

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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South Carolina Department of Health and Human Services  
IDEA/Part C Early Intervention System

# Family Guide to the IDEA/Part C System

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# Welcome to IDEA/Part C!

## What is IDEA/Part C?

Part C of the Individuals with Disabilities Education Act (IDEA/Part C) provides supports to families with young children with disabilities, or delays in development. Your child has been referred to IDEA/Part C because you or someone who knows your child has a concern about his/her development. This Family Guide will walk you through the IDEA/Part C system from the day of referral to the day s/he leaves IDEA/Part C.

There are symbols used in the Family Guides to help remind you of things that are important.



A smart phone is used to let you know when you need to get in touch with your team. This can be by calling, e-mailing, or texting.



A push pin is used to let you know this is something to remember.

## Your Rights, Our Responsibilities

As a federal education program, you and your child have rights under IDEA/Part C that begin at referral and continue until your child's third birthday or when s/he exits IDEA/Part C, whichever comes first. A full listing of your rights is below (you will receive a summary of these rights at each step of the way).

If at any time you think your or your child's rights have been violated, you have the right to file a written state complaint about services received or denied. You may also request mediation and/or a due process hearing to resolve disagreements. The Request for Dispute Resolution form and instructions are in Part 4 of the Family Guide and available online.

You have the right to:

- Service coordination
- File informal/formal complaints
- Request mediation to resolve a dispute
- Request a due process hearing to resolve a dispute
- Evaluation, assessment, Individualized Family Service Plan (IFSP) development, service coordination, and procedural safeguards at no cost
- Receive IDEA/Part C information and services in your native language or mode of communication and in a format that is understandable to you
- Complete confidentiality of personally identifiable information
- Written consent before each screening, evaluation, assessment, beginning of a service, change in a service, and request for or release of information
- Participate in all meetings where decisions are made about your child's services
- Timely written notification of when such meetings are scheduled, and what changes are proposed to your IFSP (prior written notice)
- Refuse participation in IDEA/Part C
- Examine your child's record
- Get a copy of your child's record

- Request correction to your child’s record

During the **referral and eligibility process**, you have the right to:

- Refuse referral to IDEA/Part C
- Re-refer to IDEA/Part C before 3rd birthday
- Prompt evaluation, assessment, eligibility determination and development of an IFSP if eligible for IDEA/Part C services. These must be completed within 45 days after all referral information is received
- Request an eligibility evaluation if screening is offered
- Request review of eligibility evaluation results

If your child is eligible for IDEA/Part C, each time an **Individualized Family Service Plan** is developed, reviewed, or changed you have the right to:

- Guaranteed receipt of IDEA/Part C Early Intervention Services (EIS) regardless of insurance coverage or insurance consent
- IFSP team meetings at your convenience
- Bring guests to IFSP team meeting
- Change the IFSP
- Refuse any service discussed at your IFSP meeting, without changing whether you get other services on the IFSP
- Have services added, removed, or changed at any time, or change your mind about using private insurance
- Refuse to sign the IFSP
- Receive a copy of each IFSP
- Receive EIS at no cost if using IDEA/Part C providers and approved settings.

When your child is **preparing to exit IDEA/Part C services**, you have the right to:

- A transition plan with outcomes, supports, and services needed to support exit from IDEA/Part C when your child turns three years old
- Notification to your local school district that your child is potentially eligible for preschool services
- Referral to your school district and/or other community programs
- A transition conference with your school district or with an early childhood/preschool program of your choosing.



For additional assistance about your rights, you are encouraged to contact our state’s Parent Training and Information Center at Family Connection of South Carolina at 1-800-578-8750 (Para Español: 1-888-808-7462). Family Connection of South Carolina has regional offices across the state and serves all 46 counties in South Carolina, providing system navigation and connection to resources free of charge to families.



### How Does Early Intervention Support Families?

For all families, the goal of IDEA/Part C is to support and empower you to take care of your child, make informed decisions, and have the resources you need for your child to fully take part in your family and community activities. How well IDEA/Part C does this is assessed through *family outcomes*. In other words, do IDEA/Part C supports and services help you:

- Understand your child's strengths, abilities, and special needs?
- Know your rights and advocate effectively for your child?
- Teach you to help your child develop and learn?
- Develop support systems?
- Access desired services, programs, and activities in your community?

### Who pays for services?

By federal law, IDEA/Part C must explore all funding sources prior to using State or Federal early intervention funds. South Carolina's system of payments for early intervention services includes private insurance and public benefits/insurance (for example, Medicaid). There are no cost participation fees. Services provided through IDEA/Part C are paid in the following ways:

- If your health coverage is through private health insurance but not Medicaid, your private insurance will only be used with your consent. IDEA/Part C will cover co-payments, financial responsibility associated with any deductibles, and other co-insurance associated with the services on your Individualized Family Service Plan (IFSP) but does not assume responsibility for payment of your health insurance premiums. Your consent will apply to all services on your IFSP unless otherwise noted. If your child has Medicaid, you will not be required to give permission for Medicaid to be billed; you will be notified that your child's Medicaid may be used to cover IDEA/Part C Services.
- IDEA/Part C service funds are state and federal dollars that are used only when there is no other payment source, for example, when private insurance has denied coverage of a claim, or you do not have health insurance for your child.

The Service Coordinator assigned to work with you and your child will review this information in more detail if an IFSP is developed.

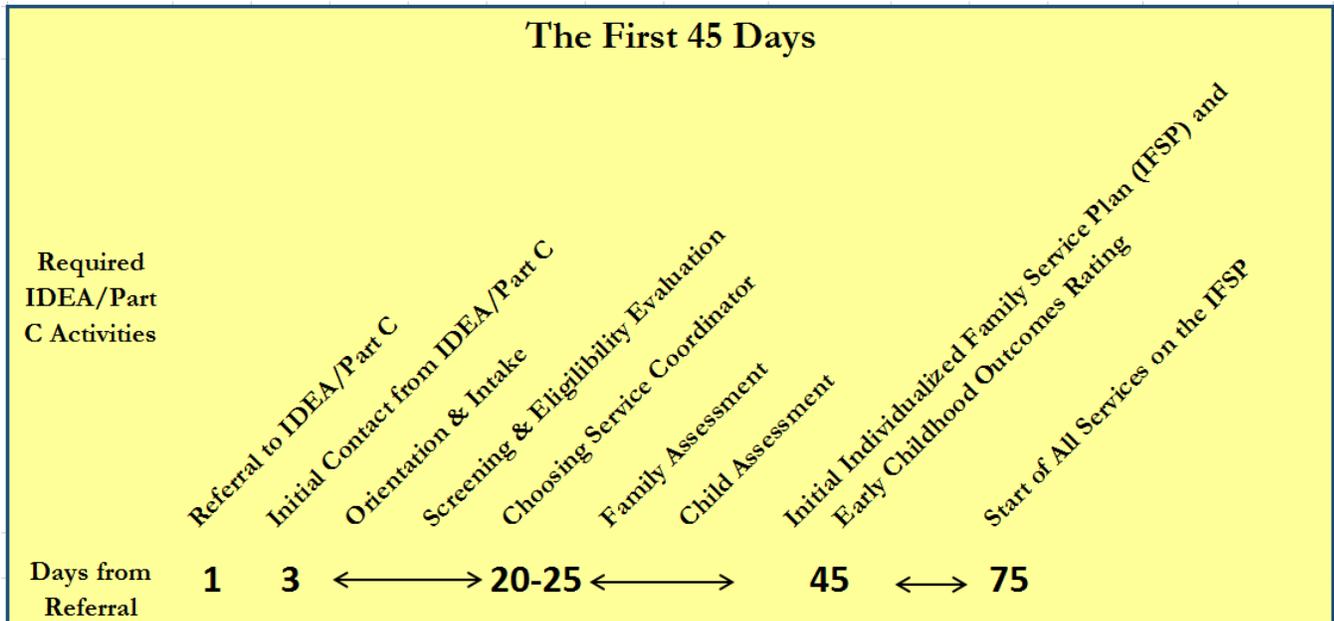


**IDEA/Part C services *cannot* be denied or delayed if you do not have private insurance or Medicaid.**

### Your Child's Records

It is important to share the things you know about your child with your IDEA/Part C Team. Others who may share information include your child's doctor, your Intake Coordinator or Service Coordinator, any Early Intervention Service (EIS) providers who may work with you, and your childcare provider. Each IDEA/Part C form you are asked to sign explains the information to be gathered, with whom it will be shared, and the purpose of sharing the information. It will also tell you if the information will identify your child or be anonymous. Any information shared that identifies your child must have your consent. The same confidentiality applies to all information in your child's record. Your Intake Coordinator will give you a form to review that explains our responsibilities and your rights regarding your child's record.

## Part 1: The First 45 Days



### Referral and Initial Contact

When IDEA/Part C received your child's referral, a member of the Central Referral Team (CRT) contacted you to make sure the referral information was correct and to ask you if you would like to talk to someone to learn more about IDEA/Part C. Along with this Family Guide, you have received several permission forms (with instructions) for you to read and sign, and an appointment date and time to meet with an Intake Coordinator to begin the intake process.

Your Intake Coordinator is responsible for:

- Making sure you know your rights with IDEA/Part C.
- Making sure all permissions and releases are in place to gather information about your child.
- Determining if your child is eligible for IDEA/Part C.
- If your child is eligible, connecting you with a Service Coordinator.
- Participating in development of your initial IFSP.

### Referral When Your Child is in the Hospital

Sometimes children are referred to IDEA/Part C before they leave the hospital after birth, or during a stay in the neonatal intensive care unit (NICU). An Intake Coordinator will contact you to see if you would like to begin the intake process while your child is still in the hospital and will ask where you would like the intake meeting to occur if your child is hospitalized outside of the county where you live. The Intake Coordinator can work with the discharge planning team look at your child's IDEA/Part C eligibility before your child comes home from the hospital and connect you with resources. You may also choose to wait until your baby is at home. If you choose to wait, your child's 45-day timeframe would begin when you contact the CRT.

The orientation and intake meeting may take up to two hours to complete. A list of the forms and what they are for is included at the end of this guide. Please read, review, and sign the forms in the Intake packet, and bring them with you to the meeting. If you have not received forms for any reason, or forget to bring them, a set will be provided to you during the meeting. Be sure to write down any questions you have, so you will be able to ask them to the Intake Coordinator when you meet.



**If something unexpected comes up on the day of your intake meeting, please contact the Central Referral Team to let them know as soon as you can. The contact person and their phone number were included in the intake packet you received in the mail. We will make every effort to promptly reschedule your appointment.**

### **Orientation and Intake**

During the orientation and intake appointment, you will meet your Intake Coordinator. S/he will be your guide in the first few weeks of IDEA/Part C activities and will begin by asking questions to get to know you and your child.. These questions may include a screening or an eligibility evaluation (described below).

**This person's work with you will end once your child's eligibility has been decided, but s/he will be a part of the team developing the first plan for your family and child, either by attending the initial IFSP team meeting or sending written information to the meeting.**

In the orientation and intake meeting, the Intake Coordinator will:

- Go over your rights in detail.
- Describe the purpose of IDEA/Part C.
- Review the forms sent to you by the CRT, helping you complete them if needed.
- Answer any questions you may have about the IDEA/Part C Program.
- Gather additional health history as needed.
- Address concerns you may have about your child's development.

### **Screening Your Child's Development**



**If your child has a medical condition known to cause delays in development, a screening of her or his development will not be needed. Your Intake Coordinator is still required to gather information about your child's health, hearing, and vision, and offer a screening for Autism Spectrum Disorder.**

If a screening is appropriate and you gave your permission, the Intake Coordinator will offer a screening of your child's development. A screening will tell you and the Intake Coordinator if your child's development is on track or is different from other children his/her age (for more information on screening and tracking development, see the chart, '*Developmental Monitoring, Screening, and Evaluation*,' on page of this Guide). Your Intake Coordinator will also offer a screening for Autism Spectrum Disorder (ASD) called the Modified Checklist for Autism in Toddlers, or MCHAT. This is offered automatically for children who are 18 to 24 months old but can be done at any time with children over 16 months old.

### **Screening Results**

If a screening was conducted and does not show concerns, and you do not wish to proceed to the full evaluation, referrals will be made to community resources, as appropriate. Your Intake Coordinator will provide you with developmental milestone materials as needed.

Regardless of the results of the screening, you have the right to ask for an evaluation to help decide your child's eligibility for IDEA/Part C. The eligibility evaluation takes a closer look at the same areas of child development as the screening.

## **Initial Eligibility for IDEA/Part C**

The eligibility process includes reviewing information about your child to make a decision about your child's eligibility that is informed by clinical evidence. This review, known as the informed clinical opinion (ICO) process, must include:

- Taking your child's medical and developmental history, including interviewing you about how you see your child's development;
- Reviewing medical, educational, or other records.
- Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs;
- Administering an IDEA/Part C eligibility evaluation, unless your child has a qualifying diagnosis; and
- Identifying your child's level of functioning in thinking/reasoning/problem-solving, communication, moving around and using his or her hands, doing things for themselves, and relating to adults and other children..

IDEA/Part C must use two professionals to review the information to decide if a child is eligible. This may be two Intake Coordinators, an Intake Coordinator and his or her supervisor; or, the Intake Coordinator and your child's doctor through review of medical records. If a decision cannot be made at the local level, for example, your child has a diagnosis not on the state list, or the evaluation scores are below state criteria, the Intake Coordinator supervisor will contact the state director for IDEA/Part C eligibility for help in making the eligibility decision, or in arranging consultation with other professionals as needed.

Eligibility for IDEA/Part C is based on either:

- A condition or diagnosis that will result in a developmental delay (if your child has one of these diagnoses, eligibility will be decided based on medical records); or
- Either a 40% delay in one area of development, or a 25% delay in two areas of development. If your child is eligible for IDEA/Part C because of delays in development, continuing eligibility for IDEA/Part C must be evaluated each year.

### **If your child is NOT eligible:**

Some children referred to IDEA/Part C will not be eligible. If you agree with the eligibility results but think your child might still need help from other sources, the Intake Coordinator will give you information about other supports and services within your community. If you do not agree with the eligibility decision, you can appeal the results and request a review, file a complaint, request mediation, or request a due process hearing. Each of these options is outlined in your rights under IDEA/Part C, and the forms needed are listed at the end of this Guide. You also have the option of re-referring your child for a re-evaluation 90 days from the first evaluation.

### **If your child is eligible:**

If the evaluation shows your child is eligible for IDEA/Part C, and you choose to go forward with services, your Intake Coordinator will give you information, so you can choose a service coordination company. This is the person who will work with you to complete assessments of your family and of your child's strengths and needs, and then together with you and the Intake Coordinator, develop an IFSP. After the plan is developed, your Service Coordinator will find qualified professionals to provide the EIS in your plan and will make sure the plan is carried out as it has been written. You must have a Service Coordinator assigned to you at all times, until your child exits IDEA/Part C. If you choose to change Service Coordinators, you will need to contact the current coordinator's supervisor listed on your IFSP.

## Service Coordination

The choice of provider for service coordination must be made after your child is found eligible for IDEA/Part C services, but before the family and child assessments and development of the initial IFSP. Your Intake Coordinator will explain the purpose of service coordination, and responsible for sending all information about you and your child to your new Service Coordinator.

- If your child has a diagnosis that qualifies for IDEA/Part C or delays in development, but does not have problems with vision or hearing, your service coordination will be provided by qualified EIS providers under contract with SCDHHS.
- If your child is eligible because of a diagnosed condition involving hearing and/or vision, your service coordination will be provided by qualified EIS providers with the Division of Outreach Services of the South Carolina School for the Deaf and the Blind (SCSDB).

Regardless of how your service coordination is provided, the Service Coordinator's legal responsibilities to you are the same. To help you make your decision, a description of each type of Service Coordinator and the choices for area were included in the intake packet mailed to you after referral.

Your Intake Coordinator will give you more information about the Service Coordinators in your area that work with your child's diagnosis or delay. S/he will then contact the ones you choose so that your service coordination can be immediately transferred. **If the service coordination choices you selected are not available, or you do not have a choice in mind, the Intake Coordinator will automatically make a referral to the next company on the list that works where you live. The Intake Coordinator cannot make the choice for you.**

## Service Coordination for Implementation of Your Individualized Family Service Plan

The federal law for IDEA/Part C requires that each family always have an assigned Service Coordinator. Your Service Coordinator will coordinate:

- Across agency lines, serving as a single point of contact.
- Required evaluations and assessments.
- Access to EIS and other services, making referrals, scheduling appointments.
- EIS identified on the IFSP in a timely manner.
- Funding sources to pay for EIS.
- The development of transition plans.

Your Service Coordinator will help you:

- Gain access to EIS and other services.
- Access treatment and supports from qualified providers.
- With follow up EIS and other services.
- Understand your rights and the procedural safeguards.
- Develop, review, and evaluate your IFSP.
- Attend doctor's visits, diagnostic appointments, and sessions with your EIS providers as needed.



**Your Service Coordinator should contact you as soon as possible after agreeing to work with you and your child. If you do not hear from them within seven days after the eligibility evaluation, you should contact your Intake Coordinator to find out what has happened or ask to be assigned a new Service Coordinator.**

## Family Assessment

Now that your child is eligible for IDEA/Part C and you have a Service Coordinator, the next step is to begin gathering information to develop the IFSP. To make sure the plan and your EIS are focused on

changes important to you and your child, the Service Coordinator will offer to complete a voluntary **family assessment** that identifies and describes the resources, priorities, and concerns you have, and addresses the supports and EIS you may need to enhance your family’s capacity to meet the developmental needs of your child. This usually takes a couple of hours but helps your IFSP team design an IFSP that is specific to your family.

IDEA/Part C uses a process called the Routines-Based Interview for the family assessment. This process focuses on your description of a typical day in your family, including the things you do, the places you go, and how your child takes part in those routines and activities. By answering these questions, your Service Coordinator can help you identify the parts of the day when you may need information or training from an EIS provider to help you help your child take part more fully. They can also assist in identifying when specialized equipment known as assistive technology may be needed, or when you may need supports or additional information.

### Child Assessment

The last step before developing the Initial IFSP is to assess your child’s unique strengths and needs. Just as the screening and evaluation told you **what your child is able to do** when compared to other children the same age, the assessment will tell you and those working with your family **how your child does these things** in your family’s routines and activities, and what skills or supports might be needed for her or him to participate more fully with your family. The assessment must include observation of your child based on what you share in the family assessment and is not a test. The child assessment will include:

- A review of the results of the eligibility evaluation from your Intake Coordinator.
- An observation of your child that is guided by the information gathered in your family assessment.
- Identify and describe how your child participates (or functions) in each area of development.



**The results of the family assessment, together with the results of your child’s assessment, are used by the you and other members of your IFSP team to which concerns will become outcomes on the plan, and identifying which, if any, services would be appropriate to meet the needs of your child and family**

### Getting Ready for the Initial IFSP Meeting

The IFSP is a written plan of changes you want for you or your child, and if needed, the supports or services for you to help your child develop and learn. The plan is developed at the meeting, using the information that has been gathered since your child was referred. **The family assessment and the child assessment are what guides the outcomes and identifies any EIS you or your child may need to reach those outcomes.** Your Service Coordinator will tell you what will happen at the IFSP meeting and help you prepare.

### Before the IFSP Meeting

Before the IFSP meeting, your Service Coordinator will make sure you understand the process and will explain next steps. In addition to what was covered in the family assessment, some things to think about when getting ready for your IFSP meeting are:

- Do you need information about your child diagnosis or the way s/he learns?
- Do you need information about early intervention supports, or services?
- If EIS are a part of your family’s plan, what parts of your daily routine and what times would be best for your family (For example, if you need help with your child’s bath time, when would you like the therapist to come to your house)?

Before the IFSP team meeting, your Service Coordinator will send you two forms. One is the *Prior Written Notice and Meeting Notification* which gives you the time, date, and location of the IFSP, who will be there, and the purpose. The second form will be about your rights as an IDEA/Part C family. Your Service Coordinator will send these to you **at least seven days** before each IFSP meeting, to make sure you have time to get ready for the meeting. If you choose to have the meeting sooner, the period of seven days may be waived **however, neither your Intake Coordinator nor Service Coordinator can ask you waive the prior notice period.**



**IDEA/Part C is required to hold your initial IFSP team meeting within 45 days of when you were referred. This timeline can only be postponed by you. If something unexpected comes up and you need to reschedule the meeting, please let your Service Coordinator as soon as possible.**

### **At the IFSP meeting**

Creating the IFSP is a team effort. **Your role in the IFSP meeting is to make sure you have all the information you need to make decisions, share those decisions with other team members, and to ask questions.**

After it is finished, your Service Coordinator will give you a copy of the IFSP, meeting notes, and signature page so you will have an official record of the meeting.

After introductions, your Service Coordinator and other team members will review all the information gathered about your child since referral. This includes:

- Your and your child's name, your address, and your child's date of birth. Be sure to review this and make sure the information is correct.
- The date your child was referred to IDEA/Part C.
- A review of the results of the eligibility evaluation your Intake Coordinator gave your child, as well as any specialty evaluations your child may have received. These may include services like physical therapy or speech-language therapy. This information tells the team how well your child is doing compared to other children her/his age.
- Basic information about your child's health, hearing, and vision, and current risk for Autism Spectrum Disorder if known.
- What you shared during the family assessment about your family's home and community routines and activities, including the priorities you would like the IFSP team to address.
- A review of the Child Assessment Observation Worksheets.
- When your child will transition from IDEA/Part C, and the due dates for each transition activity.



**Your IFSP outcomes are **not** items from the eligibility evaluation, items from any specialist's evaluation, or EIS providers' goals. Be sure your Service Coordinator writes outcomes that are focused on your priorities and concerns for your child.**

Once the outcomes are identified, you and the IFSP team will discuss:

- If any additional evaluations are needed.
- Any EIS you may need to help you child reach these outcomes.
- Strategies likely to work best to help your child learn.
- How often EIS will be delivered and when EIS will be provided.

- How the EIS will be paid for.

IDEA/Part C requires that EIS be delivered in your home or community and in activities or places where other children the same age as your child would typically learn. If there are no providers who can come to your home, the IFSP must say why, and how often the Service Coordinator will follow-up in finding a provider. When a provider is available to come to your home, the IFSP must be changed to add that person.

 **If you choose to use a provider who **does not** come to your home when one is available, or use **a provider not under contract with us**, IDEA/Part C is not allowed pay for that service.**

### What are IDEA/Part C Early Intervention Services?

This part of the IFSP describes the type of EIS that you and your child will receive from your IFSP team, and how often, where, when, those EIS will take place. In addition, your child’s need for assistive technology and transportation will be discussed.

 **Service Coordination is the only service each family must receive. All other EIS are determined by your concerns, resources, the changes you want to see for your child and family, and what you need to help you help your child develop and learn.**

Regardless of which EIS you and your child receive, all EIS providers on your IFSP team will:

- Provide training to you, and any other members of your family or caregivers in how to carry out the EIS in your home and community.
- Work with each other, to make sure they are all working consistently toward the IFSP outcomes.

The EIS are listed below. A brief description of each service is in Part 4 of this Guide.

| Early Intervention Services (EIS)         |                                     |
|---|-------------------------------------|
| • Assistive technology                    | • Orientation and mobility training |
| • Early identification                    | • Physical therapy                  |
| • Early intensive behavioral intervention | • Psychological services            |
| • Family counseling                       | • Screening and assessment          |
| • Family training                         | • Service coordination              |
| • Home visits                             | • Sign language instruction         |
| • Medical services for diagnosis          | • Special education & instruction   |
| • Medical services for evaluation         | • Speech and language pathology     |
| • Nursing services                        | • Social work services              |
| • Nutrition services                      | • Transportation                    |
| • Occupational therapy                    | • Vision services                   |

### Everyday Transitions

Each IFSP is required to address transition planning. Until your child reaches age two, transition planning is focused on everyday transitions, defined as any kind of a change in routine for you or your child. Some examples of everyday transitions include developmental changes such as weaning from a bottle to drinking from a cup or moving from one activity to another in the course of a day. These kinds of everyday

transitions often require thoughtful attention, but they can be overlooked because we may not immediately identify them as transitions.

Informal or everyday transitions provide natural learning opportunities to develop coping skills such as flexibility, patience, and confidence, and help prepare you and your child for the bigger transitions. When IFSP Team members approach all transitions as an opportunity for growth, they will be supporting you and your child in building a solid foundation for weathering the inevitable changes that happen throughout life.

### **Building Everyday Transitions into the IFSP**

Some children find change to be hard. Some young children can be flexible about their routines, but others thrive more by having a routine. Few children like to stop an activity they were enjoying to transition to another activity but some children have much more difficulty with transitions than others. Children who take change in stride adapt well with any type of change. Most children fall somewhere in the middle. They may have an easy time with new foods, but a more challenging time with unfamiliar places. They may be cautious around unknown adults, but perfectly comfortable with new peers. Given some time to get used to a change or new situation, they can feel safe, at ease, and eager to explore. Your IFSP team can support you in helping your child by identifying or creating predictable routines and activities tailored to your child's unique transition style.

After the IFSP outcomes have been written, there are two more steps in the Initial IFSP:

### **Early Childhood Outcomes at Entry**

One way to learn more about your child's progress is through three "child outcomes" that are measured for every child in the United States who is in a program like IDEA/Part C at entry and again at exit. Your Service Coordinator will review the section in Part 4 of the Family Guide entitled, '***A Family Guide to Participating in the Child Outcomes Measurement Process***' with you before the IFSP team meeting. The outcomes may be measured at the initial IFSP team meeting, or up to a month after the initial meeting.

### **IFSP Signature and Consents**

You will be asked to sign your child's IFSP when it is finished. Participating in IDEA/Part C is voluntary. When you sign the IFSP, it shows that you attended the meeting and agree to the EIS in the plan. By signing the plan, you are also giving permission to start the EIS. If your child's or family's circumstances change, you may ask for an IFSP Change Review meeting at any time.

## Part 2: Putting Your IFSP into Action

Once you have signed the initial IFSP, a new set of required timelines apply to when early intervention services (EIS) begin, and when your plan is reviewed or evaluated.

| IFSP Timelines                  |   |
|---------------------------------|---|
| Required IDEA/Part C Activities |   |
|                                 | You Sign the IFSP                                   |
|                                 | IFSP Services Must Begin                            |
|                                 | Review of the IFSP                                  |
|                                 | Annual Evaluation of Child's Eligibility            |
|                                 | Annual Evaluation of the IFSP                       |
|                                 | Annual Family Satisfaction Survey                   |
| Day                             | 1 30 Every 6 months Every 12 months Every 12 months |

### Who Will Provide the Services for My Family?

If you and other members of your IFSP team agree a service (or services) are needed to help you help your child develop and learn, your Service Coordinator will discuss the local provider options with you. The services and providers you choose should support *your* priorities and concerns.

After the plan is developed, your Service Coordinator will find qualified people to provide services in your plan, and to make sure the plan is carried out as it has been written. If you want to change providers, be sure to discuss this with your Service Coordinator. **You must contact your child's Service Coordinator to arrange all services and make any changes to those services.**

### Where and How Will My Services Be Provided?

All Early Intervention Service (EIS) providers must teach family members, caregivers, and others how to help your child learn skills that are a part of your daily routines and activities. Your EIS providers must also work with each other to make sure they are using the IFSP outcomes to stay focused on your priorities and concerns.

IFSP outcomes and the services on your IFSP come from what you shared during the family assessment. If your providers were not at the IFSP team meeting, it may be helpful to review the IFSP with them or ask them to review the IFSP before their first visit with you and your child.



**IDEA defines your family's routines and activities as 'natural environments,' meaning those times and places other children the same age as your child typically learn.** The IFSP team **must** provide you your services in your home or community, and you or another family member or caregiver **must** be a part of every meeting with your providers..

## Your Role on the IFSP Team

Putting your IFSP into action is a team effort. You and your family are important team members. Your roles are to:

- Make sure EIS providers working with your child are teaching you needed for you to be able to help your child participate in everyday routines and activities.
- If you would like, keep notes, a diary, or a journal about how services are working and how your child is doing. At each home visit, tell your providers what has changed, and what is and is not working. You can ask for a review of your IFSP at any time.
- Ask your Service Coordinator for a service or provider change if you think one is needed.
- Be sure to tell your Service Coordinator if there are any changes to your private health insurance and/or Medicaid that may impact how your IDEA/Part C services are paid.



Your EIS providers will ask you to sign a form with each visit, to prove the visit took place. Sign the form only for the days the provider comes to your home. Let your Service Coordinator know immediately if a provider is not keeping appointments or has discussed changing your IFSP services. **Only your Service Coordinator can make changes to your services, how often they occur, how long they last, or where you and your child receive services.**

## Reviewing, Evaluating, and Changing The IFSP

To make sure your IFSP stays current and useful as your child grows and your family needs change, IDEA/Part C requires:

- A six-month review of the IFSP.
- A change review to update/revise the IFSP as needed.
- An annual meeting to evaluate the IFSP.

It will be likely that your plan will be changed a few times during the year. Once a year, your child's eligibility is re-determined and your IFSP is evaluated to make sure all assessment information is up to date. Progress on your IFSP outcomes is documented and reviewed to make sure your outcomes and services are still appropriate.

## The six-month review of the IFSP

The IFSP must be reviewed every six months to make sure the outcomes, strategies, and services are still addressing your concerns. The review may include:

- Adding new outcomes or dropping outcomes that have been met or no longer needed.
- Changing the way things are done to help meet new outcomes or outcomes not yet met.
- Changing the services needed by your child and family.

## Change reviews of the IFSP

You can request an IFSP Change Review at any time. Your Service Coordinator must hold an IFSP Change Review meeting with you and all the other members of the IFSP team whenever there is a change in:

- Any service.
- How often or where a service is provided.
- How a service is paid.

## Annual evaluation of the IFSP

The annual IFSP meeting is held to determine if your child is still eligible for IDEA/Part C, and if so, to

make sure the IFSP still makes sense for your child and family. Before the annual IFSP meeting, your Service Coordinator must update all the forms you signed when you were first referred to IDEA/Part C, as well as the family and child assessments.

### **Annual Family Satisfaction Survey**

Each year, you will be asked to take some time to let us know how we are doing. We want to know if you are pleased with the work of your Service Coordinator and EIS providers, or if you have concerns. The Family Satisfaction Survey will come to you in the mail with instructions about how to complete the survey. There are options for completing the survey online. Options for requesting assistance in completing the survey will be described in the survey instructions.

## Part 3: Transition from IDEA/Part C

| Transition From IDEA/Part C           |  |   |   |  |
|---------------------------------------|--|---|---|--|
| Required<br>IDEA/Part C<br>Activities | Transition Planning & Notification to<br>School District | Referral to School District or Other<br>Early Childhood Setting | Transition Conference                   | Exit From IDEA/Part C, Early<br>Childhood Outcomes, and Family<br>Outcomes |
| Age                                   | 2 years old  | 2 years, 6<br>months old  | 2 years, 3 months-<br>2 years, 9 months | 3 years old  |

### Formal Transition from IDEA/Part C

Formal transition is the process of moving from one location to another, such as transition from IDEA/Part C to the next appropriate program or educational setting. Beginning at your child's second birthday, your Service Coordinator and IFSP team will support you in planning for formal transition from IDEA/Part C. IDEA/Part C services end on your child's third birthday. Examples of programs or educational settings include: Early Head Start, Head Start Center-Based Programs, Head Start Home-Based Programs, center or family daycare, nursery school, relative care, special education settings, or other settings selected by parents. Formal transitions such as entering or leaving a program require formal planning and preparation.



**Preparing you and your child for the transition from IDEA/Part C begins at the time of initial eligibility and with the development, review, or evaluation of each IFSP.**

### Building Formal Transition into the IFSP

At or around your child's second birthday, your IFSP Team will work with you to plan your child's transition from early intervention at age three, and if eligible, to preschool special education services. **This transition involves key decisions about your child's future.** By sharing concerns and preferences with both your IFSP team and the preschool program staff and actively participating in transition planning you will help your child adjust to new settings and services. During the transition process, your Service Coordinator is required to ensure the following:

- Formal notification must be sent to the local school district when your child turns two years old. This lets the school district know that your child is potentially eligible for preschool special education services.
- At the IFSP team meeting closest to your child's second birthday, IFSP outcomes, supports, and/or services must be discussed, and changes will be made to the plan as appropriate to support your child's transition.
- A formal transition referral is sent to the local school district when your child is two and a half years old. This starts the school district's process for scheduling its eligibility determination process.

- Obtaining your permission before sending any information about your child to the school district or other agencies to make sure there is not a break in services. This applies to both the transition referral and the transition conference.
- A transition conference with staff from the program you have chosen for your child to attend when she/he turns three years must be held as early as age 2 years and 3 months, but no later than 2 years and 9 months.

Your Service Coordinator is responsible for ensuring that you are as prepared as possible to support your child's transition to an early childhood setting(s). In order for you to make the best decisions about transition, your Service Coordinator's role is to make sure you have access to accurate and unbiased information about the transition options available to you. The South Carolina Department of Education, Office of Special Education Services has prepared information for you and your IFSP team to use when learning about the eligibility process and services and this information included in this guide.

Below are some important ways you can participate in the transition planning and process:

- Ask to talk to other families whose children have made the transition from early intervention to preschool special education services. Find out about their experiences and what worked well.
- Attend the transition planning conferences and meetings with early intervention and school district staff. Ask questions that will help you understand the transition process. How are preschool services different from early intervention services? The school district will give you a copy of your legal rights as a parent. Ask questions if anything about your legal rights is unclear.
- Transition meetings provide an opportunity to learn about your child's evaluation process. Ask about what happens when your child is evaluated and how the school district will determine if your child is eligible for preschool special education. Find out how you can participate, share your ideas, and support your child during assessments.
- During the school district's eligibility evaluation, be sure to share your priorities and concerns for your child. Discuss what you would like to see your child doing and the supports you think your child may need.
- Visit different preschool programs in your community. Learn about the classroom routines, activities, and schedules. Ask how supports and interventions would be provided for your child. Find out what skills would be expected of your child in the new setting.
- If your child is found eligible for preschool special education, you will participate in a meeting to develop your child's Individual Education Program (IEP). You are part of the IEP team. You can ask the early intervention program staff and others to participate in the IEP meeting. Share information about your child's capabilities, interests, and developmental needs and suggest goals for your child. Ask how the school district staff will work with your child to address goals. Share your preferences for the preschool placement you think will be best for your child.
- Once the IEP is developed and services are ready to begin in the selected program, prepare your child for the new setting. Visit the classroom with your child so he or she can meet the teachers, experience the classroom schedule, try out activities, and interact with other children. Identify and discuss with the teachers the situations you think your child will be able to negotiate easily and situations where he or she might have difficulty. Work with the program staff to plan for the supports your child will need in the preschool setting.
- Once your child starts preschool, continue to communicate with the preschool staff to support your child's adjustment to the preschool programs.

## Early Childhood Outcomes at Exit

The early childhood outcomes are measured at again at exit if your child has received at least six months of services. Your Service Coordinator will review the section in Part 4 of the Family Guide entitled, '*A Family Guide to Participating in the Child Outcomes Measurement Process*' with you before the IFSP team meeting.

## Family Outcomes

For all families, the goal of IDEA/Part C is to support and empower you to take care of your child, make informed decisions, and have the resources you need for your child to fully take part in your family and community activities. How well IDEA/Part C does this is assessed through *family outcomes*. In other words, have IDEA/Part C supports and services help you:

- Understand your child's strengths, abilities, and special needs
- Know your rights and advocate effectively for your child
- Help your child develop and learn
- Develop support systems
- Access desired services, programs, and activities in your community

As you exit IDEA/Part C services, the Family Outcomes Survey will come to you in the mail with instructions about how to complete the survey. There are options for completing the survey online. Options for requesting assistance in completing the survey will be described in the survey instructions.

## Part 4: Parent Resources

| <b>Monitoring, Screening, and Evaluating Your Child's Development</b> |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>Process</b>  | <b>WHO</b>  | <b>WHAT</b>   | <b>WHEN</b>  | <b>WHY</b>  | <b>HOW</b>  |
| <b>Developmental Monitoring</b>                                       | Parents, grandparents, other caregivers                     | Look for developmental milestones                         | From birth to 5 years  | To help you: <ul style="list-style-type: none"> <li>• Celebrate your child's development</li> <li>• Talk about your child's progress with doctors and child care providers</li> <li>• Learn what to expect next</li> <li>• Identify any concerns early</li> </ul> | With easy, free checklists: <a href="http://www.cdc.gov/Milestones">www.cdc.gov/Milestones</a>  |
| <b>Developmental Screening</b>  | IDEA/Part C, Parents, doctors, nurses, child care providers | Look for developmental milestones                         | At 9, 18, 24, and 30 months, or whenever there is a concern                      | To find out: <ul style="list-style-type: none"> <li>• If your child needs more help with development, because it is not always obvious to parents, doctors, nurses, or child care providers</li> <li>• If a developmental evaluation is needed</li> </ul>         | With a formal validated screening tool offered by IDEA/Part C   |
| <b>Developmental Evaluation</b>                                       | IDEA/Part C, developmental pediatrician, child psychologist | Identify and diagnose developmental delays and conditions | Whenever there is a concern, or screening shows the need for further information | To find out: <ul style="list-style-type: none"> <li>• If your child qualifies for IDEA/Part C</li> <li>• If your child needs specific treatment</li> </ul>  | With a detailed examination, formal assessment tools, observation, and interviews with parents and other caregivers, often in combination, depending on the area of concern |



## Parent IFSP Checklist

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I understand why my child is eligible for IDEA/Part C.   |
| <input type="checkbox"/> | I invited family members, friends, and/or child care providers to my IFSP team meeting, if desired.        |
| <input type="checkbox"/> | My first IFSP was completed 45 days after my referral.   |
| <input type="checkbox"/> | My first services began 30 days after my IFSP was completed.   |
| <input type="checkbox"/> | I shared information about my family and child and stated my concerns and priorities.                      |
| <input type="checkbox"/> | My IFSP team considered my recommendations.  |
| <input type="checkbox"/> | My IFSP recognizes my child's unique strengths and developmental needs.                                    |
| <input type="checkbox"/> | My IFSP identifies opportunities where learning can occur within my family's daily routines.               |
| <input type="checkbox"/> | My IFSP describes ways that services can be provided in my child's daily routines, activities, and places. |
| <input type="checkbox"/> | My IFSP supports my family in accessing community resources and supports.                                  |
| <input type="checkbox"/> | My IFSP identifies my Service Coordinator and other service providers.                                     |
| <input type="checkbox"/> | I was comfortable asking questions during my IFSP meeting and during early intervention services.          |
| <input type="checkbox"/> | I received a copy of my child's IFSP.  |
| <input type="checkbox"/> | I have provided written permission for services to begin.  |
| <input type="checkbox"/> | My IFSP review will be in 6 months, but I may ask for a review at any time                                 |

# A Family Guide to Participating in the Child Outcomes Measurement Process

**One way to learn more about your child’s progress is through three “child outcomes”** that are measured for every child who participates in an early intervention program. These outcomes will help you know how well your child is developing and participating in activities at home, at school, or in the community. They are also used to measure how well the early intervention program is serving all children who are enrolled.

## **Three Child Outcomes to Measure Progress:**

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

## **Why is this information important to my child and our family?**

**The three child outcomes focus on what your child can do in his or her everyday routines and activities.** By looking at how well your child is doing in each of the three areas, you can determine what he or she needs in order to become more involved in your family’s activities. The information gathered about your child will also help you develop individual outcomes and goals for your child’s Individual Family Service Plan (IFSP). As a parent, you may notice that by learning more about the three child outcomes, you also:

- **Gain confidence** in your ability to observe your child and share those observations with others.
- **Develop an increased understanding** of how your child is functioning compared to age expectations.
- **Learn to track and celebrate the progress** that your child is making.
- **Contribute more** to IFSP or IEP team discussions about your child’s strengths and accomplishments and the development of appropriate outcomes or goals.

## **How can I be part of the outcome measurement process?**

When first developing your child’s IFSP, you should ask your child’s early intervention providers how the three outcomes will be measured for your child and how they relate to your child’s individual plan. If you feel unsure about the process, or want an update on how your child is progressing, these questions will help you start the conversations:

- What resources are available to help me understand what is expected for a child at different ages?
- What specific skills and behaviors do you look at for each outcome?
- What information will you need from me in order to complete the outcomes measurement?
- How can I share my observations about my child’s skills, abilities, routines, and activities?

## **What information can I share about my child’s progress?**

You can be prepared for any conversation about your child’s development by making your own observations and sharing what you see. It may be helpful to review these questions often and take notes about what is new or is happening in a different way with your child. Even small changes are important in the measurement of the three child outcomes.

| <b>Outcome 1:<br/>Social Emotional Skills and Relationships</b>   | <b>Outcome 2:<br/>Knowledge and Skills</b>   | <b>Outcome 3:<br/>Meeting Needs</b>  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• How does my child relate to family members, close family friends, caregivers, and strangers?</li> <li>• How does my child relate to other children at child care or in the neighborhood? With people in the community (such as the park or grocery store)?</li> <li>• How does my child show his or her feelings? How does he or she calm down when upset?</li> <li>• How does my child show that she or he understands social rules, such as sharing and taking turns?</li> </ul> | <ul style="list-style-type: none"> <li>• How does my child copy others' actions or try to learn new things?</li> <li>• How does my child try to solve problems?</li> <li>• How does my child use words?</li> <li>• Does my child understand concepts such as numbers and shapes?</li> <li>• Does my child understand and respond to directions from others?</li> <li>• How does my child communicate his or her thoughts and ideas?</li> </ul> | <ul style="list-style-type: none"> <li>• How does my child get from place to place?</li> <li>• What does my child do when he or she wants something? What if it is hard to reach?</li> <li>• What does my child do when he or she needs help?</li> <li>• What does my child do when he or she is hungry?</li> <li>• How does my child help with dressing or undressing, using the bathroom, and brushing his or her teeth?</li> <li>• Can my child feed him or herself?</li> <li>• What does my child do without my help?</li> </ul> |

### How will I know if my child is making progress?

The same information needed for updating your child's IFSP is also needed to measure the three child outcomes accurately at the end of services. Your IFSP document should state when and how often information on your child's progress will be shared. You can also ask providers at any time you have questions or concerns.

Asking providers the following questions will give you information about your child's progress in the three outcomes:

- How are you measuring my child's progress? Are you using observations? Assessments?
- What are you seeing that tells you that my child is or is not making enough progress?
- How is my child's progress on his or her IFSP outcomes or IEP goals related to progress in the three child outcome areas?
- How does my child now compare to other children his or her age? What do most children his or her age do in regard to this outcome area?
- How do you see my child's disability affecting his or her ability to make more progress in this area?
- What are the next skills needed in order for him or her to make progress?

### You Are the Expert!

When parents and professionals work together as a team, children do better. While professionals have expertise in working with children, **you are the expert on your own child.**

## Family Glossary to Early Intervention

### A

**Adaptive:** self-help skills the child uses for activities of daily living (such as feeding, toileting, and dressing).

**Advocacy:** the act of supporting or defending a child or family's interests and rights.

**Applied Behavior Analysis (ABA):** the design, implementation, and evaluation of systematic environmental changes to produce socially significant change in human behavior through skill acquisition and the reduction of problematic behavior. ABA includes direct observation and measurement of behavior and the identification of functional relations between behavior and the environment. These include contextual factors such as establishing operations, antecedent stimuli, positive reinforcements, and consequences that are used to produce the desired behavior change.

**Assessment:** the initial and ongoing procedure used to identify:

- The child's unique needs and strengths and the services appropriate to meet those needs; and
- The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

**Assistive Technology Device:** any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

**Assistive Technology Service:** a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The evaluation of the needs of a child with a disability, including:

- a functional evaluation of the child in the child's customary environment; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- training or technical assistance for a child with disabilities or, if appropriate, that child's family; and,
- training or technical assistance for professionals, (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

**At-Risk:** a term used for children who may have future problems with their development that may affect learning and development.

**Audiology:** Identifying and providing services for children with hearing loss and prevention of hearing loss.

### C

**Child Outcomes:** an outcome is a benefit experienced as a result of services and supports provided to a family. A service having been provided does not mean that an outcome has been achieved. Likewise, an outcome is different from satisfaction with the services received. For example, if a child is working with a therapist to increase communication skills (receiving a service) and that child learns words he can use to tell others his needs, then he has achieved an outcome.

**Cognitive:** the process used for remembering, reasoning, understanding and making decisions.

**Confidentiality:** the right that personal information about a child and family is not released

without parent consent or only when permitted or required by law.

**Consent:** Written approval a parent gives to a program. Consent is always voluntary and a parent may revoke it at any time.

**Counseling:** Advice or help given by someone qualified to give such advice or help (such as a psychologist or social worker).

## D

**Days:** calendar days.

**Developmental:** having to do with the steps or stages in the growth of a child.

**Developmental Delay:** an indication that a child has not attained the expected level of development based on the child's age.

**Developmental History:** the developmental progress of a child in such skills as sitting, walking, or talking.

**Developmental Tests:** tests that measure a child's development compared to the development of other children at that age.

**Disability:** a developmental delay or physical or mental condition which is very likely to result in a child having a developmental delay.

**Due Process:** procedures designed to protect a person's rights. This includes requirements for confidentiality, consent, and processes to resolve disagreements and file complaints.

## E

**Early Intervention Services:** services provided by qualified personnel that meet the needs of the child and family as described in the Individualized Family Service Plan (IFSP).

**Eligibility Requirements:** the requirements a child must meet to be able to receive early intervention services. This will include the age of the child and whether or not the child has a disability or developmental delay.

**Evaluation:** a process used to determine if a child meets the eligibility standards for early intervention.

## F

**Family Assessment:** a process used to identify and gather information related to the family concerns, priorities, and resources.

**Family-Centered Care:** the partnership between families and professionals which includes:

- families and professionals work together in the best interest of the child and family;
- mutual respect for the skills and expertise each partner brings to the relationship;
- trust is fundamental;
- decisions are made together; and,
- a willingness to negotiate.

**Family Concerns:** those areas that the parent identifies as needs, issues, or problems which they wish to have addressed within the Individualized Family Service Plan.

**Family Outcomes:** an outcome is a benefit experienced as a result of services and supports provided to a family. A service having been provided does not mean that an outcome has been achieved. Likewise, an outcome is not the same as satisfaction with the services received. A family may receive information about their child's disability (the service provided), but if the information enables them to assist their child's learning and development more effectively, then the family has achieved an outcome.

**Family Priorities:** those areas which the parent selects as essential targets for early intervention services to be delivered to their child and family unit.

**Family Resources:** the strengths, abilities, and formal and informal supports that can be mobilized to address family concerns, needs or desired outcomes.

**Family Training:** services provided by qualified personnel to assist the family in understanding the special needs of the child and in promoting the child's development.

**Functional Outcomes:** statements of changes that parents want to see in their child and/or family. They are meaningful, family centered, specific and achievable. These

statements are part of the Individualized Family Service Plan.

## H

**Health Services:** health-related services necessary to enable a child to benefit from other early intervention services.

**Home Visits:** visits in your home by a professional for the purpose of planning and providing early intervention services.

**Impartial Hearing:** a formal process where a family's complaints can be heard by a hearing officer who will resolve the dispute or complaint regarding the child's evaluation, Individualized Family Service Plan, or other issues.

## I

**Intake Coordinator:** a service coordinator assigned to a family from referral to initial eligibility for IDEA/Part C.

**IEP:** Individualized Education Plan: A plan for a child's special educational services that the parent and a school district will develop if their child qualifies for these services.

**IFSP:** Individualized Family Service Plan: A written plan for the child's and family's services in IDEA/Part C that the family develops with a team of the ongoing service coordinator and other qualified personnel.

## L

**Lead Agency:** the state agency that the Governor has chosen to oversee and coordinate early intervention services. The Department of Health and Human Services is the lead agency for Early Intervention in South Carolina.

## M

**Medical Home:** An approach to providing high quality, coordinated health care that emphasizes the partnership between medical personnel and their families. This is not just a building, house, or hospital.

**Mediation:** a method for solving a disagreement that uses persons trained in helping people resolve their own problems. In mediation, the parent and IDEA/Part C State Office try to reach an agreement with which both are satisfied.

**Multidisciplinary:** the involvement of two or more professionals from different areas of training in providing early intervention services; including evaluation, assessment, and the development of the Individualized Family Service Plan.

## N

**Natural Environment:** settings that are natural or normal for young children without disabilities. This may include the home, a child care setting, or other community settings in which children participate.

**Nursing Services:** assessment of health status of the child for the purpose of providing nursing care, and provision of nursing care to prevent health problems, restore and improve functioning, and promote optimal health and development. This may include administering medications, treatments, and other procedures prescribed by a licensed physician.

**Nutritional Services:** services that help address the nutritional needs of children which include identifying feeding skills, feeding problems, food habits and food preferences.

## O

**Occupational Therapy:** services that relate to self-help skills, adaptive behavior and play, and sensory, motor, and postural development.

## P

**Parent:** a parent or person in parental relationship (including foster parents) to a child or an appointed surrogate parent.

**Pendency:** the right that the parent and child have that allows the child and family to continue to receive early intervention services contained in an existing Individualized Family Service Plan while the disagreement is being resolved.

**Personally Identifiable Information:** includes family names, social security numbers, addresses, and other information that could be used to identify the family.

**Physical Therapy:** services to prevent or lessen movement difficulties and related functional problems.

**Placement:** the place where services will be provided to the child, which if possible should be in a natural setting such as the home or day care.

**Psychological Services:** administering and interpreting psychological tests and information about a child's behavior and child and family conditions related to learning, mental health, and development as well as planning services including counseling, consultation, parent training, and education programs.

## Q

**Qualified Personnel:** those individuals who are approved and under contract SCDHHS/IDEA Part C, or an agency provider, or employed by agency providers to provide early intervention services within the limits of their licensure, certification, or registration. All Early Intervention Service (EIS) providers must also be enrolled as a Medicaid provider.

## R

**Record:** any information recorded in any way, maintained by an early intervention official, designee, or approved evaluator, service provider or service coordinator. A record shall include any file, evaluation, report, study, letter, telegram, minutes of meetings, memorandum, summary, interoffice or intra-office communication, memorandum reflecting an oral conversation, a handwritten or other note, chart, graph, data sheet, film, videotape, slide, sound recording, disc, tape, and information stored in microfilm or microfiche or in computer readable form.

**Respite:** temporary child care that may be available to families of children with disabilities. This may include care provided in the home or at another place.

**Screening:** a process used to assess the child's developmental status to indicate what type of evaluation, if any, is warranted.

## S

**Service Coordinator:** a service coordinator chosen by the family after eligibility is determined and before the Initial Individualized Family Service Plan Team meeting.

**Social Work Services:** preparing an assessment of the social and emotional strengths and needs of a child and family and providing individual or group services such as counseling or family training.

**Special Instruction:** design of learning environments and activities that promote the child's development, providing families with information, skills, and support to enhance the child's development.

**Special Needs:** (as in a child with "special needs") a term used to describe a child who has a disability or developmental delay and requires special services or treatment.

**Speech-Language Pathology:** services for children with delays in communication skills or with motor skills such as weakness of muscles around the mouth or swallowing.

**Surrogate Parent:** a person who is appointed to act in place of the parent when parents are not available to participate in making decisions about their child's involvement in the Early Intervention Program. A parent may voluntarily designate a surrogate parent.

## T

**Transition:** the process where the children at age 3 will move from the Early Intervention Program to the Preschool Special Education Program or other early childhood supports or services.

**Transportation:** Providing or reimbursing the cost of travel necessary to enable a child and family to receive early intervention services.

## V

**Vision Services:** Identification of children with visual disorders or delays and providing services and training to those children.