

Welcome to the self-paced learning module, Partnership, Collaboration and Screening. This professional learning opportunity is made possible through a partnership between Assuring Better Child Health and Development and Child Find at the Colorado Department of Education.

ABOUT THIS MODULE

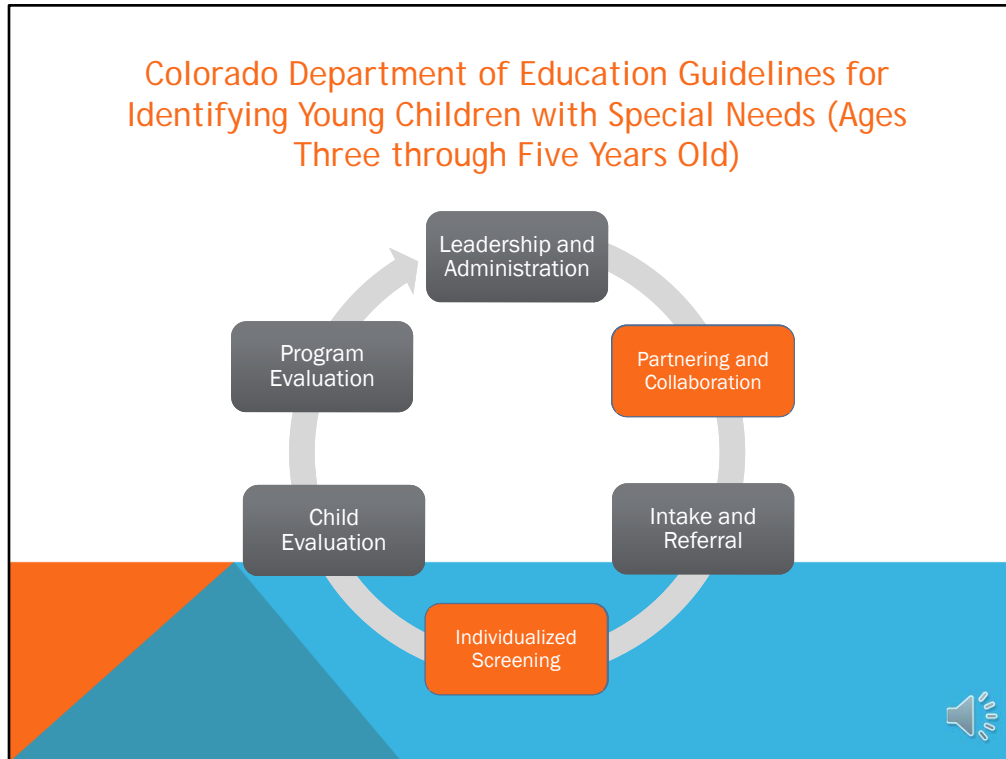


Guidelines for Identifying
Young Children with Special
Needs



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. * There are two parts to the module. Part one will include going through a series of slides, reading an article and reviewing case studies. * Part two will be a self-assessment allowing you to reflect on the strengths and needs of your Administrative Unit as it relates to partnerships, screening efforts, and referral systems.

Colorado Department of Education Guidelines for Identifying Young Children with Special Needs (Ages Three through Five Years Old)



Within the Colorado Guidelines, there are * six sections; Leadership and Administration, Partnering and Collaboration, Intake and Referral, Individualized Screening, Child Evaluation and Program Evaluation. This module will focus on * partnering and collaboration as well as * individualized screening.

LEARNING OBJECTIVES

1. Understand the partners and their roles in a well coordinated early childhood system.
2. Understand the AU's role in a well coordinated early identification system for young children.
3. Describe how a well coordinated system supports effective identification and service provision for children with developmental delays.
4. Understand the laws, regulations, and best practices related to individualized screening in accordance with Exceptional Children's Education Act (ECEA) and Individuals with Disabilities Education Act (IDEA).
5. Identify best practices for engaging families and sharing screening results.
6. Identify how your AU's current practice aligns with Partnering, Collaborating, and Individualized Screening best practice.



As we delve into partnership and collaboration we will:

- Understand the partners and their roles in a coordinated early childhood system,
- Understand the Administrative Units (AU) role in a coordinated early identification system, and
- Describe how a well coordinated system supports effective identification and service provision for children with developmental delays.

We will then move into individualized screening which will allow us to;

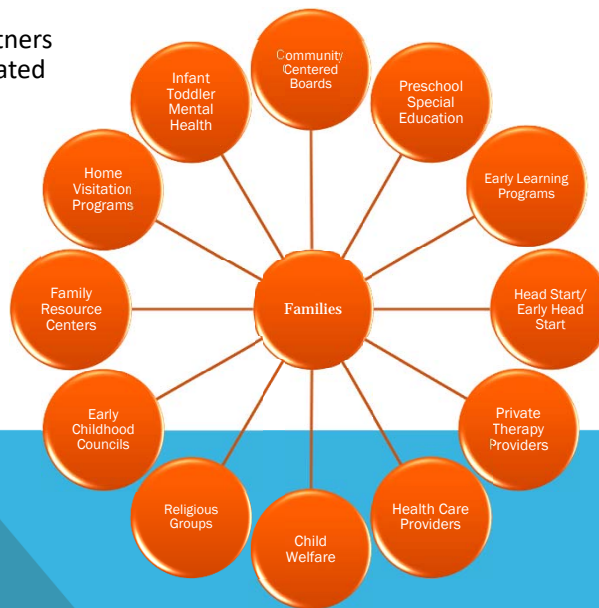
- Understand the laws, regulations, and best practices related to individualized screening in accordance with Exceptional Children's Education Act (ECEA) and Individuals with Disabilities Education Act (IDEA). Finally, we will
- Identify best practices for engaging families and sharing screening results.

After you complete this module you will have the opportunity to

- identify how your AU's current practice aligns with Partnering, Collaborating, and Individualized Screening best practices.

PARTNERING & COLLABORATION

Who are the partners in a well coordinated early childhood system?



Partnering and Collaboration refers to the AU's participation in the community's broader early childhood system. This ensures that all child serving organizations work together to support young children with delays or disabilities. It is important that young children be identified and have access to needed services as early as possible.

* A coordinated early childhood system takes into account traditional partners as well as non-traditional partners, such as religious organizations, homeless shelters and transportation. By including all partners, there is an opportunity to educate on consistent messaging about developmental delays, the child identification process, what services are available, and how to connect to them.

At this time please look at the handout, "Who are partners in your early childhood system". Take a few minutes to brainstorm the agencies in your community who are part of your early childhood system, keeping in mind both traditional and non-traditional partners. Use the pinwheel of partners on this slide as your guide.



When creating a coordinated system its important to identify each partners' roles. These are the typical roles within a child identification system.

- * Monitoring is an informal process of close and continuous observation of a child’s development, in order to identify risk for developmental delay.
- * Screening involves the use of a standardized developmental screening tool to identify children with (or at risk for) developmental delays with the purpose of referring to appropriate services.
- * Referral is formally assisting children and families to connect with needed developmental evaluation, services or support within the community. In the case of referring to an Administrative Unit, this could be a referral for evaluation or individualized screening depending on the circumstances. It is important to note that anyone in the community can make a referral on behalf of a child and family.
- * Evaluation is a formal process used to determine a child’s need and/or eligibility for publicly funded developmental supports and services. Preschool Special Education and Early Intervention Colorado are the two community partners responsible for the evaluation role, in order to establish whether a child meets eligibility criteria for publicly funded early intervention or special education services.
- * Parent Education is community wide public awareness to empower parents and

caregivers to take an active role in maximizing their child's developmental potential.

* Who connects families to resources and supports necessary for their overall health and wellbeing? Many partners can fall into this role such as private therapy providers, family resource centers, as well as non traditional partners.

When thinking about a child identification service system are you able to identify partners in your community who fall into each role?

Understanding the role each agency plays helps improve efficiency and coordination of services, and ultimately can improve the family's experience.

PARTNERING & COLLABORATION

Birth to 5: Watch Me Thrive!

An Early Intervention Service and Early Childhood Special Education Provider's Guide to Support Developmental and Behavioral Screening Initiatives

Article Insights:

- How to support community efforts to identify potentially eligible children
- What are strengths and gaps in your system.



After identifying community partners roles in the child identification system its necessary for AU's to understand their role in supporting a well coordinated early childhood system for young children.

* The article, An Early Intervention Service and Early Childhood Special Education Provider's Guide to Support Developmental and Behavioral Screening Initiatives provides * insight on how to support community-wide efforts to identify potentially eligible children. As you read, begin to identify strengths and gaps in your AU's partnership and collaboration efforts.

At this time you may pause this module and review the article.

PARTNERING & COLLABORATION

Article Reflection Questions:

The article suggests several types of information that Child Find personnel can provide to support referral sources. In what ways does your current practice compare with the suggestions in the article?

What actions do you take routinely to establish rapport and credibility with your primary referral sources?

According to the article, what does an integrated (or well coordinated) child-serving system look like?



Reflect on the following questions:

- * 1. The article suggests several types of information that Child Find personnel can provide to support referral sources. In what ways does your current practice compare with the suggestions in the article?
- * 2. What actions do you take routinely to establish rapport and credibility with your primary referral sources?
- * 3. According to the article, what does an integrated (or well coordinated) child-serving system look like?

PARTNERING & COLLABORATION

The AU's Role

- Share information
- Participate in conversations
- Offer their knowledge
- Share data



What is the role of an AU in a well coordinated system?

AU's need to *share information about the child identification process and * participate in community conversation to develop shared awareness.

AU staff also have the opportunity to share their * knowledge of effective screening and support various community partners doing developmental screening.

And finally, * sharing data with relevant stakeholders can drive conversations to identify gaps and areas for improvement in the monitoring, screening, referral and evaluation continuum.

Partnering and Collaboration boils down to communication. The communication between AUs and the community needs to be purposeful in order to improve the effectiveness of the system.

PARTNERING & COLLABORATION

Barriers to Evaluation for Early Intervention Services: Parent and Early Intervention Employee Perspectives

1. Communication problems
2. Parent perspective
3. Watch and wait
4. Obstacles
5. Child Protective Services



Jimenez, M. E., Barg, F. K., Guevara, J. P., Gerdes, M., & Fiks, A. G. (2012). Barriers to evaluation for early intervention services: Parent and early intervention employee perspectives. *Academic Pediatrics*, 12(6), 551–557. <https://doi.org/10.1016/j.acap.2012.08.006>



A well coordinated early childhood system supports effective identification and service provision for children with developmental delays through coordination, public awareness, support to community screening efforts and generation of referrals.

Once referrals are made, we often wonder why some parents choose not to follow through to complete the evaluation process.

5 primary themes have been identified by researchers: (1) Parents reported communication problems with their pediatrician, including misinterpreting reassurance and not understanding the referral process; (2) Many parents saw themselves as experts on their child's development and felt they should decide whether their child pursues EI services; (3) Some families preferred to wait for the developmental concern to resolve or work with their child on their own prior to seeking EI services; (4) For ambivalent parents, practical obstacles especially limited completion of evaluation, but highly motivated parents overcame obstacles; and (5) EI employees perceived that families avoid evaluation because they mistake EI for child protective services.

While this article is focused on Early Intervention, the barriers discussed are applicable across the birth to 5 years of age Child Find system.

The abstract may be viewed at the link provided [http://www.academicpedsjnl.net/article/S1876-2859\(12\)00205-7/abstract](http://www.academicpedsjnl.net/article/S1876-2859(12)00205-7/abstract) however there

is a fee to access the article in its entirety.

KEY FINDINGS

Reflection Questions:

Which of these reasons for a lack of follow-through do you think are common in your community?

What messages and/or tools could you provide to primary referral sources to help increase parent follow-through?

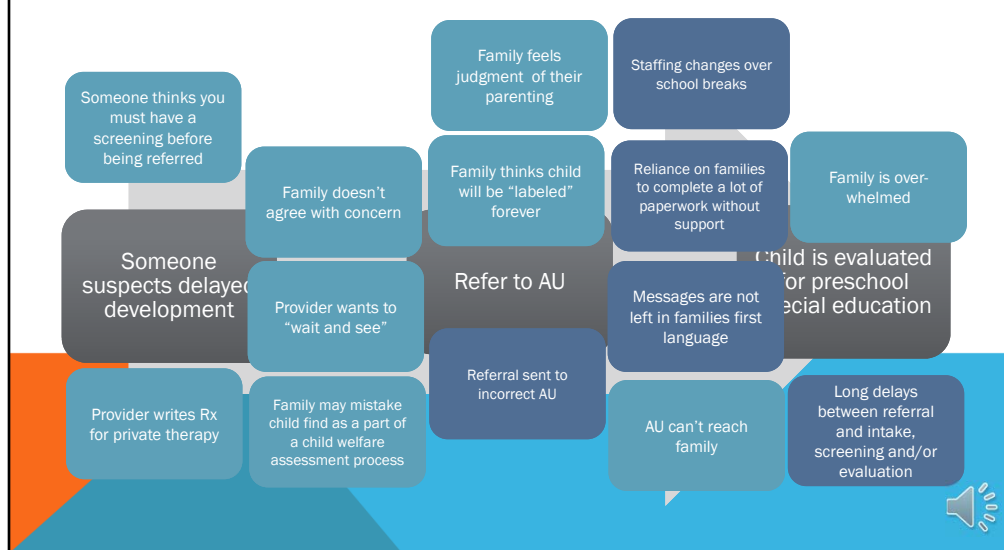


As you reflect on these findings * which of these reasons for a lack of follow-through do you think are common in your community?

* What messages and/or tools could you provide to primary referral sources to help increase parent follow-through?

PARTNERING & COLLABORATION

How does a well coordinated early childhood system support effective identification and service provision?



Coordination with community partners and the family is essential in the child identification process. Without it, families can fall through many gaps on route to services. Here are some examples of why families don't always make it through the screening, referral, and evaluation process:

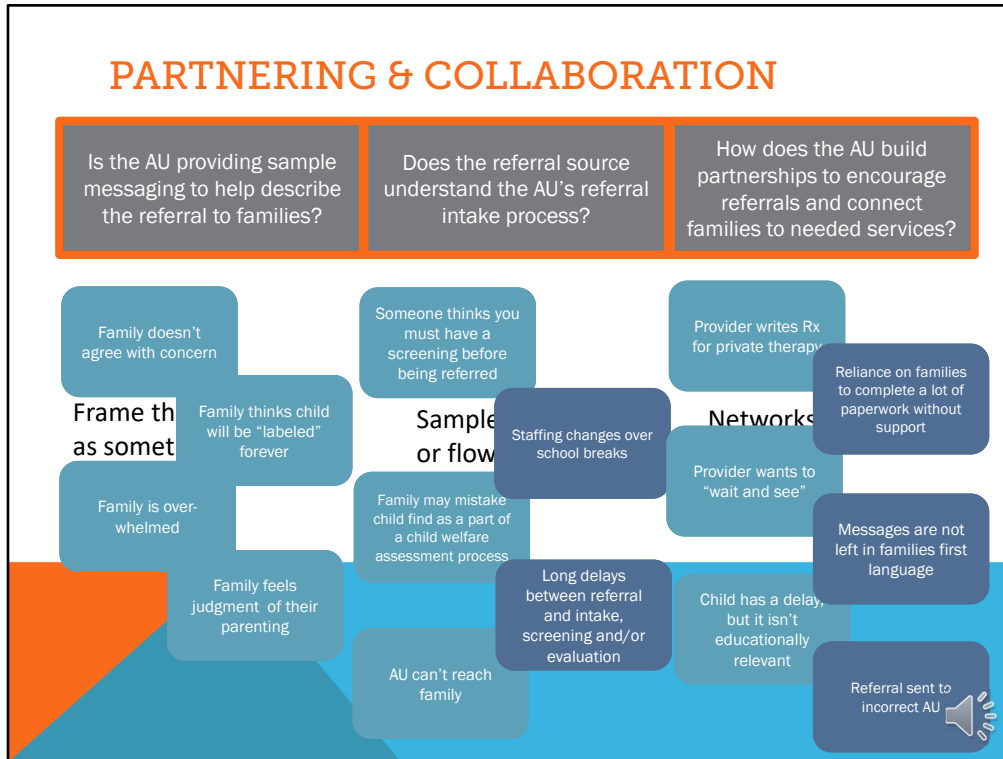
- Someone thought that a screening needed to take place before a referral
- The family didn't agree with concerns
- A provider wrote a prescription for private therapy
- The provider wants to "wait and see"
- The family may mistake child find as a part of a child welfare assessment process
- The family feels judgement of their parenting
- The AU couldn't reach the family
- The family is over-whelmed
- The family thinks that their child will be labeled forever

System barriers can also be reasons families fall through the gaps, these may include:

- Messages that are not left in the family's first language
- There is an expectation of families to complete a lot of paperwork without support
- Long delays may happen between referral and intake, screening and/or evaluation
- A referral has been sent to incorrect AU
- Changes in staff may occur over school breaks

We all know there are many reasons families don't make it to services and this is why its critical for AU's to continually build partnerships with the community to ensure those making referrals understand the process and can effectively communicate it to families.

Once the referral is received it's the role of the AU to communicate the process again with families so they have opportunity to ask questions, get clarification, and understand that the process doesn't move forward without their consent.



When thinking about breaking down the barriers we need to ask ourselves the following questions...

Does your AU provide sample messaging to describe the referral process to families?
 -AUs should give referral sources sample messaging to frame the referral as something positive that will give them more information and support to meet their goals for their child.

Does the referral source understand the AU's referral intake process?
 -AUs are responsible for helping referral sources accurately message what happens (and what doesn't) when children are referred. This can be done through a sample script or a flow chart listing out the steps taken from when the referral is received to when the child is screened and/or evaluated. Find out what is most useful to community partners and work with them to develop a document that outlines the referral to evaluation process.

How does your AU build partnerships to encourage referrals and connect families to needed services?
 Having a network of partners to connect families with is important, especially if the child is not found eligible for services. This may be a private service provider, infant/toddler mental health specialist, or family resource center.

Which of these barriers could your AU eliminate by partnering and collaborating with your

early childhood community?

PARTNERING & COLLABORATION

Child Find Referral Form
(For Children age 3-5 years)

Child's Information

Child's Name (First, Middle, Last): _____

DOB: ___/___/___ Child's Race: _____ Gender: Male Female

Parent / Guardian: _____ Relation to Child: _____

Address: _____ Phone #1: _____ Best Time: _____

Phone #2: _____ Best Time: _____

Interpreter Needed: Yes No If Yes, Language: _____

School District or County of Residence: _____


Child Attends: Head Start School Dist. Preschool Private Preschool Childcare None

Referring Provider: _____ Phone: _____

Address: _____ Fax: _____

Reason for referral: _____

Date of ASQ or other developmental screening ___/___/___ Date of Hearing Screen ___/___/___ Date of Vision Screen ___/___/___ (Please include copy of the entire developmental screening tool, such as the ASQ, as well as results of any hearing and vision screening. This will avoid duplication of efforts and allow for a more timely and appropriate evaluation.)



What happened?

How could improved coordination avoid this scenario?

The AU might have outdated or incomplete contact information.

The family may have changed their mind about moving forward with a referral.

Referral and Consent to Share Information

I am requesting that my child be referred to Child Find to determine eligibility for preschool special education services. I authorize my child's provider, _____ to release the results of developmental screening and any pertinent medical history of _____ (name of child) DOB: ___/___/___ to _____ (Child Find Coordinator/School District) to be considered in determining whether the child is a child with an educational disability.

Signed: _____ Relation to Child: _____ Date: ___/___/___

Furthermore, I authorize _____ (Child Find coordinator/school district) to share the results of the evaluation with _____ (child's provider).

Signed: _____ Relation to Child: _____ Date: ___/___/___

Update from Child Find to Referral Source (Child Find to Fax to Referral Source if listed above)

Child Find completed developmental screening of this child on ___/___/___ and it:

Eligible for preschool special education and (circle all):

SPL PT OT Behavioral Other _____

Not eligible for preschool special education at this time, further developmental evaluation may be indicated. Follow up with medical provider recommended.

The child has not been in for screening or evaluation

The child did not qualify for special education but a developmental delay was confirmed. Follow up with medical provider recommended.

Please call me for more information regarding this child's screening/evaluation

Completed by: _____ Phone: _____

Signature: _____ Date: ___/___/___

We know that partnering and collaboration is essential to a well coordinated early childhood system. We have discussed what barriers can exist for families and ways to prevent them. We will now review a case study and determine what happened and how each scenario could have been avoided.

A community based early learning program suspects that Lucia (40 months) has a communication delay. After discussing this with Lucia's family, they all agreed to an AU referral. Lucia's parents completed the referral form with the early learning program and provided consent for the AU to share information back to the referral source. The AU found Lucia's parents completely unresponsive (over phone and via email) and were unable to move forward.

What happened and how could improved coordination avoid this scenario?

The AU might have outdated or incomplete contact information.

Send a Referral Status Update to the early learning program and let them know to send all phone, email, and mailing address contacts available for families referred. The CDE Child Find Referral Form has a referral status update section at the bottom.

The family may have changed their mind about moving forward with a referral.

Encourage the early learning program to circle back to the family to check in – empower the program with positive language about evaluation and services. This could include sample messaging.

PARTNERING & COLLABORATION

What happened?

How could improved coordination avoid this scenario?

The doctor may not understand eligibility criteria.

The AU could improve this relationship so that the doctor can better weigh the costs and benefits of making a referral.

Case Studies: Chris, 46 months



Chris, who is 46 months old has delayed communication and gross motor skills. His pediatrician referred him to Early Intervention two years ago, but he was found ineligible. Now his delays are more prominent (black zone on ASQ-3), but the doctor doesn't want to put them through "another lengthy pointless evaluation". He writes the family a prescription for speech therapy and physical therapy, and their insurance covers 10 sessions of each.

What happened and how could improved coordination avoid this scenario?

The doctor may not understand eligibility criteria. The AU could improve their relationship with the practice so that the doctor can better weigh the costs and benefits of making a referral. Try to meet with the provider or referral specialist and outline the eligibility criteria and services provided. If it isn't feasible to meet with someone at the practice, send an information packet that clearly outlines the eligibility criteria, referral process, and services offered.

PARTNERING & COLLABORATION

Conclusions:

- Participate
- Identify Roles
- Educate Partners



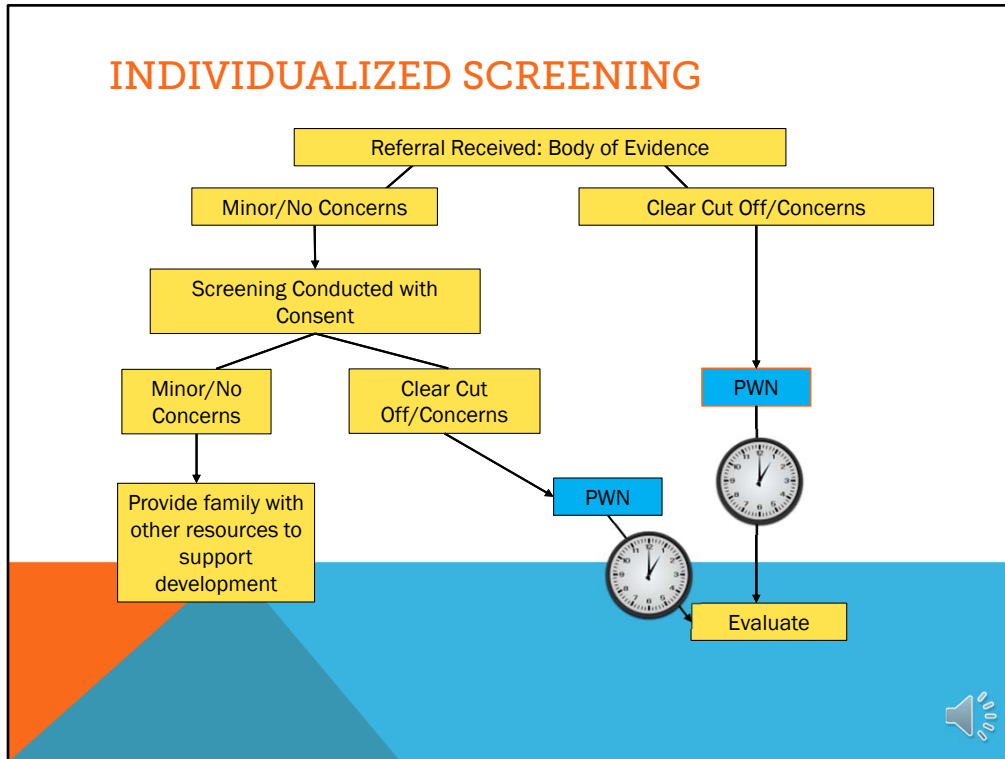
Partnering and Collaboration is essential in effectively connecting children to AU's. To do so AU's must participate in the community's broader early childhood system, identify the roles of each community agency, and educate referral sources on how to message child find services to families as well as provide insight of the referral intake process.

INDIVIDUALIZED SCREENING

- Information shared does not clearly suggest that a special education evaluation is needed
- Parents may consent for individual screening
- When a more in-depth evaluation is warranted, the referral process should be initiated.



As part of the child identification process, individualized screening is a brief standardized procedure used to determine whether further evaluation is needed. This type of screening is typically conducted for children referred to child find due to a known or suspected developmental or educational concern. Individualized screening differs from screening as described in section 4.02 (3) of the Rules for the Administration of the Exceptional Children's Educational Act, which refers to the practice of screening to inform instruction as part of a general education process.



When does the special education evaluation process begin?

If it is unclear whether there are concerns that warrant a special education evaluation, conduct an individualized screening. If you don't yet suspect that the child needs special education, then conduct an individualized screening prior to making the special education referral to inform that decision. Since you haven't initiated the special education referral, there is not a specific form or procedure through IDEA. However, CDE encourages consent for individualized screening and that it be in writing. After conducting the individualized screening there may be no concerns or minor concerns that don't warrant an evaluation. Provide the family with screening results, and resources to support development. If the individualized screening shows concerns, you need to issue prior written notice outlined in IDEA proposing to conduct the special education evaluation and request parent consent for the evaluation. The 60 day evaluation window starts once the AU has received parent consent for initial evaluation.

However, sometimes concerns from the parent, referral source, or existing documentation (like prior screenings conducted in the community) already suggest that this child may need special education. It is the AU's responsibility to gather information from third parties (like doctors and community preschools) when appropriate, to help inform this decision. If there is reason to suspect that a child may need special education DO NOT delay the evaluation.

Once you suspect that this child may need special education due to the body of evidence having clear concerns, you need to issue prior written notice for evaluation as outlined in

IDEA. The 60 day evaluation window starts once the AU has received parent consent for initial evaluation.

INDIVIDUALIZED SCREENING

Screening Tools Used During the Special Education Process

- May be used to determine additional testing needs.
- Informs the child find team if they need other specialists to be involved.
- Should be described in the Prior Written Notice.

As part of your IDEA special education evaluation process, you may choose to complete additional screening tools to determine what formal standardized tools and/or protocols are needed or if a specialized professional or related services provider should be involved in the evaluation.

Screening activities like these, performed as a part of the initial evaluation process, should be described in your Prior Written Notice.

INDIVIDUALIZED SCREENING

“Screening instruments must be valid and reliable. CDE does not endorse the use of “homegrown” tools that are created by individual school districts or programs ...”

Tools must be administered, scored, and interpreted by those trained in the instruments.



Individualized Screening can help an AU become more efficient with evaluation resources. Individualized screening must be valid and reliable. CDE does not endorse the use of “homegrown” tools that are created by individual school districts or programs.

Appropriate screening instruments are those that accurately identify children who should receive more in depth assessment. Screening instruments should review all areas of development and involve the family’s perspective.

- They must be culturally valid.
- Reliability, validity, over-referral, and under-referral should be considered when choosing screening instruments.
- They should be relatively quick to administer.
- Tools must be administered, scored, and interpreted by those trained in the instruments.

For a list of formal screening tools see resource: “Compendium of

Screening Measures for Young Children” as well as the October 2020 document CDE Developmental Screening as Part of a Comprehensive Early Childhood Assessment System.

INDIVIDUALIZED SCREENING

Facilitate Family Engagement

- How do we individualize?
- Ask for parent input
- Empower



When conducting a screening, the AU should be sensitive to the family's needs and engage them during the screening process. Describe the screening activities to the family when obtaining written consent for individualized screening. Be flexible on scheduling, have various culturally unbiased tools, and allow families to participate as they feel is appropriate. Families can't engage with a process they don't understand, so it's vital to explain what you're doing, why, and how the screening results will guide next steps. This empowers families to make informed decisions.

INDIVIDUALIZED SCREENING

Share Screening Results

- What information will support families in choosing their next steps?
- If an evaluation is recommended- What should the family expect?
- If an evaluation is not recommended- what other community programs can support development?



When sharing screening results remember that families are the ultimate decision makers, so they need to be empowered with information not just about the screening, but about resources that will inform their next steps.

If the child has been recommended for evaluation, families still need to consent. How is the evaluation process described so that families understand what they're agreeing to?

If further evaluation isn't warranted by the screening, remember that they still may need other types of support. Validate that the family might still have concerns. Provide examples of activities they can practice at home with their child. Also, consider the programs in your community that can support their needs, such as recreation programs, or home visitation programs.

INDIVIDUALIZED SCREENING

Case Studies: Jayden 48 months



How did the individualized screening process look from the AU's perspective?



As we discussed earlier, families are entitled to make the decisions they feel are best for their child. Here is a case study of what can happen when families aren't well informed about the screening process:

Jayden who is 4 years old has been struggling in public preschool. His mother, Mary, called the AU and described social-emotional and communication issues. The AU staff decided to conduct a standardized screening to determine whether further evaluation for preschool special education was needed. Here is Mary's recollection of what happened:

"His teacher told me she was concerned about his development and I called who she told me to. They gave me some forms to fill out. I completed them. They talked to Jayden and asked him to do some stuff. Then they told me his communication was fine and they would work with the teachers to deal with his temper tantrums."

INDIVIDUALIZED SCREENING

Case Studies: Jayden 48 months

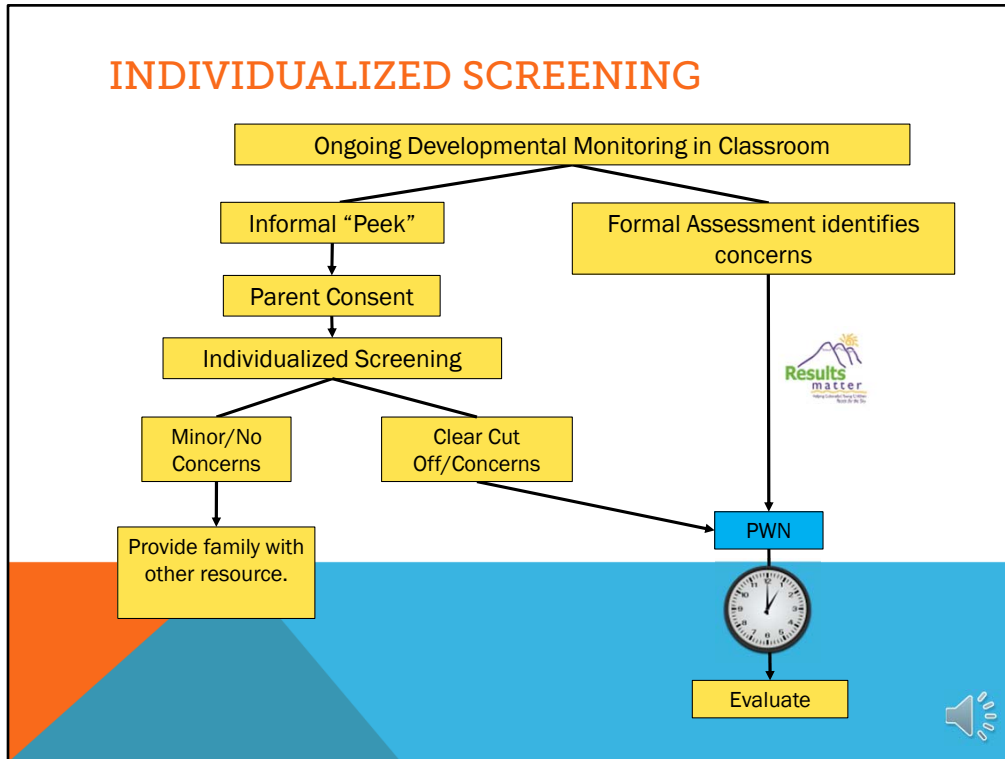


How could individualization and information sharing been implemented to better support this family?

- Explain the purpose and process for screening
- Ask parent for input about next steps
- Provide resources



- ***How could the AU have supported this family?***
-
- ***Mary didn't seem to understand what was happening. She didn't know what the forms were (likely a screening tool) or why AU staff were doing particular activities with Jayden.***
-
- ***Her reflection suggests that she was funneled through a standardized process, instead of asked how she would like to participate.***
-
- ***In the end, Mary was told what would happen, instead of given options for how to proceed. Mary doesn't recall being given any resources to empower her to support her child at home.***
-
-



This is an example of best practice for individualized screening for children, like Jayden, who are already in preschool.

The preschool teacher recognized a delay. The teacher could have asked a specialist to do an informal “peek” or observation to get an opinion from that person but may also proceed to An individualized screening which may be the next step after talking with and obtaining parental consent to screen. If a concern is identified through individualized screening the AU would need to issue prior written notice according to IDEA proposing to conduct an evaluation. The 60 day evaluation window starts once the AU has received the signed prior written notice from the parent for initial evaluation.

If the teacher had concerns based on classroom assessments such as one of the results matter tools, further individualized screening may not be needed and the AU would issue prior written notice proposing to conduct the evaluation and request parent consent for the evaluation according to IDEA.

There shouldn’t be long delays between when the concern is identified and the time that the AU proposes to conduct the evaluation.

INDIVIDUALIZED SCREENING

Conclusions:

Need Additional Information

Engage and Educate the
Family



In conclusion, Individualized Screening is a procedure used to determine whether further evaluation is needed. The tool used should be reliable, valid and include the family's perspective. Engaging and educating the family from the time the referral is made, through the screening and evaluation process is critical to ensure they are making well informed decisions for their child.

REFERENCES

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https://www.acf.hhs.gov/sites/default/files/ecd/early_intervention_guide_march2014.pdf



Be sure to take time to familiarize yourself with all of the attachments which are on this reference slide, if you have not already done so throughout this module. They contain important information about following the regulatory guidelines and best practices based in literature, that form the foundation of the child identification practices described in the CDE Guidelines for Identifying Young Children With Special Needs.

SELF-ASSESSMENT

The self-assessment will help you:

- Compare your AU's partnership efforts with best practices.
- Identify how your AU's individualized screening process aligns with regulations and best practices.



Please complete the self-assessment which is intended to help your AU identify strengths and areas that may need to be modified or enhanced based on the newly revised guidelines.

CERTIFICATE OF PARTICIPATION

Available in the CDE LMS upon completion of a short reflection survey



Thank you for participating in the Partnership, Collaboration and Screening self-paced learning module.