2017-2018 INTERAGENCY AGREEMENT

Regarding the Provision of Service Delivery and Transition for Young Children and Families in Cuyahoga County, Ohio.
2017-18 INTERAGENCY AGREEMENT

AMONG

Council for Economic Opportunities in Greater Cleveland-Early Head Start & Head Start
Cuyahoga County Board of Developmental Disabilities
Cuyahoga County Local Education Agencies
Family and Children First Council of Cuyahoga County
Bright Beginnings (Formerly Help Me Grow of Cuyahoga County)
Starting Point for Child Care and Early Education
The Centers for Families and Children-Head Start and Early Head Start Grantee for Catholic Charities

Regarding the Provision of Service Delivery & Transition for Young Children & Families

THIS AGREEMENT is entered into by and between the above named agencies to ensure interagency collaboration within Cuyahoga County, in the continuation of a comprehensive service delivery system, and coordinated transition processes.

OUR VISION IS TO:

- Keep each other well informed;
- Avoid duplication of effort;
- Provide services that are of the highest possible quality;
- Ensure the needs and aspirations, of families and children, are at the center of our work and, service delivery that is individualized and appropriate for each child;
- Promote the partnerships between and among the participants and the families they serve;
- Provide information and supports to families during the transition process to ensure effective participation;
- Respect the rights, opinions, and concerns of the diverse cultural population in Cuyahoga County; and
- Implement a mutually beneficial, family-friendly system of transition.

The first version of this agreement was signed in 2000, which reflected a partnership between what was then called the Cuyahoga County Early Intervention Collaborative and Preschool Special Education Programs. The original intent of the agreement was to ensure that families of children with disabilities and/or developmental delays, who face numerous service providers and transitions, receive seamless transitions. This agreement is being expanded to ensure that all children have successful transitions in their early years. In Cuyahoga County, Bright Beginnings, Early Head Start/Head Start, Local Education Agencies, Starting Point, and the
Cuyahoga County Board of Developmental Disabilities, partner to ensure that children, prenatal through five, receive the best service and supports possible without experiencing a gap in their service delivery system.

When many service providers are involved, systematic procedures are needed to assure duplication of services does not occur and that gaps in services are covered. Transitions can occur at any point in service delivery. When unexpected or expected transitions occur, systematic procedures are also needed to assure continued support is provided to the child and family. Transition can be defined as a process for movement of young children and their families into, within, and from service delivery systems. Transition is not a discrete event, and therefore, this agreement will need to continue to expand and change to meet the ever-changing lives of the families we serve.

It is our intent that the agreement will be family-focused, will reduce the anxiety of children and families facing this transition, and increase collaboration among those providing services. This agreement will establish predictable guidelines to follow.
IT IS SO AGREED

Thea Wilson, Vice President,
Children and Families
Council for Economic Opportunities in Greater Cleveland

Kelly Petty, Superintendent
Cuyahoga County Board of
Developmental Disabilities

Susan Schraff, Assistant Director
State Support Team, Region 3

Karen Mintzer, Executive Director
Bright Beginnings

Robin Martin, Executive Director
Family and Children First Council

Billie Osborne-Fears, Executive Director
Starting Point for Child Care and Early Education

Carole Beaty, Vice President of Education and
Grantee Services
The Centers for Families and Children
PURPOSE

The purpose of this agreement is to ensure interagency collaboration within Cuyahoga County in the continuation of a comprehensive service delivery system and coordinated transition process.

This agreement specifies the roles and responsibilities of the participants and provides guidance for its continuation. This agreement is a “Work-In-Progress,” recognized by all parties. The agreement has been written in accordance with the Joint Agreement between the Federal Region V & XII Administration for Children and Families, the Ohio Department of Education, the Ohio Department of Health, the Ohio Department of Developmental Disabilities regarding the Provision of Services under Bright Beginnings, and the Cuyahoga County Family and Children First Council.

This agreement supersedes any other agreements between the parties and shall become effective upon signature of all parties. Thereafter, the agreement will automatically be renewed in one year increments from the above referenced date unless either of the parties to the agreement objects to the renewal in writing to the other party. Such notice of non-renewal shall be sent to the other party at least thirty (30) days prior to the automatic renewal date.

The partners of this agreement desire to improve, expand, and maximize the efficiency and effectiveness of existing resources and services for infants and toddlers with disabilities and their families.

AUTHORITY

- Part C and B of the Individuals with Disabilities Education Improvement Act (IDEIA-2004)
- The Americans with Disabilities Act of 1990
- Head Start Act Sec. 635. [42 U.S.C. 9801]
- Head Start Regulations, Title 45 of the Code of Federal Regulations, Parts 1301 through 1311
- ODE Operating Standards for Ohio Schools Serving Children with Disabilities, July 1, 2014
- ODE Special Education Model Policies and Procedures, July 1, 2009 (under revision)
- Ohio Revised Code 3323
- State of Ohio Executive Order 99-13T
- Health Information Portability Accountability Act of 1996
- Family Educational Rights and Privacy Act, 34 CFR Part 99
- Interdepartmental Agreement between ODE/ODH August, 2009
GENERAL PROVISIONS

1. Each participant agrees to continue existing responsibilities as required by the above AUTHORITY and to abide by any modifications in existing rules/policy that may occur during the implementation of this agreement.

2. Each participant agrees to participate in the overall coordination and implementation of services as outlined in this agreement.

3. Cuyahoga County Interagency Agreement Work Group, with representation from the LEAs, Bright Beginnings, Early Head Start/Head Start, the Cuyahoga County Board of Developmental Disabilities and Starting Point, will continue to provide joint planning and oversight to ensure smooth, seamless transition process in Cuyahoga County.

4. This Interagency Agreement will be in effect when all participants’ signatures are secured and will remain in effect until a new agreement is signed.

5. State Support Team Region 3 will maintain signatures on file. This Agreement will be reviewed at least annually and reauthorized in accordance with state and federal guidelines.

6. Renegotiations of any portion of this agreement may occur at any time for good cause upon written request to the Cuyahoga County Interagency Agreement Work Group by any one of the participants.

7. **CONFIDENTIALITY:** Each participant agrees to abide by the Health Information Portability Accountability Act or the Family Educational Rights and Privacy Act, as applicable.
AGENCY DESCRIPTIONS

Bright Beginnings (Formerly Help Me Grow of Cuyahoga County)
(216) 698-7500  (216) 698-2254 fax  www.brightbeginningskids.org

Bright Beginnings provides Early Intervention and Parents as Teachers Home Visiting for children birth until age 3. The mission is to support families in helping their young children grow, learn and develop to their fullest potential.

- **Parents as Teachers (PAT).** Cuyahoga County’s funded home visiting program, uses the “Parents as Teachers” evidenced based model. Cuyahoga County residents with a child under three years of age with one qualifying risk fact are eligible. Parents as Teachers provides:
  - Parents with knowledge and tools that support the health and development of young children at every stage
  - Developmental screenings to highlight child’s strengths and identify any concerns
  - Parent Educators who help families link to services and resources that support their goals.
  - Information and support in transitioning to a high-quality preschool or kindergarten program.

- **Early Intervention** is a statewide program for children with developmental concerns, developmental delays and/or diagnosed conditions. It is a federally mandated program and is part of the law that requires special education services. Early Intervention provides:
  - A comprehensive developmental evaluation at no costs to families;
  - Linkages to other supports and services;
  - Service coordination;
  - Access to Early Intervention team in collaboration with CCBDD and professionals from other organizations;
  - Assistance in making transitions to preschool and other community programs.

Cuyahoga County Board of Developmental Disabilities (CCBDD)
(216) 241-8230  (216) 861-0253 fax  www.cuyahogabdd.org

Established in 1967 by the Ohio General Assembly, the CCBDD serves more than 8,000 individuals of all ages who have developmental disabilities, through a wide variety of supports and services based on the philosophy of person-centered planning. Primary funding comes from county property taxes that passed in 2005, supplemented primarily by the Federal Medicaid Program, the Ohio Department of Developmental Disabilities, CCBDD provides Early Intervention services and supports, access to other support services for eligible young children and their families regardless of their service provider(s), and technical support services to eligible preschool and school age children in the areas of augmentative communication, adapted computer, and behavior and curricular supports.
Council for Economic Opportunities in Greater Cleveland Early Head Start (EHS) and Head Start (HS) (Grantee)
CEOGC: (216) 696-9077 (216) 696-9084 fax www.ceogc.org

- **Early Head Start (EHS)** is a comprehensive educational program funded through the Federal government, which serves pregnant women, infants and toddlers, ages birth through 3 years of age from families with low-income. The Council for Economic Opportunities in Greater Cleveland (CEOGC), directly operates an Early Head Start program in Cuyahoga County. Early Head Start will maintain an enrollment of children with disabilities, according to IDEA, that is at least 10% of the total funded enrollment.

- **Head Start (HS)** is a comprehensive educational program funded through the Federal government, which serves children 3 through 5 years of age from low-income families. The Council for Economic Opportunities in Greater Cleveland (CEOGC) operates a Head Start program in Cuyahoga County. A variety of services is provided based on the child’s individual needs. CEOGC directly operates a Head Start program in concert with partner agencies. Head Start will maintain an enrollment of children with disabilities, according to IDEA, that is at least 10% of the total funded enrollment.

**Local Education Agency (LEA)**
State Support Team Region 3 (216) 524-3000 (216) 446-3804 www.esc-cc.org

There are 31 LEAs (school districts) in Cuyahoga County. The LEAs are represented in this partnership by State Support Team Region 3 which is responsible for regional delivery of services in the area of early learning and school readiness, as well as, other services. For a complete listing of these services go to [http://www.esc-cc.org/StateSupportTeam.aspx](http://www.esc-cc.org/StateSupportTeam.aspx), or contact your local Board of Education for further information.

**Starting Point for Child Care and Early Education**
(216) 575-0061 (216) 575-0102 fax www.starting-point.org

Starting Point is a childcare Resource and Referral agency that connects families to programs and services that meet their children’s early care/education and related needs, and strengthens the community’s capacity to respond to those needs.

**The Centers for Families and Children – Early Head Start and Head Start**
Grantee for Catholic Charities
(216) 432-7200 (216) 432-7250 fax www.thecentersohio.org

Assist individuals and families in meeting their needs through programs of service and empowerment carried out in active collaboration with neighborhoods, faith-based organizations, and other providers.
I. SHARED RESPONSIBILITIES

The parties desire to improve, expand, and maximize the efficiency and effectiveness of existing resources and services for infants and toddlers with disabilities and their families. Each partner intends to continue its present services while moving toward a more integrated planning and service delivery system. The partners are also committed to communicating upcoming actions that may affect the other in order to avoid unintended consequences.

A. Child Find

All Child-Serving Agencies in this partnership have developed and will sustain collaborative relationships, by sharing resources and creating avenues for public awareness to identify, locate and serve children, including those with disabilities from traditionally underserved populations.

- All partners agree to a coordinated relationship to fulfill their Child Find responsibilities under the Individuals with Disabilities Education Act (IDEA) which include, but not limited to:
  - Outreach to potential referral sources, physicians, medical community, social workers, brochures, newsletters, events targeting parents (e.g., health fairs, resource fairs, programmatic trainings and committee meetings).
  - In collaboration with the child’s parent, Early Head Start/Head Start completes developmental, behavioral, and sensory screenings within the first 45 days of enrollment. Children under 3 years of age showing areas of need are referred to the Early Intervention program for further assessments. If the child enrolled in Head Start within 45 days of their third birthday or after, Head Start will work with the parent to refer the child to the LEA for further assessment.
  - Each school district shall adopt and implement written policies and procedures approved by the Ohio Department of Education, Office for Exceptional Children, that ensure all children with disabilities below 22 years of age, residing within the district including children who are homeless or wards of the state, those attending nonpublic schools, highly mobile children which include migrant children, and those suspected of being a child with a disability even though they are advancing from grade to grade are identified, located and evaluated.

B. Referral Process

All partners will implement a “No Wrong Door” policy ensuring that every family who contacts their agency is linked to appropriate services and supports.

Bright Beginnings referral forms will be provided to all partners to facilitate referrals. Completed referral forms are received at Bright Beginnings site by phone, fax, web site, and electronic mailings. (See Appendix).

EHS/HS referral forms will be provided to all partners to facilitate referrals. Completed referral forms are received by phone, fax, web page, and electronic mailings at EHS/HS Recruitment office.

LEA shall provide the parents, of potentially eligible children (prenatal to age 2 years, 10 months) contact information for Bright Beginnings. Per April 29, 2016 OSEP MEMO 16-07...
IDEA child find requirements permit referrals from any source, including private and public preschools (e.g., Head Start) and community-based child care programs (hereinafter “preschool programs”), that suspects a child may be eligible for special education and related services. Upon receipt of a referral for a child who resides within the district of the LEA, the LEA will contact the parent/guardian to discuss concerns, review previous interventions, and child’s developmental history. If a child is receiving EI services through an IFSP, the plan will be provided by Early Intervention to be reviewed as part of the differential referral process.

LEAs will designate a staff member to serve as the Transition Contact person in each district. Additionally, LEAs will make known the referral process/contact persons. The SST will publish directories yearly with the above information.

If the LEA is invited to the Transition Planning Conference (TPC) and subsequently suspects the child has a disability, the TPC date will serve as the date of referral. Additionally, EI and the LEA will work together to determine the date and location of the TPC meeting, taking into consideration the needs of the family.

LEA’s will provide eligibility determination information to Early Intervention Service Coordinators, once determined.

Each LEA will provide information about Head Start and Starting Point to interested families. Families and childcare providers, who contact Starting Point, are linked to appropriate community services and LEAs through their Resource and Referral Department and Special Needs Child Care Program.

For children 3-5 years of age receiving services in a Head Start Program, for whom family and staff have developmental or other concerns identified through multiple means, and have come to an agreement that a referral to a school district is necessary, staff may submit to the LEA anecdotal records, physical records, current screening (within last 3 months) data along with a release of information signed by the parents. Upon receipt of this information, the LEA will contact the parent/guardian within 30 days to determine whether or not a disability is suspected.

**C. Screening & Evaluation**

Early Intervention will conduct screenings for potential concerns regarding vision, hearing, and nutrition and a global developmental evaluation/assessment, for program services planning, within 45 calendar days from receipt of referral, to any child identified with developmental concerns or has a diagnosed condition with a high probability of resulting in a delay.

Early Intervention will share screenings and/or evaluation results with all IAA partners, with parental permission, in order to avoid duplication of effort and services.

EHS/HS will conduct standardized health and developmental screening including speech, hearing, and vision within 45 days of entry into the program with parental permission. EHS/HS staff will develop an intervention plan to foster the development of the child’s potential until the EI/LEA determines eligibility. EHS/HS will share screenings and/or evaluation results with all IAA partners, with parental permission, in order to avoid duplication of effort and services.
Each LEA determines their individual screening processes prior to initial evaluation as a component of the differentiated referral process, considering all current information provided by Interagency Agreement partners.

LEAs are required to use EI information provided when planning for evaluations for children who are transitioning from EI.

The LEA and EI will work together to determine if there is a suspected disability (eligibility) for preschool special education, particularly when the referral comes between 46 and 90 days prior to the child turning three so that the IEP is in place by the 3rd birthday. Whenever possible, with parental permission, the EI service coordinator will contact the district of residence contact person.

With parental permission, Cuyahoga County Board of Developmental Disabilities will share information regarding individual students with LEA that would inform the evaluation process.

Each LEA must develop procedures for the evaluation of children who turn three during the summer months. This may include completing the evaluations in the spring, operating a summer evaluation clinic, creating a partnership with the Education Service Center of Cuyahoga County (ESC-CC) to complete the evaluations.

Starting Point provides training and support, to early care and education settings, on developmental screenings and processes for referrals including: ASQ, ASQ-SE, and DECA.

D. Service Delivery of Plans (FP/IFSP/IEP)

Parents have the central and most important role in creating the Individual Family Service Plan (IFSP), which is an Early Intervention family-centered plan. The IFSP is a written document that considers a Part C eligible child’s needs, set specific goals for the child’s development and brings together the right team of professionals and services to help the child reach his/her potential. The IFSP document is shared with the LEA, HS, or community child care center at the time of transition. The IFSP includes the child’s medical history, screenings, evaluation and developmental goals set by parents for their child and whether or not these goals have been reached.

Families in PAT whose children do not have a suspected developmental delay have goals the family has chosen to work toward while receiving services with PAT. Active goals can be shared with Head Start and other community child care agencies at the time of transition.

LEAs are required to provide a free, appropriate public education (FAPE) to children eligible for special education and/or related services. In partnership with the Parent/Legal Guardian and other appropriate team members, the LEA will ensure that an IEP will be completed in its entirety including all goals, benchmarks, or short-term objectives, and services prior to the initiation of special education and related services beginning at age three. Upon request of the parent, the LEA will invite the Part C service coordinator to the Initial IEP meeting. The LEA will consider the information from the IFSP and data provided by EI during the IEP development. The IEP conversation will include determining the least restrictive environment (LRE) for services. In other words, determining if the service(s) can be provided within the current setting (e.g., community preschool/Head Start) or a preschool setting where the child would normally attend if not disabled. A continuum of service delivery options includes itinerant teacher and center-based teacher services is considered.
For children identified as a child with a disability near the end of the school year or over the summer, the IEP team will determine if extended school year (ESY) is appropriate. The IEP will be reviewed at least annually and be in effect for the dates determined by the IEP team as long as the child remains eligible.

When the IEP has determined that the Least Restrictive Environment (LRE) for a young child with a disability is a community or Head Start program, the LEA’s service providers will provide a copy of the completed/signed Documentation Verification Form (Revised 4/14/2016) to the program office for file and keep a readily available copy when providing services in community program.

When the family enrolls their child who has a disability in the Head Start program, the Head Start Early Learning personnel (Family Advocate, Teachers, Site Managers, Disability Manager) works in collaboration with the LEA to support the goals written on the child’s IEP Head Start communicates with the LEA to share the child’s progress and oversees the communication between the Head Start program and LEA to ensure the child is provided supports in the least restrictive environment.

Cuyahoga Board of Developmental Disabilities offers technical support services at no cost regarding students between 3-22 years of age who are found eligible for CCBDD services. The customized training and in-services include the areas of behavior and curriculum support, assistive technology, and augmentative communication.
II. RESPONSIBILITIES FOR TRANSITION

A. Bright Beginnings will:

- Inform parents prior to their child turning 18 month of age that contact information will be shared with the LEA unless the parent “opts out”. For children who are determined eligible at or after 18 months of age, they shall be informed at the initial IFSP meeting.
- Send a copy of the IFSP to the LEA with parental consent.
- Send the LEA report for all LEA’s by Feb. 1, May 1, Aug. 1 and Nov. 1 of each year.
- For each child who is at least 2 years and 3 months old, the IFSP will include steps that will be taken and services that will be provided to support a smooth transition to either preschool special education or other services.
- Conduct a Transition Planning Conference for each child at least 90 days prior to their third birthday, but no more than 9 months prior to their third birthday. For a child potentially eligible for special education, with parent consent, a representative of the LEA shall be invited to the Transition Planning Conference.

B. LEA will:

- Attend the transition planning conference (TPC), if:
  - Someone (the parents, service providers, service coordinator or others) thinks that the child may have a disability AND
  - The parents invite the LEA to attend.
- When invited to the TPC, identify the date of the TPC as the referral date if the LEA suspects the child has a disability.
- When invited to attend TPC:
  - Provide parents with their rights and responsibilities.
  - Ensure that the parent has a copy of A Guide to Parent Rights in Special Education (April 2017) at the TPC.
  - Use Part C information and data, with parent consent, to determine if the LEA suspects the child has a disability:
    - This may occur at the transition conference if there is sufficient evidence for the LEA to suspect a disability, OR the district may work with EI and the parent to gather additional data.
- Complete the Referral for Evaluation in conjunction with the parents when the child is suspected as having a disability that could confer eligibility for Part B.
  - Provide Prior Written Notice (PR-01) to the parents.
  - For any child suspected of having a disability, plan the evaluation and obtain Consent for Evaluation from the parents within 30 days of referral. Additionally, the evaluation will be coordinated in a timely manner to ensure that the IEP is in place by the child’s 3rd birthday if the child is found to be Part B eligible.
  - With parent’s permission, invite the EI service Coordinator and/or Head Start Disability Coordinator to the IEP meeting.
C. Transition Timeline/Process Part C to B
For all children receiving Early Intervention Services, the Service Coordinator will address the transition process throughout the child’s participation in early Intervention.

- **Timeline**
  - **IFSP Meeting:** For a child who is at least 2 years and 3 months old, the IFSP will include steps that will be taken and services that will be provided to support a smooth transition to either preschool special education or other services.
  - **Transition Planning Conference:** No later than 90 days and not earlier than 9 months prior to the child’s 3rd birthday, the EI Service Coordinator will hold the TPC with invited participants. If the LEA does not attend the TPC, having been invited/given notice of the meeting as required, the TPC is to be held in their absence and notice that the meeting was held is sent to the district.
    - In order for the TPC to be official, the parent and the service coordinator from EI, must be present, and sign the TPC attendance sheet (See samples Appendix E and E.1)

- **Late referrals to EI**
  - Any child suspected of having a disability referred to HMG 46-90 days before his/her 3rd birthday will be assigned a service coordinator, who will assist in writing the IFSP that includes at least one transition outcome. The IFSP meeting shall serve as the TPC. The LEA is invited to this initial IFSP/TPC, with parent permission, if someone thinks the child might have a disability.
    - To expedite the process due to reduced timeframe, the LEA may consider meeting with EI and parents at the home (with parental consent); conducting an observation, parent interview or child screening; and as appropriate to the situation, filling out PR-04 (referral), obtaining consent for assessment, scheduling assessment or further screening and/or PR-01.
    - EI will provide evaluation and assessment information to inform the evaluation process.
  - Children referred to EI 45 days or less before their 3rd birthday will be referred directly to the LEA or other appropriate community agency, e.g. Head Start, community child care, Starting Point, private and public preschools. A service coordinator will not be assigned. If EI has information on child, it will be shared with LEA with parent permission.
    - If the LEA suspects a disability, the LEA will complete an evaluation within sixty days of parental consent for evaluation, but an individualized education program (IEP) is not required by their third birthday.

D. Additional Consideration by Both EI and LEA

- **Summer Transition Planning Conference Dates (Early Intervention)**
  - For children whose birthday falls in September or October, the SC should call the LEA, for a TPC date before school is out for the summer, preferably March, April, and May.
  - For late referrals involving TPC scheduled during the summer, the EI manager may contact Educational Service Center (ESC) for guidance regarding the TPC location of any LEA not holding summer clinics. However, it is the LEA’s
responsibility to have a mechanism to process referrals and necessary evaluations over the summer.
  o EI should not schedule July IFSP/TPC meetings, but if unavoidable, use the Transition Directory for LEA contacts.

- **Summer Services**
The LEA is to consider the provision of extended school year (ESY) services for all children transitioning from EI, even those transitioning during the late spring and summer months. The child does not have to be enrolled in the district preschool program first in order to determine the need for ESY. EI data may be used to inform the decision.

- **Early Placement**
  Quoting the Transition Interagency Agreement between ODE and ODH, it states that “A child who will turn age three by December 1 and is eligible for preschool special education may begin in a district’s preschool special education program at the beginning of the school year if the family, IEP and IFSP team members mutually agree.”

- **Court placements**
  If a journal entry is on file from the court for a preschooler who moves to another county, the responsibility of the original school district is dependent upon how the court addressed the educational rights of the child, and who retains those rights. (Online 10/17/14 [www.education.ohio.gov](http://www.education.ohio.gov))

**E. Head Start**
Within 180 days of the child’s third birthday, the Early Head Start/Head Start program works collaboratively with the Early Intervention program (EI) to participate and support the parent through the evaluation process with the LEA. EI would take the lead role in the transition plan included on the child’s IFSP. Head Start will provide information regarding Head Start preschool programs.

**F. Transmission of Information**
EI will provide a report to each LEA in Cuyahoga County on a quarterly basis beginning with February 1 of each year with the names, address, phone numbers, and birth date of children who have a current IFSP, are currently receiving Early Intervention services, and will be turning three years old within the next 12 months. The release of this information assists the LEA with the Child Find responsibilities and planning for future enrollments or service needs.

- Early Intervention parent(s) shall be informed, at the IFSP meeting closest to when their child is turning 18 months of age that the above information will be shared with the LEA unless the parent does not wish this information be shared.
- A copy of the parent’s Consent to Release or Share Information form (Appendix B) must be signed and explained, making it clear to the parent that he/she can authorize release of all data listed or only some, as he/she chooses. The EI service coordinator will work with the parents to determine what child and family information should/will be shared with the LEA, or other community services at transition:
  - Demographic information about the child and family;
  - Current IFSP; and
  - Any other information generated by EI that parents want to include.
Information is shared through the IFSP/FP forwarded to the LEA, HS/EHS or community child care centers before the actual TPC meeting, giving the receiving agency a chance to become familiar with the child’s history.

- Time frame for sharing information is nine (9) months to at least 90 days prior to the child’s 3rd birthday. This allows the receiving agency time to plan, including attending the transition planning conference, and completing the IEP by the child’s 3rd birthday as required by IDEA.
III. Resources and Training

Cuyahoga County Interagency Agreement partner agencies will share training opportunities when possible.

The partners will work together to identify gaps in training needs across systems and develop/implement joint training as appropriate and share aggregate data collected for utilization of program planning across system.

EI will maintain Head Start, LEA, Starting Point and CCBDD information and share with families.

The LEAs will provide information and training to school staff regarding information/contacts for EI, EHS/HS, DD and Starting Point:

- LEAs will share information to parents interested in HS services for children who do not qualify as a Preschool Child with a Disability.
- LEAs will share information with parent regarding Starting Point, the regional resource and referral agency for early education and care (child care).
IV. IMPLEMENTATION AND MONITORING OF THE AGREEMENT

A. Dissemination of Interagency Agreement
Shortly after the agreement is signed by agency leads, LEA transition liaison (SST3) will distribute copies of the signed Interagency Agreement to representatives from each partner agency. Agreement signatures are also requested and kept on file by SST3 for each LEA superintendent. Each partner agency will be responsible for the training of their staff on the implementation of the agreement.

B. Obtaining Feedback
Feedback from individuals who have a vested interest in the agreement (i.e. parents, early intervention providers, LEAs, staff from preschools and childcare facilities) should all provide feedback, which is critical for evaluating the success of the agreement. Methods for gathering information can include surveys, interviews, questionnaires, record review, and informal observations.

C. Monitoring & Evaluating Interagency Agreement
Feedback gathered will be used to monitor both the effectiveness of the agreement on transitions and community adherence to the tenets of the agreement. Revisions will be made as needed, by the IAA Workgroup of Cuyahoga County at its regularly scheduled quarterly meetings.

D. Dispute Resolution
- Each provider of EI Part C services must share the ODH dispute resolution process with families. The “Parents’ rights in Ohio Early Intervention” brochure must be shared and explained to families. Additionally, issues related to Part C or Early Intervention services will be referred to the Bureau for Children with Developmental and Special Health Needs at the Ohio Department of Health and will be addressed in accordance with Rule 3701-8-10 of the Ohio Administrative Code;
- Complaints regarding services provided by the school district may be directed to the ODE/Office of Early Learning and School Readiness, and/or ODE Office for Exceptional Children. The document *A Guide to Parent Rights in Special Education* provides specific procedure for parent to follow;
- Head Start has community complaint procedures under the Head Start Performance Standards (1304.50(d) (2) (v)).
CUYAHOGA COUNTY
INTERAGENCY AGREEMENT
2017-2018

APPENDIX
Acronyms and Definitions

**BB- Bright Beginnings** (Formerly Help Me Grow of Cuyahoga County)

**CCBDD-Cuyahoga County Board of Developmental Disabilities**

**CCR&R-Child Care Resource and Referral**

**DECA-Devereux Early Childhood Assessment:** A tool to assess the social emotional well-being of children 1 month -5 years old

**DODD-Ohio Department of Developmental Disabilities:** Lead Agency responsible for the implementation for IDEA Part C Early Intervention Services

**DS-Developmental Specialist:** Individual with expertise in all areas of child development.

**EI-Early Intervention:** Services provided to children from birth to age 3 years who have a diagnosis and/or delays that impact daily routines.

**EBEI-Evidence Based Early Intervention:** Service model used in Ohio.

**ECMH-Early Childhood Mental Health**

**ECIS-Early Childhood Intervention Specialist**

**EHS- Early Head Start**

**ESY- Extended School Year**

**ETR-Evaluation Team Report**

**FAPE-Free and Appropriate Public Education:** Special education and related services that 9a) have been provided at public expense, under public supervision, and without charge; (b) meet the standards of the State Education Agency (SEA); (c) include an appropriate preschool, elementary school, or secondary school education in the State involved; and (d) are provided in conformity with the individualized education program (IEP) required under section 614 (d).

**FCFC-Family and Children First Council:** Ohio Family and Children First is a partnership of government agencies and community organizations committed to improving the well-being of children and families. Created in April 1994 and mandated by the Ohio Revised Code (ORC 121.37) in 1997, the Council provides for a service coordination mechanism at the county level.

**FERPA-Family Education Rights and Privacy Act:** This law allows release of EI records to participating agencies in the EI system.

**HS- Head Start**
IDEA-Individuals with Disability Education Act (re-authorized in 2004 as the Individuals with Disabilities Education Improvement Act)

IEP-Individual Education Program: A written plan for a child with a disability that is developed, reviewed, and revised in a meeting annually. All services are determined through the IEP process with annual goals, objectives, and evaluation criteria determined by a team comprised of professionals and parents. The IEP for preschool children includes, as appropriate, how the disability affects the child’s participation in appropriate activities.

IFSP-Individualized Family Service Plan: A legal document developed for children and families receiving Early Intervention services. This document contains demographic, referral, and eligibility information, as well as summary of evaluation and the outcomes determined by the IFSP team. In addition, this document is reviewed and updated at least every 180 days.

LEA-Local Education Agency: School District of residence.

LRE-Least Restrictive Environment: Each school district shall ensure that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular education environment occurs only if the nature or severity of the disability of a child is such that education in regular classes with the use supplementary aids and services cannot be achieved satisfactorily.

NFS-Need for Service: Determined from a combination of eligibility, child assessment, and family assessment.

ODE-Ohio Department of Education: Lead agency responsible for the implementation of IDEA 2004.

ODH-Ohio Department of Health: Lead Agency responsible for Help Me Grow Program Home Visiting and Central Intake and Referral.

OSEP-Office of Special Education Programs: Agency within the US Department of Education which is dedicated to improving results for infants, toddlers, children and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts. OSEP administers the Individuals with Disabilities Education Act (IDEA).

OT- Occupational Therapist

PAT- Parents as Teachers

PCD-Preschool Child with a Disability: Means a child who 1) is at least 3 years of age and not age 6; and 2) Has a disability and who needs special education and related services.
**PSP- Primary Service Provider:** member of the Early Intervention team who is most appropriate to address outcomes and support family and child to meet the outcomes.

**PSTC- Preschool Transition Conference**

**PT- Physical Therapist**

**Procedural Safeguards:** Procedures, which protect the rights of children with disabilities and their parents with respect to FAPE, established and maintained by the State Education Agency (SEA). The Procedural Safeguards are contained within A Guide to Parents Rights in Special Education.

**PWN-Prior Written Notice:** Letter used to inform families of changes being made to services or IFSP. Must be sent 10 days prior to making the noted changes.

**RBI-Routines Based Interview:** Assessment tool used for the Family Assessment to obtain what is working and not working within a family’s routines.

**SC-Service Coordinator:** primary contact for supporting families receiving Early Intervention services. Coordinates the IFSP, referrals, and meetings with providers, and connects families with resources and supports.

**SLP-Speech-Language Pathologist**

**SSP-Secondary Service Provider:** member of the Early Intervention team who may be assigned to support the PSP and family when additional supports are needed to address and meet outcomes.

**TPC-Transition Planning Conference:** Meeting held no later than 90 days before a child’s 3rd birthday to address Transition outcome and steps to be completed for a smooth transition from Early Intervention services once the child turns 3 years old.
Child’s Name: ___________________________________________________

Child’s Date of birth: ______________________________________________

1. Check the applicable category of eligibility for this child:

   EHS ---- □ Yes □ No                   HS ---- □ Yes □ No
   □ SSI     □ Homeless □ Foster Care □ Public Assistance
   OR

   □ Income (check box that applies)
   □ Below 100% of federal poverty guidelines
   □ Between 100-130% of federal poverty guidelines (submit request)
     (no more than 35% of enrolled children may fall into this category EHS/HS only)

   □ Over Income
   □ Above 130% and at or below 400% of federal poverty guidelines (submit request)
     (Counted as part of 10% maximum for non-AI/AN programs)

   ECE ---- □ Yes □ No                  (4-5 yrs old) & (At or below 200% of federal poverty guidelines)

   □ Income Tax Form 1040
   □ W-2
   □ Pay stub
   □ Unemployment
   □ Ohio Works First (TANF) documentation
   □ “No Income” Form
   □ Written statements from employers
   □ Foster care reimbursement
   □ Social Security Income
   □ Supplemental Security Income*
   □ Court Ordered Custody Agreement

   □ Other, please explain: ______________________________________________________________

2. What documentation was used to determine eligibility?

3. Staff Signature: ______________________       Date of eligibility verification: ______________________

4. Staff name: __________________________    Title:____________________________________________
### 2017 Federal Poverty Level Guidelines  
**For MIDAP Eligibility**

#### 48 Contiguous States and D.C. Poverty Guidelines (ANNUAL)

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>100%</th>
<th>133%</th>
<th>138%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
<th>450%</th>
<th>500%</th>
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For families/households with more than 8 persons, add $4,180 for each additional person.

#### 48 Contiguous States and D.C. Poverty Guidelines (MONTHLY)

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<th>100%</th>
<th>133%</th>
<th>138%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
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<tbody>
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<td>$4,100</td>
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<td>$13,735</td>
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<td>$4,271</td>
<td>$4,643</td>
<td>$6,190</td>
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<td>$15,493.50</td>
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</table>
Early Childhood Mental Health Request for Services—Cuyahoga County
(children ages 0-6)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today’s Date:</td>
<td></td>
</tr>
<tr>
<td>Child’s Name:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child’s Age:  Years  Months</td>
</tr>
<tr>
<td>Child’s Sex:</td>
<td>Female  Male</td>
</tr>
<tr>
<td>Child Lives with:</td>
<td>(name)</td>
</tr>
<tr>
<td></td>
<td>parent  foster parent  kinship caregiver  other</td>
</tr>
<tr>
<td>Contact Information:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Alt. Phone:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Family Availability:</td>
<td></td>
</tr>
<tr>
<td>Reason for Referral:</td>
<td></td>
</tr>
<tr>
<td>☐ sleeping/eating/soothing concerns  ☐ problems with attention/focus</td>
<td></td>
</tr>
<tr>
<td>☐ aggressive behaviors  ☐ bonding/attachment concerns  ☐ sexualized behaviors</td>
<td></td>
</tr>
<tr>
<td>☐ sad or anxious behaviors  ☐ challenging behaviors in classroom/daycare setting  ☐ abuse/trauma</td>
<td></td>
</tr>
<tr>
<td>☐ other (Please provide known details):</td>
<td></td>
</tr>
<tr>
<td>Service Preference:</td>
<td></td>
</tr>
<tr>
<td>☐ Consultation  ☐ Treatment  ☐ Other</td>
<td></td>
</tr>
<tr>
<td>Referral Type:</td>
<td></td>
</tr>
<tr>
<td>☐ Routine  ☐ Urgent  ☐ Emergency</td>
<td></td>
</tr>
<tr>
<td>Name/title of person making referral:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

To be Completed by Parent/Legal Guardian:
By signing below, I consent for the above information to be shared with one or more community agency/service for the purpose of facilitating a referral for Early Childhood Mental Health Services or for accompanying resources to help my family.

Printed Name _____________________________  Signature ________________  Date ____________

Please Note: Parent or Guardian signature must be obtained to process referral.

Referral Outcome/Coordinator Notes:

FOR OFFICE USE
REferred For:  Treatment  Consult  Other  Agency: ACC/AWC/BB/CRCC/DCFS/GSC/PEP/______
Date:  

3955 Euclid Avenue • Cleveland, Ohio 44115 • Voice: 216.881.4291 • Fax: 216.432.5037
# Bright Beginnings Referral

Supporting families in helping their young children grow, learn, and develop to their fullest potential.

## PARENT/GUARDIAN CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB: <em><strong>/</strong></em>/___</th>
<th>Pregnant – Due Date: <em><strong>/</strong></em>/___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Father</td>
<td>Foster Parent</td>
</tr>
<tr>
<td>Primary Phone #: (<em><strong>) <em><strong>-</strong></em></strong></em>___</td>
<td>Secondary Phone #: (<em><strong>) <em><strong>-</strong></em></strong></em>___</td>
<td>No phone</td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Language:</td>
<td>English</td>
<td>Spanish</td>
</tr>
<tr>
<td>Name of Other Parent/Guardian/Involved Person:</td>
<td>DOB: <em><strong>/</strong></em>/___</td>
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<tr>
<td>Relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Father</td>
<td>Foster Parent</td>
</tr>
<tr>
<td>Primary Phone #: (<em><strong>) <em><strong>-</strong></em></strong></em>___</td>
<td>Accepts texts</td>
<td></td>
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</table>

## CHILD(REN) INFORMATION:

<table>
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<tr>
<th>Child's name:</th>
<th>DOB: <em><strong>/</strong></em>/___</th>
<th>Gender: M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Concerns or Medical Diagnosis:</td>
<td>No</td>
<td>Yes - Please describe:</td>
<td></td>
</tr>
<tr>
<td>Child's name:</td>
<td>DOB: <em><strong>/</strong></em>/___</td>
<td>Gender: M</td>
<td>F</td>
</tr>
<tr>
<td>Developmental Concerns or Medical Diagnosis:</td>
<td>No</td>
<td>Yes - Please describe:</td>
<td></td>
</tr>
</tbody>
</table>

## ADDITIONAL FAMILY INFORMATION: (Please check all that apply)

- Teen parent
- Homelessness/Unstable residency
- Less than a high school education
- Military family
- Child abuse or neglect
- Substance abuse
- Parent with chronic health condition/disability
- Parent w/mental illness or dev. delay
- Low income (below 200% FPL)
- Incarcerated parent
- Domestic violence
- Death of immediate family member
- Spanish immigrant/refugee

☐ Check if family is involved with another home visiting program – If so, which one?

Additional comments: ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

## REFERRAL SOURCE INFORMATION:

<table>
<thead>
<tr>
<th>Referred by:</th>
<th>Email:</th>
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</thead>
<tbody>
<tr>
<td>Referring agency:</td>
<td>Date of referral: <em><strong>/</strong></em>/___</td>
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</tr>
<tr>
<td>Phone #: (<em><strong>) <em><strong>-</strong></em></strong></em>___</td>
<td>Fax #: (<em><strong>) <em><strong>-</strong></em></strong></em>___</td>
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<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Referral Requested by/on behalf of:</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

(Include name of person requesting referral, such as physician, healthcare worker, child care provider, etc.)

Complete and return to: Bright Beginnings (formerly Help Me Grow of Cuyahoga County)
6593 Oak Tree Blvd., Suite 201, Independence, OH 44131 / Phone: (216) 698-7500
Fax: (216) 391-6106 / Referrals@brightbeginningskids.org / Visit www.brightbeginningskids.org

Ohio Early Intervention
Parents as Teachers

Revised 09/06/13
TRANSITION PLANNING CONFERENCE

ATTENDANCE SHEET

Child name: ________________________________ DOB: ________________

ET#: __________________________________

Date of transition conference: ________________

District: _________________________________

Location of transition conference: __________________________

Attendees

<table>
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<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Parent or Caregiver</td>
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<td></td>
</tr>
<tr>
<td>Parent or Caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMG Service Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</table>
TRANSITION PLANNING CONFERENCE
MEETING NOTICE

Date: ___________ Child’s Name _______________________________ DOB ___________

A meeting has been scheduled to determine if this child is eligible for
☐ Preschool special education
☐ Head Start
☐ Other

The meeting is scheduled for: ________________________________
Date & Time

and will be held at ________________________________
Location

I give my consent to invite the following individuals to participate in the Transition Planning Conference for my child:

_____________________________________________________
Participant

_____________________________________________________
Participant

_____________________________________________________
Parent Signature

Please contact the service coordinator within seven (7) days of receipt of this letter, if you are unable to attend the above meeting.

_____________________________________________________
Help Me Grow Service Coordinator

_____________________________________________________
Phone Number

_____________________________________________________
Agency

_____________________________________________________
E-Mail

Note to Agency Representatives:
Releases of information, if necessary, are attached to this invitation. Those invited are asked to provide pertinent information either by attending the meeting, by faxing information to ________________________________
or by sending information to (address) ________________________________
Please let us know for certain whether or not you will be attending the meeting by calling me. Thank you.

Copy sent to: Parent
            Participant(s)
            File
Section I: Our Child and Family Information

Child’s Name: 
Nickname: 
Date of Birth: 
Child lives with: 
Relationship: 
Child’s Address/home contact: 
School District of Residence: 
Language(s) spoken with child: 
Parent’s Name: 
Parent’s Name: 
Address: 
Address: 
Best Phone: 
Best Phone: 
Email: 
Email: 
Best Contact Time: 
Best Contact Time: 
Method Preferred: 
Method Preferred: 
Phone  Email  Text  
Phone  Email  Text  

Section II: Our Service Coordinator Information

If you have questions about this IFSP or any of the individuals working with your child and family, contact your Service Coordinator.

Name: 
Agency: 
Email: 
Best Phone: 
Address: 

Section III: Our Concerns About Development

Parent concerns about their child’s development: 

Referral source and initial referral concerns about development, if different from above: 

IFSP (10/2014) page 1 of 11
Section IV: Our Child’s Early Intervention Eligibility Determination

<table>
<thead>
<tr>
<th>Option</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>Redetermination of Eligibility</td>
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</table>

□ Developmental delay in the following domain(s): __________________________
(see Attachment A)

□ Diagnosed condition with a high probability of delay (specify diagnosis): __________________________

Check one:

□ Eligible List of Conditions

□ HEA 8024

_________________________ has been determined not to be eligible. Date: __________________________

S/He is demonstrating skills and behaviors similar to children of the same age and is not eligible for Early Intervention. Please see attached Prior Written Notice form (HEA 8022). If you have any concerns about your child’s development before age three, contact Help Me Grow at:

Suggestions for addressing family concerns include:
Section V: Our Child's Early Intervention Assessment Summary

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<th>Routine</th>
<th>Ease of Routine</th>
<th>What’s happening now (strengths and needs)</th>
<th>Date:</th>
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<td>What’s working well:</td>
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<td></td>
<td>☐ Some Concerns</td>
<td>What’s not working well:</td>
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<tr>
<td>Diapering, Dressing,</td>
<td>☐ Easy</td>
<td>What’s working well:</td>
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<td>Toiling</td>
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<td>What’s not working well:</td>
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<td>Mealtimes</td>
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<td>What’s working well:</td>
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<td></td>
<td>☐ Some Concerns</td>
<td>What’s not working well:</td>
<td></td>
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<td>Activity</td>
<td>Difficulty Options</td>
<td>What's working well</td>
<td>What's not working well</td>
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<td>--------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>---------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Spending time with family, friends, and other children</td>
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<td></td>
<td>☐ Some Concerns</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ Difficult</td>
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<tr>
<td>Play</td>
<td>☐ Easy</td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Difficult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bath time, Tooth brushing, Cleaning up</td>
<td>☐ Easy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Some Concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Difficult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting around the home and community, Getting ready to go</td>
<td>☐ Easy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Some Concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Difficult</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Child's name:

ET#:

<table>
<thead>
<tr>
<th>Other Routines</th>
<th>What's working well:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td></td>
</tr>
<tr>
<td>Some Concerns</td>
<td></td>
</tr>
<tr>
<td>Difficult</td>
<td></td>
</tr>
</tbody>
</table>

What's not working well:

Our family's resources and supports:

What else the team should know about our child's health so we can better plan and provide services for our child and family:

Summary of the team (parent and professional) input on child's strengths and needs across routines, settings and people:

A. Developing Positive Social-emotional Relationships (engaging and relating to family members, other children, others; showing emotion; responding to touch; following group rules):
B. Acquiring and Using Knowledge and Skills (thinking, remembering, reasoning, problem solving; understanding symbols, including those in print; understanding the physical and social worlds):

C. Taking Appropriate Action to Meet Needs (getting from place to place, taking care of basic needs, showing hunger, following safety rules, avoiding inedible objects after 24 months, using tools, utensils, strings attached to toys):

Our family has the following priorities and has identified these routines as the focus of intervention:

[Boxes for completion]

[Check box] Only when the family has not identified priorities in the above section

Team (parent and professional) has determined that __________ and his/her family do not have a need for Early Intervention services at this time. Provide family with Prior Written Notice form (HEA 8022).

☐ Parent(s) has declined further participation in HMG Early Intervention at this time.
If you have any concerns about your child’s development before age three, contact Help Me Grow at:

IFSP (10/2014) page 6 of 11
Section VI: Our Child and Family Outcomes

Date: 
Outcome #

What we would like to see happen within our family routines:

Steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

<table>
<thead>
<tr>
<th>El Service Type</th>
<th>Method</th>
<th>Location/Setting</th>
<th>How Often</th>
<th>Session Length</th>
<th>Provider Agency</th>
<th>Funding Source</th>
<th>Projected Start Date</th>
<th>Duration of Service</th>
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</thead>
<tbody>
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</tbody>
</table>

Location/Setting – Home [H]; Community [C]; Other [O]

For each El service that will not be provided in our child’s natural environment, provide an explanation of why this outcome cannot be achieved in a natural environment and the steps the Service Coordinator and family will take, including projected date, for moving the service into a natural environment:

List any Early Intervention services which are needed, but not yet coordinated and the steps the Service Coordinator will take to coordinate the needed service(s):

List any services which are being received through other sources, but are not required, nor funded, under Early Intervention:

Outcome Progress Review

- [ ] We met it!
- [ ] We’re making progress
- [ ] Let’s make adjustments
- [ ] Let’s focus elsewhere

<table>
<thead>
<tr>
<th>Code</th>
<th>Comments</th>
<th>Date</th>
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</table>

As a result of the outcome progress review, the Team (parent and professional) wants to (select one and place into code box above): 1- Develop new outcome; 2- Revise outcome; 3- Modify strategies/activities or Early Intervention service; or 4- Other:
Section VII: Meeting Dates

<table>
<thead>
<tr>
<th>Event</th>
<th>Due By</th>
<th>Completed On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial IFSP Completion Date</td>
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<tr>
<td>Six Month IFSP Review</td>
<td></td>
<td></td>
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<tr>
<td>Re: determination of Eligibility, if applicable</td>
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<td></td>
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<tr>
<td>Re: determination of EI service need</td>
<td></td>
<td></td>
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<tr>
<td>Annual IFSP Date</td>
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<tr>
<td>Transition Planning Conference</td>
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<tr>
<td>Exit Date</td>
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</tbody>
</table>

Section VIII: Team Members Supporting Our Family

*In addition to you and your Service Coordinator, your team includes:*

<table>
<thead>
<tr>
<th>Name/Role</th>
<th>Best Contact</th>
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Section IX: Our Child’s Transition Planning

Transition Notification: For children in Help Me Grow Early Intervention, notification that includes the child’s name, address, birth date, his/her parent name(s), and telephone number, will be sent to the school district/Local Education Agency (LEA) of parent residence informing the district that a child may be eligible for IDEA Part B services at 3 years old. This notification is a requirement of Part C of the Individuals with Disabilities Education Act (IDEA) and is beneficial in preparing the school district for your child’s possible eligibility for special education preschool services. This notification will automatically happen by your local HMG program unless you sign below opting out of the notification. Opting out of this notification must be obtained at the IFSP meeting closest to your child becoming 18 months old or immediately upon entry into HMG if your child enters after 18 months of age. Opting out of this notification must be recorded below with check box and parent signature.

☐ I have been informed of the notification requirement and choose NOT to have the above identified information sent to the LEA.

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Consent to invite local education agency to transition planning conference:

For children who may be eligible for Part B pre-school services and supports, attendance by a representative from the school district at the Transition Planning Conference is essential to the transition process and preparation for the exit from Help Me Grow Early Intervention.

☐ I give my permission to invite the local education agency representative to my child’s Transition Planning Conference in order to help plan for my child’s transition from Help Me Grow Early Intervention.

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
<th>Parent Signature</th>
<th>Date</th>
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</table>

Transition Planning Conference (TPC) date:

Transition Outcome (parent or child directed goal that supports a smooth transition):

Specific steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

<table>
<thead>
<tr>
<th>EI Service Type</th>
<th>Method</th>
<th>Location/Setting</th>
<th>How Often</th>
<th>Session Length</th>
<th>Provider Agency</th>
<th>Funding Source</th>
<th>Projected Start Date</th>
<th>Duration of Service</th>
</tr>
</thead>
</table>

Method - Direct (D); Joint (J) // In-person (P); Technology (T)
Location/Setting - Home (H); Community (C); Other (O)

IFSP (10/2014) page 9 of 11
<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

We acknowledge that the outcomes reflect the family’s priorities and concerns and the EI services support those outcomes. We agree to carry out the plan in a manner that supports the family’s ability to help their child participate in and learn from their everyday activities whenever possible.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name/Role/Agency</th>
<th>Participation Method</th>
<th>Date</th>
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<tbody>
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## ATTACHMENT A

**INFORMATION USED TO DETERMINE ELIGIBILITY AND THE NEED FOR EARLY INTERVENTION SERVICES**

### Record Review (Background, health, medical information)

<table>
<thead>
<tr>
<th>Source(s):</th>
<th>Date(s):</th>
<th>Comments:</th>
</tr>
</thead>
</table>

### Child Observations

<table>
<thead>
<tr>
<th>Location(s):</th>
<th>Date(s):</th>
<th>Comments:</th>
</tr>
</thead>
</table>

### Eligibility Tool

| Bayley | Battelle | N/A |

### Family-Directed Assessment

<table>
<thead>
<tr>
<th>Date(s):</th>
<th>Tool:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Cognitive

| Delay | No Delay |

### Other Source(s) of Family Input:

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

### Communication

| Delay | No Delay |

### Vision Screen

| Receptive: | Expressive: |

<table>
<thead>
<tr>
<th>Source(s):</th>
<th>Date(s):</th>
</tr>
</thead>
</table>

### Physical

| Delay | No Delay |

### Source(s): | Date(s): |

| Gross: | Fine: |

### Social/Emotional

| Delay | No Delay |

### Refer for Evaluation

**Result:**
- □ No Concerns
- □ Refer for Evaluation

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

### Child Assessment

<table>
<thead>
<tr>
<th>Date(s):</th>
<th>Source(s):</th>
<th>Date(s):</th>
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</table>

### Hearing Screen

<table>
<thead>
<tr>
<th>Tool(s):</th>
<th>Date(s):</th>
<th>Source(s):</th>
<th>Date(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

### Nutrition Screen

<table>
<thead>
<tr>
<th>Source(s):</th>
</tr>
</thead>
</table>

| Result: | □ No Concerns | □ Refer for Evaluation |

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

### Summary:

Summary of how eligibility was determined utilizing all the information collected and reviewed and the use of informed clinical opinion (including when scores on administered tool do not reflect a delay):

### Evaluation Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Discipline</td>
</tr>
</tbody>
</table>

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REFERRAL FOR TECHNICAL SUPPORTS IN SCHOOL DISTRICTS

Name: ___________________________ Date of Birth: _______ Date of Referral: _______

Parent/Guardian Name: ___________________________ Phone: (____) _______

Parent/Guardian Email: ___________________________

Home Address: ___________________________ City: ___________ Zip: _______

Direct Contact Person: ___________________________ Title: ___________ Phone: (____) _______

Direct Contact Email: ___________________________

School Address: ___________________________ City: ___________ Zip: _______

School District: ___________________________

Is Referral For: [ ] HOME [ ] SCHOOL [ ] BOTH

Referred To: [ ] Augmentative Communication [ ] Assistive Technology

[ ] Behavior Supports and Curriculum Intervention (Preschool) [ ] M.O.V.E.™

[ ] Behavior Supports and Curriculum Intervention (School/age)

Diagnosis: ___________________________

STATEMENT OF CONCERN

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

Referred by (print): ___________________________ (Name) Phone: (____) _______

Title: ___________________________ Email Address: ___________________________

Required Signatures: (use * if approval received by phone)

Parent/Guardian: ___________________________

(If mailing send to this address: GOBDO, r/f: K. Zielinski, 1276 Lakeside Ave, E, Cleveland, OH 44115)

Please fax or scan to:
Augmentative Communication/Assistive Technology: Kathy Zielinski, Speech/Language Therapy Manager
Fax: 216-864-0253 zielinski.kathryn@cuyahogavhfd.org Phone: 216-736-2790

Behavior Supports/Curriculum Intervention and M.O.V.E.™: Celeste Bajorek, Early Intervention & Services Manager
Fax: 216-736-3393 bajorek.celeste@cuyahogavhfd.org Phone: 216-736-2928
Preschool Transition Conference (PSTC)
Optional Form

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Date of Birth</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
<tr>
<td>Date of Transition</td>
<td></td>
</tr>
<tr>
<td>Conference</td>
<td></td>
</tr>
<tr>
<td>Location of Transition</td>
<td></td>
</tr>
<tr>
<td>Conference</td>
<td></td>
</tr>
</tbody>
</table>

The result of the conference is:

- [ ] Referral (Attach PR04)
- [ ] Parent Consent (Attach PR05)
- [ ] PR-01- No suspected disability (Attach PR01)
- [ ] PR-01- Delay date for evaluation (Attach PR01)

*Signatures documents (for audit purposes) that the district representative attended the Preschool Transition Conference.*

<table>
<thead>
<tr>
<th></th>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Representative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMG Service Coordinator</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Parent</td>
<td></td>
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</tbody>
</table>

Other Attendees:
PR-01 PRIOR WRITTEN NOTICE TO PARENTS

CHILD’S INFORMATION

NAME: ___________________________________________ DATE OF BIRTH: ___________ DATE OF NOTICE: ___________

This is to notify you of the district’s action:

TYPE OF ACTION TAKEN

☐ Proposes to initiate an initial evaluation
☐ Refusal to initiate an evaluation
☐ Expeditied evaluation
☐ Change of placement
☐ Change of placement for disciplinary reasons
☐ Proposes to change the identification, evaluation or educational placement of the child or provision of FAPE
☐ Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE
☐ Reevaluation
☐ IEP Issues/meetings where the parent(s) disagree with the district
☐ Revocation of Consent
☐ Due process hearing, or an expedited due process hearing, initiated by the district
☐ Graduation from high school
☐ Exiting high school due to exceeding the age eligibility for FAPE
☐ Other

☐ 2. A description of the action proposed or refused by the school district:

☐ 3. An explanation of why the school district proposes or refuses to take the action:

☐ 4. A description of other options that the IEP team considered and the reasons why those options were rejected:

☐ 5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:

☐ 6. A description of other factors that are relevant to the school district’s proposal or refusal:

PROVISION OF PROCEDURAL SAFEGUARDS

As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEA) of 2004. You will be given a copy of your procedural safeguards once per year. In addition, you will be given a copy of your procedural safeguards when you request a copy, when your child is referred for their first evaluation, when you request an evaluation for your child, when you file a formal written complaint or request a due process hearing and in accordance with the discipline procedures in 34 CFR 300.530(h).

If you have any questions about the action(s) described in this form, your rights as described in the Procedural Safeguards Notice, or any related concerns, or you wish to obtain a copy of the Procedural Safeguards Notice, please contact the following:

Name: ___________________________________________ Title: _____________________________

Address: _____________________________

City: _____________________________ State: _____________________________ Zip Code: _____________

Telephone: _____________________________ E-mail: _____________________________

School District: _____________________________

PR-01 PRIOR WRITTEN NOTICE TO PARENTS FORM, REVISED BY CODE: MAY 28, 2009
PR-04 REFERRAL FOR EVALUATION

CHILD'S INFORMATION
NAME: ___________________________ ID NUMBER: ___________________________
STREET: ___________________________ GENDER: ___________________________
CITY: ___________________________ STATE: OH ___________________________ GRADE: ___________________________
DATE OF BIRTH: ___________________________

BUILDING OF CURRENT ATTENDANCE:
TEACHER(S): ___________________________
STUDENT'S NATIVE LANGUAGE (if not English): ___________________________
PARENT'S NATIVE LANGUAGE (if not English): ___________________________

PARENTS' / GUARDIAN INFORMATION
NAME: ___________________________
STREET: ___________________________
CITY: ___________________________ STATE: OH ___________________________ ZIP: ___________________________
HOME PHONE: ___________________________
WORK PHONE: ___________________________
CELL PHONE: ___________________________
EMAIL: ___________________________

Reason for Referral: ___________________________

EDUCATIONAL HISTORY
Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including interventions required by rule 3301-35-06 or, for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: ___________________________
Years at present school building: ___________________________
List schools/early childhood programs and dates:

ATTENDANCE:
Regular [ ] Irregular [ ]

Is this student age-appropriate for grade level? Yes [ ] No [ ]

BACKGROUND INFORMATION
A. Health Data
Do you suspect problems with Vision [ ] Hearing [ ]
Does the student Wear Glasses [ ] Use hearing aid(s) [ ]
Does the student take medication Yes [ ] No [ ]
PR-04 REFERRAL FOR EVALUATION

If yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware? □ Yes □ No

If yes, please explain:

B. Environmental Factors
Describe any specific home factors that might affect the student's performance in school:

For Preschool Children Only
(please check the area(s) of concern):

- Eating
- Receptive Communication
- Cognitive
- Vision
- Other
- Dressing
- Expressive Communication
- Fine Motor
- Social/Emotional Behavior
- Toileting
- Hearing
- Play
- Attention
- Gross Motor

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability