

A RESOURCE DIRECTORY

4th Edition

For CHILD CARE PROVIDERS



DIRECTIONS and INFORMATION

FOR

EARLY INTERVENTION

(Birth to Three)

AND

PRESCHOOL SPECIAL EDUCATION

(Three to Five)



Dear Reader:

This directory is intended to provide you with information that may assist you in accessing services for children under your care who may have special needs. The information contained in this directory will provide you with some basic facts such as: whom you can call, what you can expect from the referral process, evaluation and possible service delivery.

We have attempted to present this information in an organized and reader friendly way. We would like to thank you for the work you do on behalf of young children. It is hoped that this directory will provide you with the tools you need to address concerns you may have regarding the children you serve.

Your Partners in Education,

The Early Childhood Inclusion Committee



WHO IS THE EARLY CHILDHOOD INCLUSION COMMITTEE?

The Early Childhood Inclusion Committee is a subcommittee of the Education Committee of the Developmental Disabilities Alliance of Western New York (DDAWNY). This group of child care and special education providers has established a forum for discussion and information exchange regarding children with developmental disabilities in community early childhood settings.

Among the committee's efforts has been the organization of a multitude of activities that include writing articles and conducting workshops. Goals are to provide the child care community with information and support in serving children in their respective child care settings. This resource directory was developed in response to a need expressed by child care providers.

Below is a list of providers who maintain an active role on this committee. We thank them for their professionalism and dedication in the writing of articles, planning of workshops, offering staff to speak on specific topics, offering space to conduct workshops and, of course, the enormous amount of time spent on the development of this directory. Thank you everyone!

Baker Victory Services

ChildPro

Early Childhood Direction Center – Women & Children's Hospital of Buffalo/Kaleida Health

P.E.D.S-ECMC

Play and Learn School at Temple Beth Zion

Heritage Centers/Heritage Education Program

New York State Office of Children and Family Services

The Child Care Resource Network

Westminster Early Childhood Programs

Developmental Disabilities Alliance of WNY (DDAWNY)

Funding for the Resource Directory Provided by:

Early Childhood Direction Center, part of Kaleida Health
DDAWNY

The Inclusion Committee's **Resource Directory for Child Care Providers** is also available on-line at:

www.wchob.org/ecdc

click on "tools" and select "Resource Directory"

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As A Teacher, When I Have A Concern, What Should I Do?

Children learn and develop differently and at different rates (refer to Appendix A). For some children there may be delays or disorders that may warrant further testing or therapy. When a staff member has concerns regarding a child's development, there are a number of things to be considered:

Look in the Mirror

1. Before you approach parents with concerns about their child, take a step back.
 - What are the areas of concern?
 - Gather information about the child's development.
 - Spend time observing and documenting the child's development, including behaviors.
 - Look at the child's strengths, and consider what you can do to build on them.
 - Are your expectations for the child developmentally appropriate?
 - Can you make changes in the environment or program that will help the child?
 - Take a look at the classroom structure. Do you have a consistent routine?
 - If you see behavioral concerns, what is happening before and after the behavior?
 - Do you provide a language-rich environment?
2. Are there issues interfering with the child's ability to learn, participate and interact within the learning environment?
3. Are there safety concerns?
 - Does the child frequently harm him/herself or others?
 - Is the child aware of dangerous situations?
 - Does the child require more supervision during certain times, such as eating times, transitions, group, and playground?

Once significant concerns are identified, specific observations should be documented **over a period of time**. Observations can be in the form of anecdotal records, teacher logs, videotapes, etc. Check your center's policy for handling these issues. Concerns should be discussed with an appropriate administrator resulting in a scheduled parent conference to share concerns.

Approaching Parents About Concerns

As a child care provider, you may have concerns about a child's development. The question is - how do I approach the child's parents?

Begin by collecting information. Keep a written log of your concerns and observations regarding the child's development. When approaching parents you need to be sensitive to the family's needs. They may need time to hear what you are saying or they may have similar concerns. It will be easier to have this discussion if you have already established positive, trusting relationships with families.

- Start on a positive note stating the child's qualities and abilities.
- Share your observations and notes.
- Be specific and objectively describe what you see.
- Be careful not to diagnose or label.
- Address your concerns, but be sensitive.
- Be patient and give parents some time to think about what you have said.
- It may be helpful to share information about general child development.

When parents are ready, you can guide them through the process of accessing services. Talk to the parents about the next steps (see pages 7-12) and outline a plan. Offer your assistance and be supportive. Remember to end on a positive note.



Where Can I Go For Help?

- Parents of children ages **Birth to 3 years** should contact their county's Early Intervention Program (EIP):

Erie County Early Intervention Program
Dept. of Youth Services
95 Franklin Street Room 828
Buffalo 14202

858-6161

Niagara County Early Intervention Program
Dept. of Health/Trott Access Center
1001 11th Street
Niagara Falls, NY 14301

278-1691/278-8288 (fax)

- Parents of children ages **3 to 5 years** should contact the chairperson of the Committee on Preschool Special Education (CPSE) in their school district.
(See Appendix C)
- For general help regarding issues such as behavior problems or speech concerns, you may call any of the agencies listed in Appendix D. They may also help you access specific services or evaluations.
- For support or additional help in accessing services, you may also call:

Early Childhood Direction Center (ECDC)

716-408-2589

1-800- 462-7653

The Early Childhood Helpline

716-408-2591



THE REFERRAL PROCESS FOR EARLY INTERVENTION SERVICES Birth to 3-Year Olds

1. Once you and the child's parent have recognized a concern, a referral can be made. Parents should be encouraged to contact their county's Early Intervention Program directly (see page 6) to begin the process.
2. Any individual may make a referral to the Early Intervention Program, but parents must first agree to the referral, which is being made, on their child's behalf. A phone call can be made to the parent's county of residence to begin the process. They will be asked to provide the reason for the referral, demographic information (child's legal name, date of birth, parent(s) name(s), address and telephone number), written or verbal indication that the parent(s) consented to the referral will need to be provided.
3. The family will be contacted within two working days to schedule an initial visit to discuss the Early Intervention Program, eligibility requirements, evaluation process and if appropriate, the Individual Family Service Plan (IFSP). The visit includes a discussion of the Early Intervention Process and the philosophy of providing services in the natural environment and the importance of teamwork.
4. Based upon the information gathered, an initial service coordinator will be assigned by the county to assist the family. If an evaluation is in order, it will be at no cost to the family. The parent may select from a list of approved evaluators who will conduct a multidisciplinary evaluation to determine the child's eligibility for early intervention services.
5. Once the evaluation has been conducted and a child is determined to be eligible for services, a meeting will take place to develop a written plan called an Individualized Family Services Plan (IFSP). This plan will list the desired outcomes and the specific services to be received. The county's Early Intervention Official will review, amend or approve the plan.
6. If a parent does not agree with the Early Intervention services outlined in the IFSP they have the right to use mediation or an impartial hearing to resolve disagreements with the Early Intervention Official. There is no cost involved for parents. Parents should contact the initial service coordinator for more information and a copy of the procedures.
7. The IFSP is reviewed at least every 6 months.

WHAT IS AN IFSP?

If a determination has been made that an infant or toddler is eligible for services under the Early Intervention Program, an IFSP (Individualized Family Service Plan) will be developed within 45 days of the referral. A meeting will take place with the family, initial service coordinator, at least one member of the evaluation team and the county's Early Intervention Official (EIO) or designee (EIOD). The EIO may select the initial service coordinator as his/her designee. The IFSP is a written document that contains information that will guide service providers in activities that will strive to achieve the outcomes listed on the IFSP.

The IFSP contains the following information:

- Demographic information about the child (name, date of birth, parental information, address)
- A statement of the child's present level of functioning in each of the following domains: physical development, including hearing and vision; cognitive, communication, social/emotional, and adaptive development
- A statement of the major outcomes (or progress) expected from early intervention services
- A statement of the natural environments where early intervention services will be provided. Natural environments means settings where infants and toddlers are typically found in the community
- A statement of how the parent and/or child care provider will be involved
- A physician's order for services such as physical, occupational or speech therapy
- A statement identifying services that the child will receive
- Projected dates of when services will begin, the frequency and location of services, and the period of time in which services will be delivered
- The name of the ongoing service coordinator chosen by the parent.

The IFSP may also include information such as:

- A statement of the family's strengths, priorities, and concerns that relate to enhancing the development of the child
- A statement of other public programs for which a child and family may be eligible
- Documentation of any supplemental evaluations, including the date and name of the evaluator
- A plan to assist the family in moving into the preschool service system if appropriate.



THE REFERRAL PROCESS FOR PRESCHOOL CHILDREN 3 to 5 Year Olds

1. Once you and the child's parents have recognized a concern, a referral can be made. Parents should be encouraged to contact their child's school district's Committee on Preschool Special Education (CPSE). The referral must be made in writing by the parent to the CPSE, (see sample letter page 12).
2. The CPSE will provide the family with a list of New York State Education Department approved evaluation agencies, along with consent form to test and gather information. The consent must be signed and returned to the school district before the process can begin. The referral and subsequent evaluations are no cost to the parent. Parents may choose to enter and end the process at any time for children 2 ½ to 5 years old.
3. After an agency is chosen, the parents will make an appointment for an initial evaluation to be completed within 30 school days from the date the school district received the signed consent.
4. A multidisciplinary evaluation, including a physical exam, psychological evaluation, social history, observation of the child in his/her natural setting, including childcare or home, and any other evaluations in areas relate to a suspected disability, including a functional behavioral assessment.
5. Once the evaluation is complete, a CPSE meeting will take place in order to determine eligibility. Parents have the right to invite any person that has knowledge of the child to the CPSE meeting. Encourage parents to notify their school district that their child attends your center so you are invited to the meeting. Your active participation and the information you share are critical in determining appropriate services for the child.
6. If a child is deemed eligible for services, an Individualized Educational Plan (IEP) will be developed, which outlines current strengths and needs, how services will be provided, and related goals and objectives. The CPSE recommendation is submitted to the local Board of Education for final approval. Written parental consent is required before services begin.
7. If services are recommended, they are provided in the least restrictive environment (LRE) whenever possible. Services may be provided in the home or the child care/preschool that the child currently attends. If a typical setting with special education support cannot meet the child's needs, a recommendation for a special education classroom may be indicated and transportation will be made available if necessary.
8. If a parent does not agree with the recommendation of the CPSE, they have the right to due process to resolve disagreements with their school district. The parent has the option to decline offered services. There is no cost for the parent.
9. The child's eligibility and ongoing needs are reviewed by the CPSE at least annually. If concerns arise at any time, the parent or agency providing services can request evaluations/re-evaluations, and/or program changes. Parents must provide consent for additional evaluations.

WHAT IS AN IEP?

If the child is eligible to receive services as a preschooler with a disability, the Committee on Preschool Special Education (CPSE) develops an Individual Education Plan (IEP). This IEP is a written plan that specifies the appropriate level of special education programs and services to be provided to meet the unique educational needs of the child.

The IEP includes the following information:

- Demographic information about the child (name, date of birth, parent name, address)
- A statement identifying the child as a preschool student with a disability
- Present levels of performance, which is a description of the child's strengths and needs in the areas of academic achievement and learning characteristics, social development, physical development, and management needs
- Annual goals and short-term objectives
- A description of the recommended services including: a start and end date, the frequency of services, the length of service (30 or 60 minutes), location of services, and an indication of whether the child is eligible for services during the summer
- A description of any specialized equipment or adaptive devices that the child needs to benefit from education
- Transportation needs
- A least restrictive environment statement

This information is based on federal and state regulations.

Sample Letter to District

(Date)

Dear _____,
(Chairperson of CPSE)

(School District)

(School Street Address)

(School City/State/Zip Code)

I would like to refer my child _____ to the
Committee on Preschool Special Education (CPSE). My child's birth date is
_____. The concerns I have about my child are _____
_____.

The best time to reach me is on _____ & _____.
(Date/s) (Time/s)

Sincerely,

(Parent Name)

(Parent Street Address)

(Parent City/State/Zip Code)

(Parent Phone)

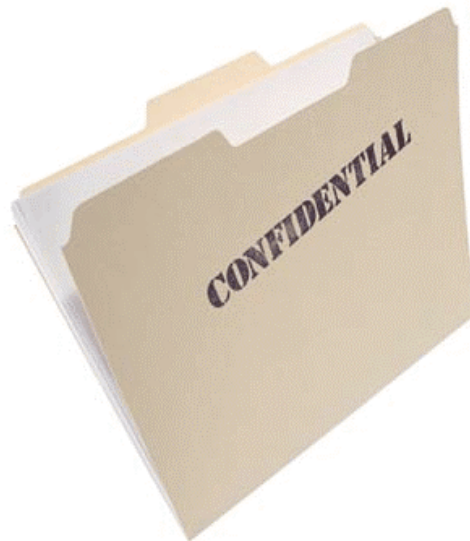
IF SERVICES HAVE BEEN APPROVED, WHAT SHOULD I EXPECT?

CONFIDENTIALITY

Policy: It is the policy of the providers to maintain confidentiality of a child's personal information at all times.

Procedure:

1. Service providers will keep information about a child's services confidential.
2. Service providers will not release a child's information, generated by that service provider, to outside requests without written authorization from the parent or legal guardian.
3. Conferencing with other professionals regarding a child will be done in a private area where other individuals cannot hear confidential information.
4. If a service provider wishes to obtain additional information regarding a child, he/she completes an appropriate release form that must be signed by the parent or legal guardian.
5. Should you receive any records/reports of a child, federal law requires that these documents be kept in a locked file.



SERVICE DELIVERY

The Committee on Preschool Special Education (CPSE) determines services. The members of the CPSE include:

- At initial CPSE meetings: the parent, the evaluator, at least one general education teacher (a certified teacher of the child or from the school district), at least one special education teacher or provider, the parent of a child with a disability in the district (Parent Member), chairperson, county representative, the Early Intervention service coordinator (where applicable) and childcare provider
- At annual reviews: the parent, a special education teacher or provider, the chairperson, a parent member, the child's teacher (or school district teacher) and anyone the child's parent invites

The CPSE will determine what type of service, the length, frequency and location of service to be provided.

Services can include: (see provider role descriptions for definitions pages 20-21)

- Special Education Itinerant Teacher (SEIT)
- Speech Language Therapy
- Occupational Therapy
- Physical Therapy
- Service Coordination
- Social Work/Counseling services
- Other specialized services as needed
- Any combination of the above

The CPSE must review the child's progress/needs at least annually. There may be additional meetings for amendments or reviews per provider/parent request.

Each service provider agency has their own policy regarding the calendar they follow, cancellations, and documentation of sessions. If they have not provided you with the information, please ask them to do so.

Each service provider agency keeps a personnel file on the providers and has their own policy regarding infection control, physicals, immunization requirements, licensure/certification, criminal history review, and State Central Register Clearance.

A sample release form on page 18 can be used to request a copy of the IEP from the school district if the family is unable to provide it. The same form can then be used to make a request to communicate with the service provider.

Service providers are expected to sign in at your center and conform to your visitor policies and program guidelines (a sample sign in sheet form is included, see page 19).



PUSH-IN and PULL-OUT SERVICES

A child's Individual Education Plan (IEP) should specify whether services are to be provided in the classroom or out of the classroom setting. When services are provided in the classroom, they are generally referred to as **"push-in"** services. When a teacher or therapist works with a child individually outside of the classroom, in another room, school gym or even in the hallway, it is generally referred to as **"pull-out"** services. The location of service is determined by many factors, including the child's level of distractibility and the skills being addressed. Sometimes a combination of push-in and pull-out is preferred.

There are advantages to both types of service delivery, a few of which are identified below:

Advantages to "Push-In" Related Services	Advantages of "Pull-Out" Related Services
Intervention techniques can be modeled for classroom staff	Specific intervention activities may be seen as a disruption to the class
Good early childhood programming can be modeled for service providers	Different management styles between providers and classroom staff may be confusing for the child
Services become more child-centered	Child may be more willing to engage in intervention activities without classroom distractions
Services focus on more functional skills	Certain skill activities require a quieter environment with fewer distractions (i.e. articulation activities)
Child may be more motivated to participate	Child may be more motivated to participate
Peer models are available and can be motivating for the child	Peer's interest in intervention activities can be overwhelming and disruptive, taking away from the child's service time.
Service providers maintain a better perspective of typical development	Service providers maintain a unique perspective of the individual child's development
Fosters increased and better communication between service providers and classroom staff	Conversations between providers and classroom staff don't take away from direct service time
Providers can work with the child during specific activities that are difficult	Provider schedules may not allow for flexibility & classroom activities may not relate to the service being provided (i.e. physical therapy during snack time)

FORMS

1. The sample **Authorization for Release of Information** form is for you to obtain parent permission to receive the IFSP, IEP or other information from the school district or county as appropriate. This form may be duplicated.
2. The sample **Related Services/SEIT Sign-In Sheet** is for you to use to have service providers sign in and out when they enter your facility to provide service to a child. This form may be duplicated (see page 19).



AUTHORIZATION FOR MUTUAL EXCHANGE OF INFORMATION

Child's name _____

Address _____

Date of Birth _____

This authorization, or photocopy hereof, will authorize the mutual sharing of
information regarding _____,

DOB (Date of Birth) _____

between _____ and

_____, including the following records,
(Child Care Program)

if any.

Check (√) requested records

	IEP (Individual Education Plan)		IFSP (Individualized Family Service Plan)
	Psychological		Occupational Therapy
	Physical Therapy		Speech/Language Therapy
	Education Evaluation/Summary		Other (Please specify)
	Nursing (Medical)		

Date: _____

Parent/Guardian Signature

Witnessed by

You may use this form to obtain parent permission to discuss the child with the service provider/s. This form may be duplicated.

Related Services/SEIT Provider Sign-In Log

[illegible]

PROVIDER ROLE DESCRIPTIONS

PHYSICAL THERAPY (PT) works on gross motor skills, which may include the following: balance in positions which require trunk and head control; floor play in positions on the belly or back; standing; running; jumping and/or rolling. PT also addresses large joint stability and overall strength of the body with a focus on how muscles, bones and joints work together.

OCCUPATIONAL THERAPY (OT) looks at the skills that a child needs to take part in his/her activities of daily living (playing, eating, dressing, relaxing). Some of these skills are: fine motor skills (the use of smaller muscles of the body for refined movements) such as hand coordination in reaching for, grasping and releasing objects; sensory integration skills such as eye/hand coordination (tracking an object with the eyes); visual perception skills (puzzle play); imitation (doing finger play); and self-help skills such as feeding and dressing.

SPEECH LANGUAGE PATHOLOGY (SLP) works on developing the child's speech and language skills including production of speech, pronouncing words, using language to express self and understanding what is said. The Speech Therapist assesses the child's ability to answer questions and follow directions. Oral motor skills are also addressed, such as blowing bubbles to strengthen the muscles of the mouth for speech, and feeding/swallowing issues.

SPECIAL EDUCATION ITINERANT TEACHER (SEIT) addresses the whole child with respect to learning and educational needs, social-emotional development, and behavior management. By using activities that encompass all areas of development, the teacher facilitates the child's involvement in the learning process. An emphasis is placed on the child's growth, development and participation within the child's regular child care environment.

SOCIAL WORK/COUNSELING (SW) addresses social and emotional needs of a child, providing individual counseling services. Support may also be provided to the family to assist them in meeting their child's special needs.

SERVICE COORDINATION

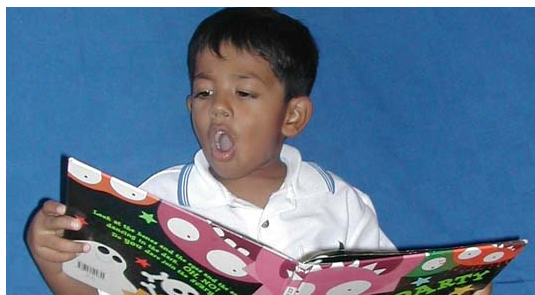
Early Intervention (EI):

Service Coordinators help families identify and prioritize concerns, assist parents in the development of plans and strategies to meet the child's needs and strengthen families' competencies. The service coordinator is responsible for securing and monitoring services and ensuring that the IFSP remains appropriate to the child's needs. For children who may continue to need services after early intervention, the service coordinator facilitates the child's transition to preschool services. Upon transition to preschool special education services, early intervention service coordination ends.

Committee on Preschool Special Education (CPSE):

Service coordination refers to a designated team provider who maintains ongoing contact with the other team members to insure integration of services, gathers information relating to progress, and attends meetings. If the child receives SEIT, the SEIT is the Service Coordinator. If the child receives two or more related services, the school district will designate the Service Coordinator.

As a childcare provider you can request/expect regular contact/monthly consultation with the service providers.



COMMUNICATION AND WORKING AS A TEAM

There are many ways for child care directors and teachers to be involved in the special services children receive. Persons coming to your site to provide support services look to you for information. Working together as a team greatly enhances the child's acquisition of skills and success, therefore the input of all adults involved with the child is crucial.

Ongoing communication and regular meetings help childcare staff, service providers and the child's family to "touch base." Some teams meet monthly as a group, others use phone contact, e-mail, communication books or meet briefly in a quiet, confidential area to share information. Always feel free to ask any service provider questions, or provide input/feedback at anytime. REMEMBER, YOU ARE AN IMPORTANT MEMBER OF THE TEAM. Communication ensures a consistent approach for the child, which leads to greater success.

In addition to coordination of services, childcare staff and their input are essential to EI/CPSE meetings. Encourage parents to notify their school district or ongoing service coordinator that their child attends your center so that you are invited to the meeting. If you cannot attend the meeting in person, you may participate by phone conference. Phone conference participation should be requested in advance. If it is felt that a child needs a change in service, **your input before and at review meetings is important.**

****Please be involved, your knowledge of the child is critical to this process****



GLOSSARY OF TERMS

ADAPTIVE DEVELOPMENT - development of task-related skills, which are typically grouped into these skill areas: attention, eating, dressing, personal responsibility and toileting. It is the effectiveness with which the child copes with the natural and social demands of his/her environment.

ANNUAL REVIEW – a meeting that is conducted at least one time per year by the child's school district Committee on Preschool Special Education (CPSE) or the Early Intervention Service Coordinator (for children in early intervention). The purpose of the meeting is to review the child's current level of service(s) and placement to determine whether a continuation, modification or discontinuation of service(s) is warranted.

ASSESSMENT – a methodical process utilized to identify a child's strengths, weaknesses, and learning modalities related to the child's development and education compared to children of the same chronological age. Various standardized assessment tools may be used. Written reports outlining the results of the assessment are important in determining a child's eligibility for service(s).

ASSISTIVE TECHNOLOGY - any item, piece of equipment, or product system that is used to increase, maintain, or improve educational/functional capabilities of individuals with disabilities.

AUDIOLOGY EVALUATION - assessment conducted by a licensed audiologist to assess the status of a child's hearing (which may include identification of hearing impairments).

BEHAVIOR INTERVENTION PLAN (BIP) – is designed for a specific child to try to help that child learn to change his or her behavior. A BIP uses the information contained in the Functional Behavior Assessment and designs an effective behavior support tool with goals and objectives stated in observable, measurable terms. Effective support plans consist of multiple interventions or support strategies and are not punishment. Positive behavior intervention plans increase the acquisition and use of new alternatives skills and decrease problem behaviors.

COGNITIVE DEVELOPMENT - development of the ability to use reasoning and problem solving skills including conceptualization, comprehension, and memory.

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE) - a decision-making committee appointed by each school district's school board to determine eligibility and the appropriate level of services for preschool children aged 3-5. The CPSE is a multidisciplinary team established to conduct meetings to develop, review, or revise the Individual Education Program (IEP) of a student with a disability. The parent or legal guardian is included as a member of the committee. For members of the committee refer to page 16.

COMMITTEE ON SPECIAL EDUCATION (CSE) - the committee within each school district responsible for determining eligibility and services for children ages 5 – 21 who have been identified as having a disability.

COMMUNICATION DEVELOPMENT - acquisition of both receptive and expressive language, including: spoken, non-spoken, sign language, the use of augmentative communication devices and speech production, perception, communication. Also includes oral-motor development, development of auditory awareness, auditory processing, and auditory, visual tactile and kinesthetic skills.

CONFIDENTIALITY - the right that personal information about a child and family is not released without parental consent or only when permitted or required by law.

CONSENT - the approval a parent gives to a program or the county, generally in writing. Consent is always voluntary and a parent may revoke it at any time. It is also the written approval parents give to EI/CPSE to have their child evaluated and receive services.

CORRECTED AGE – for evaluation purposes, a child who was born less than full term, the amount of time the child was born premature will factor into a calculation in assessing the child's developmental growth and therefore adjusted accordingly.

DEVELOPMENTAL AGE - describes level of functioning in the developmental areas of cognition, physical, communication, adaptive, and social/emotional skills.

DISABILITY - an indication that the child has a developmental delay or has a diagnosed condition that is very likely to result in a child having a developmental delay.

DOMINANT LANGUAGE - The language or one mode of communication that the family normally uses. Evaluations of the child are required to be administered in the child's dominant language.

DUE PROCESS - procedures designed to protect a person's rights. This includes requirements for confidentiality, consent, and complaint mechanisms.

EVALUATION - the procedures used to determine whether a child is eligible for services under the state's definition. Developmental tests are used to measure a child's skills compared to those of typical children of the same age. These assessments include standardized tests used in conjunction with observations and professional judgement.

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA) - a problem solving process for addressing areas in which a child requires behavioral supports; it uses a variety of techniques and strategies to determine the function or purpose of the behavior and to develop interventions to teach acceptable alternatives to the behavior.

IMPARTIAL HEARING - a formal process, in which, a family's complaints can be heard by an impartial hearing officer who may resolve the dispute or complaint regarding the child's evaluation, Individualized Family Service Plan, Individualized Education Plan, Early Intervention, Committee on Preschool Special Education, or certain other issues.

INCLUSIVE PROGRAMMING/INTEGRATED PROGRAMS - refers to program models which educate children with and without disabilities in the same classroom.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) - a written plan developed by the Committee on Preschool Special Education which specifies the appropriate level of special education programs and services to be provided to meet the unique educational needs of a student with a disability. The IEP includes the child's current level of functioning in all developmental areas and outlines the goals and objectives to be addressed within the educational setting.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) - is a written plan for the child and family's services in the Early Intervention Program that the family develops with a team of qualified personnel and Early Intervention Official. The IFSP includes current developmental levels of the child and projects the desired outcomes to be addressed by service providers.

LEAST RESTRICTIVE ENVIRONMENT (LRE) - means that placement of students with disabilities in special classes, separate schools or other removal from the regular educational environment occurs when the nature or severity of the disability is such that even with the use of supplementary aids and services, education cannot be satisfactorily achieved. The placement of an individual student with a disability in the least restrictive environment shall

- provide the special education needed by the student
- provide for the education of the student to the maximum extent appropriate with other students who do not have disabilities
- be as close as possible to the student's home

MEDIATION - a method for solving a problem that uses persons trained in helping people resolve their own problems. Through mediation, utilizing an impartial third party, the school district and parent will try to reach an agreement with which both parties are satisfied.

MOTOR - includes fine and gross motor skills. Fine motor skills involve the use of smaller muscles of the body for refined movements such as hand coordination in reaching for, grasping and releasing objects. Gross motor skills involve the use of larger muscles of the body that may include the following: balance in positions which require trunk and head control, floor play in positions on the belly or back, standing, jumping and/or rolling.

MULTIDISCIPLINARY TEAMS – a group of people that plan and provide services. Members may include the parent and professionals from various disciplines such as a special education teacher, speech language therapist/pathologist, physical therapist, psychologist, social worker, and or occupational therapist.

PARENT MEMBER of CPSE- The parent of a child with a disability who lives in the school district and whose child is enrolled in a preschool or elementary level education program. The parent member may not be employed or under contract with the school district or the municipality.

PLACEMENT - the place where services will be provided to the child and if possible, should be in the least restrictive environment such as the home or preschool childcare setting.

PRESCHOOL CHILD WITH A DISABILITY - a preschool child who is found eligible (due to mental, physical, or emotional reasons) to receive appropriate educational opportunities from special programs and services approved by the State Education Department.

PSYCHOLOGICAL EVALUATION - administering and interpreting psychological tests and information about a child's behavior and child family conditions related to learning, mental health and development.

REVIEW DATE - scheduled times for updates and revisions to a child's program - IFSP/IEP

SCREENING - Instruments and observations used to assess the child's developmental status and to indicate whether further evaluation is warranted.

SELF-CONTAINED/SPECIAL CLASS - a classroom consisting of students with disabilities based on similarity of student needs.

SENSORY INTEGRATION – is the neurological processing of information received from the body and environment through the senses. Our brain organizes this information to enhance development, learning and behavior that affect daily life. An occupational therapist or physical therapist uses specific techniques to further develop sensory intake and processing.

SOCIAL OR EMOTIONAL DEVELOPMENT - the development of abilities that have to do with interacting with others: developing trust, dealing with emotions, developing a sense of self, and relating cooperatively with others.

SPECIAL CLASS IN AN INTEGRATED SETTING - a setting that includes children with and without disabilities in the same class.

TRANSITION - the process where the child will move from EI to CPSE at age 3 or the process where the child will move from CPSE to CSE at age 5.



APPENDICES



Appendix A

Some Indicators that a Child May Need Help

Children grow and develop quickly during the first five years of life. Even though children develop at their own pace, they should be able to do the same things as most other children are doing at the same age. Listed below are some indicators that may mean a professional should take a look at the child's development.

The 3 month old baby who:

- seems very limp or very stiff when picked up
- does not react to sudden sounds or voices
- does not make sounds
- does not follow moving objects with eyes
- does not raise head when lying on stomach
- has a constantly fisted hand and stiff leg to one side

The 8 month old baby who:

- is unable to lift head or has poor head control
- has a rounded back and stiff arms or stiff legs and pointed toes
- does not sit without support
- has feeding difficulties such as persistent gagging or choking when fed
- does not smile or laugh or "babble"
- aloof, cold, unresponsive (no eye contact, actively resists affection or contact)
- does not look for items that they dropped
- does not use eye/hand coordination – i.e.: Does not try to put things into mouth

The 12 month old who:

- has difficulty pulling to a standing position
- does not crawl on hands and knees or only uses one side of body to move
- does not name a few (2 or 3) objects or say "mama" or "dada" meaningfully
- is not babbling with communicative intent
- is not combining vocalization and gesture to obtain a desired object
- does not follow a simple direction
- does not attend to simple tasks such as playing with a stacking toy or turning pages of a book

The 18 month old who:

- does not walk independently
- shows excessive tip-toeing while walking or demonstrates unusual gait
- holds arms stiffly and bent, or only uses one hand for play
- does not follow simple commands such as "Wave bye bye"
- sits with weight on one side of body
- bangs head for long periods of time
- does not show interest in playing with toys such as pegboards, kicking a ball, or push/pull toys

The 2 year old who:

- is not using two-word phrases frequently
- is not imitating environmental noises or simple words
- shows no interest in other people
- does not listen to simple stories, nursery rhymes
- shows peculiar speech patterns
- cannot identify any body parts or recognize familiar pictures
- does not show affection
- cannot climb stairs
- cannot hold a crayon or marker
- is not self-feeding
- does not make attempts to dress or undress him/herself

The 3 year old who:

- does not respond when you call from another room
- is not conversing in simple 2-3 word sentences
- is not asking questions
- is not responding to simple WH questions (what, who, why, where)
- shows unusual responses such as ritualistic behavior, resistance to change, or peculiar interest in or attachments to objects
- shows self-stimulating behaviors (spinning, hand flapping, rocking)
- is overly attached to uncommon objects such as string or rubber bands
- persistent and frequent ingestion of non-food items or rumination (repeated regurgitation of food)
- cries easily or frequently, displays extreme anxiety, is frequently worried or afraid
- cannot stay with simple activities such as putting a puzzle together, playing with blocks, or playing a simple game

The 4 year old who:

- does not respond to simple two-step directions
- speaks in jumbled, disordered sentences
- overly aggressive (acts out physically against classmates and/or teachers)
- is socially withdrawn - unable to make friends with even one child and/or is uninterested in activities of classmates
- is not able to listen to and re-tell simple stories
- talks but remarks are not relevant to the situation or speech cannot be understood
- has poor coordination - cannot pedal a tricycle, catch a large ball or hold a crayon to draw
- consistently cannot attend to group or individual activities for more than 5 minutes

These indicators are red flags for you to monitor and consider a possible referral for a child to be evaluated by a team of professionals. The list includes possible indicators that there may be a concern, the list is not exhaustive and may not indicate a disability.



Appendix B

Internet Resources

NICHCY <http://www.nichcy.org>

NICHCY stands for the *National Dissemination Center for Children with Disabilities*. It is a central source of information.

CEC <http://www.cec.sped.org>

The Council for Exceptional Education (CEC) is a professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted.

ECDC <http://www.wchob.org/ecdc/>

The Early Childhood Direction Center is a free service that provides information, referral and technical assistance to families with children 0-5 years old with suspected or diagnosed special needs and professionals who work with children with disabilities. ECDC helps to reduce the frustration and stress of finding and matching services to a child's individual needs.

Parent Network <http://www.parentnetworkwny.org>

The *Parent Network* is parent's helping parents and professionals enabling individuals with disabilities to reach their full potential.

Parent to Parent <http://www.parenttoparentnys.org//Regional/western.htm>

Parent-to-Parent is a place where families of individuals with special needs, and the professionals who support them, can meet and share information.

DD Info Link <http://ddinfoLink.org>

DD Info Link is an online searchable directory of programs and services specifically designed for people with developmental disabilities, their family members and service providers.

Kids Together <http://kidstogether.org/>

This website is designed to provide helpful information and resources to enhance the quality of life for children and adults with disabilities and communities as a whole.

LD OnLine <http://www.ldonline.org/>

LD On Line is a comprehensive website on learning disabilities and ADHD. The site provides resources for children, adults and professionals.

Coping.org <http://www.coping.org>

Coping.org is the home of the Tools for Coping Series, which are onsite manuals for coping with a variety of life's stressors.

Appendix C

ERIE COUNTY COMMITTEES ON PRESCHOOL SPECIAL EDUCATION

AKRON CENTRAL SCHOOLS
47 Bloomingdale Ave.
Akron, NY 14001
542-5077

BUFFALO SCHOOLS
33 Ash St. Room 210
Buffalo, NY 14204
816-4745

CLARENCE CENTRAL
9625 Main St.
Clarence, NY 14032
407-9105

EAST AUORA
430 Main St.
East Aurora, NY 14052
687-2312

GOWANDA CENTRAL
10674 Prospect St.
Gowanda, NY 14070
532-3325 ext.4122

HOLLAND CENTRAL
103 Canada St.
Holland, NY 14080
537-8267

LACKAWANNA CITY
245 South Shore Blvd.
Lackawanna, NY 14218
827-6728

MARYVALE SCHOOL
1050 Maryvale Dr.
Cheektowaga, NY 14225
631-7433

PIONEER CENTRAL
P.O. Box 9
Arcade, NY 14009
492-9441

SWEET HOME
1901 Sweet Home Rd.
Amherst, NY 14228
250-1235

WILLIAMSVILLE
PO Box 5000
East Amherst, NY 14051
626-8064

ALDEN CENTRAL SCHOOLS
13190 Park St. Room 230
Alden, NY 14004
937-9116 ext. 4156

CHEEKTOWAGA CENTRAL
3600 Union Road
Cheektowaga, NY 14225
686-3643

CLEVELAND HILL
105 Mapleview Rd.
Cheektowaga, NY 14225
836-7200 ext. 8500

EDEN CENTRAL
3150 Schoolview Rd.
Eden, NY 14057
992-3645

GRAND ISLAND
100 Ransom Rd.
Grand Island, NY 14072
404-1217

IROQUOIS CENTRAL
2111 Girdle Rd. Room 37
Elma, NY 14059
652-3000 ext.1302

LAKE SHORE CENTRAL
42 Sunset Blvd.
Angola, NY 14006
926-2120

NORTH COLLINS
10469 Bantle Rd.
North Collins, NY 14111
337-0166 ext. 153

SILVER CREEK
P.O. Box 270
Silver Creek, NY 14136
934-2603 ext.4973

TONAWANDA CITY
150 Hinds St.
Tonawanda, NY 14150
694-7684

AMHERST CENTRAL SCHOOLS
55 Kings Highway
Amherst, NY 14226
362-3063

CHEEKTOWAGA SLOAN
305 Cayuga Creek Rd.
Cheektowaga, NY 14227
891-6429

DEPEW SCHOOL DISTRICT
Depew Middle School Room 112
5201 S. Transit Road
Depew, NY 14043
686-5123

FRONTIER CENTRAL
S-5120 Orchard Ave.
Hamburg, NY 14075
926-1710 ext. 1213

HAMBURG CENTRAL
5305 Abbott Rd.
Hamburg, NY 14075
646-3200 ext. 7359

KEN-TON SCHOOLS
3200 Elmwood Ave.
Kenmore, NY 14217
874-8400 ext.5318

LANCASTER CENTRAL
177 Central Ave.
Lancaster, NY 14086
686-3381

ORCHARD PARK
2240 Southwestern Blvd.
West Seneca, NY 14224
209-6248

SPRINGVILLE-GRIFFITH
283 North St.
Springville, NY 14141
592-3256

WEST SENECA
1397 Orchard Park Rd.
West Seneca, NY 14224
677-3158

Information for Committees on Preschool
Special Education is accurate as of the
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updated information contact the Early
Childhood Direction Center at 716-408-2589

NIAGARA COUNTY

COMMITTEES ON PRESCHOOL SPECIAL EDUCATION

BARKER CENTRAL
1628 Quaker Rd.
Barker, NY 14012
795-3350

LEWISTON PORTER CENTRAL
4061 Creek Rd.
Youngstown, NY 14174
754-8281 ext. 8501

LOCKPORT CITY SCHOOLS
51 High St.
Lockport, NY 14094
478-4763

NEWFANE CENTRAL
6273 Charlotteville Rd.
Newfane, NY 14108
778-6456

NIAGARA FALLS CITY SCHOOLS
630 66th St.
Niagara Falls, NY 14304
286-4280

NIAGARA WHEATFIELD CENTRAL
Bergholtz Administration Building
6700 Schultz St.
Niagara Falls, NY 14304
215-3015

NORTH TONAWANDA CENTRAL
175 Humphrey St.
North Tonawanda, NY 14120
807-3561

ROYALTON-HARTLAND CENTRAL
54 State St.
Middleport, NY 14065
735-2025

STARPOINT CENTRAL
4363 Mapleton Rd.
Lockport, NY 14094
210-2322

WILSON CENTRAL
412 Lake St.
P.O. Box 648
Wilson, NY 14107
751-9341 ext. 130

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updated information contact the Early
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Appendix D

Service Providers

ABC THERAPEUTICS
11390 Transit Road
Amherst, NY 14051
580-3040

BAKER VICTORY SERVICES
51 St. Johns Parkside
Buffalo, NY 14210
828-9560

BUFFALO HEARING AND SPEECH
CENTER
50 E. North Street
Buffalo, NY 14203
885-8318

CHILD PRO OF WNY
790 Ridge Rd.
Lackawanna, NY 14218
822-4781

CREATIVE PARTNERS IN THERAPY
1728 Braley Rd.
Youngstown, NY 14174
570-1662

HEARING AND SPEECH CENTER of
WNYS
2545 Sheridan Dr.
Tonawanda, NY 14150
833-4884

LIBERTY POST RESOURCES
331 Alberta Drive, Suite 110
Amherst, NY 14226
204-5925

OLMSTED CENTER FOR SIGHT
700 Sweet Home Road
Amherst, NY 14226
836-7556

ASPIRE of WNY
7 Community Drive
Cheektowaga, NY 14225
505-5700 ext 53021

BEYOND BOUNDARIES
6490-17 Taylor Rd.
Hamburg, NY 14075
1-877-246-2396

CANTALICIAN CENTER FOR
LEARNING
2049 George Urban Blvd.
Depew, NY 14043
901-8700

CREATIVE THERAPIES OF WNY
PO Box 193
Niagara Falls, NY 14304
472-1289

DIVERSIFIED CHILDREN'S
SERVICES, INC.
2900 Delaware Ave.
Kenmore, NY 14217
871-9883

HERITAGE EDUCATION PROGRAM
205 Yorkshire Rd.
Tonawanda, NY 14150
876-3901

NIAGARA CHILDRENS EDUCATION
CENTER
9812 Lockport Road
Niagara Falls, NY 14304
297-1478 x160

PEDS-ECMC
4242 Ridge Lea
Amherst, NY 14226
819-2408

AURORA AUDIOLOGY & SPEECH
97 Hamburg St.
East Aurora, NY 14052
652-6464

BORNHAVA
25 Chateau Terrace
Buffalo, NY
839-1655

CHC LEARNING CENTER
1085 Eggert Rd.
Buffalo, NY 14226
831-8422

CHILDREN'S THERAPY RESOURCES
6445 W. Quaker Rd.
Orchard Park, NY 14127
972-0356

GATEWAY-LONGVIEW
THERAPEUTIC PRESCHOOL
5360 Genesee Street
Bowmansville, NY 14026
783-3136

INTEGRATED THERAPY SERVICES
25 Liberty Street
Batavia, NY 14202
(585)343-1840

NIAGARA COUNTY SPEECH,
HEARING & LANGUAGE CENTER
5467 Upper Mountain Road
Lockport, NY 14094
439-7406

RAINBOW PRESCHOOL
ORLEANS COUNTY NYS ARC
243 South Main St. Suite 220
Albion, NY 14411
(585)589-5384

SKIP of NEW YORK. INC.
2805 Wehrle Dr. Suite 14
Williamsville, NY 14221
681-1307

SLC THERAPY ASSOCIATES
5544 Main St.
Williamsville, NY 14221
580-3976

STEPPING STONE THERAPEUTICS
92 Riverview Ct.
Grand Island
998-6092

SUMMIT EDUCATIONAL RESOURCES
150 Stahl Rd.
Getzville, New York 14068
629-3480

THE CHILDREN'S LEAGUE
Preschool Learning Center
393 North Street
Springville, NY 14141
592-9331

THERAPEUTIC LINK FOR CHILDREN
6167 W. Quaker St.
Orchard Park, NY 14127
662-4800

TIME TO GROW THERAPY SERVICES
603 Division Street
N. Tonawanda, NY 14120
692-1049

WEE CAN PRESCHOOL
40 Centre Drive
Orchard Park, NY 14127
667-2294

WOMEN & CHILDREN'S HOSPITAL
OF BUFFALO
Robert Warner, M.D. Center
219 Bryant St.
Buffalo, NY 14222
878-7705

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