Partnership, Collaboration and Screening: SELF-ASSESSMENT

Complete this self-assessment after viewing the Partnership, Collaboration, and Screening self-paced learning module.

Completing the self-assessment:
The numbered necessary practices on the left come from the **Child Identification Guidelines for Identifying Children with Special Needs Ages Three through Five Years Old.** This self-assessment is intended to help AUs reflect on their implementation of these necessary practices.

     Step 1 – Read through the **necessary practices** reflecting on how they compare with the operations of your AU.
     Step 2 – Answer the **reflection questions** on the right by describing the operations of your AU. These questions are intended to help you reflect more deeply about how the necessary practices are put into action.
     Step 3 – Complete the **summary rating** (M, S, Y, or N) depicting your AU's implementation of the necessary practices in each section. The reflection questions should help you with these ratings; answering 'M' (mostly) suggests that you have concrete answers for most (if not all) of the questions in that section.

Submitting the self-assessment:
- Save the completed self-assessment onto your computer with the file name
  - "Self-Assessment Screening Module_YOUR AU HERE"
- Upload your completed self assessment into the "Self-Assessment Screening Module" Google Folder
  - Self-Assessment Google Folder click here
- Complete an evaluation for the Partnership, Collaboration, and Screening module
  - Module Evaluation click here
- Your self-assessment will be reviewed by CDE and ABCD staff

Additional support:
- Limited "office hours" are available for those AUs that want additional support on improving their partnership and individualized screening practices.
  - Submit your completed self-assessment by **5pm March 31st, 2017** to be eligible for the first round of "office hours"
  - "Office hours" are provided by CDE and ABCD staff on a first come, first served basis. Eligible AUs (those who submit the self-assessment by 3/31/17) will be notified in April, and will receive instructions for selecting an "office hour".
  - Should the demand for "office hours" exceed available resources, priority will be given to AUs based on need. Additional "office hours" may become available in the next fiscal year.

PARTNERSHIP & COLLABORATION
In the context of child identification, Partnership and Collaboration refer to the AU participation in the community's broader early childhood system to ensure that all child serving organizations within the broader system work together to support young children with delays or disabilities to be identified and have access to needed services as early as possible.
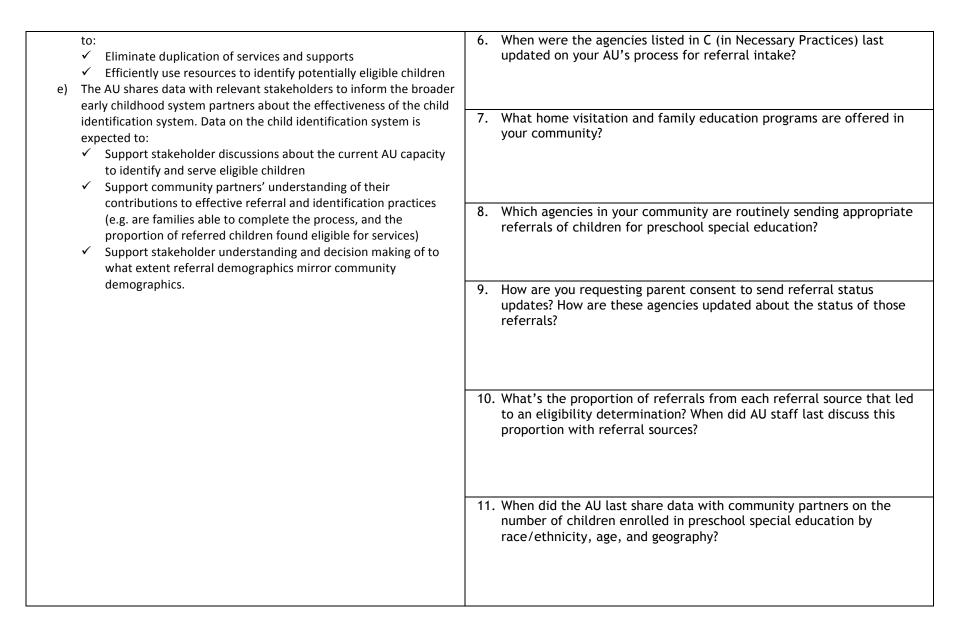
Necessary Practices	Reflection Questions

1. Coordinate Across the Early Childhood System
 	
  a) AUs collaborate with community partners (as listed below) to clarify and establish pathways for identifying young children who may be eligible for IDEA services. This collaboration will often take the form of active participation in a cross-sector early childhood workgroup (referred to as Early Childhood Work Group below).
 	
  b) Where appropriate, work together with local Early Childhood Council(s) or other collaborative groups focused on early childhood development in order to avoid membership duplication and to promote coordinated efforts in the community.
 	
  c) AUs share information about the child identification process with the following community partners, including organizations that reach out to traditionally under-served or at risk populations, including families experiencing homelessness. These stakeholders are involved in local child identification workgroup meetings and activities, as necessary.
    ✓ Families with young children, including friends and neighbors of those who suspect a child may have a need for special education services
    ✓ Early Learning Programs (Colorado Preschool Programs/school district administered as well as community based; licensed home and center based programs)
    ✓ Local Early Childhood Council (staff and members)
    ✓ Head Start and Early Head Start
    ✓ Community Centered Boards
    ✓ Home visitation programs
    ✓ Pediatric and family medical practices
    ✓ Community based organizations and programs that serve young children with special needs and their families (e.g. business community, family organizations, health care providers, public health, mental health, human services, social services, child welfare, advocacy organizations, and recreational programs)
 	
  d) The AU participates in conversations with community partners (often as part of the "workgroup") to develop a shared awareness of all local developmental monitoring, screening, and referral efforts so as
	1. What agency(ies) coordinates the local cross-sector early childhood workgroup(s) in your district/region? What are the goals of this group(s) as they relate to child identification efforts? How often do meetings occur?
	
	2. What agencies send consistent representatives, and what are the roles of those representatives?
	
	3. Compare your list in #2, to the list of stakeholders in Necessary Practices. Which child identification stakeholders are not represented in the workgroup?
	
	4. How often does an AU staff member attend workgroup meetings? What is the role of that staff member, and what components of the AU's child identification process can they represent (e.g. "referral intake for X County")?
	
	5. If no such workgroup exists, how often do AU staff meet or talk with a representative from the following agencies to coordinate child identification efforts: Early Childhood Council, home visitation program(s), community based early learning programs, local public health agency, medical provider

to: ✓ Eliminate duplication of services and supports ✓ Efficiently use resources to identify potentially eligible children e) The AU shares data with relevant stakeholders to inform the broader early childhood system partners about the effectiveness of the child identification system. Data on the child identification system is expected to: ✓ Support stakeholder discussions about the current AU capacity to identify and serve eligible children ✓ Support community partners' understanding of their contributions to effective referral and identification practices (e.g. are families able to complete the process, and the proportion of referred children found eligible for services) ✓ Support stakeholder understanding and decision making of to what extent referral demographics mirror community demographics.	6. When were the agencies listed in C (in Necessary Practices) last updated on your AU's process for referral intake?
	7. What home visitation and family education programs are offered in your community?
	8. Which agencies in your community are routinely sending appropriate referrals of children for preschool special education?
	9. How are you requesting parent consent to send referral status updates? How are these agencies updated about the status of those referrals?
	10. What's the proportion of referrals from each referral source that led to an eligibility determination? When did AU staff last discuss this proportion with referral sources?
	11. When did the AU last share data with community partners on the number of children enrolled in preschool special education by race/ethnicity, age, and geography?

1. Coordinate Across the Early Childhood System (continued)	12. Much of this section centers on relationships with key stakeholders. Please rate some of these key relationships by answering Yes or No in each cell. The quality of these relationships should factor into your summary rating below.		

	Is communication at least quarterly?	Is feedback provided in both directions?	Do they contact the AU with questions?
Majority of pediatric and family medical practices			
Majority of community based early learning programs			
Local public health agency(ies)			
Home visitation program(s)			

1. Coordinate Across the Early Childhood System – Summary Rating **M – Mostly** (we do this most of the time) **S – Somewhat** (we do this some of the time) **Y – Not yet** (we don't typically do this, but improving this practice is a current priority) **N – No** (we don't typically do this, and cannot currently prioritize this practice)	**Summary Rating** **(M, S, Y, or N)**

3. Support Community Screening Efforts *Community screenings refer to screening efforts conducted by programs outside of the AU that are available to families, either universally to all families, or embedded into other early childhood programming, in order to identify potential concerns and generate referrals for further evaluation.* a) Community screening efforts are ongoing, proactive services for families that: ✓ Are conducted by primary health care providers, early learning sites, home visitation programs, and other community agencies involved in supporting early childhood development ✓ Occur year round ✓ Allow for periodic re-screening, as developmentally appropriate, and as needed ✓ Involve interagency coordination ✓ Take place during well-child visits, as a part of preschool enrollment, or embedded in home visiting or other child focused services b) AU staff support the general community screening efforts by: ✓ Offering their knowledge on effective screening tools and processes	1. Which programs/agencies in your community are you aware of that use a standardized tool for developmental screening?
	2. Whom do these programs/agencies serve, and how often do they screen this population?
	3. What communication has the AU had with these programs/agencies regarding what to do if the screening suggests delayed development? For example, when is the concern significant enough for a referral for special education, what other referrals might be appropriate, and when is re-screening needed?

✓ Encouraging referrals (e.g. for early intervention or special education) when screening suggests delayed development
   ✓ Ensuring screening entities understand local referral procedures
   ✓ Using the "workgroup" as a forum for coordination among screening entities so that agencies agree that children would not typically receive multiple screenings within the same time frame
c) AU staff participating in any community screening processes:
   ✓ View the parent as an important and active member of the screening team
	4. What information are these agencies sending along with the referral (e.g. screening tool, screening results, notes, etc.)? Has the AU provided feedback as to the utility of this information, or asked for more information if it would help guide next steps? Please describe.

✓ Respect the family's background
   ✓ Are proficient in the administration of the instruments used
   ✓ Are comfortable interacting with the children ages birth through five
   ✓ Have a working knowledge of the referral, evaluation and eligibility determination processes
	5. Reflecting on the Necessary Practices in A and C, what are some high quality elements of local community screening efforts? Where do you see opportunities for improvement?

	6. How do AU staff support programs/agencies in implementing quality screening processes? What advice or input is offered (see examples under Necessary Practices)?
	7. If AU staff are directly involved in the community screening process, how are they ensuring that next steps (e.g. evaluation) are explained accurately to families when screening suggests delayed development?

3. Support Community Screening Efforts – Summary Rating **M – Mostly** (we do this most of the time) **S – Somewhat** (we do this some of the time) **Y – Not yet** (we don't typically do this, but improving this practice is a current priority) **N – No** (we don't typically do this, and cannot currently prioritize this practice)	**Summary Rating** **(M, S, Y, or N)**

INDIVIDUALIZED SCREENING

Individualized screening refers to screening conducted on individual children by the AU. This differs from community screening efforts that occur on whole populations of children as a part of universal screening and developmental monitoring efforts. Individualized screening is typically conducted for children referred to child find due to a known or suspected developmental or educational concern to determine whether further evaluation is needed and whether to initiate the special education evaluation process. Individualized screening differs from screening as described in 1 CCR 301-8 ECEA 4.02 (3), which refers to the practice of screening to inform instruction as part of a general education process.

In those instances when the information shared at the time of referral does not clearly suggest that a special education evaluation is needed, and when there is no general education data available, parents may consent to gather some preliminary standardized screening data prior to initiating the special education referral process, in order to inform that decision. At whatever point in the process AU personnel determine that more in-depth evaluation is warranted, the special education referral process should be initiated, which includes issuing IDEA Prior Written Notice obtaining parent consent.

Necessary Practices	Reflection Questions

1. Define the Screening Process & Tools
a) Identify whether individualized screening has recently been conducted by other sources (e.g. medical practitioners, preschool providers, home visitors). Obtain permission to view screening tool(s) completed by other sources, if applicable.
  ✓ Previous screening results or information may or may not be sufficient to determine whether further evaluation is needed. The screening should inform your next steps (consider significance of delay, completeness of tool, areas screened, etc.).
  ✓ Gather brief birth/health/developmental history from caregiver(s) and referral source
	1. What information is routinely gathered before an individualized screening is conducted? Describe the process for who gathers this information, when, and how it's reviewed.

b) Parent consent for individualized screening obtained before the initiation of the special education referral process occurs prior to triggering IDEA parent consent requirements. Therefore, AU policies and procedures dictate how this consent process occurs and CDE suggests that the consent be written.	2. How often (e.g. usually or rarely) is information (e.g. completed screenings, health records, etc.) requested from a community partner and/or referral source?
	3. How does the AU ask families for permission to gather relevant information from a third party such as previous screenings and/or health records (on a form, orally, etc.)?

c) Individualized screening is conducted:
  ✓ When someone has a concern about one or more areas of development
  ✓ To determine if a child is in need of further evaluation for preschool special education
d) Areas screened may include:
  ✓ Cognition
	4. How does the AU decide when there is enough information to move forward with an evaluation? When do you issue IDEA prior written notice?

✓ Social emotional ✓ Communication ✓ Self-help skills ✓ Motor ✓ Hearing and vision e) Professionals administering the screening are proficient in using the screening tools f) Screening instruments: ✓ Are objective, reliable, valid, and used with fidelity ✓ Are culturally non-biased ✓ May be combined to screen all areas of development ✓ Are developmentally appropriate ✓ Support AUs in deciding whether further evaluation is needed (but not to determine special education eligibility) g) Individualized screening activities may be conducted within the IDEA Part B special education evaluation process when, based on a review of existing information (such as previous screenings, referral and intake information), the individual child being screened is suspected of having an educational disability. ✓ In this case, screening would be conducted after issuing IDEA Prior Written Notice and obtaining parent consent	5. How does the AU gather parental consent for individualized screening (when screening occurs prior to triggering an IDEA Part B special education referral)?
	6. What is the full cadre of screening tools among which the AU chooses? Which combinations of tools are used together to ensure that all areas of development are screened?
	7. How does the AU choose which screening tool(s) to use in each instance?
	8. How often do AU staff review screening tool guidelines to ensure that they are being used with fidelity? Please describe this process.

1. Define the Screening Process & Tools – Summary Rating **M – Mostly** (we do this most of the time) **S – Somewhat** (we do this some of the time) **Y – Not yet** (we don't typically do this, but improving this practice is a current priority) **N – No** (we don't typically do this, and cannot currently prioritize this practice)	**Summary Rating** **(M, S, Y, or N)**

2. Facilitate Family Engagement
   a) AU personnel are sensitive to families and engage them during the screening process by:
     ✓ Including parent interview or information obtained from the parent about individual child and family strengths, concerns, routines, priorities, and needs
     ✓ Making screenings easily accessible to families (time, date, locations)
     ✓ Making every attempt to make the process culturally non-biased
     ✓ Supporting families as decision-makers
     ✓ Asking how they wish to participate and respecting their wishes (e.g. asking them to play with their child, trying a new skill with their child while being coached by a screener, etc.)
     ✓ Describing screening activities in the IDEA Part B Prior Written Notice, including a description of the purpose of screening and how screening results are used to determine further evaluation needs
	1. What steps do AU staff take to help parents/guardians feel comfortable with the individualized screening process?

	2. What adaptations does the AU make during an individualized screening process to accommodate a family's native language and/or culture?
	3. How do AU staff adapt the individualized screening process based on families' participation preferences? What options are offered to families?
	4. Sometimes individualized screening occurs as part of an IDEA Part B special education evaluation. How are these screening activities described in your Prior Written Notice? (Paste applicable PWN wording below)

| **2. Facilitate Family Engagement – Summary Rating**
M – Mostly (we do this most of the time)
S – Somewhat (we do this some of the time)
Y – Not yet (we don't typically do this, but improving this practice is a current priority)
N – No (we don't typically do this, and cannot currently prioritize this practice) | **Summary Rating**
(M, S, Y, or N) |

3. Share Screening Results
   a) AUs share screening results with the family at the time the screening is completed
   b) At the conclusion of the screening process, families are provided with information to assist them in selecting community services and support options best suited to their child and family needs. In addition to screening results, this includes providing:
     ✓ Information to families about the strengths and needs of their child
     ✓ Information to families regarding community supports for children who have not been recommended for further evaluation (e.g. public health programs, preschools, Head Start)
     ✓ Information, materials, and training to families regarding general child development and parenting strategies
     ✓ Parents with options of times, dates, and location for children who need further evaluation
     ✓ Information about where to go if they have new or more significant concerns about their child's development
	1. Do parents receive their results in writing at the time of the screening? If so, how does the document help families make meaning of their screening results?
	
	2. Approximately how long do AU staff spend reviewing screening results with the family? What are the key messages in this conversation?
	
	3. Is information about community supports (programs for children, parenting education, etc.) provided in writing AND elaborated on orally to help guide families' next steps? If so, describe the conversation.
	
	4. If a child is not recommended for further evaluation, how are parents asked to reconnect with the AU if they have new or more significant concerns?
	
	5. When are parents encouraged to share screening results with their medical provider?

3. Share Screening Results – Summary Rating **M – Mostly** (we do this most of the time) **S – Somewhat** (we do this some of the time) **Y – Not yet** (we don't typically do this, but improving this practice is a current priority) **N – No** (we don't typically do this, and cannot currently prioritize this practice)	**Summary Rating** **(M, S, Y, or N)**