OSSE
DC Office of the State Superintendent of Education

March 22, 2010

(X) ACTION REQUIRED
( ) INFORMATIONAL

TO: Child and Family Services Agency
Department of Mental Health
Department of Health
Department of Health Care Finance
Chancellor, District of Columbia Public Schools (DCPS)
Public Charter School Board
Public Charter School Directors
Principals, DCPS

FROM: Kerri L. Briggs, Ph.D.
State Superintendent of Education

RE: Comprehensive Child Find System

CONTACTS: Amy Maisterra, Chief of Staff
Department of Special Education
Email: amy.maisterra@dc.gov
(202) 481-3757
Or
Jerri Johnston-Stewart, Early Intervention Program Manager
Department of Special Education
Email: Jerri.Johnston-Stewart@dc.gov
(202) 727-5853

This Memorandum serves to clarify what is required in order to ensure that the district has in place a comprehensive child find system for children from birth through age 21, as required in the Individuals with Disabilities Education Act (IDEA), its implementing federal regulations, the District of Columbia Code, and Title 5 of the District of Columbia Municipal Regulations (DCMR). This Memorandum supersedes all previous policy, memoranda and/or guidance promulgated by the Office of the State Superintendent of Education (OSSE).

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With regard to Part B of the IDEA, each Local Education Agency (LEA) must have in place policies and procedures to ensure all children with disabilities and who are in need of special education and related services are identified, located, and evaluated. This includes all children ages three through 21 who are residents of the District: all children who attend public or private schools, are home schooled or are wards of the District. With regard to Part C, the OSSE, as the State Education Agency (SEA) and lead agency for the Part C, Early Intervention Program for Infants and Toddlers with Disabilities under IDEA, is responsible for child find activities for infants and toddlers from birth through age two.

PART C CHILD FIND REQUIREMENTS
(Birth through Age Two)

BACKGROUND

The OSSE's Department of Special Education, DC Early Intervention Program (DC EIP), as the lead agency for Part C, is responsible for coordinating the planning and implementation of child find activities for children from birth through age two. With the advice and assistance of the State Interagency Coordinating Council (SICC), DC EIP ensures that a comprehensive system is in place to identify, locate, and evaluate infants and toddlers[1] who are eligible to receive Part C early intervention services in the District of Columbia.[2]

KEY TERMS/ACTIVITIES

A comprehensive child find system includes the following key components.

Assessment.[3] Assessment means the ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under this part to identify:

1. The child's unique strengths and needs and the services appropriate to meet those needs; and

2. 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 child with a disability.

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[1] 34 C.F.R. §§303.7 and 303.16, Infants and toddlers with disabilities means individuals from birth through age two who need early intervention services. To clarify, "birth through age two" is birth up to the child's third birthday.
[2] 34 C.F.R. §§303.320 and 303.321
[3] 34 C.F.R. §303.322

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Obtaining Consent. Parental consent means:

1. The parent[4] has been fully informed of all information relevant to the activity for which consent is being sought, in his or her native language, or other mode of communication.

2. The parent understands and agrees in writing to the proposed activities for which his or her consent is being requested. When an LEA is seeking informed consent, the notice must describe the activities and lists the records, if any, that will be released and to whom.

3. The parent understands that providing consent is voluntary and may be revoked at any time.

Parental consent is required prior to: (a) conducting the initial evaluation and assessment of a child; or (b) initiating the provision of early intervention services. If consent is not given for a full comprehensive, multidisciplinary evaluation, reasonable efforts should be made to ensure that the parent is fully informed of the nature of the evaluation and assessment or the services that would be available, and that the child will not be able to receive the evaluation and assessment or services unless the consent is given. [5]

Determining Eligibility. Eligibility for services is determined by a multidisciplinary team using assessment tools appropriate for this population, obtaining quantifiable measures such as percent of delay. Other less quantifiable criteria will also be considered, such as functional status, recent rate of change, prognosis for change in the near future based on anticipated medical/health factors, and other factors that may be relevant to the needs of that infant or toddler and the family. A child under the age of 36 months who is a District resident is eligible for early intervention services if that child:

1. Has a diagnosed medical condition with a high probability of developmental delay, including, but not limited to, Down's Syndrome, cerebral palsy, autism, visual impairment/blindness, or hearing impaired/deafness; or

[4] 20 U.S.C. §1401(23). Parent is defined as (a) natural, adoptive, or foster parent of a child; (b) a guardian; (c) and individual acting in the place of a natural or adoptive parent; or (d) an individual assigned by the OSSE to be a surrogate parent.
[5] 34 C.F.R. §303.404

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2. Shows a 50 percent delay in one or more areas of development, including cognition, communication, adaptive social-emotional, or physical (including motor and sensory), or

3. Demonstrates a need for early intervention services through informed Clinical Opinion. Informed Clinical Opinion makes use of qualitative and quantitative information to assist in forming a determination of a child's eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention services. The use of Informed Clinical Opinion seeks to add information regarding a child's abilities and needs within their natural environment. Natural environment means the settings that are natural or normal for the child's age and their non-disabled peers;[6] for example, home, neighborhood, or community settings.

Multidisciplinary Team. The composition of the multidisciplinary that determines eligibility depends on the needs of the infant or toddler. A multidisciplinary team is defined as consisting of individuals from two or more disciplines or professions and the parent(s)/family member(s). The team may include a social worker, a special educator or developmental specialist, an occupational therapist, a physical therapist, or a speech- language pathologist. It may also include a nurse, a nutritionist, an audiologist, or a psychologist. The team determines the need for additional specialty evaluations. Each member of the team providing an evaluation of the child or family is responsible for submitting a written report of the evaluation, including any quantifiable results from standardized testing.

Evaluation.[7] Evaluation means the procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility consistent with IDEA definition of "infants and toddlers with disabilities"[8], including determining the status of the child in each of the developmental areas:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development

[6] 34 C.F.R. §303.18
[7] 34 C.F.R. §303.322
[8] 34 C.F.R. §303.16

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- Adaptive development

The evaluation is not intended to provide a medical diagnosis (such as an underlying genetic or metabolic disorder) or a developmental diagnosis. The results of the early intervention evaluation, however, may be helpful in guiding further diagnostic medical and developmental evaluations.

REFERRAL

Intake. A written referral to the DC EIP is made by a "primary referral source" which includes, but is not limited to: hospitals, physicians, parents, child care providers, local education agencies, public health facilities, and other governmental agencies serving children and families. The written referral is made when it is suspected that the child is developmentally delayed or has a physical/mental condition highly associated with developmental delay. Prior to submitting a written referral, the primary referral source, if other than the parent, must:

- Provide information to the family regarding the Part C early intervention services and the referral process;
- Provide information to the family on how to access the necessary Part C early intervening services; and
- Assist the family in making sure the referral form is completed correctly and, if supporting documents are required, correctly complete and attach those documents.

A referral may be faxed, mailed, or hand delivered. To request a referral form, the referral source should call the DC EIP central number at (202) 727-3665.

Timeline for Evaluation. Within two business days of receiving the referral, the DC EIP Intake Specialist must contact the family to inform the family of the need for an evaluation, obtain informed parental consent to evaluate and assign an evaluation team. The DC EIP must make reasonable efforts to notify the family and receive consent to ensure the evaluation and assessment, and eligibility meeting are conducted within forty-five (45) days from referral.

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THE MULTIDISCIPLINARY EVALUATION AND ASSESSMENT

Each evaluation and assessment must include a timely, comprehensive, multidisciplinary evaluation which identifies the appropriate Part C early intervention services that will assist in the development of the child and provide support to the child's family.[9] Each evaluation and assessment will include the following components:

1. A review of any available records pertaining to the child's current health and medical status; and

2. An evaluation of the child's level of functioning in each of the following developmental areas:
    a. Cognitive development;
    b. Physical development, including vision and hearing;
    c. Communication development;
    d. Social or emotional development; and
    e. Adaptive development.

Family Assessment. The purpose of the family assessment is to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

1. Any assessment that is conducted must be voluntary on the part of the family.

2. If the assessment is carried out, the assessment must:

    a. Be conducted by personnel trained to utilize appropriate methods and procedures;
    b. Be based on information provided by the family through a personal interview; and
    c. Incorporate the family's description of their strengths and needs related to enhancing their infant or toddler's development.[10]

Timelines. The evaluation and initial Individualized Family Service Plan (IFSP) of each child and family must be completed within 45 calendar days of a written referral. [11] In

[9] 34 C.F.R.§303.322. The multidisciplinary evaluation for infants and toddlers is birth through age two. After age two, IDEA Part B evaluation is used to determine eligibility.
[10] 34 C.F.R §303.322(d)

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the event of exceptional family circumstances that make it impossible to complete the evaluation and IFSP within 45 days of referral, (e.g., infant or toddler or family member is ill, family is on vacation, etc.) the evaluation and IFSP will be scheduled as soon as possible and an interim IFSP will be developed to the extent appropriate and consistent with the IFSP requirements.[12]

TARGET POPULATION FOR CHILD FIND

The District of Columbia's early intervention system is responsible for identifying and providing services to children birth through age 2 that are eligible to receive such services. A child under the age of 36 months who is a District resident may be eligible for early intervention services if that child:

1. Has a diagnosed medical condition with a high probability of developmental delay, including, but not limited to, Down's Syndrome, cerebral palsy, autism, visual impairment/blindness, or hearing impaired/deafness;

2. Has a current screening/evaluation demonstrating need or is currently receiving services for a diagnosed condition; or

3. Is at risk for developmental delay.

INTERAGENCY COORDINATION

The Part C Child Find System in the District is a collaborative effort between OSSE and other entities responsible for administering various education, health, and social service programs to children from birth through age 2. Those agencies include, but are not limited to: District of Columbia Public Schools (DCPS), Department of Human Services (DHS), Department of Healthcare Finance (DHCF), Department of Health (DOH), Department of Mental Health (DMH), and the Child and Family Service Administration (CFSA). Together these agencies take steps to ensure that:

1. There will not be unnecessary duplication of efforts by the various agencies involved in the District's child find system; and

2. OSSE will make use of the resources available through each public agency in the District to implement the child find system in an effective manner.

[11] 34 C.F.R §303.322(e)
[12] 34 C.F.R §303.322(e)(2)

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The use of the Early Intervention Program Part C funds include the following activities: (1) improve collaboration in order to identify and evaluate infants and toddlers with suspected disabilities and/or delays, (2) make referrals to other agencies with available services for such children, (3) ensure that all at risk children are located, evaluated and served in a timely manner, and (4) conduct periodic follow-up reviews to determine if the eligibility status of infants or toddlers previously deemed ineligible has changed. OSSE is responsible for ensuring that a comprehensive child find system is in place that ensures:

1. All children in the District eligible for early intervention services are identified, located, and evaluated for eligibility and provided with service planning as appropriate;

2. An effective method is developed and implemented to determine which children are receiving needed early intervention services;[2]

3. There is a local community system in place within each designated service area to provide for a timely, comprehensive, multidisciplinary evaluation of each infant or toddler who is referred; and

4. A family-directed identification of the needs of each child's family to appropriately assist in the development of the child is completed.

Public Awareness

The OSSE, as the lead agency for Part C, has established a public awareness program that focuses on early identification of children who are eligible to receive early intervention services. This program includes the preparation and dissemination of information in various forms about the availability of early intervention services in the District to all primary referral sources, especially hospitals and physicians. Specifically, the public awareness program provides general information about the Early Intervention Program, the referral process, the process for gaining access to a comprehensive multi-disciplinary evaluation and other early intervention services, the central provider directory, and the statewide distribution of materials explaining services available in the District, as well as annual child find campaigns, which may

[2] 34 CFR §303.321

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include the use of print and media, and training programs for parents, providers, staff, and others.

Coordination Activities: The Child Find System in the District, with the assistance of the State Interagency Coordinating Council (SICC), shall be coordinated with all other major efforts to locate and identify children conducted by District agencies responsible for administering the various education, health, and social service programs relevant to Part C, and organizations as appropriate, including efforts in the:

1. Child find authorized under Part B of the IDEA;
2. Maternal and Child Health program under Title V of the Social Security Act;
3. Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program under Title XIX of the Social Security Act;
4. Developmental Disabilities Assistance and Bill of Rights Act;
5. Head Start Act; and
6. Supplemental Security Income program under Title XVI of the Social Security Act.[13]

MONITORING COMPLIANCE

OSSE utilizes an effective tracking system to ensure that: 1) there are activities related to referral, evaluation, and initial IFSP, and 2) children served by Part C, *who may be eligible for such preschool services,* transition successfully to Part B to avoid any lapse in service delivery. [14]

Part C funds shall be used by OSSE annually to improve collaboration in order to identify and evaluate at-risk children, make referrals to other available services for such children, and to conduct periodic follow-up to determine if the status of the child has changed and may be eligible for early intervention services as provided by Part C. The system enables detailed program information to be collected and aggregated centrally to meet state and federal planning and reporting needs.

OSSE has established systems used to support the data collection, tracking, and reporting needs of the Part C Program, including intake information, health, and developmental status, service coordination, IFSPs, referrals, and service provision. With informed consent from the parents,

[13] 34 C.F.R §303.321
[14] 34 C.F.R §303.148 (a)(2)(i)

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information is shared with other programs serving the child and family.[15] This centralized system of "registering" children and their families receiving early intervention services prevents duplication of services between programs, and tracks children who otherwise might be lost to services.

PARENTAL RIGHTS

During the child find process, a parent holds the same legal rights that apply to every aspect of the special education process. Therefore, when a disagreement occurs regarding evaluation or identification, the parent can request mediation or file a due process complaint. In addition, a parent can file a State complaint if the parent believes a public agency has violated IDEA Part C. For further information on the parents' rights please refer to the Parent Procedural Safeguards Notice for Part C.

PART B CHILD FIND REQUIREMENTS
(Children age 3 through 21)

BACKGROUND

Each Local Education Agency (LEA)[16] must have policies and procedures in effect to ensure that all children with disabilities, regardless of the severity of the disability, and who are in need of special education and related services, are identified, located, and evaluated.[17] Child Find requirements include activities to assist toddlers and their families, who are eligible for Part C early intervening services, in transitioning to Part B special education preschool services when appropriate. This requirement applies to: (1) children who attend private schools located in the District even if the children do not reside in the District,[18] and (2) children residing in the District, including children who attend public or private school, are home schooled, are highly mobile and homeless children, are wards of the District, and/or are suspected of having a disability even though they are advancing from grade to grade.

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[15] The referral source must receive consent from the parent to release information to DC Early Intervention Program for the purpose of establishing eligibility for early intervention services.

[16] Because LEA charter schools are not neighborhood schools and do not have geographic boundaries, they are only responsible for child find activities within their LEA. Therefore, DCPS is responsible for all other child find activities for the District of Columbia.

[17] 34 C.F.R. §§300.111(a)(1)(i) and 300.201; DCMR §5-3002.1(d)

[18] 34 C.F.R. §300.131(a). Including children with disabilities who are enrolled by their parents in private, including religious, elementary and secondary schools.

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PUBLIC AWARENESS

Each LEA is responsible for conducting public awareness activities sufficient to inform parents and the community concerning the availability of special education and related services and the methods available to request those services and programs. The public notice may be provided through a variety of methods, such as:

- Notices in local newspapers;
- School handbooks and calendars;
- Brochures available in the main office of public and private schools;
- Posting of information in health departments or doctors offices, grocery stores, department stores and other public places;
- Posting of information on the LEA's website;
- Broadcast announcements on the radio or television; and
- Provision of information at parent-teacher conferences.

SCREENING

Child find activities may include some type of screening process to determine whether a child should be referred for an evaluation. For children age 3 through 21, when the LEA does not suspect the child may be disabled and in need of special education and related services, the LEAs should utilize a comprehensive screening process, the result of which is provided to the child's parent. This process includes, but is not limited to: (a) observations in a variety of settings; (b) multi-tiered problem solving approach; (c) parent/family interview(s); and (d) review of attendance and grades. Screenings must be available for children in public schools, private schools, or for children who are home-schooled or who are wards of the District and include the review of whether:

- Appropriate instruction in the general education setting was delivered by qualified personnel;
- Instruction and interventions were provided at varying intensity levels; and
- Progress monitoring data that was collected which reflected the child's progress during instruction

CHILD FIND FOR CHILDREN IN PRIVATE SCHOOL

IDEA requires Child Find activities for children enrolled by their parents in private schools, including religious, elementary schools, and secondary schools located in the school district

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served by the LEA.[19] Child Find must include children who are residents and non-residents who may be attending the private school.[20] DCPS, as the only LEA with geographical boundaries, is responsible for all Child Find activities for children enrolled by their parents in private school. All Child Find activities must include activities similar to the activities undertaken for children attending public school.[21] In addition, all Child Find activities (e.g. initial evaluation) must be completed within the same time frame as Child Find activities for children attending public schools.[22] DCPS must maintain an accurate count of these children and must also maintain records and provide to the OSSE upon request: (a) the number of children evaluated, (b) the number of children determined to be children with disabilities, and (c) the number of children served.[23]

COMPLIANCE MONITORING

Please be advised the OSSE may conduct unannounced monitoring activities to ensure LEA and Early Intervention Program comply with the federal and local law.

ADDITIONAL GUIDANCE

Please direct questions regarding Part C Child Find to Jerri Johnston-Stewart, Early Intervention Program Manager, at (202) 727-5853 or by email at Jerri.Johnston-Stewart@dc.gov. Please direct questions regarding Part B Child Find to Amy Maisterra, Chief of Staff, Department of Special Education at (202) 481-3757 or by email at amy.maisterra@dc.gov.

[19] 34 C.F.R. §300.131(a)
[20] 34 C.F.R. §300.151(f)
[21] 34 C.F.R. §300.151(c)
[22] 34 C.F.R. §300.331(e)
[23] 34 C.F.R. §300.131(b)(2) and §300.132(c)

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