

Washtenaw Early On Manual

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Section One: Overview of Early On in Washtenaw County

A Brief Summary of Early On:

Each State in the U.S. has an early intervention system to support families and children who either have developmental delays/disabilities or are at risk of developing them. In Michigan, it is called *Early On*. *Early On*[®] Michigan is designed as the early intervention system for infants and toddlers, birth to three years of age. *Early On* works with families and care-givers as their children learn and grow, with a focus on parent education, and support.

When a baby is born, every parent hopes that he/she will have a healthy baby. Sometimes however, things don't go as planned. The baby may be ill or may seem slow in doing things such as smiling, sitting up, or speaking. When there is a concern about a baby's health or development the parent, other family member, childcare provider, case worker or physician can make a referral to Early On. It has been well established that early intervention is an effective way to prevent or reduce problems for children at a later age.

Early On Michigan is mandated by Part C of the Federal Individuals with Disabilities Education Act (IDEA) of 1997. Early On Michigan provides a statewide system of coordinated, early identification and intervention services to families with infants and toddlers who have special needs. The Michigan Department of Education, Department of Community Health and the Family Independence Agency are participating agencies in Early On.

Early On includes a range of services to help children from birth through age two who have special needs. Early On includes all the programs and services in a community, both public and private, that help families promote the development of their infant or toddler. Parents and agencies work together to find and provide needed services within their local communities. Early On is based on collaboration among providers of services and on partnerships with families. This means that it is not necessary that all services for children from birth to three be provided by the local or intermediate school district. However, the program is coordinated through the school system, and they are usually the case managers and primary service site.

Children from birth up to the age of three can be eligible to receive Early On Services if they have an established condition (physical, health or mental) that will likely lead to a developmental delay or a developmental delay of at least 20% in one or more of the following areas: physical, learning, social/emotional, communication or self-help. Early intervention services for an eligible child and family are designed to meet the developmental needs of the child and the needs of the family in relation to enhancing the development of their child. Services are selected in collaboration with and consent from parents. Services are provided at little or no cost to the family. The services a family and child are to receive are documented through the development of an "Individualized Family Service Plan" or

IFSP, which is reviewed and revised once every six months. Early On services are family-centered, strength-based, multidisciplinary and interagency focused.

The Early On system is entirely voluntary and parents participate as they wish to. A parent can choose not to have an evaluation once the referral has been made, and withdraw at that point. They can also choose to end Early On services at any time they wish. A essential part of the Early On approach is that parents are the key decision-makers about the response to their own children, and they are a central part of both the evaluation process and in the decision making about services and goals.

The following types of services can be available through Early On, although are not available in all districts, and the various agencies participating in early intervention services. Many of these services are free, some are on a sliding scale and others are on a fee-for-service basis. The notes about services apply to how things are usually done in Washtenaw County.

- audiology – usually a medical service
- speech/language – usually provided by school districts
- therapy – depending on type and level needed – often from medical side
- social work services – often provided by Early On
- service coordination – provided by Early On Coordinator
- occupational therapy – occasionally provided by school districts
- family training - often provided by Early On
- physical therapy – occasionally provided by school districts
- transportation – not usually provided
- counseling – not provided by school districts
- nutrition services – usually a medical service
- diagnostic services – usually a medical service
- home visits – provided by Early On and First Steps
- vision services – usually a medical service
- health services – usually a medical service
- assistive technology – occasionally provided by ISD
- development of the IFSP – provided by Early On
- nursing services – usually a medical service
- psychological services – usually provided by county mental health
- special instruction

Early On Helps Families:

- see their child's strengths
- find and use informal supports
- locate needed resources and services in the community
- coordinate services through one plan
- learn to advocate for their child

Early On is implemented slightly differently in each county in Michigan. In Washtenaw County we have a distributed system where the children from each of the ten school districts are cared for through their own school district, with support at a county level administered through the Washtenaw Intermediate school District

Washtenaw County Early On Coordinator

Marianne Miller is the Early On Coordinator at the Washtenaw Intermediate School District. She supervises the Early On programs at the district levels. The county Early On coordinator is responsible for oversight and support of all ten local districts, the coordination of all data and compliance information, the keeping of a central Early On file system, and the oversight of the county Early On budget.

Your Role as a Local District Early On Coordinator

Your primary role as a local district Early On Coordinator is to ensure that the families within your school district receive all mandated Early On services and the support that their family needs. Your role is to facilitate the process for families and to help them become the guides of their child's growth and development. Throughout the process you are responsible for ensuring that the parents' voices are sought out and that they fully participate in the process of assessment, goal setting and plan creation. There are two tools in Appendix Six: Service Coordination Self-evaluation that you can use to think about the approaches, attitudes and behaviors that can help you fully meet the needs of parents.

Your secondary role as a local district Early On Coordinator is to meet all state compliance regulations and standards. This includes meeting mandated timelines, conducting scheduled reviews, and making necessary referrals to other community and school resources, especially during the transition period from 2 years, 3 months to 2 years, 9 months of age. In addition you are responsible for maintaining a full and complete Early On record for all children in your district program.

What do the Local District Early On Coordinators do?

There are ten districts in Washtenaw County. Although some of the responsibilities are the same the Early On Coordinator positions are different in every district. The details below will give you a sense of the variation in individual responsibilities.

The School District Early On Coordinator is the person who helps families get the resources they need to provide the best care for their child. In many cases they are also the service coordinator for the individual case, but not always. The service coordinator makes sure the Individualized Family Service Plan (IFSP) is developed, the services are provided, and reviews are completed. The service coordinator may act as an advocate for the family and works to empower families to advocate for themselves. The service coordinator is usually the person from the profession most relevant to the child's or family's needs.

The service coordinator is responsible for assisting the family and participating partners in the development and implementation of the supports for the family from the initial IFSP to the final transition out of Early On at the child's third birthday. The service coordinator is also available to help the family understand the process and all services that the child is to receive.

Ann Arbor: Marj Hyde is the Early On Coordinator for Ann Arbor. She is responsible for receiving, distributing, and following up on all referrals. She is also responsible for supporting and training Early On staff. She develops programming to meet the children's needs. She keeps track of the budget. She is responsible for keeping EO files up to date and accurate, including IFSPs. She is responsible for getting uic's on all children in the program. She produces a monthly newsletter and a brochure. She attends Success by 6 and FSW/EO Coordinator meetings. She also submits quarterly data to the WISD and AAPS. There are a number of service coordinators within the Ann Arbor school district who work with families and children.

Chelsea: Vicki Kellogg is Chelsea's Early On Coordinator and Speech Therapist. The Early On team also includes a contracted occupational therapist and physical therapist. She is in charge of all paperwork; IFSPs, documentation, data reports etc. She is the director and lead parent educator for First Steps Washtenaw/Parents as Teachers. She plans all playgroups and activities. She writes newsletters and other informational documents. She organizes enrollment and runs a Hanen Program for 0-5 at risk students. She is also the speech therapist for all district preschool students including ECSE.

Dexter: Julie Swanson is the Dexter Early On Coordinator and Speech Pathologist. She consults with the First Steps programs and helps with ASQ screenings. She sees families with children who are having social-emotional difficulties and plans a parent support group meeting for these families. She runs a 'Talk Time' program for families with children 18 – 36 months who have a language delay. She attends the preschool team monthly meeting to discuss referrals and RTI strategies. Julie also attends the monthly FSW/EO Coordinator meetings. The Early On staff includes an occupational therapist, a physical therapist, and speech pathologist in addition to Julie. She completes and submits a quarterly report to WISD.

Lincoln: Pam Schelkun is Lincoln's Early On Coordinator. The Early On team also includes a speech therapist, occupational therapist, and a physical therapist. Pam's responsibilities include intake and orientation for all birth to three children. She starts the initial assessment process, which includes: scheduling, the initial visit, paperwork, evaluations, collecting doctor information, and coordinating with other evaluators. She writes IFSPs and ensures the services are initiated and ongoing. She manages service provider contact logs. She tracks timelines on all students and manages annual and 6 month reviews, transitions, and exits. She manages COSFs. She also completes and submits a quarterly report.

Manchester: Beckie Brewis is Manchester's Early On Coordinator. She is the person responsible for receiving Early On referrals and performing the tasks necessary to complete the initial Early On time line with families, as well as ensuring the initiation and ongoing requirements established for their IFSP. In addition she is responsible for completing the Early On quarterly narrative, attending monthly Washtenaw Birth to Six ICC, monthly EO Coordinator meetings and monthly district early childhood team meetings (AECT). She helps the local district team in developing district policies and procedures, fielding early childhood staff and parent pre-referral concerns and in selecting Head Start and the Great Start Readiness Program recipients. She is also a county parent educator helping to coordinate the Manchester FSW/Parents As Teachers Program--organizing enrollment; planning playgroups, group meetings, home visits and screenings; creating parent letters, calendars and other documents.

Milan: Pam Schelkun is the Early On Coordinator for Milan. The Early On team also includes a speech therapist, physical therapist, and occupational therapist. Pam's main role is case management. This includes scheduling and coordinating assessments from other professionals. She assumes a leadership role in the development of the IFSP. She assists families in the identification of available service providers and advocacy organizations. She coordinates and monitors the delivery of early intervention services. She facilitates the development of a plan for the transition out of Early On. She schedules and conducts the IDA and requests health assessments from physicians. She also completes and submits a quarterly report.

Saline: Denise Southwell is the coordinator for Saline Schools. The Early On team also includes a service coordinator/speech therapist. Denise's duties include receiving referrals for children ages birth through five. She makes the initial contact with the family to complete the initial paperwork, which includes; authorization to share, vision and hearing screening, and the parent interview. She sends the feedback forms to the WISD. She obtains UIC #'s for all Saline EO and FSW students. She also obtains medical records for the EO students. She is responsible for teaching all First Steps Classes. She attends the monthly meetings at the WISD for Success by 6 and FSW/EO Coordinators. She is also responsible for completing the FSW/EO quarterly data report.

Whitmore Lake: Margie Petiprin is the Early On Coordinator for Whitmore Lake. She receives referrals. She is responsible for all paperwork required by the WISD for Early On. She makes the initial contact with the family and is responsible for getting all necessary paperwork signed. She also addresses parent concerns and explains the evaluation process. She is responsible for coordinating with the service providers, scheduling, and conducting the assessment, and reviewing the results with the parents. She coordinates and participates in IFSP, transition, and exit meetings. She Obtains service provider progress reports and notifies them of upcoming reviews. She attends biweekly Early On and Early Childhood Special Education staff meetings with Early On families for feedback and concerns/satisfaction with services. She also attends monthly Early On Coordinators and Success by 6 meetings at the WISD.

Ypsilanti and Willow Run: Beverly Davidson is the Early On Coordinator for the both the Ypsilanti and Willow Run school districts, working on contract to the WISD. Her responsibilities include initiating referrals, conducting developmental evaluations, and managing IFSP's for these areas. She also provides Early On social work and infant mental health support services to children birth through three in these districts and also that are referred by any of the county school districts. She attends the monthly Success by 6 and FSW/EO Coordinator meetings.

Section Two: The Initial Referral Process

The Referral process

When a parent, family member, physician, caseworker or childcare provider has a concern about a young child's development, they are encouraged to contact *Early On* for additional information. In Washtenaw County they do this by either contacting the Washtenaw Intermediate School District (WISD) – 734-994-8100, ext. 1530 or by contacting the Michigan Department of Education *Early On* through the referral line at 1-800-EARLY ON, or online at www.1800earlyon.org. Please encourage parents, physicians and teachers wishing to make referrals to use the state system, either phone or email.

In some situations the parent will contact the school district directly. If you receive a direct referral go to www.1800earlyon.org and fill out the information to ensure that the referral is sent to the state and then the WISD. This process starts the clock running on the referral and ensures that it is accounted for in the county count.

The steps in the referral process

Once the person making the referral – often the parent – makes the referral you will receive an email from Janet Grand at the WISD which contains the referral, including contact information for the family. It is now your responsibility to take up the case and work with the parents to ensure that the child receives the support and services that you working with the parents collaboratively decide are appropriate. The date of the initial referral starts a forty-five day timeline, within which the initial IFSP meeting must be held, and ideally the IFSP completed. As service coordinator you are responsible for meeting this forty-five day timeline for all Early On referrals.

Initial Contact

This must be done within 10 days of referral

You should immediately call or email, if that is specified as the desired contact method, the family after receiving the referral. There is a ten day time requirement, within which you need to make contact with the family and schedule the first visit.

In some cases it is not possible to reach the family within the ten days – usually in cases where someone other than a family member has made the referral. Sometimes this difficulty is simply because a family happens to be away, sometimes a family is in unstable housing and have already changed phone numbers before the contact attempt is made, and in other cases it is because the family does not wish to access Early On services for their child. If you cannot reach the family by phone you must make at least three attempts, and then send a registered letter to the address on the referral. You must then send a referral feedback form to the WISD withdrawing the referral for the reason “unable to contact family” and include the date of the mailing of the registered letter. This will end your responsibility for the case; however, it is a best practice to try once more a few weeks later in case the family happened to be away during the week you tried to contact them.

In other cases when you make the first phone contact with the family they may choose not to access Early On services and support. The Early On system is entirely voluntary, and any parent can decide not to have a visit, and not to have their child evaluated. In some cases, through your conversation with the family it is clear that what they would like is a call back in a few months to see if developmental changes have taken place, in other cases it is clear that the family wants no further contact with Early On. If a family chooses not to continue the referral process, you must send a referral feedback form to the WISD withdrawing the referral for the reason "family declined/withdrew consent to evaluate at this time." Complete the date of the parent's decision and note if further contact is planned based on your conversation with the family.

In most cases, the family is eager to begin the Early On process and during the phone call you should schedule your first visit with the family. You should be mindful of the forty-five day timeline for completing the IFSP as you schedule this first visit, making it early enough that there will be time to do the evaluation and complete planning within the forty-five days from the initial referral. This visit usually takes place in the child's primary place of residence, however, if there is some reason that this is not comfortable for the parents, it can be held at another family home, a childcare site, or the school offices.

First Visit

In this first meeting your goal is to connect with the family and give them an introduction to Early On. You should take and give the family the red information folder and discuss each of the materials included. The folder should include the family rights, welcome to Early On, the Individualized Family Service Plan, and the Resource Guide. The folder should also include First Steps Washtenaw information and developmental wheels. See Appendix Three for a complete list of contents. The red information folder should be used to shape your conversation with the family as it provides a full introduction to the Early On system.

It is also important during this visit that you establish a working relationship with the parents of the child. This means that you need to ensure that you schedule enough time that you are relaxed and can really listen to the family and their concerns and ideas.

There are also some paperwork requirements for this first meeting. You will need to have the parents sign the Consent for Evaluation and Authorization to Share paperwork, helping them decide who should be involved in the evaluation of their child, including any childcare providers or highly involved family members. It is also helpful to give the family the IDA Parent Report and IFSP Needs and Priority page for the family to complete before the family interview, which is often done in a second visit when the assessment of the child is conducted.

Once the family signs the consent to evaluate you can schedule a home visit to perform the IDA assessment and family interview. You should also arrange for any other specialists to schedule an appointment with the family based on the referral and family concerns.

Once the first visit is completed and paperwork is signed you can send the Physician Notice Letter and Health Care Provider Information form to the physician(s) and obtain any previous

assessment information, provided consent to share was given. In addition you should obtain a UIC number for the child through your designated district administration.

After this first meeting it is essential that you implement your record keeping system (see section nine) and begin to track your progress with this child and this IFSP.

Evaluation

It is essential that you conduct a full evaluation of the child – you can use the evaluation page of the IFSP as a guide to the areas to be evaluated. You can use any of the following tools: IDA, EIDP, HELP, or the Bayley & Family Interview, or another credible early childhood evaluation tool. The evaluation should be multidisciplinary and should include at least two professionals from different disciplines. This may include an assessment by a speech, physical or occupational therapist. An Early On IFSP assessment must include all domains of development.

It is important that the evaluation include an evaluation of the child's hearing and vision, as problems in these areas can often present as being behavioral, cognitive or speech problems. You can either get documentation of a recent hearing and vision test or use the Early On hearing & vision checklist if recent testing has not been performed. A previous hearing or vision test is considered acceptable if it has been conducted within the past three months if the child is under eighteen months, or past six months if the child is between eighteen months and three years. This means that a newborn hearing test cannot be used for a child four or more months old. In that case you should administer the Early On screening tools in Appendix Seven. Document the method used to evaluate hearing and vision, the date of the screening, and the name of the screener, on the evaluation page of the IFSP

It is also important that a physician's health report be included in each evaluation, unless the family has withheld consent for a physician consult. Once consent has been secured at the first visit, you should send or fax the physician a request for a physical health report. See an example of a form in Appendix Eight. Document the request for a physician's report on the evaluation page of the IFSP.

The evaluation must also include the family interview, unless the family chooses not to participate in that part of the process.

Once the evaluations are complete you need to create the evaluation report, to be included with the IFSP, gather reports from any other evaluators, gather feedback from physician (although not all will return it within the necessary time-line), and prepare a draft of the IFSP in collaboration with any other appropriate service providers.

You then need to schedule the initial IFSP meeting, and this must take place within the forty-five day timeline. If the parents are unable to meet at times within the forty-five days that is an acceptable reason for a delay, but there can be no delay from the Early On or school district side. Invitations for the IFSP meeting should be sent to the parents and all service providers should be invited. Parents should be encourage to bring anyone they would like to the IFSP, including childcare providers, family members, or outside specialists that are already working with the family.

If at any time during the evaluation process the family chooses to stop accessing the Early On system you need to send a referral feedback form to the WISD indicating that the “family declined/withdrew consent to evaluate at this time” and the date that decision was made.

Eligibility

Upon completion of the evaluation of the child it should be clear whether the child qualifies for Early On services or not. Children must show a 20% delay or have a qualifying condition to receive Early On services. Therefore it is important that you document the delay as at least 20% on the IFSP. Children who do not meet the requirement and do not have a qualifying condition do not qualify for Early On services. It is possible to establish the percentage of delay using standardized evaluation tools – including the IDA and IDA-SE. In general, if the child is one standard deviation below the norm they qualify as 20% delayed.

If a child does not qualify for Early On services then there is no need to hold an IFSP meeting, but a meeting with the parents to review the evaluation, provide resources, connect the families to services such as First Steps Washtenaw, and answer their questions and concerns should be scheduled. Once the meeting has taken place the referral can be withdrawn by using a referral feedback form noting that the child does not qualify, and the date of the decision.

IFSP Meeting

Must be held within forty-five days of the initial referral date.

The goal of the IFSP meeting is for the parents and service providers to agree upon a plan to meet the child’s needs. It is important that as service coordinator you go to the meeting with a draft of the IFSP, to guide the process, but only a draft as the parent’s input and changes are essential to the process. The IFSP meeting starts with a review of the assessment reports, and a discussion of the results of the evaluation. You should then review the family assessment including any concerns, resources, and priorities the family has, to make sure that they are being included in the plan. The team should consider any changes in the child since the evaluation. The focus of the meeting is then to complete the IFSP paperwork with the family. The goals should be family driven and based on the family’s priorities for their child. When the meeting is completed the family needs to sign the IFSP. The family must receive a copy of all the paperwork completed at the meeting.

If there is some reason that the parents and coordinator cannot agree to a final IFSP during the initial meeting it is possible to schedule a follow-up, within 15 days to finalize. These situations include those where additional information is needed, where parents cannot agree among themselves, or where there is disagreement around recommended interventions.

Once the IFSP is complete and signed by both the parent and the service coordinator a copy needs to be sent to the WISD for entry into the MI-CIS state system. You should also note the dates at which the six-month and annual reviews will be due, and when the child will enter into the transition period (2 years, 3 months to 2 years, nine months).

Initiation of services

Must start with thirty calendar days of the signed IFSP.

Once the IFSP has been completed the chosen activities, supports, and services should start immediately, and must start within the first thirty days. Any new services not meeting the timeline must have a valid reason of “Exceptional Circumstances” or “Natural Disaster”. The coordinator is responsible for ensuring that services outlined in the IFSP are initiated and ongoing. The coordinator will work with the team to check how the child is reaching the outcomes listed in the IFSP. The coordinator will make sure the plan changes as the child’s needs change. The coordinator is also responsible for reporting the actual start of services date to the WISD.

Support Staff and Resources

The staff at the WISD are there to help us with the referral and IFSP process. This is how and who can help you at any point in the referral process.

There are three key staff members:

Janet Grand coordinates all contracts and billing related to Early On, and coordinates resources such as the red parent folders and promotional materials, and is the key contact for the state Early On referral system. Janet also receives referrals by phone, email, mail and fax from 1-800 Early On, parent, physician, district coordinator, or other. She then sends the district coordinator a copy of the referral. Janet also enters referral information into the referral database created by WISD, which generates parent letters and envelopes. Janet starts the electronic record for the referral and enters the initial referral data in MI-CIS (Michigan Compliance Information System).

Elaine Schauder is responsible for subsequent entry of information into the MI-CIS system, including updates, feedbacks and exits. Elaine also manages the data, the electronic records, and creates monthly reports. These reports include All Current Children, Outstanding Referrals, and others.

Jackie Page assists with data entry for COSFs and IFSPs, and processing electronic records.

Elaine, Janet, or Jackie review the electronic data that district coordinators send to earlyon@wash.k12.mi.us. Documents are saved and entered into MI-CIS and into the electronic record.

Contacts at the WISD: 994-8100

Janet Grand – contracts, billing, referrals - jgrand@wash.k12.mi.us , 994-8100 x1530

Elaine Schauder – data entry, file management, reporting issues
schauder@wash.k12.mi.us , 994-8100 x1299

Jackie Page – data entry, file management - jpage@wash.k12.mi.us , 994-8100 x1222

Marianne Miller – Director mamiller@wash.k12.mi.us, 734-994-8100 ext. 1524

Section Three: Ongoing Family and Child Support

Service delivery

The Early On coordinator is responsible for coordinating delivery of all services included in the IFSP. The level of services is decided based on meeting the goals set in the IFSP. Services need to be updated and continually monitored to make sure progress is being made towards the goals. The coordinator must make sure this happens. In addition, once a goal is met the Early On coordinator is responsible for either updating the IFSP or, when appropriate for exiting the child from the Early On system, with appropriate referral and follow-ups.

Review of services

A review of the services written on the IFSP is required every 6 months. At the parents' request it may be scheduled earlier, but it cannot be delayed. The six month review can be informal and done by phone if that is the parent's choice. The review is based on the child's progress and the concerns and priorities of the family. A change may be needed if the child is ready for new activities, supports, or services. A six-month review must be filed with the WISD by sending in an updated version of the IFSP. Authorizations to share must be updated and re-signed at each six-month review.

Annual IFSP Eligibility & Services Review

A face-to-face meeting with the parents must be conducted on at least an annual basis, from the date of the completed IFSP, to assess the progress of the child. The child's continuing eligibility or delay must be evaluated. The IFSP must be assessed and/or revised for the child and family. The child's services must be revised if appropriate and/ or necessary. An annual IFSP must then be filed with the WISD.

Transition at six month reviews and annual IFSPs

As you conduct six month reviews and annual IFSPs it is essential that you keep a close eye on the child's age and use the reviews and meetings to conduct the necessary transition planning within the required time gap – from the child's 2 year, 3 month birthday to 2 year, 9 month birthday. See section four for more details on transition planning.

Section Four: Transition out of Early On

Transition Planning

Transition planning and support should be an integral part of the IFSP process from the very beginning. The transition process is to begin when the child is between 2 years, 3 months and 2 years, 9 months. A Transition Plan is required for all Early On students exiting at 33 months or older, and should be done for every exiting student. The written transition plan must be part of an initial, review, or annual IFSP.

Transition steps are included in an IFSP to ensure that each child and family is prepared to move from one set of services to another and from one setting to another. Transition planning includes discussions with, and training of, parents regarding future placements and other matters related to the child's transition. It includes procedures to prepare the child for changes in service delivery.

Reasonable efforts should be made to convene a planning conference with the family, lead agency, and service providers, for children who are not considered special education eligible. The team should bring everyone together (from the *Early On* team and the new program or activity) at a time and place convenient to the family.

A Transition Conference is mandatory for children who are potentially eligible for special education programs. A conference must be held with the family, service coordinator, lead agency, and local education agency.

When a child is leaving *Early On*

The *Early On* team will look at what should happen next for the child. Plans should be made for the transition from *Early On*. If the child has been receiving special education services and needs these services to continue, the service coordinator should help transition the child to the special education team and give them information on the child's abilities and services. The special education team will work with *Early On* to see if the child is eligible for preschool special education services, and if so, what services are appropriate.

When a child is potentially eligible for Special Education a Special Education referral form should be completed and sent to the district special education department before the 2 year, 9 month anniversary.

If the child is not eligible for preschool special education, the service coordinator will work with the parent to identify other options that may be appropriate for the child. Some examples of these options are First Steps educational groups, a private or church preschool, Head Start, or other activities near their home.

Some of these children will keep some of the same supports and services (such as special education services) that were listed on their IFSP. These supports and services may link to the program or activity they attend. Where children go and what they do when *Early On* ends is individualized. Individualized means it is about the child's unique situation and needs. It is individualized because each family and child is different.

The record

Whether a child leaves *Early On* earlier or at age three, the team must talk to the parent about the *Early On* record. The parent can choose what happens to the papers and plans when the child leaves *Early On*. The parent and the *Early On* team will indicate, on the IFSP, what the parent wants to do with the *Early On* record. One choice could be to have part or all of your record sent to a new program, activity, or area. Another choice is to have the record "destroyed". This means taking out all personal information.

Early On Transition Rules

- All children exiting Part C should have a Transition Plan
 - Plan is required for children 2 yrs 9 mos – 3 yrs at exit
- The Transition Plan must be done as part of an Initial, Review, or Annual IFSP
 - Transition Plan cannot be a stand-alone document
 - The Review may occur at a time other than 6 months
 - It must include a review of the child's progress
- Data entry will use the date from the first page of the IFSP for the Transition Plan Date
 - This must be the same as the Transition Plan meeting date
 - The date must correspond with the IFSP signature date
 - The date must fall within the timeline of 2 yrs 3 mos – 2 yrs 9 mos
- Transition information can be recorded in the contact log, but should not be entered on the Transition pages of the IFSP until the Transition Plan is complete and signed by the parent/guardian
- Information can be added to the transition pages after the completion date of the Transition Plan, but each addition must be dated and initialed by the parent
- The Transition Conference should be done at the same time that the Transition Plan is completed
 - If it can't be done at the same time, a separate document is needed with the conference date, attendees, and signatures
 - Transition Conference is required for children referred to Special Ed
 - Transition Conference is required for children who are already Special Ed eligible
 - Transition Conference date must fall within the timeline of 2 yrs 3 mos – 2 yrs 9 mos
- The Transition Conference Date can be submitted on a stand-alone document

Section Five: The Paperwork

In this section you will find a Washtenaw Early On form followed by some guidance in completing the paperwork. Although each child's case is individual it is important that we complete the forms and paperwork in a consistent way.

Each of the forms included in this section should be sent to the WISD for entry into MI-CIS as soon as it is completed and signed by parents.

When notes are included in the paperwork examples they are in red ink – all black ink within the forms are in the original forms that you will complete. Up-to-date copies of all forms are available on the WISD website – go to www.wash.k12.mi.us – go to the “Departments” menu, then the “Special Education” menu and scroll down to “Early On Forms”. You can then click on either a pdf or a Word document copy of the form.

Washtenaw Early On Electronic File System What Early On Coordinators need to know

As of September 15, 2010 the WISD moved to a totally electronic record format for all Early On documents – including all referrals, forms, email and reports. This is being done as it will reduce the work needed to maintain the file, and increase the file reliability.

The existing paper files have been scanned and converted to electronic files, and all new materials will be added to the electronic file, the paper file is no longer maintained.

Coordinators submit all materials related to Early On electronically, rather than in paper or faxed formats.

Submitting material:

- Coordinators should send all Early On correspondence and attached documents to earlyon@wash.k12.mi.us where Janet, Elaine, and Jackie have access to it.
- Each form should be sent as a separate document. Reports/evaluations should be included with the IFSP if referred to as “see report”; otherwise they should not be sent to WISD.
- If separate pages of an IFSP are sent, the child’s name must be on the page.
- When you have sent an email you will receive an automatic response letting you know it has arrived. You can then be confident that the document will be entered into both the electronic record and MI-CIS

Other notes:

- It will be necessary to scan documents that have signatures, including the last page of the IFSP. If you do not have scanning facilities in your district you are welcome to use the WISD copier/scanners which email you the scan. Please ask Janet for an orientation and to enter your email address into the system for easy emailing to yourself.
- All email sent with documents will become part of the electronic record, so please be conscious of keeping it professional



Early On Authorization to Share Information

Child's Name: Last	First	Middle
Birth Date:		Parent/Guardian/Surrogate Parent:
<p><i>Early On</i> Michigan helps to coordinate services that eligible children may need to grow and develop. I understand that these services may come from different agencies. In order to plan for and provide the best possible care for my child and our family, various professionals may need to share information about my child. This form is an authorization, or permission from me, for those professionals to share the information I would like shared. I understand that this information may be used to help decide if my child is eligible for services, how best to coordinate and provide those services, and the services for which we qualify.</p> <p>The agencies and persons I have initialed below have my permission to share the information about my child and family that I have listed. This could be electronic, verbal, or written. I understand that information will NOT be shared without my authorization with anyone who does not have a valid reason for it or unless authorized under applicable federal and state laws. I understand that this information will not be shared with anyone who has not agreed to meet applicable confidentiality standards. I am aware that I can, without penalty, at any time, cancel this consent and not share information with these persons or agencies. My authorization to share information is voluntary and is good for six (6) months. At any time I may let <i>Early On</i> know, in writing, that I wish to cancel this authorization to share information form.</p> <p>I understand that <i>Early On</i> needs my feedback in order to plan improvements for eligible children and their families, and that my name and address may be used by <i>Early On</i> to send me <i>Early On</i> consumer surveys.</p> <p>Please initial all lines that apply:</p> <p><input type="checkbox"/> I have read and understand this consent form (or it has been read to me in a language I understand).</p> <p><input type="checkbox"/> I understand that my authorization or consent to allow the sharing of information about my child is voluntary and I may deny or revoke consent at any time, without penalty. Revocation of consent is not retroactive.</p> <p><input type="checkbox"/> I understand that information about my child will also be kept on a database that is subject to the same confidentiality provisions.</p> <p><input type="checkbox"/> I understand the confidentiality of information about my child is protected by state and federal law, including the Individuals with Disabilities Education Act (IDEA), the Family Educational Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA). The protected health information (PHI) or personally-identifiable information (PII) in my child's records cannot be disclosed, given, sold, or transferred in any way to any other agency/program (and its contractors or authorized representatives) not specified in this release unless otherwise specifically authorized by federal or state laws.</p> <p><input type="checkbox"/> I understand that authorizing the disclosure of this health information is voluntary. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or services, payment for services, or eligibility for benefits unless the information is necessary to demonstrate that I meet eligibility or enrollment criteria.</p> <p><input type="checkbox"/> I authorize the agencies designated and their contractees or representatives to engage in verbal or written communication in order to share records and information as indicated above.</p> <p>OR</p> <p><input type="checkbox"/> I do not wish to have any information shared at this time.</p>		

Child's Name: Last	First	Middle
Birth Date: Parent/Guardian/Surrogate Parent:		

Agencies Authorized to Exchange Information Include: *(initial those that apply)*

Info to share	Initial	Agency/Person	Info to share	Initial	Agency/Person
use codes from the information codes listed below in the form	parent initials	Health Department (specify)	use codes from the information codes listed below in the form	parents initials	Head Start
”	”	Community Mental Health (specify)	”	”	Hospital (specify)
”	”	Department of Human Services	”	”	Physician (specify)
”	”	Intermediate School District (specify)	”	”	Physician (specify)
”	”	Local School District (specify)	”	”	Other (specify)
”	”	Michigan Department of Community Health	”	”	Other (specify)

Parent/Guardian:	Date:	Expiration Date: (6 months after signature)
------------------	-------	--

Service Coordinator/Witness:	Date:
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To withdraw consent: check the box below and sign.
 I withdraw my consent for persons/agencies to share information as listed above. I understand that my withdrawal is not retroactive so that information shared before my withdrawal is still considered authorized.

Signature of Parent/Guardian:	Date:
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NOTE: This form may also include information about behavioral or mental health services. This form does not permit information about HIV/AIDS, other communicable diseases, and federally-funded programs on drug and/or alcohol use/misuse to be shared. A separate authorization to share, specific to this information, must be obtained and signed.
 I understand that certain directory or child find information (which is the child and parents' names, child's date of birth, address(es), and phone numbers) may be disclosed to the school district for purposes of contacting parents about potential preschool services, but that the school district may not re-disclose this information to others without prior written parental consent under IDEA and FERPA.

6 Month Reauthorization	Date: _____	Parent/Guardian: _____	Service Coordinator: _____
6 Month Reauthorization	Date: _____	Parent/Guardian: _____	Service Coordinator: _____
6 Month Reauthorization	Date: _____	Parent/Guardian: _____	Service Coordinator: _____
6 Month Reauthorization	Date: _____	Parent/Guardian: _____	Service Coordinator: _____
6 Month Reauthorization	Date: _____	Parent/Guardian: _____	Service Coordinator: _____

Information Codes		
(1) Educational Records inc. any IEPs of/from ISD and LSD	(6) Social/Developmental History	(10)(A) Occupational Therapy Reports
(2) Health/Medical Reports	(7) Staffing Reports/ Provider Notes	(10)(B) Physical Therapy Reports
(3) Progress Reports	(8) Speech/Language/ Communication Reports	(11) IFSP Service Plan (parent-signed Initial and any subsequent signed IFSPs)
(4) Discharge Summaries	(9) Developmental Evaluations and Assessments	(12) Medicaid Number (This will also be used to access information associated with the number that is needed to ensure diagnosis, treatment and payment of services.)
		(13) Private Insurance Number (This will also be used to access information associated with the number that is needed to ensure diagnosis, treatment and payment of services.)
		(17) All Information
(5) Psychological Reports	(10) Gross/Fine Motor Reports [OT and PT reports are a subset of this category]	(18) Other (specify)

Guide to Completing the Authorization to Share Form

When completing the Authorization to Share form it is not necessary that the parents choose to share their information with all the options listed on the form. The idea is that they can choose who should be included, and the options are presented to suggest possible connections. Families can choose to share the information with GSRP programs, preschools, and childcare providers, and this should be considered in the process.

The authorization to share expires once every six months and should be re-signed and reviewed at each six month and annual IFSP review.

Please have parents initial all statements that apply.

Guide to Completing the Consent for Evaluation Form

Fill in the child's name, birth date, address and phone number.

The parent should initial the lines that apply, including all areas that they are giving consent to be evaluated.

The parent needs to initial the lines to give consent if they are willing to participate in a personal interview, and/or share evaluations already done.

If the parent has decided they don't want to participate in Early On they must initial the corresponding statement.

The parent and the coordinator must sign, date, and write their phone numbers.

The parent must sign the consent to evaluate in order for the process to move forward. Participation in Early On is voluntary. Therefore procedural safeguards are provided that require parental notice and consent as indicated. There are times when the birth parent consent is not possible. In these cases a surrogate parent can be appointed to function as a parent for purposes related to Early On.

The appointment of a surrogate parent is necessary in the following situations: No parent can be identified. The responsible agency, after documented reasonable efforts, cannot discover the whereabouts of the parent. The child is a ward of the state or court and parental rights have been terminated. The surrogate is appointed by the agency or department having court assigned responsibility for the child. Surrogate parents have the same rights as parents.

A foster parent, relative care provider or a guardian may all act as an appropriate caregiver in place of the parent when any of the above conditions exist, and it is a long term placement. In these cases surrogacy is not necessary.

Early On Referral Feedback



Today's Date: _____

Date of Referral: _____ Referred to: _____ Agency/District: _____

Student	
Name: Last: _____	First: _____ Middle: _____
Birth Date: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Student UIC: _____

Please check only one box (Dates Required)

Reason for Cancellation
<input type="checkbox"/> Unable to contact the family; three attempts made. Certified letter mailed on: _____
<input type="checkbox"/> Family moved (date) _____ (specify location) _____
<input type="checkbox"/> Family declined/withdrew consent to evaluate at this time (date) _____ Further contact planned? (specify) _____
<input type="checkbox"/> Child died (date) _____
<input type="checkbox"/> Other reason for terminating evaluation process (date) _____ Reason required (specify) _____
<input type="checkbox"/> Child has been evaluated and is Not Eligible for Part C

Comments:

Guide to Completing the Referral Feedback Form

Write in today's date, date of referral, who the child was referred to, and the agency/district.

Write the child's last, first, and middle name. Write the child's date of birth. Check the box for male or female and enter the student's UIC number.

Check one box to indicate the reason for cancellation. The date must be filled in.

If the evaluation is complete, check the appropriate box if the student is not eligible for Early On. As the IFSP provides qualification information, this form is usually only used after an evaluation if the child does not qualify, it is not necessary to complete one for a child for whom an IFSP has been completed and signed.

Include additional information in the "Comments" box. Please be as complete as possible. Information given to the family about resources or other program referrals can be included here. This is the only place to document the referral and resources you have made for ineligible students.



Early On Washtenaw Coordinated Individual Family Service Plan

Name: Last First Middle
Birth Date: Age: Gender: Male Female Student UIC:
Address of child: City: Zip Code:
Resident District: Child's City of Birth:

Ethnic: American Indian/Alaska Native Asian/Asian American Black/African American
Hispanic Yes No Native Hawaiian/Other Pacific Islander White/Middle Eastern

Name of Parent/Guardian: Relationship to Child:
Address: City: State: Zip Code:
Home Phone: Other Phone: Email:

Name of Parent/Guardian: Relationship to Child:
Address: City: State: Zip Code:
Home Phone: Other Phone: Email:

Our Preferred Language Is: *If in Foster Care, Birth Parent must be listed

REFERRAL INFORMATION

Date of Referral: Consent to Evaluate Date: Referred By:

First IFSP Meeting Date: Initial IFSP Completion Date: 30 Day Placement:
(Day 45 - Evaluation completed) (Day 60 - Signatures received)

Special circumstances for not meeting 45 or 60 day timeline: (Reason Required)

Additional Information:

6 Month Review (or earlier): Interim IFSP:
Annual IFSP: Transition - from 2 years, 3 months to 2 years, 9 months:

Combined IFSP/Eligible IEP Yes No Exit Date (Must attach Exit Form):

ELIGIBILITY

Eligibility for Early On

(Must check one)

Yes No
Move from Michigan Special Education Services

Established Condition: Primary:
Established Condition: Secondary:
Developmental Delay: Primary:
Percentage:
Developmental Delay: Secondary:
Percentage:

Other/Comments:
Service Coordinator:
Agency: Address:

Eligibility for Michigan Special Education Services (Must check one)

Yes No Not Evaluated
Move from Early On Part C

Referral Date:
Consent for Special Education Evaluation:
Primary Eligibility:
Secondary Eligibility:

IEP Date: MET Date:
Phone:

Guide to Completing the Individual Family Service Plan Cover Page

Write the child's last, first, and middle name. Write the child's birth date, age, UIC number. Check the box for the child's gender.

Write the student's city of birth, resident district, preferred language, and check the box for their ethnicity.

Write the parent/guardian/surrogate parent's name, address, phone number, and email address. If parents are not together fill in separately. If in foster care include birth parent information.

Referral Information

Write the referral date, consent to evaluate date, and who referred by.

Check the box for the type of IFSP. If an initial IFSP then write the first IFSP meeting date. A 30 day placement is for a special education referral and evaluation process, and it is rare for us to use this.

The first meeting date must be held within 45 days of the referral date. All initial IFSPs must be completed within 60 days of the referral. If the IFSP was delayed write special circumstances or reasons for delay. Your choices are:

- a. Natural Disaster: Weather related issues prevented the child, family and/or agency from completing the evaluation and/or IFSP within the timeline. Use this when the meeting was scheduled but an event such as the closing of the school for a snow-day meant that it had to be rescheduled.
- b. Exceptional Family Circumstance: The parent(s) or family was not available for completion of the evaluation and IFSP prior to the due date.
- c. Personnel Unavailable: Persons responsible for evaluation of the child were not available. This means that the district did not meet the compliance requirement, and should not be used.
- d. External reports not received: Diagnostic reports necessary to confirm eligibility for Part C were not received prior to the IFSP due date. Again this means that the district did not meet the compliance requirement, it should never be necessary that this is used.
- e. Other: The Initial IFSP meeting and/or the Initial IFSP Plan was held after the due date for reasons other than listed here. This should not be used.

The only reasons that will be considered Acceptable for Referral Outcomes are Exceptional Family Circumstance or Natural Disaster.

If this is the 6 month review, annual IFSP, or transition, check the boxes and write the date. IFSPs can be two different types if one is a transition – for instance they can be both an initial and a transition IFSP.

If this is an exit write the date and attach the form. In most cases you will not complete an IFSP for an exit.

Check the appropriate box for Combined IFSP/Eligible IEP.

Eligibility

Check one box for Early On eligibility. Check the box for established condition, as appropriate, and/or developmental delay. If the child is eligible under developmental delay, it must exceed 20% and the % should be written into the space. Write the primary and secondary conditions or delays as appropriate.

Check one box for Special Education eligibility. Write the date of referral, and date of consent for special education evaluation. Write the primary and secondary eligibility. Fill in the IEP and MET dates. If you did not evaluate for special education check the box "not evaluated". This does not make the child ineligible for special education, but simply states that you did not make them eligible. They can be evaluated at a later time and found eligible for special education.

Write the district, service coordinator, and the phone number of the service coordinator.

EVALUATION

Must include all the following: the results of developmental assessments, developmental history, health status and observation of parent and child.

PRESENT LEVEL OF DEVELOPMENT

Area	Family Input	Priority of Family	Current Findings (Include method and/or evaluation instruments)	Name Title Date of Assessment
Health & Medical (Including Vision & Hearing)	List concerns and if vision and hearing have been checked	#	Physician Health Status Form requested on (date): _____ Results showed: <input type="checkbox"/> No physical health concerns <input type="checkbox"/> Concerns raised: _____ <input type="checkbox"/> Physician did not return information by IFSP date Hearing Test by Physician (name): _____ On (date): _____ Results showed: <input type="checkbox"/> No concerns <input type="checkbox"/> Concerns raised: _____ Vision Test by Physician (name): _____ On (date): _____ Results showed: <input type="checkbox"/> No concerns <input type="checkbox"/> Concerns raised: _____ Early On Hearing Checklist administered on (date): _____ <input type="checkbox"/> Child passed and results showed no reason for further testing <input type="checkbox"/> Checklist identified cause for concern: further hearing testing for _____ did/will occur Early On Vision Checklist administered on (date): _____ <input type="checkbox"/> Child passed and results showed no reason for further testing <input type="checkbox"/> Checklist identified cause for concern: further vision testing for _____ did/will occur	name of staff, their title and the date of the assessment
Movement (Fine/Gross Motor)	List concerns parents have in this area or write no concerns	#	IDA or other tool, typical or of concern for age assessed	”
Understanding & Expression (Communication)	”	#	”	”
Thinking & Learning (Cognitive)	”	#	”	”
Relationships & Interactions (Social/Emotional)	”	#	”	”
Doing Things for Him/Herself (Adaptive/Self-Help)	”	#	”	”
Parent/Guardian Child Interaction (Observable Relationships)	”	#	example: mom/dad has a warm and interactive relationship with their child or parent is responsive to child	”

Attach Evaluation Reports

Guide to Completing the Evaluation Page

This page is used to record the present level of development of the child, and the method used to ascertain that level of development.

Health & Medical: It is essential that you choose the options that apply for this student, and that you fill in the blanks, including dates.

In all other areas you can either detail the present level of development in the "Current Findings" box, or simply provide a quick summary and refer to an attached report. You are encouraged to attach a report, but detailed statements on this form will suffice. If you are establishing the 20% delay with an Informed Clinical Opinion you must attach a report to support your conclusion.

For each area ensure that you detail the name of the staff member who conducted the evaluation, their role and the data of the evaluation in the final set of boxes.

FAMILY NEEDS AND PRIORITIES

Complete only if the family has given permission for an interview on the *Consent to Evaluate Form*.

Name: Last _____ First _____ Middle _____

Person Interviewed: _____ Date of Interview: _____

Tell me about your child, how would you describe him or her:

- | | | | | |
|-------------------------------------|--|---------------------------------------|--|---|
| <input type="checkbox"/> Playful | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Calm | <input type="checkbox"/> Fearful or shy | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Hot tempered | <input type="checkbox"/> Confident | <input type="checkbox"/> Reckless | <input type="checkbox"/> Hard to handle |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Sad | <input type="checkbox"/> Worried | <input type="checkbox"/> Unusually sensitive | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Likes People | <input type="checkbox"/> Fearless | <input type="checkbox"/> Joyful | <input type="checkbox"/> Good Disposition |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Hard to Comfort | <input type="checkbox"/> Other: _____ | | |

What is your child's typical day like, who is he/she usually with, what does he/she play with, and what are meal times/bath times/dressing times like?

On most days, what part of the day is the most enjoyable? The most difficult?

How does your child get along with people? With you? With others?

Is there anything about your child that worries you?

I want to know more about: (Check all that apply)

- Meeting with other families to share information, or to learn about a child like mine
- Finding or working with doctors or other specialists
- Planning for the future; what to expect
- People who can help me at home or care for my child so I/we can have a break
- Information on my child's disability, what it means
- Resources to help defray costs of my child's special needs (e.g., equipment, supplies, other)
- Housing, clothing, jobs, education, food, telephone, transportation
- Other: _____
- None of the Above

I want help for my child in the following area(s): (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Getting around | <input type="checkbox"/> Talking and listening |
| <input type="checkbox"/> Thinking, learning, playing with toys | <input type="checkbox"/> Feeding, eating, nutrition |
| <input type="checkbox"/> Having fun with other children | <input type="checkbox"/> Behaviors & feelings (constant crying, he doesn't like to be held, doesn't look at me) |
| <input type="checkbox"/> Bathing, getting dressed, bed time | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Calming down, quieting down | <input type="checkbox"/> Other |
| <input type="checkbox"/> Seeing or hearing | |
| <input type="checkbox"/> None of the Above | |

Guide to Completing the Family Needs and Priorities Section of the IFSP

Complete this form only if the parents have given consent for the interview. Use the form to suggest the questions you should use and shape the conversation with the parents, however, if it seems important it is appropriate to ask additional questions that provide clarity around the child or the parent's needs and expectations.

Early On Washtenaw Coordinated Individual Family Service Plan

GOALS/OUTCOMES/REVIEW

Name: Last _____ First _____ Middle _____

Date: _____ Initial 6 Month Review Annual Review
 30 Day Placement Interim Transition Other Review

Review of Outcomes must be conducted at least every six months OR more frequently if the family requests a review to determine the degree of progress toward achieving outcomes and whether modifications or revision of the outcomes or services is necessary.

Present Status – What is happening now?

GOAL(S)/OUTCOME(S) STATEMENT: Outcome # **Related to Family Priority #**
A – Audience (Person targeted); **B** – Behavior (Procedures to be used); **C** – Criteria; **D** – Duration (Time Line)

Steps/Objectives – To reach this outcome. For each Special Education goal list at least 2 short term objectives to meet each goal.	Expected Time Frame
---	---------------------

Strategies/Methods – for working on this outcome during this child & family’s daily routines and activities.	People to be involved
---	-----------------------

Date for reviewing the progress made on this outcome (must be within 6 months of the date written):	
REVIEW OF OUTCOME(S)	
Progress Summary: (What has changed since the outcome was last written or reviewed?)	
Modifications/Revisions: (What changes need to be made with this Outcome?)	
<input type="checkbox"/> I participated in the review of this outcome Parent Signature:	Date:

Guide to Completing the Goals/Outcomes/Review Section of the IFSP

When using the goal page separate from the IFSP, be sure to fill in child's name and date, and check the box for type of plan.

This page should be completed with the full input of the parents and other attendees at the IFSP. It is appropriate to go into the IFSP with a draft of these pages, but do it in such a way that the parent understands that they have a great deal of input here.

Details in this section should be written in clear English, avoiding technical terms and field jargon as much as possible, as this page really tells the parents our shared goals for the child, and needs to be easily understood by them.

The review of outcome section should be used at the six-month review and can be a place in which changes are made to respond to the development of the child. At the annual IFSP review new goals should generally be developed as one year of change is a great deal for children this of this age.

Ensure that the parent signs the goals page each time you review them.

Early On Washtenaw Coordinated Individual Family Service Plan

Services

Name: Last _____ First _____ Middle _____

Date: _____ Initial 6 Month Review Annual Review
 30 Day Placement Interim Transition Other Review

* Prim Serv	Service/ Provider	Supports Outcome(s) #	Frequency (How often?) Intensity (How long?)	** (I) (G)	Start Date	End Date	Actual Begin Date	*** Setting/ Location	Payor	Parent Initials
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										

* Must Select 1 (only) as Primary Service

** Individual (I) Group (G)

*** H – Home CB – Community Based O – Other (indicate why service cannot be met in the natural environment)

If any service cannot be met in the natural environment with supplementary supports explain why it cannot be met there and the timeline for its inclusion into the child's natural environment.

OTHER SERVICES

To the extent appropriate, the IFSP must document services that are not required or covered under Part C. Listing the non-required services does not mean that those services must be provided, however, their identification can be helpful to both the family and the service coordinator to assist in securing those services, including those through public or private sources. These services must correspond to family identified outcomes.

Service	Outcome #	Start Date Mo/Day/Yr	End Date Mo/Day/Yr	Duration/ Frequency/ Intensity	Provider Information	Location/ Setting	Funding Source

Guide to Completing the Services Section of the IFSP

Services

When using the services page separate from the IFSP, be sure to fill in child's name and date, and check the box for type of plan.

Use the drop down menu within the services box to identify the type of service.

Use the title "special instruction" for play/learning groups – such as speech groups or First Steps activities. These must be considered "Other Services" if an Early On provider is not present.

Choose the most important service and check that it is the primary service

Make sure parent initials each service on the form

Frequency of each service – how often the service will be given. If you write in a range then the lower amount is entered into MI-CIS – for instance if you put "Speech language" and 2-4 x a month, then 2 times a month will be entered into the system.

Intensity of each service – amount of time for the service (hours/minutes). If you write a range then the lower amount is entered into MI-CIS.

List service provider name – for home visits and service coordination this will probably be you, but for speech therapy or physical therapy the name of the service provider should be listed.

Note if the services will be given as individual or in a group (I or G)

Start date - Planned date for service to start – within the next 30 days

Once services have begun – Keep track of the actual begin date for new services. If the services will begin on the same day the IFSP is signed, the "Actual Start Date" can be entered. Otherwise, leave the date blank and WISD will request these dates via a new monthly report. If actual begin date is more than 30 days from IFSP Plan date, WISD will require a late reason.

For services that are intended to start more than 30 days from the annual or 6 month review plan date, complete a separate "Other Review" plan using the later date.

Ending date - when service ends.

Setting/location - list where the services will be given.

Other Services

Here you can list First Steps or another early childhood program such as a preschool program, EMU Autism Collaborative, UM program etc.

Early On Washtenaw Coordinated Individual Family Service Plan Transition

Name: Last: _____ First: _____ Middle: _____ DOB: _____
 Parent/Guardian Name: _____
 Service Coordinator Name: _____
 Transition Period Dates: 2 years, 3 months _____ 2 years, 9 months _____ 3rd Birthday _____

Transition Plan Meeting Date: _____
 (Must match parent signature date)

STEPS & SERVICES TO SUPPORT THE TRANSITION OF THE CHILD

Discussion with parents regarding future placements of their child. (include at least 2 options)
 1. _____ 2. _____ 3. _____ 4. _____

Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to a new setting.
 Prepare a visit to a potential program.
 Explore other community resources.
 Other: _____

Strategies that will be used to address the above steps: (the first 2 must be addressed)

TRANSITION CONFERENCE

The Transition Planning Conference must take place at least 90 days, but not prior to nine months, before the child's third birthday, for any child who may be transitioning to Special Education services.

Transition Conference Date: _____

In attendance:

Parent Signature: _____
 Service Coordinator Signature: _____
 Lead Agency Signature: _____
 LEA Representative Signature: _____

Expected Transition Date: _____
IEP Date (if appropriate) _____

REASON FOR TRANSITION

Child reached 3rd birthday
 Child no longer meets definition of eligibility for *Early On*[®]
 Parent no longer wants services
 Family has moved
 Unable to contact family
 Other: _____

CHILD'S PRESENT LEVEL OF DEVELOPMENT

Transition Needs:
(check all that need to be addressed)

Health

- Vision/Hearing
- Gross Motor
- Fine Motor
- Communication
- Thinking Skills
- Social/Emotional
- Adaptive

Updated Evaluations: (include results, instrument(s) used, date, and evaluator(s))

Present Eligibility for Special Education: (Check one) Eligible Potentially Eligible Not Eligible

Services that will end at my *Early On* Transition date:

Service	How Long/How Often	Location	End Date	Parent Initial

Services that will continue beyond my *Early On* Transition date:

Service	How Long/How Often	Location	End Date	Parent Initial

Guide to Completing the Transition Plan and Timeline

The transition process for Early On students fundamentally starts when they enter Early On – we should always be thinking about their next steps and their supported development. Officially the transition period starts at 2 years, 3 months of age and continues through to the third birthday when the child exits from Early On.

Between 2 years, 3 months and 2 years, 9 months a transition plan must be completed and a transition meeting held for the family and child. The family can request a full transition conference, with all therapists etc. present, or a conference with just the Early On Coordinator.

If the child is potentially eligible for special education they need to be formally referred before their 2 year, 9 month anniversary, and a Transition Conference is required. Enter the transition conference date, and obtain signatures from those in attendance.

Transition information can be recorded in your contact log while the plan is being developed. The Transition Plan must be part of an Initial, Review, or Annual IFSP.

When the Transition Plan is considered complete, enter all applicable information, and, enter the Transition Plan Meeting Date. This must match the parent signature date of the IFSP.

If changes are made after the signature date, parent must initial and date those changes.

Signatures

Since the Transition Plan is part of the IFSP, signatures on the IFSP Signature Page indicate agreement with the plan.

If a Transition Conference was held, Parent, Service Coordinator, Lead Agency, and LEA Representative must sign where indicated in the Transition Conference section of the form.

***See Section 4, page 16-18 for additional information**

Signature & Procedural Safeguards

(This signature page is to be used with every IFSP or IEP development or change.
Check the "Type of IFSP/ IEP to indicate the purpose of this page.)

Child's Legal Name: _____ Date: _____

TYPE OF IFSP OR IEP		
<input type="checkbox"/> Initial IFSP Date: _____	<input type="checkbox"/> Other Review/Date: _____	
<input type="checkbox"/> Completed IFSP Date: _____	<input type="checkbox"/> Interim IFSP _____	
<input type="checkbox"/> 6 Month Review/Date: _____	<input type="checkbox"/> Transition Conference/Date: _____	
<input type="checkbox"/> Annual IFSP and/or IEP/Date: _____	<input type="checkbox"/> Transition/Date: _____	
TEAM MEMBERS AND CONTRIBUTORS		
Printed Name/Signature	Role/Agency	Phone/email
PARENT CONSENT (Please check all that apply)		
<input type="checkbox"/> I/We as parent(s)/guardian(s), have had <i>Early On</i> [®] and/or Special Education explained to me/us including my/our rights and the possibility of participation in an evaluation survey.		
<input type="checkbox"/> I/We have helped to develop this plan. <input type="checkbox"/> I/We understand and agree with its content.		
<input type="checkbox"/> I/We agree to each of the services I/we have initialed.		
<input type="checkbox"/> I/We have received a copy of the:		
<input type="checkbox"/> <i>Welcome to Early On Guidebook</i> <input type="checkbox"/> <i>Family Rights Guidebook</i> <input type="checkbox"/> <i>Transition Guidebook</i>		
<input type="checkbox"/> <i>The Individualized Family Service Plan Guidebook</i> <input type="checkbox"/> <i>Procedural Safeguards for Special Education</i>		
OR		
<input type="checkbox"/> I/We do not agree with this IFSP or IEP.		
<input type="checkbox"/> I/We decline <i>Early On</i> [®] services.		
DISPOSITION OF <i>EARLY ON</i> [®] RECORDS		
The following ✓ indicates the disposition of the child's Early On Record:		
<input type="checkbox"/> A copy will be forwarded to the receiving program/service provider. Name _____		
<input type="checkbox"/> Complete IFSP record, with supportive documentation on file with: Agency: _____		
<input type="checkbox"/> The record will be maintained for a minimum of 7 years as required by law.		
<input type="checkbox"/> After the 7 year holding period you have my permission to physically destroy the records.		

Parent Signature: _____

Date: _____

Service Coordinator Signature: _____

Date: _____

Guide to Completing the Signature and Procedural Safeguards

Team Members

Names of everyone in attendance should be printed and signed along with their role, agency, and telephone number. List the names of providers who contribute input by phone or written report, but are not present.

Parent Consent

Parents must check the boxes that apply.

Disposition of Records

The parent needs to indicate preferences using checkboxes and approve the disposition of records.

Parent signature and date are required.

Coordinator must sign – please check before sending them to the WISD.

Special Educational Accommodations, Modifications and Considerations

(To be completed for IEP's only)

Child's Legal Name: _____ Date: _____

<input type="checkbox"/> The IEP/IFSP Team has considered supplementary aids and services, program modifications, and supports for school personnel required for the child to attain the annual goals. The Team considered accessibility of physical facilities, specialized transportation, assistive technology devices, & assistive technology services.				
Service	Frequency/Duration/Condition	Initial Date	Duration Date	Location

This IFSP/IEP Team considered the need for a teacher endorsed in a particular category.

How will the developmental needs of this child be addressed during the summer months? _____

IEP/IFSP TEAM RECOMMENDATION

This child is **Not eligible** for special education programs/services.

Outlines programs/services to be provided with the following **person assuring implementation:** _____

All programs/services/modifications will begin on _____ end on _____ and continue for: *(choose one)*

One regular school year An adapted school year

Other: (Specify) _____ Rationale: _____

One or more IEP/IFSP Team Members disagree with this recommendation. *(Complete & attach a dissenting report)*

IEP/IFSP COMMITMENT SIGNATURES

Resident District

The resident district assures that the least restrictive/natural environment has been fully considered and: *(choose all that apply)*

Agrees with the recommendation of the IEP/IFSP Team and: *(check all that apply for eligible children)*

Assigns this child to the following: program/school & operating district: _____

Authorizes the non-resident district to assign an appropriate school/program and conduct post-initial IEP/IFSP Team meetings.

Does not agree with the recommendation of the IEP/IFSP Team

Resident District Superintendent/Designee: _____ Date: _____

Operating District

The non-operating district assures that the least restrictive/natural environment has been fully considered and: *(choose all that apply)*

Agrees with the recommendation of the IEP/IFSP Team and: *(check all that apply for eligible children)*

Assigns this child to the following program/school & operating district: _____

Authorizes the non-resident district to assign an appropriate school/program and conduct post-initial IEP/IFSP Team meetings.

Does not agree with the recommendation of the IEP/IFSP Team

Operating District Superintendent/Designee: _____ Date: _____

Parent/Guardian

I, as parent/guardian, have had *Early On*[®] and Special Education explained to me, have helped to develop this plan & understand its contents, have received a copy of & understand my Procedural Safeguards *(check all that apply)*

I Authorize the sharing of information with agencies that will implement this plan.

I Agree to the content and implementation of this plan, and its referrals

I Do not agree with the IEP/IFSP

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian did not attend. Report copy was sent by: _____ Date: _____

Guide to Completing the Special Education Accommodations, Modifications, and Considerations

Complete applicable areas and obtain signatures.



Early On Exit Summary

Today's Date: _____ Date of Change: _____

Submitted by: _____ Agency/District: _____

Name: Last _____ First _____ Middle _____

Birth Date: _____ UIC: _____

Please complete the following sections:

I. If the child is transitioning out of *Early On*, please indicate WHY *Early On* services are no longer needed. Please check one:

- AGE THREE, PART B ELIGIBLE:** Child has reached age 3, and has been determined to have a disability requiring Special Education services. (This requires a referral to Special Education, Parental Consent for Evaluation, and an IEP determining eligibility)
- AGE THREE, NOT PART B ELIGIBLE, REFERRED:** Child has reached age 3, was evaluated and determined NOT eligible for Special Education, and was referred to other programs or services.
- AGE THREE, NOT PART B ELIGIBLE, NOT REFERRED:** Child has reached age 3, was evaluated and determined NOT eligible for Special Education, and was NOT referred to other programs or services.
- AGE THREE, PART B ELIGIBILITY NOT DETERMINED:** Child has reached age 3, unknown eligibility for Special Education. 1. Referred for Part B but the eligibility determination has not yet been made or reported, or 2. Parents did not consent to evaluation for Part B, or 3. Exited without a referral to Part B.
- COMPLETION OF IFSP:** Child has successfully completed the IFSP prior to reaching age 3 and no longer requires services under Part C.
- DECEASED:** Child died prior to reaching age 3
- MOVED IN STATE:** Child moved from the service area prior to age 3 and is KNOWN to be continuing with Part C services in the new location within the State. (Specify location, if known) _____
- WITHDRAWN BY PARENT:** Parents declined all services and provided written or verbal indication of withdrawal from services prior to the child's 3rd birthday.
- UNABLE TO CONTACT:** Child is under age 3, and personnel have been unable to contact or locate the family or child after repeated, documented attempts. Include any child who has not completed their IFSP and exited before age 3, or a child who has moved from the service area and is not known to be continuing services
- MOVED OUT OF STATE:** Child moved out of State before their 3rd birthday. (Specify location, if known) _____

Guide to Completing the Exit Summary

This form is completed when a child leaves Early On either at age three or at an earlier date for multiple reasons.

The form needs to clearly identify the reason the child left, and the potential eligibility for special education.



Early On Referral/Transfer-In Form

Date: _____

Referral

Services will be based on a new evaluation, even if child started Early On in another county
(Services ended under any previous referral)

Transfer In from another County

Services will continue based on the prior IFSP, status will change to Active (attach IFSP Services Page)

County: _____ Agency: _____

Contact Name: _____ Phone or Email: _____

Child

Name Last: _____ First: _____ Middle: _____

Birth Date: _____ Age: _____ Gender: Male Female

School District where child resides: _____ Primary Language in the home: _____

Was the child premature? Yes No Is the child a twin or triplet? Yes No

Has the child had an IEP? Yes No Has the child had an IFSP? Yes No

Are there speech/language concerns? _____

Detailed Description of concern/reason for referral:

Guardianship

Birth Parent Adoptive Parent Foster Parent Legal Guardian Other: _____

Name of Parent/Guardian/Surrogate Parent: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

What's the best time to call? _____ Email: _____

Does the Parent have Internet connection? Yes No

Is child receiving Special Education services? Yes No Is this a 30 Day Placement? Yes No

Are reports available? Yes No

Referring Person's Name _____ Relation to Child: _____

Agency/Practice: _____ Phone: _____

Address: _____ City: _____ Zip: _____

How did the family find out about Early On?

- Physician Hospital Dept. of Human Services Teacher/Education Professional
- Childcare Provider Family Member Website Advertisement Other

Early On Referral or Transfer In Form

Use this form when the online 1800earlyon referral form does not fit the situation. This could be when a date other than the current date should be used, some re-referrals, or when a child transfers in from another county.

Check the box the fits the stated requirements for a referral or transfer in.

Fill out the remaining information.

Washtenaw Early On Special Education Referral Form

Today's Date: _____ Date of 3rd Birthday: _____
Notification Date: _____ Notification Method: _____
Name: Last: _____ First: _____ Middle: _____
Birth Date: _____ UIC: _____
Address: _____ Phone: _____

To Special Education – to be sent by 2 years, nine months

This child is transitioning out of Early On and may be eligible for Special Education Services. This is official notice that this child needs a transition planning conference with Special Education at least 90 days before the child's third birthday.

Attached to this referral form:

Most recent IFSP

Most recent evaluation/assessment reports

(Please email copy to WISD)

To be completed once Special Education has responded, but before exit date from Early On

Scheduled date of transition planning conference: _____

Scheduled date of any other Special Education meeting: _____

To be completed at Exit date

Outcome of Special Education process

_____ Complete, eligible, IEP written

_____ IEP Date

_____ Complete, eligible, IEP in process (enter late reason)

_____ Incomplete, process continuing, under Special Education coordination
(enter late reason)

Reason Reported by Special Education that IEP was not held prior to
child's third birthday:

_____ Complete, not eligible

_____ Incomplete, cancelled

Cancellation Date _____ Cancellation Reason _____

(Please email copy to WISD)

Guide to Completing the Special Education Referral Form

This form is used when a child is approaching the end of their eligibility for Early On and is to be considered for Special Education services. If as part of the transition process, a decision is made by the parents to ask for a special education evaluation, this form should be used to document that Special Education was informed of the need for an evaluation.

The form is not needed when a child is dual qualified.

At exit date please update the form with the outcome of the special education evaluation as this will document that you have completed your responsibility to the child and family.

Early On Active Case Updates/Changes form

Child's name: Last: _____ First: _____

Birthdate: _____ Parent: _____

This child is moving within Washtenaw County and changing Early On district:

District child was served in: _____

District child will be served in: _____

Steps to complete this:

Current Service Coordinator to complete these steps when transferring in county:

- Obtain Authorization/Release of Information (ROI) from parent to transfer
- Send Active Case Updates form to WISD **AND** new district service coordinator noting change
- Send full file to new district coordinator

New Service Coordinator to complete these steps when receiving a transfer:

- Make contact with family as soon as transfer is received
- Complete updated IFSP to reflect any new services and new service providers in the new district

A correction is needed in this child's file:

Date of Change: _____

Change in: (address, phone, name, etc.)

Reason for change: (moved, court change, data entry error. Etc.)

Change to be made:

Old data: _____

New data: _____

Other change to be made at the WISD in relation to this child:

Detail the needed change:

Name of Coordinator: _____ Date: _____

Guide to Completing the Early On Active Case Updates/Changes Form

This form is used to notify the WISD staff of a move within the county, but across districts; a change in name, address or other information; or other change that is needed to the central record.

Written Prior Notice: Birth to Three Years

Name of Child _____

Date of Birth _____

Dear _____

Date of Notice _____

Name of Parent/Guardian

Early On[®] Michigan is required to provide you with written notice at least seven (7) days prior to proposing or refusing to initiate or change the identification, evaluation, placement, or provision of appropriate early intervention services with your child or family. This letter is to provide notice of the action(s) and reason(s) being proposed/denied for your child and a reminder of your procedural safeguards.

Action(s) being proposed or denied:

- | | |
|---|--|
| <input type="checkbox"/> Developmental Evaluation(s) | <input type="checkbox"/> Your child is eligible for Michigan Special Education services. |
| <input type="checkbox"/> Your child is eligible for <i>Early On</i> Michigan services. | <input type="checkbox"/> Your child is not eligible for Michigan Special Education |
| <input type="checkbox"/> Your child is not eligible for <i>Early On</i> Michigan | <input type="checkbox"/> Your child is exiting Michigan Special Education services. |
| <input type="checkbox"/> Your child is exiting <i>Early On</i> Michigan. | |
| <input type="checkbox"/> An Individualized Family Service Plan (IFSP) and/or Individualized Educational Plan (IEP) has been developed or updated. | |

List the changes proposed or denied during the meeting:

Reason(s) why each action above is being proposed or denied:

(This section only completed on children evaluated for Michigan Special Education) **Description of each evaluation procedure, assessment, record, or report used as a basis of action proposed/denied. Include description of other options that IEP team considered and why those options were rejected:**

Family Rights/Procedural Safeguards:

You have the right to request mediation or an impartial due process hearing, or you may file a complaint should you disagree with the above proposed or refused action(s). A copy of *Early On* Michigan Family Rights is available at <http://eotta.ccrea.org/PDF/EOGuidebook4.pdf>. You may request a copy of this document and/or ask for assistance in understanding your Family Rights by contacting your Service Coordinator and/or:

Phone: _____. If your child is also eligible for Michigan Special Education, you will receive additional procedural safeguards information including contact information specific to your service area.

This notice was provided in person by mail by email

by: _____

Name

Title

Phone #

Documentation of Language/Mode of Communication:

This Written Prior Notice information has been translated orally or by other means to the parent in the parent's native language or other mode of communication and the parent has indicated understanding of this notice. Method used to communicate this information:

Service Provider Initials: _____

Documentation of Waiver of 7 Days:

I understand that I am entitled to at least 7 days written prior notice before the proposed action takes place. I am choosing to waive this timeline and to participate in the action before the completion of 7 days.

Parent initials

Guide to Completing the Early On Written Prior Notice Form

Fill out this form for each applicable change or action:

An evaluation will be conducted that requires a signature on a Consent to Evaluate form

A child is determined to be either eligible or ineligible for Early On Services

When an IFSP or IEP has been developed, but before parents are asked to sign the finished document

Subsequent IFSP or IEP when services change

Exit or Transition when exiting before age 3. If continuing in Special Education, Written Prior Notice becomes the responsibility of special education provider

Section Six: Child and Family Outcomes

Measuring child and family outcomes is a major initiative as the federal government requires each state to report information about whether early intervention services have positive results for children and families served. For *Early On*[®], the Michigan Department of Education must report results to the federal government on an annual basis. The federal Office of Special Education Programs (OSEP) has identified three child and three family outcomes as indicators of program effectiveness.

Child outcome indicators include infants and toddlers who demonstrate improvement in the following three areas: positive social-emotional skills (including social relationships), acquisition and use of knowledge and skills (including early language/communication), and use of appropriate behaviors to meet their own needs.

Family outcome indicators include responses from families participating in *Early On* who report that early intervention services have helped their family. The services helped them to know their rights; effectively communicate their children's needs; and help their children develop and learn.

Child Outcomes are measured at a child's entry to and exit from *Early On* by a team including service coordinators/providers and families. Family Outcomes are measured within the *Early On* Family Survey collected through the Qualitative Compliance Information Project at Wayne State University.

Michigan Child Outcomes Summary Form (COSF)

Required for Entry IFSP, (unless child is 2.5 years or older at the time of entry), and Exit, (unless child was enrolled less than 6 months)

Child Identification Information

Child's Name (last)	(first)	(mi)	Service Provider
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gender	Date of Birth	District	
M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Type of Eligibility	Race/Ethnicity (Choose only one)	Hispanic (Please Select)	
<hr/>	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Data Sources

Primary Assessment Tool Used <i>(Choose only one)</i>	If Other Please Specify	Date Assessment Tool was Completed
<hr/>	<hr/>	<input style="width: 100%;" type="text"/>

(For Annual/Exit: Please use the ongoing assessment date, not the initial assessment date. Assessment and Parent Input dates must be within 90 days of the Date Ratings were determined)

Method for Obtaining Parent Input for COSF <i>(Choose only one)</i>	Date Parent Input was Gathered
<hr/>	<input style="width: 100%;" type="text"/>

Initial IFSP Date
(Date Parent Signed)

Outcomes Ratings

Date COSF Ratings were Determined	Type of Rating (Choose only one)
<input style="width: 100%;" type="text"/>	<hr/>

<p>1. Children have positive social relationships. _____ (1 to 7)</p> <p>For Annual or Exit only: Has the child shown any new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Children acquire and use knowledge and skills. _____ (1 to 7)</p> <p>For Annual or Exit only: Has the child shown any new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3. Children take appropriate actions to meet needs. _____ (1 to 7)</p> <p>For Annual or Exit only: Has the child shown any new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--	--

1. Children have positive social relationships.

Examples: Demonstrate secure attachments with the significant caregiver in their lives, initiate and maintain social interactions, communicate wants and needs effectively, build and maintain relationships with children and adults, regulate their emotions, understand and follow rules, and solve social problems.
To what extent does the child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

2. Children acquire and use knowledge and skills.

Examples: Display an eagerness for learning, explore their environment, attend to people and objects, engage in learning opportunities, use knowledge and skills in a variety of everyday routines and activities, acquire and use the precursor skills that will allow them to learn reading and mathematics in kindergarten, show imagination and creativity in play.
To what extent does the child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

3. Children take appropriate action to meet their needs.

Examples: Meet their self care needs, use objects, move from place to place to participate in everyday activities and routines, seek help when necessary, and follow rules related to health and safety.
To what extent does the child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

Definitions of Outcome Rating

1. **Not Yet:** Child does **not yet** show functioning expected of a child his or her age in any situation. Child's skills and behaviors also **do not yet include any immediate foundational skills** upon which to build age appropriate functioning. Child's functioning might be described as that of a much younger child.
2. Between Emerging and Not Yet. **Some** of the foundational skills are there, though not all the **immediate** foundational skills.
3. **Emerging:** Child does **not yet** show functioning expected of a child of his or her age in any situation. Child's behavior and skills include **immediate foundational skills** upon which to build age appropriate functioning. Functioning might be described as like that of a **younger child**.
4. Between Somewhat and Emerging. Immediate foundational skills are in place, and child has demonstrated age appropriate skills **once or twice**, perhaps not deliberately.
5. **Somewhat:** Child shows functioning expected for his or her **some of the time and/or in some situations**. Child's functioning is a **mix** of age appropriate and not appropriate functioning. Functioning might be described as like that of a **slightly younger child**.
6. Between Completely and Somewhat. Child's functioning generally is considered **appropriate** for his or her age but there are **some concerns** about the child's functioning in this outcome area.
7. **Completely:** The child shows functioning expected for his or her age in **all or almost all everyday situations** that are part of the child's life. Functioning is considered **appropriate** for his or her age. No one has any concerns about the child's functioning in this outcome area.

Section Seven: First Steps and Early On

First Steps

First Steps Washtenaw supports parents and families in the preparation of their children for school by coordinating and delivering early childhood development and community services. First Steps Washtenaw is open to all families, with children ages 0 - 5, who live in Washtenaw County.

First Steps Washtenaw services include:

- Home visits and individual family support
- Parent/child playgroups
- Parent support and information groups
- Periodic screening to assess overall development including health, hearing and vision
- Connections to quality preschool services
- Connections to community resources
- Integration with Early On and Good Start support family services

First Steps is available in each of the 10 school districts in Washtenaw County. The programs are run in conjunction with the Early On programs. Many of the children in Early On receive services in the educational groups that are run by First Steps. Many of the groups include speech, occupational, or physical therapists that are providing services during the group. Children that do not qualify for Early On are referred to First Steps. This allows the Coordinator to monitor the children even though they didn't qualify for Early On. This gives the parents the availability to talk to the therapist and ask questions about their concerns. First Steps also has typical peers to model for the Early On children.

First Steps Coordinator Contact Information

Ann Arbor, Marj Hyde, 994-2300 x53179
FAX 997-1242 hyde@aaps.k12.mi.us

Manchester, Beckie Brewis 428-9711 x1343
FAX 428-9188 bbrewis@mcs.k12.mi.us

Chelsea, Vicki Kellogg, SLP 433-2208 x6320
FAX 433-2218 vkellogg@chelsea.k12.mi.us

Saline, Denise Southwell 429-8000 x8968
Voice mail x4569
FAX 944-8945 southwed@saline.k12.mi.us

Dexter, Julie Swanson, 424-4100 x2224
FAX 424-4129 swansonj@dexterschools.org

Whitmore Lake, Margie Petiprin
449-4464 x4006, cell 646-5302
FAX 449-5336 marjorie.petiprin@wlps.net

Lincoln & Milan, Pam Schelkun
Lincoln 484-7000 x7312
FAX 484-7047 schelkunj@lincolnk12.org
Milan 439-5151
FAX 439-5160 schelkunj@milanareaschools.org

Ypsilanti & Willow Run, Bev Davidson
Cell 734-646-8150
FAX 994-2203
bevdavidson.earlyon@gmail.com

Section Eight: Training and Professional Development

Training opportunities

There are many training opportunities available for educating our Early On teams. There are training opportunities available through many different avenues. The Birth to Six ICC, the *Early On*[®] Training and Technical Assistance (EOT&TA), and the FSW/ EO Coordinator trainings are a few.

The Birth to Six ICC meets monthly and sets the trainings based on what the council deems appropriate. The trainings are often helpful with familiarizing the team with outside resources.

EOT&TA, an Innovative Project of Clinton County RESA, offers personnel development to Michigan's early intervention service providers and parents. EOT&TA supports personnel in Michigan who provide services to infants and toddlers through Part C of the Individuals with Disabilities Education Act (IDEA), known as *Early On*[®] Michigan.

EOT&TA's primary purpose is to assist service areas in complying with the federal regulations and state policy related to *Early On*[®] Michigan. EOT&TA provides support, information, and training related to *Early On* processes, child development, developmental assessment of infants and toddlers, early intervention strategies, and state and national initiatives.

The website for EOT & TA is <http://eotta.ccesa.org>.

A few examples of the EOT & TA trainings available are, the IDA 3 day training, the IDA refresher, procedural safeguards, 45 day timeline, timely services, and transitions.

Local Training and Support

Each month a First Steps/Early On Coordinator's meeting is organized by Marianne Miller.

There are two types of First Steps/Early On Coordinator Meetings, training and mentor. The training meetings are designed to bring you information and support. The mentor meetings are designed for the coordinators to bring their suggestions to the group. This is structured to be more of a mutual learning structure than a direct training structure.

Each meeting starts with a quick update on each program, and any necessary announcements and updates from Early On.

Section Nine: Record Keeping and Reporting

Early On document and data process

Contacts (734) 994-8100

Elaine Schauder – reporting issues, data and file management
schauder@wash.k12.mi.us, ext. 1299

Janet Grand –referrals, EO materials (parent red folders), other
jgrand@wash.k12.mi.us, ext. 1530

Jackie Page – data and file management
jpage@wash.k12.mi.us, ext 1222

General Guidelines

- Send all documents as email attachments to earlyon@wash.k12.mi.us
- Email Elaine, Janet, or Jackie individually for other issues
- Contact Janet with Referral questions
- Contact Elaine or Jackie with data questions regarding individual students
- Contact Elaine regarding reporting follow-up or other data questions

Referrals

- WISD – Janet receives referrals by email, mail, or fax from 1-800 Early On, District Coordinators, DHS, or other
- WISD – Janet receives referrals by phone from parents and physicians
- Janet forwards referral to coordinator
- Janet does initial data entry and starts the electronic file
- WISD Referral Database generates parent letter and envelope; creates and sends email with parent letter as attachment to coordinator
- WISD sends letter and Early On brochures to parent
- Referral and copy of letter are kept in the electronic file at WISD

Other Documents (IFSP, Referral Feedback, Exit, COSF)

- Receive document from district coordinator as email attachment to earlyon@wash.k12.mi.us
- Document is placed in electronic file for data entry
- Elaine or Jackie checks for files that have documents ready for data entry
- Elaine or Jackie enters data in MI-CIS or COSF Entry System
- Documents are kept in electronic file at WISD

Supporting documents – Authorization to Share, Consent to Evaluate, Audiology Report, IDEA

- Receive document from district coordinator as email attachment to earlyon@wash.k12.mi.us
- Documents are kept on file at WISD

Reports

- WISD (Elaine) runs monthly reports and sends to coordinators as email attachments
- Reports include Active Students, IFSP Due, IFSP Review Due, Outstanding Referrals, Transition, Service Actual Start Date
- Elaine runs and distributes additional reports near December and June count deadlines
- Elaine responds to coordinators as needed

Appendix One: Definitions and Details

Activities: The things a family does day-to-day or programs where children can play and learn with others.

Advocacy Organizations: Groups that can help families understand their rights. They can also speak or act on a family's behalf.

Advocate: A person who speaks or acts on behalf of an issue or person.

Appeal: A request to have a situation or decision investigated at a higher level. A final decision is then made at that higher level.

Assistive Technology: Equipment or devices that help your child. They help your child increase, maintain, or improve what they can do.

Audiology Services: Services and ideas for a family so they can support their child's hearing.

Authorization to Share Confidential Information: A form that says *Early On* can gather and share information about a family or child. The form must tell who can share what and with whom. Information cannot be gathered or shared until the form is signed by a parent.

Civil Action: A lawsuit filed in state or federal court.

Complaint: A claim that a law or a set of regulations has been violated. The claim would be about how the system has failed to comply with the state and/or federal regulations.

Concerns: What a family worries about with their child's growth and learning. It is what they would like *Early On* to work on to help their child and family.

Consent: Give permission. Obtaining a parent's permission in writing (i.e. signature) before *Early On* starts or stops any activity that affects a child and family or before *Early On* shares information about a family or child.

Consent to Evaluate: A form that gives permission to *Early On* to evaluate a child. The form must tell what an evaluation is, how it will happen, and why. The evaluation cannot happen until the parent signs this form.

Destroyed: Permanent removal of all personally identifiable information from paperwork or files.

Developmental Delay: When a child's rate of growth and learning is different from that of most children the same age.

Developmental Evaluation: A way to learn about a child's growth and learning. It measures the areas of thinking, talking, hearing, seeing, moving, taking care of basic needs, and responding to others.

Diagnostic Medical Services: Support and information given by a licensed physician. They help you decide if a child needs early intervention services.

Due Process Hearing: A formal process used to try to resolve disagreements. The hearing is conducted with a neutral person, the Hearing Officer, who listens to the evidence and arguments of the parents and the agencies and decides who is right and who must do what.

Early Childhood Education and Family Services: A division in the Michigan Department of Education. It specifically oversees programs for early childhood from birth to six years of age and *Early On* Michigan.

Early Intervention System: Includes any activities, supports, and services a baby or toddler may need to help with his or her growing and learning.

Early On: Michigan's system of early intervention. It is not one single "program." It's a collection of activities, supports, services, and resources provided by many programs. **Early On Coordinator:** A person in charge of *Early On* in a local county or counties. **Early On Record:** All the papers and plans from your time in *Early On*. It is also all the information you gave and that was gathered from others.

Early On Team: A team that includes the parents and the service coordinator. It also includes people who provide services. Everyone will work together to support the growth and learning of a child.

Early On Your Family Has Rights Brochure: A document for families that explains their rights while working with *Early On*.

Eligible: When a child qualifies to receive supports and services from *Early On*. To be eligible for *Early On*, your child must have a developmental delay and/or a health issue that is likely to lead to a developmental delay.

Evaluation: A process to learn about a child's growth and development. It is also used to find out if a child is eligible for *Early On*.

Family: A group of people close to you and your child. It could include parents, husband or wife, grandparents, in-laws, aunts and uncles, brothers or sisters, legal guardians, or friends.

Family Assessment: A process to let the family discuss their concerns, resources, and priorities to help them be better able to help the child grow and learn. It is up to the family to decide whether a family assessment is done.

Family Education Rights and Privacy Act (FERPA): A federal law protecting personally identifiable information that is held in a child's education record.

Fully Informed: Having all of the information so that potential benefits, responsibilities, and consequences can be considered before making a decision.

Hearing Officer: A trained, impartial person who helps resolve disagreements.

Individualized: It is about you and your child's own life and needs. Every child and family is different.

Individualized Family Service Plan (IFSP): A written plan of action that guides everything a child and family will do while involved with *Early On*. It lists what activities, supports, and services are needed by the child and family.

Individuals with Disabilities Education Act (IDEA): The federal law that guides the education of children with disabilities. Part C of the IDEA law tells how each state needs to plan and provide their early intervention system. It also explains the rights families have.

Interim Individualized Family Service Plan: A temporary plan that is made when a child has immediate needs to be supported.

Intermediate School District (ISD): An education agency that helps oversee *Early On* and special education in local areas. ISDs are sometimes called RESDs or RESAs.

Mediation: An informal process with a neutral person, the mediator, who meets with the parents and the agencies to see if they can come to an agreement about resolving their dispute.

Mediator: A trained, impartial person who facilitates problem-solving.

Michigan Department of Education: The unit that oversees *Early On* in all intermediate and local school districts around Michigan. *Early On* funding comes through the Michigan Department of Education.

Multidisciplinary Evaluation: An evaluation to learn about your child's growth and development. It is done by at least two people with different skills and training.

Native Language: The language or mode of communication typically used by a family. **Parent:** Any person responsible for the care and well-being of a child. It could include birth parents, adoptive parents, single parents, guardians, grandparents, or foster parents.

Personally Identifiable Information: Information that includes, but is not limited to the child's name, name of the child's parent or other family member, the address of the child or the child's family, a personal identifier such as the parent or child's social security number, a list of personal characteristics or other information that would make the identity of the child or family reasonably certain.

Priorities: What a parent thinks is most important for their child and family.

Procedural Safeguards: Actions or guidelines that are in place to guard your rights. **PSS 340.0000(x):** This is a reference to another document, the Early On Procedural Safeguard Standards. The Procedural Safeguard Standards contain the legal language about a family's rights when they are involved with *Early On*. "PSS" means the document itself, "340" means that this is about *Early On* rights, and the remaining numbers and letters help you find specific sections of the standards.

Public Agency Provider: A public agency that provides *Early On* services.

Referral: A recommendation to have a child evaluated for *Early On*. The referral starts the *Early On* process. It occurs because of a concern about a child's development or health issue.

Resources: The people, places, relationships, supports, and services a family already has that could help their child.

Rights: Checks and balances that are built into the *Early On* system to assure that the *Early On* process happens as it is supposed to for children and families. Rights are the legal safeguards that a family is entitled to.

Service Coordinator: The family's main contact in *Early On*. This person supports and assists the family the entire time they are in *Early On*. He or she knows about and has worked with children with developmental delays.

Services: When a trained professional works directly with a child or helps a family learn how to support their child.

Support Groups: Groups who meet to support each other.

Supports: Help, resources, or information.

Surrogate Parent: A surrogate parent is a person who is appointed to represent the rights of a child when the child's natural parents cannot be found or when the natural parents have had their rights terminated.

Transition: When a child and family leaves *Early On* to go to a new program, activity, or area.

Transition Conference: A meeting to plan your child's transition.

Transition Plan: This plan lists the next steps. It also includes how the next steps will happen. If your child is leaving *Early On* at age three, this plan must be made at least 90 days before your child's third birthday.

Written Prior Notice: Written information given to the parents to inform them ahead of time about a proposed action or change.

Part C definition The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families. In order for a state to participate in the program it must assure that early intervention will be available to every eligible child and its family. Also, the governor must designate a lead agency to receive the grant and administer the program, and appoint an Interagency Coordinating Council (ICC), including parents of young children with disabilities, to advise and assist the lead agency. Currently, all states and eligible territories are participating in the Part C program. Annual funding to each state is based upon census figures of the number of children, birth through 2, in the general population.

Appendix Two: Key Early On Timelines

When there is a suspected delay in Child's Development

1. Submit referral via web @www.1800earlyon.org or call 1-800-EarlyOn
2. Physician gets family's permission to share information with Early On with a signed consent form.
3. Send attached scanned, or electronic copies of DMI, ASQ and all medical reports to WISD-Early On Coordinator,

Day 1 Referral received and forwarded to the school district

Days 2-10 Initial contact with parent/family.
Get permission to evaluate.
WISD forwards all reports/materials to local district that have been provided by physicians, etc.

Days 11-45 Evaluation Completed
Initial IFSP meeting documented.
Physician may contact EO as to referral status.
Referral feedback form sent to WISD
WISD send copy of feedback from back to the physician if consent is given.
Comprehensive evaluation required.

If no delay is found

The family is referred to First Steps Washtenaw, Success by 6, and other community resources. Follow up is provided through educational groups, screenings and home visits.

If a delay is found, Services begin

Days 46-60 IFSP is completed.

Within 30 Days beyond consent of services-

Services are started
Services are provided in the child's natural environment;
home, childcare settings, and sites with same aged peers.

Appendix Three: Red Introductory Folder Contents

LEFT SIDE:

Welcome to Early On booklet (orange)
Our Individualized Family Service Plan booklet (blue)
Transition booklet (red)
Early On Family Rights booklet (purple)
MI Child Brochure

MIDDLE:

Information for Families (white pages)
Resources for Parents (green pages)
Parent Resource Guide (yellow pages)
Washtenaw Success by 6 Brochure (blue pages)
Washtenaw Success by 6 Contacts (blue pages)

RIGHT SIDE:

“A guide to your child’s development” wheel
“Baby Stages” wheel
“A guide to your child’s speech and language development” wheel
Washtenaw Success by 6 Parent Education and Support Network Enrollment form

Appendix Four: Early On Electronic File Contents List

Referral:

- Initial Referral Form
- Referral Feedback

Initial Visit:

- Consent to Evaluate
- Authorization to Share

Evaluation/Assessment – for both initial and ongoing evaluation/assessment
Entry COSF

Initial IFSP

- Full IFSP report with signatures (scan must be sent of signature page)
- Evaluations as part of IFSP or attached as separate reports
- Listing of team members

Six month review IFSPs

- Updated authorization to share

Annual IFSP

- Updated authorization to share

Transition Planning

- Transition form – as part of IFSP or separate
- Special Education Referral form

Exit

- Exit Form
- Exit COSF

Updates

- Active Case Updates Form

***Please note - additional items are needed in the District File:**

Protocol from evaluation and assessment visits and tools

- Report from all evaluation and assessment tools
- Fax for medical information/physician report
- Physician report
- Hearing/Vision checklist or medical report

Service Logs - Regularly updated service logs for all services being delivered

Appendix Five: Early On IFSP Checklist

Before you turn in a completed IFSP please check the following items:

All dates – especially ensuring that the years are correct

All signatures – both yours and the parent’s need to be on all relevant pages, especially the final page

Check that if there is a transition plan in process that the “transition IFSP” box on the first page is checked.

Ensure that eligibility is complete at the bottom of the page

In the Evaluation section ensure that:

- a. there is documentation that a hearing/vision test or screening was given
- b. there is documentation that a request for physician feedback was sent

If the IFSP is a six-month review ensure that the parent signed the goal pages with any updates

Make sure that all services are listed in a way that is easy to input – no ranges or vague approximations of Frequency and Intensity

Double check that both you and the parent have signed the final page

Appendix Six: Service Coordinator Self-evaluation

In your work as an Early On Coordinator it can be very helpful to periodically do a self-assessment. The tools on the following pages have been drawn from the State of Michigan Early On resources, through Clinton RESA.

For the web version of the manual – use the following link to the Clinton RESA resources:

http://eotta.ccreesa.org/PD_Tools/Service_coordinator_assessment.pdf

Appendix Seven: Early On Hearing/Vision Screening Tool

Available at the Early On Resource Center:

http://eotta.ccesa.org/Files/PDF/Hearing_Vision_Screening_Checklist2.pdf

Child's Name: _____ Date of Birth: ____ - ____ - ____ Date
of Screeing: ____ - ____ - ____
Screener Name _____ Agency: _____

Hearing Development Screening Checklist

Birth to 3 Months:

Yes No

- ___ ___ Does your child startle, awaken or cry at loud sounds?
- ___ ___ Does your child turn to you when you speak?
- ___ ___ Does your child smile when spoken to?
- ___ ___ Does your child seem to recognize your voice and quiet down if crying?

4 to 6 Months:

- ___ ___ Does your child respond to "No", or changes in your tone of voice?
- ___ ___ Does your child look around for the source of new sounds, e.g., the door bell, vacuum, dog barking?
- ___ ___ Does your child notice toys that make sounds?

7 Months to 1 Year:

- ___ ___ Does your child recognize words for items like "cup", "shoe", "juice"?
- ___ ___ Does your child respond to requests like "Come here" or "Want more"?
- ___ ___ Does your child enjoy games like peek-a-boo or pat-a-cake?
- ___ ___ Does your child turn or look up when you call his or her name?

1 to 2 Years:

- ___ ___ Can your child point to pictures in a book when they are named?
- ___ ___ Does your child point to a few body parts when asked?
- ___ ___ Can your child follow simple commands and understand simple questions such as : "Roll the ball." "Kiss the baby." "Where's your shoe?"

2 to 3 Years:

- ___ ___ Does your child continue to notice sounds (telephone ringing, television sounds or knocking at the door)?
- ___ ___ Can your child follow two requests like: "Get the ball." or "Put it on the table,"

All Ages:

___ ___ Do you have any concerns about your child's hearing?

Conditions associated with possible hearing loss: (*Parent or physician may check any that apply*)

___ repeated episodes of otitis media (ear infection) ___ family history of hearing loss

___ prematurity ___ failed hearing screening

___ cranio-facial anomalies ___ experienced head trauma

___ excessive noise exposure ___ exposure to ototoxic drugs

___ any serious illness (including high fever)

Outcome: Referral to: ___ Audiology evaluation Date: ___ - ___ - ___
___ ENT assessment Date: ___ - ___ - ___
___ **Early On**® Date: ___ - ___ - ___

Vision Screening Checklist

Birth to 1 month:

Yes No

- Pupil reaction to light.
- Blinks when light is too bright.
- Fixates on face (eye contact).
- Eyes turn the opposite direction that head turns or tilts; this reflex (doll's eyes reflex) is inhibited after a few weeks as an infant's fixation increases.

1 to 3 Months:

- Stares at light source.
- Eye movements poorly coordinated (may not always appear to be straight or work together)
- Fascinated by lights and bright colors.
- Shifts eyes toward sound source.
- Follows or tracks a slowly moving object horizontally. Tracks from center to side to side to center (can't cross midline).
- Emerging convergence on objects as close as 5 inches.
- Visually inspects nearby surroundings (may move head and eyes as well as body)
- Watches own hand movements.
- Prefers to look at some pictures, people, toys longer than others, alerts to favorite object.

3 to 5 Months:

- Looks at objects in hands momentarily.
- Looks at hands and plays with hands at midline.
- Shifts gaze from hand to object and from object to hand.
- Fixates on object at 3 feet distance.
- Reaches for caregiver's face.
- Reaches for dangling toy.
- Follows a moving object over 180 degree arc.
- When sitting or laying down, turns head to either side to look at something she or he hears.
- Watches object dropped.
- Visually directed reach and grasp.

5 to 7 Months:

- Fixation fully developed.
- Eyes appear to be in balance with each other. Any deviation (in, out, up or down) seen at 6 months should be followed medically.
- While sitting, tracks a toy moving across the table.
- Looks into mirror and may smile or pat image. Child's

7 to 12 Month:

Yes No

- Turns to look for objects out of reach.
- Looks after toys which fall to the floor when sitting in a chair.
- Removes cover to obtain toy which was hidden.
- Looks at small objects, e.g., Cheerio, raisin, or cereal.
- Tilts head to look up;
- Looks at picture in book.
- Eye-hand coordination developing.
- Fix, follow, shift, scan, converge & diverge well developed and integrated into functional skills: reaching, manipulation, self-care, play, getting around, exploring and observing.

1 to 2 Years:

- Finds different object from a group of like objects.
- Interest in pictures.
- Marks and scribbles.
- Points to object asked for on a picture.
- Looks at picture book.
- Points to familiar persons, animals, or toys on request.
- Imitates isolated marks and circular motion with crayon.
- Interested in TV momentarily.
- Visually searches for missing object or person.

2 to 3 Years:

- Imitates adult making vertical or horizontal lines with pencil/crayon.
- Imitates circle with pencil or crayon
- Matches colors (red, yellow, blue, black, white)
- Discrimination and identification of familiar objects such as toys, foods or clothing
- Matches pictures to objects and pictures to pictures
- Points to body parts on doll or in picture when asked
- Names or points to self in photograph
- All optical skills smooth

Symptoms of possible eye problems

- Squinting Light gazing
- Frequent blinking Red, encrusted, swollen eyes
- Sensitivity to light Crossed eyes
- Inflamed or watery eyes Eye wanders (after 6 months of age)
- Frequent rubbing of eyes Stumbling or falling over objects
- Over or under reaching of objects

Outcome: Referral to: Ophthalmology evaluation Date: - -
 Early On® Date: - -

Appendix Eight: Physician Physical Health Feedback Form

Each district can use its own form to get physician feedback, the one that follows is an example of one you can use if you wish.

Health Care Provider Information

To: _____ **Please return this form to:**
_____ (Your address here)

Date: _____

Attached please find a signed *Authorization to Share Information* for the following child:

Name: _____ Date of Birth: _____

This child and family are receiving, or in the process of being considered for, Early On services. As part of the process to determine eligibility, an Individualized Family Service Plan (IFSP) is being developed and your input is extremely important:

1. When was this child last seen in your office? _____

2. List any established diagnosis and/or possible developmental delays (i.e. asthma, GERD, syndromes, etc) and date of diagnosis.

(Diagnosis/Developmental Delay) (Date)

(Diagnosis/Developmental Delay) (Date)

3. Is the condition likely to: Progress Be Stable Improve

4. Does the child have any delays in the following (check all that apply)?

Communication Cognition Gross Motor Socialization Fine Motor

5. Did/does the child have any of the following (check all that apply and give date)?

Hearing Screening Yes No if yes, list date: _____

Vision Screening Yes No if yes, list date: _____

Know of suspect allergies Yes No if yes, list date: _____

On any medications Yes No if yes, list date: _____

6. Are Immunizations current? Yes No

Comments/Concerns: _____

Signature of Physician: _____ Date: _____

Appendix Nine: FIRST STEPS WASHTENAW & EARLY ON COMMUNITY COLLABORATION

Early On Interim Coordinator: Marianne Miller 734-994-8100 ext. 1524
Early On Support: Janet Grand 734-994-8100 ext. 1530, Elaine Schauder 734-994-8100 ext. 1299, FAX 734-994-2203
WISD/First Steps Washtenaw: Beckie Brewis 734-994-8100 ext. 2177
Nurse Home Visitor: Judee Gniewek 734-994-8100 ext. 6633, cell 734-834-0980
Mental Health: ACCESS 1-800-440-7548: 734-544-3050 (Medicaid, MI Child, Uninsured)
Children's Health Insurance Advocate: Kelly Stupple 734-544-3079
Public Health: Christina Katka 734-544-2984, FAX 734-544-6705
Program Support: Ann Saffer 734-482-3339 asaaffer@msn.com
Good Start: Marianne Miller 734-994-8100 ext. 1524
Hanen Programs Pam McClure 734-994-8100 ext. 1663
Hearing/Vision Testing: Connie Pinson 734-544-3088, pinsonc@ewashtenaw.org
Bilingual Parent Educators: Karma Basha (bashak25@hotmail.com), Su-Fen Lin (Sufen_lin@yahoo.com), Mayra Prince (MayraPrince92@hotmail.com)
County Parent Educators: Beckie Brewis 734-428-9711 (bbrewis.firststeps@gmail.com)
 Althea Wilson 734-678-4653 (awilson.firststeps@gmail.com)
Washtenaw Success by Six: Beckie Brewis 734-994-8100 ext. 1277, Christie Taylor 734-994-8100 ext. 2178
HI-TC's: 734-994-8100: Tammy Hansford ext. 1540, Barb Leonard ext. 1532, Alice Train ext. 1533
VI-TC's: 734-994-8100: Marylee Carrier ext. 1542, Kathy Christensen ext. 1527, Michele Danilowicz ext. 1539, Laura White ext. 1537

PROGRAM	FSW/EO COORDINATOR	EARLY CHILDHOOD ADMINISTRATOR & OTHERS
Ann Arbor	Marj Hyde, 994-2300 ext. 53179 FAX 997-1242 hyde@aaps.k12.mi.us	Sara Aeschbach 994-2234 Comm. Ed. Michelle Pogliano, Principal 994-2303 Ann Arbor Preschool & Family Center FAX 994-2895
Chelsea	Vicki Kellogg, SLP 433-2208 ext. 6320 FAX 433-2218 vkelllogg@chelsea.k12.mi.us	Lynn Bollman, Asst. Superintendent HR & SE Supervisor 433-2208 x6081 Jim Woodhams, Spec. Ed. Director 433-2200 x2006
Dexter	Julie Swanson, 424-4100 ext. 2224 FAX 424-4129 swansonj@dexterschools.org	Mary Pat Holst, Spec. Ed. Director 424-4100 x6052
Lincoln	Pam Schelkun, 484-7000 ext. 7312 FAX 484-7047 schelkun@lincolnk12.org	Mary Aldridge, Early Childhood Director 484-7045 Linda Burkett, Spec. Ed. Director 484-7000 x7870
Manchester	Beckie Brewis, 428-9711 ext. 1343 FAX 428-9188 bbrewis@mcs.k12.mi.us	Kathleen Lixey, Spec. Ed. Director 428-9711 x1005
Milan	Pam Schelkun, 439-5151 FAX 439-5160 schelkun@milanareaschools.org	Sean Desarbo, Principal, Paddock 439-5100 Lisa Mellinger, Early Childhood Director 439-5159 William Brown, Spec. Ed. Director 439-5013
Saline	Denise Southwell, 429-8000 x 8968 vm ext. 4569 southwed@saline.k12.mi.us FAX 944-8945 edmundsc@saline.k12.mi.us Cindy Edmunds, SLP 429-8000 ext. 3011	Brad Bezeau, Principal, Pleasant Ridge 944-8941 Kevin Musson, Interim Spec. Ed. Director 944-8995
Whitmore Lake	Margie Petiprin, 449-4464 ext. 4006 FAX 449-5336 cell 646-5302 marjorie.petiprin@wlp.net	Sue Wanamaker, Early Childhood Coordinator 449-1052 ext. 4000 Brian Walton, Spec. Ed. Director 449-4715 ext. 2041
Willow Run	Bev Davidson - cell 734-646-8150 FAX 994-2203 bevdavidson.earlyon@gmail.com	Emily Lens, Early On Transitions 961-6405 Clarence Thomas, Director of Student Services 961-6226
Ypsilanti	Bev Davidson - cell 734-646-8150 FAX 994-2203 bevdavidson.earlyon@gmail.com	Ruth Jordan, Spec. Ed. Director 714-1953 rjordan5@ypsd.org cmaster4@ypsd.org Cathy Masters – Early Intervention 714-1969