

IEPs and IFSPs

I. Highlights

- A. IFSP is for birth to age 3 (infants/toddlers). Is family-centered, goals are based on family's priorities. Service coordination is included.
- B. Transition plan begins at 2 years 6 months, settled by 2 years 9 months, so transition to IEP and preschool is done by age 3.
- C. The earlier the intervention starts, the more successful the outcome (usually). Also is easier to get an IFSP (which automatically becomes an IEP at age 3) than to start an IEP on an older child. Get them assessed early!
- D. IEP is for ages 3-21 (up to 22nd birthday). Goals are usually based on the general curriculum for the child's grade level, less family-driven, more child-focused.
- E. Goals (the end result), objectives (the steps needed to get there), interventions (services/adaptations provided), and evaluation (checking to see if it's working) are all interrelated.

II. Homework

- A. Mail CDTC form to Leslie Hotta. Not collecting it in class.
- B. Parent interview due next week.
- C. Bring more information on your group project topic.

III. Discussion

- A. Group project: make sure funding comes from the state (including San Andreas Regional Center) or is a non-profit. No for-profit private organizations because if parents have to pay out-of-pocket, most families won't have access to that.
- B. "Animal School" story. (Google it online: short story about animals starting a school, chose 4 subjects: running, climbing, swimming, and flying. Each animal is

good at some, not others, and each represents a different type of child we encounter.)

1. When looking for and recognizing children with special needs, have to be understanding of their way of learning. Each child is an individual. Let's recognize his/her existing talents and always be supporting those, then work in the weaker areas also. Never focus on just the weakness because then they'll lose their edge at what they were good at.
 2. Second language learners have a harder process, and it takes a long time, especially if they never hear English at home. A lot of parents can't read in their home language or in English, so they can't read to their kids. Can ask those parents to pick up a picture book and tell a story based on the pictures -- still supports literacy, and we know for a fact literacy is a key to success.
 3. Just speaking English around children and expecting them to get it is not enough. Yes, they will pick it up, but it may not be enough to give them a solid language base for life if their family doesn't have a strong language base to support them at home.
- C. Ear infections are a big issue for children. Children sometimes have to have 2-3 rounds of antibiotics to get rid of the infection because our processed food has antibiotics in it, so the children's bodies get resistant to it. If a child gets 3 ear infections in a year, that's 10 weeks of not hearing language correctly. Can cause developmental delays in language for that child, especially if they're less than a year old.

IV. IFSP and IEP PowerPoint

A. IFSP

1. IFSP is birth to around age 3
 - a) A plan that documents and guides the early intervention process

- b) A vehicle through which effective early intervention is implemented (IDEA law, Part C, says the state has to provide this)
 - c) Contains information about services that facilitate a child's development and enhance the family's capacity to facilitate the child's development
 - (1) Physical
 - (2) Cognitive
 - (3) Social-emotional
 - (4) Look at what the child needs in order to progress through these developmental milestones
 - d) Family is much more involved in IFSP than in IEP. IFSP team meets every 6 months, can be more often by parent request or if the child is not progressing.
2. California is very supportive of early intervention, ideally even in the first year of life. Early intervention is most successful when it's offered earlier. The older the child (especially if waiting for age 5-6), the longer it takes to reach each milestone. Pediatrician may say "sit on it, he's a late bloomer," but teachers and parents have to keep pushing if your instincts tell you there's a need.
- a) There is nothing officially that we can do without the parent's support. Even with parent support, it can take frustratingly long to get services.
 - b) IFSP is easier to get in place than an IEP (less red tape), then IFSP automatically rolls into an IEP. Is another reason it's better to move on things earlier. If the pediatrician is dragging her feet, get a new pediatrician. Get a second opinion. Remind the parents that it's their right to change pediatricians, even if they're on the government health plan. It's worth pushing to get the diagnosis before age 3 so the IFSP can get started.

- c) Directors may worry that if they push the family and say there's a special need, the family may leave the school.
3. IFSP Style and Philosophy
- a) Family-focused
 - b) Role of professional (the teacher) in family-focused approach is to support the family's goals for their children.
 - c) Inter-agency collaboration. Figure out which agencies/services need to be brought in to support the child's development. If needed, there are agencies who can help parents fill out the forms if they can't read/write enough to do it on their own. Even if they're fluent in English, the vocabulary of the special needs world can be intimidating!
 - d) Specific forms to use. Outcome statements have to be written in a specific way.
4. Content of the IFSP
- a) Assessment and program development
 - (1) Detailed observations are done. Assess the observation data.
 - (2) Only the child's classroom teachers and assistant teachers (whoever works in the child's own classroom) and the director can legally observe. If anyone else is going to observe, including a school psychologist or a different classroom's teacher, you need parent permission first.
 - (3) Documentation of observations is critical. Always write the date and time of what's happening. Need to collect enough evidence (maybe 10 days at least) to go to the director and say you're worried about a child's possible special needs. Shouldn't have a parent-teacher conference about this without documentation! All teachers in the

child's classroom need to have input and all be in agreement before the meeting.

- b) Periodic review of assessment data
 - c) Promptness after assessment (have to work toward IFSP immediately after testing is done)
 - d) Content of the plan
 - e) Parental consent
5. The IFSP Process -- Early Start
- a) First contact and screening for eligibility
 - b) Assessment of family resources, priorities, and concerns. What can the families contribute? What matters to them?
 - c) Development of the service plan documents
 - d) Implementation and monitoring (do what the plan says, then check in to make sure it's working as planned)

B. IEP (Individualized Education Plan) 3-22 years

- 1. A written statement for each student with a disability before special education services are provided (developed, reviewed, and revised)
- 2. Develop the best educational programming
- 3. Comply with the IDEA law from 1997
- 4. Even when a child has an IEP, the family still often has to fight for the services their child needs.
 - a) Example of conflict: Mother doesn't want the child to have to go back to using a walker. Teacher wants the child to use a walker to be safer. Argument all year between mother and teacher.
 - b) If the battle is too hard, sometimes parents decide to home-school.
- 5. The IEP Process: Special Education in School Districts
 - a) Identification: notice / flag the children who may need services

- b) Assessment: evaluate the child (with parent permission)
 - (1) Need to know something about their background
 - (2) Need to know what typical developmental milestones would be for comparison (physical, cognitive, social-emotional). Any deviation from that can be special needs.
 - c) Planning: set goals, connect with services to move toward those goals
 - d) Evaluation: see if the plan is working, adjust if needed. Is the child benefitting from this plan we've put together?
6. Used to be that the special education class was always at the end of the school building, out of sight. Ate together at lunch, went to recess together. Now with inclusion, they're together with the rest of the children their age whenever possible. Never put with younger children; always important to keep with their same-age peers.
7. IEP Style and Philosophy
- a) Child-focused (as opposed to IFSP family focus)
 - b) Development team
 - c) Student involvement in general curriculum is the goal as much as possible (as opposed to IFSP family goals)
 - d) Parents must be included as a team members. Parents can request more frequent meetings if needed.
8. Requirements of the IEP
- a) Student's present levels of performance (what can he do now)
 - b) Annual goals (what we want him to achieve this school year)
 - c) Special education and related services (whether he's getting pull-out special education services or speech therapy or a 1-to-1 aide or other services, how often and for how long, depending on child's individual needs)

- C. Transition from IFSP to IEP must be planned around 2 years 6 months, start transitioning at 2 years 9 months, so it's smoothly completely done by age 3.
- D. IEP follows the child from preschool to kindergarten, but often the team members change (example: a different speech therapist for the public school, but still gets speech therapy if it's in the IEP)
- E. Service continues through age 21, up to 22nd birthday.

V. **Comprehensive assessment process to develop an IFSP**

- A. Set goals, objectives, intervention, evaluation (are all interrelated)
 - 1. Sample goals: able to walk up the stairs without using the railing, or able to sit through 15-minute circle time while focusing on the teacher
 - 2. Objectives are mini steps to work toward that goal.
 - a) Example: to be able to help the child walk up and down the stairs without holding the railing, the child needs practice developing perception/body-awareness, leg strength, visual depth perception, etc. Will have the child kick a ball and other activities to practice those skills. Different ways to work toward that end goal.
 - b) Example objectives for sitting through circle time: be able to keep from touching other children throughout circle time, give him some responsibility that will help him focus (ex: be the calendar person), build up to the time (start with 1 minute sitting, 2 minutes, 5 minutes, etc. instead of starting with 15 minutes).
 - 3. Intervention = what's needed.
 - a) Example: if the child is used to holding the railing walking up stairs, give her a squishy ball or block to hold while walking up the stairs. It doesn't give balance like the railing does, but it fills that holding habit while having her practice balancing on her own.

- b) Example: sit him on my lap during circle time to help him wiggle less, or give him a small chair to sit on instead of the floor if the floor is uncomfortable and that's why he can't sit still. Instead of constantly correcting him, ask, "How can I find an alternative that will make him successful?"
4. Need a direct link between what is learned during assessment and the activities planned for the children. Plan activities based on their needs, or change existing activities based on their needs.
- B. Discussion: Have you made any changes in the last week based on children's needs?
1. Noticed that some kindergarten worksheets have too much on the page and overwhelmed the child, so the teacher took a piece of light blue paper and cut a window out of the middle of it. That way she could lay the paper over just the one part of the paper she's doing at a time, cutting down the visual chaos of the rest of the page.
 2. Moved a child from the end of the line at group time to the middle because he was always getting distracted on the end and the teacher assistant kept touching him and upsetting him. Seems to have better attention in the middle, closer to the teacher and surrounded by children who are focusing. Putting him on the end is a form of exclusion, reduces his ability to use the children around him as role models.
 3. Remember last year a teacher in San Mateo who was hurting the children was taken to court, and an assistant who saw it happening and didn't say anything was also taken to court. Speak up if you're worried about what you see!

- C. Overstimulation makes everything worse, especially for children with special needs. The materials and the children's clothing are busy enough. Don't add ABC rugs and stuff hanging from the ceiling and posters covering all the walls. It's too much! Use calm colors, a calm voice, gentle touches, etc.
1. As the classroom noise level goes up, your voice should go down. Children want to hear what the teacher says, so they'll quiet down to hear you.
 2. "The Silent Game" can help children learn to control themselves and develop ownership of their bodies. Do it when they're already calm, not as a consequence of being loud. It should be a positive game.

VI. Handout: Key Concepts of the IFSP Process

- A. Eligibility must be checked before a child gets an IFSP.
- B. Written plan includes goals, methods of intervention/services, and who needs to be on the IFSP team.
- C. IFSP (and IEP) is time-sensitive. Once the referral happens, there's a timeline required by law.
- D. Nothing can be done for the child without parental consent.
- E. The younger the child, the more often the team meets. Every 6 months for IFSP, every year for IEP.
- F. Transitioning from infant/toddler care to preschool needs a transition plan. Need to start that planning at 2 years 6 months, have it ready by 2 years 9 months. This is like the beginning of the IEP.
- G. When a child moves, the parents need to know they can carry the plan with them. There will be new team members at the new location, but the plan moves with the child, and the copy the parents have is enough to get services started. Then the old school needs to send the whole record to the new school as soon as possible.

H. Possible services

1. Audiology = hearing evaluation
2. Home visits are extremely important
3. Health services may be needed for certain conditions
4. Medical services: the school district doesn't provide ongoing health care like a doctor, but may get a doctor involved to evaluate the extent of an issue (such as whether the retina is damaged and that's why he has visual perception issues)
5. Malnutrition or obesity are common issues in children with special needs.
6. Occupational therapy = skills coaching such as using a spoon, drinking from a cup, how to sit, how to handle books and turn pages, how to hold a pencil
7. Physical therapy = exercises to treat a physical ailment, such as stretching and strength training for a child with cerebral palsy, maybe get this service once or twice a week
8. Psychological services = support for mental health issues. Maybe the original disability, or may be brought on by disability leading to social isolation leading to depression
9. Social workers can come to the house and help the whole family
10. Speech therapy may be at a special center with parents involved, or may be the therapist coming to the school during the day
11. Transportation if needed, such as transporting children from morning public special needs preschool to afternoon private preschool
12. Vision services: California does vision screening (and hearing screening) of all children in public schools, also available in private schools. (Today we also screen hearing in the birth room. Hearing matters so much because it's how we acquire language unless we know we need to use sign language.)

VII. Portfolios

- A. Often kept from the time the child starts at the school, kept until they move on to kindergarten, or can keep for just one academic year.
- B. Document whole conversations (word for word, including the speech errors) to show language development
- C. Include work samples, anecdotal observations, photos, etc.
- D. Children can decide what goes into their portfolio. Just make sure their name and date are on the piece. Can be fun for children to have access to the portfolio, and then keep teachers' notes in a separate file. Children value looking at their past work and their own progress.
- E. Reason for a portfolio is to see the progress of the individual child over the year (or years).
- F. Dr. Montessori said the good teachers always wear clothes with pockets and have little papers and little pencils in her pockets to make observations all day.
 - 1. At some point during every day, put your back to the wall and really watch the children. Look at each child's face individually to see their engagement and expression. Don't be so busy that you miss the kids.
 - 2. Sit in the empty room for 5 minutes at the end of the day, down on children's level, and ask, "Is this environment meeting the needs of my children?" If there are places you can't see, change that area to make it safe. If there are "dead zones" not being used, look at how to rearrange. It's not about making perfectly organized classrooms, but about making functional classrooms that meet the needs of this year's group of kids.
 - 3. If seeing a lot of behavior problems, make changes in the environment. It's easier to change the environment than the people.

VIII. My Group Meeting

- A. Katey will go visit (we hope).
- B. Jackie will make a brochure.
- C. Jennifer will go to PowerPoint.