Appendix G

Interagency Operating Agreement

between

Office of Head Start Region VIII
Administration for Children and Families

and

Colorado Department of Human Services

Revised
Spring 2009

AGREEMENT BETWEEN OFFICE OF HEAD START REGION VIII ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE COLORADO DEPARTMENT OF HUMAN SERVICES, DIVISION FOR DEVELOPMENTAL DISABILITIES

Purpose

This interagency operating agreement is mutually written between the Region VIII Administration for Children and Families and the Colorado Department of Human Services (CDHS), Division for Developmental Disabilities (DDD) pursuant to the requirements of:

- Public Law 110-134(Head Start Act); and
- Public Law 108-446 (Individuals with Disabilities Education Improvement Act, Part C).

This agreement provides a framework for the local grantees of Early Head Start who operate under the Region VIII Administration for Children and Families and local Community Centered Board (CCB) early intervention programs who operate under contract with the Department of Human Services, Division for Developmental Disabilities to develop specific collaborative and cooperative agreements and contracts to serve eligible children, birth through two years of age, with developmental delays and/or disabilities receive services to meet their special needs. This agreement applies to children who are eligible for services under Public Law 108-446 the Individuals with Disabilities Education Improvement Act (IDEA), Part C, 34 CFR 303.321, 522, and 601 the Early Intervention Program for Infants and Toddlers with Disabilities, 2 CCR 503-1 the Division for Developmental Disabilities Rules, Public Law 93-644 (Economic Opportunity and Community Partnership Act of 1974), and 45 CFR 1304 Head Start Program Performance Standards. The respective regulations provide the legal basis for guaranteeing that young children through two years of age with developmental delays and/or disabilities receive services to meet their special needs.

Part C and state early intervention regulations define young children eligible for services using similar categories of disabilities. Early Head Start programs provide services for eligible children, including those with disabilities, birth through three years of age. Many young children will meet the eligibility requirements of both agencies. Eligibility is determined by a comprehensive, multidisciplinary developmental evaluation. Families should be equal partners in the evaluation and eligibility process to assure the most appropriate supports and services. Therefore, it is to the mutual benefit of families and local providers to assure that supports and services to these young children are delivered in an effective and efficient manner.

Throughout this document, the term, "Early Head Start" will apply to services in Early Head Start programs in Colorado. "Part C" and "early intervention services" will apply to the supports and services provided to infants and toddlers, birth through two years of age, in programs administer by Community Centered Boards (CCBs). Infants and toddlers, birth through two years of age, deemed eligible for services under Part C of IDEA due to a developmental delay or a physical or mental condition associated with a significant delay in development will hereafter be referred to as "young children." (See appendix A for a glossary of definitions)

Goal Statement

Collaboration will improve services to young children and their families while making best use of available resources and avoiding duplication of effort.

The purpose of this agreement is to affirm the roles and responsibilities of the Region VIII Administration for Children and Families and the Colorado Department of Human Services, and to provide guidance for the development of local cooperative agreements between all Early Head Start grantees and CCBs in order to:

1. Assure that all young children determined to be eligible have access to the full range of services under Part C of IDEA and Early Head Start;

2. Assure services are provided in young children's natural environments or inclusive community settings, whenever possible;

3. Enhance the array of services and options available to young children and families through the joint utilization of resources;

4. Assure the successful transition of young children and families between and among CCBs, Early Head Start, Head Start, public school early childhood programs, and other early childhood programs

5. Assure the involvement of parents and families in all supports and services; and,

6. Facilitate communication between and among families and agencies covered in this agreement.

Responsibilities

CCBs are under contract with DDD to provide early intervention services and service coordination to eligible young children. CCBs may either directly provide services or purchase services from qualified providers. Services may be either a direct intervention involving the young child or a consultation model where support is provided in a natural environment. DDD is required to assure the local child identification provisions of IDEA to identify, locate, and evaluate all young children who may be eligible for early intervention services. Child identification is provided in local communities through collaboration of the CCB, local school districts or Board of Cooperative Education Services (BOCES), and other community early intervention partners.

Early Head Start grantees promote school readiness by enhancing the social and cognitive development of eligible children through the provision, to eligible children and their families, of health, educational, nutritional, social, and other services that are determined, based on child and family needs assessments, to be necessary. Early Head Start grantees must recruit, enroll, screen, and serve age and income eligible young children. The Head Start Act of 2007 states that not less than 10% of the total number of children actually enrolled by each Early Head Start agency must be children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate.

Under state and federal law and regulations, eligible young children and families must have access to: (1) screening services, (2) multidisciplinary evaluations for eligibility and program planning, and (3) for eligible children, Individualized Family Service Plans (IFSP) which delineate the early intervention supports and services to meet the functional outcomes identified by the child and family's team.

Areas of Collaboration

Local interagency agreements must be established between CCBs and individual Early Head Start grantees, if grantees exist in the local community. DDD and the Office of Head Start Region VIII Administration for Children and Families will provide guidance and directives to CCB Early Intervention programs and local Early Head Start grantees, respectively, to develop local cooperative agreements within the context of this state agreement that will define responsibilities and specific areas of collaboration most appropriate to their local communities. Guidelines for developing an interagency agreement are provided in Appendix B. The method of collaboration employed should be tailored to the needs of each community to provide efficient and effective services for young children and families. This statewide agreement is designed to be a framework for local interagency agreements and to assist the above-mentioned agencies in their collaborations. The following areas are to be addressed in all local agreements.

A. COMMUNICATION

Early Head Start grantees should participate in Local Interagency Coordinating Councils (LICC) that each CCB is required to have for the purpose of establishing and maintaining ongoing communication amongst the local community system of early intervention supports and services. Effective LICCs established by CCBs include representatives from Early Head Start grantees, health care, human service, local education agencies (e.g., Child Find), and early intervention, family members, and other community providers. Purposes of such councils are: 1) to provide a forum for essential early intervention partners to develop written interagency agreements in areas appropriate for their communities, 2) to effectively implement a coordinated child identification process, 3) to better utilize available funding sources and other existing resources, and 4) to maintain a coordinated and comprehensive system of early intervention.

B. FAMILY PARTICIPATION

LICCs, including Early Head Start grantees and CCBs, must recognize families as key decision makers in the process of providing supports and services to their young children. LICCs are encouraged to jointly develop opportunities for families to participate as equal partners. Supports and services should be coordinated, accessible, and provided in the context of the family's everyday routines, activities, and places. Early Head Start grantees and CCBs are required to inform parents of their rights and responsibilities and the laws and regulations governing their respective services. Communication and information between families and agencies need to be provided in a family's primary language through written and verbal methods.

C. CHILD IDENTIFICATION

Under IDEA, DDD is required to assure that the State has a comprehensive child identification system that identifies and evaluates children, birth through two years of age, who are potentially eligible for early intervention services. In Colorado, the Colorado Department of Education (CDE), through their administrative units (school districts and BOCES), participate in the child identification process by providing screening and evaluations of young children. At the local level, CCBs are responsible for providing public awareness, a referral process, service coordination, and ensuring that the initial IFSP meeting is completed within the 45-day timeline. The child identification process must be available to families throughout the calendar year. In order to assure an effective child identification system, each community should have a collaborative and coordinated process for

identification of all eligible children, birth through two years of age, that is compliant with all pertinent state and federal regulations. Early Head Start grantees are required to coordinate with Part C and early intervention agencies to plan referrals and evaluations, to determine eligibility for Part C services, and to develop the IFSP.

D. DETERMINATION OF ELIGIBILITY

It is the responsibility of the CCB to ensure that young children with suspected disabilities are identified and determined eligibility is determined in accordance with state and federal regulations for funding under IDEA. The Early Head Start grantee is responsible for determining if the young child is eligible for Early Head Start services in accordance with federal Head Start regulations.

E. EVALUATION

In Colorado, evaluation is a process for determining eligibility, and developing the IFSP with individual goals and objectives, and supports and services for meeting child and/or family needs. A multidisciplinary evaluation process in which two or more disciplines are involved is required by IDEA. It is recommended that local community agencies have in place a coordinated evaluation process whereby they share certified staff where appropriate. The child and family are best served when community agencies share information and recommendations, within the bounds of confidentiality and avoid duplication or effort in the process.

All assessments are required to be administered in the child's native language and not be discriminatory on a racial or cultural basis, use multiple methodologies, and be administered by trained personnel at no cost to the parent. For a young child being initially evaluated under Part C, an Individualized Family Service Plan (IFSP) meeting must be held within 45 calendar days from the date of referral; Early Intervention Program for Infants and Toddlers with Disabilities 34 CFR 303-321)

F. JOINT PLANNING FOR IFSP

An Individualized Family Service Plan (IFSP) for all young children, birth through two years of age, must be developed or revised at a planning conference. Participants should include the child's parents or legal guardians, the appropriate personnel from the local assessment team, Early Intervention program, Early Head Start, and others as appropriate, following all requirements in state and federal rules and regulations.

G. EARLY HEAD START SUPPORTS AND SERVICES

Using the Head Start Program Performance Standards 45 CFR 1304 and 1305, which articulate a vision of service delivery to young children in an inclusive setting, Early Head Start staff provide a comprehensive approach to services that include the areas of child health and developmental services, education and early childhood development, nutrition, family and community involvement. The range of services available must be responsive as appropriate to each child and family's ethnic, cultural and linguistic heritage. The appreciation for differences and an awareness of challenges results from the federal mandate for Early Head Start grantees to enroll at least 10% of their funded enrollment with children who have disabilities.

Early Head Start programs help families to access and to use existing services and resources. Early Head Start grantees supplement these resources when there is no other alternative for providing families with services needed. Early Head Start funds may be used for professional medical and dental services when

no other source of funding is available. When Early Head Start funds are used for such services, grantees and delegate agencies must have written documentation of their efforts to access other available sources of funding (HSPPS CFR 1304.20(c)(5)).

Communities should utilize a variety of options to enhance the development of and meet the identified needs of children determined to be eligible for supports and services and their families. A driving principle in determining service delivery options must be the provision of services in natural environments for infants and toddlers (i.e., young children). Pursuant to this agreement, Early Head Start are considered an appropriate placement option where children have the opportunity for interaction with peers without disabilities and where their specialized needs can be met. The National Association for the Education of Young Children's Recommended Practices, the Council for Exceptional Children: Division of Early Childhood Recommended Practices and Early Intervention Colorado State Plan should be used as guidance in determining appropriate placements. Local interagency agreements between Early Head Start grantees and CCBs, and others, as necessary, must exist in communities in order to assure maximum funding and service provision.

H. EARLY INTERVENTION AND RELATED SERVICES

Individual services articulated on the IFSP should be incorporated into the daily routines and activities of all young children and the general and special education program staff members should routinely consult with and confer with each other. A multidisciplinary team model encourages collaboration, cooperation, and provision of services and ensures that interventions are supported and enriched throughout the child's day. Allowable early intervention services are those services that are:

1. Designed to meet the developmental needs of a young child or the needs of the family related to enhancing the infant's or toddler's development;
2. Selected in collaboration with the young child's family;
3. Provided in conformity with an IFSP;
4. Based on appropriate evidence-based practices and related to functional outcomes;
5. Provided under public supervision to assure, through monitoring, that services are provided in accordance with these requirements;
6. Provided by qualified personnel as defined in Early Intervention Colorado State Plan;
7. Provided in the natural environments of the young child and the family including the family's home and/or community settings in which young children without disabilities participate, unless otherwise justified on the IFSP; and,
8. Provided in a culturally relevant manner, including the use of an interpreter if needed.

In Colorado, there are 14 allowable Early Intervention Services that may be utilized to meet individual child and family outcomes on IFSPs (see appendix C for descriptions of these services).

I. TRANSITION

For young children with IFSPs who are enrolled in Early Head Start, the Early Head Start staff is required participants in the development of a transition plan for children at least six months before their third birthday. The IFSP must include steps and services that will support the child's transition out of early intervention services at age three. Written records and information from early intervention service providers and programs should be used by receiving agencies/services to plan and implement supports and services for young children as the move into preschool services under Part B or other appropriate services. All information shared between agencies and programs shall be within the rules governing confidentiality and procedural safeguards for parents, surrogate parents, or legal guardians.

There are multiple transition models available for providing guidance in developing a local transition plan. A general transition process is outlined in the Early Intervention Colorado State Plan.

J. DATA COLLECTION AND MANAGEMENT SYSTEMS

Effort should be made to develop compatible systems for collecting, reporting, and transfer of information about young children served and services provided, such as the child outcome data mandated by IDEA. The use of common or similar forms and processes would facilitate communication between agencies. Annual data reporting and ongoing assessment information should be shared in a timely manner.

Fiscal and Administrative Considerations

Eligible children may receive supplemental supports and/or services either within the Early Head Start program or separately from the early intervention system. The CCB must provide service coordination, ensure assessment information to determine that the child is eligible for early intervention and must assure that the child has an IFSP appropriate to enhance the development of and meet his/her identified needs, and individual interventions.

When a CCB coordinates and/or contracts with the Early Head Start agency for early intervention supports and services, those can be provided by direct services to the child within the Early Head Start program, or by consultative services through a variety of community personnel or agencies. Personnel must be appropriately licensed as defined by the Early Intervention Colorado State Plan.

Implementation and Evaluation

DDD will disseminate this agreement to CCBs. The Office of Head Start Region VIII Administration for Children and Families will disseminate this agreement to Colorado Early Head Start grantees. Dissemination of this agreement is for the purpose of facilitating the development of local written agreements and contracts. These local agreements and contracts will assure collaboration and coordination of supports and services for young children.

DDD and the Office of Head Start Region VIII Administration for Children and Families will jointly provide technical assistance, with the assistance of the Office of Head Start Region VIII training and technical assistance contracts in the development and implementation of local agreements or contracts.

Interagency collaboration and cooperation are considered to be an important component in quality early childhood supports and services. DDD will review the development and implementation of local agreements or contracts as part of the DDD program quality process.

Local agencies and providers are encouraged to proactively address conflicts and disputes at the local level. When all local options are exhausted, conflicts between CCBs and Early Head Start programs should be referred to the Early Intervention Colorado Dispute Resolution Coordinator at the DDD to insure timely proactive resolution. Disputes that cannot be resolved by the Early Intervention Colorado Dispute Resolution Coordinator will be referred directly to the personnel from the Region VIII Administration for Children and Families and/or the State Director of DDD.

This agreement will remain in effect until amended or terminated. Annually, representatives of CDHS/DDD and the Office of Head Start Region VIII Administration for Children and Families will review this agreement and make joint recommendations for necessary modifications.

Signatures of Parties to Agreement

Karen L. Beye

Karen L. Beye, Executive Director
Colorado Department of Human Services

6-8-09
Date

Ross Weaver

Ross Weaver, Regional Program Manager,
Region VIII Administration for Children and Families

5/15/09
Date

APPENDIX A

GLOSSARY OF TERMS

Administration for Children and Families: Office of Head Start Region VIII of Administration for Children and Families represents Colorado Early Head Start and Head Start grantees and delegate agencies which may include community action programs, local education agencies, and private agencies.

Colorado Department of Human Services (CDHS)/Division for Developmental Disabilities (DDD): Administers the Part C and early intervention programs through local Community Centered Boards.

Early Head Start: A program funded under the United States Department of Health and Human Services and carried out by a local agency or grantee to provide ongoing comprehensive child development services for pregnant women, infants and toddlers, and their families.

Head Start: A program funded under the Economic Opportunity Act of 1964 as amended and carried out by a local agency or grantee to provide ongoing comprehensive child development services for children ages 3-5 and their families.

HSPPS: Head Start Program Performance Standards definition.

IDEA: The Special Education law covering children and students birth through twenty-one years of age. The initials represent the 2004 Individuals with Disabilities Education Improvement Act (P.L. 108-446).

IFSP: Individualized Family Service Plan is a process for assisting a family to develop a written plan for providing early intervention supports and services to a child eligible under Part C and the child's family. The purpose of the IFSP process is to identify and organized the formal and informal community resources that can facilitate achievement of a family's goals for their child and themselves.

Multidisciplinary Evaluation Team: A team of two or more licensed/qualified professionals from various disciplines and parents who work collaboratively throughout the evaluation process by providing opportunities for team members to contribute information relevant to their own area of expertise, as well as educating one another in the skills of their areas of knowledge, so that all team members may contribute ideas/information which promotes a holistic view of the child.

Preschool: A program that serves children ages three through five. It could be a public or private entity, like a public school, Head Start, private preschool or childcare center/program.

Part C: Part C of the Individuals with Disabilities Education Improvement Act (P.L. 108-446) addresses infants and toddlers, birth through two years of age, with developmental delays or disabilities, or physical or mental conditions with a high probability of resulting in significant delays in development.

Part B: Part B of the Individuals with Disabilities Education Improvement Act, Section 619 of IDEA addresses children with disabilities ages three through twenty-one.

APPENDIX B

CONTRACT/LOCAL INTERAGENCY AGREEMENTS GUIDELINES

The following guidelines will assist local agencies in developing these contracts:

STATEMENT OF PURPOSE

- Identify the parties involved in the contract.
- Specify the authority of the parties to enter into the contract.
- Specify the purpose of the contract.
- Stipulate the effective dates of the contract. Contracts should follow the span of time stipulated by the local contract guidelines.

GENERAL CONTENTS

- Provide an overall description of the total program approach (i.e., the relationship and collaboration between EI services and Head Start services).
- Delineate the specific scope of the supports and services to be provided.
- Outline the amount of direct early intervention or special education supports and services to be provided (hours, days, or weeks) and define the triggers for re-negotiation should the needs of the children or the needs of the program change.
- Define the responsibilities of both the contractor and the contractee.
- Set forth appropriate indemnification clauses.
- Specify the following information regarding funding:
  - the maximum amount of the contract;
  - that payments are contingent upon the completion of specific tasks, date(s) of payment(s); and,
  - whether funding will be on an hourly, daily, weekly, or monthly basis, and the specific funding source(s).
- Provide assurances of compliance with IDEA, Part C, DDD state-funded early intervention services and Early Head Start regulations, and state and federal rules and regulation, including state requirements for personnel qualifications.
- Stipulate that any modifications to the contract must be in writing.
- Specify the provisions for termination of contract.

- Stipulate acknowledgment of appropriate insurance coverage by the contractee.

- List the records the contractee is required to keep.

- Identify who will be responsible for the supervision of:
  - personnel
  - the total program, or
  - the total program for an individual child as identified on the child's Individualized Family Service Plan (IFSP).

- Provide the following staff information:
  - name;
  - social security number;
  - assignment or area of responsibility; and,
  - qualifications, including any licensing or certifications.

- Specify that the contractee may not substitute personnel without prior approval.

- Identify the contract persons and processes for monitoring compliance.

SIGNATURES

- At a minimum, the following individuals must sign all contracts for the early intervention program:
  - Executive Director of the CCB, or designee

- The following individuals must sign all contracts for the contractee:
  - the individual, if contracting for personal services; and,
  - the legally authorized representative of the agency.

- All signatures must be dated.

- Identify who will be responsible for the following:
  - referral;
  - evaluation;
  - assessment;
  - IFSP development;
  - implementation of service; and,
  - transition planning.

When CCBs and Head Start grantees are developing contracts, they may choose to develop a contract that has a broad scope and use the IFSP to address individual needs, or develop a separate contract for each child addressing specific needs.

APPENDIX C

ALLOWABLE EARLY INTERVENTION SERVICES

General Definition

Allowable early intervention services are those services that are:

1. Designed to meet the developmental needs of an infant or toddler with a developmental delay or the needs of the family related to enhancing the infant's or toddler's development;
2. Selected in collaboration with the infant's or toddler's family;
3. Provided in conformity with an Individualized Family Service Plan (IFSP);
4. Based on appropriate evidence-based practices and related to functional outcomes;
5. Provided under public supervision to assure, through monitoring, that services are provided in accordance with these requirements;
6. Provided by qualified personnel as defined in Early Intervention Colorado State Plan;
7. Provided in the natural environments of the infant or toddler and the family, including the family's home and/or community settings in which infants and toddlers without disabilities participate, unless otherwise justified on the IFSP; and,
8. Provided in a culturally relevant manner, including the use of an interpreter if needed.

Role of Service Providers

All early intervention service providers are responsible for:

1. Consulting with parents, service coordinators, other service providers and representatives of other community agencies where the infant or toddler participates to assure the effective provision and coordination of early intervention services;
2. Providing direct services as identified on the IFSP, including supporting parents and others to participate in the implementation of the IFSP;
3. Participating in the on-going assessment of an infant or toddler and in the development and review of integrated goals and outcomes for the individualized family service plan; and,
4. Collaborating with service coordinators when recommending referrals for other services.

Types of Allowable Early Intervention Services

1) Assistive Technology.

   a) Assistive Technology Services: services that directly assist an infant or toddler with a disability or the family, other caregivers or other service providers in the selection, acquisition or use of assistive technology in the following ways (this may include high technology or low technology, see addendum for more information):
      i) The functional evaluation of the needs of an infant or toddler with a disability in his or her usual environments.
      ii) The selection, acquisition, modification or customization and maintenance of assistive technology.

iii) Training or technical assistance for an infant or toddler with a disability, the family, other caregivers or other service providers on the use of assistive technology determined to be appropriate.
iv) Collaboration with the family and other early intervention service providers identified on an infant or toddler's IFSP.

b) Assistive Technology Devices: items or pieces of equipment, whether acquired commercially, modified or customized, that are used to increase, maintain or improve the functional capabilities of an infant or toddler with a disability in his or her usual environments;
c) Assistive Technology Devices ARE NOT: devices that are primarily intended to treat a medical condition or to meet life sustaining needs or medical devices that are surgically implanted or the replacement of such devices (see addendum for clarification and examples);

2) Audiology Services

a) Identification and ongoing assessment of an infant or toddler with an auditory impairment and determination of the range, nature and degree of hearing loss and communication function;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Provision of services including auditory training, aural rehabilitation, sign language and cued language services and other training to increase the functional communication skills of an infant or toddler with a significant hearing loss;
e) Determination of an infant's or toddler's need for individual amplification, such as a hearing aid, and selecting, fitting and dispensing appropriate amplification and evaluating the effectiveness of the amplification;
f) Family training, education and support provided to assist the family of an infant or toddler with a significant hearing loss in understanding his or her functional developmental needs related to the hearing loss and to enhance his or her development.

3) Developmental Intervention

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on a variety of developmental areas including, but not limited to, cognitive processes, communication, motor, behavior and social interaction;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to design or adapt learning environments, activities and materials to enhance learning opportunities for an infant or toddler with a disability;
e) Providing consultation on child development to families, other caregivers and other service providers;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

4) Health Services

a) Services provided by a licensed health care professional to determine an infant's or toddler's developmental status and need for early intervention services only when such determination cannot be otherwise made;
b) Assessment to determine an infant's or toddler's health status and special health care needs that will impact the provision of other early intervention services;
c) Collaboration with the family and other early intervention service providers identified on an infant's or toddler's IFSP;
d) When necessary, provide referral for community services, health or other professional services;
e) Consultation by health care professionals with family members or other service providers who are identified on an infant's or toddler's IFSP concerning the special health care needs of the infant or toddler that will impact the provision of other early intervention services;
f) Provision of required medical care, under specific circumstances when such care is not otherwise available, when needed by the infant or toddler or family in order to participate in another early intervention service (see addendum for examples);
g) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her special health care needs and the health needs of other family members and the impact on the provision of early intervention services.
h) Health services ARE NOT: hospital or home health care required due to an infant's or toddler's health status; services that are surgical in nature, that are primarily intended to treat a medical condition, or that are routinely recommended for all infants and toddlers.

5) Nutrition Services

a) Assessment of the nutritional and feeding status of an infant or toddler with a disability related to his or her development;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to develop, implement and monitor appropriate plans to address the nutritional needs of an infant or toddler with a disability related to his or her development;
e) Referrals to appropriate community resources to carry out nutritional plans;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to nutrition and feeding and to enhance his or her development.

6) Occupational Therapy

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on self-help skills, fine and gross motor development, mobility, sensory integration, behavior, play and oral-motor functioning;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;

e) Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

7) Physical Therapy

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on mobility, positioning, fine and gross motor development, and both strength and endurance, including the identification of specific motor disorders;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;
e) Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

8) Psychological Services

a) Intervention services to address the development, cognition, behavior or social-emotional status of an infant or toddler with a disability;
b) Administering psychological and developmental tests and other assessment procedures to address the development, cognition, behavior and social emotional status of an infant or toddler;
c) Obtaining, integrating and interpreting test results and other information about an infant's or toddler's development and behavior and about his or her family and living situation related to learning, social-emotional development and behavior;
d) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e) When necessary, provide referral for community services, health or other professional services;
f) Providing individual or family-group social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
g) Integrating test results to recommend a program of psychological services for an infant or toddler with a disability or the family related to the infant's or toddler's disability and enhancing his or her development;
h) Providing consultation on child development to families, other caregivers and other service providers;
i) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to development, cognition, behavior or social-emotional functioning and to enhance his or her development.

9) Respite Care

a) Short-term temporary care, in or out of the home, for an infant or toddler with a disability that is needed by the family in order to participate in another service identified on the IFSP.
b) Respite Care as an allowable early intervention service IS NOT assistance that is customarily needed by all families to provide temporary relief or an opportunity to perform routine family chores or for recreation for the family or care for siblings of the infant or toddler with a disability.

10) Service Coordination

a) Assistance provided to an infant or toddler with a disability or the family that is in addition to the basic requirements of a Service Coordinator as defined in Part C regulations, 34 CFR Section 303.22;
b) Service Coordination as an additional early intervention service may include the coordination of extraordinary services related to significant medical, neurological or mental health conditions (see addendum for examples).

11) Social Emotional Intervention

a) Assessment and intervention services that address the social and emotional development of an infant or toddler with a disability in the context of the family and parent-child interaction;
b) Making home visits to evaluate an infant or toddler's living conditions and patterns of parent-child interaction;
c) Preparing a social or emotional developmental assessment of an infant or toddler within the family context;
d) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e) When necessary, provide referral for community services, health or other professional services;
f) Providing individual or family-group counseling to the family of an infant or toddler with a disability related to the infant's or toddler's disability and enhancing his or her development;
g) Providing social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
h) Addressing issues in the living or care giving situation of an infant or toddler with a disability and the family or caregiver that may affect the infant's or toddler's development;
i) Identifying, mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the family to receive maximum benefit from other early intervention services;
j) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to social and emotional development and to enhance his or her development.

12) Speech-Language Pathology

a) Assessment and intervention services to address the functional, developmental needs of an infant or toddler with a disability with an emphasis on communication skills, language and speech development, sign language and cued language services and oral motor functioning, including the identification of specific communication disorders;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;

d) Consultation to adapt the environment and activities to promote speech and language development and participation of an infant or toddler with a disability;
e) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

13) Transportation

Reimbursement for reasonable and most appropriate travel expenses, including mileage, taxis, common carriers, tolls or parking, necessary to enable an infant or toddler with a disability and the family to receive early intervention services (see addendum for examples).

14) Vision Services

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a significant vision impairment with an emphasis on sensory development, communication skills development, orientation and mobility skill development and adaptive skills training
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a significant vision impairment;
e) Family training, education and support provided to assist the family of an infant or toddler with a significant vision impairment in understanding his or her functional developmental needs related to the vision impairment and to enhance his or her development.

Addendum to Allowable Early Intervention Services: Examples and Additional Clarifications

1. Assistive Technology

When determining whether or not an assistive technology device or service is an allowable early intervention service, ask this question: "If the assistive technology were removed, would it have an impact on the infant's or toddler's **development** and not on the **medical condition?"**

Assistive technology may include High Technology or Low Technology:

High Technology: For example, the IFSP may include an orthotic device that will assist the infant or toddler to learn to walk. That would be an assistive technology device that is an allowable early intervention service that is directly related to the child's development. Once the infant or toddler is walking the physician may recommend a similar orthotic device to maintain the structure of the foot. That would be related to the infant or toddler's medical condition and would not be an allowable early intervention service.

Low Technology: For example, the IFSP may include PECS (Picture Exchange Communication System) to address a child's outcome around communication or consulting with a family for

adaptation of the bath time routine to assist a child to sit in the bathtub using common items found around the house.

4. Health Services

Examples of when health services may be an allowable early intervention service:

- When the parent typically provides the health service, such as suctioning, in the home and the parent can only benefit from another early intervention service, such as instruction from a physical therapist, if the health service (i.e., the suctioning) is provided by another service provider during the instruction so that the parent can give his or her full attention to the instruction by the physical therapist.
- When an infant typically receives health services, such as IV monitoring, at home from a home health provider and the IFSP justifies that the infant receive an early intervention service, such as audiology, in another setting, the health service may need to be provided by another provider during the time that the infant is receiving the audiology service.

9. Respite

Respite is used in order for the child/family to receive another EI service that is directly related to a specific developmental outcome as identified on the IFSP. For example, a parent may need respite in order to attend a sign language class.

10. Service Coordination

Coordination of extraordinary services related to significant medical, neurological or mental health conditions, which may include, but is not limited to, HCP Care Coordination, WRAP Facilitation.

13. Transportation

Transportation may be an allowable early intervention service, if it is directly related to attaining IFSP outcomes. Examples are:

i) Vision or hearing testing requiring specialized equipment;
ii) A parent attending a specialized signing class at the local community college;
iii) A parent attending other limited specialized training;
iv) Obtaining health services that meet the definition of an allowable early intervention services