



**SERVING CHILDREN  
WITH DISABILITIES**

*A Video Series for Child  
Welfare Workers*

# Accessing Services through IDEA







# SERVING CHILDREN WITH DISABILITIES

## *A Video Series for Child Welfare Workers*

## Overview of the Video Series

**S**erving Children with Disabilities, *A Video Series for Child Welfare Workers*, was developed by the Georgetown University Child Development Center, through a grant from the U.S. Department of Education's Office of Special Education Programs (OSEP). This program is designed to help child welfare workers and other professionals who provide support to families with young children (ages birth–8 years) served by the social service system. The videos and training will help staff to:

- Identify various disabilities found in young children and the characteristics associated with them;
- Develop skills needed to identify young children who may have disabilities;
- Recognize the extra stress families face as they raise a child who has special needs;
- Identify strategies for assisting families in the care of their child with a disability;
- Identify the components of IDEA and the services available through it;
- Assist families to obtain the services their children need; and
- Assist families to recognize and use their own resources and supports as well as those in their communities.

### Audience

This video series is designed for use by child welfare personnel working in child protective services, family preservation programs, foster care, and adoption services. Other service providers who work with children in the social service system, such as legal advocates, health professionals, and childcare providers will also find this video series helpful. Professionals may find it helpful to use one or more of the videos with parents of children who have special needs.

### Description of the Videos

**Developmental Disabilities** (21 minutes). This video provides child welfare personnel with information about various developmental disabilities and helps them recognize signs of disabilities in the young children they serve. It illustrates key developmental milestones children achieve as they grow and develop. It also describes atypical behaviors that may indicate the possibility of a developmental disability. In addition, biological and social factors that may increase a child's risk for developmental disability are described.



**Supporting Families with Children with Disabilities** (22 minutes). This video focuses on the impact raising a child with disabilities can have on family life. It highlights the issues families find important in obtaining and coordinating care for their child and suggests strategies child welfare workers can use to work with families to reduce stress and build on families' strengths.

**Accessing Services Through IDEA** (23 minutes). This video describes the services and supports available to children from birth through 21 years through the Individuals with Disabilities Education Act (IDEA). By understanding this legislation, child welfare workers can help families obtain needed services for their children, understand available supports, and transition smoothly from one service system to another as their child grows.

## Children with Disabilities in the Social Service System

It is estimated that one out of 10 children nationwide has some kind of physical, mental, emotional, or developmental disability and that half of the children within our country's social service system (child protection, family preservation, juvenile justice, foster care, and adoption) have some problem that affects their development (U.S. Department of Education, 1998). Estimates indicate that approximately 50 percent of the 50,000 children available for adoption in the U.S. and 50 percent of all foster children have developmental delays (Jaudes & Shapiro, 1999; Takayama, Wolf, & Coulter, 1998). In addition, an estimated 30 to 70 percent of children in out-of-home placements such as foster care have emotional problems.

*Child welfare workers have regular and frequent contact with a population of children at high risk of developmental disabilities. Many of these children do not receive regular or adequate medical care and assessment. Until they reach the age of mandatory public school attendance, the child welfare worker may be the only social service professional to have contact with them (Hughes & Rycus, 1998).*

Child welfare workers are in key positions to recognize the warning signs of developmental delays, to refer children for evaluation, and to help families access services to which their children are entitled. In order to fulfill their role child welfare workers need knowledge of a variety of areas including child development, developmental disabilities, indications of possible disabilities, referral mechanisms, and the impact of disabilities on family interaction. They also need to develop working relationships with agencies that provide early intervention and special education services. The National Symposium on Abuse and Neglect of Children with Disabilities (1995) recommended that child welfare personnel have training that focuses on issues surrounding disabilities.

This video series will provide information about:

- The developmental milestones children achieve as they grow and develop;
- The characteristics of a variety of developmental disabilities;
- Red flags that signal the need for a developmental assessment;
- The services available to children and families through the Individuals for Disabilities Education Act (IDEA);
- The impact of various disabilities on families;
- Strategies for working in partnership with families; and
- The key role child welfare workers play in helping families access services and supports.



## Underlying Philosophy of the Series

The underlying philosophy of this video series is the belief that children should be viewed within the context of the family rather than in isolation. Based on this guiding philosophy the following principles are reflected throughout this video series.

- **Support should be offered within the context of the family and the community in which they live**, rather than to the child in isolation. Family constellations differ, and their racial, ethnic, cultural, and socioeconomic diversity deserves to be honored. Families are the constants in the lives of children and, as such, they should be seen as the experts regarding their children. The most successful support results from the collaboration of service providers and families throughout planning and service delivery.
- **The child's development influences family interactions.** Like all professionals, child welfare workers need to recognize the signs of developmental problems since these problems can have a strong impact on family interactions.
- **Services should be provided in the community.** Services for children identified as needing early intervention or special education services, should be located in the community, whenever possible. Services should be provided in a culturally competent, family-centered, and coordinated manner.
- **A strength-based approach is pivotal.** This approach focuses on the strengths of children and families and moves away from a problem-focused service delivery approach. A strength-based approach focuses on identifying and maximizing the resources of families and includes mobilizing the community, as well as other service sectors.

## Use of the Video Series

The three videos in this series are designed to be used in training programs for social workers, child welfare personnel, and other professionals working with young children. They can be used:

- For inservice training for child welfare and social service personnel;
- During orientation for newly hired social service personnel;
- Within training programs for foster and adoptive families;
- As a component of a university-based social work curriculum;
- For continuing education purposes; and
- As a self-study course.

A program of staff education that focuses on child development and disabilities can be created with continuing education units (CEUs) awarded at the end of the course. To facilitate awarding of CEUs, the program objectives and a pre/post test for each video are included in the handbooks. Discussion questions also are included. Related activities are included to help further the learning experience.







# Acknowledgements

This project could not have been completed without the invaluable assistance of numerous people. First and foremost, we extend our thanks to the families for sharing their experiences and insights of parenting a child with a disability.

We thank the faculty and staff of the Georgetown University Child Development Center for all their support and assistance from the conception of this project through to the end.

We thank Judith Pokorni from the Pacific Institute for Research and Evaluation for her skill and creativity as a producer, director, and writer.

Thanks also to Counterparts, Inc. for their assistance in coordinating the project, organizing the training sessions, and taking care of so many other details.

Special thanks goes to members of the Interdisciplinary Review Committee for their input in clarifying the content, reviewing the videos, and field testing the materials. Agencies represented include: Catholic Charities of Maryland; Child Welfare League of America; Collaboration Council for Children, Youth, and Families; Center for Adoption Support and Education; CONCERN, Inc.; Crater Child Development Clinic; District of Columbia, Developmental Disabilities State Planning Council, Child and Family Services Adoption Services and Foster Parent Training Unit, Early Intervention Program, Public Schools, Head Start Program; Fairfax County, Department of Family Services; For Love of Children; Henrico Mental Health, Mental Retardation, and Substance Abuse Services, Parent/Infant Program; James Madison University; John Tyler Community College, Early Childhood Program; Lutheran Social Services; Montgomery County Health and Human Services, Child Welfare Service, and Systems Reform Initiative; Montgomery County Public Schools, Autism Program, and the Emotional Disabilities Unit; National Alliance for the Mentally Ill; National Association for the Education of Young Children; Parent Education and Advocacy Training Center; Prince George's Child Resource Center; Prince George's County, Department of Family Services, The Family Connection, the Division of Children, Youth, and Families, and the Department of Social Services; Prince George's County Public Schools, Department of Special Education; Reginald Lourie Center; Regional Early Intervention Team; University Legal Services; Virginia Commonwealth University, Virginia Institute for Social Services Training Activities; Virginia Institute for Developmental Disabilities, Abuse and Neglect of Children with Disabilities Project and the MCH/LEND Program; and the Virginia State Department of Social Services, Child Abuse Prevention.

Sincere appreciation also goes to the organizations who opened their doors to us for videotaping. Without their help this series could not have been produced. They include: the District of Columbia Early Intervention Program, Washington, DC; the Preschool Autism Program, Prince Georges County Public Schools, Cheverly, MD; the Rosemount Center, Washington, D.C. and St. Coletta School, Alexandria, VA.



Phyllis Magrab, PhD  
Project Director



ACCESSING SERVICES THROUGH IDEA



# Introduction



## Objectives for the Video: Accessing Services through IDEA

As a result of viewing this video, individuals will be able to:

- Identify the services and supports that are available to eligible infants and toddlers from birth through two years of age and their families through the Individuals with Disabilities Education Act (IDEA);
- Identify the services and supports available to eligible children and youth from 3 to 21 years of age through the Individuals with Disabilities Education Act (IDEA);
- Identify strategies for supporting families in finding and accessing services for their child;
- Identify strategies to promote inclusion of children with disabilities in community activities; and
- Support communities in including children with disabilities in all child-oriented activities.





ACCESSING SERVICES THROUGH IDEA



# Part One



It is estimated that over half of the children in the child welfare and social service systems have disabilities such as developmental delays, learning disabilities, physical impairments or mental health issues (Jaudes & Shapiro, 1999). The special needs of these children including increased caregiving demands can result in increased stress that may overwhelm a family's resources. Child welfare personnel can help children and families by supporting and nurturing them in the communities where they live. Child welfare workers can assist families to:

- Receive appropriate early intervention and educational services and
- Develop partnerships with the array of professionals, including school staff, in community-based systems of care.

The Individuals with Disabilities Education Act (IDEA) provides federally mandated services and supports to children with special needs and their families. Child welfare workers who are familiar with the provisions and processes of IDEA can help families of children with disabilities benefit from its provisions. Effective use of these supports assists a family to build on its strengths and use the resources of the community.

## Individuals with Disabilities Education Act (IDEA)

IDEA mandates each state to develop and implement a system to ensure that needed services are provided to infants, toddlers or children with disabilities. Since states have the flexibility to develop specific criteria for eligibility for services for infants and toddlers, child welfare workers need to be familiar with their individual state's specific criteria and services. Criteria for eligibility for services for school age children are more uniform and are delineated in IDEA.

OVERVIEW OF FEDERAL LEGISLATION RELATED TO YOUNG CHILDREN WITH DISABILITIES		
YEAR	LAW	CONTENT
1975	Public Law 94-142 Education of the Handicapped Act (EHA)	Provided the framework for special education for children with disabilities ages 6–21. Guaranteed: free, appropriate, public education (FAPE); special education and related services; a written Individualized Education Program (IEP); due process rights for parents to identification, evaluation, and placement procedures; and placement of each child in the least restrictive environment for learning.
1986	Public Law 99-457 Education of the Handicapped Act Amendments	Extended the above guarantees (Part B) to 3–5 year olds. Established an early intervention discretionary program (Part H) for infants and toddlers (birth through 2 years) and their families. States design and implement services and supports emphasizing natural settings. Mandated an Individualized Family Service Plan (IFSP) for all eligible young children and their families.
1991	Public Law 102-119 Individuals with Disabilities Education Act (IDEA)	Changed the term “handicapped children” to “children with disabilities.” Expanded the definitions of children served and of services included.
1997	Public Law 105-17 Individuals with Disabilities Education Act (IDEA) Amendments	Reauthorization of IDEA. Requires states to establish performance goals and indicators for all children, including children with disabilities. Children with disabilities must be included in state assessments of education achievement. The IEP must explain the extent to which a child is not participating in regular education activities with children without disabilities. Mediation must be made available to families when they are in disagreement with the school. Reinforces natural environments as service settings for early intervention.



IDEA includes the following key provisions:

- Parents are decision-makers for their children and are an integral part of the process that develops the service plan for their child;
- Services and supports are mandated for eligible children and youth with special needs from birth through age 21;
- Communities must establish a system of finding and identifying those children who are eligible for services;
- Early intervention and special education services must be individualized to meet the needs of the child and must be reviewed periodically and adjusted to meet changing needs; and
- Services must be delivered in the least restrictive environment (LRE) which means that services should be provided in an environment with typically developing children as much as possible.

By being familiar with IDEA and its provisions, child welfare personnel are in a better position to help families obtain appropriate developmental, educational and related services for their children.

## **Rights and Responsibilities under IDEA**

Through IDEA, an infant and toddler with a disability has the *right* to:

- No-cost developmental evaluation and re-evaluations as appropriate;
- Testing in their native language;
- Evaluation by trained professionals who use more than one testing approach;
- Testing using evaluation materials that are neither racially nor culturally biased;
- Development of an Individualized Family Service Plan; and
- Access to services in a natural environment, that is, an environment where typically developing infants or toddlers would be found, such as the home or a child care center.

Through IDEA, a child with a disability has the *right* to:

- A free and appropriate public education (FAPE) from age three through 21;
- No-cost developmental evaluation and re-evaluations as appropriate;
- Testing in their native language;
- Evaluation by trained professionals who use more than one testing approach;
- Testing using evaluation materials that are neither racially nor culturally biased;
- Development of an Individualized Education Program (IEP); and
- Attend school in the least restrictive environment (LRE), to the extent possible.

Through IDEA a family has the *right* to:

- See their child's early intervention and/or school records;
- Review the IEP or IFSP with specialists at least yearly;
- Be fully informed of all the rights that families are entitled to by IDEA;
- Appeal decisions made about the services provided to their child;



- Be informed of and consent to changes made to any of the services provided to the child, including school placement, before the changes occur;
- Participate on the team that determines their child's eligibility for services; and
- Work in partnership with professionals from relevant disciplines to develop the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) for their child.

In order to ensure that the IFSP or IEP is designed to meet the needs of the child and family, it is essential that families:

- Share information about their child with the members of the professional team; and
- Become active team members.

It is not always easy for families to discuss their child's disabilities and seek help from professionals. As a result some families will have difficulty communicating their concerns, particularly in the beginning of the process. The family's cultural background will influence the way they exercise these responsibilities.

Rights for children and families under IDEA are described in different sections of the law. *Part C* of IDEA covers children from birth through the end of the child's second year. *Part B* covers services for children and youth from age 3 to 21. Information about how to make the transition between the two sections of IDEA, beginning when the child is 2½ years of age, is also provided.

## Accessing Services under IDEA

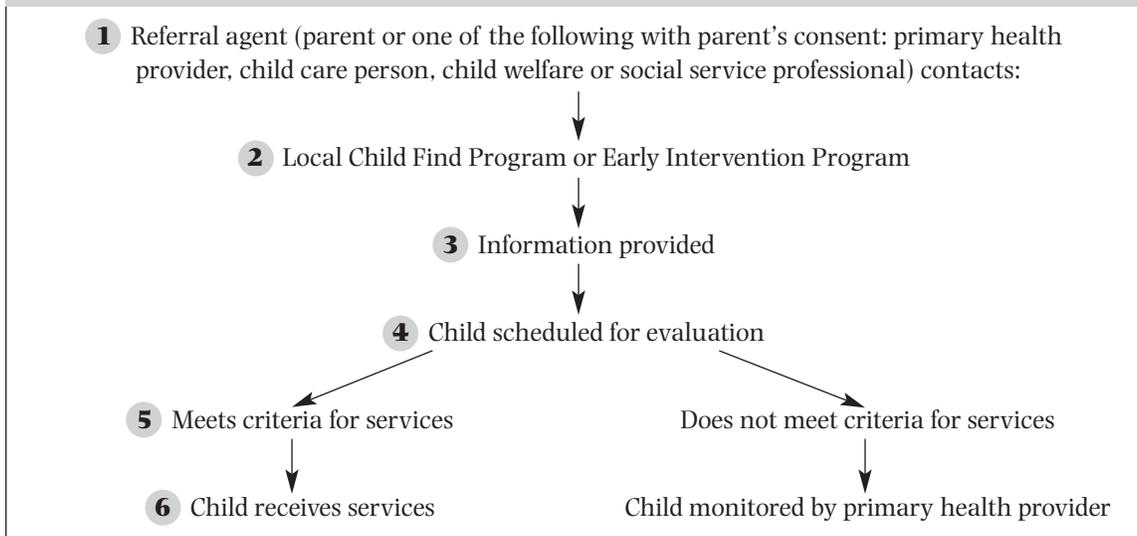
### ***Part C: Children from Birth through Two***

IDEA mandates that states have a system to identify infants and toddlers with disabilities and provide early intervention to those eligible. In some cases, an infant will be identified at the hospital shortly after birth. Infants and toddlers who are not identified and whose families are concerned about their development must be evaluated to determine eligibility for services. The first step in obtaining early intervention services is to contact the Child Find office of the local Part C program. The Part C program is often called the Early Intervention Program or Infants and Toddlers Program and may be operated by the Health Department, the Social Services Department or even the local school system. The Child Find office is designed to be the first step in the process of arranging for an evaluation to determine which infants and toddlers suspected of having a disability or delay are eligible for services.

The next step in the process is to obtain a multidisciplinary evaluation. An evaluation is performed to determine whether the child has a diagnosed disability, the specific degree of developmental delay established by the state, or a condition that is highly likely to result in a developmental delay or disability. Multidisciplinary evaluations are conducted in a variety of places. In some jurisdictions the Child Find office may conduct the evaluations, in other localities families access child development professionals within a hospital, professional practice, health department, or department of social services. The local early intervention program may also conduct multidisciplinary evaluations. Once the Child Find office is contacted, families will be directed to the next step in the process. The Resource Manual contains information on locating the number of the local point of contact if that is not known.



### ACCESSING SERVICES FOR CHILDREN BIRTH THROUGH TWO

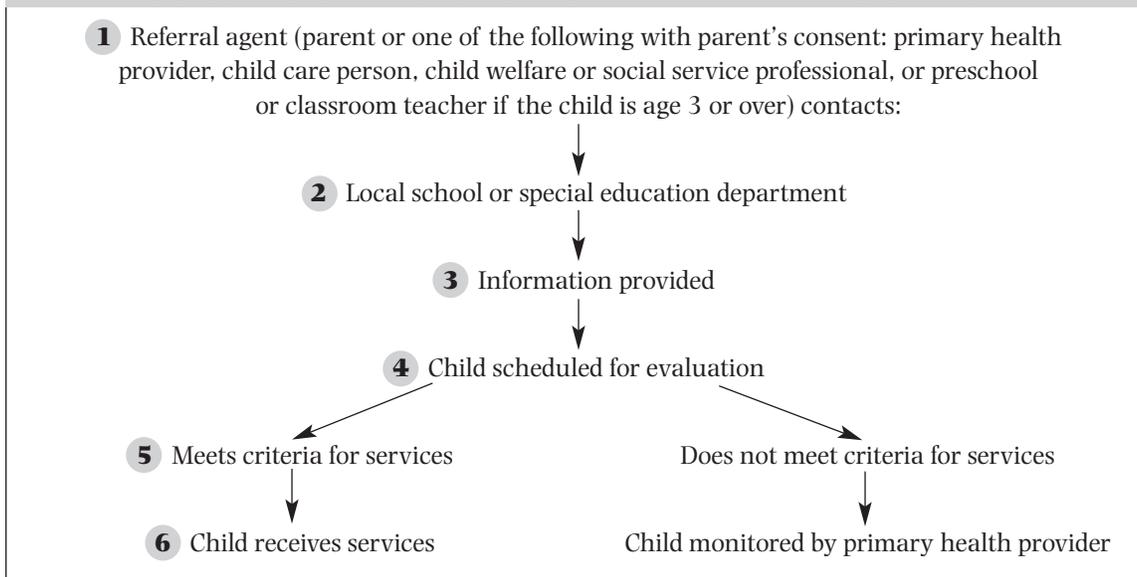


#### Part B: School Age Children 3–21

Children and youth from 3–21 years of age are eligible for special education and related services under IDEA if diagnosed with one of the 13 specific developmental disabilities identified in the law. The disabilities include: *autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment*. Also, some local communities provide services to children up to 8 years of age if they have been identified as developmentally delayed, continuing to demonstrate a significant delay but do not meet criteria for any of the 13 disability categories.

In order to receive services, a multidisciplinary evaluation must be conducted to determine eligibility. In most communities, these evaluations are conducted through the public school system.

### ACCESSING SERVICES FOR CHILDREN AND YOUTH 3–21



## A PARENT'S CHECK LIST

To ease the process of determining eligibility for special education services family members should follow these four steps:

- Request in writing to your child's school that your child be evaluated to determine eligibility for special education services. Many schools have a specific form to fill out. If your child is attending private school or is not in school yet, request in writing to the local public school your child would attend.
- Submit reports of any educational, medical, or psychological evaluations or assessments that are available regarding your child.
- Submit the existing IEP if your child has been receiving special education services in another district. This will help ensure continuity of services.
- Attend the meeting with school staff to review the information and to determine eligibility for services.

Public school systems are mandated to conduct multidisciplinary evaluations to determine eligibility for special education and related services. Family members can contact their local elementary school to initiate the process of determining eligibility for special education services.

## Providing Services under IDEA

Child welfare workers regularly serve children with disabilities. To maintain children with disabilities in family and community settings it is important that child welfare workers are aware of the educational, developmental, and therapeutic services available to them. These services may be mandated by the court or be part of a plan to assist birth families to reunite with their children.

### ***Part C: Infants and Toddlers Birth through Age Two***

Following the determination that the child has a delay or disability and is eligible for Part C services, a team, including a service coordinator from the Part C, Early Intervention Program will meet with the family. The team, including the family, will develop the Individualized Family Service Plan (IFSP). The IFSP will delineate the priorities and concerns of the family regarding the child's developmental needs. It will also list the services that the child will receive and where and how often the child will receive them.

The IFSP contains:

- A statement of the child's skill level;
- The strengths and needs of the family in working with and helping their young child;
- The outcomes the family would like addressed;
- The services that are necessary to meet the outcomes and needs listed;
- The dates services will begin and date they are projected to end;
- The name of the service coordinator who will assist the family in obtaining services; and
- A description of the natural environments where the services will be provided.



## Developing an IFSP as a Team

### A SAMPLE IFSP

**Setting:** A meeting in the family living room with Tanya and Robert (the parents), a service coordinator, an early interventionist, and a social worker.

**Service Coordinator's Perspective:** We work with families to create an Individualized Family Service Plan for their children. So, first we asked Tonya and Robert to help us understand Sean's strengths and needs as well as their own. Then we all talked about the family's priorities and together discussed the options available to the family so we could figure out the resources that may be helpful.

**Tanya's Perspective:** We felt overwhelmed. Sean was such a beautiful baby. Sure he cried a lot when we first got him, but we were prepared for that through the adoption training. Later when it didn't stop and he didn't really warm up to me and was always looking away, it really got to me. He seemed to be sensitive to just about everything, but people told me some babies are just that way. I expected when he got a little older that it would get better but it really hasn't. I was so grateful when our social worker helped us get him evaluated and we discovered he has developmental delays because now I know it's not me. The service coordinator helped us see past our current crisis to our strengths, which we can now use in our own situation. We belong to a church that can give us all sorts of support. Robert can work more flexible hours than we originally thought, which will really come in handy. We were very clear about what we wanted for our child.

We wanted him to stay focused on an activity for brief periods of time. The early interventionists showed us ways to increase his attention span.

**Outcome:** Be able to stay focused on an activity for brief periods of time.

**Strategy:** The early interventionist will assist the family to identify activities that promote sustained attention.

**Time Line:** The early interventionist will begin to work with us within one week

We were also very concerned about his weight. The service coordinator made an appointment for us with a nutritionist—something I would never have thought of.

**Outcome:** For Sean to gain weight.

**Strategy:** A nutritionist will develop a diet for Sean to increase caloric intake

**Time Line:** The nutritionist will be contacted within two days to set up a meeting with the family. Following the first meeting with the family the nutritionist and family will develop a plan for at least monthly monitoring.

**Service Coordinator's Perspective:** A child with a disability can increase family stress. Tanya and Robert said that they never seemed to get a moment alone, so we looked for a way to get them some regular time on their own. The church baby sitting referral service helped them get a sitter to have a couple of hours on their own, and the early interventionist helped the sitter understand how to play with Sean.

**Outcome:** Decrease stress in the family.

**Strategy:** To arrange with their church's babysitting co-op babysitting every other week.

**Time Line:** Two hours bi-weekly.

Early Intervention Services are most helpful when the team, including the family, makes a plan that is creative and flexible enough to meet the individual needs of the child and family. The early intervention team and the family meet at a mutually agreed upon place and time. To the extent possible early intervention services should be provided within the child's naturally occurring activities and routines and with typically developing peers.



The following chart indicates the wide array of services available to infants and toddlers under Part C of IDEA.

SERVICES AVAILABLE	
Assistive technology devices and services	Psychological services
Audiology	Service Coordination
Family training, counseling, home visits	Social work
Medical services for diagnosis	Special Instruction
Nursing services	Speech-language therapy
Nutrition services	Transportation
Occupational therapy	Vision
Physical Therapy	

The team will formally review the IFSP semi-annually. This ensures that the services are appropriate for the changing needs of the child and family. Any member of the team, including the family, can ask that the IFSP be reviewed at any time. As needs change, so should the plan.

### ***Transition to School-Age Services***

When a child is approximately 2½ years old, the service coordinator and the child's family work together to develop a plan that details how the child will transition from early intervention to appropriate school-age services.

The Transition Plan is developed with the family, the Early Intervention (EI) Service Coordinator, relevant EI providers, and a representative from the special needs pre-school services component of the local public school system program. The plan delineates the steps the family, the early intervention program and the educational program need to take to insure a seamless transition.

### ***Part B: Children and Youth 3–21***

Once a child's eligibility for special education services is established, the educational team will meet with the family to develop the Individualized Education Program (IEP). The team that meets with the family usually includes the specialists who have evaluated the child, a school administrator, a regular education teacher, and a special educator. The IEP delineates the goals and objectives as well as the services and supports needed to reach the goals.

Specifically, the IEP contains:

- **Present levels of educational performance.** This describes how the child is currently doing in school. It includes how the child's disability affects his or her involvement and progress in the general curriculum.
- **Annual goals.** The IEP must set annual goals for the child (what the family and the school team would like to focus on in a year). Additionally, the objectives that will assist the child in meeting the goals must be delineated. The goals and objectives relate to the child's ability to benefit from his or her education. They must also help the child be involved in and make progress in the general curriculum.



- **Special education and related services to be provided.** The IEP must list the specific special education and related services to be provided to the child. This includes supplementary aids and services (such as a communication device). It also includes changes to the program or supports for school personnel that relate to the child's education.
- **Participation with non-disabled children.** The amount of the school day that the child will be educated separately from non-disabled children is delineated on the IEP.
- **Participation in state and district-wide assessments.** State and district tests of student achievement are typically given to children in certain grades or age groups. In order to participate in these tests, a child with a disability may need modifications or changes in how the tests are administered (such as additional time). The IEP team must decide what modifications the child needs and list them in the IEP. If the child will not be taking these tests, the IEP must include a statement as to why the tests are not appropriate for the child and how the child will be tested instead.
- **Dates and location.** The IEP must specify: when services and modifications will begin; how often they will be provided; where they will be provided; and how long they will last.
- **Transition service needs.** Beginning from the time a student is 14, the IEP must include a statement of needed transition services that focus on courses of study and goals that will assist the student in preparing for post-secondary life.  
  
From the time a student is 16, the IEP must include a statement of needed transition services that focus on coordinated activities, interagency responsibilities, and any linkages among services and agencies that will promote movement from school to post-school life for the student.
- **Measuring progress.** The IEP must state how school personnel will measure the child's progress toward the annual goals, how they will regularly inform parents of their child's progress, and whether that progress is enough to enable their child to achieve the IEP annual goals.



## Developing an IEP as a Team

### A SAMPLE IEP

**Setting:** A conference room in the elementary school with a grandmother and her pastor, the principal, a special education teacher, a regular education teacher, a physical therapist, a language specialist, a school psychologist, and a social worker.

**Social Worker's Perspective:** We found out from her pastor that Mrs. Barton was taking care of her grandson and that despite the goodwill, she had her hands full and didn't know that she could turn to anyone for help. Fortunately she had James' records, so we called her neighborhood school to help us get James an IEP. I told her she could bring anyone she wanted to the meeting and her pastor drove her here.

**Grandmother's Perspective:** My grandson, James, is 7 years old and moved in with me for a time while my daughter is getting treated for her addiction. He's a good boy, but it's been so hard because he has autism. Everything I do doesn't seem to help him. I know he needs help but I was afraid to ask anybody because they may take him from me.

**Pastor's Perspective:** Grace is a wonderful woman and loves James deeply. I am worried about her because at her age it is very tough to be taking on a 7-year-old, she's getting run down and is having a hard time making ends meet on her pension. Nobody really helps her much because they don't know how to deal with James.

**Special Education Teacher's Perspective:** Mrs. Barton had no way of knowing what kinds of help James can get through the school system. With an IEP, she can get help with things she didn't associate with school, such as recreation services and transportation, and helping James with behaviors such as self-feeding. She also is uncomfortable with us because she thinks we are the experts, the authorities. It will take us a while to help her be our expert. Eventually the team decided to start work on the thing that bothered her the most—not being able to communicate well with James.

**Goal:** James will make his needs known by pointing.

**Objective:** He will point to what he wants when he is given a choice of two things.

**Duration:** First marking period

**Grandmother's Perspective:** It is especially hard for me because James can't tell me what he wants. So in our team we decided to work on that problem. The speech therapist suggested that James start by showing me what he wants by pointing. She helped us in my home by showing me how to work on that. Now he points to what he wants when he is given a choice of two things. She is working on that at lunchtime. The team is going to work on James' behavior during class. They will adapt his schoolwork to help him meet the goals of his IEP.

**Goal:** James will attend to a short story book read to the class

**Objective:** James will stay with his small reading group when the teacher reads aloud a story

**Duration:** First marking period

Under Part B of IDEA, children are entitled to receive special education services including all the related services needed for them to benefit from their education. Related services include psychological services, transportation to school and to other supportive services, audiology, speech and language therapy, mental health services, physical therapy, occupational therapy, recreation, and parent counseling and training. Related services are provided to the students to benefit from their educational plan and to help the child be educated in the least restrictive environment



## Timelines

For each step in the process, from the request for a developmental evaluation to implementation of the IFSP or IEP, time limits are set to make sure that a child’s and family’s needs are addressed without delays. Child welfare workers can help families by being aware of the importance of these timelines and making sure they are adhered to.

SUMMARY OF IMPORTANT TIMELINES	
ISSUES	DEADLINE
What is the maximum time to complete evaluation(s) and hold an IFSP meeting(s) for early intervention (Part C) services?	45 days.
When should early transition meetings be held?	Within 90 days of the child’s third birthday.
What is the maximum time to complete evaluation(s) and IEP meeting(s) for special education (Part B) services?	A total of 50 days—20 days to evaluate and 30 days to hold IEP meeting(s).
When can parents request a due process hearing to challenge the evaluation, IEP, placement, etc.?	At any time.
When must a hearing date be scheduled?	No later than 35 days after the receipt of the request for hearing.
What are the requirements before the hearing date?	The five business day rule requires both parties to disclose all information (including documents and witnesses) to be relied upon at the hearing five business days in advance of the hearing.
When must written determination of the hearing be received?	Within 10 days of the completion of the hearing, but no later than 45 days after the receipt of the request.
When must the hearing decision be implemented?	By the date specified in the hearing decision/order.
When is the IFSP reviewed for continued appropriateness?	Semi-annually
When must the infant or toddler be re-evaluated to determine eligibility?	Annually
When is the IEP reviewed for continued appropriateness?	At least annually.
When must the child be re-evaluated?	At least once every three years if conditions warrant re-evaluation, or at any time the parent or teacher requests.

*Dubois, S.K. (1998). A D.C. Special Education Journey from Early Intervention to Public School’s Special Education: A Parent’s Manual.*



ACCESSING SERVICES THROUGH IDEA



## Part Two



**I**DEA mandates that families be essential participants in every aspect of creating a plan for services for a child with a disability. They are members of the team that determines eligibility for services as well as members of the team developing the individualized plans.

Collaborating with families requires time, creativity and commitment. Addressing concerns such as holding meetings in their homes, at a time when they do not have to leave work in order to attend, and with the assistance of an interpreter or translator may be necessary.

Accommodations do not guarantee that the family will be equal participants. Families may be intimidated by a room full of professionals who know one another and who use jargon that may mean little and be confusing. They may find it unnerving to have people talk about their child, especially if the discussion focuses solely on the disability rather than addressing the child's positive attributes. Additionally, a family's view about disability, and its causes and appropriate responses to it vary across cultures, socioeconomic circumstances, and life experiences and can deeply affect interaction with professionals.

## Forming Family-Professional Partnerships

In the beginning of the process of accessing services, family members participating on an IEP or IFSP team are the newcomers on the block. They usually don't know how the process works, what the words mean, who the other people in the room are, and the options available to them. They may not really feel that they have expertise equal to everyone at the meeting. They also may have lost sight of their strengths, coping mechanisms, and resources in their family and community. The demands and worries that can accompany raising a child with a disability can at times seem overwhelming. Families have different levels of comfort with seeking help as well as varying cultural values about independence, privacy, authority, and child rearing.

Professionals may need to take the lead in involving parents in collaborative teams through their behavior as well as their words. Child welfare personnel can help the members of the IEP or IFSP team be sensitive to families and assist families through the meeting by:

- Explaining to families the purpose of the meeting, who will attend, and how to get there, well in advance of the meeting;
- Making sure the family understands that they can bring anyone to IEP/IFSP meetings who is important to them and knowledgeable about the child;
- Making language accessible—by asking professionals to explain technical language, by encouraging all members to speak slowly, and by having interpreters available, if necessary;
- Assuring that no one on the team is making assumptions about the family's concerns, priorities, and resources, especially when a family's cultural background differs from other team members;
- Noticing, through the behavior of the family members, that there is a lack of understanding, discomfort, embarrassment, or reluctance to speak up;
- Checking that recommendations reflect a family's priorities; and
- Taking time after meetings to go over team decisions and encouraging families to ask questions about things they do not understand or that they disagree with.



The foundation of a family-centered approach to the provision of services is that families of children with disabilities are capable of making informed choices and decisions in partnership

with the people who work with them and their children. Families will have different comfort zones with this approach depending on their cultural values and preferences. The responsibilities of the family involved include:

- Sharing family information as appropriate with the professional team;
- Speaking frankly so that the team's decisions reflect the family's priorities;
- Being willing to work as a partner with professionals;
- Recognizing the skills of the professionals involved;
- Becoming informed about their rights; and
- Working collaboratively with the team.

## Principles of Family-Professional Collaboration

It is important to recognize that the ability to espouse these principals is culturally driven. A family recently arrived in the United States may prefer the advice of friends to professionals. Families who have a desire to protect their child with a disability may not be responsive to professionals' focus on inclusion. A mother can regard the disability as her "fault" and be unable to separate her guilt in this process. Family-professional collaborative teams:

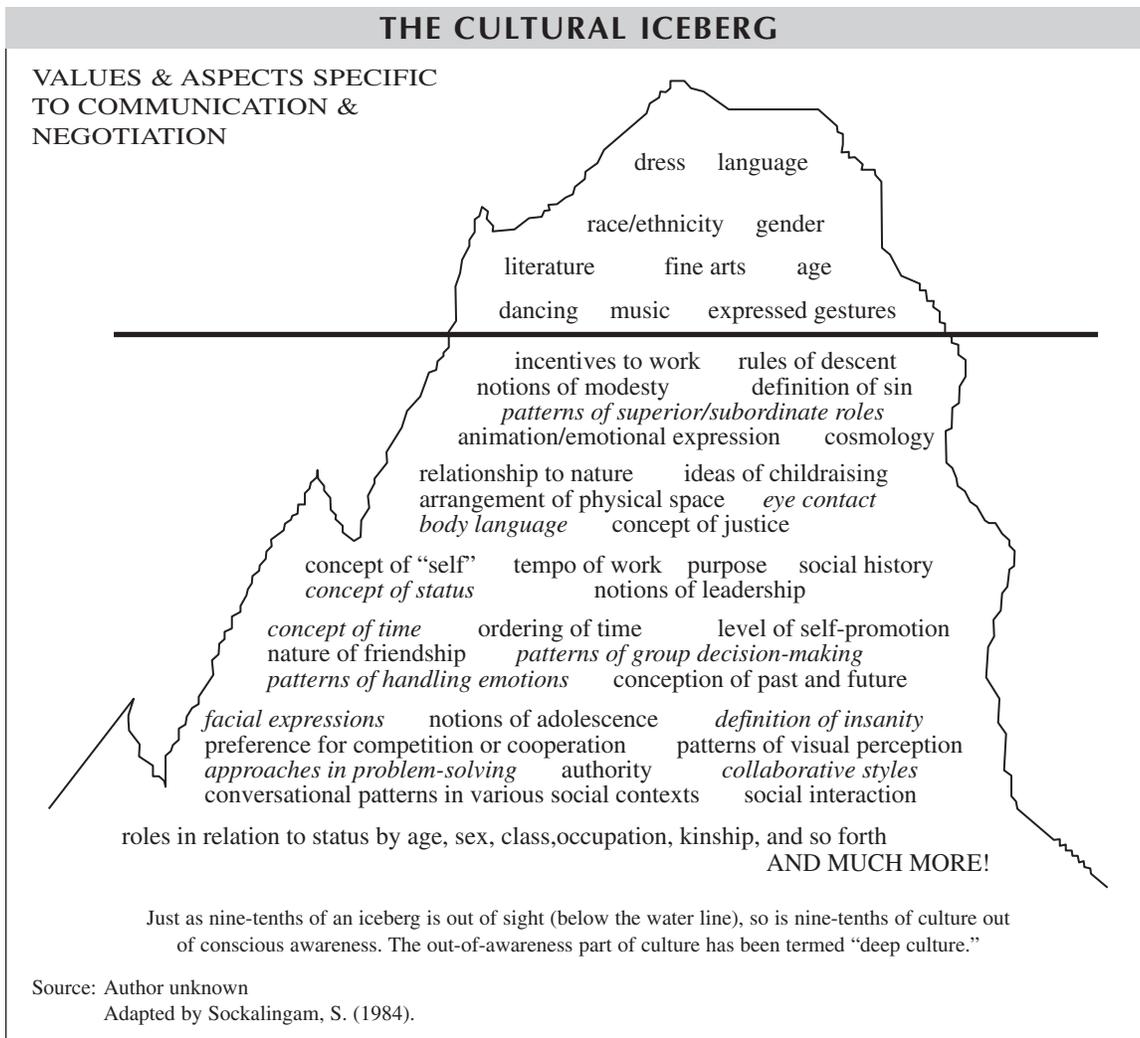
- Develop a relationship focused on ensuring the best services for the child and family;
- Begin with a mutual commitment of families, professionals, and communities to be responsive to the needs of children with disabilities;
- Recognize and respect the knowledge, skills, and experience that both the families and the professionals bring to the table;
- Acknowledge that trust is a key ingredient in a partnership;
- Practice openness so that decisions can be based on priorities;
- Honor each other's cultural traditions, values, and diversity; and
- Recognize that negotiating is often an essential aspect of collaborative relationships.

## Negotiating Together

People from many different specialties, including parents get together to create an IEP or IFSP. As interdisciplinary teams meet to develop a plan members may have differing and at times conflicting strategies to address child and family needs and desires. Scheduling demands as well as a multitude of options can make it difficult for a family to prioritize which services they will be able to handle and which service providers' suggestions to listen to. In these situations a child welfare worker and other team members can use negotiation as a technique to bridge different perspectives for the welfare of the family. A child welfare worker, as advocate, can help professionals integrate this approach in meetings.

It is essential to be aware that different cultures are at work within the team. While professionals often concentrate on the ethnic or racial culture of the family, they can neglect to consider organizational cultural values that are operative among professionals as well. The *Culture Iceberg* graphically demonstrates how much can be out of the conscious awareness as a meeting is going on. Families may be aware that there are different power bases, agency rules, approaches to problem-solving at play but may not be able to navigate them and come away confused or bruised by the encounter.





Interest-based negotiation suits IFSP or IEP meetings because its premise is that all team members are working collectively so that everyone is satisfied and no one feels compromised. Often when in negotiations people come to the table and state what they want. They state their position or goal. Negotiations that are interest based assume that each member of the team has an interest, a reason for why they want something to happen or change. Interests are why a team member wants something, the reason behind a position. Identifying interests helps the team:

- Define the problem;
- Allow for more possible solutions;
- Make it possible for a solution without compromise from anyone; and
- Evaluate a possible solution.



## THE PROCESS OF INTEREST-BASED NEGOTIATION

### **Prepare to Negotiate**

- Get yourself ready emotionally and substantively.
- Think about where the other negotiators are emotionally and substantively.

### **Listen Actively and with Empathy to Understand**

- Get the information completely and accurately.
- Send the message that the speaker is being heard.

### **Communicate Your Interests**

- Share your interest in a way that they will most likely be understood.

### **Explore the Issues**

- What are the questions the group must address and attempt to answer?

### **Generate and Evaluate Options**

- How many possible solutions can everyone think up?
- Which one will come closest to meeting everyone's interests?

### **Finalizing the Agreement**

- The group agrees on a whole, partial, or temporary solution.
- Is it realistic and does it meet everyone's standards of fairness?
- Ensure that everyone has the same understanding of how the solutions will work.

*Williams, E.Z., & Magrab, P.R. (2000). Negotiating together: Training manual. Washington, DC: Georgetown University Child Development Center.*

## **The Role of Child Welfare Workers**

Child welfare workers are often faced with situations where children and families need services and supports that do not seem to be available to them. Through IDEA, resources can be accessed to support children with special needs and their families. Child welfare workers can help make this happen by:

- Recognizing red flags and referring families for a developmental evaluation, which is the first step in establishing eligibility for services;
- Offering to support families through the process of identifying and accessing appropriate early intervention and school-age services mandated by IDEA;
- Supporting families as they become active members of the interdisciplinary team serving their child to 1) determine eligibility; 2) develop an IFSP (birth through age 2) or an IEP (ages 3–21); and 3) monitor care and services to ensure reaching the outcomes the family and teams jointly set; and
- Helping families find and coordinate care.





# References

Dubois, S.K. (1998). *A DC special education journey from early intervention to public school's special education: A parents manual*. Washington, DC: University Legal Services.

Hughes, R.C., & Rycus, J.S. (1998). *Developmental disabilities and child welfare*. Washington, DC: Child Welfare League of America.

Jaudes, P., & Shapiro, L. (1999). Child abuse and developmental disabilities. In J. Silver, B.J. Master, & T. Haecker (Eds.). *Young Children and Foster Care*. Baltimore: Paul H. Brookes Publishing Co.

Takayama, J.I., Wolf, E., & Coulter, K. (1998). Relationship between reason for placement and medical findings among children in foster care. *Pediatrics*, *101*, 210-207.

U.S. Department of Education, 1998.

Williams, E.Z., & Magrab, P.R. (2000). *Negotiating together: Training manual*. Washington, DC: Georgetown University Child Development Center.





ACCESSING SERVICES THROUGH IDEA



# Pre-Post Test, Discussion Questions & Activities



## ACCESSING SERVICES THROUGH IDEA

### PRE-POST TEST QUESTIONS

The Pre-Post Test Questions are provided for those individuals who require an objective measure of change following training. Many States that require CEUs also require that training programs conduct a pre-post test. These questions represent material presented in the video and manual. As with all trainings, instructors or trainers may find it necessary to substitute these questions for others to be aligned with individual training programs.

**Please choose the BEST answer**

1. The Individuals with Disabilities Act guarantees all of the following EXCEPT
  - a. A free and appropriate public education
  - b. Early intervention services
  - c. Financial aid for college students with disabilities
  - d. Related services
  
2. Part C of IDEA sets forth guidelines for which group of children
  - a. Infants and toddlers
  - b. Preschool age children
  - c. School age children
  - d. Adolescents
  
3. Eligibility criteria to receive early intervention services under Part C of IDEA are established by
  - a. The federal government
  - b. Each service provider
  - c. The State government
  - d. There are no criteria
  
4. An IFSP is developed for
  - a. Infants and toddlers with disabilities or delays
  - b. School age children with disabilities
  - c. All children who attend public school
  - d. None of the above
  
5. A child begins the transition from early intervention services to preschool services at about age
  - a. 12 months
  - b. 24 months
  - c. 2 ½ years
  - d. 3 years
  
6. IDEA provides services and supports through what age
  - a. 16
  - b. 12
  - c. 18
  - d. 21

*Continued*

7. What kinds of services are available to families if they are concerned that their child is not receiving appropriate services
  - a. None
  - b. Due process
  - c. Mediation
  - d. b & c
  
8. The basis for interest based negotiation is that
  - a. All parties are working together to develop an appropriate program
  - b. The interests of the school system are the priority
  - c. The family should be able to get all the services and supports it wants
  - d. There is adversity among all the people involved
  
9. Child welfare workers are in a unique position to help families
  - a. Fill out paperwork correctly
  - b. Develop priorities for the child
  - c. Make sure the recommendations decided on by the team reflect their priorities
  - d. All of the above
  
10. What is the name of the document that outlines the program for a 5 year old child receiving special education services
  - a. IFSP
  - b. IEP
  - c. ITP
  - d. Report card

ACCESSING SERVICES THROUGH IDEA

**ANSWER KEY FOR PRE-POST TEST QUESTIONS**

- |      |       |
|------|-------|
| 1. c | 6. d  |
| 2. a | 7. d  |
| 3. c | 8. a  |
| 4. a | 9. d  |
| 5. c | 10. b |



## ACCESSING SERVICES THROUGH IDEA

### DISCUSSION QUESTIONS

1. How do you think a transition plan could be helpful to a child or family?
2. What are some issues to be aware of when trying to foster an effective family-professional collaboration?
3. How can cultural differences effect team building?
4. How does the LRE requirement of IDEA benefit the child with a disability, the family of the child, the peers of the child, and the community where the family lives?
5. Discuss what you think are some important differences between an IFSP and an IEP?

### RELATED ACTIVITIES

1. For a child on your caseload review with the family a child's IEP or IFSP. Ask them to share with you how they think the plan is being carried out.
2. With the family's permission attend an IFSP or IEP meeting for a child on your caseload.
3. Observe therapy with a child you are working with. Does the therapist infuse therapy into naturally occurring activities and routines or does she use an another model? How can you tell?
4. Develop a form with a family you serve listing activities and routines the family is involved in. Help the family use this form during a meeting with service providers to make sure that the service providers infuse therapeutic strategies into these activities and routines.
5. Develop a system with a family that can be used to keep all the information about their child (evaluations, assessments, medical information, developmental information, etc) organized and easily transferable.

