

WHAT IS EARLY INTERVENTION

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Early intervention is a system of services for young children, birth to three years (36 months) of age, and their families. In the District of Columbia, the early intervention system is known as the Part C program or the D.C. Early Intervention Program (DCEIP). Part C of the Individuals with Disabilities Education Act (IDEA) is the federal law that mandates states to serve infants and toddlers with special needs. IDEA provides money to states to fund services for infants and toddlers ages birth to three who meet Part C criteria for developmental delays.

Early intervention is designed for children who have a disability, delay in development or who are at-risk for developmental delay. In early intervention, parents and professionals work together as partners. Each person brings important information and skills to the partnership.

In the District of Columbia Early Intervention services are provided in the family's natural environment or an environment most comfortable for the family. Natural environment, according to the federal law, mean settings that are natural and normal for the infant/toddler's age peers who have no disability. Early intervention providers who have contracted with the DC Early Intervention Program usually provide these services.

The DC Early Intervention Program must approve an application prior to the provision of early intervention services for your child. This directory contains information concerning both private and public early intervention services, resources and experts available in the District of Columbia.

**HOW CAN
THE DC EARLY INTERVENTION PROGRAM (DCEIP)
HELP CHILDREN YOU SERVE**

The DC Early Intervention Program offers assistance for a number of services to Part C children and families who reside in the District of Columbia. Some of these services include, but are not limited to:

- Locating and identifying needed services
- Obtaining a developmental evaluation
- Coordinating services
- Providing support and training
- Obtaining Respite Care Services
- Settling service disputes
- Assisting with transition services
- Participating in Individualized Family Service Plan (IFSP) meeting
- Participating in Transition meetings
- Providing education and networking opportunities
- Providing information about services and disabilities
- Monitoring the quality of service you children receives
- Advocating for your child and family
- Providing a Directory of Service Providers

WHAT TYPE OF SERVICES CAN CHILDREN RECEIVE?

A child will receive the services identified on his/her individualized Family Services Plan (IFSP). There is a wide range of services available for families and children in early intervention. In addition to the assessment, IFSP development and service coordination, parent and child may also receive specialized services related to the child developmental needs. These services may include, but are not limited to:

- individual therapies (physical, occupational, and speech ad language therapies)

- vision services
- special instruction
- audiological (hearing) assessment and intervention
- family support and education
- health, medical, and/or nursing
- psychological services
- assertive technology devices and services
- (special equipment necessary to implement the IFSP)
- necessary transportation

WHERE CAN CHILDREN RECEIVE THE NECESSARY EARLY INTERVENTION SERVICES?

A child can receive early intervention services in a number of settings. These settings include:

- at home
- in a child care center
- in a family day care home
- in center based early intervention programs
- with private early intervention providers
- in a outpatient hospital setting

HOW MUCH WILL EARLY INTERVENTION COST?

Federal law allows each state to charge families for early intervention services based on a schedule of sliding fees. A family with an eligible child with a high enough level of income may be required to pay the cost or a percentage of the cost for early intervention services. The inability of a family to pay for services of an eligible child, however, will not result in the denial of services to the child or the family of the child. Families first work with their insurance benefits will pay and then make arrangements for paying the difference.

WHO IS FINANCIALLY RESPONSIBLE FOR EARLY INTERVENTION SERVICES?

Early Intervention service providers may charge fees, often on a sliding scale for some services. Most often, services providers work with the family's insurance carrier to find out what services they will cover. Private insurance and Medicaid payments may be used for some of the fees. Again, parents are responsible for contacting their insurance carrier to find out what early intervention services their plan will cover. No child is denied services based on the lack of financial resources. Services are paid by at least one of the following sources; Medicaid, Private Health Insurance, Families or DCEIP. If financial assistance is needed, families can complete the Application for Early Intervention.

THE DC EARLY INTERVENTION PROGRAM

The DC Early Intervention Program (DCEIP) is the lead agency and single point of entry for early intervention services. DCEIP follows the federal and state policies that help to ensure that your family gets the services you want and need.

Our goal at the DCEIP is the same as yours: To help families make sure their infants and toddlers receive services now to help them in the future. If you have a child between the age's birth to three years (36months), with a diagnosed disability or a developmental delay, he/she may be eligible to be served by the D.C. Early Intervention Program. The law provides that eligible children will receive early intervention services without regard to race, culture, religion, disability, and for some services the ability to pay.

The DCEIP mission is to identify and serve infants and toddlers (birth through age two), with developmental disabilities or delays and their families, in a caring manner, which support the culture, and meets the needs of families.

The DC Early Intervention Program (DCEIP) is within the Office of Early Childhood Development (OECD), which is a part of the DC Department of Human Services.

DC EARLY INTERVENTION CONTACT INFORMATION

If you would like to contact someone at the DC Early Intervention Program (DCEIP), the pertinent information is as follows:

Hours of Operation	Telephone Number
8:15 a.m. - 4:45 p.m.	(202) 727-5371

Address	Fax Number
717 14th Street, N.W. Suite 1200, 12th Floor Washington, D.C. 20005	(202) 724-7230 TTY/TDD Caller (Use Relay Services)

DCEIP Staff

Desiree Brown	Parent Coordinator
Joan Christopher	Program Manager
Dorothy Daniels	Administrative Assistant
Wanda Lilly	Administrative Assistant
Margaret Lorber	Project Specialist
Gloria Ortero	Bilingual Early Intervention Specialist
Cheryl Parker	Intake Assistant
Tammy Proctor	Child Find Coordinator
Pertina Scott	Early Intervention Specialist
Badiyah Sharif	Transition Coordinator
Sandra Smith	Early Intervention Specialist
Melvenia Wright	Early Intervention Specialist

ELIGIBILITY FOR EARLY INVENTION SERVICES

ELIGIBILITY FOR EARLY INTERVENTION SERVICES

Under Part C of the law, a child age birth to three (3) years is eligible for intervention if he or she meets the District of Columbia's definition of developmental delay. In the District of Columbia, a developmental delay is considered to exist if an infant or toddler demonstrates a fifty (50) percent delay in one or more of the following areas of performance:

- adaptive development;
- cognitive development;
- communication, speech and language development;
- physical development, including vision and hearing; or
- social or emotional development.

Eligibility is determined based on at least two (2) or more of the following accepted procedures:

- standardized infant/toddler assessment instruments;
 - developmental inventories;
 - behavior checklists; or
 - an informed clinical opinion.*

*Informed clinical opinion is especially important if there are no standardized measures or if the standardized procedures are not appropriate for a given age or developmental area. Because standardized measures of development for children under age three are not accurate enough to use alone in deciding eligibility, DCEIP places more emphasis on informed clinical opinion, based on multiple information sources, including the child's family, in determining eligibility.

**Examples of conditions that have a high probability of resulting in developmental delay include: Down syndrome and other chromosomal abnormalities that are likely to result in mental retardation; severe microcephaly; Cornelia de Lange syndrome; sensory impairments; Rubenstein-Taybi syndrome; fetal alcohol syndrome; seizure disorders; inborn errors of metabolism; and severe attachment disorders.

DCEIP INTAKE PROCEDURES

Infants and toddlers referred to the DC Early Intervention Program (DCEIP) who have an identified disability or are suspected of having a developmental delay, as determined through a developmental screening and/or other objective factors including informed clinical opinion, are entered into the DCEIP system through the following procedures:

1. Completion of an Application for Part C Services by the DCEIP Intake Assistant;
2. Referral of the child to one of several evaluation sites (with parent's consent) to determine eligibility in accordance with the District of Columbia's definition of developmental delay (evaluation should be scheduled within 10 days of the referral);
3. Completion of a Part C Eligibility Form which is completed by the evaluator and returned to DCEIP within two working days of the evaluation;
4. Development of the Individualized Family Service Plan (IFSP) if the child is determined eligible, with the family, which is coordinated by the evaluating team's service coordinator and is signed by the parent and all parties present. The IFSP is sent to DCEIP along with the written reports within 14 days of the evaluation;
5. Referral of the child, with the parent's consent, to an appropriate early intervention service provider by DCEIP staff and completion of a financial application, if indicated. Referrals are based on the appropriateness of the agency and the availability of space, (families may waive their rights to financial assistance by completing and signing the DCEIP waiver of financial application);

WHAT IS AN ASSESSMENT?

A child may be referred for early intervention services because the family, health care provider, or others who know the child have a question or concern about the child's development. An assessment can help answer questions and will help the team decide if a child is eligible for early intervention services.

The purpose of an assessment is to answer question a parent and the other team members have about a child. An assessment is a necessary part of planning early intervention services. The parents, family and other early intervention professionals to find out what the child can already do and what the child is ready to learn. What the child can already do and what the child is ready to learn. What the parent and the other members of the early intervention team learn about the child during assessment will help everyone work together to plan and choose the early intervention services that are most helpful to the child and family.

Before the assessment, an early intervention team member may talk with the family then ask questions in writing. These questions may help the family think about the child's development, about his/her needs and about the family's resources, priorities, and concerns.

The initial assessment is free of charge to the family, if the DC Early Intervention Program refers the child to a contracted evaluation site. The DC Early Intervention Program can also arrange for the child to have a free developmental screening.

THE PARENTS' ROLE IN THE ASSESSMENT

Parents are the most important members of the assessment team. They know more about your child than anyone else. The parents can help with the assessment by sharing what they already know about the child. Each member of the early intervention team has different training. Each professional can help the team understand how the child can grow and learn. The parent can

provide the team members with information about the child that he/she may not display on the day of the assessment. Parents can also assist the team in obtaining medical records, previous reports and contacts that the team may not be aware of. With the parent's permission and signed consent, a service provider may request medical records such as hospital reports of the delivery, immunization records, or health department records. The service provider may also need information from specialist in order to plan an appropriate program for the child. These specialists may include a Pediatric Neurologist, and Audiologist, a Vision Specialist, a Nutritionist or others.

Each family creates their own role on the team based on what feels right. Just as all teams grow and learn together, the families the early intervention team will develop a way to work together that is comfortable and serves the best interest of the child.

WHAT HAPPENS DURING THE ASSESSMENT?

At least two other professionals will join the family on the assessment team. Team members will be chosen based on the child's special needs. Each child's team may be different. The parents can help decide who should be part of the team. The child's pediatrician and other health care providers are important team members. The whole team works together to assess the child's strengths and needs and to plan the program that will work best for the family.

PARENT MEETING FOLLOWING THE ASSESSMENT?

After the child's assessment, the family will have a chance to talk with the other team members about the assessment. This is the time when the team addresses the concerns expressed during the initial phase of the assessment process, discusses the findings and provides recommendations as to the early intervention services the child may need of she/he has been found eligible. The parent does not have to agree with the finding and can reject any of the

recommendations presented by the team. If the child is eligible for Part C services, the next step in the process will be discussed at the parent meeting following the assessment.

WHAT IS AN INDIVIDUALIZED FAMILY SERVICES PLAN (IFSP)?

An Individualized Family Service Plan (IPSP) is a document that describes the services that the family feels the child should have to address his/her current needs. There is a family-centered approach to the IFSP. This document acknowledges the importance of family direction in all aspects of service delivery. This means that the family is the center of services and the family determines and directs how early intervention will be involved in their family's life. The IPSP process is supportive of each family's efforts to nurture their infant or toddler with special needs, while at the same time attending to the needs of the entire family.

During the time for planning the IFSP the parents and other team members can share information about how the child is learning and growing and about the things they would like to change for the child and family. The decisions the family makes during this planning time will be written in the Individualized Family Service Plan (IPSP). The plan will include the outcomes the parent would like for their child and the early intervention services identified to address the outcomes. The IFSP should also include the things the family would like to do to make the plan work. The IFSP will be completed within 45 days from the time the child is referred for early intervention services.

WHAT SHOULD BE INCLUDED IN THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The IFSP is a flexible working plan. As the child grows and changes and as the family's concerns, resources, and priorities change the family can change the plan.

The IFSP must contain the following:

- A statement of the child's present level of physical development (including vision, hearing and health status), cognitive development (how a child understands and uses sounds, gesture, and words), social or emotional development (how a child plays and interact with people), and adaptive development (how a child eats, sleeps, dresses, toilets).

- If the parents agree, a statement of the family's resources, priorities and concerns related to enhancing the development of the child.
- The major outcomes to be achieved for the child and family, the ways the team will measure progress toward the outcomes and when outcomes will be reviewed.
- A statement of the specific early intervention services to meet the unique needs of the child and the family.
- A statement of how, where and how often services will be provided and payment arrangements, if any.
- To the extent appropriate, a statement of the medical, preventive, and other services that the child needs and, if necessary, the steps that will be taken to help the family get those services.
- A statement of how early intervention will be offered in the child's natural environment (where he/she would be if he/she did not have a disability).
- The date when services will start and how long they will last.
- The name of the service coordinator who will be responsible for the implementation of the IFSP and coordination with the other agencies and persons.
- The steps to be taken to support transition as the child gets ready to leave early intervention services (to be completed when the child is 2Vi yrs. old).

WHAT HAPPENS AFTER THE IFSP IS WRITTEN?

Once the family and the multi disciplinary team write the IFSP, early intervention services can be initiated. Parents can decide where thing would like the child to receive early intervention services. Most parents like for their child to receive early intervention services in what is called their natural environment. Natural environment, according to the federal law, means settings that are natural and normal for the infant/toddler's age peers who have no disability.

The IFSP must include a statement of the location of where the service is to be provided, for example, at home, at a center, in a hospital or other settings, as appropriate. Early Intervention Services should be provided in natural environment to the extent appropriate to meet the needs of the child.

Parents are responsible for initiating the process to move forward with early intervention services. Choosing the services they want and feel that the child and family need are very important. The parents' role is very important and is viewed as such by the team.

HOW OFTEN IS THE IFSP REVIEWED?

The IFSP must be reviewed every six months, more often if conditions warrant, or if the family requests a review. The review is intended to look at progress toward the desired outcomes and determine the need for any changes to the IFSP.

TRANSITION

WHAT HAPPENS WHEN A CHILD TURNS THREE?

When a child reaches the age of 2 years and attends an early intervention program, it is time to plan where the child will be going when he/she reaches the age of 3 years because he/she will no longer be eligible for services under the early intervention umbrella. However, the child may be eligible for special education services. The District of Columbia Public Schools (DCPS) or other programs, including some early intervention centers, provide these services. This planning is called TRANSITION. This service is also available to families who are re-locating outside of the District of Columbia.

WHAT IS TRANSITION?

Children transition from early intervention services when they reach the age of three (3) years. Transition should be planned for the time when each child will change programs to ensure the services he/she needs will be available. The planning should begin well before each child's third birthday.

There are a few things every family will need to do:

- Give consent for the program or therapist to help with Transition;
- Come to a "transition orientation" to get basic information about what to expect and how to proceed during the transition period;

- Participate in a "transition conference" near the time the child is 21/2 years old the make a plan describing what we will need to do to make sure the child continues to receive the services he/she needs;
- Register (if needed) to move into other programs or services.

Planning will:

- Help make sure appropriate programs and services are in place for each child to continue to grow and develop;
- Give families an opportunity to be actively involved and well informed during the decision making process;
- Ensure that each family's rights are protected; and
- Allow each child and family to have the support they will need to complete the transition process successfully. A variety of service options are available including DC Public Schools and Head Start Programs.

WHAT CAN PARENTS EXPECT DURING TRANSITION?

- A. Parents can expect to be well informed regarding
 - Their Rights
 - What Exactly Will Happen During the transition Process
 - When The Transition Process Will Start
 - Persons Who May Be Involved
 - Any Meeting We would like to have with Parents and others
 - Recommendation for the toddler's future growth
 - Any and all information released to other agencies
- B. To assist in developing a written plan to move the toddler to his/her next placement. This plan is called the transition plan.
- C. To know what to do and what forms the parents will need to register their toddler at a neighborhood school, if appropriate.
- D. To receive a copy of any information, evaluations, assessment and IFSP to take to the registration site.
- E. To have the information and assistance the parents will need to evaluate proposed placements.
- F. To have all the information and support parents will need to survive the transition process.

**The following individuals/agencies
can help parents with transition needs:**

The Service Coordinator at
the toddler's current program.

The DC Early Intervention Program

Transition Coordinator

717 14th Street, N.W. Suite 1200

Washington, D.C. 20005

(202)727-5371

The District of Columbia Public Schools

Special Education Division

825 North Capitol Street, N.E.

Washington, D.C. 20002

(202) 442-5200

**THE DC EARLY
INTERVENTION
PROGRAM GLOSSARY OF
TERMS**

EARLY INTERVENTION SERVICES DIRECTORY

GLOSSARY OF TERMS

Persons working with children with developmental delays, and their families use the following terms frequently. This glossary is intended to help parents become familiar with and knowledgeable about the language used in the early intervention field.

A

ASSESSMENT - A process which includes observation, testing, and test analysis, and is used to determine an individual's strengths and weaknesses, in order to plan educational services.

ASSESSMENT TEAM - A team of people from different professional areas who observe and test a child to identify his or her strengths and areas of need.

AT-RISK - A term used with children who have, or could have, problems with their development that may affect later learning.

AUDIOLOGY SERVICES - Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques.

C

CENTER BASED SERVICES - Services provided on-site at a center.

CHILD FIND - A comprehensive system of policies and procedures that the DC Early Intervention Program follows to ensure all infants and toddlers in the city who are eligible for Part C services are identified, located and evaluated. This system is coordinated with all other major efforts to locate and identify children conducted by the public and private agencies responsible for administering the various education, health and social service programs relevant to the population that is eligible for Part C services.

CLINICAL OPINION - The recommendation by a licensed clinical professional based on his/her professional training and experience and/or the results of a standardized assessment instrument.

COGNITIVE - The process people use for remembering, reasoning, understanding and applying judgment.

COMPREHENSIVE SERVICES - Center and/or home based services that provide multi-disciplinary assessments, early intervention services and individual therapies for infants and toddlers with special needs.

CONSENT - Voluntarily giving your permission for an activity or event to occur.

EARLY INTERVENTION SERVICES DIRECTORY

GLOSSARY OF TERMS

COUNSELING - Advice or help given by a qualified professional.

D

DC EARLY INTERVENTION PROGRAM (DCEIP) - DC Early Intervention Program (DCEIP) is the lead agency and single point of entry for early intervention services. DCEIP follow the federal and state policies that help to ensure that families get the services they want and need. DCEIP serves as the catalyst to ensuring that children receive early intervention services.

DEVELOPMENTAL DELAY- The condition in which a child is functioning below his or her chronological age, in one or more of these areas: cognitive developmental; physical developmental; including vision and hearing; language and speech development; psychosocial development; and self-help skills. This definition describes children who may have a developmental delay, but may or may not be a Part C eligible (in accordance with the District of Columbia Definition of Delay).

DUE PROCESS - A process that is in place to ensure that families are treated fairly in a nondiscriminatory manner. It usually addresses the steps to take when families have a complaint or discrepancy with services.

E

EARLY INTERVENTION SERVICES - Services that are designed to meet the developmental needs of children, and the needs of the family related to enhancing the child's development. These services are selected in collaboration with the parents and are provided by qualified personnel.

EVALUATING - Analyzing a child's special developmental and learning needs.

EVALUATION - A way of collecting information about a child's needs, strengths, and interests. An evaluation often is the process used to determine a child's eligibility for various developmental and educational programs, and services.

FAMILY TRAINING - Services provided by qualified personnel to assist the family of a child with understanding the special needs of the child and enhancing the child's development.

EARLY INTERVENTION SERVICES DIRECTORY

GLOSSARY OF TERMS

H

HEALTH SERVICES - Services necessary to enable a child to benefit from other early intervention services.

HOME BASED SERVICES - Services provided in the child's home, or home environment.

I

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) - Individualized Family Services Plan is a legal, binding commitment to an eligible infant or toddler, and his or her family, that the early intervention services described in the plan will be provided. A plan of services that will help to bring about changes that the family wants to see in their child and/or in themselves. An IFSP is Federally required for any child who is Part C eligible.

INFORMED CLINICAL OPINION - The request for services based on the recommendations or opinions of a licensed clinical professional without having performed any standardized testing.

IFSP MEETING - A meeting held to develop or review the developmental needs of children ages (0-3). The IFSP meeting allows the parents to identify the needs of their child and family and to be a full participant in decisions.

INITIAL EVALUATION - An evaluation conducted by the multi disciplinary assessment team to determine whether or not a child has a delay or disability that qualifies him or her for Part C services. This type of evaluation is performed at no cost to the family.

M

MEDICAL SERVICES - Services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

N

NATURAL ENVIRONMENT - An environment that is natural and normal for the infant/toddler's age peers who have no disability.

NURSING SERVICES - The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems.

EARLY INTERVENTION SERVICES DIRECTORY

GLOSSARY OF TERMS

NUTRITION SERVICES - Services that address the nutritional needs of a child.

O

OCCUPATIONAL THERAPY - Treatment provided by a specialist and designed to help an infant or toddler's development or physical skills that will aid in daily living. This treatment focuses on the use of hands and fingers; on coordination of movement; and on self-help skills.

OUTPATIENT SERVICES - Services provided at a clinic or hospital by appointment.

PARENT TRAINING AND INFORMATION PROGRAMS - Programs that provide information and assistance to parents on obtaining services, working with schools, developmental specialist, educators, physicians and therapists to ensure the most effective placement for their child. Such programs also help parents understand methods of testing and evaluating a child, and help parents to make informed decisions about their child's needs.

PHYSICAL THERAPY - Treatment provided by a specialist that includes the use of massage and exercise to help a child improve the functioning of bones, muscles, joints, and nerves.

PROCEDURAL SAFEGUARDS - Protections built into the early intervention process to guarantee the rights of children and their families.

PSYCHOLOGICAL SERVICES - Administering psychological and developmental tests.

PSYCHO-SOCIAL DEVELOPMENT - The psychological development of an individual in relation to his or her social environment.

R

RELATED RESOURCES - Other resources that may help children and their families.

RESPITE - Short term (40 hours per year) child care services to families of children with disabilities to allow parents/caregivers the opportunity to participate in activities inside and outside of the home. These services are provided by individuals trained in special needs care.

EARLY INTERVENTION SERVICES DIRECTORY

GLOSSARY OF TERMS

S

SCREENING AND REFERRAL - The process of identifying children with early intervention needs, and recommending follow-up services including an initial evaluation, and/or treatment by another team.

SERVICE COORDINATOR - An individual who assists and enables the child and family to receive the rights, safeguards and services that are available from the DC Early Intervention Program.

SOCIAL WORK SERVICES - Services provided to support families and to aid them in locating and acquiring the appropriate and necessary assistance.

SPECIAL INSTRUCTION - The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction skills.

SPEECH AND LANGUAGE THERAPY - Treatment designed to help an individual improve speech, language and communication skills.

STANDARDIZED ASSESSMENT- A test that has set standards on which the child is evaluated, in addition to set administration and scoring procedures. The standardized test yields a score that may be used to compare the child's performance with those of others in his/her age group.

T

TRANSITION - The transition process ensures that the needed services are continued and planning must occur to move or transition a child smoothly from DCEIP to another program.

TRANSPORTATION AND RELATED COSTS - Costs of travel and other costs that is necessary to enable each child and the child's family to receive early intervention services.

U

UNIVERSITY BASED SERVICES - Programs that are affiliated with a university and provide services for young children with special needs.

V

VISION SERVICES - Evaluation and assessment of visual functioning.