

The Early Years: Birth to 5

Book 2 of 5
The Guide to Special Education
in Maine: A Team Approach

2009



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The Guide to Special Education in Maine: A Team Approach

The Early Years: Birth to 5

The Early Years: Birth to 5: outlines services available for very young children with disabilities or developmental delays. It discusses the role of Child Development Services and local school districts, the evaluation process, procedural safeguards, parents' rights and responsibilities and transitioning to preschool and to kindergarten.

It is part of the sixth edition of *The Guide to Special Education in Maine: A Team Approach*. The Guide was researched, written, and reviewed by people who know the Maine special education system best: parents, educators, special education advocates, lawyers, and officers of the Maine Department of Education.

While the 5-part guide does not address every possible circumstance, regulation, or policy concerning early intervention and special education in Maine, it does provide an in-depth overview of the law, especially your rights and responsibilities as a parent.

Editor's Note: In this part of the Guide, we often use language referring to school-age children. Much of the information also applies to younger children. We apologize if our language is not always inclusive.

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Never Too Early

Some disabilities are obvious at birth. You may have known even before birth that your child would need special services. Other parents may only suspect their baby or toddler has a disability or delayed development.

Both situations can cause you and your family stress, anxiety, fear, frustration, isolation, and grief. Some parents, especially if observing non-medical concerns, may think their child “will grow out of it.” And sometimes that’s true.

However, if there is a problem, research clearly indicates that early intervention helps. It makes sense that it would since we all learn the most — and most rapidly — during our first few years of life.

That’s why federal and state laws include early intervention services for children from birth through age 2 (Part C) and special education and related services for ages 3-5 (Part B) and older.

So if you know or suspect your child has a disability, don’t hesitate to seek help. You might want to start by talking with your pediatrician or family doctor. Or you can ask directly that your child be evaluated by calling **Maine’s Child Development Services (CDS)** if your child is under school-age or your school district if your child is older.

Finally, keep in mind that you are not alone. It’s estimated that 20 percent of babies have a disability or are developmentally delayed. A quarter of those babies eventually need special education services. To what degree and for how long services may be needed might be lessened by early intervention.

A little history

In 1975 Congress passed a law guaranteeing that children with eligible disabilities or developmental delays receive **free and appropriate public education**” (FAPE). This landmark civil rights law covers very young, as well as school-age, individuals. It has gone through several revisions, the latest in 2004, and is now called the **Individuals with Disabilities Education Act (IDEA)**.

It took a few years for Maine regulations to catch up. As of May 2008, Maine’s Unified Special Education Regulation (MUSER or Chapter 101) fully reflected the federal law for special education coverage of children from birth to age 20.

Child Development Services

(<http://www.maine.gov/education/speced/cds/index.htm>)

Maine’s Child Development Services (CDS) is responsible for locating and identifying young children, age birth to school-age 5*, who may be in need of early intervention or special education and related services. A CDS case manager works closely with families to have the child evaluated, and then, if the child is eligible, develop an individualized plan and help arrange services.

CDS, under the supervision of the state Department of Education, has 16 regional sites, also called Intermediate Educational Units (IEU). There also is a state CDS office in Augusta. Each IEU has its own board of directors, separate from local public schools. CDS site offices are in: Lewiston, Presque Isle, Falmouth, Farmington, Ellsworth, Rockland, Damariscotta, Norway, Bangor, Dover-Foxcroft, Waterville, Brunswick, Augusta, Belfast, (Machias, and Arundel, (*See list in the back of this book for contact information.*)

When your child is younger than 3, the CDS case manager focuses on supporting your family as well as your child. Together you develop an **Individualized Family Service Plan (IFSP)** that includes scientifically-researched interventions. When preschool becomes an option at age 3, the focus of support turns more toward education, and an **Individualized Education Program (IEP)** replaces the IFSP..

** When responsibility for a child's special education services shift from CDS to a local public school district, a child is considered school-age 5. This shift does not always coincide with a child's 5th birthday.*

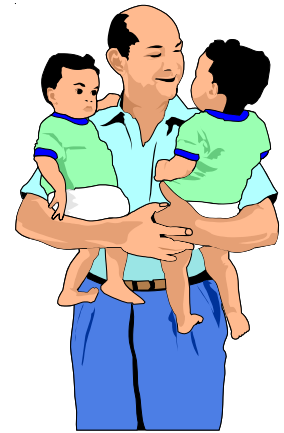
Part C & Part B

Your case manager may refer to Part C or Part B, sections of federal and state special education regulations. Part C regulations apply to children from birth to age 3; part B regulations for children age 3 or older. There is a lot of overlap. For instance, both parts B and C encourage parent involvement. But there also are differences in eligibility criteria, evaluation procedures, and focus of individualized plans.

Early Intervention and Special Education and Related Services

Early Intervention (Part C)

Early intervention refers to services available to assist infants and toddlers, under age 3, who may be developmentally delayed. Delayed development may be in one or more areas: cognitive, physical, adaptive, social, emotional, or communication. Early intervention also may be warranted if the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.



Support of the whole family, as well as the child, is a focus of early intervention. To support the child's participation in daily routines and activities, services are offered in the most natural environment, such as the child's home, whenever possible.

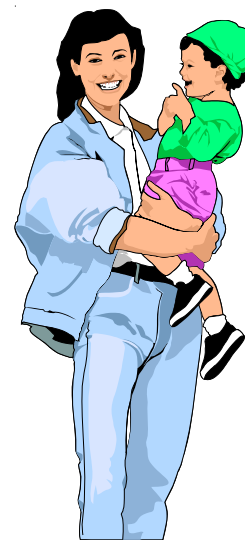
Early intervention may include:

- ◆ Complete screening
- ◆ Evaluations
- ◆ Development of an Individualized Family Service Plan (IFSP)
- ◆ Special instruction
- ◆ Identifications/eligibility
- ◆ Behavior consultation
- ◆ Social emotional intervention and services

- ◆ Health services
- ◆ Physical, speech, and occupational therapies
- ◆ Assistance to parents to gain access to other supports

Part C services offered through CDS are provided in the child's natural environment to the maximum extent appropriate, including home and community settings that include children without disabilities. Services are only provided in another setting when early intervention cannot be achieved satisfactorily in a natural environment.

Some early intervention services are available at no cost, while other services may be on sliding scale, based on the family's ability to pay.



Special Education and Related Services (Part B)

Special education and related services refer to the services available for children age 3 and older who have been evaluated and determined eligible by a team of individuals including their parent.

Special Education services may include:

- ◆ Evaluations
- ◆ Development of an Individualized Education Program (IEP)
- ◆ Special instruction
- ◆ Behavior consultation
- ◆ Physical, speech, and occupational therapies

Part B services are delivered, whenever possible, in the **least restrictive environment**. Whenever possible, those sites should include same-age children who do not have disabilities.

Related Services

Some children with disabilities are also eligible, under Part B, for related services, including “special education transportation, and such developmental, corrective, and other related services ... required ...to benefit from special education.” Related services do not include surgically implanted medical devices.

Referral

A referral is a request that a child be screened and evaluated to see if services might be appropriate. Referrals usually are based on a physical or developmental concern about the child, and are usually made by parents, doctors, and personnel from Head Start, preschool, public health, or other human service agencies.

Parental consent is not required for a referral, but is required for screening, evaluations, and services.

Any child, from birth to school-age 5 may be referred to the Child Development Services (CDS) for possible early intervention or special education services. School-age 5 includes children who are 5 or turning 5 by Oct. 15 of their kindergarten year.

After receiving a referral, CDS has 45 days to determine the eligibility and implement an IFSP for a young child (birth to age 3, Part C).

Upon receipt of the parents' written consent to evaluate a child age 3-5 (Part B), CDS has 60 days to evaluate and determine the child's eligibility for special education and related services. After eligibility is determined, the CDS has another 30 days to develop and implement an IEP.

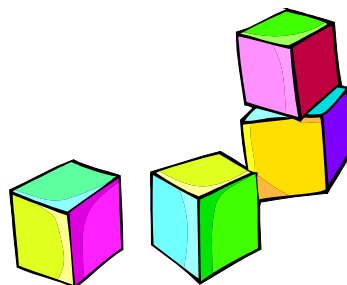
Screening

Many children undergo a screening either before or at the time of referral to CDS. A screening is not a prerequisite for an evaluation, although an evaluation is a prerequisite for determining eligibility for services.

If your child is enrolled in MaineCare (Medicaid), they automatically receive **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** from their doctor. That routine screening — checking, among other things, vision, hearing, and lead-exposure — may lead to a referral for early intervention services or further screening.

Parents accompany their child to the screening, which usually is at the closest regional CDS office. There is no cost to the parents. Several areas of physical and mental development are checked:

- ◆ Cognitive
- ◆ Speech/language
- ◆ Social/emotional
- ◆ Fine motor/sensory
- ◆ Gross motor skills
- ◆ Hearing
- ◆ Vision



In addition, a screening may include an interview with parents, observation of the child, and a review of information from the child’s doctor and/or the referral source.

Indications for a screening

If a medical professional has diagnosed your child with a condition that may affect their development, you can talk with CDS about arranging a screening or evaluation. A screening may be warranted if you notice that your child routinely:

Does not like being touched or displays aggressive social behavior,

Does not like to stand in line or have others too close to them,

Avoids “messy” activities like finger paint or play-dough,

Is afraid of activities such as swings, merry-go-rounds, slides,

Displays an excessive need for fast movement activities and/or sings or rocks themselves often,

Is highly distracted and can't pay attention,

Is impulsive, often displaying unsafe behavior,

Drops things, falls or seems clumsy,

Is often tired during the day,

Is unable to get up easily from the floor,

Is older than 15 months and not walking.

The screening may conclude that there are no immediate reasons for concern; the results are inconclusive and the child should be re-screened; or there are areas of concern, warranting a more in-depth evaluation.

Regardless of screening results, a parent may request an evaluation to determine if their child is eligible for early intervention or special education services. In fact, parents may request an evaluation from CDS at any time after a referral, whether or not their child has been screened.

Evaluations

Evaluations are required whether or not your child has been screened. Without an evaluation, a child's eligibility for early intervention or special education services may not be determined.

Parents have the right to refuse the evaluation, and the process would stop there. If parents choose to proceed, CDS ensures that the child will be evaluated by either its own staff or by a contracted provider. Parents are provided written copies of the evaluation reports.

Part C

For very young children, under age 3, the evaluation must include a review of the child's current health status and the child's present level of functioning. Cognitive, motor, personal/social, language, and adaptive abilities are evaluated. If parents consent, a family assessment also is preformed.

The child's evaluation, eligibility determination, and, if warranted, development of an Individualized Family Service Plan (IFSP) must be completed within 45 days of CDS receiving a referral.

Part B

For children age 3 through 5 (Part B), evaluations must include formal assessment, parent input, and, if possible, observation of the child in an educational setting with typically developing peers. The evaluation must take into account cultural differences of the child, in other words be culturally sensitive.

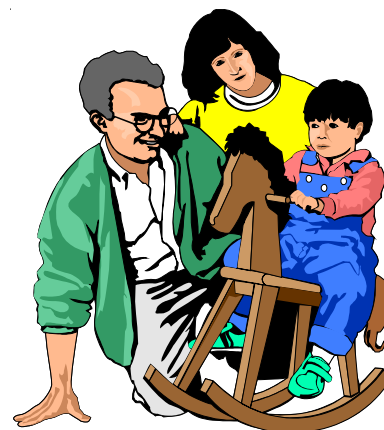
From the date the CDS site receives the parents' written consent to evaluate, the CDS has 60 days to evaluate and determine eligibility. CDS or the school district has another 30 school days after eligibility is established to develop and implement an Individualized Education Program (IEP).



Eligibility

Part C

To be eligible for services, a child under age 3 needs to be developmentally delayed or diagnosed with a condition that has a high probability of resulting in a developmental delay (such as low birth weight, deafness, blindness, mental retardation, etc.) Children under age 3 are not required to be classified by a specific disability to be eligible for services.



Any child determined eligible for early intervention by the IFSP team must receive services regardless of their family’s income or insurance.

Part B

Eligibility becomes a little more involved if your child is 3 or older. Their disability must fit at least one of the detailed descriptions of 14 different, disabilities listed in Maine regulations (MUSER). In addition, the child must require special education and related services to benefit from the same early education or general school curriculum received by their typically developing peers.

State regulations also require, in general, that the disability “adversely affects the child’s educational performance.”

Your child’s Individualized Education Program (IEP) team, which includes you, reviews the evaluation report to determine if the criteria are met and what services are most appropriate.

All children determined eligible are provided an appropriate education and related services at no cost to the family.

Eligibility categories

- Autism
- Deaf-blindness
- Deafness
- Developmental delay*
- Emotional disturbance
- Hearing Impairment
- Mental retardation
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment, including blindness

**Note that this category is used for children age 3-5 while efforts continue to identify a child's primary disability.*

Free Appropriate Public Education (FAPE)

Eligible children are, by law, entitled to a **Free Appropriate Public Education (FAPE)** that includes special education and related services provided at public expense and under public supervision. The services must also meet the standards of Maine's Unified Special Education Regulations (MUSER) and be in accordance with the child's IEP.

Appropriate does not mean "best." If your child has passing grades, behaves appropriately, is meeting developmental milestones, and gets along with peers and teachers, then the program is appropriate.

The Team Approach

While professionals have experience and information regarding early intervention and special education, you, as the parent, know the most about your young child. You both are part of the team that determines if your child is eligible for services, develops a plan for those services, and keeps track of your child's progress.



The membership, focus, and name of these teams differ depending on the age of your child. If your child is under age 3, the team is called the IFSP team. It develops an **Individualized Family Services Plan (IFSP)**.

When your child is 3 or older, the plan is called the **Individualized Education Program (IEP)**; and the team is called the **IEP team**.

Besides the case manager and you, the IFSP team may include evaluators, current and expected service providers, physicians, and anyone else either you or the case manager chooses to invite, including other members of your family, an advocate or a friend.

The IEP team, formed when your child is 3, includes a representative of the school district, a special education teacher or provider, and a general classroom teacher. For full listing of IFSP and IEP team members, see Maine Unified Special Education Regulations, subsection VI.

Working cooperatively and effectively as a team, demands work on everyone's part. Each team member needs certain attitudes for the team to work as a partnership. These include:

- Trust
- Commitment
- Availability
- Respect
- Responsibility
- Shared information; no secrets
- Honesty
- Willingness to confront
- Willingness to compromise
- Willingness to educate — and be educated

Case manager role

The IFSP or IEP team is coordinated by your CDS case manager. The case manager serves as primary contact for families, including informing them of their rights (called procedural safeguards).

The case manager coordinates screenings and evaluations, arranges team meetings, oversees the development and implementation of the IFSP and IEP; and monitors progress.

Consensus decision-making

Consensus is sought for all IFSP and IEP team decisions. This means the team should seek to reach conclusions and make decisions that everyone on the team can support, even if they don't completely agree. If the team is unable to reach consensus, then the authorized CDS representative makes the final decision, sharing it with parents in a written notice. Parents have the option of declining services, or challenging decisions by exercising their due process rights. (*See Dispute Resolution: When Things Aren't Going Well, book 5 of this Guide.*)

What worked for our family...

“When our daughter was first identified with developmental delays we did not know what services were available or how to access them. Our case manager came to our house and helped us identify some immediate needs. At first, we did not identify all of our family’s needs with our case manager, and therefore our daughter and family did not get the services we needed right away. Thankfully, she had the experience and knowledge to encourage and support us as we began the process. We have learned to trust our instincts, listen to others’ experiences and perspectives, accept help, and share our strengths and challenges as a family.”

Service Plans

After a child is determined eligible for services, the team, which always includes the parent, develops a plan. These plans differ, depending on the age of the child.

There's an **Individual Family Service Plan (IFSP)** for children under age 3 (Part C) and an **Individualized Education Program (IEP)** for children age 3 and older (Part B).

All IFSPs and the initial IEP require written parental consent before being implemented.

Part C

The Individual Family Service Plan (IFSP) focuses on your family's perspective. It identifies strengths and needs of your child and family, as well as your child's present levels of developmental functioning.

The IFSP team aims to establish target outcomes based on the parents' priorities. Then the team determines the early intervention services necessary to reach those target outcomes. Working as coaches, professionals assist families and other caregivers to help advance your child's development in daily activities and routines.

Early intervention services can begin once the IFSP is written and approved by the parent. CDS provides ongoing case management and monitors the IFSP, which must be reviewed every 6 months.

Part B

Like the IFSP, the **Individualized Education Program (IEP)** identifies your child's strengths and needs, and notes your concerns about your child's education. However, the IEP focuses more on the educational needs of your child, and less on the needs of your family. The IEP reviews evaluations, identifies developmental and academic needs, and identifies present levels of functioning, including participation in developmental activities. It includes measurable academic and functional goals that must be aligned with Maine's **Early Childhood Learning Guidelines** (*see Resources, back of this book*) and the **Maine Learning Results** (*See www.maine.gov/education; search for Learning Results*)

Plan components

Both IFSPs and IEPs for children age birth through 5 should include:

- ◆ Present levels of performance and development, including physical, cognitive, and social
- ◆ Parent input regarding their child's strengths and needs, the family's resources and concerns
- ◆ Measurable goals; plus short-term objectives for meeting them (must meet Maine Learning Results standards)
- ◆ Services that will be provided, by whom, when, where and how often, including behavioral interventions for students whose behavior interferes with their learning
- ◆ A statement of the natural environment where services will be provided or an explanation of why not
- ◆ Any special education transportation
- ◆ Plans to support the transition to preschool or other appropriate services

(For a much more complete list of Part C IFSP and Part B IEP components, see MUSER, IX, Section 1. And 2.

Meetings

The IEP team meets at least once a year, and the IFSP team meets at least twice a year to review the child's progress and the plan. Eligibility is reviewed annually at one of these meetings. However, the team may also meet whenever the need arises: for instance, a lack of progress, a new evaluation, or a need to change the plan.

Any team member, including the parent, may request that the CDS case manager arrange a meeting. Changing the terms of the service plans (services, frequency, intensity, etc.) can be done by either the team or, under certain circumstances, by the case manager and the parent.

At the team meetings, progress reports may be given, including the results of any new or updated evaluations. At the annual meeting, if the child remains eligible, a new IFSP or IEP is written.

Early Intervention Services (Part C) Special Education/Related Services (Part B)

The following is a list of broad services that may be available for an eligible child if appropriate. More in-depth information on services is available through your case manager or the Maine Unified Special Education Regulation.

Early Intervention Services B-2	Related Services 3-20
Audiology Family Training and Counseling Health Services	Audiology
Medical Services (for diagnostic or evaluation) Vision Services Occupational Therapy Physical Therapy Psychological Services	Hearing Aids Interpreting Services Medical Services (diagnostic and evaluation) Orientation and mobility services Occupational Therapy Physical Therapy Psychological Services
Nursing Social Work Assistive Technology Speech-language pathology Transportation Nutrition Services Case Management	Recreation Rehabilitation counseling services School health and school nurse Social Work Assistive Technology Speech-language pathology Transportation- Special Education Case Manager

Extended School Year (ESY)

Many students forget over summer breaks at least some of the skills and knowledge they've acquired in school. For some children with disabilities this regression is serious enough to "significantly jeopardize" their right to a Free Appropriate Public Education. These children may be eligible for Extended School Year (ESY) services, even if they are still in preschool.

CDS and school districts usually offer special education and related services only during the school year to eligible children age 3 and older.

However, federal law mandates that eligible children must receive extended school year services during long school breaks. A child is eligible if it's likely they will lose skills during a long break from school and will have trouble recouping those skills when school reconvenes.

ESY hours of service usually are not at the same level as during the school year. They are based on the time needed to minimize regression. Consultation rather than direct instruction, for instance, may be appropriate; meeting only several times during the summer may also be appropriate.

The IEP team considers 3 factors in deciding if a child is eligible for ESY:

- 1) The significance (the nature/severity) of the child's disability,
- 2) The progress toward the goals contained in the child's IEP, and
- 3) The impact of previous service interruptions and the probability that the child is unable to recoup, in a reasonable amount of time, skills previously mastered.

The team will determine what specific, critical skills are most vulnerable to significant regression; how best they can be addressed. The ESY services will become part of the child's Individualized Education Program and must be based on your child's needs, not just a program that happens to be available in the school district.

ESY services are NOT:

- 1) Automatic, since IEPs are based on 10-month school calendar years;
- 2) Day care or respite care;
- 3) Intended to maximize educational opportunities;
- 4) Comprehensive (The focus should be in avoiding significant regression of specific, critical skills);
- 5) Required solely because a child failed to achieve IEP goals during the school year;
- 6) Intended to exceed IEP goals; or
- 7) Required to provide special education or related services missed during the school year.

Behavior issues

Your child may have a disability that causes them sometimes to behave in ways that might be unsafe or significantly disruptive. If your child is asked to leave a particular early education setting because of behavior issues, call your CDS case manager.

Your IEP team will need to meet to discuss options, including asking for a **Functional Behavioral Assessment (FBA)**.

Your child has a right to the services outlined in the IFSP or IEP, even if they have been removed from a particular program.

Functional Behavioral Assessment (FBA)

Functional Behavioral Assessment (FBA) is an information-gathering process that attempts to find out why a child is having behavioral difficulties and helps identify positive supports and behavior interventions.

It provides the chance to do more than blame and punish a child. The FBA investigates underlying causes of certain behaviors, including the relationship between the behavior and the environment, and what the child might be trying to communicate.

(For more information see The School Years, book 3 of this Guide. Also available at www.somepa.org)

Natural and Least Restrictive Environments

Natural Environment

To the maximum extent appropriate, early intervention services are provided in natural environments, including the home, and community settings that include children without disabilities.

Natural environments, especially the home, support a key purpose of early intervention services: to help the family help their child's development. Daily routines and activities — bath time, mealtime, reading, playing, etc. — provide the best opportunities for a child to learn and practice skills that help them grow and develop. These daily routines are a focus of early intervention service, and are most often found in natural environments where a child lives, learns, and plays. These include childcare, the playground, but especially the home.

If a needed service can not be provided in a natural environment, an explanation must be included in the IFSP. No individual member of the IFSP team may unilaterally determine the setting for service delivery.

Least Restrictive Environment

Early intervention services are embedded in the typical routines of the child and family. But the law requires that children served under Part B (age 3 or older),

whenever possible, receive services in educational settings that include their non-disabled peers. These are called **Least Restrictive Environments (LRE)**.

Federal law states that “To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, shall be educated with children who are not disabled, and special classes, separate schooling, or other removal of students with disabilities from the regular educational environment shall occur only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.”

What one family learned...

“When our third child was born we knew that he was different because he didn’t respond to our ‘cooing,’ he stared into space and not at us, and was very sensitive to our touch. When our childcare first recommended that we access Child Development Services, we refused. We didn’t know anyone from CDS and we were afraid that they would not understand our child and family. We really trusted our childcare providers, and after ten months of reviewing our son’s developmental portfolio with observations from his classroom, we agreed to a referral to CDS. Our case manager helped us to get the testing and evaluations that my son needed to determine what services would help him and our family. He was able to arrange all services to happen at the child care and in our home. I wish that we hadn’t waited to begin services for my son. He has really benefited from the speech and language, occupational and developmental therapy services. Because our family and childcare are part of the services he receives we are all helping him work on his new skills. His friends in his classroom love to see his workers come and they all do ‘therapy,’ together.”

The Transition Process

Children who receive CDS services experience 2 transitions: from early intervention (Part C) to special education (Part B), and from CDS to the local public schools.

Transition from Part C to Part B

Transition planning begins when your child turns 2, and intensifies during the last 6 months before the child's 3rd birthday.

Transition activities include:

- ◆ Writing a transition plan as part of the child's IFSP,
- ◆ Holding a transition conference at least 90 days before the 3rd birthday,
- ◆ Visiting new educational programs (parents, family, and child), and
- ◆ Communicating with other agencies about the transition.

Families can support their child by having a positive attitude towards the preschool setting and gathering information about the transition process.

Every child's IFSP is required to include a transition plan. That plan includes:

- ◆ Specific transition needs,
- ◆ Methods of evaluation and assessment,
- ◆ Timelines,
- ◆ Date of the child's third birthday,
- ◆ Date of the transition conference,
- ◆ Date the child exited from the early intervention program,

- ◆ Anticipated date of transition,
- ◆ Person responsible for transition plan,
- ◆ Date transition plan was initiated, and
- ◆ Date transition plan is to be completed.

Transition conference

The transition conference must be convened at least 90 days before the anticipated date of transition, but no later than 90 days before the child's 3rd birthday. Families, service providers from the early intervention system, representatives of the local school system, Head Start, and other appropriate community organizations should be invited to the conference. Conference tasks include:

- ◆ Reviewing program options from the child's third birthday through the remainder of the school year;
- ◆ Transferring, with parental consent, records, including evaluations, assessments, and current Individual Family Support Plans (IFSPs);
- ◆ Identifying actions that need to be completed before the child moves into the new service setting (enrollment, immunizations, transportation issues, medical needs, etc.);
- ◆ Scheduling an Individualized Education Program (IEP) meeting at least 90 days before the first day services are to be provided, if the child is transitioning to preschool;
- ◆ Working with the family to determine time and location of the child's transition and educational placement;
- ◆ Deciding how to evaluate whether the transition process was smooth and effective; and
- ◆ Deciding if a post-transition follow up, including service coordination and consultation with new staff is needed.

When your child transitions to kindergarten the responsibility for their special education services shifts from CDS to the public schools. While this is a big shift, remember that both CDS and public schools follow the same regulations and deliver much of the same services.

Ready for kindergarten?



Your child is eligible to attend kindergarten if they are 5 years old on or before Oct. 15 of that year. (*NOTE: In Maine, mandatory school attendance age is 7; kindergarten is not mandatory, but strongly advised.*)

The state recently developed a kindergarten option for the parents of children who turn 5 between July 1 and October 15 and who are already receiving special education and related services from CDS. Parents have the right to postpone kindergarten for a year and continue instead to receive services from CDS. These are referred to as **676 services**.

Under the new 676 regulations, children must have been receiving CDS special education services from at least December 1 of the previous year.

CDS must inform the parents of an eligible child in writing of the 676 option before January 1. And parents have until May 1 to inform their regional CDS site of their decision, in writing. If parents miss the May 1 deadline, they may submit a “request for consideration” by June 15.

Parents are given the chance to discuss with both CDS and public school officials what might be the best option for their child. That joint IEP team meeting must be held on or before April 15, although parents may opt out of the meeting if they have already submitted in writing to CDS their decision to postpone kindergarten.

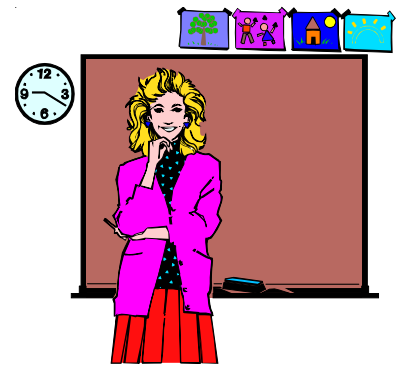
Some school districts offer programs for 4-year-olds, and a child receiving CDS services may be enrolled. However, depending on the school district, continuing for another year in that program may not be an option. If the school district does not allow 5-year-olds in its preschool program, the CDS IEP team must arrange a non-public school preschool placement as a 676 option.

Start early

Many parents begin planning for the transition as early as the fall of their child's last year in pre-school. You may want to:

- ◆ Educate yourself about legal rights, evaluation, and your local school district's special education process;
- ◆ Get to know district personnel, including the special education department;
- ◆ Network with other parents; and
- ◆ Create a system to document school planning and contacts.

And you may want to arrange class visits with your school's kindergarten teacher, possibly several times during the year. Kindergarteners are very different in the fall than in the spring! When you visit, take time to observe, and think about how your child will adapt to:



Activity level in the room,
Room arrangement,
Materials used,
Class schedule and rules,
Individual and group activities,
Children's conversations,
Snack time and recess.

Your CDS case manager, with input from your child's early education providers, may help in this yearlong process by:

- ◆ Identifying a transition liaison with the school district,
- ◆ Obtaining a copy of the kindergarten curriculum,
- ◆ Arranging a parent group meeting on transitioning to kindergarten (include a panel of parents whose children have already transitioned),

- ◆ Completing a transition portfolio and hand-delivering it to the new teacher,
- ◆ Inviting that kindergarten teacher to visit the preschool,
- ◆ Preparing the child for transition by visiting new school,
- ◆ Talking about changes, and/or
- ◆ Creating memory books.
- ◆ In the spring before your child enters kindergarten:

Registration & screening

Register your child for kindergarten in the spring. At the same time, you are encouraged to have your child screened. Even if your child is already eligible for special education, the screening offered by the public school is a valuable part of the transition to kindergarten. Along with information from parents, it lets the teacher help plan daily activities that will best fit your child's development.

Reassure your child that there are no right or wrong answers in the screening. They will be given some fun activities, some pencil and paper work and also will talk with several different professionals.

You should bring your child's birth certificate and immunization records to the screening, as well as to kindergarten registration.

Prepare your child

Make sure you and your child attend the school's Open House, often held in the spring or summer, and encourage your child to talk about the new adventure kindergarten will be. Take time to play on the school playground.

Activities to prepare your child for kindergarten:

- Read to and with your child. When you share a book, ask your child simple questions relating to the story. Visit the library and pick out books together. Ask about children's programs.
- Help your child learn their first and last names, address, phone number, and birthday. Show your child the location of your home on a map.
- Teach your child how to safely cross the street and make emergency phone calls.
- Have your child practice zipping, buttoning, and tying.
- Help your child cook something.
- Allow your child to help with household chores and learn how to pick up when finished with toys or projects.
- Give your child their own calendar.



Joint IEP team transition meeting

The Maine Unified Special Education Regulation (MUSER) requires that in the spring (April 1-June 15) of the year the child will transition to kindergarten, the regional CDS site will convene a joint IEP team meeting with representatives of the public school district. The receiving School Administrative Unit (SAU) will be responsible for the facilitation, plan development, and prior written notice for this joint meeting.

If a child is eligible for 676 (born between July 1 and Oct. 15), the joint meeting must be held before April 15. However, if parents have already chosen, in writing, the 676 option, and are postponing kindergarten for another year, they may waive the meeting.

Both CDS and the public school are obligated to send representatives to the joint transition team meeting who are knowledgeable about their respective resources and authorized to promise delivery of services.

The meeting will develop a new IEP for the child. It will include: 1) a list of the services and dates of services provided the child by CDS, 2) a list of services to be provided by the public school, and 3) goals for transition to help your child and family.

The SAU will send the new IEP to the CDS and parents within 21 days of the meeting.

Questions for transition meeting



These are some general questions, which may not be applicable to your child or your child's IEP, that you may want to ask at the transition IEP meeting and/or when you visit the school:

- ◆ What special education transportation is provided?
- ◆ Are the building and its bathrooms accessible?
- ◆ What is the policy for administration of medications?
- ◆ What self-help skills — such as feeding, dressing, and toileting — are taught?
- ◆ Is special equipment, such as computers, calculators, tape recorders, etc., available?
- ◆ Are curriculum materials adapted when necessary?

- ◆ Are students requiring special education included in art, music, extracurricular activities, and field trips?
- ◆ Is regular or adapted physical education available?
- ◆ Are mobility, positioning, and communication needs addressed?
- ◆ Have medical needs been discussed?
- ◆ Have goals been written for social skills?
- ◆ How and when are discipline and rewards used?
- ◆ What type of communication is used with parents and how often?
- ◆ When does the IEP need to be re-evaluated?
- ◆ What are the fire safety procedures and bus safety procedures?
- ◆ Are quarterly reports written?
- ◆ Is the program half day or full day?
- ◆ Will there be Ed Techs available if my child's team determines one necessary?
- ◆ Does my child need summer school (ESY)?



Transfer of responsibility

The regional CDS system is responsible for any extended school year (ESY) services which are specified on a child's IEP until the start of the regular school year and the child's enrollment in the public school's kindergarten.

The SAU's responsibility for providing a free appropriate public education to an eligible child who lives within the district and who turns 5 on or before October 15 begins the first day children attend classes at the start of the school year.

Transition IEP Team Meeting

Must be held in the Spring, Between April 1 and June 15th of the year the child turns five and is eligible to enroll in Kindergarten

Child Development Services

Must have an authorized representative who is knowledgeable about the availability of resources of the site and has written authorization to obligate the unit.

Must schedule the meeting in collaboration with the family and the public school in which the child intends to enroll and send the Advance Written Notice to all members of the meeting

Public School

Must have an authorized representative who is knowledgeable about the availability of resources of the school unit and has written authorization to obligate the unit.

Is responsible for the facilitation, plan development and written notice of the joint IEP Team Meeting

Must work with the CDs site to identify the IEP team members needed to attend the Joint IEP Team Meeting

Joint IEP Team Meeting

CDS staff will:

Provide copies of current IEP with goals

Review progress reports and or all current evaluations

Determine any evaluations necessary to determine CDS program including possible Extended School Year (ESY) services

Review Present Levels of Performance

Review Anticipated Extended School Year Services to be provided by CDS

Public School Staff will:

Determine the provision of FAPE services that will begin on the first day of school the child attends Kindergarten

Arrange any transition services to be provided before the 1st day of Kindergarten

Determine any evaluations they require to meet the goals of the IEP upon entry into Kindergarten

Provide the parent Written Notice of the determinations of the meeting

The Child's IEP

The child's IEP that was developed as a result of the Joint IEP Team meeting will:

List the services and dates of services provided by the CDS site up until entry into the public school

List the services to be provided by the public school upon entry into Kindergarten

Include goals for transition to help the child and family

Be recorded by the receiving SAU and sent to the parent and the CDS site within 21 school days of the meeting

If the IEP team does not reach consensus:

CDS representative authorizes the services provided by CDS

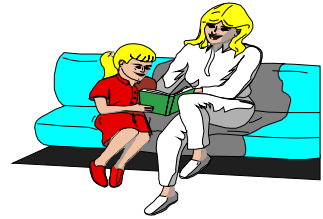
The public school representative authorizes the services they are proposing to start upon Child's entry into K

Parents can always exercise their due process rights, if they disagree with IEP decisions. (For more information see Book 5, *Dispute Resolution: When Things Aren't Going Well.*)

Tips for Parents

- ◆ You are the expert of your child; share what you know with those who will be interacting with your child at the kindergarten.
- ◆ Think carefully about what you want for your child at school. Share your concerns at your child's IEP meeting. Know your child's strengths and weaknesses.
- ◆ Learn about the kindergarten program in your school district.
- ◆ Know that appropriate services and supports are based on the needs of your child; will allow your child to progress; and are agreeable to you and the school
- ◆ Organize your child's records and read them.
- ◆ Invite therapists, child providers, etc. to the IEP meeting.
- ◆ Agree to meet again if final agreement can't be met at IEP meeting.

Books for Transition to Kindergarten



David Goes to School by David Shannon (Scholastic). For ages 3 to 7. A funny book about the trials of an active child who just can't seem to follow the rules.

Off to School, Baby Duck by Amy Hest (Candlewick Press). For ages 3 to 5. The plot revolves around Baby Duck's first day of school jitters. A simple and comforting story.

Vera's First Day of School by Vera Rosenberry (Henry Holt). For ages 3 to 6. The story of a little girl who has waited for years to be old enough for school like her big sisters. When the day finally comes, her excitement quickly turns to fear. There is, of course, a happy ending.

Look Out Kindergarten, Here I Come! by Nancy Carlson (Viking). For ages 3 to 6. Similar to the book above, this is the story of Henry which is true to life. On the first day of school, Henry decides he wants to go home.

The Kindergarten Book by Stephanie Calmenson (Grosset & Dunlap). Vignettes of kindergarten life portray some of the anxieties of students, such as fear of the first day at school, being the smallest, and not knowing right from left.

Will I have a Friend? by Miriam Cohen (Aladdin Books). Jim's anxieties on his first day of school are happily forgotten when he makes a new friend.

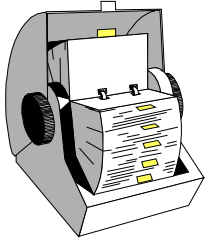
Grover Goes to School by Dan Elliot (CTW)

Welcome to Kindergarten by Anne Rockwell

The Night Before Kindergarten by Natasha Wing & Julie Durrell

Resources

A list of Sample Letters, Acronyms, Timelines and other contacts and can be found in *Building Partnerships and Getting Started, the first book in this series, (pp.25-37).*



Child Development Services Sites

(updated 5/09)

Androscoggin County (Holly Day, Director (1567 Lisbon Street (Lewiston, ME 04240 (Tel: 795-4022 (Fax:795-4082

Aroostook County(Holly Preston, Director (560 Main Street (Presque Isle, ME 04769 (Tel: 764-4490 (Fax: 769-2275

Cumberland County(Lori Whittemore, Director (50 Depot Road (Falmouth, ME 04105 (Tel: 781-8881 (Fax: 781-8855

Franklin County(Greg Armandi, Director (144 High Street, Suite #2 (Farmington, ME 04938 (Tel: 778-6262 (Fax: 778-5548

Hancock County(Dewey Meter, Director (190 Bangor Road, Suite A (Ellsworth, ME 04605 (Tel: 667-7108 (Fax: 664-0461

Knox County(Jude Thomas, Director (116 Tillson Avenue (Rockland, ME 04841 (Tel: 594-5933 (Fax: 594-1925

Lincoln County (Gail Donahue, Director (P0 Box 1114 (Damariscotta, ME 04543 (Tel: 563-1411 (Fax: 563-6312

Opportunities(David Lane, Director(P.O. Box 272 (Norway, ME 04268(Tel: 743-9701(Fax: 743-7063

Child Development Services Sites

(continued)

Two Rivers (Penobscot & Piscataquis Locations) (Cindy Brown, Director)(360 Harlow Street (Bangor, ME 04401 (Tel: 947-8493 (Fax: 990-4819

Two Rivers (((Penobscot & Piscataquis Locations))(Cindy Brown, Director (P0 Box 326 (Dover Foxcroft, ME 04426 (Tel: 564-3115 (Fax: 564-0019

Southern Kennebec (Deborah Dunn, Director (263 Water Street, Suite 500 (Augusta, ME 04330 (Tel: 623-4989 (Fax: 622-9798 (

Waldo County (Dewey Meter, Director (139 Northport Avenue (Belfast, ME 04915 (Tel: 338-1177 (Fax: 338-9978

Washington County(Gail McCarthy, Director (P0 Box 718 (Machias, ME 04654 (Tel: 255-4892 (Fax: 255-6457

York County(Sue Motta, Director (39 Limerick Road (Arundel, ME 04046 (Tel: 985-7861 (1-800-993-7615(Fax: 985-6703

State of Maine

Early Childhood Learning Guidelines

For the full text, please see the Maine Department of Education's State of Maine Early Childhood Learning Guidelines. (March 2005)

Essential Practices

- **The Whole Child—An Integrated Approach**

The design of the learning environment and curriculum should consider and support the development of the whole child—intellectually, physically, socially, and emotionally.

- **For All Children**

It is critical for the early childhood professional to implement a comprehensive, individualized approach to observing, assessing, and planning for each child and his/her unique needs, culture, and abilities.

- **Learning Happens Within Relationships**

Children are dependent upon their interactions with peers and adults to construct a sense of self and to view themselves as learners.

- **Experiential Learning**

The best foundation for later learning is provided when children have multiple and varied opportunities to interact with their environment.

- **Intentionality**

The indicators can be used to help early childhood practitioners define what they want young children to know and be able to do.

■ **Partnerships with Families**

Viewing families with respect and equality fosters and maximizes cooperative involvement critical to the child's school success.

■ **Assessment**

Multiple approaches to assessment (e.g., portfolios, observation and narratives) provide professionals and families with the information they need to individualize their work with children and to adapt curriculum and daily activities to meet the needs and abilities of each child.

Guiding Principles

The following principles guided the process of developing these guidelines:

Scientific research provides the basis for the guidelines. The guidelines were drawn from a vast and complex body of knowledge about infant and toddler development. This body of knowledge contains solid information based on both classic and recent research studies. The guidelines capture the mix of old and new information, but must be understood as flexible works-in-progress that will change as our scientific understandings change.

Infant and toddler development is a holistic process. Although researchers and practitioners often think about the infant's physical, social, emotional, and cognitive development as separate processes, growth and development in each of these areas depends on growth and development in all of the other areas. The game of peek-a-boo is a good example. Newborns are not mature enough to enjoy this game, but older infants are because they have matured biologically, have developed a trusting relationship with others, and have learned to enjoy the emotional state of suspense. Even though the guidelines separate developmental areas, parents, early childhood professionals, and policymakers should understand that development is not piecemeal, but rather holistic.

Social relationships form the foundation for early learning. Babies come into the world ready to make emotional and social connections with their parents and other caregivers; from the first day of life they learn from the emotional and social exchanges they have with others. These connections are key for learning about others and learning from others. Indeed, parents and early childhood professionals

use close relationships to challenge infants and toddlers to take that extra step and reach to the limits of their abilities. Parents and early childhood professionals also support early learning by providing good nutrition and protection from viruses, accidents, environmental hazards, controlled substances, and chronic and severe stress. The guidelines recognize parents and early childhood professionals as essential educators of infants and toddlers.

Play is the most meaningful context for early learning. Learning is best when it occurs in a meaningful context. For infants and toddlers, play is the most meaningful context for learning. In play, children make discoveries about their world. For example, they discover counting principles by lining up cars and toy people in one-to-one correspondence. The guidelines reflect this emphasis on everyday play as the best context for learning.

Infants and toddlers differ in their patterns of development. There are individual differences between infants and toddlers. Some may have developmental delays or disabilities. There are also differences based on social groupings, such as gender, social class, and culture. Sensitive parenting, for example, may be defined differently in different cultural groups. In addition, children show important differences in temperament. All of these differences underline the importance of seeing the guidelines as flexible, not as strict timelines for development.

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