

PERFORMANCE STANDARDS	ACTIVITY	RESPONSIBLE STAFF	TIMELINE	DOCUMENTS & LOCATION OF
<p>1308.5 Recruitment and Enrollment – Recruit and Enroll Children with Disabilities. (a) The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities.</p>	<p>1. Ensure all recruitment information announces Head Start’s (HS) ability to serve children with disabilities.</p>	<p>1. Special Services Coordinator (SSC) Family and Community Partnerships (FCP) Manager Intake Staff</p>	<p>Feb.</p>	<p>Recruitment materials with FCP staff</p>
	<p>2. Send recruitment materials to service providers who may serve children with disabilities.</p>	<p>2. Intake Staff</p>	<p>Feb.</p>	<p>Recruitment file</p>
	<p>3. Monitor recruitment process to ensure 10 percent of openings are available to children with disabilities.</p>	<p>3. SSC FCP Manager</p>	<p>During recruitment</p>	<p>ChildPlus report</p>
<p>1308.5b – A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefitting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990 (42 USC 12101)</p>	<p>1. Provide information to Intake staff regarding 45 CFR, Part 84 and 42 USC 12101.</p>	<p>1. SSC FCP Manager</p>	<p>Prior to recruitment</p>	<p>Recruitment materials Training log</p>
<p>1308.5c – A grantee must not deny placement on the basis of a disability or its severity to any child when:</p>	<p>1. Ensure enrollment criteria and collaborative agreements specify Rocky Mountain Development Council’s (RMDC) HS’s intent to recruit and serve children with disabilities and do not deny placement on the basis of disability.</p>	<p>1. Early Childhood Development and Health (ECDH) Manager Education Staff FCP Manager SSC</p>	<p>Annual review and approval</p>	<p>Enrollment criteria Collaborative agreements</p>
<p>1308.5c1 – the parents wish to enroll the child; and</p>				
<p>1308.5c2 the child meets the HS age and income eligibility criteria.</p>				
<p>1308.5c3 – HS is an appropriate placement according to the child’s Individual Education Plan (IEP).</p>		<p>Intake staff SSC</p>		
<p>1308.5c4 – The program has space to enroll more children, even though the program has</p>	<p>Enrollment criteria and collaborative agreements both address this issue.</p>	<p>Intake staff SSC</p>		<p>ChildPlus system</p>

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made 10 percent of its enrollment opportunities available to children with disabilities. In that case, children who have a disability and non-disabled children would compete for the available opportunities.		FCP Manager ECDH Manager	Sept - Aug	Contract folder
1308.5d – The grantee must access resources and plan for placement options, such as dual placement, use of resource staff and training so that a child with a disability for whom HS is an appropriate placement according to the IEP is not denied enrollment because of:	1. Engage in collaborative relationships to ensure HS’s ability to serve children with disabilities as specified under IDEA and the Program Standards.	SSC ECDH Manager	April-May review Ongoing efforts	Collaborative agreements ECDH file
1308.5d1 – Staff attitudes and/or apprehensions;	2. Plan joint training and resource opportunities with special service providers as outlined in the Collaborative Agreements with School District #1 and Prickly Pear Cooperative.	SSC ECDH Manager	Sept - Aug	Training log
1308.5d2 – Inaccessibility of facilities;	3. Work closely with Part C providers in order to anticipate and plan for unique disabilities needs which may be up and coming in the following program year.	SSC ECDH Manager	February April-May	Family Outreach Roster
1308.5d3 – Need to access additional resources to serve a specific child;	4. Coordinate closely with ECDH staff and FCP staff to monitor staff development needs in area of disabilities.	SSC Health Coordinator (HC) Nutrition Coordinator (NC) LEA	Sept – Aug	ECDH Coordination minutes
1308.5d5 – Need for personalized special services such as feeding, suctioning and assistance with toileting, including catheterization, diapering and toilet training.				
1308.5e – The same policies governing HS program eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities. Grantees also must take the following factors into account when planning enrollment procedures:				

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<p>1308.5e1 – The number of children with disabilities in the HS service area including types of disabilities and their severity;</p>	<p>1. Review enrollment policies to ensure eligibility criteria for children with disabilities is the same criteria used for other children.</p>	<p>HS Director FCP Manager SSC</p>	<p>Prior to yearly approval by PC Board</p>	<p>Enrollment criteria PC minutes</p>
<p>1308.5e2 – The services and resources provided by other agencies; and</p>	<p>2. Recommendations will take into account services and resources available within the community, acceptance procedures for children with disabilities as outlined in collaborative agreements, and the enrollment criteria.</p>	<p>HS Director SSC ECHD Manager FCP Manager</p>	<p>As needed</p>	<p>Disabilities Services Plan Community Assessment</p>
	<p>3. Apply the standard application and enrollment process to children having or suspected of having disabilities. Preferential notification of acceptance for purposes of planning and accommodating special needs is outlined in eligibility criteria and collaborative agreements. As possible, and at parent’s invitation, HS staff will attend IEP meetings of children with disabilities when families are considering HS placement.</p>	<p>Intake staff SSC</p>	<p>During recruitment</p>	<p>Acceptance letter Enrollment Criteria IEP minutes Collaborative Agreements</p>
	<p>4. Review files of those children identified during enrollment as potentially having a disability. Screen and make appropriate referrals.</p>	<p>Intake staff SSC</p>	<p>During recruitment May-September Child Find</p>	<p>ChildPlus documentation</p>
	<p>5. Request that evaluation, Child Study Team and IEP be completed prior to the child entering HS when needed in order to assure appropriate level of support is in place for more severely disabled children.</p>	<p>SSC</p>	<p>As needed</p>	<p>ChildPlus documentation CST/IEP minutes Notification of Placement Child’s file</p>
	<p>1. HC tracks immunes on all children and those not up to date are here on</p>			

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<p>1308.5e3 – State laws regarding immunization of preschool children. Grantees must observe applicable State laws which usually require that children entering State preschool programs complete immunizations prior to or within 30 days after entering to reduce the spread of communicable diseases.</p>	<p>conditional attendance.</p>	<p>HC</p>	<p>September-August</p>	<p>Immune records in child's file ChildPlus tracking</p>
<p>1308.6 – Assessment of all Children. (a) The Disabilities Coordinator must be involved with other program staff throughout the full process of assessment of children, which has three steps:</p> <p>1308.6a1 – All children enrolled in HS are screened as the first step in the assessment process;</p>	<p>1. Participate in the full assessment process for all children including screening, ongoing developmental assessment, and for those children suspected of having a disability, evaluation of determination of disability.</p>	<p>Screening Team</p>	<p>Sept - Aug</p>	<p>Documentation in child's file</p>
<p>1308.6a2 – Staff also carry out ongoing developmental assessment for all enrolled children throughout the year to determine progress and to plan program activities;</p>	<p>1. See ECHD plans and procedures.</p>	<p>Education staff</p>	<p>Sept - Aug</p>	<p>Home visits, Dial 3 screening, parent/teacher conferences, ICP, Creative Curriculum profiles</p>
<p>1308.6a3 – Only those children who need further specialized assessment to determine whether they have a disability and may require special education and related services proceed to the third step, evaluation. The Disabilities Coordinator has primary responsibility for this third step, evaluation, only.</p>	<p>1. Referrals are made to appropriate school districts if A-teams determine a need for further evaluation.</p>	<p>Education Staff SSC</p>	<p>Sept - Aug</p>	<p>Dial 3 screening protocols Documentation in child's file to include Classroom Strategies document, A-Team Report, Referral form and ChildPlus tracking</p>
	<p>1. Coordinate with ECDH staff who have the responsibility for implementing health and</p>			

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<p>1308.6b – Screening, the first step in the assessment process, consists of standardized health screening and developmental screening which includes speech, hearing and vision. It is a brief process, which can be repeated, and is never used to determine that a child has a disability. It only indicates that a child may need further evaluation to determine whether the child has a disability. Re-screening must be provided as needed.</p>	<p>developmental screening. 2. Utilize child staffing, pre-referral processes and site meetings as forums for coordination of services and peer consultation in regards to re-screening or referrals for further evaluation.</p>	<p>SSC Screening Team Education Staff ECDH Manager SSC</p>	<p>Within 45 days of enrollment Sept – Aug</p>	<p>Screening instrument in child's file. Screening results Staffing notes. Classroom Strategies Documentation in child's file ECDH Coordination meetings minutes.</p>
<p>1308.6b1 – Grantees must provide for the health and developmental screening of all HS children by 45 calendar days after the start of program services in the Fall, or for children who enroll after program services have begun by 45 calendar days after the child enters the program. This does not preclude starting screening in the Spring before program services begin in the Fall.</p>	<p>1. Screen 100 percent of all new and returning children in the Fall of each year. 2. Children entering after fall placement will be screened within 45 days of enrollment</p>	<p>Screening team Screening team</p>	<p>Sept. – Aug Sept - Aug</p>	<p>Screening protocol in child's file. ChildPlus tracking. Screening protocol in child's file. ChildPlus tracking</p>
<p>1308.6b2 – Grantees must make concerted efforts to reach and include the most in need and hardest to reach in the screening effort, providing assistance but urging parents to complete screening before the start of the program year.</p>	<p>2. Identify what, if any, barriers exist for families attempting to have their child screened. Assist in removing barriers and helping parents access screening opportunities.</p>	<p>Intake staff ECDH manager SSC HC</p>	<p>May - Aug</p>	<p>Child Find schedule HS screening schedule</p>
<p>1308.6b3 – Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information</p>	<p>1. Coordinate with ECDH staff to provide help in implementing health and developmental screening. 2. Utilize Dial-3 for standardized developmental screening in three major developmental areas. See Screening Procedures.</p>	<p>Intake team SSC HC ECDH Manager</p>	<p>Intake Prior to screening date</p>	<p>ChildPlus documentation</p>
	<p>3. Utilize parent questionnaire for</p>	<p>SSC HC</p>	<p>Sept- Aug</p>	<p>Site Coordination minutes</p>

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<p>in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.</p>	<p>information related to development as reported by parents.</p> <p>4. Route results of screening to appropriate staff for review of possible developmental concerns.</p>	<p>Screening Team</p> <p>Screening team</p> <p>Intake team SSC Screening Team ECDH Manager FCP Manager SSC HC NC</p>	<p>Within 45 days of program year start-up or 45 days of child's enrollment</p> <p>At intake and during enrollment Sept - Aug</p>	<p>Screening calendar Leadership Team Screening protocol in child's file ChildPlus tracking</p> <p>Parent questionnaire in child's file</p> <p>DIAL protocol Other documentation in child's file</p>
<p>1308.6c – Staff must inform parents of the types and purposes of the screening well in advance of the screening, the results of these screenings and the purposes and results of any subsequent evaluations.</p>	<p>1. Provide a description of the purpose and process of screening at the time of intake.</p> <p>2. Inform parents of results of screening and/or observation information.</p> <p>3. Discuss with parents any need for further evaluation prior to making a referral. At teacher request, the SSC will contact parents for further discussion or to provide additional information. Teachers will obtain permission from parents to refer to LEA for further evaluation.</p>	<p>FCP staff SSC</p> <p>Teacher HC</p> <p>Education staff SSC HC</p>	<p>At intake</p> <p>At parent/teacher conference and as needed</p>	<p>FCP files</p> <p>Documentation in child's file</p> <p>Documentation in child's file, A-Team meeting minutes in child's file.</p>
<p>1308.6d – Developmental assessment, the second step, is the collection of information on each child's functioning in these areas: gross and fine motor skills, perceptual discrimination, cognition, attention skills, self-help, social and receptive skills and</p>	<p>1. Coordinate with education staff in ongoing assessment to ensure that developmental information be included in evaluation and program planning activities for children with disabilities. Coordination efforts may</p>	<p>Education staff ECDH Manager SSC HC NC</p>	<p>September - August</p>	<p>Documentation in child's file ChildPlus tracking</p>

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<p>expressive language. The disabilities coordinator must coordinate with the education coordinator in the ongoing assessment of each HS child's functioning in all developmental information by including this developmental information in later diagnostic and program planning activities for children with disabilities.</p>	<p>include classroom staff attendance at IEP's weekly planning meetings between special services staff to participate in pre-referral processes. Other components of ongoing assessment may include, but are not limited to: informal assessment, observation, staffing notes, home visits, anecdotal notes and child profiles.</p>	Teacher SSC	When need is evident	Documentation in child's file
<p>1308.6e – The disabilities coordinator must arrange for further, formal evaluation of a child who has been identified as possibly having a disability, the third step.</p>	<ol style="list-style-type: none"> 1. Obtain parent permission for A-team referral 2. Facilitate A-team meetings. 3. Refer any children suspected of having a disability to the appropriate LEA special service providers. 	SSC	When need is evident	Documentation in child's file ChildPlus tracking
<p>1308.6e1 – The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.</p>	<ol style="list-style-type: none"> 1. Consult with and/or refer to the LEA in a timely manner any child suspected of having a disability. 2. Refer children to the LEA for special services evaluation on the basis of screening information, ongoing assessment and observation in the classroom setting, pre-referral intervention, and parent report and/or request. 	SSC	When need is evident	ChildPlus tracking Documentation in child's file
<p>1308.6e2 – If the LEA does not evaluate the child, HS is responsible for arranging or providing for an evaluation using its own resources and accessing others.</p>	<ol style="list-style-type: none"> 1. Ensure that collaborative agreements define shared responsibility for serving children with disabilities, with the LEA, maintaining primary responsibility under IDEA for evaluating all children suspected of having a disability. 	SSC ECDH Manager	Annual review of collaborative agreements April - June	Collaborative agreements in fiscal office
	<ol style="list-style-type: none"> 2. Evaluate and make provisions for special service considerations not 	SSC NC	As needed during program	Referral forms A-team

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1308.6e3 – Parental consent in writing must be obtained before a child can have an initial evaluation to determine whether the child has a disability.	provided by school districts (e.g., stand alone services such as OT/PT and special diets when not connected to an overall evaluation. 1. Parental consent for evaluation remains the responsibility of the evaluating party; therefore, it is the LEA’s responsibility to obtain parent consent prior to evaluating HS children.	Health Coordinator LEA staff SSC	year. Prior to evaluation	documentation Special diet statement Documentation in child’s LEA file.
1308.6e4 – Confidentiality must be maintained in accordance with grantee and State requirements. Parents must be given the opportunity to review their child’s records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantees must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.	1. Maintain all HS child records in a locked file with limited access. Maintain special services records within the child’s file with a cover sheet over them stating “confidential”. Staff may share information only when a documented Release of Information (ROI) exists, and then only on a “need to know” basis. Parents are informed of their rights to confidentiality when ROI is signed. 2. Share responsibility with the LEA for upholding parents’ rights in the special services process. It is incumbent upon HS to ensure that parents are informed and have access to their child’s records during and after the evaluation process. 3. Share responsibility with the LEA for ensuring that evaluation results are reviewed and explained to parents in a manner which allows parents to participate fully in the CST or IEP. HS staff will, as needed, facilitate parents’ understanding and their ability to advocate on behalf of	SSC Administrative staff SSC SSC Education staff FA	September - August September - August When need is evident	In locked file cabinet with limited access. PLUK booklet Documentation In child’s file PLUK booklet Documentation in child’s file

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<p>1308.6e5 – The multi-disciplinary team provides the results of the evaluation, and its professional opinion that the child does or does not need special education and related services, to the disabilities coordinator. If it is their professional opinion that a child has a disability, the team is to state which of the eligibility criteria applies and provide recommendations for programming, along with their finding. Only children whom the evaluation team determines need special education and related services may be counted as children with disabilities.</p>	<p>their child's needs.</p> <ol style="list-style-type: none"> 1. Participate as appropriate in the Child Study Team (CST). For those children identified as having disabilities, HS staff will participate in the formulation of the IEP as described in the collaborative agreements. The LEA maintains primary responsibility for ensuring that appropriate parents participate on the multi disciplinary team. 2. Ensure that only those children having an identified disability and receiving related special education services will be counted as children with disabilities. 	<p>SSC Classroom staff</p> <p>SSC</p>	<p>CST/IEP meetings</p> <p>End of year PIR</p>	<p>Documentation in child's file</p> <p>PIR report in PIR notebook in Support Services Manager's office</p>
<p>1308.7 through 1308.17 – Criteria for Disabilities</p> <p>See Disabilities Standards for complete Criteria</p>	<p>Assure appropriate criteria is used in determination.</p> <ol style="list-style-type: none"> 1. Participate in a multi-disciplinary team to review criteria and serve children with disabilities under the appropriate disabilities label. As members of the CST, HS staff will participate in the eligibility determination and labeling process as defined by IDEA, the LEA and the HS Disabilities Standards and as outlined in the collaborative agreements. 	<p>SSC Education staff</p>	<p>CST/IEP meetings</p>	<p>Documentation in child's file Collaborative agreements in fiscal office ECDH Managers office</p>
<p>1308.18 – Disabilities/Health Services Coordination.</p>	<ol style="list-style-type: none"> 1. Utilize child staffing, pre-referral processes and child profiles as forums for coordination of services between the special services 	<p>SSC Education staff HC NC</p>	<p>September - August</p>	<p>Documentation in child's file</p>

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that the special needs of each child with disabilities are met.	<p>coordinator and ECDH staff</p> <p>2. Assure that HC reviews developmental assessment information used in the CST/IEP process to ensure health needs are appropriately addressed.</p>	<p>SSC HC NC Education staff</p>	<p>Prior to CST/IEP meeting Ongoing</p>	<p>Ongoing assessment and observation documentation</p>
<p>1308.18b – The grantee must ensure coordination between the disabilities coordinator and the staff person responsible for the mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawal, anxiety or abuse.</p>	<p>1. Child staffing, A-Team processes, and coordinator meetings will be utilized forums for identification of needs and coordination of services between the special services coordinator, classroom staff and mental health provider.</p>	<p>SSC Mental health provider Education staff</p>	<p>September - August</p>	<p>DIAL protocols Staffing notes A-team documentation Ongoing assessment & observation documentation Family history and/or report in child's file</p>
<p>1308.18c – Each HS director or designee must supervise the administration of all medications, including prescription and over-the-counter drugs to children with disabilities in accordance with State requirements.</p>	<p>See ECDH procedure #15, Medication storage, administration of medication and staff training.</p>	<p>HS Director ECDH Manager HC</p>	<p>September - August</p>	<p>See ECDH plan Annual training log</p>
<p>1308.18d – The health coordinator under the supervision of the HS Director or designee must (1) obtain the doctor's instructions and parental consent before any medication is administered; (2) maintain an individual record of all medications dispensed and review the record regularly with the child's parents; (3) record changes in a child's behavior which have implications for drug dosage or type and share this information with the staff, parents and the physician; and (4) assure that all medications, including those required by staff and volunteers, are</p>	<p>See ECDH procedure #15, Medication storage, administration of medication and staff training.</p>	<p>HC ECDH manager HS Director Specific classroom staff</p>	<p>September - August</p>	<p>Annual training log Medication instructions Health safety classroom checklist</p>

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adequately labeled, stored under lock and key, and out of reach of children, and refrigerated, if necessary.				
1308.19 – Developing Individualized Education Programs (IEPs)	Develop Individual Education Plans			
1308.19a – When HS provides for the evaluation, the multi-disciplinary evaluation teams makes the determination whether the child meets the HS eligibility criteria. The multi-disciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from developmental assessment, observations and parent reports, are considered in making the determination whether the child meets HS eligibility criteria.	1. Ensure that Collaborative Agreements explain eligibility requirements for children in our program.	ECDH Manager LEA	September - August	CST Collaborative agreements in fiscal office ECDH Manager file
1308.19b – Every child receiving services in HS who has been evaluated and found to have a disability and in need of special education and related services are provided to ensure that comprehensive information is used to develop the child’s program.	1. Ensure that an IEP is developed using comprehensive information prior to the provision of special services to HS children.	SSC	CST/IEP meeting	CST/IEP in child’s file
1308.19c – When the LEA develops the IEP, a representative from HS must attempt to participate in the IEP meeting and placement decision for any child meeting HS eligibility requirements.	1. Participate in the eligibility determination as defined by IDEA, the LEA and the HS disabilities standards and as outlined in the collaborative agreements. 2. Participate in placement decisions for children who are either HS enrolled or are anticipated to be HS enrolled or non-dually placed the HS program as children with disabilities 3. Ensure classroom placement recommendations are based on sound considerations for child, family	SSC Education staff ECDH Manager	IEP meeting	IEP documentation in file. Collaborative agreements in fiscal office
		SSC ECDH Manager LEA staff members	IEP meeting Spring meetings for fall placement	IEP documentation in file. Purple placement slips in child’s file.
		SSC ECDH Manager LEA staff	September - August	Purple placement slip in child’s file Other

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<p>1308.19d – If HS develops the IEP, the IEP must take into account the child’s unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child’s disabilities.</p>	<p>resources and program.</p> <p>1. Share responsibility for ensuring that IEP’s take into account the diverse strengths, needs and circumstances of children with disabilities and their families. In rare circumstances where the LEA may not routinely consider such information, attempt to ensure that relevant child and family information is brought to bear on the formulation of an appropriate IEP.</p>	<p>Education staff</p> <p>SSC Education staff ECDH manager LEA staff</p>	<p>At time of CST/IEP</p>	<p>documentation in child’s file</p> <p>CST/IEP in child’s file Family history report in child’s file A-Team report in file Classroom strategies documentation in file</p>
<p>1308.19e1 – The IEP must include a statement of the child’s present level of functioning in the social-emotional, motor communication, self-help and cognitive areas of development, and the identification of needs in those areas requiring specific programming.</p>	<p>1. Ensure that IEP’s developed for HS children will contain initial statement of present level of functioning and needs in specific areas.</p>	<p>SSC LEA staff</p>	<p>IEP meeting</p>	<p>IEP in child’s file</p>
<p>1308.19e2 – The IEP must include a statement of annual goals, including short term objectives for meeting those goals.</p>	<p>1. Ensure that IEP’s developed for HS children will contain a statement of annual goals including short term objectives for meeting these goals</p>	<p>SSC LEA staff</p>	<p>IEP meeting</p>	<p>IEP in child’s file</p>
<p>1308.19e3 – The IEP must include a statement of services to be provided by each HS component that are in addition to those services provided for all HS children, including transition services.</p>	<p>1. Ensure that the IEP states how many hours per week a child with disabilities will be served in the regular education environment.</p> <p>2. Outline regular classroom modifications or accommodations provided by HS classroom staff to children with disabilities above and beyond what is provided to all HS children under “special considerations” on the IEP (e.g.,</p>	<p>SSC LEA staff</p> <p>SSC LEA staff</p>	<p>IEP meeting September - June</p> <p>IEP meeting</p>	<p>IEP in child’s file</p> <p>IEP in child’s file</p>

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<p>1308.19e4 – The IEP must include a statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a HS program. This includes services provided by HS and services provided by other agencies and non HS professionals.</p>	<p>transportation, medication, behavior plans, etc.).</p> <p>1. Ensure that the IEP clearly delineates the provision of special services for HS children including how many hours of regular classroom services, special services and related services will be provided based on the IEP goals and objectives.</p>	<p>SSC LEA staff Education staff</p>	<p>IEP meeting</p>	<p>IEP in child’s file</p>
<p>1308.19e5 – The IEP must include the identification of the personnel for the planning and supervision of services and for the delivery of services.</p>	<p>1. Ensure that the IEP clearly delineates who is responsible for both planning and delivery of services.</p>	<p>SSC LEA staff</p>	<p>IEP meeting</p>	<p>IEP in child’s file</p>
<p>1308.19e6 – The IEP must include the projected dates for initiation of services and the anticipated duration of services.</p>	<p>1. Ensure that the IEP states the projected initiation and duration of services.</p>	<p>SSC LEA staff</p>	<p>IEP meeting</p>	<p>IEP in child’s file</p>
<p>1308.19e7 – The IEP must include a statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.</p>	<p>1. Ensure that the IEP utilizes outcome measures in order to determine progress on identified goals and objectives.</p>	<p>SSC LEA staff</p>	<p>IEP meeting</p>	<p>IEP in child’s file</p>
<p>1308.19e8 – The IEP must include family goals and objectives related to the child’s disabilities when they are essential to the child’s progress.</p>	<p>1. Ensure that family goals and objectives, which are necessary to a child with disabilities progress, are included on IEP.</p>	<p>SSC LEA staff Education staff</p>	<p>IEP meeting</p>	<p>IEP in child’s file</p>
<p>1308.19f – When HS develops the IEP, the team must include (1) the HS disabilities coordinator or a representative who is qualified to provide or supervise the provision</p>	<p>1. See collaborative agreements. Primary responsibility for this process rests with the LEA.</p>	<p>SSC Education staff LEA staff</p>	<p>Prior to IEP meeting</p>	<p>IEP notification document in child’s file Collaborative</p>

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<p>of special education services; (2) the child's teacher or home visitor; (3) one or both of the child's parents or guardians, and (4) at least one of the professional members of the multi-disciplinary team which evaluated the child.</p>				<p>agreements in fiscal office & ECDH Managers file</p>
<p>1308.19g – An LEA representative must be invited in writing if HS is initiating the request for a meeting.</p>	<p>1. See collaborative agreements. Primary responsibility for this rests with the LEA.</p>	<p>SSC LEA staff</p>	<p>Prior to IEP meeting</p>	<p>IEP notification document in child's file Collaborative agreements in fiscal office</p>
<p>1308.19h – The grantee may also invite other individuals at the request of the parents and other individuals at the discretion of the HS program, including those component staff particularly involved due to the nature of the child's disability.</p>	<p>1. Ensure that appropriate staff and involved professionals are invited to the IEP meeting with parent permission/request. Primary responsibility for this process rests with the provider initiating the IEP meeting. See collaborative agreement.</p>	<p>SSC LEA staff</p>	<p>Prior to IEP meeting</p>	<p>IEP notification document in child's file Collaborative agreements in fiscal office</p>
<p>1308.19i – A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services. Services must begin as soon as possible after the development of the IEP.</p>	<p>1. See collaborative agreement. Primary responsibility for this process rests with the LEA.</p>	<p>SSC LEA staff</p>	<p>Within 30 days of CST</p>	<p>IEP notification, CST minutes and IEP in child's file</p>
<p>1308.19j – Grantees and their delegates must make vigorous efforts to involve parents in the IEP process. The grantee must (1) notify parents in writing and, if necessary, also verbally or by other appropriate means of the purpose, attendees, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate; (2) make every effort to assure that the parents</p>	<p>1. See collaborative agreement. Primary responsibility for this process rests with the LEA. Share responsibility for seeing that all efforts are made to ensure parent involvement including written notification of meetings, accommodating parents schedules, and assisting parents as needed in</p>	<p>SSC LEA staff</p>	<p>Prior to IEP At IEP meeting</p>	<p>CST minutes in child's file, IEP notification, PLUK booklet</p>

PERFORMANCE STANDARDS	ACTIVITY	RESPONSIBLE STAFF	TIMELINE	DOCUMENTS & LOCATION OF
<p>understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child's program; (3) provide interpreters, if needed, and offer the parents a copy of the IEP in the parents' language of understanding after it has been signed; and (4) hold the meeting without the parents only if neither parent can attend after repeated attempts to establish a date or facilitate their participation. In that case, document efforts to secure the parents' participation, through records of phone calls, letters in the parents' native language or visits to the parents' homes or places of work, along with any responses or results, and arrange an opportunity to meet with the parents to review the results of the meeting and secure their input and signature.</p>	<p>understanding the special education process and evaluation information.</p>			
<p>1308.19k – Grantees must initiate the implementation of the IEP as soon as possible after the IEP meeting by modifying the child's program in accordance with the IEP and arranging for the provision of related services. If a child enters HS with an IEP, completed within two months prior to entry, services must begin within the first two weeks of program attendance.</p>	<ol style="list-style-type: none"> 1. Ensure that HS policies and procedures facilitate timely implementation of IEP's including program modifications and provision of related services as outlined on the IEP. 2. Initiate special services within the first two weeks of attendance for children entering HS with IEPs completed within two months prior to entry. Refer children as needed to the LEA in their district of residence when they are transferring from another district and have not already been referred. 3. Request that evaluation, Child Study Team and Individual Education Plan be completed prior to the child's entering HS when needed in order to 	<p>SSC Education staff LEA staff</p> <p>SSC</p> <p>SSC LEA FA</p>	<p>Prior to annual PC approval of policies</p> <p>Within first two weeks of attendance</p> <p>When need is evident</p>	<p>RMDC HS work plan and procedure manual available to all staff</p> <p>Referral form IEP child's file</p> <p>CST/IEP in child's file</p>

PERFORMANCE STANDARDS	ACTIVITY	RESPONSIBLE STAFF	TIMELINE	DOCUMENTS & LOCATION OF
1308.20 – Nutrition Services	<p>assure appropriate level of support is in place for more severely disabled children.</p> <p>Provide nutrition services to children with disabilities.</p>	<p>SSC NC HC Education staff</p>	<p>September - August</p>	<p>CST/IEP in child's file Staffing notes CACFP documentation</p>
<p>1308.20a – The disabilities coordinator must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.</p>	<p>1. Coordinate with the nutrition consultant and classroom staff to ensure that the nutrition program accommodates the special needs of children with disabilities.</p>	<p>SSC NC HC Education staff</p>	<p>September - August</p>	<p>CST/IEP in child's file Staffing notes CACFP documentation</p>
<p>1308.20b – Appropriate professionals, such as physical therapists, speech therapists, nutritionists or dieticians must be consulted on ways to assist HS staff and parents of children with severe disabilities with problems of chewing, swallowing and feeling themselves.</p>	<p>1. Address special nutrition needs of children with disabilities in the context of the multi-disciplinary team serving the identified child.</p>	<p>SSC NC HC Education staff</p>	<p>CST/IEP meeting</p>	<p>IEP Nutrition notes in child's file</p>
<p>1308.20c – The plan for services for children with disabilities must include activities to help children with disabilities participate in meal and snack times with classmates.</p>	<p>1. Modify the environment to accommodate the unique needs of children with disabilities so that they can participate with their peers at snack and meal times.</p>	<p>Education staff NC HC SSC</p>	<p>September - August</p>	<p>ChildPlus in child's file Nutrition notes in child's file</p>
<p>1308.20d – The plan for services for children with disabilities must address prevention of disabilities with a nutrition basis.</p>	<p>1. Consult with Nutrition Coordinator to include prevention of disabilities with a nutrition basis in the nutrition education provided to parents during the yearly parent education cycle. See Nutrition Implementation Plan</p>	<p>NC SSC HC</p>	<p>September - August</p>	<p>Training log Newsletter Parent communication</p>
<p>1308.21 – Parent participation and transition of children into HS and from HS</p>	<p>Ensure parent participation and transition of children into HS and</p>			

PERFORMANCE STANDARDS	ACTIVITY	RESPONSIBLE STAFF	TIMELINE	DOCUMENTS & LOCATION OF
to public school.	from HS into public school for children with disabilities.			
<p>1308.21a – In addition to the many references to working with parents throughout these standards, the staff must carry out the following tasks: (1) support parents of children with disabilities entering from infant/toddler programs.</p>	<ol style="list-style-type: none"> 1. Establish transition protocols with infant/toddler programs (Family Outreach) serving children with disabilities in order to facilitate transition of children into HS. 2. Meet with parents of children with disabilities, when possible, prior to their child's first day of attendance in order to provide support. 3. Encourage parents to visit the classroom both prior to enrolling their child in HS and following enrollment into the program. 	<p>SSC ECDH Manager</p> <p>SSC Family advocates Education staff</p> <p>SSC Intake staff Education staff Classroom supervisors</p>	<p>Review protocol annually</p> <p>Prior to first day of attendance</p> <p>Prior to enrollment September - August</p>	<p>Transition protocols in fiscal office</p> <p>Intake documentation in child's file</p> <p>Intake documentation in child's file Classroom visits</p>
<p>1308.21a2 – Provide information to parents on how to foster the development of their child with disabilities.</p>	<ol style="list-style-type: none"> 1. Encourage parents to observe, participate and volunteer in the HS classroom in order to learn about child development and working with their child with disabilities. 2. Plan for and provide education opportunities to parents of children with disabilities in order to assist in fostering their child's development. 	<p>Education staff SSC</p> <p>SSC ECDH Manager FCP Manager</p>	<p>September - August</p> <p>September - August</p>	<p>Staffing notes Monthly newsletters in monthly file</p> <p>Training log LEA information/training</p>
<p>1308.21a3 – Provide opportunities for parents to observe large group, small group and individual activities described in their child's IEP.</p>	<ol style="list-style-type: none"> 1. Welcome parents to participate in all aspects of their child's program at any time. When barriers exist which make it difficult for parents to participate, work with them to facilitate involvement in their child's program. 	<p>All staff</p>	<p>September - August</p>	<p>PIT meetings Parent handbook Parent/teacher conferences Classroom visits Teacher/Parent communication in file</p>
<p>1308.21a4 – Provide follow-up assistance</p>	<ol style="list-style-type: none"> 1. Ensure that classroom and 		<p>September -</p>	

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and activities to reinforce program activities at home.	special services staff provide activities and assistance to parents with which they can reinforce their child's learning at home.	SSC Education staff Family Advocates	August	Child's education file Newsletters, LEA materials, classroom visits, parent/teacher conferences
	2. Collaborate with other agencies who may be working with families of children with disabilities in order to establish common goals for parents to work on at home in order to avoid duplication of efforts.	SSC Family Advocates Education staff	September - August	IEP Classroom Strategies document
1308.21a5 – Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.	1. Develop and provide to parents a list of group support resources for parents of children with disabilities and provide such information to parents in response to their request or as needed.	SSC FCP staff LEA staff	September – August	Resource handbook PLUK handbook
1308.21a6 – Inform parents of their rights under IDEA.	1. Share responsibility with the LEA for upholding parents' rights in the special services process as defined in IDEA. It is incumbent upon HS to ensure that parents are informed and have access to their records during and after the evaluation process. 2. Ensure collaborative agreements adequately address parents' rights in the special services process.	SSC LEA staff	IEP meetings	IEP in child's file Collaborative agreements PLUK booklet
		SSC ECDH Manager	Annual review April - June	Collaborative agreements in fiscal office ECDH Managers office
1308.21a7 – Inform parents of resources which may be available to them from the Supplemental Security Income (SSI)	1. Coordinate with FCP staff to support families of children with disabilities as they address their	SSC Family Advocates	September - August	Staffing notes in child's file

PERFORMANCE STANDARDS	ACTIVITY	RESPONSIBLE STAFF	TIMELINE	DOCUMENTS & LOCATION OF
program, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program and other sources and assist them with initial efforts to access such resources.	unique and diverse medical, dental, financial and social service needs.	HC		ChildPlus documentation in child's file
1308.21a8 – Identify needs (caused by the disability) of siblings and other family members.	1. Coordinate with FCP to provide individualized support to families of children with disabilities, particularly in regards to the impact of the disability on the family.	SSC Family Advocates HC Education Staff NC	September – August	ChildPlus documentation
1308.21a9 – Provide information in order to prevent disabilities among younger siblings.	1. Assist families of children with disabilities by providing education to prevent/reduce disabilities among siblings. Refer parents to early detection and intervention programs such as Child Find, Family Outreach and Infant/Toddler Programs.	SSC HC NC Family Advocates	September - August	ChildPlus documentation
1308.21a10 – Build parent confidence, skills and knowledge in accessing resources and advocating to meet the special needs of their children.	1. Teach parents to access resources, participate in and advocate for their child's special needs. Assist parents in assessing their own strengths and needs in this area, always directing them toward their role as primary caretaker and nurturer of their child.	All staff	September - August	Documentation forms, Community Resource Booklet, newsletters, ChildPlus documentation, parenting classes educational opportunities.