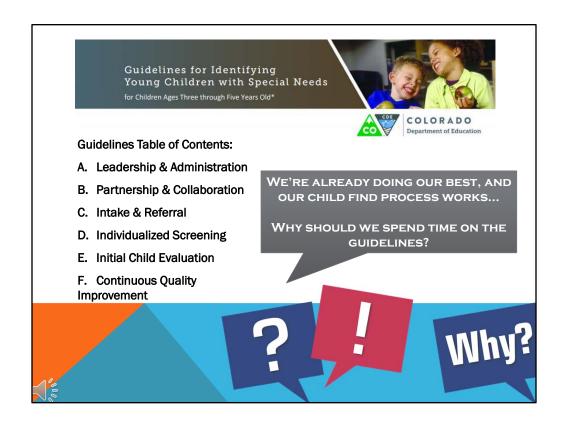
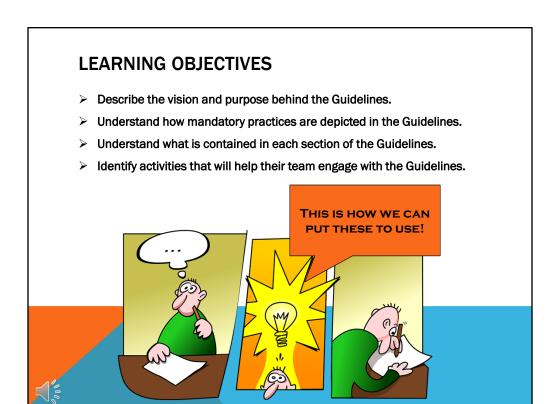


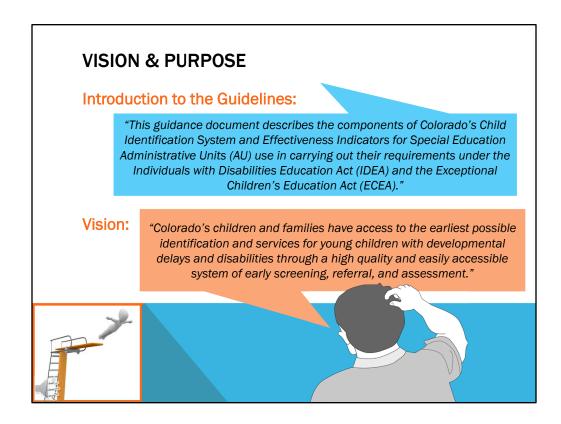
Welcome to the self-paced module on engaging with the new child find guidelines. This module is presented by the Colorado Department of Education for Child Find staff, in partnership with Assuring Better Child Health and Development (or ABCD). This professional learning opportunity is based upon newly revised Colorado Department of Education Guidelines for Identifying Young Children with Special Needs, ages three through five years old. The module itself contains a short series of slides describing the guidelines. Participants will then be asked to identify activities to help their team engage with this important resource.



Let's start by addressing the obvious. We're encouraging you to engage with a set of guidelines for work you're already doing, and likely doing quite well. Sure, some of you may be new to child find, but for those who aren't – why should you bother reading a long set of guidelines now? [click] You should engage with these guidelines precisely because you are doing good work and these guidelines will provide you a structure for acknowledging your successes, reflecting on any challenges, and perhaps suggesting more streamlined ways of doing things. If nothing else, these guidelines will help you understand what is expected of your child find program. We can't be all things to all people, so these guidelines help us narrow exactly what your program should be for your community.



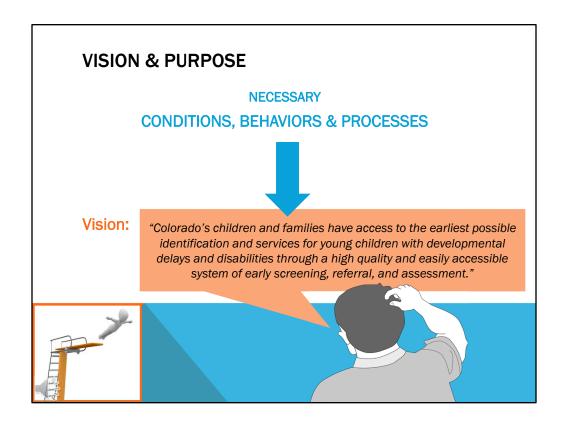
We're not looking to revolutionize your child find program, but give you a light-bulb moment of "aha! This is how we can put these to use"



When you open the guidelines this introduction is up top. As you can see, these guidelines are intended to describe the Child ID system and provide effectiveness indicators. This is not simply a summary of the governing laws, but more on that later.

Now take a look at this vision. "Colorado's children and families have access to the earliest possible identification and services for young children with developmental delays and disabilities through a high quality and easily accessible system of early screening, referral, and assessment."

This vision statement gives us a better sense of what the guidelines are trying to accomplish. Essentially, the Guidelines are answering the question, "what would it look like to truly provide families with a high quality and easily accessible process for identifying and providing services to young children with developmental delays and disabilities?"



From that perspective, the purpose of the guidelines is to describe the conditions, behaviors, and processes necessary to carry out this Child Find vision.

LEARNING OBJECTIVES

- > Describe the vision and purpose behind the Guidelines.
- > Understand how mandatory practices are depicted in the Guidelines.
- > Understand what is contained in each section of the Guidelines.
- > Identify activities that will help their team engage with the Guidelines.



Now that we've clarified the purpose of the Guidelines, let's dive into the meat of the Guidelines.

As I mentioned, the Guidelines are not simply a summary of applicable laws, but much of the Guidelines are indeed based on these laws. So how do you know what comes from law or what you of these Guidelines are indeed mandatory?

MANDATORY PRACTICES

A. LEADERSHIP & ADMINISTRATION

AU processes and procedures to support an effective child identification system, including coordination with partners across the early childhood system who support young children with delays or disabilities, or have opportunities to identify and refer them.

1) Coordinate with Systems Partners

- a) AUs nurture relationships with <u>community partners</u> to assure the implementation of a coordinated child identification system that is:
 - Easily navigable by families and the community
 - ✓ Available 12 months a year
 - ✓ Follows legal mandates
- b) AUs create and utilize written materials (protocols, procedures, and/or flow charts) to describe their local child identification process. The written materials:
 - Are available to be shared with relevant internal and external stakeholders
 - ✓ Provide consistent information to families and other stakeholders
 - ✓ Coordinate with screening and referral efforts in the community
 - ✓ Are family friendly
 - Are in multiple languages as needed
- The initial screening and/or evaluation process provides an opportunity to allow parents to sign
 paperwork permitting communication back to the referral source (i.e. a Referral Status Update RSU)
- d) AUs have current Memorandum of Understandings (MOU) with any organization(s) that carries out child identification activities on its behalf.



Let's look at the beginning of the Guidelines themselves. Here's what they look like. As you can see, the Guidelines don't point out laws or mandatory practices. Instead, they list everything that CDE sees as necessary to fulfill their Child Find vision. Essentially, the Guidelines describe what each AU should aspire to. You may not be doing all of this, but the expectation is that you're working toward fulfilling all of these practices. Ok, so what if you're looking for just the laws?

MANDATORY PRACTICES REGULATORY GUIDELINES AND LITERATURE BASED SOURCES FOR LEADERSHIP & ADMINISTRATION Direct quotations, primarily from ECEA, are cited in text, whereas paraphrased information is cited in References (Appendix 1). "IDEA Part B Child Identification. Part B child identification shall include child find, special education referral, initial evaluation, and determination of disability and eligibility for special education. Child identification shall be the responsibility of the administrative unit in which the child attends public or private school or, if (s)he is not enrolled in school, it shall be the responsibility of the administrative unit in which the child resides. For children ages 3 with Sections 4.01 and 4.02 of these Rules." [1 CCR 301-8 ECEA 4.02 (1) (b)] "The IDEA Part B child find process shall: Be community." [1 CCR 301-8 ECEA 4.02 (2) (a) (ii)] "Each administrative unit and state-operated program shall have one person designated as the child find coordinator who shall be responsible for an ongoing child identification process." [1 CCR 301-8 ECEA 4.02 "The child find process shall include specific strategies for children 3 through 5 years of age, children in school, and children out of school who are discontinuers or dropouts. It shall be available throughout the year and shall include the following components: o Planning and development in the areas of public awareness, community referral systems, community and building based screening, diagnostic evaluations, service coordination and staff development." [1 CCR 301-8 ECEA 4.02 (2) (c) (i)] Primary care providers have linguistically and culturally appropriate information to share with parents or guardians of children about the referral process. 2

Then I would scroll past the Guidelines, and at the end of each section you'll see a set of regulatory guidelines and literature. Here you'll see the specific pieces [click] of ECEA and IDEA that informed that particular section. However, this isn't intended to replicate the entirety of these two critical documents (ECEA & IDEA). You are expected to be familiar with the entirety of ECEA and IDEA Part B, but the Guidelines take it one step further to say "how should we put these regulations into action".

In the citation sections, you'll also sometimes see statements that don't have an IDEA or ECEA citation, instead they have a numerical reference. This indicates that the paraphrased information comes from literature and the full references are provided toward the end of the Guidelines in the References section.

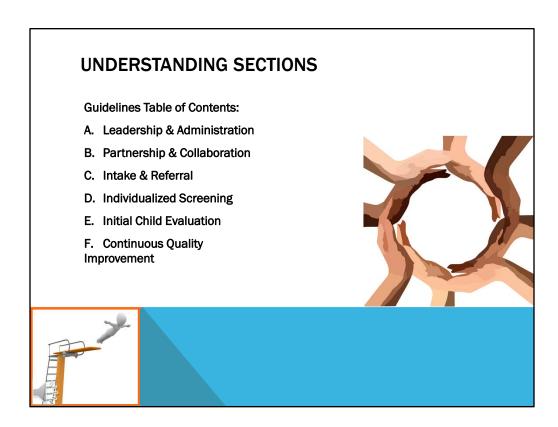
So if you're looking for bare bones, what am I required to do – go straight to IDEA or ECEA. However, you'll find that those regulations are often not specific enough to translate into practice, and that's where the Guidelines come in. Work toward implementing all of those guidelines because most of them really are CDE's attempt to operationalize what is in IDEA and ECEA, combined with best practice.

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Now that we've reviewed the structure of the Guidelines, let's dive into each sub-section.



Here are the six substantive sections of the Guidelines. These sections are complimentary and indeed [click] the whole is greater than the sum of it's parts. In other words, it's helpful to review all of these sections together to get a holistic picture of what a quality Child Find program would look like. So, what's in each section?

UNDERSTANDING SECTIONS

A. Leadership & Administration

Creating Systems for:

- Coordination with partners
- Referral intake
- Public awareness
- B. Partnership & Collaboration

Defining Effective Coordination as:

- Clarifying identification pathways
- Cultivating referrals
- Generating public awareness
- Supporting community screenings
- C. Intake & Referral

Defining Appropriate Intake as:

- Permitting referrals from any source
- Deciding whether an educational disability it suspected
- Promptly requesting parent consent



Instead of reading-off all the sub-sections, let's talk about themes for each section. <u>Leadership & Administration</u> focuses on creating internal systems and plans for effective coordination with partners, family friendly referral intake (including the provision of referral status updates), and public awareness.

<u>Partnership & Collaboration</u> delves deeper into what effective coordination should look like. Here, we answer the questions, "why should you sit at the collaborative table", "who else should be there" and "what do we need to accomplish". This section defines coordination goals as clarifying the developmental disability or delay identification pathways, actively cultivating referrals, actually generating public awareness, and supporting community screening efforts.

<u>Intake & Referral</u> talks about processing referrals from all those community partnerships that you've cultivated. Importantly, this section provides clarification about when a referral should trigger an IDEA evaluation process, and when individualized screening may be more appropriate. I know there are a lot of questions about this nuanced distinction, so this definition is crucial. This section also reminds you of the mandated timelines and processes for engaging families.

UNDERSTANDING SECTIONS D. Individualized Screening: - When concerns are unclear - To inform whether to evaluate

The <u>Individualized Screening</u> section compliments Intake & Referral with more details about using standardized screening to inform decisions on whether a special education evaluation is warranted. We've gotten a lot of questions about whether you have to screen everyone (which you don't) and with what tool – this is the section for that information. If you're finding that you invest a lot of resources into IDEA evaluations, but relatively few children are qualifying for special education, developing an individualized screening process (using these guidelines) could be very helpful.

UNDERSTANDING SECTIONS

E. Initial Child Evaluation

Defining Quality Evaluation as:

- Including clear Prior Written Notice
- Gathering meaningful input
- Using valid instruments
- Following early childhood best practices

F. Continuous Quality Improvement

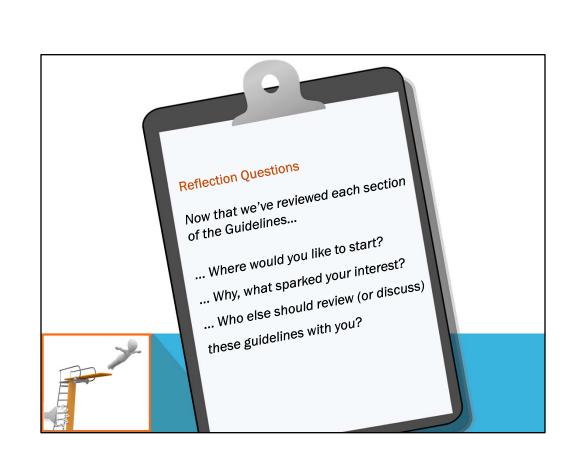
Creating a Program Evaluation Process:

- To examine effectiveness
- Using meaningful data from families and partners
- To continually improve your child ID work



The <u>Initial Child Evaluation</u> section covers what you do when you do suspect an educational disability. These guidelines describe Prior Written Notice, and the importance of reviewing all existing information (including notes from community partners) to develop an evaluation plan. There are also guidelines on selecting valid evaluation tools, and using a comprehensive process. Finally, there's an entire subsection devoted to non-required but highly recommended early childhood best practices.

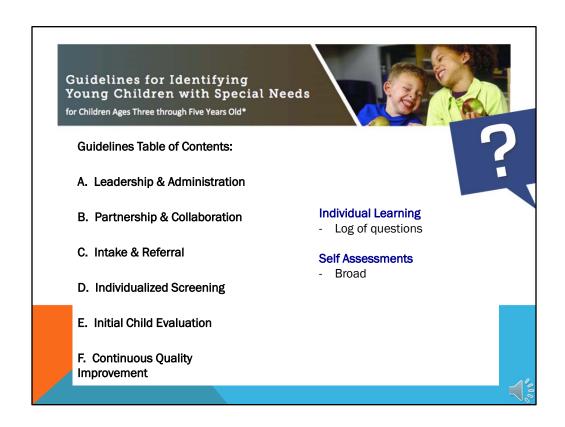
The last meaty section of the guidelines is on <u>Continuous Quality Improvement</u>. This section describes evaluating the child find process – not evaluating children, but using data to examine how an AU's process for identifying 3-5 year olds is going – what's going well, and what can be improved. We know the concept of program evaluation can be intimidating, so there's an entire self-paced module (similar to this one) dedicated to that topic. These guidelines help to lay out the goals of evaluating your child ID process, what data you should collect and how, and then how you're expected to use that data to inform your work.



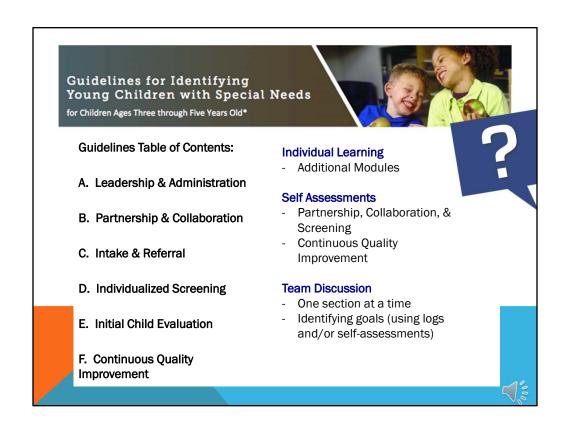
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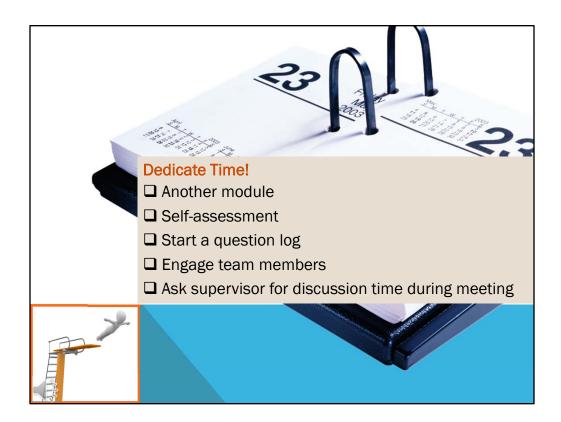


As you think about where to go from here, let's return to the reflection questions we asked two slides ago. The first was, where would you like to start, or what section seems most urgently pertinent and why? If your answer is [click] "I don't know", then let's start with some broad resources. First, [click] consider collecting some information on questions or wonderings that come up throughout your day. Take a little notebook with you to keep notes on things you're not sure about, things that could be better, and things you need more information about. After a couple weeks you'll have pretty good records about questions or murky areas of your work and you can look for themes. Also, we've developed tools, [click] called self-assessments to help you quickly identify strengths and gaps in your programs. There is a broad self-assessment that covers everything but the initial child evaluation section (since that section was developed later). This is a great tool for diving deeper and understanding how your current programming compares with the guidelines. Once you've identified specific areas to work on, we have targeted resources too.



We have [click] entire modules and self-assessments dedicated to sections B [click], D [click], and F [click] in the guidelines.

Now that you've considered how you, as an individual, can delve more deeply into the guidelines, we should return to the question of "who from your team should review (or discuss) these guidelines with you?". The truth is, the more you can delve into these guidelines as a team, the better for your solidarity, your shared understanding of expectations, and for building shared goals. These guidelines are here to support you in executing high quality child find programming, and you can't do that alone. So the more [click] team discussion you can engage in, the better. Maybe several of you take logs of questions and compare notes, or maybe you do the self-assessments together as a team. One way or another, we highly recommend building team discussion of the guidelines into a standing item on your group agenda – even if you can only give it 15 minutes per meeting.



In short, the answer to "what's next" is making time in your busy schedule to keep engaging with this important document. And here are a few examples of what that could look like.



Take a minute now to think about whether you know of a [click] particular section that's especially pertinent to your AU, or if you want to start with some broader reflection about your child find program. Go to the CDE [click] professional development "library on demand" to access more self paced modules, and email your [click] state child find coordinator for more resources like the self-assessments.

Additional Support Preschool Special Education and Child Find Contacts at CDE Certificate Of Completion Available in the CDE LMS upon completion of a short reflection survey

And if you would like even more support, tailored technical assistance is available. Once you've identified the areas of your child find programming that need attention (either through a question log, self-assessment, or some other exercise) we can help you develop an action plan to address that particular area. Finally, don't forget to retrieve your professional development certificate of completion. Thank you for completing this module, we hope this is the first of many opportunities to highlight, dog-ear, underline and otherwise make use of the Guidelines for Identifying Young Children with Special Needs.