



2014

Disabilities Procedure Manual

August, 2014

PURPOSE

The purpose of this manual is to ensure children with disabilities and their families:

- a. are appropriately integrated into the MOCA Head Start Program.
- b. are included in the full range of services and activities that are normally provided to all Head Start children.
- c. have access to all appropriate Head Start and community resources and that the coordination and efficiency of those resources are being maximized.
- d. receive the provisions and modifications to the program's facilities and curriculum which are needed to facilitate their participation in the Head Start program and meet the special needs of the child with disabilities and their families.

SCOPE

Procedures used in this manual are to identify children with potential problems, refer children for appropriate evaluations, work cooperatively with parents, local education agencies (LEA) and other agencies, develop individualized education programs when necessary, and provide and/or coordinate needed services.

All procedures in this manual are applicable to Head Start.

APPLICATION

Disabilities procedures detailed in this manual are applicable to MOCA Head Start Education and Family Services staff. Education and Family Services staff is required to be familiar with and adhere to these policies and procedures.

TIMELINE

Aug-Sep	Screening/Re-screen within 45 days of enrollment Immediate Referrals Development of Alternative Intervention Strategies
Oct	Referrals, Staffing Screening Report/Consent for Evaluation to Parents Review Alternative Intervention Strategies
Nov	Child Count Sent to LEA Evaluations by LEA /Others
Dec	IEP Conferences-Head Start, Parents, LEA
Jan-Apr	Follow-Up
Apr-May	Transition -Parents, School, Head Start

SCREENS

Purpose

The early identification and treatment of developmental and other disabilities in preschool children significantly reduces the impact these disabilities have on the child's early and lifelong learning abilities. To this end, screens are conducted to detect children with potential problems in areas that may affect their ability to learn.

Head Start Performance Standards require that each child enrolled in Head Start receive health, sensory and developmental screens for the purpose of early identification and treatment of children with disabilities.

Scope

The procedures used in this section provide for the identification of children with "potential problems". The procedures detailed in this manual provide for the administration of screens within the responsibility of the Education Staff of this agency.

General

All children enrolled in MOCA Head Start programs receive a full range of screens, as outlined in the Disability Services Plan and Health Services Plan. Help will be obtained from community resources to assist with the screenings when possible.

i. Range of screens

- Health (Blood Pressure, Physical, Dental, Lead)
- Developmental (Motor, Concepts, Speech/Language)
- Sensory (Hearing, Vision)
- Mental Health

ii. Exceptions

- (1) Children with an IEP (Individual Education Program) in place that is less than 1 year old, require only vision and hearing screens.
- (2) If child has existing screens completed within the previous 6 months from a reliable source, with the approval of the Disabilities Coordinator, it may be accepted as the mandated Head Start screening.
- (3) Refusal of Services
 - (a) A parent may refuse any or all screens, evaluations, referrals and therapies.
 - (b) Education Staff will ensure that providers of services are made aware of any refusals and that appropriate documentation is provided.

iii. Deadline

- (1) The developmental and sensory screens must be completed within 45 days of enrollment.
- (2) In addition, a complete physical including blood pressure, lead and dental must be accomplished within 90 days of enrollment. Enrollment for this purpose is defined as the child's first day of attendance in class.

e. Education Staff Responsibility

- i. Notification of screens to be conducted MUST be sent to the parent prior to the screen:
(See figure 1.1 for instructions)
 - (1) unless the parent has refused screen.
 - (2) for all children who did not participate in the comprehensive screen.
 - (3) for all children who are to be re-screened.

- ii. Education Staff will administer the DIAL-4 beginning on date indicated on MOCA Head Start Calendar and at comprehensive screenings as arranged.
 - iii. Education Staff will be responsible for scoring and recording the child's performance on the DIAL-4 form.
 - iv. Education Staff will be responsible for recording the screen outcome in the Child/Adult Development Screening/ Assessment section of PROMIS.
 - v. Education Staff will be responsible for administering re-screens to children who demonstrated "potential problems" on original screens by the date indicated on the Education Calendar.
 - vi. Education Staff will be responsible for filing the DIAL 4 form in the child's education folder.
 - vii. Education Staff will be responsible for following up on "potential problems" with the Disabilities Coordinator to ensure that children are not "over-looked" and that their needs are being addressed.
 - viii. Education Staff members must receive DIAL-4 training and certification prior to administering the test to children.
- f. Developmental Screens (Motor, Concepts, Speech and Language) Administering DIAL-4
- i. Purpose

The DIAL-4 (Developmental Indicators for the Assessment of Learning -Fourth Edition) is an individually administered screening test designed to identify young children in need of further diagnostic assessment or curricular modification.
 - ii. General
 - (1) The DIAL-4 consists of three screening areas (motor, concepts, and speech/language). Each area contains eight items testing the indicated skill. Each item is further subdivided into "tasks" which sample typical developmental behavior that children in the age range of 3-0 to 6-11 can readily demonstrate.
 - (2) In addition, each area provides a Behavioral Observations Checklist of behaviors that can be observed during the screening and used to determine if the child is in need of further affective assessment. Each examiner is required to make and enter their observations on the Record Form for each child.

(3) Identifying information is entered on the front page of the DIAL-4 Record Form. The following information is required:

- (a) Child's Name (First and Last)
- (b) Child's Primary Language if not English
- (c) Parent's Name
- (d) Center Name (Entered on the "School" line)
- (e) Teacher/Class
- (f) Chronological Age
 - (i) Enter Screening Date
 - (ii) Enter Child's Birthday
 - (iii) Calculate Chronological Age*

*Calculating chronological age is a process of subtracting the birth date from the screening date.

- iii. The DIAL-4 screening will be administered by Education Staff or, with the approval of the center Area Supervisor or Disabilities Coordinator, other competent certified staff member.
- iv. Screens and subsequent re-screens will be accomplished within 45 of the child's enrollment.
- v. Screens must be conducted in a quiet place and unhurried manner that gives the child a fair and reasonable opportunity to demonstrate his ability to perform the requested tasks.

Instructions:

Notification Of Developmental Screenings To Parents

What:

DIAL-4 Preschool Screening Permission Form

This form explains the screening process and establishes the parents' consent to allow screening of their child.

Notification of Developmental Screenings to Parents

Documentation of parental notification.

Why:

Head Start Performance Standards 1308.6 states:

“(c) Staff must inform parents of the types and purposes of the screening well in advance of the screening, the results of the screenings and the purposes and results of any subsequent evaluations.”

Who:

Education Staff (Teacher)

When:

Notification of screens should be given to the parent at the time of selection.

How:

Sign and date the form Notification of Developmental Screenings to Parents. Provide copy to parent.

Missouri Ozarks Community Action, Inc
Head Start Program
NOTIFICATION OF DEVELOPMENTAL SCREENINGS TO PARENTS

Dear Parent:

As required by Head Start Performance Standards, your child will have a Developmental Screening within the next 45 days. You will receive a report of the screening at the time it is completed. The screenings may include a hearing, vision, speech, language, motor and concepts, if appropriate.

Screenings will be completed at your child's Head Start Center.

If you have any questions, please feel free to contact your child's teacher.

Thank You.

Signature

Date Sent

Original – Parent

Photocopy – Child File

Figure 1.1

- vi. Screens will be conducted in the child's native language.
 - (1) An interpreter may be required for any child whose primary language is **not spoken English**.
 - (2) Questions concerning foreign language children and the need for interpreters should be directed to the Area Supervisor or the Disabilities Coordinator.
- vii. Examiner will provide only the prompts provided in the DIAL-4 manual and will make and record an objective and unbiased appraisal of the child's responses.
- g. DIAL- 4 Norms
 - i. Norms for DIAL-4 are found on pages 110 through 119 of the DIAL-4 manual.
 - ii. These tables are titled:

Percentile Ranks Corresponding to Scaled Scores for Motor, Concepts, Language, DIAL-4 Total and Speed DIAL-4.
- h. DIAL-4 Scoring
 - i. Examiner will be familiar with scoring techniques for the DIAL-4 and take care that scores are calculated accurately.
 - ii. For the DIAL-4 the examiner will:
 - (1) record each of the child's responses in the appropriate place on the DIAL-4 form.
 - (2) determine the scaled score for each item.
 - (3) enter the sum of the scaled scores in the blank at the bottom of the form for each section and on the front of the form in the appropriate box.
 - (4) look up and enter the percentile rank from the Percentile Rank tables and enter the percentile rank in the "Other" column on the front of the DIAL - 4 form.
 - (5) Determine if the score is "OK" or "Potential Delay".
 - (a) OK - A score greater than the 8th percentile
 - (b) Potential Delay - A score equal to or lower than the 10th percentile
 - (6) Mark appropriate "Behavioral Observations" for each of the sections of the DIAL-4.

iii. Reading the Percentile Rank Tables

- (1) Norms for DIAL-4 are found on pages 106 through 109 of the DIAL-4 manual.
- (2) Determine the child's age as of the screen date.
- (3) Find the child's scaled score on the left column (gray), headed "Scaled Score"
- (4) Find the age range at the top of the table that contains the child's age.
- (5) Read down the age column to the row that corresponds to the scaled score.

i. Recording Screen Results

i. Original Screen Scores in the "OK" and "Potentially Advanced" ranges are recorded by:

- (1) entering the results of the screen in PROMIS
- (2) checking the pass box on the front of the DIAL-4 response sheet for the area being tested.

ii. If "Potential Delay" is indicated:

- (1) check the "potential delay" box on the front of the DIAL-4 response sheet for the area being tested.
- (2) enter the results of the screen in PROMIS
- (3) If a child shows "Potential Delay" in more than one sections of the DIAL-4
 - (a) Record the results in PROMIS and indicate the need for referral
 - (b) Consult the Disabilities Coordinator

iii. If "Potential Delay" is indicated by a score equal to or less than the 2nd percentile:

- (1) Enter the scaled score and percentile rank on the front of the DIAL-4 form
- (2) Check the "Potential Delay" box on the DIAL-4 response sheet

- (3) Indicate “Refer” in the comments box at the bottom of the DIAL-4 form
 - (4) Referrals are the responsibility of the individual administering the screen. For more information on referrals see the referrals section of this manual.
 - (5) All referrals are to be coordinated with the Disabilities Coordinator.
- j. Examiner will indicate the screening date and their initials in the appropriate columns.
- k. Children Scoring in “Potential Delay” Range
- i. Original Screen
 - (1) Children who score in the “Potential Delay” range on the original screen in the motor/concepts area will be re-screened within two (2) weeks.
 - (2) If the child’s score is “Potential Delay” with a percentile rank of 2 or less, the child will be referred to ECSE or other appropriate professional before further re-screening.
 - (3) If the score child’s score is equal to or less than the 10th Percentile, “Potential Delay”, re-screen the child in two but prior to the 45 day cutoff.
 - l. Comprehensive Screens
 - i. Purpose
 - (1) The purpose of comprehensive screens is to make available to education and health staff an efficient system of accomplishing mandated screens without disrupting the normal flow of classroom activity.
 - (2) Comprehensive Screens are conducted, where possible, prior to the beginning of classes.
 - (3) Children not screened during the comprehensive screens will be screened during normal classroom hours by qualified education and health staff.
 - ii. Education Staff Responsibilities
 - (1) While it is primarily the responsibility of the Family Advocate to recruit and schedule children for comprehensive screens, it is in the best interest of the Education Staff to facilitate and assist the Family Advocate in this effort.

Children NOT screened during the comprehensive screen will be screened during normal classroom hours, adding much to the burden of the classroom staff.

- (2) Education Staff will be responsible for:
 - (a) ensuring there are sufficient trained and certified examiners available to conduct DIAL 4 screens.
 - (b) administering the DIAL-4.
 - (c) ensuring there is adequate space and facilities for screening team to conduct screening in an efficient and timely manner.
- (3) Alternative Intervention Strategies
 - (a) Alternative intervention strategies will be developed by the individual who administered the screen/re-screen to the child.
 - (b) Alternative intervention strategies will reflect the child's *demonstrated needs*.
 - (c) For additional information on Alternative Intervention Strategies, see the Alternative Intervention Strategies section of this manual.

RE-SCREENS

m. Purpose

The purpose of re-screening children who indicated a “Potential Delay” on the DIAL-4 is to ensure the accuracy of results and minimize unnecessary referrals.

n. Who to Re-screen

Children who are indicated to have Potential Delays between the 2nd and 10th percentile on the original screen should receive a second screening.

o. When to Re-screen

- i. Re-administer the section of the DIAL-4 which showed Potential Delays within two weeks after the original screening date, unless this will place their completed screen beyond 45 days after enrollment.
- ii. Complete all re-screens within the prescribed 45 days of the child's enrollment.

p. Scoring Re-screens

Re-screens should be scored according to instructions contained in Screenings section under DIAL-4 Scoring of this manual.

q. Recording Re-screen Results

Record the results from all screens in the Child/Adult Development Screening/Assessment section of PROMIS

r. Referrals

Children scoring in “Potential Delay” range on re-screen will require referral to appropriate agencies and/or professionals. For information on the referral process see the Referral section of this manual.

s. DIAL 4 SCREENING RESULTS FOR PARENTS - Instructions

- (1) Enter the child’s name on the line next to the words “CHILD’S NAME”.
- (2) Enter the child’s chronological age next to the word “AGE”.
- (3) Enter the child’s birthdate next to the word “BIRTHDATE”.
- (4) Place a checkmark next to the word “YES” or “NO” if the Parent Questionnaire was completed.
- (5) Print the name of the person completing the report next to the words “PERSON COMPLETING REPORT”.
- (6) In the chart, under the word “DIAL-4”, enter the scaled score result of each the following areas: “MOTOR”, “CONCEPTS”, “LANGUAGE”, “OVERALL”, “SELF-HELP” and “SOCIAL”. If the child’s scaled score is in the “OK” range, enter the scaled score for that area in the “OK” column. If the child’s scaled score is in the “POTENTIAL DELAY” range, enter the scaled score for that area in the “POTENTIAL DELAY” column.
- (7) After reviewing the Disabilities Service Procedures Plan, place a check mark next to the appropriate “RESULT” of the screening. Each screening will result in either one of three “RESULTS”. You will choose either “YOUR CHILD’S CURRENT DEVELOPMENTAL SKILLS ARE APPROPRIATE FOR HIS/HER AGE”, “YOUR CHILD WILL BE RESCREENED”, or “YOUR CHILD MAY BENEFIT FROM FURTHER EVALUATION IN THE FOLLOWING AREAS: MOTOR, SPEECH/LANGUAGE, COGNITIVE, SELF-HELP, and/or SOCIAL/BEHAVIORAL”.
- (8) Place recommendations, if any, under the word “RECOMMENDATIONS”.
- (9) MOCA Head Start staff completing the report will sign on the line above the words “STAFF SIGNATURE”.
- (10) The parent/legal guardian will sign the completed report about the words “PARENT SIGNATURE”.

FIGURE 1.4

DIAL-4 Screening Results

Child's name: _____ Age: _____ Birthdate: _____

Parental Questionnaire completed? Yes _____ No _____

Person Completing Report: _____

DIAL-3

Area	Potential Delay	OK	Comments
Motor			
Concepts			
Language			
Overall			
Self-help			
Social			

Results:

___ Your child's current developmental skills are appropriate for his/her age.

___ Your child will be rescreened.

___ Your child may benefit from further evaluation in the following (areas):

___ Motor ___ Speech/Language

___ Cognitive ___ Self-help

___ Social/Behavioral

Recommendations:

Thank you for your participation in this important activity.

Parent Signature

Staff Signature

2. REFERRAL

a. Purpose

Children who demonstrate potential needs on sensory, developmental and health screens are to be referred to appropriate agencies and professionals. The purpose of making referrals is to ensure that children with suspected disabilities are evaluated and diagnosed by competent professionals in the area of the child's suspected need.

b. Who should refer?

- i. It is the responsibility of every staff member to insure that the needs of each child are met. This includes the identification of "special needs" and appropriate referrals to program and community professionals.
- ii. Any Staff member who is concerned about a child's possible need for referral at any time during the year should contact the Disabilities Coordinator.

c. When to refer

- i. Referrals will be made *as soon as the need becomes evident* and after consultation with and consent from parent(s) is obtained.
- ii. Referral to ECSE should be made for children who have scored in the "Potential Delay" range:

(1) equal to or less than the 2nd percentile in one of the DIAL-4 (concepts, motor, speech/language, or DIAL-4 Total) areas.

OR

(2) between the 2nd and 10th percentile in two or more of the DIAL-4 (concepts, motor, speech/language or DIAL-4 Total) areas.

d. Where to Refer

- i. Information on where to refer a child can be obtained from the Disabilities Coordinator.
- ii. In general:
 - (1) Speech, Language, Concepts Referrals are made to the Local Education Agency (LEA) coordinated with the Disabilities Coordinator.
 - (2) Motor referrals are made to the child's physician for referral for evaluation to an Occupational/Physical Therapist (OT/PT) coordinated with the Disabilities Coordinator.
 - (3) Mental Health referrals should be coordinated with the Disabilities Coordinator.
 - (4) Medical referrals should be directed to the child's physician through the Family Advocate and coordinated with the Disabilities Coordinator.

- (5) Referrals for other reasons should be coordinated with the Disabilities Coordinator.
- e. How to Refer:
 - i. All referrals should be coordinated with the Disabilities Coordinator.
- f. All referrals will be coordinated and routed through the Disabilities Coordinator in a timely manner.
- g. Getting Help with Concerns
 - i. Teaching staff should discuss their concerns about Potential Delays in the motor, concepts, speech/language or sensory problems directly with the Disabilities Coordinator.
 - ii. Teaching staff should discuss their concerns about Potential Delays in the area of social/emotional development directly with the Disabilities Coordinator and their Area Supervisor.
 - iii. All other concerns should be directed to your immediate supervisor.

3. EVALUATIONS

a. Purpose

The purpose of evaluation is to determine the present level of functioning of a child who has been identified as having "Potential Delays" in one or more areas of development. Evaluations function to identify needs and strengths of the child and to provide a point of reference in the development of the individual child.

b. General Information

- i. Children who have scores indicating Potential Delays on the DIAL-4 will be referred to the local education agency (LEA) by the Family Advocate or Disabilities Coordinator as appropriate.
- ii. Evaluations in the area of "Potential Delay" may be conducted by qualified Head Start personnel or other qualified professional to ensure timely provision of services.
 - (1) Evaluations may be conducted on site or at the agency to which the child was referred.
 - (2) Center staff will provide suitable work space and facilities to the examiner to expedite evaluations done at the center.
 - (a) Quiet and private place to perform evaluations.
 - (b) Suitable and appropriate accommodations in making the child available for evaluation, within the existing curriculum.

4. IEP CONFERENCES

a. Purpose

Individual Education Programs (IEP) are provided for children who have demonstrated an educational need for services to remediate or reduce developmental delays that have resulted from a disabling condition. To develop this program an IEP team is formed and a conference is held.

b. IEP Conferences will be scheduled when:

- i. School districts have not evaluated a child after referral and serious concerns still exist.

AND

- ii. Evaluations have shown the child to have a disability or disabling condition which needs educational or related services (may include administering medications, emergency issues and behavioral issues).

c. IEP Conference

- i. The Conference participants will discuss the results of evaluations and determine whether the child is eligible for special services and meets the disability criteria.
- ii. The Individualized Educational Program (IEP) will be developed with the parents at the time of the conference.
- (1) The local education agency will be invited with the parent's consent.
 - (2) IEP forms should be completed as outlined in the IEP procedure.
 - (3) Head Start staff should seek to work collaboratively with parents and outside agencies during the IEP to best meet the needs of the child.

d. Scheduling IEP Conferences

- i. Parental participation in IEP conferences is essential to the process, whenever possible, dates and times of conferences should be scheduled for the convenience of the parent.
- ii. IEP Conference dates will be coordinated with the Disabilities Coordinator.
- iii. Times for conferences are to be coordinated with the Disabilities Coordinator.
- (1) Education staff should be prepared to discuss the child's strengths and needs and provide the following information:
 - (a) Location of the conference
 - (b) Name of the child

- (c) Area of suspected disability (motor, concepts, medical, etc..) *If Center Staff receives copies of diagnostic information from the evaluating agency or examiner, the information will be forwarded to the Disabilities Coordinator. No diagnostic information is to be kept in center child files.*
- (d) Child's home school district
- (e) The date and time of the conference

iv. Parent notification

- (1) Head Start Performance Standards require that documentation of repeated efforts to notify the parent of the date and time of IEP conferences be maintained.
- (2) Disabilities Coordinator will notify the parents and the child's school district in writing of the date, time and place of the IEP meeting.
- (3) Education Staff will send a note home with the child two days before the date of the conference reminding parent of the date time and place of the IEP meeting.
- (4) In addition, Education Staff will make every effort to make personal or telephone contact with the parent to remind them of the meeting date, time and place.

e. IEP Team

- i. The IEP team functions to develop the Individual Education Program that will be used to help the child overcome the educational effects of their disability.
- ii. The IEP Team consists of:
 - (1) Teacher
 - (2) Parent(s) or Legal Guardian
 - (a) Care takers of the child who have "legal standing" (i.e. legal custody, power of attorney) with the child.
 - (b) If the legal status of a care taker is in question, contact the Disabilities Coordinator prior to the conference.
 - (c) Parents may have anyone they choose, accompany them to the IEP Conferences.
 - (3) Health Care Professional in the area of need
 - (a) Staff Speech Pathologist will participate in any IEP in which the child's speech or language development is involved.

- (b) Counselor or Psychologist will participate in any IEP in which behavior or mental health issues are involved.
 - (c) Other health care professionals as appropriate.
 - (d) When diagnosing health care professional is unavailable for meetings, their diagnostic reports and recommendations will be presented by the Disabilities Coordinator.
 - (4) Disabilities Coordinator
 - (5) Director of Health/Nutrition Services
 - (6) Classroom Aides (for IEPs for their charges)
 - (7) Others, as appropriate, including:
 - (a) Parent Advocates, when appropriate
 - (b) Family members or others invited by the parent
 - (8) LEA (Local Education Agency) staff with the approval of the parent.
- f. Prior to the IEP Conference
 - i. General

Because of the limited time available it is essential that the following information be completed prior to the conference. This information is subject to review and revision by the parent.
 - ii. Forms preparation
 - (1) Cover Sheet
 - (a) Complete child and parent identifying information on the top portion of the form.
 - (b) Complete the staffing date with the date of the IEP conference.
 - (2) Goals and Objectives Sheet
 - (a) Goals and objectives are developed in cooperation with the professional in the area of need and with recommendations of the education staff.
 - (b) Fill out all the information at the top of the form
 - (c) Fill out the goals section completing each column for each goal.
 - (i) Start date is the date of the IEP conference

- (ii) End date is the date one year from the IEP conference.

- (3) In-Kind Forms should be completed for all Non-Head Start Employee participants in the IEP process.

iii. Goal Setting

- (1) IEP Goals ***must*** reflect documented, demonstrated needs as indicated by standardized testing and formal observation.
- (2) IEP Objectives must be behavioral, observable and measurable.
- (3) Assistance in developing appropriately identified and written IEP goals is available by contacting the Disabilities Coordinator.
- (4) Proposed goals and objectives should be prepared prior to the IEP conference.
- (5) Review goals and objectives with your Area Supervisor. This date should be about one week prior to your IEP.

iv. Emergency Action Plans

- (1) Develop an emergency plan and write it on the IEP for every child with a disability other than children with speech or language as the only disability.
- (2) All staff in the Center are to be aware of the emergency plan for the child and the plan should be practiced during emergency drills.

g. IEP Agenda

i. Introductions

The Disabilities Coordinator will introduce each participant by name and position and give the parent a brief overview of why the meeting was called and what is expected to come out of the meeting.

ii. Present level of performance

(1) Screening Results

- (a) Education Staff will make the following information available to the IEP team
 - (i) Health Screening Child Summary
 - (ii) Mental Health Screen
 - (iii) Individual Education File Folder
 - (iv) The child's Health History from the Family

Advocates Individual Child Folder.

- (v) Any other information relative to the child's development, present level of functioning or the IEP conference.

(2) Evaluation Results

- (a) Evaluation Report
- (b) Diagnostic Summary

iii. Goals and Objectives

- (1) Goals and objectives will be presented by the appropriate team member and presented to the parent for review and revision.
- (2) Parent will be asked to give additional goals and for revision of goals presented by other team members.

iv. When Parents do NOT attend the IEP Conference, the Education Staff is responsible for:

- (a) Reviewing Goals and Objectives with parent at a later date
- (b) Obtaining parent approval of IEP plan
- (c) Signature of parent on cover sheet before it can be implemented.

v. Teacher will attend Early Childhood Special Education (ECSE) IEP Conferences whenever possible.

Lead Teachers are required to attend ECSE IEP conferences for the children in their class whenever possible.

5. FOLLOW-UP

a. Referrals

i. Education staff should continue to encourage parents to seek services from referral sources as is appropriate.

- (1) When parents have made an *informed* decision not to seek services made in a referral or have determined that services are not required. Their decision must be respected.
- (2) A signed Refusal of Services should be obtained from the guardian when a referral is refused.
- (3) Staff who believes that the decision not to seek services constitutes neglect of the child should contact the Disabilities Coordinator.

- ii. All staff is responsible for pursuing goals set out in the IEP and tracking progress of the child in achieving the goals. Using Objective Progress Notes document:
 - (1) dates goals are worked on
 - (2) progress made
- iii. Seek guidance as needed for working on goals not directly related to your area of expertise from Disabilities Coordinator, Director of Health/Nutrition Services or ECSE teacher.

6. TRANSITIONS CONFERENCE

a. Purpose

The purpose of transition conferences is to provide a continuity of services from Head Start to Kindergarten and provide the parent with a formal opportunity to assess progress made during the period of the IEP.

b. Schedule

- i. Children will have a transition conference if they have been diagnosed during or prior to the year and have an IEP developed by Head Start.
- ii. Date of the transition conference will be set by the Disabilities Coordinator.
- iii. Transition conference schedule will be coordinated with the Disabilities Coordinator.
- iv. Transition conference schedules will contain the location of the meeting, the name of each child to be staffed, the area of their need, their home school district the time of day the conference is scheduled.
- v. Transition conferences should be scheduled every 20 minutes.
- vi. All children attending the same public school should be grouped together for convenience of school personnel.
- vii. Convenience of the parent must be considered.

c. Transition Meeting Agenda

i. Introductions

The Disabilities Coordinator will introduce each participant by name and position; give the parent a brief overview of why the meeting was called and what is expected to come out of the meeting.

ii. Evaluation Results

iii. Review Goals and Objectives Progress

iv. Recommendations for continuation of services

- v. When parents do not attend the Transition Conference, the Education Staff is responsible for providing parents with copies of all completed documentation.
- d. Parent notification
 - i. Head Start Performance Standards require that documentation of repeated efforts to notify the parent of the date and time of transition conferences be maintained.
 - ii. Central Office will notify the parents and the child's school district in writing of the date, time and place of the conference.
 - iii. Teaching Staff will send a note home with the child two days before the date of the conference reminding parent of the date time and place of the conference.
 - iv. In addition, Teaching Staff will make every effort to make personal or telephone contact with the parent to remind them of the meeting date, time and place.