

Week 9: Assessment and the IFSP/IEP Process

Chapter 10

I. Highlights

- A. IFSP & IEP are written plans to connect children/families with government-funded services (usually through Early Start or the school district) to connect all professionals involved in the case, ensure the well-being of children with disabilities and their families.
- B. IFSP = Individualized Family Service Plan (birth to 3rd birthday) = more family-focused, family gets to set the goals
- C. IEP = Individualized Education Plan (age 3 to 22nd birthday) = more child-focused, with family as equal partner in setting educational goals. Still requires parent consent before services are started or changed.
- D. Each plan includes assessment data, diagnosis, services (who, what, where, when, how often, how long), goals, timeline, evaluation
- E. Have to periodically check in to make sure the child is making progress. If not progressing, have to re-evaluate why and come up with new strategies.
- F. Both IFSP and IEP include “interdisciplinary team” of everyone involved in the child’s services/case: teachers, therapists, parents, representatives from any agencies/schools involved, sometimes an interpreter if family doesn’t speak English, and a case manager
- G. When talking with parents, meet them at their current level, keep it positive, be flexible, listen a lot, and remember that good relationships take time.

II. Homework for April 8 (spring break is next week, April 1)

- A. Read Chapter 11.

- B. Chapter 9 & 10 review questions due after spring break.
- C. Program observation clarification (was due today, but if you haven't done it yet):
alternate each child for 5 minutes, back and forth instead of 30 minutes for one and then 30 minutes for the other. Both children have to be the same age so their development can be compared. The idea is to make us more aware/observant of how children with and without special needs interact with activities.

III. IFSP and IEP

- A. What is the IFSP and the IEP?
 1. Written plans
 2. Government-funded services (through the school district) to ensure the well-being of the children and families who need support
 3. IFSP = Individualized Family Service Plan (birth to 3) = family more involved because the child is so young
 4. IEP = Individualized Education Plan (age 3-21) = preschool + school years, family still involved but less central, more about education
- B. What is the purpose of each plan?
 1. Helps all people responsible for the child's well-being to be on the same page about the child's abilities and needs, who's responsible for doing what to help the child, and periodically check in to see if we're making progress toward those goals.
 2. Individualizes services to the child's unique needs, abilities, and situation. No two children with special needs are the same; one size does not fit all.
 3. IFSP also focuses on helping the family to build the best possible environment/supports for the child

4. Much easier to get IEP if had an IFSP first. IFSP transitions into IEP. Getting an IEP first when they're older is harder (more red tape through the school district).

C. What are the components of each plan?

1. The diagnosis
 - a) First need observant teachers/parents/doctors who notice something is wrong (often is the teacher's observation skills that make the difference)
 - b) Then need a full assessment by a trained professional
 - c) That person can make a diagnosis based on assessment results
2. At 2 years 9 months (3 months before 3rd birthday), start looking at transition from IFSP to IEP

D. **IFSP = Individual Family Service Plan = Birth to 3rd birthday**

1. A plan that documents and guides the early intervention process
2. A vehicle through which effective early intervention is implemented (IDEA Part C)
3. Contains information about services that facilitate a child's development and enhance the family's capacity to facilitate the child's development
4. Looking at the whole child, what are the needs of the child and the family. What services are essential for the child and for the family to get their needs met?
5. If getting therapy, a little bit every day is better than a two-hour session once a week. Family may need free bus passes or a carpool to get to the therapy place sometimes.
6. Often encourage parents to be there during the therapy session so they can go home and practice together.
7. IFSP Style and Philosophy
 - a) Family-focused

- b) Role of professional in family-focused approach
 - (1) Honor the goals the family sets for the child.
 - (2) Can speak up if we disagree with those goals, but we have to come to agreement and go with the parents' choice.
 - (3) Parents are more important than professionals at this stage because they're the expert on their child, and their child's biggest advocates and teachers forever; we are temporary. We only see the child at school for a few years. Nobody knows the child better than the mom and dad do.
 - c) Interagency collaboration
 - (1) All the specialists who work with the child need to work with each other, communicate, make sure they're working toward the same goals together
 - (2) Being connected harmoniously will help bring success
 - d) Forms and form of statements
 - (1) Lots of forms need to be filled out for this
 - (2) Procedures and red tape to follow
 - (3) Case manager (the person in charge) walks through this with the parents, helps them do the paperwork.
 - (4) School districts can offer a specialist to help the parents do all this paperwork, especially if English is not their first language or if the parents are not able to read/write.
8. Content of the IFSP
- a) Assessment and program development (child is tested, then we write out a program of services and goals needed for this child)

- b) Periodic review
 - (1) revisit every goal every 3-6 months to look at whether the program is meeting the child's needs, if it's still valuable for the child, if the child is making progress toward the goals
 - (2) If not making progress, time to re-evaluate whether this is the right program/set of services for the child.
 - (3) Case manager is in charge of this. The teacher is one of the team members. Everyone meets to re-evaluate together.
 - (4) If the goal is self-feeding and the teacher reports the child still can't do it, re-evaluate why. Is it the way we're serving the food? Does he need a special spoon that's easier to hold? Are we serving the right food that's familiar and appealing to him? Time to look at what's going on.
 - (5) Goals are important whether children have special needs or not! This is a good idea for all of us, with or without an IFSP.
 - c) Promptness after assessment (As soon as specialist is done with the assessment, have to move immediately to get a diagnosis. Need that official diagnosis before we can start the plan and get the child services.)
 - d) Content of the plan (Case manager calls the team together to meet, makes sure all the parts are there in the plan.)
 - e) Parental consent (Require parent consent in writing for every change, every assessment or observation, every new service, etc. Essential because parents have the right to make decisions for their own child.)
9. Remember confidentiality! Only discuss this child with your co-teacher who works directly with that child in the same room, with the director, and with the parents. Nobody else! Legal and ethical issue. Never discuss this child's

- issues with another parent. Tell them, "I'm sorry, I cannot discuss somebody else's child with you."
10. Sometimes teachers feel like the parents don't pay attention, don't know their children, the teacher knows best. Maybe true, but the teacher has no legal rights to make decisions for the child. Start by building trust with the parent so they will listen to your concerns.
 11. IFSP Process = through Early Start (San Andreas Regional Center around here)
 - a) First contact and screening for eligibility
 - b) Assessment of family resources, priorities, and concerns
 - (1) Resources = income, stable place to live, transportation, etc.
 - (2) Home culture is extremely important
 - (3) Sometimes parents have different concerns than we do. Sometimes they worry about what other people think if they have a child with an official diagnosis.
 - (4) Evaluating the needs of the family
 12. Development of the service plan documents (making sure all paperwork is done in a timely manner, is even more time-sensitive than IEP because we need to catch the child absolutely as young as possible and nothing can happen until the IFSP is in place)
 13. Implementation and monitoring (do what the plan says we're going to do, then check in regularly to see if it's working)

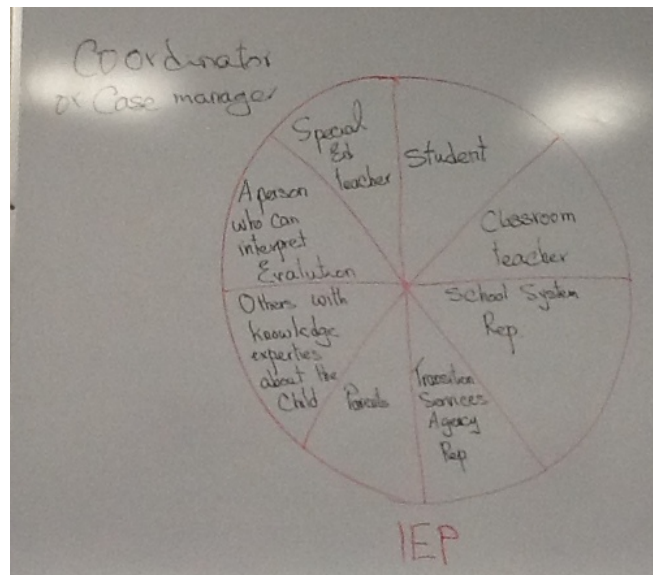
E. IEP = Individualized Education Plan (age 3 to 22nd birthday)

1. A written statement for each student with a disability before special education services are provided (Plan is developed, reviewed and revised periodically. Paperwork required at every step.)

2. Develop the best educational programming specific to that child's needs (look at the individual child's strengths and needs, the home culture: individual + cultural + developmental, the same 3 key pieces we keep coming back to)
3. Comply with the law (IDEA 1997). The law tells you what rights you have (entitled to services), but may take a while to have it happen in reality.
4. Remember that everything involving government happens slowly. The parents may have to push it to get it to happen in a reasonable amount of time. Families often have to fight for everything they get.
5. The IEP Process = Special education in school districts
 - a) Identification
 - b) Assessment
 - c) Planning
 - d) Evaluation
6. Parents are still involved (have the right to call a meeting, still part of the team) but are not as directly involved / important as in IFSP. Children are older, less reliant on family's knowledge of their child to do the assessment.
7. Services are specific to the school district. Can be very difficult to move the plan from one district to another if the family moves. Child is still entitled to services in the new district, but sometimes feels like you're starting from scratch with the assessment / planning process.
8. IEP style and philosophy
 - a) Child-focused (instead of fully family-focused like IFSP)
 - b) A development team (all players involved in the decisions)
 - c) Student involvement in general curriculum (included in general classroom as much as possible, access to the same curriculum even if they're in a separate classroom)

- d) Parents must be included as a team member (as much as they want to be involved)
9. Requirements of the IEP
- a) Include the student's present levels of performance = always assess the student's capabilities at the start
 - b) Annual goals = follows the academic calendar. Set a goal for this school year.
 - c) Special education and related services (transportation, specialists, therapists, etc. -- whatever services needed)
10. Members of IEP team (could be on team; not every IEP needs all these people)

- a) Student
- b) Classroom teacher
- c) School system representative
- d) Transition services agency representative
- e) Parents
- f) Others with knowledge/expertise about the child (paraprofessionals, grandparents, much older siblings who are caregivers, pediatricians, etc.)
- g) A person who can interpret evaluation (someone who can read the test results and tell you what it means)
- h) Special education teacher
- i) Coordinator/case manager calls everyone to the meeting. (The special ed teacher or any of the other professionals can also be the case manager.)



IV. Talking with parents

A. Be positive

1. Share a positive, then the negative you're worried about, then finish with another positive thing.
2. Their child is not just a big behavior problem. Every child has good parts.
3. As soon as you start talking about the negatives, the parent may get defensive and question your competence. More open if you sandwich it between two positives.
4. Also helps us (as teachers) to pay attention to the positives about this child that's driving us crazy.

B. Work with the parents

1. Communicate regularly
2. Listen to their ideas too; don't just push your own agenda
3. Kids don't come enroll themselves! We need the parents. They're part of the team, whether or not the child has special needs.

C. Be flexible (always critical in teaching)

D. Be a good observer (twice a day, put your back to the wall and be aware of your whole room)

E. Listen (which means not talking sometimes; be an active listener; this is how we learn about the child)

F. Begin where the parent is (put myself in their shoes)

G. Ask leading questions (short questions, wait for long responses. "Then what did you do?... How did that happen?... How did you feel?")

H. Make comments thoughtfully ("Chew your words before you say it out loud." Don't just rattle on like you're an expert on everything. Be careful when commenting. Sometimes they go home and read too much into what you say.)

- I. Answer personal questions (If they're asking, it's important to them. Ask as tactfully / respectfully as you can.)
- J. Good relationships take time (Even a good relationship can be broken by a few wrong words. Time-consuming to build a good one, very easy to spoil it. Be aware of what you're saying and doing. Do your best and trust that it's enough.)

V. Activity: role playing scenarios of how to approach parents tactfully

- A. A lot of times if children are showing behavior problems at school, they're showing them elsewhere too. Ask the parents if they're seeing the same thing elsewhere.
- B. Remember to emphasize that we're on the same team, we're all here to support the child and want to help him fulfill his full potential. Early intervention is the key to that in case something is going on. We want the parent's help to figure out what we can try, and we can help the parent seek that evaluation if needed.
- C. Make sure to frame our concerns as "we're concerned for the sake of the child" instead of "we have these concerns," which can sound like we're just complaining about a difficult child in class
- D. Can recommend websites and books to parents to do their own research

VI. Nice video: <http://www.upworthy.com/a-pregnant-woman-learns-her-baby-has-down-syndrome-people-who-have-it-answer-her-one-big-question-2>