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## **CHAPTER 3**

# **Supporting Families and Children in Transition to Inclusive Placements**

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In this chapter you will find information on the following topics:

- Identifying the needs of individual families in transition
- Steps to take in the transition process
- Strategies to make transitions successful

### **Identifying the Needs of Individual Families in Transition**

Transitions occur throughout one's lifetime. When children are identified for early intervention services, they may go through many intervention program transitions during the first five years of their lives (for example: hospital to home, from home to early intervention program, early intervention program to preschool program, preschool program to Head Start program and Head Start program to kindergarten). Recognizing the diversity of the needs of individual families is important as they determine their choices throughout the transition process.

#### **Transition from the Early Intervention Program**

Children and families who received early intervention services (0-3 years) through a Part H local program should initiate discussions about transition when the child turns three early. In fact, many authors recommend starting the transition "out" process when the child "enters" the early intervention program. At a minimum, the discussion should begin six to twelve months before the child's third birthday. Many resources to assist families and programs with transition are available through state and local interagency coordinating councils.

### **Transition from Early Intervention to Early Childhood Community Placement**

A family whose child is receiving services from an early intervention program may want their child to transition directly into a community child care center or preschool for reasons such as socialization and communication development, or family child care needs. The early intervention service providers, the parents, the local education agency and special education personnel, and the community program providers develop a transition plan for the child to begin in the community program. The steps in this transition include the determination of eligibility and the development of the educational plan at the IEP or IFSP meeting, the determination of community options, a discussion of issues to be addressed such as classroom, transportation or equipment needs for the child, and the development of a plan for monitoring transition once child is placed in the new program.

### **Transition from Special Education Preschool Program to Community Program**

A family may elect to receive their services through the special education preschool either in their home or at a center-based program. The decision may be made because the family has limited transportation options, feels the child is not ready to attend a community-based program at this time, or would like the child to attend a specific community program in which there are currently no openings. For these reasons, a child may transition from an early childhood special education (ECSE) preschool into a community preschool. The steps in this process include the determination of community options at the Individual Education Program (IEP) meeting, the development of a transition plan, the discussion of issues such as classroom, transportation or equipment needs for the child, and the development of a plan for monitoring transition once the child is placed in the new program.

### **Transition to Special Education Services While Already Enrolled in a Community Preschool Program**

While a child is attending a Head Start program, child care, or preschool program, a service provider may have concerns about his or her development or the child may not pass a developmental screening or assessment required by the program. At this time, the provider contacts the early intervention or ECSE provider in their community and shares his or her concerns. A representative from the special service program evaluates the child to determine if he/she is eligible for services. If the child qualifies for special services, the team, which is composed of representatives of the community program, the ECSE intervention staff and the family, meets to determine if the child will continue services in the current placement while receiving special services. The steps in this transition include the determination of eligibility, an IEP or Individualized Family Service Plan (IFSP) development meeting, the discussion of available services at the setting where child is currently enrolled, the development of a transition plan, and the discussion of issues to be addressed within in the context of the current placement including curricular adaptations or modifications.

### **Other Transitions**

The list above is not exhaustive; there are other times the child and family may transition during the first five years of their life. Obviously, if the child or family moves, another transition takes place with the family and their services. Other events such as death, birth of a sibling, a medical diagnosis, divorce, or reunification with biological parents are transitions a child and family may go through during the first five years of the child's life in addition to their transition from service delivery options. The importance of letting the family guide these particular transition times should be considered by all the members of the early childhood team.

## **Steps to Take in the Transition Process**

The various steps within the transition process depend on the transitions discussed previously. The component parts of each of these transitions is discussed below, although the order of the components may be different for each transition.

### **Writing the Transition Outcome**

Approximately six months before the child's third birthday, early intervention legislation requires the providers and family to write a transition outcome which identifies the strategies and activities for the child's transition out the the early intervention programs. The outcome includes the notification of the 90-day meeting to early childhood special education personnel at the local level, and the discussion and availability to the family and child of community programs, including Head Start programs, child care programs and preschools. The family may elect to visit local programs or ask the family service coordinator for a recommendation of quality programs in the area. Specific information regarding the school district's or special education cooperative's policies are discussed at the 90-day meeting (see completed transition timelines). The responsibilities of the early intervention staff include discussing transition with the family, writing the transition outcome, seeking family permission to begin the referral process to the ECSE staff, and scheduling the 90-day meeting. The early childhood special education staff receives the referral from infant-toddler services, works together with the family and early intervention staff on transition planning, and shares information with the family about the evaluation process, the determination of eligibility for ECSE services, and the options for program enrollment in their community (see completed outcome plan).

### 0-3 Program Transition Timelines

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Transition Coordinator: \_\_\_\_\_

Transition Activity	Entry to 0-3	IFSP Reviews	6 mo prior to age 3	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition Date/ Birthdate	3 mo. post Transition	Date Initiated	Date to be Completed
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date		
Transition services as a 0-3 program component is introduced to family upon entry.	X											
Opportunities for the family to identify transition or information about future services as a priority outcome is offered at each IFSP.	X											
Family provided with information about transition, service options, and LRE.	X											
Parents sign permission to provide basic demographic information to LEA upon child's enrollment in 0-3 Program. (Must be completed at least 6 months prior to age 3.)	X											
At entry into program (or at 6 mo./12 mo. review), 0-3 program notifies LEA of student and upcoming transition.	X											
Service Coordinator discusses transition services for child. Transition Outcome Statement included in IFSP (list activities).			X									
Family chooses role and activities they will engage in during transition. Activities are included in transition outcome (list activities).			X									

### 0-3 Program Transition Timelines

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Transition Coordinator: \_\_\_\_\_

Transition Activity	Entry to 0-3	IFSP Reviews	6 mo prior to age 3	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition Date/ Birthdate	3 mo. post Transition	Date Initiated	Date to be Completed
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date		
Materials to evaluate potential options are provided and opportunities to visit program are facilitated.				X								
Assessment updates completed by family and 0-3 team.			X									
Official 90 day notice provided to LEA. Transition meeting scheduled with parental permission. If child's birthday falls within summer months, schedule meeting 90 days prior to end of school year to allow sufficient time for planning.						X						
90 day meeting between family, 0-3, and LEA staff occurs. - 0-3 shares reports with LEA with parent permission. - LEA secures permission for comprehensive evaluation, reviews due process rights, provides information about potential options, and identifies a contact for family. - Family expresses their interests and asks questions regarding timelines and procedures.						X						
Attend IEP/IFSP meeting with family and Part B Staff.								X				
Conduct follow-up of child into new program as agreed upon by family and receiving program. Include post transition evaluation if appropriate.								X				

### 0-3 Program Transition Timelines

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Transition Coordinator: \_\_\_\_\_

Transition Activity	Entry to 0-3	IFSP Reviews	6 mo prior to age 3	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition Date/ Birthdate	3 mo. post Transition	Date Initiated	Date to be Completed
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date		
Official 90 day notice provided to LEA from Part H. Transition meeting scheduled with parental permission.						X						
90 day meeting between family, 0-3, and LEA staff occurs. - 0-3 shares reports with LEA with parent permission. - LEA secures permission for comprehensive evaluation, reviews parental rights, provides information about potential options, and identifies a contact for family. - Family expresses their interests and asks questions regarding timelines and procedures.						X						
3-5 staff visit family, as appropriate. Family visits program options as appropriate.						X						
3-5 staff complete comprehensive evaluation. - Review 0-3 reports and assessment information. - Conduct parent interview. - Conduct additional assessments as necessary. - Schedule and hold team meeting and discussion.						X						
Determination of final eligibility for Part B Services. (Starts 30 day clock for IEP/IFSP development.)								X				
Written notification provided to parents regarding IEP/IFSP meeting at least 10 days in advance.								X				

0-3 Program Transition Timelines												
Child's Name: _____			D.O.B.: _____			Transition Coordinator: _____						
Transition Activity	Entry to 0-3	IFSP Reviews	6 mo prior to age 3	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition Date/Birthdate	3 mo. post Transition	Date Initiated	Date to be Completed
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date		
IEP/IFSP written, services identified, service option & related services determined. - Team establishes frequency and dates of meetings for the year. - Home-school communications systems established (as needed).								X				
Application forms/intake process completed. Sample schedule, lists of necessary materials, program calendar provided to family by new team. - Transportation arranged (as appropriate). - Student participates in visitation (optional).								X				
Services meeting Part B and FAPE begin at age 3 (or earlier depending upon transition plan).									X			
Follow-up with family regarding satisfaction with current services, questions, etc.										X		
Other:												

OUTCOME PLAN	
Child's Name:	Katie _____ Service: <u>Transition Plan</u>
Persons Responsible:	Sara/Juliann/Carla Date: <u>2-22</u>
<b>Outcome Statement:</b> What is to be accomplished? Katie will have family approved services in place by age 3.	
<b>Activities:</b>	
<ol style="list-style-type: none"> <li>1. Special Education Coop will be notified and a meeting arranged 90 days prior to Katie's third birthday.</li> <li>2. Sara and Bill will visit programs under consideration and visit with potential speech language providers.</li> <li>3. Sara and Bill will determine what, if any, information will be shared with future preschool.</li> <li>4. Juliann and Carla will provide activities for family to continue developing communication skills.</li> <li>5. LouAnn will update assessment and complete vision and nutrition re-evaluation before Katie's birthday.</li> <li>6. Hearing evaluation results will be shared by Alicia.</li> <li>7. Additional resources for working on communication will be researched.</li> <li>8. Reports will be sent to Dr. Jones quarterly by LouAnn.</li> </ol>	
<b>Evaluation:</b>	
Parents will determine satisfaction with transition plan in October on a 3 point scale. 3 - Complete satisfaction - activities completed. 2 - Partial satisfaction-revise - only some activities completed. 1 - Limited satisfaction - few, if any, activities completed.	
<b>Timelines:</b>	
Date began: <u>2-22</u> Date completed: _____ Dates for review: <u>8-22</u>	
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### Meeting 90 Days Prior to the Child's Third Birthday

The 90-day meeting is convened with the permission of the family to initiate more formal transition procedures. At this meeting, the responsibilities of both the

sending agency (early intervention) staff and the receiving agency (the local education agency ESCE staff) are discussed.

This meeting outlines the steps that will be followed to make the transition for the child and family successful. The family service coordinator contacts the participants, shares relevant information, and including timelines for completion of activities developed during the meeting. The family identifies their interests and concerns, receives information about their rights, reviews consent forms for release of records from the early intervention program to the local education agency or school district (the ECSE provider) and signs as appropriate. The family reviews and signs the consent for evaluation form to determine whether or not the child is eligible for ECSE services, and, if agreed, considers activities for their family during the transition process. The ECSE staff, explains parent's rights under Part B of the special education law, delineates their role in transition planning, and discusses possible services and where they will be provided. Family members may feel more comfortable at the meeting if they are prepared for their role. Visiting with another parent, viewing transition videos, and planning questions to ask may be useful (see parents' questions to consider before the 90 day notification meeting and 90 day meeting summary form).

Transition meetings are convened with family consent. Family members give permission for referral to the local education agency at least 90 days prior to the child's third birthday.



### Southeast Kansas Birth to Three Program

#### PARENT PERMISSION FOR REFERRAL

I give the Southeast Kansas Birth to Three Program permission to refer my child and to release appropriate information for the purpose of transition planning to the agency listed below:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: **Male** **Female**

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agency information is to be sent to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

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#### PARENTS' QUESTIONS TO CONSIDER BEFORE THE 90 DAY NOTIFICATION MEETING

At the 90 day meeting many things will be discussed regarding services for your child when he or she turns 3 years old. Listed below are some ideas of questions you may want to ask at the meeting. You, as the parent, are the most important person at the meeting. Feel free to ask any questions you may have and give any information that you feel is important for the receiving/sending agency's staff to know.

1. How will you determine if my child is eligible for services?
2. What additional testing (if any) will need to be done?
3. What are different ways you can provide the services I want for my child?
4. If I choose for my child to attend another preschool, how will services be provided for him or her?
5. Who do I need to contact if I want to visit a program or classroom? When are good times to visit?
6. Will my child be able to visit the classroom?
7. When will I be contacted about services starting after my child turns three?
8. When will we meet next to finalize plans for service?
9. Who will be doing what and when?
10. Who can I call (or who will be my contact) if I have any questions?

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### Birth to Three Program 90 Day Meeting Summary

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

Current Program: \_\_\_\_\_ Family Service Coordinator: \_\_\_\_\_

Family ✓ if completed	Early Intervention ✓ if completed	Preschool ✓ if completed
<input type="checkbox"/> Identify discussion points for meeting	<input type="checkbox"/> Present summary of child's status	<input type="checkbox"/> Review parental rights
<input type="checkbox"/> Discuss child's strengths and interests	<input type="checkbox"/> Share program information	<input type="checkbox"/> Obtain written permission for comprehensive evaluation
<input type="checkbox"/> Share family priorities, concerns and resources	<input type="checkbox"/> Identify activities to be completed before child's transition date	<input type="checkbox"/> Provide information about potential Part B programs and services
<input type="checkbox"/> Determine transition activities for child and family	<input type="checkbox"/> Identify follow-up timelines	<input type="checkbox"/> Accept agreed upon information from Part H program
<input type="checkbox"/> Identify information or resources needed	<input type="checkbox"/> Share copies of 90 day meeting summary	<input type="checkbox"/> Identify Part B contact
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**Summary:** \_\_\_\_\_

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## **Evaluation**

The evaluation process begins with an assessment of the child's development and health and medical strengths and needs by a "multidisciplinary team." The Individual's with Disabilities Education Act (IDEA) requires that each child who participates in ECSE services qualifies for special services under Part B of the special education legislation. The requirements for early intervention and ECSE services have differing criteria in many states, therefore some children who qualify for early intervention services may not qualify for ECSE services. Parents must give the early childhood special education team written permission before the evaluation can occur. In Kansas, the evaluation must be completed within 40 school days after the referral. After the evaluation is completed, the team including the family, will discuss the results at a meeting called a staffing. The purpose of the staffing is to determine by a team review of evaluation information, the child's eligibility for ECSE services, and discuss program enrollment. Usually, this meeting occurs prior to the IEP or IFSP development meeting.

## **Individual Education Plan or Individual Family Service Plan Development Meeting**

The state of Kansas allows local education agencies or school districts the option to develop IFSP's or IEP's with families of children eligible for ECSE services. Each district or educational cooperative decides which plan their agency will use. Some districts or educational cooperatives elect to use the IFSP for all children in their program, others elect to use the IFSP if the family desires to continue using the same process as used in the early intervention program. Some local education agencies or educational cooperatives use only the IEP for all children served in Part B programs.

A date for the initial IEP is selected with the family at least 10 days prior to

the meeting. The family is encouraged to bring friends and relatives to the meeting if they desire. At the initial IEP or IFSP meeting the team (including the family) discusses what the child is currently doing and what the child is ready to do, as well as possible goals and objectives for the IEP or outcomes for the IFSP. Therapy, transportation, and other services that are needed to reach goals or outcomes, and where the child will be placed are other topics discussed at the IEP/IFSP meeting. School districts and educational cooperatives are required to place children in their least restrictive environment in which the child's needs can be met. Options include: community program (child care, preschool), Head Start program, home-based program, or a special education preschool program located in a regular elementary school. (See example of IEP/IFSP Comparison in chapter 3 appendix).

### **Developing a Plan for Monitoring the Transition Process**

Once the placement of the child is determined, it is recommended that a plan for making the transition a positive experience be included in the decision making process at the initial IEP/IFSP meeting. Some factors to consider include transitioning the child into the program gradually (for example: starting out only two days a week rather than five), placement in the program at the beginning of the year, if possible, rather than during the school year, visiting the program with the family on a regular basis before placement, having the family service coordinator visit the program a few times once the child is attending and have them evaluate how the child is functioning in their new setting, and having the family service coordinator “check-in” with the family to see how the transition process is progressing.

## **Strategies to Make Transitions Successful**

### **Support and Respect Family Choices, Options and Preferences: Make Transitions Family-guided**

Family-guided practices are defined as the process by which the family determine their own priorities and preferences for involvement (Cripe, 1994). Family service coordinators and early childhood special education personnel provide options to families, design flexible formats for transition services and work together with the family to determine what is best for them.

In order to give families the best information possible about what options are available in their community, service providers in both early intervention and preschool services must make an effort to collaborate with community programs to ensure that all families have access to the programs that would be appropriate for their children. Sometimes this presents a challenge for providers due to the amount of time it takes to locate appropriate placements. However, collaboration and open communication between families, early intervention personnel and preschool personnel makes this a shared experience where everyone on the team can become better informed.

Families have diverse needs for special services, child care, and preschool. Some families are well-informed about what is available in their community while others know very little about what their community has to offer. It is up to individual providers to present the most comprehensive set of options possible to families. This creates challenges for some providers because they feel it is important for families to have high-intensity therapy and education for their children. Early childhood special education teachers may feel that their self-contained program is the best program in the community and families need these high-intensity services. However, assuming families' needs for their are the same as the needs that service providers identify for the child does not respect or value the families' abilities to

make a sound judgment about appropriate services. Informing families about all the options available to them values their abilities to make decisions and make the entire transition family guided.

## **Resources and References**

### Manuals:

Cripe, J. W. (1994). *Family-guided Approaches to Collaborative Early intervention Training and Services (FACETS). Transition Module*. Kansas University Affiliated Program, 2601 Gabriel, Parsons, KS 67357

Cripe, J. W., & Lindeman, D. P. (1992). *Project Integration, Training and Transition (PITT)*. Kansas University Affiliated Program, 2601 Gabriel, Parsons, KS 67357

Division for Early Childhood. (1994). *New opportunities for collaboration: A policy and implementation resource and training manual for the Head Start regulation for children with disabilities*. Pittsburgh, PA: Author

Kansas Department of Health and Environment. (1994). *Procedure manual for infant/toddler services in Kansas*. Topeka: Author.

Kansas Inservice Training System. (1993). *Technical assistance packet: Transitions from Part H to Part B*. Parsons, KS: Kansas University Affiliated Program.

Lindeman, D. P., Taylor, R., Brady, N., & Hill, S. E. (1991). *Rapid transits: Moving from preschool to kindergarten-transition planning for children with disabilities*. Parsons, KS: Kansas University Affiliated Program, Rural Alternatives for Preschool Integrated Delivery of Services.

### Books:

Beckman, P. J., & Boyes, G. B. (1993). *Deciphering the System: A Guide for Families*. Cambridge, MA: Brookline Books.

Bricker, D. D., & Cripe, J. W. (1992). *An Activity-Based Approach to Early Intervention*. Baltimore: Paul H. Brookes.

Rosenkoetter, S. E., Hains, A. H., & Fowler, S. A. (1994). Bridging early services for children with special needs and their families: A practical guide for transition planning. Baltimore: Paul H. Brookes.

Videotapes:

Inclusion: A Right Not a Privilege

Head start: Shining bright. Contact Dave Lindeman, University of Kansas Affiliated Project, Parsons, KS.

Thompson, B., Wickham, D., Wegner, J., Ault, M. M., Shanks, P., & Reinertson, B. A circle of inclusion: Facilitating the inclusion of young children with severe disabilities in mainstream early childhood education programs (video). (1993).

Lawrence, KS: Learner Managed Design.

## 0-3 Program Transition Timelines

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Transition Coordinator: \_\_\_\_\_

Transition Activity	Entry to	IFSP	6 mo. prior	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition	3mo.	Date	Date to be
	0-3	Review	ages 5	MO	MO	MO	MO	MO	Plan	per	Initiated	Completed
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date		
Transition services as a 0-3 program component is introduced to family upon entry.	X											
Opportunities for the family to identify transition/or information about future services as a priority outcome is offered at each IFSP. - Family provided with information about transition, service options, and LRE.	X											
Parents sign permission to provide basic demographic information to LEA upon child's enrollment in 0-3 Program. (Must be completed at least 6 months prior to age 3.)	X											
At entry into program (or at 6 mo./12 mo. review), 0-3 program notifies LEA of student and upcoming transition.	X											
Service Coordinator discusses transition services for child. Transition Outcome Statement included in IFSP. (List activities)			X									
Family chooses role and activities they will engage in during transition. Activities are included in transition outcome. (List activities)				X								

Cupe, J. & Lindeman, D. P. (1993). Kansas University Affiliated Program, 2601 Gabriel, Parsons, KS 67357

## 0-3 Program Transition Timelines

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Transition Coordinator: \_\_\_\_\_

Transition Activity	Entry to	IRSP	Transition	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition	Pre-	Date	Date to be
	0-3	Review	page 3	mo.	mo.	mo.	mo.	mo.	Period	Transition	Initiated	Completed
Materials to evaluate potential options are provided and opportunities to visit program are facilitated.				X								
Assessment updates completed by family and 0-3 team.			X									
Official 90 day notice provided to LEA. Transition meeting scheduled with parental permission. If child's birthday falls within summer months, schedule meeting 90 days prior to end of school year to allow sufficient time for planning.						X						
90 day meeting between family, 0-3, and LEA staff occurs. <ul style="list-style-type: none"> <li>- 0-3 shares reports with LEA with parent permission.</li> <li>- LEA secures permission for comprehensive evaluation, writes due process rights, provides information about potential options, and identifies a contact for family.</li> <li>- Family expresses their interests and asks questions regarding timelines and procedures.</li> </ul>						X						
Attend IEP/IFSP meeting with family and Part B Staff									X			
Conduct follow-up of child into new program as agreed upon by family and receiving program. Include post transition evaluation if appropriate.										X		

Cripe, J. & Lindeman, D. P. (1993). Kansas University Affiliated Program, 2601 Cabral, Parsons, KS 67357

## 0-3 Program Transition Timelines

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Transition Coordinator: \_\_\_\_\_

Transition Activity	Entry to	IRSP	Case	5	4	3	2	1	Transition	Year	Date	Date to be
	0-3	Review	Manager	MO	MO	MO	MO	MO	Start	of	Initiated	Completed
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Official 90 day notice provided to LEA from Part H Transition meeting scheduled with parental permission.						X						
90 day meeting between family, 0-3, and LEA staff occurs.						X						
- 0-3 shares reports with LEA with parent permission.												
- LEA secures permission for comprehensive evaluation, reviews parental rights, provides information about potential options, and identifies a contact for family.												
- Family expresses their interests and asks questions regarding timelines and procedures.												
3-5 staff visit family, as appropriate. Family visits program options as appropriate.						X						
3-5 staff complete comprehensive evaluation.												
- Review 0-3 reports and assessment information.						X						
- Conduct parent interview.							X					
- Conduct additional assessments as necessary.												
- Schedule and hold team meeting and discussion.												
Determination of final eligibility for Part B Services. (Starts 30 day clock for IEP/IFSP development.)								X				
Written notification provided to parents regarding IEP/IFSP meeting at least 10 days in advance.									X			

Cripe, J. & Lindeman, D. P. (1993). Kansas University Affiliated Program, 2601 Gabriel, Parsons, KS 67357

## 0-3 Program Transition Timelines

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Transition Coordinator: \_\_\_\_\_

Transition Activity	Entry to	IRSP	Language	5 M.O.	4 M.O.	3 M.O.	2 M.O.	1 M.O.	Transition	Trans.	Date	Date to be
	0-3	Review	ages 2	Date	Date	Date	Date	Date	Period	Year	Initiated	Completed
IRP/IRSP written, services identified, service option & related services determined - Team establishes frequency and dates of meetings for the year - Home-school communication systems established (as needed)								X X	X X			
Application form/stintake process completed Sample schedule, lists of necessary materials, program calendar provided to family by new team. - Transportation arranged (as appropriate) - Student participates in visitation (optional)								X X	X X			
Services meeting Part B and PAPER begin at age 3 (or earlier depending upon transition plan). Follow-up with family regarding satisfaction with current services, questions, etc.									X X			
Other:												

Cripe, J. & Lindeman, D. P. (1993). Kansas University Affiliated Program, 2601 Gabriel, Parsons, KS 67357

# OUTCOME PLAN

Child's Name: Katie Service: Transition Plan

Persons Responsible: Sara/Juliann/Carla Date: 2-22

## Outcome Statement:

What is to be accomplished?

Katie will have family approved services in place by age 3.

## Activities:

1. Special Education Coop will be notified and a meeting arranged 90 days prior to Katie's third birthday.
2. Sara and Bill will visit programs under consideration and visit with potential speech language providers.
3. Sara and Bill will determine what, if any, information will be shared with future preschool.
4. Juliann and Carla will provide activities for family to continue developing communication skills.
5. LouAnn will update assessment and complete vision and nutrition re-evaluation before Katie's birthday.
6. Hearing evaluation results will be shared by Alicia.
7. Additional resources for working on communication will be researched.
8. Reports will be sent to Dr. Jones quarterly by LouAnn.

## Evaluation:

Parents will determine satisfaction with transition plan in October on a 3 point scale.

3 - Complete satisfaction - activities completed.

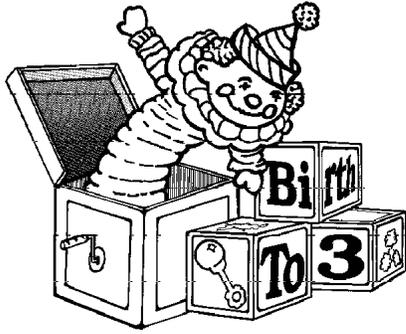
2 - Partial satisfaction-revise - only some activities completed.

1 - Limited satisfaction - few, if any, activities completed.

## Timelines:

Date began: 2-22 Date completed: \_\_\_\_\_ Dates for review: 8-22  
\_\_\_\_\_  
\_\_\_\_\_

Transition meetings are convened with family consent. Family members give permission for referral to the local education agency at least 90 days prior to the child's third birthday.



# Southeast Kansas Birth to Three Program

## PARENT PERMISSION FOR REFERRAL

I give the Southeast Kansas Birth to Three Program permission to refer my child and to release appropriate information for the purpose of transition planning to the agency listed below:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agency information is to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

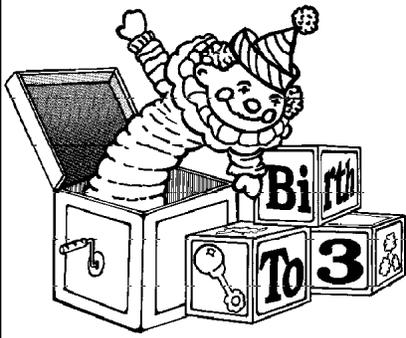
Birth-to-Three Program, KUAP, 2601 Gabriel, Parsons, KS 67357, (316) 421-6550, ext. 1859

## **PARENTS' QUESTIONS TO CONSIDER BEFORE THE 90 DAY NOTIFICATION MEETING**

At the 90 day meeting many things will be discussed regarding services for your child when he or she turns 3 years old. Listed below are some ideas of questions you may want to ask at the meeting. You, as the parent, are the most important person at the meeting. Feel free to ask any questions you may have and give any information that you feel is important for the receiving/sending agency's staff to know.

1. How will you determine if my child is eligible for services?
2. What additional testing (if any) will need to be done?
3. What are different ways you can provide the services I want for my child?
4. If I choose for my child to attend another preschool, how will services be provided for him or her?
5. Who do I need to contact if I want to visit a program or classroom? When are good times to visit?
6. Will my child be able to visit the classroom?
7. When will I be contacted about services starting after my child turns three?
8. When will we meet next to finalize plans for service?
9. Who will be doing what and when?
10. Who can I call (or who will be my contact) if I have any questions?

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# BIRTH TO THREE PROGRAM 90 DAY MEETING SUMMARY

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Best Time to Contact:** \_\_\_\_\_

**Current Program:** \_\_\_\_\_ **Family Service Coordinator:** \_\_\_\_\_

### Family

✓ if completed

- Identify discussion points for meeting
- Discuss child's strengths and interests
- Share family priorities, concerns and resources
- Determine transition activities for child and family
- Identify information or resources needed
- Other: \_\_\_\_\_

### Early Intervention

✓ if completed

- Present summary of child's status
- Share program information
- Identify activities to be completed before child's transition date
- Identify follow-up timelines
- Share copies of 90 day meeting summary
- Other: \_\_\_\_\_

### Preschool

✓ if completed

- Review parental rights
- Obtain written permission for comprehensive evaluation
- Provide information about potential Part B programs and services
- Accept agreed upon information from Part H program
- Identify Part B contact
- Other: \_\_\_\_\_

### Summary

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# COMPARISON OF IFSP AND IEP CONTENT

## Individual Family Service Plan (IFSP)

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Family's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Best time to contact: \_\_\_\_\_  
 \_\_\_\_\_ County: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ Work/message phone: \_\_\_\_\_  
 School district/Educ. Coop: \_\_\_\_\_ Emergency contact: \_\_\_\_\_  
 \_\_\_\_\_  
 Initial referral date: \_\_\_\_\_ IFSP Conference date: \_\_\_\_\_  
 Next scheduled review: \_\_\_\_\_ 6 month review date: \_\_\_\_\_  
 Additional reviews: \_\_\_\_\_  
 Transition plan: \_\_\_\_\_ see attached \_\_\_\_\_ not applicable

### IFSP Team Participants

Signature   Relationship/Role   Agency   Phone   Date

## Family's Description of Priorities and Interests

(Optional; to be completed with information offered by family. Narrative may include formal and informal supports, resources, concerns and priorities.)

Date of report:

Information provided by:

Methods used:

(for example: survey, dialogue)

## Outcome Plan

Child's name: \_\_\_\_\_ Service: \_\_\_\_\_

Person responsible: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcome statement:**  
(What is to be accomplished?)

**Activities:**  
(How will the outcome be accomplished? Who will be involved? When and where will the activities occur?)

**Evaluation:**  
(How will we know the outcome is accomplished? Who will review? When?)

**Timelines:**  
Date began: \_\_\_\_\_ Date completed: \_\_\_\_\_ Date(s) for review: \_\_\_\_\_

## Summary of Services

Service (What)	Agency-Contact (Who)	Person	Address/Phone (Where)	Delivery System (When, Beg. date, How often, How long, Type)

Other Services to be Provided:

Intervention Priorities:

I approve the contents of this plan and further understand that such approval of the plan does not exclude my right as a parent to request another IFSP meeting at any time I feel a change is needed in this plan.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

## SUMMARY OF \_\_\_\_\_'S PRESENT ABILITIES AND STRENGTHS

(Including current status of: physical health, hearing, vision, motor, communication, cognitive, social and adaptive skills)

Date of report:

Name:                      Discipline:                      Tools used:                      Dates given:

Summary:

## IFSP PLANNING GUIDE

**Who:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**When (Date of IFSP):** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Where (Location):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family/Friends/Professionals/Agency Representatives to attend meeting:** \_\_\_\_\_

### Concerns

**Child Concerns:** \_\_\_\_\_ **Family Concerns: (optional)** \_\_\_\_\_

### Priorities

**Child Outcomes:** \_\_\_\_\_ **Family Interests:** \_\_\_\_\_

### Resources

**Child Strengths:** \_\_\_\_\_ **Family Resources:** \_\_\_\_\_  
 (Include recent progress or changes, favorite activities, special qualities)      (Include available resources, abilities, supports)

## IEP/IFSP COMPARISON

## COVER SHEET

### **Child & Family Information**

#### **IEP**

General information  
found on both IFSP and IEP.

#### **IFSP**

### **A. The first section of the IFSP/IEP form contains child & family information.**

1. Enter child's name, date of birth and age.
2. Enter family's name, phone number, address, best time to contact the family, county of residence, work/message phone and emergency contact.
3. Enter the school district or special education cooperative.

**(See Figure A)**

### **Review Information**

#### **IEP**

Yearly review  
of IEP,  
quarterly review  
of objectives.

#### **IFSP**

Every 6 months  
family & family  
service coord.  
evaluate appropriateness and  
effectiveness of  
outcomes.

### **B. Referral/Review Information of the IFSP/IEP**

1. Enter date the child was initially referred (date of initial contact).
2. Enter date of the IFSP/IEP conference.
3. Enter next scheduled review date.
4. Enter 6 month review date.

Any additional review dates should also be noted.

**(See Figure B)**  
**Check transition plan.**

### **Transition Plan**

#### **IEP**

Does not apply

#### **IFSP**

Plan describes  
steps to be taken  
supporting the  
transition of the  
child to Part B  
services. Notice to  
Part B program  
must be done 90  
days prior to 3rd  
birthday.

#### **Example of outcome plan for transition:**

**Outcome statement: (What is to be accomplished?)**  
By fall of 1992, Katie will be attending a family  
approved pre-school which meets her educational needs.

### **Team Participants- minimum required signatures**

#### **IEP**

1. Parent
2. Administrative  
representative
3. Child's Teacher(s)
4. Member of  
evaluation team  
(required 1st evaluation)

#### **IFSP**

1. Parent
2. Family Services  
Coordinator
3. Others as  
requested  
by Family

### **C. IFSP/IEP Team Participants**

1. Each member of the IFSP or IEP signs the document to show their attendance at the meeting.
2. Enter their role, the agency they are affiliated with, their phone number and date of signature.

**(See Figure C)**

**Services**

**IEP**

A statement of the specific special education services and amount of service.

(All services are provided free of charge to eligible children.)

The dates for initiation of services and the anticipated duration, and statement of extended school-term services.

**IFSP**

A statement of specific early intervention services necessary to meet the child's and family's needs, including the frequency, intensity, location and method of delivering the services and the payment arrangements, if any.

The dates for initiation of services and the anticipated duration of services.

**Delivery System**

**IEP**

Each child shall be educated in the least restrictive environment to assure that, to the maximum extent appropriate, children with disabilities are educated with children without disabilities and that removal from their natural environment occurs only when the nature of severity of the disability is such that education in that environment, with the use of supplementary aids and services, cannot be achieved satisfactorily. A description of the extent to which the child will participate in general education environment and other academic or non-academic environments.

**IFSP**

To the maximum extent appropriate to the child's needs, services to be provided in the natural environments in which infants and toddlers without disabilities ordinarily participate.

**Other Services**

**IEP**

Related services needed by the child, even if not all of these services currently are available in the LEA preparing the IEP. Plan develop to access services if not currently available.

**IFSP**

Statement of "other" services that the child and family needs and the steps taken to secure those services. Listing non-required services does not mean they must be provided.

**SUMMARY OF SERVICES**

(See Figure D)

**D.** List the specific services that are necessary to meet the needs of the child and family to achieve the identified outcomes on the IFSP/IEP. The list of services must include:

1. **Service:** What services are needed for IFSP (e.g. home-based early intervention) for IEP (e.g. P.T., Speech, Center Based)
2. **Agency-Contact Person:** Who will provide the service - Specify the agency and name of person.
3. **Address/Phone Number:** Address and phone number of person providing service.
4. **Delivery System:** Specify when service will take place, the beginning date, how often the child will be seen, when the anticipated ending date will be and the type of delivery system (e.g., home-based, small group)

**Example - IFSP**

Home-based Early Intervention	0 - 3 Program Juliann Carla	2601 Gabriel Parsons, KS 67357 421-6550	Home-based 2x/month 1 hr 1:00 pm Fri. Feb 22, 1992 until Sept 22, 1992 & Transition is completed
-------------------------------------	-----------------------------------	--------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

**All services are provided at no cost to family.**

**Other services to be provided:** List other services necessary to enable the child to benefit from services.

**Example -**

**Other Services to be provided:**  
Nutrition analysis from LCMC provided at no cost to the family.

**Intervention Priorities:** Summarize what outcomes/goals are to be emphasized.

**Example - IFSP**

**Intervention Priorities:**

- 1) increase single word and initiate 2-word combinations
- 2) increase weight gain through improved nutrition
- 3) provide parent information on transition and service delivery options

**Parent signature and date:** At the bottom of this page, the parent indicates approval of the plan by their signature.

## SUMMARY OF PRESENT ABILITIES & STRENGTHS

(See Figure E)

### Summary of Present Level of Development

**IEP**

A statement of the child's level of educational performance. Statements shall include, as appropriate: health, vision, hearing, social and emotional status, general intelligence, educational performance, communication, motor abilities and vocational skills.

**IFSP**

A statement of the child's present levels of physical development (including vision, hearing and health status), cognitive development, communication, social-emotional development and self help skills, based on professionally acceptable objective criteria.

**E.** This page of the IFSP summarizes the child's present levels of development in the required domains or areas.

1. Enter the child's name.
2. Enter date of report.
3. Enter the name of the individuals who participated in the assessment, their discipline (e.g., SLP, RN, Parent), tools used (e.g., Infant Scale of Communicative Intent, observation) and dates given.
4. Summary: Summarize the child's present level of development in each area. The present levels of development are brief narratives which summarize how the child is functioning in each area.

**Example- IFSP**

Communication: Katie understands what she is told and follows complex directions. She points to pictures and objects. Katie uses gestures and actions instead of words to communicate. Katie uses a few words that her family can understand (e.g., drink, doggie, go).

## FAMILY'S DESCRIPTION OF PRIORITIES & INTERESTS

(See Figure F)

### Family Priorities and Interests

**IEP**

Does not apply to IEP.

**IFSP**

A statement, if the family consents to it's inclusion, of the family's resources, priorities and concerns related to enhancing the development of the child.

**F.** This section is optional. Parents can choose what and how much information to share.

1. Insert date of report.
2. Include who provided the information and methods used to gain the information.

The narrative should include statements about the family's priority outcomes and the resources they have and need to meet those priorities.

# OUTCOME PLAN

(See Figure G)

**G.** This page focuses on what the family would like to have happen, the services provided, how it will be accomplished and how the outcome will be evaluated.

## Outcome Statement

### IEP

A statement of annual goals including short term instructional objectives. More than one objective must be written for each annual goal.

### IFSP

A statement of major outcomes expected to be achieved for the child & family.

1. Enter child's name, service, person responsible and date.
2. **Outcome statement** - This is the goal the family has decided upon.

#### Example - IFSP

Katie will use words to express needs, share information and have conversations. (Katie has 6-7 words now that her family can understand.)

#### Example - Family Outcome

Provide help at home so that Dee can do all the other things she needs to do besides care for Katie - especially re: time for Jeremy.

3. **Activities** - Specific activities listed to accomplish this outcome/objective, who will be involved in this activity and where and when will this activity take place.

#### Example - IFSP

Mom and Juliann will work together to increase Katie's use of words. Some activities include modeling words that begin with /m/ -- "mom," "more," and "milk." Katie likes to make "m" sounds.

#### Example - Activity

Dee and Mark schedule appointment with respite care program coordinator to investigate eligibility for respite care. Juliann will assist with support and forms as requested.

## Activities

### IEP

Any unique instructional media, methods, or behavior management procedures not ordinarily available to all students, but needed by this particular child for learning, shall be listed.

### IFSP

Procedures used to accomplish outcomes.

4. **Evaluation** - The criteria, procedures and timelines used to determine if the outcome/objective has been accomplished.

#### Example - IFSP

By June 1, Katie will use 25 words at home, at Jane's and in the community to express her wants and needs and to share information. Mom and Jane will keep monthly records and review with Juliann during home visits.

## Evaluation/Timelines

### IEP

Appropriate objective criteria, evaluation procedures and schedules for determining, whether the goals and short term instructional objectives are being achieved. Short term review should occur every 12 weeks with annual review of full IEP.

### IFSP

Criteria, procedures and timelines used to determine  
-The degree to which progress toward achieving the outcomes is being made;  
-Whether modifications or revisions of the outcomes or services are necessary. Periodic review must occur at 6 months with annual review of full IFSP.

5. **Timelines** - Enter date the outcome/objective began, the date it will be reviewed and the date it was completed.

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# IFSP PLANNING GUIDE

(See Figure H)

**H.** The IFSP Planning Guide is to be used to help plan for the actual IFSP. This can be filled out by or with the parent, and should be considered as optional.

1. Who: Name of child.
2. Age: Age of child.
3. When: Date of IFSP meeting.
4. Time: Time of IFSP meeting.
5. Where: Location of IFSP meeting.
6. Phone: Parent's phone number.
7. List of people who are expected to attend the IFSP meeting including family and friends, professional team members and agency representatives.

**Concerns:** With the parents, list major concerns or challenges which the family has regarding their child or family related to the development of their child.

**Priorities:** From the concerns listed above, list priority outcomes the family wishes to be addressed. Family interests may be listed also.

**Resources:** List child strengths such as recent progress or developments, things the child does well, enjoys and special qualities. Family resources identifies both formal and informal resources and supports of the family which they may be using or are available to them.