate step in the referral process.

- Use open-ended questions and/or comments such as “Why did you contact early intervention?” “What are your questions or concerns about Michael’s health and development?” “If someone suggested that you call us, what were his/her concerns?” “What kind of information would be most useful to you?”
- If the child has a diagnosis, ask questions such as: “What has your doctor/nurse told you about Michael’s diagnosis?” “What questions do you have about the diagnosis?” “What questions or concerns do you have about how it might affect your child and family?”
- Listen for developmental “red flags” indicating an appropriate referral or a diagnosis that would make a child automatically eligible.
- Consider whether a child’s development sounds typical enough that a screening may be a good idea before the full evaluation and assessment.
- Explain the general purpose of the early intervention program and how children and families are eligible. Provide public awareness materials.
- If a decision is made that early intervention is not appropriate at this time, explain that the family can contact the early intervention program any time up until the child turns three years old.
- Share with the family other appropriate community resources or services.

3. Describe early intervention as a system of supports and services for families to assist them in helping their children develop and learn.

- Discover family members' personal preferences for sharing and receiving information.
- Offer information in multiple formats.
- Explain how children learn best through everyday experiences and interactions with familiar people in familiar contexts. Explain how services work to support caregivers in making the most of the many learning opportunities.
- Explain how family members are “experts” in understanding their child and family circumstances and interests.
- Use the family's interests and concerns to offer concrete examples of how a service provider might work with the child and family.
- Explain that the early intervention program has rules and procedures that providers must follow.
- Show the family the location of the procedural safeguards written in the program materials and tell them that you'll review these at different points in the process.
- Describe the kinds of information that will be important in the assessment process. Explain confidentiality. Make sure that the family knows that they should only share information they are comfortable sharing.

4. As applicable, conduct a developmental screening.

- Follow state and local procedures about providing written prior notice and obtaining consent for screening. Always explain the meaning and intent of pertinent procedural safeguards.
- Ask engaging questions that invite the family to share their thoughts and concerns about their child's development.
- Explain that there is an age range when children learn certain skills and abilities and that screening is a quick way to determine how a child is doing.
- When implementing a screening protocol clearly describe the process with the family.
- Talk with families about what the screening is showing and ask for their observations of their child's behavior or other information they want to share.
- Come to agreement on the results of the screening and what the next steps should be.
- If the screening shows no concerns and the family does not want their child to be evaluated, describe other available community resources, as appropriate.
- Explain that the family can contact the early intervention program any time up until the child turns three years old.
- Leave the family with necessary information, such as how to contact the early intervention program, resources on developmental milestones, and information about other community resources.

- Follow state and local protocols about notifying the referral source about action taken on referral.
- 5. For children proceeding to evaluation/ assessment, explain the purpose and process, including the importance of gathering information about family concerns, priorities, and resources.**
- Plan with the family how to address relevant individual, cultural, and linguistic characteristics that may influence assessment.
 - Explain how family information can be used to know who to involve and how to conduct an appropriate evaluation/assessment.
- 6. Begin gathering information about the family’s everyday routines and activities and the child’s behavior and interactions with others in those contexts.**
- Ask open-ended questions such as: “What activities do you and your child do throughout the day or a typical week?” “Describe how your child participates in those activities.”
 - Ask strengths-and interest-based questions such as “What activities go very well?” “What do you like to do together?” “What do you wish you could do together?”
 - Ask questions about activities the family might find challenging such as “What’s a tough time of the day or activity for you? “How does your child behave and interact with others in these challenging activities?”
 - Use prompts and observations to encourage the family to describe their child’s engagement/participation, independence, and social interaction in various routines and activities.
- 7. Discuss with the family the formal and informal supports they use or would like to use.**
- Ask open ended questions such as: “Who’s important to your child and other members of your family?” “Who do you call on for help?” “Who do you see regularly? Consider friends, relatives, members of your faith community or other community activities that you engage in.”
 - Ask the family members if they would like to be put in contact with other families in early intervention or family organizations that offer support.
 - Inquire about formal services and other community programs the family uses or may wish to use (e.g., medical, social services, Medicaid, recreation, place of worship).
- 8. Explore and identify the roles that the family may want to play in their child’s evaluation and assessment process.**
- Describe and discuss the evaluation and assessment process.
 - Discuss who the family would like to include in the evaluation and assessment process.
 - Use screening and family information to identify the team members and assessment styles to fit the needs and interests of the child and family.

- Schedule times and locations that are convenient to the family.
- Help the family decide how they want to participate in their child’s evaluation and assessment, e.g., assistant, facilitator, observer, assessor. Give concrete descriptions of the various ways they might participate using other families’ scenarios as examples.
- Make a list with the family of specific questions they would like to have answered.

9. Provide written prior notice along with all the procedural safeguards, and ask the family to sign consent for evaluation and assessment and release of medical or other records.

- Explain that, just as the early intervention program cannot share information about the family without permission, it also needs the family’s permission to ask other programs for information about their child and the family.
- Explain prior notice and review all the rights and procedural safeguards with the family, asking if they have any questions such as, “Is this clear and understandable?” “Do you have any questions about why we need to do it this way?”

10. Evaluate and assess the functional needs and strengths of the child.

- Use assessment procedures that ensure collaboration among the family and providers, including supporting the family to participate in the way they choose.
- Identify the child’s skills that seem to be emerging.
- Observe the child’s authentic behaviors in typical routines and activities.
- Use assessments that capture information about the child’s interests, engagement, social relationships, and independence.
- Give equal weight to the family’s observations and reports about their child’s behaviors, learning, and development.
- Throughout the assessment process, reflect with the family about observations of the child’s behaviors, summarize results, clarify and confirm that the family understands the process and results, and record the findings.

11. Throughout the assessment process, observe and ask the family about their teaching and learning strategies with their child.

- Observe and discuss with the family how they help their child learn.
- Offer compliments about how the family uses specific strategies that support the child’s learning. Use concrete examples of how the family supported the child’s skills during assessments.

12. Determine if the child is eligible and explain and provide written prior notice.

- Describe and discuss eligibility for the program.
- In order to make the eligibility decision, review and summarize findings, sharing perspectives among the team, which includes the family.

- If the team determines that the child is eligible, provide written prior notice, for both the eligibility decision and the IFSP meeting.
- If the child is not eligible, explain the team decision, provide written notice for the eligibility decision, including procedural safeguards and explain the process for filing a complaint if they disagree with the decision.
- If the child is not eligible, discuss and give information about available community resources, developmental milestones, and contacting the early intervention program in the future.

13. Describe the purpose and process, of the initial IFSP meeting, including a thorough explanation of the IFSP document.

- Explain that the family is an equal member of the early intervention team.
- Explain the various roles that the family might play in the meeting and explore how the family chooses to participate (e.g., facilitator).
- Ask the family who they would like to invite to the meeting.
- Schedule times and locations that are convenient to the family.
- Describe the IFSP document as a dynamic plan, developed by the team that guides the provision of family-centered early intervention supports and services based upon the changing needs of the child and family.

The IFSP Meeting

- 1. Establish a welcoming and respectful climate for family members and caregivers as equal members of the IFSP team.**
 - Introduce all present as equal team members with essential input to share throughout the meeting.
 - Clarify roles, e.g. service coordinator, facilitator, and note-taker.
 - Encourage all team members to learn together, share observations, raise questions, and develop a functional plan.
 - Avoid the use of jargon or explain what it means, so that everyone at the meeting understands terms that are used.
 - Tailor interactions to the unique learning preferences and modes of communication of each adult.

- 2. Review the purpose and process (agenda) of the IFSP meeting. Review the IFSP document as a dynamic plan that will guide the provision of supports and services.**
 - Explain the meeting process thoroughly.
 - Emphasize the family's role as an equal team member in developing the IFSP and in implementing, evaluating, and revising it over time.
 - Explain the pertinent rights and procedural safeguards, and explain that the team will revisit these rights and safeguards throughout the IFSP process.

- 3. Collaboratively review information collected during early contacts regarding family concerns, priorities, and resources.**
 - Review and update family concerns, priorities, and resources in the context of the families' day-to-day life.
 - Allow time for all of the team members to understand concerns from the family's perspective.
 - Determine if there are any additional family needs or interests that the IFSP should address.

- 4. Collaboratively review information gathered previously about the child's health, development, and learning.**

- Review and update health information pertinent to the child and the provision of early intervention support and services.
- Assure that the synthesis (report) of present levels of the child’s development across all domains is functional and focused on skills, strengths, and behaviors rather than a rote recap of test scores.
- Review the child’s unique abilities, emerging skills, and engagement or participation in various routines and activities.

5. Consider pre-literacy and language skills that are developmentally appropriate for the child.

- Talk with the family about the many ways they support language (pre-literacy) development through their daily activities.
- Consider outcomes or strategies to further support pre-literacy interests.

6. Collaboratively identify and write functional outcomes to be achieved for the child and the family.

- Discuss the outcomes the family wants to work on to enhance the child’s development, engagement, social relationships, and independence in family and community routines and activities.
- Discuss the family outcomes that they want to include,
- Prioritize potential outcomes and choose which to work on first.
- Discuss what can be reasonably achieved in an agreed upon time frame.
- Write outcomes using active language that describe a desired and measurable end result, including what the routine/activity/behavior should look like and where/when/with whom it should occur. For example: “Abby will crawl to get toys out of her reach when playing on the floor, so she can play more independently.”

7. Collaboratively plan and write strategies/activities, services, and supports to address outcomes and enhance participation and learning in natural environments.

- When developing strategies, activities and methods reinforce the positive, emphasize how caregivers and providers will work together, and indicate who will do what.
 - What is the family already doing?
 - What are the child’s and family’s interests?
 - What family and community routines and activities could provide learning opportunities?
 - What are the activities the family would like to participate in or try?

- What informal supports and services are needed to enhance participation and eliminate barriers or difficulties the family is experiencing or anticipating?
- Identify strategies/activities that enhance the child’s natural learning opportunities; use toys, materials, interactions, and locations that are familiar and of interest to the child and family.
- Incorporate family strengths into strategies and activities that the family is comfortable implementing or put in place plans how to build those skills.
- Discuss and identify the informal supports and community services which can be used to address each outcome.
- Identify the primary service provider.
- Determine the involvement of other team members in addressing each outcome.
- Consider the need for assistive technology or other adaptations to enhance the child’s participation in targeted daily routines and activities.
- Finalize and list the formal early intervention services that the team decided upon, specifying frequency, intensity, and funding sources.
- List other formal services (beyond early intervention services) needed to meet outcomes.
- Review the balance of services and activities to determine if, as a whole, they support the family’s everyday life or overwhelm the family.
- Remind the family and other team members that the family can accept or reject any service at any time and still participate in other early intervention services.

8. Identify the criteria, procedures, and timelines used to determine progress toward achieving each outcome.

- Ensure inclusion of measurable, functional criteria that any team member could use to review progress toward achieving each outcome.
- Use family-friendly language and verify the family understands in a supportive manner.
- Emphasize the critical role that families and caregivers play in sharing information with other team members about the status of progress made in achieving outcomes.

9. Provide justification of the extent, if any, to which services will not be provided in a natural environment.

- If the team decides that a specific child outcome cannot be met in a natural environment, write a sufficient justification.
- Make sure the justification includes a plan for how to move the child from the non-natural environment back into other settings at home or in the community once the specific outcome that could not be met in the natural environment is achieved.
- If services are provided in an exclusive/restricted environment, discuss plans for moving services to a natural environment.

10. Identify transitions that the child and family may be facing and identify useful supports.

- Assure that the family understands the timeframe for transition from early intervention and when transition planning should occur.
- If transition is eminent, develop an outcome and the strategies, services, and supports as appropriate (transition plan).

11. Identify the team member who will provide ongoing service coordination.

- Assign the service coordinator, based on state and local model of service coordination.
- Assure that the family has appropriate contact information and a good understanding of service coordination
- Explain how the family may ask for a change in service coordinator, if state policy and procedures address this issue.

12. Ensure the family understands relevant procedural safeguards and next steps.

- Review procedural safeguards related to providing consent for services and obtain written consent for IFSP services.
- Discuss the “timely” initiation of services.
- Make sure the family understands that changes can be made to the IFSP as needed.
- Give the family reports, records, and copies of the IFSP.
- Discuss confidentiality and family access to educational records.
- Agree upon next steps for all team members to begin services in a timely manner.

Ongoing Intervention Practices

1. Build on or establish trust and rapport.

- Before each visit, reflect on your own beliefs and values and how they might influence your suggestions and strategies with this particular family or caregiver.
- Use communication styles and social behaviors that are warm and welcoming and respectful of family culture and circumstances.
- Conduct yourself as a guest in the family's home or caregiver's setting.
- Respectfully provide complete and unbiased information in response to requests or questions.
- Be credible and follow through on plans you made with the family.
- If you don't know the answer to a question, tell the family you do not know but will find out for them. Tell them when you will get back to them with the information.

2. During the first visit, review the IFSP and plan together how the time can be spent.

- Describe the practical aspects of a visit and what the family or caregiver can expect. For example: the length of the typical visit, that other people are always welcome at the family's invitation, the variety of places in which visits can occur, the program's cancellation policy, etc.
- Describe examples of visits in various home and community settings where the family participates. You might want to offer to share clips from commercial or videos produced by your program.
- Invite the family to reflect on their experience with the IFSP process to date and share any concerns or questions.
- Review the IFSP document and assessment information.
- Consider each agreed upon outcome – is it what the family is still interested in; prioritize again, if necessary, where to begin; change wording if needed; provide any explanations to help family understand purpose, etc.
- Discuss how outcomes, activities, and strategies can be a starting place for each home visit.
- Clarify who will work on each outcome – family, friends, other caregivers, service providers.

- Talk about community activities and events that can be used to support practice and mastery for the specific outcomes.
- If not previously done, ask the family to sign the IFSP, consent forms, and any other necessary documentation.
- Provide information about family-to-family support and parent groups that are available.

3. For on-going visits, use the IFSP as a guide to plan how to spend the time together.

- Begin each visit by asking-open ended questions to identify any significant family events or activities and how well the planned routines and activities have been going.
- Ask if there are any new issues and concerns the family wants to talk about. Explore if these concerns need to be addressed as new outcomes; if so, plan an IFSP review.
- Decide which outcomes and activities to focus on during the visit.

4. Participate with the family or other caregivers and the child in the activity and/or routine as the context for promoting new skills and behaviors.

- Offer a variety of options to families for receiving new information or refining their routines and activities, such as face-to-face demonstrations, video, conversations, written information, audios, CDs, diaries, etc..
- Gather any needed toys and materials and begin the selected activity or routine.
- Listen, observe, model, teach, coach, and/or join the ongoing interactions of the family and child.
- Encourage the family to observe and assess the child's skills, behaviors, and interests (a continual part of on-going functional assessment). For example, ask the family if behaviors are typical, if they've seen new behaviors (suggesting emerging skills), or how much the child seems to enjoy the activity.
- Use a variety of consulting or coaching strategies throughout the activity, including: observing, listening, attending, acknowledging, expanding, responding, probing, summarizing, etc.
- Reflect with the family on what went well, what they want to continue doing, and what they would like to do differently at the next visit.

5. Jointly revise, expand, or create strategies, activities or routines to continue progress toward achieving outcomes and address any new family concerns or interests.

- Having listened throughout the visit, reflect on what you have heard that may suggest new outcomes or activities; explore with the family if this is something they want to address soon.
- Support and encourage family decisions.
- Focus recommendations on promoting the child’s participation in everyday family and community life.
- Explain the “why” behind recommendations that you make so the family understands what to look for and do.
- Together, plan next steps and/or revise activities and strategies to build on the child and family’s interests, culture, enjoyment, strengths.
- Consider any adaptations and augmentations to toys, materials, or environments that are necessary for success.
- Try out new strategies or activities to be sure family members or caregivers can do them on their own.
- Determine if and what type of support from other team members is needed for the next steps (consultation, information, co-visit, etc.)

6. Modify services and supports to reflect the changing strategies, activities, or routines.

- Identify community activities and informal supports that will assist the outcomes and activities to be achieved.
- Facilitate referrals and provide any needed assistance, adaptations, or support for the family and the child to participate in desired community activities.
- Plan what early intervention and other services and supports are needed to help the child succeed and make progress.
- Add to or modify the IFSP as appropriate. If changes are significant (adding outcomes, or changing services, frequency, or intensity), a team review of the IFSP is necessary.

7. Prepare and assist with formal reviews and revisions of the IFSP.

- Minimally, at 6 months and annually, and any other time the family/provider team wants to make significant changes to the IFSP, plan the Review meeting with the family.
- Review with the family questions, recommendations, or suggestions they wish to discuss with other service providers.

- Decide with the family the agenda for the meeting and their preferred role(s), including who should facilitate.
- Determine together who should be included in the “formal review meeting”, when and where the meeting should occur.
- Explain and provide written prior notice for the review meeting.
- Conduct the review meeting and evaluate progress toward outcomes. Ensure all outcomes, services, and supports are still needed, current, and accurate. Make additions and revisions as needed.

8. Prepare families for transition out of Part C services.

- Early in the relationship with the family have conversations about what they want for their child’s future after the early intervention program ends.
- At formal 6 month/annual IFSP reviews share written information about the “transition process” and options (no services, community services, and Part B services) and describe that early intervention services end at age three.
- By no later than the child’s second birthday, have conversations about the types of programs, places, and activities the family would like their child to participate in at age three.
- Discuss and share information about ALL options available to children and families at age three.
- Provide written information about these options or assist the family as needed to explore and visit these options.
- Jointly review the IFSP and revise/add outcomes and strategies based upon the above discussions.
- Develop a transition plan which includes the outcomes and activities to prepare the child and family for success after early intervention.

9. Explain and follow the regulations, timelines, and procedures for transition plans, planning conferences, and data collection.

- Help the family prepare for any formal evaluations the child may need.
- Assist in arranging the formal (transition?) meeting with the program staff who may be working with the child after age three.
- Assist the family to find on-going family support if needed.

- Acknowledge feelings about ending the relationship with this family and help to focus on a positive future as the child and family move on.
- Celebrate with the family or caregiver the accomplishments and joys they have experienced with their child.

Appendix F

IFSP Outcome Writing Format

[CHILD's NAME] will [ACTION] when/during [ACTIVITY and ROUTINE]

Concern: Jasmine does not get dressed by herself in the morning and at bed time.

Outcome: Jasmine will put on her shirt and pants by herself and will bring her socks and shoes to her sister to help her finish get dressed in the morning and at bedtime.

Concern: Zion needs to eat more food and sit with his family at dinner and at the child care center.

Outcome: Zion will eat half of his food before pushing the plate away and leaving the table during all meals and snacks at home and at the child development center.

Concern: Shana does not pay attention during circle time at the child care center. She gets up from the carpet, walks around and does not participate in the activity.

Outcome: Shana will sit and clap or do the hand motions for two songs during circle time at the child development center.

Appendix G

Preparing for IFSP Outcome Development

Mindy has been referred to the infant program by her pediatrician based on concerns for her motor development and low muscle tone. She is 15 months old, is able to sit, but is not yet crawling or walking. When the service coordinator meets with Mindy's family for the intake appointment, her mother, father, and grandmother are present.



Mindy's mother and father work full-time and her grandmother babysits her during the day. A typical day for Mindy means staying home with her grandmother and her 3-year old brother. They like to listen to music, play outside, and visit with neighbors. They run errands and go the McDonald's play land once a week for lunch. Mindy's grandmother would like to see her crawl around and play with her brother at the play land, but since Mindy doesn't crawl yet she usually holds her on her lap or keeps her in the stroller when they go.

Mindy's mother describes Mindy as a sweet child who doesn't seem to be interested in moving around or playing with her toys. Her father says that he thinks Mindy is "just lazy", and that she will crawl when she is ready. Mindy's grandmother adds that the other children love to play with Mindy and are very busy children, so they really don't leave Mindy on the floor to crawl around since she might get "run over." To protect her, Mindy spends a lot of her time in a playpen when the children are home.

During the intake, Mindy's family talks with the service coordinator about how Mindy likes to stare at lights and how cute she is when she laughs. They say that she enjoys music and hearing them sing, which they use to calm her when she cries. Mindy's father says that Mindy cries a lot, and he finds it hard sometimes to get her to calm down and be happy. The service coordinator also learns that Mindy's family is worried about how much services will cost, as they won't have insurance for 3 more months. Mindy's mother and grandmother want her to get help so that she can learn to walk. They would like to be able to take her to church and leave her in the nursery without her crying and know that she can get around and play with the other children (she typically sits with them during church or someone will stay home with her). Mindy's father is okay with her getting help, if it will make his wife feel better.

Appendix H

Coaching in Action Checklist

Name: _____ Date: _____

Person Completing Checklist: _____

Service Setting: _____

Coachee (e.g., parent, other family member, child care provider): _____

		Notes/Comments
<p>JOINT PLAN: Agreement by the coach and coachee on the actions they will take or the opportunities to practice between coaching visits</p>	<p>✓ Referenced from last session and used to check in/begin? YES or NO</p> <p>✓ Asked the caregiver what they would like to work on today? YES or NO</p>	
<p>OBSERVATION: Examination of another person's actions or practices to be used to develop skills, strategies, or ideas</p>	<p>✓ Asked the caregiver what has been tried before showing a strategy? YES or NO</p> <p>✓ Gave caregiver an opportunity to demonstrate what they've tried before showing a strategy? YES or NO</p>	
<p>ACTION/PRACTICE: Spontaneous or planned events that occur within the context of a real-life situation that provide that coachee with opportunities to practice, refine, or analyze new or existing skills</p>	<p>✓ Intentionally modeled/coached strategy after observing/learning what caregiver has already tried? YES or NO</p> <p>✓ Gave caregiver the opportunity to practice the intentionally modeled/coached strategy? YES or NO</p>	

<p>REFLECTION: Analysis of existing strategies to determine how the strategies are consistent with evidence based practices and how they may need to be implemented without change or modified to obtain the intended outcome(s)</p>	<ul style="list-style-type: none"> ✓ Used open-ended questions to help the family reflect on past and/or new strategies? YES or NO ✓ Asked caregiver what differences they noted (previous practice vs. current practice)? YES or NO ✓ Asked caregiver how they felt implementing the strategy? YES or NO 	
<p>FEEDBACK: Information provided by the coach that is based on his/her direct observations of the coachee, actions reported by the coachee, or information shared by the coachee and that is designed to expand the coachee's current level of understanding about a specific evidence based practice or to affirm the coachee's thoughts or actions related to the intended outcomes</p>	<ul style="list-style-type: none"> ✓ Verbally coached the caregiver while practicing, by providing informative feedback? YES or NO ✓ Provided feedback that affirms the family's strengths and capacity to support their child's learning and development? YES or NO 	
<p>JOINT PLAN</p>	<ul style="list-style-type: none"> ✓ Supported the family in making a joint plan for in between sessions? YES or NO 	

Appendix I

Framework for Reflective Questioning

Question Content	Question Type			
	Awareness	Analysis	Alternatives	Action
Knowledge/ Understanding (What you know)	<p>What do you know about...? What is your current understanding of (topic, situation)?</p> <p><i>Probes (examples):</i> How did you come to believe this?</p>	<p>How does that compare to what you want to know about...? How is that consistent with (standards, evidence)...? What do you know now after trying...? How does that compare with what you originally thought?</p>	<p>How could you find out about...? What different things could you do to learn more about ...? What are other ways to view this for next time?</p>	<p>How do you plan to learn more about..? What option do you choose? Why? How are you going to put that into place?</p> <p><i>Probes(examples):</i> What resources do you have? What supports will you need? Where will you get them?</p>
Practice (What you did)	<p>How are you currently doing...? Why? What kinds of things did you do (have you done so far)? Why? What kinds of things did you try? Why? What kinds of things are you learning to do? What did you do that worked well?</p> <p><i>Probes(examples):</i> What is the present situation in more detail? Where does that occur most often? When did you first notice this?</p>	<p>How is that consistent with what you intended to do (wanted to do)? Why? How is that consistent with standards? Why?</p>	<p>What else could you have done to make practice consistent with standards? Why? What would you do differently next time? How might you go about doing that? What different ways could you approach this?</p> <p><i>Probes(examples):</i> What would it take for you to be able to do...? What would you need to do personally in order to do...?</p>	<p>What do you plan to do? When will you do this? What option did you choose?</p> <p><i>Probes(examples):</i> What types of supports will you need? What resources do you have? What would it take for you to be able to do...? What would you need to do personally in order to do...?</p>
Outcomes (What was the result)	<p>How did that work for you? What happened when you did...? Why? How effective was it to do that? What did you achieve when you did that? What went well?</p> <p><i>Probes(examples):</i> How do you feel about that? What do you think about...? How much control do you have over the outcome?</p>	<p>How did you know you needed to do something else? How did that match (or was different from) what you expected (or wanted) to happen? Why? How do these outcomes compare to expected outcomes based on standards of practice? What <i>should</i> happen if you're really doing (practice)? What brought about that result?</p>	<p>What else might happen when you do ...? Why? What different things could you have done to get expected outcomes? What might make it work even better next time?</p>	<p>Which option could get the best result? What do you plan to do differently next time?</p> <p><i>Probes(examples):</i> What types of supports will you need? What resources do you have/need? Where will you get them?</p>
Evaluation (What about the process)	<p>What opportunities were useful to you in achieving... (or in learning...)? In what way? How was it useful? Why? What supports were most helpful? What about the supports were most helpful?</p>	<p><i>Probes(examples):</i> How do you feel about that? What do you think about...? How was that consistent with what you expected?</p>	<p>What other opportunities would be useful?</p>	<p>What opportunities do you want to access? How will you access those opportunities?</p> <p><i>Probes (examples):</i> What resources do you need? Where will you get them?</p>

The Coaching Quick Reference Guide

Characteristic: Observation

What the Coach Does

The coach observes the coachee within the context of his/her everyday activities.

What the Coachee Does

The coachee observes the coach model a behavior or activity in the context of an everyday activity with an explicit understanding of what and why he or she is watching.

Characteristic: Action

What the Coach Does

The coach supports the coachee in practicing, refining, and/or analyzing new or existing skills during real-life situations that occur during coaching interactions and between coaching visits.

What the Coachee Does

The coachee tries new ideas or actions that either were previously discussed and planned with the coach or resulted from a previous coaching conversation.

Characteristic: Reflection

What the Coach Does

The coach uses reflective questions to assist the coachee in analyzing the current situation, and then encourages the coachee to generate alternatives and actions for continually improving his/her knowledge and skills, thereby achieving the desired outcomes.

What the Coachee Does

The coachee determines what worked or did not work and why it did or did not during the observation and/or action, as well as generates ideas for next steps.

Characteristic: Feedback

What the Coach Does

The coach uses noncommittal acknowledgment when it is appropriate to affirm what the parent or care provider says or does. He/she provides positive feedback when it is necessary. He/she shares information to build on the coachee's knowledge and skills.

Characteristic: Joint Planning

What the Coach Does

The coach begins every coaching conversation by reviewing the previous joint plan and asking what the coachee did between conversations to implement the plan.

What the Coachee Does

The coachee share what he/she has tried or accomplished between coaching conversations.

What the Coach Does

The coach ends every coaching conversation with a plan of who is going to do what by when, based on the actions and ideas discussed.

What the Coachee Does

The coachee identifies what he/she wants to try or accomplish between coaching conversations and suggests when the next conversation should be scheduled.

Appendix J

Documentation of Services

What We Did Today to Address the Outcome (Max. 8000 characters)

- IFSP Outcomes (Outcome Stated)
- Who participated in the session
- What routine did you participate in
- What did you do with the child/family

Progress Information/Data Collection

- How did the child/family respond to what you worked on today
- What strategies did you provide to the family
- What adjustments (if any) did you make

Plans for next session opportunities for practice

- What is the next step that will be taken to help the family meet their outcomes?
- What strategies will the family commit to practicing between sessions?

Example- there are many ways to input your information. Here is one example.

What we did today to address the outcome

Outcome: Adam will participate in getting dressed in the morning in his bedroom with help from his mother by putting his arms in his shirt and legs in his pants each day for two weeks. Mrs. S and I worked on putting on a shirt while playing dress up during A's after work/before dinner playtime.

Progress Information/Data Collection

Putting on/ off his shirt is the hardest part of dressing with him. I used direct teaching, observation, and feedback to support Mrs. S to playfully put on and off the shirt as a game. She was able to use "peek-a-boo" and an "I spy" game to put on and off the shirt 4 times. She was able to slow down her communication and use simpler phrases with reflection and feedback. He reacted with laughs, repeated some of the words, and put his arms in the sleeves until the 4th try then blocked the shirt. Gave Mrs. S some websites to use as a resource on shortening language.

Plans or next session opportunities for practice

Mrs. S wants to talk about shortening her communication more after she reads the resources. She is going to practice the games she tried today after his nap and try to use 2-3 word phrases with A to concentrate on putting on/off his shirt. When I return, we will talk about strategies to shift dressing from after nap to morning routines as the next step in getting A more comfortable with dressing in the morning. Will return Thurs Nov 18 at 2pm (after nap)