

The North Carolina Infant-Toddler Program

Parent Handbook

A Guide to Infant-Toddler Program Services for You and Your Child



Acknowledgments

We would like to thank the parents and early intervention professionals who reviewed and contributed to the development of this Parent Handbook. Your ideas and perspectives are greatly appreciated.

A special thanks to the parents who shared their thoughts and feelings about early intervention.

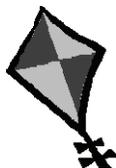


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About Your Parent Handbook



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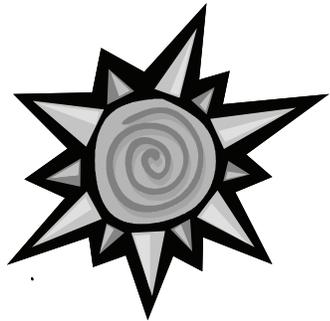


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**Welcome
to the
Infant-Toddler
Program!**



Welcome to the Infant-Toddler Program!

Every family wants their child to grow and learn to their fullest potential. Having concerns about your child's development may be a new experience for you as a family and this can seem overwhelming. There will be new people to meet, new words and terms to understand, but you are not alone. It's important to remember that there are supports in place to help this be a positive experience for your child and family.

The Individuals with Disabilities Education Act (IDEA) is a federal education law that helps to reinforce the importance of early development and learning in young children. Part C of IDEA ensures that **early intervention services** and supports are available for infants and toddlers, birth to age three, with disabilities and their families. In North Carolina, the Part C system of IDEA is called the Infant-Toddler Program. The Infant-Toddler Program is a system of coordinated supports for families to help you meet the developmental needs of your child. The lead agency for the North Carolina Infant-Toddler Program is the **Early Intervention Branch** of the **Women's and Children's Health Section** in the North Carolina **Division of Public Health**. On the local level, the **Children's Developmental Services Agencies (CDSAs)** administer, supervise, and monitor programs and activities for the Infant-Toddler Program. There are 18 CDSAs across the state that provide access to Infant-Toddler Program services. This network of CDSAs serves all 100 counties of North Carolina in single or multi-county catchment areas.

What is the Purpose of the Parent Handbook?

The purpose of this handbook is to help you understand the role and philosophy of the North Carolina Infant-Toddler Program and the key steps you may take while in the program. This handbook will give you general information about your child and family rights under the Infant-Toddler Program. The information for your official notice of rights is found in the *North Carolina Infant-Toddler Program Notice of Child and Family Rights*. Your **Early Intervention Service Coordinator** will provide you with a copy of these rights. You can also get a copy from www.ncei.org.

Other families whose children have enrolled in the Infant-Toddler Program, and professionals who work with families, have developed this handbook to be a guide and resource for you. Some of the words in this handbook may be new to you. The first time they appear they will be in **bold** print. You can find their meanings in the *Parent Dictionary Part 2: Definitions of Early Intervention Words* at the end of this Handbook. It's OK, and very important, that you feel free to ask questions along the way whenever there is something you don't understand.

The phrase "children with **special needs**" is used in this handbook to refer to children who have developmental delays or who have an established condition that has a high probability of resulting in developmental delay. The words **parents** and families are used to mean anyone who is in charge of the care and well-being of a child. These can be natural or adoptive parents, guardians, single parents, grandparents, **surrogate parents**, foster parents, or other family members.

Why is Early Intervention Important?

The first three years of life lay an important foundation for the health and development of all children. Starting intervention services early improves a child's ability to develop and learn. It may also prevent or decrease the need for special help later. It is the goal of early intervention in North Carolina to open a window of opportunity for families to help their children with special needs develop to their full potential.

What are the Goals of Early Intervention?

Early Intervention services are intended to support parents in their efforts to enhance the development of young children with special needs. Each family is different, just as no two children are the same. Therefore, your goals for participating in Early Intervention will be determined by your needs, interests, and personal circumstances. The Infant-Toddler Program will be your partner in working toward goals you set for your child and family.

Each state is required by IDEA to have a system for collecting and reporting **child and family outcomes** to help communities determine the effectiveness of early intervention programs for the children and families served. In North Carolina, CDSA staff collect information about child and family outcomes through evaluation and assessment, observation, child caregiver reports, and parent input. Information about your child and family outcomes is kept confidential. It is not associated with or linked to any individual child or family when included in reports. It is given as summary data for monitoring.

The following outcomes are measured as part of monitoring the effectiveness of the Infant-Toddler Program.

Children enrolled in the Infant-Toddler Program demonstrate improved:

- positive social-emotional skills (including social relationships);
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Families report that early intervention services have helped their families to:

- know their rights;
- effectively communicate their children's needs; and
- help their children develop and learn.



What are the principles of the Infant-Toddler Program?

Families know and understand the needs of their child better than anyone else. The Infant-Toddler Program values and considers the role of the family as a key to the success of early intervention. For this reason, the family needs to be a true partner with members of the early intervention team. Children are best supported within the family, and the family is best supported within the community. Intervention activities that fit into your daily routine are more likely to give you the results you want for your child and family.

- *A child should be viewed as a child first, rather than a “special needs” child.*
- *Just as children and families grow and develop, supports and services should also change to meet their needs and choices.*
- *Early intervention is most beneficial when families are supported in meeting their child’s needs within the context of typical family activities and routines.*
- *Children with special needs are best served in settings that are used by all children.*
- *Family beliefs and values are important and are to be honored, as is the cultural (religious, ethnic, and racial) background of the family.*
- *Teamwork among families and service providers is important for planning early intervention supports and services.*

What have other families found to be helpful?

Families can learn a lot from other families and professionals who have experience with the early intervention system. You may want to keep in mind the following helpful hints:

- Remember that you are your child’s first and best teacher and **advocate**, with the passion, dreams, and commitment to guide important decisions about your child and the supports and services he or she may need.
- Share what makes you proud of your child.
- Know what your child likes and dislikes.
- Have a clear idea of your goals for your child and your family.
- Make a notebook of your child’s records and appointments. Keep track of questions or concerns you may have. Write down ideas and progress.

What other families have said about Early Intervention...



“The hopes and dreams for children are found in the hearts of their families. The family makes a lifetime investment of time, emotions, and finances. Early intervention helps families make those dreams a reality.”



What other resources may be helpful for my family?



North Carolina Infant-Toddler Program Policy and Procedure Manual

Details about topics covered in this handbook can be found in the *North Carolina Infant-Toddler Program Policy and Procedure Manual*. You can get a copy of the manual from your Early Intervention Service Coordinator and from www.ncei.org.

Family Support Network of North Carolina (FSN-NC)

Family Support Network of North Carolina (FSN-NC) promotes and provides support for families with children who have special needs. Through a network of affiliated local programs, families can access parent-to-parent support, information, workshops, and other activities. Disability-specific information and information about resources is available from resource specialists at the Central Directory of Resources by telephone at (800) 852-0042, from their web site at www.fsnncc.org, or by sending an e-mail to cdr@med.unc.edu. FSN-NC promotes and provides family support through a variety of activities offered by local programs and the state office.

Child Service Coordination Program (CSCP)

The Child Service Coordination Program, coordinated by local health departments, can serve children at risk for or diagnosed with developmental disabilities, social or emotional problems, and chronic illnesses who are not enrolled in the Infant-Toddler Program. The Child Service Coordination Program also serves as a valuable referral source to the Infant-Toddler Program for children who might be eligible. More information about the Child Service Coordination Program may be gotten from your local health department or from the Children and Youth Branch of the North Carolina Division of Public Health. The telephone number for the Children and Youth Branch is (919) 707-5611.

Exceptional Children's Assistance Center (ECAC)

The Exceptional Children's Assistance Center can provide you with information about disabilities and services. ECAC also provides parent education workshops and can help you work through problems or concerns you might have with an agency serving your family. Their toll-free number is (800) 962-6817 and their web address is www.ecac-parentcenter.org.

The Infant-Toddler Program Step-by-Step

This is an overview of the steps your family may take while in the Infant-Toddler Program

First Steps: Getting Started

1. Referral

- Anyone having concerns about your child may refer him or her to the Infant-Toddler Program.
- Referrals may be made by telephone, fax, in writing, or in person to the local CDSA.
- When the referral is received, an Early Intervention Service Coordinator will be assigned to assist your family.

2. Initial Contacts

- During your initial contacts with a service coordinator and other CDSA staff, you will be asked about your child, his or her development, and medical history.*

*These first meetings will help us learn your concerns and priorities as a family, your child's current strengths, and areas needing improvement, as well as successes and challenges you may encounter during daily routines.

Next Steps: Services

4. Individualized Family Service Plan (IFSP)

- Once your child is determined eligible for the Infant-Toddler Program, a service coordinator will guide the development of an IFSP.
- Development of the initial IFSP must occur within forty-five (45) days of the referral.

3. Evaluations and Assessments

- In order to determine if your child will benefit from Infant-Toddler Program services, evaluations and assessments need to be completed.
- The information gathered will show us your child's strengths and any areas of development that might benefit from early intervention support.

5. Delivery of Services

- Your child will receive the services as outlined in the IFSP.
- Services listed in the IFSP should begin no later than 30 days after the IFSP is developed and signed by the family.

6. IFSP Reviews

- As the needs of your child and family change, supports and services may also need to change.
- The IFSP will be reviewed at least every six months to make sure it still fits your priorities and your child's and family's needs.
- You can request an update or review of your IFSP at any time.

Future Steps:

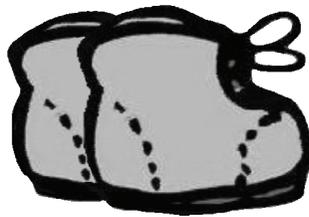
Leaving the Program

7. Transition

- Children transition out of the Infant-Toddler Program when they are no longer eligible for the program or when they turn three years of age.
- Transition plans are outlined in the IFSP.

Parents may choose to proceed at their own pace, stop eligibility determination, or withdraw from the program at any time.

First



Steps:

**Getting Started in
the Infant-Toddler
Program**



First Steps: Getting Started in the Infant-Toddler Program

What happens after my child is referred to the Infant-Toddler Program?

When your child is referred to the Infant-Toddler Program, your local Children's Developmental Services Agency (CDSA) will assign an Early Intervention Service Coordinator or EISC to your family. Your Early Intervention Service Coordinator will start by giving you information about the program, explaining your child's and family's rights, including the right to Individualized Family Service Plan development within forty-five (45) calendar days from referral to the Infant-Toddler Program.

Your Service Coordinator will talk with you about your concerns and priorities for your child. In addition, she or he will ask you about the resources and supports that you currently have available to your family.

During initial contacts with your Early Intervention Service Coordinator and other Infant-Toddler Program staff, you will be asked about your child and his or her development, daily routines, and medical history. You may also be asked for written consent for the Infant-Toddler Program to request pertinent information about your child from her doctor and others involved in her life.



What is an Early Intervention Service Coordinator?

Your Early Intervention Service Coordinator is your main contact in the North Carolina Infant-Toddler Program. Federal and state laws require that children and families served by the Infant-Toddler Program have an Early Intervention Service Coordinator.

Your Early Intervention Service Coordinator can help you:

- *Understand your rights under the North Carolina Infant-Toddler Program.*
- *Decide about your child's needs, your choices for supports and services, and the ways of getting those services.*
- *Find supports and services as outlined in your family's Individualized Family Service Plan and assure the provision and quality of those services.*
- *Find answers to questions you have about your child.*
- *Talk with other specialists involved with your child and family.*
- *Decide what supports and information you want, how much you want, and how you want to receive them.*
- *Find resources which may be helpful for your child and family.*
- *Plan when things need to get done and decide who should do them.*
- *Plan for changes in services by talking about options, visiting new programs, and making plans to prepare everyone for the change. This includes planning for services when your child reaches age three.*
- *Settle any disagreements with your early intervention team about things like eligibility for services, types of services, and fees for service.*

How will I know if my child could benefit from enrollment in the Infant-Toddler Program?

In order to determine whether your child is eligible for, and would benefit from, Infant-Toddler Program supports and services, evaluations and assessments need to be completed. The information gathered will show us your child's current strengths as well as areas that may present challenges for your child and family. In addition to helping to determine eligibility, the initial evaluation and assessment process helps to gather important information needed to plan and implement appropriate supports and services for your child and family.

If you are not sure if you have concerns about your child's development at the time of referral, CDSA staff will talk with you about your child's development and about your child's successes or challenges during daily routines. This discussion can help guide your decision about proceeding with an initial evaluation to determine eligibility.

What will happen during my child's initial evaluation?

The initial Infant-Toddler Program evaluation is individualized for each child and family. The evaluation is completed by a developmental specialist according to your child's needs. The number and types of specialists involved in the evaluation depend on your child's unique characteristics, needs, and your family's concerns. However, at least two people from different specialty areas must be a part of the evaluation team. The team will also review, with your consent, available information about your child such as medical records or previous evaluations.

Your child's development will be assessed in several ways, including observation, parent interview, and evaluations from qualified developmental professionals. Your Early Intervention Service Coordinator will help schedule the initial evaluation and will answer any questions you may have. Evaluation can be done in a variety of places and ways. It will most likely involve talking with you about your child, learning about your child by watching him or her play, and working with your child. Because you know your child best, you will play an important role in the evaluation process. Your Early Intervention Service Coordinator is responsible for making sure that your preferences and concerns guide the evaluation process.

It is important to tell your Early Intervention Service Coordinator or other CDSA staff about your child. For example, tell the staff if your child is shy around new people, has a favorite activity, or is not feeling well. The staff will use this information to make your child feel more comfortable or reschedule for another time. During the evaluation, the staff will only see your child for a short period of time. Your child may not do something that he or she usually does. If this happens, tell the staff what your child does with you or others that is different from what he or she did during the evaluation.



Evaluations are not tests that a child either passes or fails. They are a way of letting you know what your child does well and where he or she may need some help. Information from evaluations can help you choose the best types of supports and services for your child and family.



The Initial Infant-Toddler Program Evaluation and Assessment will consider:

- *Your family's concerns, resources, priorities, and routines.*
- *Your family's perceptions of your child's abilities and needs related to participation in everyday routines and activities.*
- *Your child's medical history and current health status.*
- *Your child's cognitive development (thinking and learning skills).*
- *Your child's physical development (moving, seeing, and hearing abilities).*
- *Your child's communication development (understanding and using sounds, gestures, and words).*
- *Your child's social-emotional development (responding to and developing relationships with other people).*
- *Your child's adaptive development (learning to take care of oneself, like feeding and dressing).*

How will I know if my child is eligible?



After the evaluations are complete and any existing and relevant records are reviewed, an eligibility determination meeting is held. You have the right to invite other people to participate in this meeting to discuss whether or not your child meets the eligibility criteria for the Infant-Toddler Program. If you choose, this meeting can occur immediately after initial evaluations are completed. You can also choose to have this meeting at the same time that you begin the development of the plan to map out the activities and supports you want if your child is eligible. If your child is not eligible, or if you choose not to enroll in the Infant-Toddler Program, other resources may be offered and discussed during this time. Sometimes eligibility determination may need to be delayed if the information provided or obtained is not adequate for determining eligibility. Detailed information about Eligibility Determination and family rights are in the *North Carolina Infant-Toddler Program Policy and Procedure Manual, Bulletin # 20 - Eligibility Determination*. A copy of the bulletin can be obtained from your Early Intervention Service Coordinator or from www.ncei.org.

Who is eligible to receive services from the Infant-Toddler Program?

Your child and family may receive Infant-Toddler Program supports and services if your child is younger than age 3 and your child meets criteria for one of the two eligibility categories described below.

Category I. Developmental Delay

The Infant-Toddler Program considers a child to have a developmental delay if he or she is considerably behind other children of the same age in one or more of the following areas:

- *Cognitive Development - thinking and learning skills*
- *Physical Development - moving, seeing, hearing and health*
- *Communication Development - understanding and using sounds, gestures, and words*
- *Social-Emotional Development - responding to and developing relationships with people*
- *Adaptive Development - taking care of oneself when doing things like feeding or dressing*

The stages that infants and toddlers go through are made up of different skills, such as walking and talking. These skills, or developmental milestones, usually happen by certain ages. Most children develop skills in a predictable order. They crawl before they walk, and they point before they use words to tell you what they want. However, it is important to remember that every child develops in his or her own style and at his or her own pace.

Category II. Established Conditions

A child is considered to have an established condition if the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Examples include certain genetic disorders, neurological disorders, severe prematurity, vision impairment, hearing loss or autism.

Note: The above descriptions are summaries and not complete definition of the eligibility categories. You can get more information by asking your Early Intervention Service Coordinator or from www.ncei.org.

What other families have said about Early Intervention...

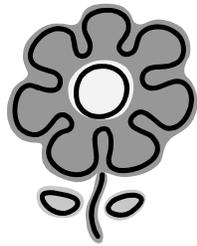


"It was such a relief to receive the technical knowledge and emotional support that the early intervention specialist provided. The helpless feeling that came with learning that our daughter was born with a disability was replaced with hope for her future and pride in knowing that we were helping our daughter reach her developmental milestones. Not only did we learn how to help Meika achieve her potential, we also learned how to be advocates for her with regard to her medical care and future educational needs. Meika was not the only one to benefit from her early intervention program - our entire family did, and we will always be grateful."



"When my two girls were born two months premature, and later diagnosed with long-term disabilities, I felt so helpless. I felt my life had spun out of control and my whole family was affected. Early intervention gave me and my family a chance to be actively involved in helping my girls reach their full potential. We were able to work together, seek out other families for support and, ultimately, put our lives back on track. The ultimate value of early intervention is that my family can live a "normal" life in an integrated society. My girls and their classmates have benefited from their mainstream experience. None of this would have been possible without early intervention."





**Next
Steps:
Infant-Toddler
Program Services
and Supports**



Next Steps: Infant-Toddler Program Services and Supports

Starting a new program or service can be confusing at first, until you understand how it works and what you should expect. Once you know that your child is eligible for early intervention services and you have decided to participate in the Infant-Toddler Program, the next step is to develop a plan with your Early Intervention Service Coordinator to address your child's and family's needs. This planning process will result in a written document called an **Individualized Family Service Plan**, or **IFSP**.

What is an Individualized Family Service Plan (IFSP)?

The IFSP is your family's written plan for the Infant-Toddler Program. It describes how you and your early intervention team will work together to address the needs identified for your child and family. The IFSP is based on information from your child's evaluation and from the concerns, resources, and priorities that you identified. Like a road map or travel itinerary, the IFSP shows where you are going (child and family outcomes or goals), how and when you might get there (services and projected time lines), and who will be going with you for support (service providers, family, friends and/or other community supports). The initial IFSP meeting can take place immediately following eligibility determination, or at another time that is convenient for you and the IFSP team.

Who will be involved in developing our family's IFSP?

You and your IFSP team will work together to develop your plan and to agree on any services and supports that will best meet the needs of your child and fit in with your family's routines. The people who must be involved are:

- *you (one or both parents, guardians, foster or surrogate parents)*
- *your Early Intervention Service Coordinator*
- *members of your evaluation team*
- *as appropriate, the providers of early intervention services for you and your child*
- *other family members if you choose*
- *an advocate or person outside of the family if you choose*

What does my signature on the IFSP mean?

You and your IFSP team will sign the plan. Your signature on the IFSP shows your participation, understanding, and consent to implement the plan. Should you disagree with all or part of the IFSP, you have the right to share your concerns and ask for changes. You may accept or decline any or all services suggested to you. You may also stop a service at any time.



State policy requires that the IFSP be developed and signed within 45 days of your child being referred to the Infant-Toddler Program. This ensures that your child and family receive timely early intervention support. A copy of the IFSP must be given to you after it is completed and signed.

Enrollment in the Infant-Toddler Program is voluntary. Parents may choose to proceed at their own pace, stop eligibility determination, accept some services while refusing others, or withdraw from the program at any time.

What can my family do to prepare for the IFSP meeting?

The IFSP meeting is your meeting, and it will focus on the needs of your child and family. Your Early Intervention Service Coordinator will help you understand the process and will guide the IFSP team in developing the plan.

- You will be given ten (10) days' written notice before the IFSP meeting is held. If you need more time to plan for the meeting, or if the meeting time does not suit your schedule, you may ask for the meeting to be held at another time.
- If you wish for anyone else to attend, ask that person to be there too, and let your Service Coordinator know.
- You can ask for and get a copy of your child's evaluation reports and any other written information before the meeting. If you would like to see a blank IFSP form before the meeting, ask your Early Intervention Service Coordinator or visit www.ncei.org.
- You know your child best. Think about your child and your family's daily routines. What is working well for your child and family? In what areas of development and in what daily routines are there challenges for your child? What people, places, or things motivate your child? Make a list of these things in preparation for the meeting.

What happens after the IFSP is written?

Once the IFSP is developed, your Early Intervention Service Coordinator will help you identify the community agencies that can provide the supports and services that have been identified for your child and family. The required Infant-Toddler Program services outlined on the IFSP should begin within the projected time as determined by the IFSP (no later 30 days of signing the initial IFSP or IFSP review). Your Early Intervention Service Coordinator will continue to work with you and the community providers to ensure that your child's needs are being met and that you are satisfied with all services being received.

What if I want to make changes to the IFSP?

The IFSP is a document that is designed to change as the needs of your child and family change. Every six months the IFSP team, which includes your family, must review the plan and make any needed updates or changes. Additionally, you or any member of the IFSP team can, *at any time*, request the team to meet to consider changes to the IFSP by notifying your Early Intervention Service Coordinator.

What services are available to my child and family?

In North Carolina, appropriate early intervention services are determined through the IFSP process. The IFSP team will decide the specific early intervention supports and services necessary to meet the unique needs of your child and family as identified through goals or outcomes on the IFSP. Federal regulations define early intervention services as services that are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing their child's development.

Required Services

A variety of services and supports are available through the Infant-Toddler Program. Some are **required services**. This means that the Infant-Toddler Program must make them available if they are determined appropriate through the IFSP decision-making process and included on your IFSP. Your Early Intervention Service Coordinator is responsible for helping you find a service provider.

Infant-Toddler Program required services include:

- **Assistive Technology Services and Devices**
- **Audiology Services**
- **Early Identification and Screening**
- **Evaluations and Assessments**
- **Family Training, Counseling, and Home Visits**
- **Health Services**
- **Medical Services (diagnosis and evaluation)**
- **Nursing Services**
- **Nutrition Services**
- **Occupational Therapy**
- **Physical Therapy**
- **Psychological Services**
- **Respite Services**
- **Service Coordination**
- **Social Work Services**
- **Special Instruction**
- **Speech-Language Therapy**
- **Transportation and Related Costs**
- **Vision Services**



A full definition of each service can be found in the *Parent Dictionary Part 1: Infant-Toddler Program Required Services* at the end of this Handbook. Detailed definitions of these services are also in the *North Carolina Infant-Toddler Program Policy and Procedure Manual, Bulletin #22 – Definitions of Infant-Toddler Program Services*. A copy of this Bulletin can be obtained from your Early Intervention Service Coordinator or from www.ncei.org.

Other Services

Other services may be listed on your IFSP, but are not required by law to be provided by the Infant-Toddler Program. Your Early Intervention Service Coordinator may help you locate and access these services. Examples of other services that are sometimes suggested are:

- **Child care**
- **Well-child care**
- **Genetic counseling**
- **WIC Program (Women, Infants, and Children)**

How will services be paid for?

The following Infant-Toddler Program services must be provided at no cost to your family:

- *child identification and screening;*
- *developmental evaluations and assessments;*
- *service coordination;*
- *activities related to developing and reviewing the IFSP; and*
- *activities related to making sure that your rights are protected and respected.*

The local Children's Developmental Services Agency (CDSA) contracts with community agencies to provide the required services listed on your family's IFSP. The CDSA and its contracted community **providers** use a **sliding fee scale** to determine what portion of the charges your family will be responsible for paying and what portion will be paid for by the Infant-Toddler Program. The sliding fee scale takes into consideration your family size and family adjusted gross income. Any fees for services must be explained to you and listed on your IFSP.

With your permission, the CDSA and its contracted providers will bill your insurance company for required services. However, they must allow you to pay the fee rather than having your insurance company billed, if you so choose. Medicaid will be billed for services if your child is covered by Medicaid.

If you have questions, or disagree with the cost of any service, talk your Early Intervention Service Coordinator.

What if our family wants services that are not listed on the IFSP?

The required early intervention services that are listed on your family's IFSP are those services agreed upon by the team and determined as needed to assist your child and family in achieving established IFSP outcomes or goals. The role of these early intervention services and service providers is to coach and support your family to enhance the development of your child.

The early intervention system values the importance of the role of the primary medical provider and other medical specialists in the lives of families. If you receive a recommendation from a medical professional, the IFSP team will be convened to discuss the recommendations.

There may be times when you would like additional services for your child and family that do not fit under the definition of early intervention services or are not agreed upon as needed by the IFSP team. In this case, the Infant-Toddler Program would not have any responsibility for providing or funding these services. These additional services can be listed in the "Other Services" section of the IFSP if you request. It is valuable to list all the services being received by your child so the IFSP can serve as a comprehensive picture of your child's services.

You have the right to disagree with IFSP team decisions regarding these and all matters. Please talk with your Early Intervention Service Coordinator and refer to the *North Carolina Infant-Toddler Program Notice of Child and Family Rights* for additional information about your rights to written prior notice, **mediation**, and **administrative due process hearings**.

What should my family consider when choosing a service provider?

The local CDSA contracts with a variety of community agencies to provide the required early intervention services that may be listed on your child's IFSP. Some areas of North Carolina have more contract providers available than others. If a contract provider is not available to provide a required early intervention service that is listed on your child's IFSP, a CDSA staff person may provide the service. After a service is identified as a need and approved through the IFSP process, your Early Intervention Service Coordinator will provide your family with a list of contract providers in your area.

All of the individuals or employees of contract community agencies are required to maintain current certification and licensure in their field of work. In addition, providers of early intervention special instruction and service coordination are required to obtain and maintain an Infant, Toddler and Family certificate administered by the Division of Public Health's Early Intervention Branch. Finding the best early intervention providers is an important decision and requires some time and thought on your part.



The following questions may be helpful in making your selections:

- Does this person or agency have hours available that will fit our family's schedule?
- Does this person or agency provide services in the home or community settings such as parks or child care centers?
- Does this person have experience or special knowledge about my child's unique needs?
- Does this person have experience working with children the same age as my child?

Getting to know your early intervention providers will take time and ongoing communication. If you are ever dissatisfied with any service or service provider, talk with your Early Intervention Service Coordinator. He or she will assist you to identify resolutions or options that will better meet the needs of your child and family.



Remember:

Ongoing communication between you, your Early Intervention Service Coordinator, and your service providers is important to effectively meet the needs of your child and family.

How and where are early intervention services provided?

There are many ways to support your child's development. The therapists, teachers, or other early intervention specialists will work directly with your child to help him or her learn and practice new skills. They will also coach your family and, if appropriate, other people such as child care staff on ways to help your child learn and develop during his or her daily activities and routines. This way your child has the benefit of getting the help he or she needs every day rather than just when the "specialist" is working with your child.

Services can be provided in different places. Children can be at home with their families or with other care providers when they receive services. Places in your community where your child can receive services might be a child care program, a playgroup, a park, or the library. All of these places are called **natural environments**. IDEA defines natural environments as "settings that are natural or normal for the child's age peers who have no disabilities."



Why are natural environments important?

When early intervention services are embedded into your family's routines and activities, your child will have more opportunities throughout the day to practice and learn new skills and will be more likely to achieve desired outcomes. Federal law requires that to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments including the home and community settings in which children without disabilities participate. Therefore, services are to be provided in natural environments unless the IFSP team determines that your child's needs cannot be met there. In choosing services, it is important to think about those natural environments where your child learns best. When deciding about the location of services, you and your IFSP team should consider all of the natural environments in your community.

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The concept of “natural environments” is not just about a location or place. When and how early intervention services are provided is also important. Receiving early intervention in natural environments for your child means...



- **Early intervention services are provided in a setting where your child and family normally spend your time, or would spend your time if your child did not have a disability or developmental delay.**
 - **Using community resources as opportunities for your child's learning and activities such as local parks, recreation programs, public libraries, bookmobiles, stores, friends' or relatives' homes, child care programs, churches and other places of worship, restaurants, playgrounds, nature trails, museums, or community events.**
 - **Focusing on IFSP outcomes that are functional – related to your child's participation in your family's everyday routines and activities.**
- **Identifying ways to weave early intervention strategies and services into the context of your family's routines and activities.**
 - **Using familiar materials naturally available in your home and community to implement intervention strategies.**
 - **Early intervention providers assist you in providing your child with opportunities to practice skills throughout his or her daily life.**
 - **Increasing the opportunity for your child to learn from other children close to his or her age.**
 - **Providing your child with opportunities to have positive interactions with other children (with and without special needs).**

What other families have said about Early Intervention...



"Early intervention undeniably has been a godsend. They were our strength and encouragement when we were down, and there were times like that. They enlightened us and showed us things we could do. One thing they told us was never put a limit on Joey's capabilities. You can't give up. Keep working, set your goals to an obtainable reach, and when you achieve that, then set another one."

**Future
Steps:
Leaving the
Infant-Toddler
Program**





Future Steps: Leaving the Infant-Toddler Program

How long will my child and family participate in the Infant-Toddler Program?

The North Carolina Infant-Toddler Program serves eligible children from birth until their third birthday. Some children meet or achieve all of the goals on their Individualized Family Service Plan (IFSP) and graduate from the Infant-Toddler Program before age three. Transition plans are required by law for children moving from early intervention beyond the Infant-Toddler Program at age three. For children who graduate and leave the Infant-Toddler Program before age three, the IFSP team will help you determine your future steps through a transition planning process.

Transitions are natural events for all of us. Remember your first day of school or moving to a new home? What about the day you brought your new baby home? Successful transitions require planning ahead and working with others who can help.

What is transition planning?

Your family may be content with the supports and services you and your child receive through the Infant-Toddler Program. As your child approaches age three, it may be hard to think about a change or transition. Transition planning is an ongoing process and happens in many different ways, such as through informal discussion and scheduled meetings. Your Early Intervention Service Coordinator will guide you through the transition planning process and will facilitate the development of a written Transition Plan to be included in your family's IFSP.



Transition planning activities include:

- Discussion and information gathering about options for future placement, services, and supports in your community;
- Help in preparing you and your child for changes in services; and
- Providing information about your child (such as evaluation and assessment reports, and IFSPs), with your written consent, to other service providers.

Planning ahead...

The following questions can guide you during transition planning and in thinking about your child's unique strengths and needs.

Future supports and services:

- What goals do I continue to have for my child as he approaches age three?
- Does my child and family need community supports and services to help reach our goals?
- What community supports and services will best help our family reach these goals?
- What supports and services are available in my community for families with children ages three and four?

Skills needed by the child:

- Are there skills my child needs to learn to be successful, such as self-care needs, following directions, playing with others?
- Who will teach these skills to my child?
- What are the routines in which my child will naturally practice these skills?

Changes in the setting/environment:

- If my child will be transitioning to a new environment, are there changes that can be made in my child's current environment that will reflect the new environment?
- Are there toys, books, equipment, or other objects to adapt or obtain which will be needed or used in the new environment, such as feeding utensils or special seating?

Identifying and accessing community resources/family activities:

- Are there community resources or activities that would support learning in the next environment, such as playing and working with others and/or riding a school bus?

Contact people and information:

- Who are the contact persons in the next program, for example the public school preschool program or the neighborhood childcare program?
- What information do I need to share with the next program about my child and his daily routines?
- Can I talk with families who have recently transitioned out of the North Carolina Infant-Toddler Program?

What services are available after leaving the Infant-Toddler Program?

Each community in North Carolina is unique in the types of supports and services that may be available for children ages three and four.

Your Early Intervention Service Coordinator will help you find options available in your community.

Some of these options may include

- Friends with young children
- Local parent support organizations
- Playgroups
- Private child care centers or preschools
- Head Start
- Mother's Morning Out programs
- Library story hours
- Community recreation programs
- Private therapy services
- Community nonprofit organizations that focus on parenting
- Child Service Coordination through local health departments
- Local mental health facilities that provide case management and other services for children and adults with developmental disabilities

Exceptional Children's Preschool Program Services

For children who meet the eligibility requirements, the public schools offer Preschool Program services for three- and four-year olds with special needs. Preschool Program services are an umbrella of services that vary depending on the individual needs of your child.

If your child is potentially eligible for Preschool Program services, the Infant-Toddler Program is required to send limited information (your child's name, date of birth, and date of enrollment in early intervention, along with your family's name, address, and phone number) to public school personnel responsible for **child find** as early as your child's second birthday. Only the local school system can determine eligibility for the Preschool Program services.

When should transition planning begin?

From age two to age three, there are important times when things should happen so your child's services and supports are not disrupted. Through the transition planning process, you and your early intervention service coordinator will develop ways to make sure that your child's needs are being met and that the transition will be successful.



AGE 24 - 27 Months

Around your child's second birthday, you and your service coordinator will begin working on a transition plan. Because transition happens over time, you and your IFSP team will discuss and project several activities that will be completed over the next year. Your transition plan should include important time frames for helping map out the transition, such as referrals, evaluations, and assessments, as well as individual transition planning conferences or meetings. The transition plan could include learning more about services in your community such as child care, preschool, the North Carolina Child Service Coordination Program (CSC), special education services through the public school system, or Head Start. This is the time to ask questions about these other settings and programs, and you may want to visit them.



AGE 27 - 33 Months

As early as 9 months prior to your child's third birthday but no later than 3 months (90 days) before your child's third birthday, a transition planning conference will be held between you, your Early Intervention Service Coordinator, current service providers, and others who may be working with your child and family after your child turns three. If your child is potentially eligible for Preschool Program services, a representative from the public school system preschool program will be invited, with your permission. At this meeting, you will review your child's outcomes on the IFSP including transition planning activities, share information about your family's concerns and priorities, and talk about the range of service options that are available to your child and family. Depending on what services you are exploring for your child after age three, you may be asked that your child receive certain evaluations or assessments by school or other agency staff to help determine eligibility for these programs and services. During this time, you may want to visit potential school classrooms or other programs in your community.



AGE 34 - 36 Months

If your child meets the eligibility criteria for Preschool Program services, you, the local public school system staff, and others who have knowledge about your child will develop an **Individualized Education Program (IEP)** to begin on your child's third birthday. Your family's Early Intervention Service Coordinator may also participate in the IEP development process and will continue to assist your family to ensure a smooth transition from the Infant-Toddler Program to Preschool Program services.

If you are considering other community supports and services, your Early Intervention Service Coordinator will continue to help your family explore the resources needed for your family to be successful after leaving the Infant-Toddler Program.

At age three, your child will age out of the Infant-Toddler Program and is no longer eligible to receive Infant-Toddler Program supports and services. This can be an exciting time of new beginnings for your child and family. Your transition from the Infant-Toddler Program will give you a chance to learn and practice planning skills that you can use in the future. All transitions are more successful when families and service providers work through the process together.

Your



Family's Rights



Your Family's Rights

Under the North Carolina Infant-Toddler Program, you have the following rights:

- The right to a timely **multidisciplinary evaluation** and **assessment**, and the development of an Individualized Family Service Plan (IFSP) within forty-five (45) calendar days from referral to the Infant-Toddler Program;
- If eligible under the Infant-Toddler Program, the right to appropriate early intervention services for your child and family as addressed in an IFSP;
- The right to evaluation, assessment, development of IFSP, service coordination, and procedural safeguards at no cost;
- The right to refuse evaluations, assessments, and services;
- The right to be invited to and participate in all IFSP meetings;
- The right to receive written notice ten (10) calendar days before a change is proposed or refused in the identification, evaluation or placement of your child, or in the provision of services to your child or family;
- The right to receive services in your child's natural environment to the maximum extent appropriate;
- The right to maintenance of the confidentiality of personally identifiable information;
- The right to review and, if appropriate, correct early intervention records;
- The right to timely resolution of complaints;
- The right to mediation and an administrative due process hearing to resolve Individual Child Complaints; and
- The right to file a request to resolve a complaint through the State Complaint Resolution System.

In addition to the general rights listed here, your family is entitled to be notified of specific **procedural safeguards** under the North Carolina Infant-Toddler Program. These procedural safeguards are your protection that you will be the key decision-maker and that early intervention agencies will follow required procedures. These safeguards include **Parental Consent, Prior Notice, Examination of Records, Confidentiality of Information, Individual Child Complaint Resolution (including Mediation and Administrative Due Process Hearing), State Complaint Resolution, and Surrogate Parent Assignment**. A brief description of each begins on the next page. An official notice and detailed definition of these rights is found in the *North Carolina Infant-Toddler Program Notice of Child and Family Rights*. A copy of this document will be given to you by your Early Intervention Service Coordinator. You can also obtain a copy from www.ncei.org.

Your Early Intervention Service Coordinator will review rights with you when you begin with the Infant-Toddler Program and every year that your child is in the program. You will also be reminded of your rights at certain other times during your involvement with the Infant-Toddler Program. Your rights begin as soon as your child is referred to the Infant-Toddler Program and continue throughout your child's enrollment.



Parental Consent

The Infant-Toddler Program needs your permission to take actions that affect your child. For example, you will be asked to give your consent in writing before we evaluate or provide services. Be sure you completely understand the suggested activities. By being involved, you can help the Infant-Toddler Program plan services that match your family's preferences and needs. You can say no to some services and still get other services. If you decide to try other services at a later date, you can give your consent then.

Written Prior Notice

The Infant-Toddler Program must give you ten (10) days of advance written notice and information about actions affecting your child and family. You know your child best. The information you share with us will ensure that the evaluations and services are right for you. The written notice or "paper work" assures that you get the details before any activity. The following examples include, but are not limited to, events for which you must receive written prior notice:

- Before evaluations or formal screenings are conducted;
- Before the meeting where eligibility for the program will be determined;
- Before initial and annual Individualized Family Service Plan (IFSP) meetings and before any reviews of the IFSP, including those related to transition planning;
- Before any changes to services listed on the IFSP occur or the beginning of new services;
- Before determining your child is no longer eligible for the program; and
- Before your child exits from the program.

Your family has the right to, and may agree to proceed with, an activity prior to the 10 days. A written notice providing the details of the activity must still be given to you.

Examination of Records

The early intervention record is your family's record. You can see anything in the Infant-Toddler Program record about your child and family, except as excluded by law. If you do not understand the way records are written, the information in your child's record will be explained to you. You are a team member and we want you to have the same information as the other team members.

Confidentiality of Information

The Infant-Toddler Program values the information you and other service and health care providers have learned about your child. We can ask others for this information, but we need your written permission or authorization to do so. Just as the Infant-Toddler Program needs your permission to get information about your child from other providers, the records that the Infant-Toddler Program will develop will not be shared with anyone unless you give your written authorization, except as required by law.

Individual Child Complaint Resolution

There may be times when you and your early intervention team cannot reach an agreement about services. The disagreement may be about such things as:

- your child's evaluation, or decisions about eligibility for services;
- the types of early intervention services included in your IFSP, who will provide the services, where the services are provided, or how often the services are provided; or
- the fees for services that your child receives.

If this occurs, please talk with your Early Intervention Service Coordinator and with staff of the local CDSA. Often you can work out a change that will meet your needs and preferences. If you continue to disagree, there are procedures for resolving your concerns. Individual child complaint resolution involves the formal resolution of concerns and disagreement between a parent and the Infant-Toddler Program through the use of mediation and/or an administrative due process hearing.

Mediation

When informal ways of sharing your concerns do not work, you may submit a written request for complaint resolution. Mediation will be offered as a voluntary first step. A trained, impartial mediator will facilitate problem-solving between you and the Infant-Toddler Program. You may be able to reach an agreement that satisfies you both. If not, an administrative due process hearing can occur to resolve your complaint. Mediation will not slow down the hearing process.

Administrative Due Process Hearing

If the mediation process does not result in an agreement, or you desire to begin with an administrative due process hearing, this formal procedure begins with a written request from you. The hearing will assure that a knowledgeable and impartial person from outside the program hears your complaint and decides how to best resolve it.

State Complaint Resolution

An individual or organization may file a complaint that a public agency or private service provider participating in the North Carolina Infant-Toddler Program is violating a federal or state requirement.

The complaint must be in writing, signed, and include a statement of the alleged violation and the facts substantiating the complaint.

Note – All Mediation, Administrative Due Process Hearing, and State Complaint Resolution requests should be submitted in writing to:

Early Intervention Branch Head
Division of Public Health
1916 Mail Service Center
Raleigh, NC 27699-1916



Surrogate Parent Assignment

State and federal regulations require that a child has a right to have a surrogate parent represent them in Infant-Toddler Program matters when a parent is not identified, cannot be located or the child is a **ward of the state**. A surrogate parent is appointed to protect the rights of the child under the Infant-Toddler Program and has responsibilities in all Infant-Toddler Program matters, including, but not limited to:

- providing all needed consents such as consent for evaluation or service delivery and authorization for the release of information;
- representation during evaluations and assessments, including being present and contributing;
- the development, implementation, and signing of the Individualized Family Service Plan (including six-month reviews, annual meetings, and any other times when changes are made);
- the ongoing provision of early intervention services; and
- involvement in complaint resolution procedures.

**Parent
Dictionaries**





Parent Dictionary - Part I:

Infant-Toddler Program Required Services

The language for these definitions is taken directly from the regulations of the federal law IDEA. Therefore, the wording may not be as family-friendly as the other parts of this handbook. Please talk with your Early Intervention Service Coordinator if you need further information or explanation.

Assistive Technology Services and Devices

An **assistive technology device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, used to increase, maintain, or improve the functional capabilities of children with disabilities. **Assistive technology service** means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities;
- selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- training or technical assistance for a child with disabilities or, if appropriate, that child's family, and
- training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

Audiology Services

Audiological services include any services or equipment that may be needed to address a child's needs with relation to his or her auditory skills. Audiological services include:

- identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;
- determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- provision of auditory training, aural rehabilitation, speech reading, signed language and cued language, listening device orientation and training, and other services;

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Audiology Services *(continued from previous page)*

- provision of services for prevention of hearing loss; and
- determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Early Identification and Screening

The procedure used to ensure the identification, location, and evaluation of all children with developmental delay or established conditions, regardless of the severity or type, who are in need of special education and related services. This includes public awareness and child find activities such as sharing information about the Infant-Toddler Program with primary referral sources (e.g., physicians, child care providers).

Evaluation and Assessment

Evaluation is the procedure to determine:

- a child's initial and continuing eligibility for the Infant-Toddler Program;
- the child's level of functioning in each of the following developmental areas:
 - cognitive development;
 - physical development, including gross and fine motor function, vision, and hearing;
 - communication development;
 - social-emotional development; and
 - adaptive development; and
- a medical perspective of the child's development, including a review of pertinent records related to the child's current health status and medical history.

Assessment is the ongoing procedure used throughout the period of a child's eligibility in the Infant-Toddler Program to determine:

- the child's unique strengths and needs in each of the developmental areas and the services appropriate to meet those needs; and
- the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Family Training, Counseling and Home Visits

Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under the Infant-Toddler Program in understanding the special needs of the child and enhancing the child's development.

Health Services

Services necessary to enable a child to benefit from the other early intervention services under the Infant-Toddler Program during the time that the child is receiving the other early intervention services.

Health services include:

- clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
- consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

Health services do not include:

- services that are surgical in nature (e.g., cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
- services that are purely medical in nature (e.g., hospitalization for management of congenital heart ailments, or the prescription of any medicine or drugs for any purpose);
- devices necessary to control or treat a medical condition; or
- medical-health services (e.g., immunizations, regular well-baby care) routinely recommended for all children.

Medical Services

Services, only for diagnostic or evaluation purposes, provided by a licensed physician, to determine a child's developmental status and need for early intervention services.

Nursing Services

Services necessary to enable a child to benefit from the other early intervention services under the Infant-Toddler Program during the time that the child is receiving other early intervention services:

- assessment of a child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development of the child; and
 - administration of medications, treatments, and regimens prescribed by a licensed physician.





Nutrition Services

- Conducting individual assessments in: nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems, and food habits and food preferences;
- developing and monitoring appropriate plans to address the nutritional needs of children eligible under the Infant-Toddler Program, based on the individual assessment; and
- making referrals to appropriate community resources to carry out nutritional goals.

Occupational Therapy

Services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve a child's functional ability to perform tasks in home, school, and community settings. These services include:

- identification, assessment, and intervention;
- adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

Physical Therapy

Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Psychological Services

- Administering psychological and developmental tests and other assessment procedures;
- interpreting assessment results;
- obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

Respite Services

A time-limited, intermittent family support service that enables parents to participate in or receive other early intervention services in order to meet the outcomes on the child's and family's Individualized Family Service Plan. Examples include the parent participating in sign language classes in order to assist the child in developing communication skills, meeting with a psychologist to design appropriate behavioral management strategies when the child is exhibiting inappropriate behavior, attending Individualized Family Service Plan meetings and reviews, and obtaining counseling or psychological services for himself. *(For additional information, see the North Carolina Infant-Toddler Program Policy and Procedure Manual, Bulletin #26 - Transportation and Respite.)*

Service Coordination

Activities carried out by a service coordinator to assist and enable a child eligible for the Infant-Toddler Program and the child's family to receive the rights, procedural safeguards, and provision of services under the Infant-Toddler Program. Service coordination is an active and ongoing process, and each child eligible for the Infant-Toddler Program must be provided with one service coordinator who is responsible for:

- coordinating all services across agency lines;
- serving as a single point of contact in helping the parent to obtain the services and assistance they need;
- assisting parents of eligible children in gaining access to the early intervention services and other services identified in the Individualized Family Service Plan;
- coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- facilitating the timely delivery of available services;
- continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility;

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Service Coordination *(continued from previous page)*

- coordinating the performance of evaluations and assessments;
- facilitating and participating in the development, review and evaluation of Individualized Family Service Plans;
- assisting families in identifying available service providers;
- coordinating and monitoring the delivery of available services;
- informing families of the availability of advocacy services;
- coordinating with medical and health providers; and
- facilitating the development of a transition plan to preschool services, if appropriate.

Social Work Services:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interactions;
- preparing a social or emotional developmental assessment of the child within the family context;
- providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Special Instruction

- The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interactions;
- curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- providing families with information, skills, and support related to enhancing the skill development of the child; and
- working with the child to enhance the child's development.

Speech – Language Therapy

- Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in the development of communication skills; and
- provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in the development of communication skills.

Transportation and Related Costs

The cost of travel (e.g., mileage reimbursement, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under the Infant-Toddler Program and the child's family to receive early intervention services.

Vision Services

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- communication skills training, orientation and mobility training for all environments, visual training, independent living skills, and additional training necessary to activate visual motor abilities.





Parent Dictionary - Part 2: **Definitions of Early Intervention Words**

Definitions given here are very basic and may lack details about what is required under the law. For additional information, talk with your Early Intervention Service Coordinator.



A Adaptive Development

Skills that children develop that allow them to take care of themselves and become independent (such as feeding and dressing).

Adjusted Age (AA)

The age of a child, minus the number of weeks the child was born prematurely. For example, if a child was born 10 weeks premature, and currently is 34 weeks old, the child's adjusted age is 24 weeks.

Administrative Due Process Hearing

A formal process for settling disagreements about Infant-Toddler Program services. An Administrative Hearing Officer, trained and selected by the Early Intervention Branch, is in charge of the process.

Advocacy

The process of speaking for, writing in favor of, supporting, and/or acting on behalf of oneself, another person, or a cause. In obtaining the appropriate educational services for a child, advocacy can be defined as action or intervention in the service system on behalf of a child to ensure or obtain the best possible services for that child.

Assessment

The ongoing process of gathering and using information about how a child is developing, and determining areas of strength and need.

Assistive Technology Resource Center (ATRC)

A place where parents and service providers learn how to use special equipment. The ATRCs also loan special equipment and developmental toys to children and families.

Arc (Formerly the Association for Retarded Citizens)

A national association with state and local chapters that works to encourage programs and activities for persons of any age with mental retardation and other developmental disabilities.

Augmentative Communication

A collection of techniques, symbols, equipment, and interaction strategies to facilitate communication, which may include sign language, picture boards, electronic communication devices, microcomputers, or a combination of systems.

Autism

A pervasive developmental disorder characterized by a pattern of deficits that include impaired communication skills, failure to develop social relationships, and restricted, repetitive, and atypical behaviors.



B BEGINNINGS for Parents of Children who are Deaf or Hard of Hearing

A non-profit agency providing an impartial approach to meeting the diverse needs of families with children who are deaf or hard of hearing and the professionals who serve them.



C Child Development Center

A name used by some childcare programs.

Child Development Specialist

See **Early Childhood Special Education Teacher**.

Child Find

A process developed by each state for identifying children potentially eligible for the Infant-Toddler Program and Preschool Program Services. North Carolina child find requirements allow referral sources to share the child's name, date of birth, address, telephone number, parent's name, and the general fact that the child may be eligible for the program.

Child Outcomes

The benefits experienced by a child as a result of receiving early intervention services. (Also see **family outcomes**)

Child Service Coordination (or Coordinator) (CSC)

A service coordinated by local health departments that serves children at risk for, or diagnosed with, developmental disabilities, social or emotional problems, and chronic illnesses who are not eligible for the Infant-Toddler Program. The Child Service Coordinator is the person who provides child service coordination.

Children's Developmental Services Agency (CDSA)

The local lead agency for the North Carolina Infant-Toddler Program.

Children's Special Health Services Program (CSHS)

A funding stream coordinated through the N.C. Division of Public Health. Assists in covering the cost of some services related to medical conditions.

Chronological Age (CA)

The actual age of an individual which is determined from his or her date of birth. Chronological age can be expressed in years, months, and days.

Cognitive Development

Skills that children develop that allow them to think, learn, problem-solve, and remember.

Communication Development

Skills that children develop that allow them to understand language and tell others what they think, feel, want, or need. Signs, gestures (such as looking and pointing), and talking are all means of communication.

Community Alternatives Program for Children (CAP/C)

Formerly referred to as "Katie Beckett." A Medicaid program that provides case management and home care services to medically fragile children from birth through age eighteen who would otherwise require long-term hospital care or nursing facility care.

Community Alternatives Program for Persons with Mental Retardation or Developmental Disabilities (CAP-MR/DD)

A Medicaid waiver program that provides community services and case management to individuals of any age who qualify for care in an intermediate care facility for the mentally retarded (IFC-MR). The focus is to enable individuals to remain in the community instead of residing in an institution.

Community - Based Rehabilitative Services (CBRS)

A service provided in order to correct, reduce, or prevent further deterioration of identified deficits in a child's mental or physical health or to restore the developmental capacity of children believed to be at risk for such deficits because of specific medical, biological, or environmental risk factors.

Concerns

Areas that family members identify as needs, issues, or problems they want to address as part of the IFSP.

D Department of Health and Human Services (DHHS)

A state agency that is responsible for ensuring the health, safety, and well-being of all North Carolinians. It administers the Division of Public Health; Division of Medical Assistance; the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; the Division of Social Services; the Office of Education Services; and other agencies.

Department of Public Instruction (DPI)

A state agency that is responsible for the administration and oversight of North Carolina's public schools.

Developmental Age (DA)

The age at which a person is functioning.

Developmental Delay (DD)

When a child's growth or skill development is slower than that of most other children of the same age.

Developmental Milestones

The skills a child learns at certain times throughout infancy and childhood such as sitting, crawling, or walking.

Disability

An impairment associated with a person's limitations in everyday activities.

Developmental Milestones

The skills a child learns at certain times throughout infancy and childhood such as sitting, crawling, or walking.

Disability

An impairment associated with a person's limitations in everyday activities.

Division of Child Development (DCD)

A state agency that licenses and monitors all childcare programs in the state, administers child care subsidies, promotes professional development of child care providers, administers Smart Start, and provides administrative oversight for the North Carolina Interagency Coordinating Council.

Division of Public Health (DPH)

A state agency that provides a wide range of programs and services aimed toward protecting and improving the health of the people who live and work in North Carolina.

Division of Services for the Blind (DSB)

A state agency that oversees programs for persons who are blind or visually impaired.

Division of Services for the Deaf and Hard of Hearing (DSDHH)

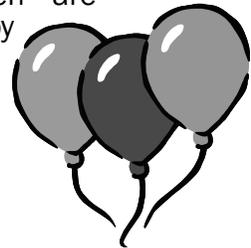
A state agency that oversees programs for persons who are deaf, hard of hearing, and deaf-blind.

Division of Social Services (DSS)

A state agency that provides such things as information, referral, follow-up case management, and foster care support. Also refers to the local Department of Social Services.

Due Process

The family's right to have a formal review of disagreements about services they or their children are eligible to receive by law.



E Early Childhood Special Education Teacher

A specialist trained in child development and ways to help children effectively develop and learn needed skills. This person may provide special instruction in a child's home, or in a center, or may be a teacher in a childcare program.

Early Intervention Branch

State lead agency for the N.C. Infant-Toddler Program, under the Women's and Children's Health Section of the Division of Public Health. The program is governed by the federal Part C of the Individuals with Disabilities Education Act (IDEA).

Early Intervention Services

Generally, services to help families with young children, aged birth to five years, with special needs. These services help young children grow and develop, and support their families in caring for them.

Early Intervention Service Coordinator (EISC)

The title given to the providers of service coordination under the North Carolina Infant-Toddler Program.

Exceptional Children's Assistance Center (ECAC)

A useful resource for information regarding preschool and school-aged children with disabilities and their rights in the school system in public education.

Exceptional Children's Preschool Program Services (Part B of the IDEA)

Early intervention services for children ages three and four years, based on an Individualized Education Plan (IEP). In North Carolina, these are provided by, or are under the supervision of, local public school systems.

Early Intervention Program for Children who are Deaf or Hard of Hearing

A program that provides early intervention for children from birth to age three who are deaf or hard of hearing. The North Carolina Department of Health and Human Services, Office of Education Services, administers the program.

F Family Support Network of North Carolina (FSN-NC)

An agency that provides support and assistance to families of children with special needs through a statewide network of parent-to-parent programs. FSN operates the Central Directory of Resources.

Family Outcomes

The benefits experienced by a family as a result of receiving early intervention services. (Also see **child outcomes**)

Fee

Charges paid to service providers, based on services provided.

Fine Motor Development

Skills that children develop which rely on their small muscles (such as holding materials, turning knobs, using snaps and buttons).

FERPA

The Family Educational Right and Privacy Act. A federal law that protects the privacy rights of children and families enrolled in the Infant-Toddler Program, students, and parents.

G Governor Morehead Preschool Program (GMP)

A statewide program that provides early intervention for children ages birth to five years who have visual impairments. The North Carolina Department of Health and Human Services, Office of Education Services, administers the program.

Governor's Advocacy Council for Persons with Disabilities (GACPD)

A council that provides information and assistance in situations involving the rights of persons with disabilities.

Gross Motor Development

Skills that children develop which rely on their large muscles (such as crawling, sitting, walking).

H HIPAA

Health Insurance Portability and Accountability Act of 1996. A federal law that protects the confidentiality of medical records and other personal health information. It limits the use and release of individually identifiable health information, gives patients the right to access their medical records, and restricts most disclosure of health information to the minimum needed for the intended purpose.



I Inclusive

Services provided to children with special needs in settings that also serve those children who do not have special needs. These services are typically located in a preschool, childcare center, or day care home. When a child is in an inclusive setting, the early intervention professional works with the child in that setting, and provides consultation, training, and support to the staff of the setting. Another name for an inclusive setting is a natural environment.

Individual Child Complaint Resolution

The formal resolution of concerns and disagreement between a parent and the Infant-Toddler Program through the use of mediation and/or an administrative due process hearing.

Individualized Education Program (IEP)

Written document listing the services and resources a child will receive when he or she is eligible to receive his/her education through the public schools at age three.

Individualized Family Service Plan (IFSP)

A process to plan services for a child and his/her family, and a written document of that process. The process involves a joint planning effort between parents and specialists. The written document lists the services a child needs in order to grow and develop, and the services the family needs in order to help their child grow.

Individuals with Disabilities Education Act (IDEA)

A federal law that requires special services for children birth to age 21 years with special needs. Part B provides for children age three to 21. Part C provides for children birth to age three.

Infant-Toddler Program (Part C of IDEA)

The North Carolina early intervention program for children younger than age 3 and their families.

In Loco Parentis

A person, other than a natural or adoptive parent or legal guardian, who has assumed the status and obligation of a parent without being awarded legal custody by a court.

Interagency Coordinating Council (ICC)

An advisory group for the implementation of an interagency system of services. There are two interagency councils associated with the Infant-Toddler Program: the North Carolina Interagency Coordinating Council (NC-ICC), and the Local Interagency Coordinating Councils (LICCs).

L **Least Restrictive Environment (LRE)**

An educational setting or program that provides a child with special needs opportunities to work and learn to the best of his or her ability. It also provides the child with as much contact as possible with children without disabilities, while meeting all of the child's learning needs and physical requirements.

Local Education Agency (LEA)

A term used to describe the local public school system.

Local Interagency Coordinating Council (LICC)

A community group of people that includes early intervention agencies, parents, and other interested parties that are committed to young children and their families. This group works to support all local early intervention efforts.

M **Mediation**

A process for settling disagreements about Infant-Toddler Program services. A **Mediator** trained and selected by the Early Intervention Branch is in charge of the process.

N **Native Language**

When used with reference to persons of limited English proficiency, this means the language or mode of communication normally used by the person.

Natural Environments

Early Intervention service settings, to the maximum extent appropriate to the needs of the child, that are natural or normal for the child's age peers who have no disability.

Neonatal Intensive Care Unit (NICU)

The unit in the hospital that cares for premature infants and very ill babies until their transfer to the regular nursery.

North Carolina Partnership for Children (NCPC)

A state agency that administers the state's Smart Start Program. Provides some funding for early intervention services

O **Outcomes (or goals as related to the IFSP)**

Statements of expectations or changes that families want for themselves and their children as a result of early intervention services, written in Individualized Family Service Plans.



P Parent

A parent is...

- a. a natural or adoptive parent of the child (unless there has been legal action that terminates parental rights or there is a judicial order preventing a non-custodial parent from assuming legal responsibilities); or
- b. in the absence of a natural or adoptive parent, a legal guardian (other than the county Department of Social Services); or
- c. in the absence of a natural or adoptive parent or legal guardian, a person acting in the place of a parent or “in loco parentis” (e.g., grandparent, stepparent, another relative, a friend of the family with whom the child lives); or
- d. in the absence of any of the above options, a surrogate parent who has been assigned in accordance with Infant-Toddler Program policy.

Pediatric Intensive Care Unit (PICU)

The unit in the hospital that cares for babies and children who are seriously ill or injured until they are transferred to the pediatric unit.

Personally Identifiable Information

Any information that identifies or might enable a person to contact or locate the person to whom such information pertains.

Physical Development

Moving, seeing, and hearing abilities.

Priorities

A family’s choice as to how early intervention will be integrated into the family’s life; what is most important to the family.

Procedural Safeguards

Rules and procedures that protect rights specified by IDEA. Often referred to as Child and Family Rights.

Provider

A public or private agency or a professional that receives public funds to provide early intervention services for an eligible child and the child’s family.



R Recommended Services

Early intervention services believed to help children to grow and develop, but which are not required to be available to all children and their families who are eligible for the Infant-Toddler Program.

Referral to Early Intervention

Contacting the Children’s Developmental Services Agency (CDSA) in your area due to concerns for a child’s development or physical abilities. Parents, medical professionals, or anyone in the community can make referrals.

Regional Interagency Coordinating Council (RICC)

A multi-county planning and advisory group that serves as the designated planning partner with the Children’s Developmental Services Agency, advising it in activities such as child find, public awareness, community needs assessment, system evaluation, and professional development.

Required Services

Services that must be made available to all North Carolina children and their families eligible for and enrolled in the Infant-Toddler Program, if these services are listed on the Individualized Family Service Plan.

Resources

The strengths, abilities, and supports that a family can use to meet its needs.

S Sliding Fee Scale

A method for determining payment for services, based on a family's income, size, and possibly other factors.

Smart Start

A group in your community that provides funding to local programs to help young children get ready for school. Smart Start provides funding for services such as quality child care and health care for children. The Smart Start group may be referred to as the local Partnership.

Social-Emotional Development

Skills that children develop that allow them to interact with others (playing, responding to adults and other children) as well as to express their emotions (laughing, crying, talking about feelings).

Special Needs

The term used to refer to children who have developmental delays or an established condition which has a high probability of resulting in developmental delay.

Supplemental Security Income (SSI)

A federal program that provides financial assistance for eligible children under 18 who are blind or have a severe disability or chronic illness. It also provides financial assistance to people aged 65 or older who are blind or disabled, and who have little or no other resources and income.



Supports

People or activities in a child's and family's life that enhance his or her everyday functioning. Supports may be formal or informal.

Surrogate Parent

A person appointed to protect the rights of a child participating in the Infant-Toddler Program if the parents of the child are not known, cannot be found, or the child is a Ward of the State. The surrogate cannot be an employee of the state, and cannot be any person, or employee of a person, providing early intervention services to the child or any family member of the child.

T Transition

Transition occurs when children exit the Infant-Toddler Program because they no longer need early intervention services or they turn three years old and age out of the program. The Infant-Toddler Program is required to assure a smooth transition for children and families exiting the program and entering the public school system's Exceptional Children's Preschool Program or other appropriate services.

Treatment and Education of Autistic and related Communication handicapped Children (TEACCH)

A program whose mission is to enable individuals with autism to function in the community as meaningfully and as independently as possible. TEACCH provides services to individuals with autism and their families, and to those who serve and support them.



W Ward of the State

A federal phrase that means, in North Carolina, that a county Department of Social Services has been given legal custody of the child and therefore has legal responsibility to make decisions concerning the child even if the natural or adoptive parent is known, available, and interested in representing the child.

Well-Child Care

Generally, medical care given to children during the first six years of their lives. Services include a medical history and complete physical examination, as well as developmental assessment, and immunizations. The American Academy of Pediatrics recommends well-child care visits occur at one month, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months, twenty-four months, and yearly thereafter.

Women's and Children's Health (WCH)

A section of the Division of Public Health in the Department of Health and Human Services that addresses the health needs of women and children. The Infant-Toddler Program is a component of the Early Intervention Branch which is part of the Women's and Children's Health Section.

Women, Infants and Children (WIC)

Provision of nutrition education, supplemental foods (including formula), breast-feeding promotion and support, and referrals to health care for women, infants, and children. The Division of Public Health administers the WIC program.



Parent Contact Form

(Copy this sheet and use it to record notes about your phone calls)



Topic:
Name of Person you talked to: Phone Number:
Name of Agency:
Date you called:
What We Talked About:
What Needs to be Done
Other Comments



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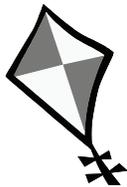
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North Carolina Infant-Toddler Program

State of North Carolina

Department of Health and Human Services



Division of Public Health
Women's and Children's Health Section
Early Intervention Branch



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