Birth to Three Early Intervention Parent Handbook

Sarah C. Nicholas

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BIRTH TO THREE EARLY INTERVENTION PARENT HANDBOOK

by

Sarah C. Nicholas, OTR/L

Advisor: Gail Bass, Ph.D., OTR/L

A Scholarly Project
Submitted to the Occupational Therapy Department
of the
University of North Dakota
In partial fulfillment of the requirements
for the degree of
Master's of Occupational Therapy

Grand Forks, North Dakota
May 2007
This Scholarly Project Paper, submitted by Sarah C. Nicolas in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

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I wish to thank my husband, Jason, for all of your love, support and encouragement since the day we met. You truly are my better half - you make me believe in myself.

I also want thank my daughter, Natalie. You weren't even here when I started this whole thing and I am so thankful to have you each and every day. You teach me new things about development and wonder with every turn you make. Your smiles and hugs encourage me to be the best mommy I can be.
ABSTRACT

The purpose of this study was to investigate family-centered advocacy in early intervention, specifically the development of a parent handbook for families of young children who are eligible to receive early intervention services in Wyoming. Early intervention programs provide services for children with disabilities ages birth to three and their families under the Individuals with Disabilities Education Improvement Act (2004), Part C. The resource handbook was designed for parents and community partners so that they may better understand and utilize early intervention in the community where they reside. The parent handbook was designed to be as a written reference of services for parents that allows them access to information regarding their child's programming and intervention. Involving family members in assessment, evaluation, goal and strategy development, and direct intervention will help to ensure their satisfaction with their child's programming and the best possible intervention for the child. Parents can be involved to a greater extent when they are familiar with definitions, processes, and expectations regarding early intervention.

It was determined through multiple facets that a need existed for a handbook for parents entering the early intervention system. This need was established following discussion with early intervention personnel, administrators and parents at STRIDE Learning Center in Cheyenne, Wyoming. In addition, a review of early intervention literature and research reinforced the need identified by the involved professionals. This author's background is in pediatric occupational therapy, specifically the birth to three
population, as well as family service coordination and thus the literature review focused on family-centered provision of services. The parent handbook was designed to be an advocacy tool for families so that they may have a reference to understand the process and product of the services they receive.

Through the review of research it was found that provision of a family-centered plan of care is of utmost importance in early intervention practice today. Federal legislation as well as best practice literature from a variety of disciplines supports the call to support family-centered practice. Occupational therapists can play a critical role in facilitation of these types of services by promoting function through adaptation, compensation and remediation techniques while providing family support throughout the entire process.

The Early Intervention Parent Handbook is designed for use at STRIDE Learning Center in Cheyenne, Wyoming. The handbook, which was written in parent friendly language, answers frequently asked questions parents have when their child and family enter early intervention. Additionally, the handbook provides a glossary of special education terms, a list of community resources used by families and a copy of Wyoming Part C Infant/Toddler and Family Rights.
CHAPTER 1
INTRODUCTION

Statement of the Problem

Successful family-centered early intervention services require that the parent be informed, knowledgeable and involved in the services their child and family are entering into and receiving (Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 2004; Hanft & Pilkington, 2000; King, King, Rosenbaum, & Goffin, 1999). Parents, being a child’s first and best teacher, are the greatest advocates for a child with a disability when given the tools to do so. It is the responsibility of the therapist and the family service coordinator working with a family as they enter the early intervention process to ensure the family understands how early intervention can work for their family, how they can be advocates for their child, what the responsibility of the early interventionist is, and what their own responsibilities are with a child with special needs.

The Individuals With Disabilities Education Improvement Act (IDEIA) (2004), Part C is the key federal law supporting early intervention for children with identified disabilities or who are at risk for disabilities age birth to age three. The State of Wyoming serves these young children through the Department of Health, Division of Developmental Disabilities, in thirteen developmental centers around the state. Following referral and initial evaluation, a child may be determined eligible to receive services through a developmental center. Early intervention services may include, but are
not limited to: occupational therapy, physical therapy, speech-language therapy, vision and hearing services, assistive technology, mental health and special education.

The development of the Individualized Family Service Plan (IFSP) is a requirement of IDEIA when a child is determined eligible to receive early intervention services and it is essential in building a family-centered plan of care. The IFSP serves as the written document to guide the family and therapists throughout intervention. However, the events that transpire in developing the IFSP are more important than the written document that results from the process (Case-Smith, 1998). Collaboration and team building that evolve by inclusion of parents will help establish a therapeutic relationship and support a family-centered plan of care. Throughout the introduction of the early intervention process, collaboration among families and professionals represents the true spirit of the Individuals with Disabilities Education Improvement Act.

Currently, the State of Wyoming does not provide a written resource for parents that is specific to the age birth to age three population receiving early intervention. Research indicates (Stewart et al., 2006) that families find the provision and use of information about their children difficult to organize and understand as the amount of information they are receiving is so large and unfamiliar. Parents who are not knowledgeable of the early intervention process are not able to effectively advocate on the behalf of their child. When parents are knowledgeable about information surrounding their child and feel involved in the process in which they are participating, the perception of their ability and confidence of working with their child improves greatly (Hinojosa & Anderson, 1989; Hinojosa, Sporat, Mankhetwit, & Anderson, 2002; King et al., 1999; Simeonsson et al., 1995; Stewart et al., 2006).
Not only is information necessary for parents, but strategies to manage and communicate information are also important so that they can participate to the fullest in their child’s programming.

Purpose of the Study

The purpose of this study was to investigate family-centered advocacy in early intervention, specifically the development of a parent handbook for families of young children who are eligible to receive early intervention services in Wyoming. Early intervention programs provide services for children with disabilities ages birth to three and their families under the Individuals With Disabilities Education Improvement Act (2004), Part C. The resource handbook is designed for parents and community partners so that they may better understand and utilize early intervention in the community where they reside. The parent handbook for early intervention was designed to be a written reference of services for parents that allows them access to information regarding their child’s programming and intervention. Involving family members in assessment, evaluation, goal and strategy development and direct intervention will help to ensure their satisfaction with their child’s programming and the best possible intervention for the child. Parents can be involved to a greater extent when they are familiar with definitions, processes, and expectations regarding early intervention.

Utilizing the Model of Human Occupation

The Model of Human Occupation (MOHO) developed by Gary Kielhofner (Forsyth & Kielhofner, 2003) provides a holistic approach to service delivery in the birth to three populations and is an appropriate model to use in the pediatric setting. MOHO considers the child and the family together within the context of their life environments.
Both human (family, therapist, siblings) and non-human (toys, play areas) environmental factors are considered in MOHO as they influence the child's competence during play. MOHO also allows for play to be both an evaluative tool and an intervention strategy for addressing volition, habituation and performance capacity of the child and family, as well as strengths and weaknesses of the environment (Schaaf & Mulrooney, 1989). Using MOHO, treatment can be focused not only on the intervention with the child, but also directly on environmental adaptation that will enhance the competence of the family and of the child. MOHO lends itself to being family centered, which is the cornerstone of provision of services for children in IDEIA (2004), Part C. Under federal law, the evaluation, assessment and planning for a child take place with family participation and approval, and services are provided in natural settings such as the parent’s home and/or child care centers (AAP, 1999).

According to Forsyth and Kielhofner (2003), MOHO seeks to explain how occupation is motivated, patterned, and performed. MOHO asserts that humans are made up of three inter-related parts: volition, habituation, and performance capacity or skills. Volition refers to the motivation for occupation, habituation refers to the process by which occupation is organized into patterns or routines, and performance capacity refers to the physical and mental skills required for occupation. MOHO also emphasizes that to understand human occupation we must also understand the physical and social environments that the tasks take place in. According to Andersen, Kielhofner and Lai (2005), we can expect that a child’s motivation for occupations such as play and self care will be a function of his or her volitional characteristics of personal causation, values and interests, and environmental circumstances in which he or she is doing something, see Figure 1 below.
Figure 1 is a schematic that is adapted from Schaaf & Mulrooney (1989) and included here to support the structure of working with children with disabilities based on the Model of Human Occupation. While supported by parents, the child’s play environment is also supported by their habits, their volition and their skill.

MOHO supports including all family members, especially parents when determining a child’s habits, skills and volition as they relate to a child’s primary
occupation, play. MOHO also supports using a family centered approach, not just a child centered one. The parent(s) should be the primary source of information for the initial evaluation, assessment and planning when discovering a young child’s habits and volition as they relate to the family context (Forsyth & Kielhofner, 2003).

According to Kellegrew (1999), a child often seeks out tasks and occupations that contribute to the mastery of skills necessary for his or her development. MOHO can support the therapist and parent in this way by helping them to arrange tasks, toys and settings based on the child’s habits, volition, and skill to assist the child to gain new skills and optimize feelings of control and enjoyment (Anderson, Kielhofner & Lai, 2005).

Children with good volition may be motivated in most circumstances, but children with severe volitional problems may be largely unmotivated across environmental settings. A child’s increased volition, or motivation to accomplish things that are interesting and important, can play a major role in the child’s ability to be productive and successful despite disability (Anderson et al., 2005).

Finally, IDEIA (2004) requires that for purposes of initial evaluation, a child should be observed and assessed in a variety of natural settings prior to eligibility determination. According to Forsyth and Kielhofner (2003), The Model of Human Occupation supports examining a child in a variety of environments. Each environment potentially offers different opportunities, resources, demands and constraints. A child’s volition develops and changes as they interact with their physical and social environments (Anderson et al., 2005). Therapists can obtain a better understanding of the child’s functioning when using information form a variety of environments. A parent can be taught to observe their child in different contexts to that they can understand how their child is learning and thus maximizing their learning opportunities. By making their child
feel safe and secure, the parent shapes their child’s ability to learn and gain their highest potential. Collaboration between therapists and caregivers within natural environments is the key to providing quality family-centered care (Hanft & Pilkington, 2000). However, provision of therapy in natural environments does not just occur spontaneously; parents must share their insights, routines and traditions and interventionists must find creative ways to translate their expertise to design meaningful interventions with families (Hanft & Pilkington, 2000). During initial assessment and throughout intervention, MOHO supports this approach to be performed in the child’s most natural environments.

Summary

Chapter II of this document contains a review of research and literature as it relates to early intervention programming and the importance of parental involvement. Chapter III provides a descriptive overview of the product, as well as the methodology and related activities utilized to develop the product. Chapter Four contains the product: the *Birth to Three Early Intervention Parent Handbook*. Finally, Chapter Five contains the summary of the scholarly project, including limitations of the handbook, information on how the handbook will be marketed, significant findings, and recommendations for further research.
CHAPTER II
REVIEW OF LITERATURE

Introduction

The first three years of life build a foundation of health and development for children. It is in these first years that children learn to move independently, communicate with others and learn to solve problems. This early learning occurs within the context of the family system or close personal relationships with their caregivers. By making a child feel safe and secure, parents shape the child's ability to learn and to gain their highest potential. When a child has difficulty in learning because of injury, environment, or biology, additional assistance may be needed to help the child and family. Early intervention services are designed to meet the developmental needs of children from birth to three years of age who have a delay in their development or who are at risk for developmental delay. Through federal statute, services were developed because early intervention was recognized to be essential if infants and young children with disabilities and their families were to achieve their full potential.

In a review of the literature, it is found that the occupational therapist plays a critical role in the early intervention process by facilitating family-centeredness throughout evaluation and intervention. The occupational therapist working in early intervention has much information to provide as well as receive from families and their young children. This literature review provides support for the use of a parent handbook in early intervention as a means of effective information sharing with parents and family
members. Parents should be active participants in the services that they and their child receive. The parent handbook is to be an advocacy tool for families, so that they may have a reference to understand the process and product of the services they receive.

History of Special Education and Early Intervention

Special education in the United States has evolved and transformed over the last thirty years as knowledge and rights for people with disabilities has grown. The first major federal legislation for persons with disabilities was passed by Congress in 1975 and was known as the Education of the Handicapped Act (PL 94-142) (Shonkoff, & Meisels, 2002). This act established the right of children with disabilities as defined by the act between five and 18 years of age to have a free, appropriate public education (FAPE) and related services (American Academy of Pediatrics (AAP), 1999). Under this act, services for children aged three to five were optional for states (Shonkoff, & Meisels, 2002). FAPE ensured that children received services at no cost to families and that services were appropriate to provide access to the child’s school curriculum (Morris, n.d., para 1). According to the National Dissemination Center for Children with Disabilities NICHCY (2001), children were also entitled to receive related services; these included occupational and physical therapy, speech-language therapy and audiology, psychological services, recreation, early identification and assessment, counseling services, orientation and mobility services, medical services for diagnostic or evaluation purposes, school health services, social work, parent counseling and training and transportation. These services were designed to ensure a child with disabilities benefits from special education services.
As knowledge about people with disabilities grew, so did the need for better legislation for disability rights. In 1986, the Education of the Handicapped Act was reauthorized and amended (PL 99-457); the legislation then supported the development of early intervention programs designed to provide services from birth to three years of age for infants and toddlers with disabilities or developmental delays (Shonkoff & Meisels, 2002). In addition, this law mandated a free and appropriate public education provided by the states’ education departments for three to five year olds to take effect by the 1990-1991 school year (AAP, 1999). Meisels and Shonkoff (2002) acknowledged that the Education of the Handicapped Act, the predecessor to IDEA, was indeed the most important legislation ever enacted for developmentally vulnerable young children in the United States because it guaranteed services for this population. This act provided further details that had never been seen before as it mandated far-reaching, coordinated, multidisciplinary services for children and their families. It was determined that early intervention would begin as soon as the young child had been identified with an established medical condition, a developmental delay, or in some states any number of high risk conditions that are likely to lead to a developmental delay (Clark, Polichino & Jackson, 2004). The federal law guided the way, but provision of services was under the administrative authority of the individual states (AAP, 1999). Early intervention programs needed to provide specialized instruction and related services, such as occupational therapy, speech therapy, and physical therapy (Shonkoff & Meisels, 2002). Services would be guided under a plan developed by the child’s team, the Individualized Family Service Plan (IFSP) (Addison, 2004).
In 1990, the act was again reauthorized and amended as PL 101-476, and renamed the Individuals with Disabilities Education Act (IDEA) (Shonkoff, & Meisels, 2002). One component of the amended act, Part H, required states to develop and implement community-based systems of care for children age birth to three that were coordinated, family centered, and culturally competent with greater interagency collaboration (AAP, 2001). The amendment required that identified children be referred free of charge for a comprehensive multidisciplinary evaluation (AAP, 1999). The evaluation team and the parents would then decide if services were necessary, and if so, an IFSP needed to be developed to meet the child’s and the families needs (Addison, 2001). A family service coordinator would be assigned to assist the family access to the plan and resources determined to help the family and child (Addison, 2001). The family service coordinator was also designated to be the family’s single point of contact for providing services (Blann, 2005; Bruder, 2002). According to the US Department of Education (n.d.), in 1997 IDEA was re-authorized and amended again as PL 105-17. With this re-authorization, primary changes to IDEA included changing/renaming the birth to three program from Part H to Part C within the legislation. In addition, the act contained language to encourage states that did not serve the at-risk population to track and monitor these children so that they could be referred when needed. (AAP, 2001; Shonkoff, & Meisels, 2002).

Knowledge about what services should consist of for children with disabilities grew from the groundwork of these laws and thus change was needed again. In 2004, IDEA was again amended by Congress, and renamed the Individuals with Disabilities Education Improvement Act (IDEIA); this is currently the act that governs special
education in the United States (IDEIA, 2004). According to the US Department of Education (n.d.), IDEIA aligns closely to the No Child Left Behind Act of 2001 (NCLB), helping to ensure equity, accountability and excellence in education for children with disabilities. Furthermore, the US Department of Education (n.d.) states that early intervention programs and services are currently provided to more than 200,000 eligible infants and toddlers and their families, while about 6.5 million children and youths receive special education and related services to meet their individual needs. Part C of IDEIA 2004 must be re-authorized every five years to ensure the continuation of funding for programs and services (IDEIA, 2004).

IDEIA, 2004 has important changes that impact early intervention, specifically the birth to three population. The revised law requires states to set rigorous developmental delay standards that trigger eligibility for early intervention services, including a new mandate to serve infants who are abused, neglected, drug-exposed or exposed to violence. It also allows states the flexibility to use funds to create a seamless system of early intervention from birth through kindergarten (Parents United Together, n.d., Section 1). Streamlined service allows the service plan for the child to be centered on the child and family, and assists parents in advocating for their child as they only have to work with one agency. Ideally, the process of identifying a disability and entering early intervention should be timely and supportive of families (Bailey, et al., 2004). Parents need professionals who attend to their concerns and help them gain access to services when needed; this is more easily accomplished under "one roof" of services. Currently, the State of Wyoming offers uniquely streamlined services for children birth through age five (Part C policies and procedures, n.d., Section H, para 1). Finally, under
Part C, families may choose what services they would like to receive and how they receive them on behalf of their child (IDEIA, 2004) whereas under Part B, school districts have the obligation to provide all services that will offer a child a free and appropriate public education (Morris, n.d., para 1). It is important that parents understand their rights as caregivers of a child with a disability under the law so that they can better advocate for their child. Knowledge and information are powerful for parents and provide access for the parents to be involved in their child's intervention and programming.

**Individualized Family Service Plan (IFSP) and Team Development**

Early intervention services are designed to meet the developmental needs of infants and young children from birth to three years of age who have a developmental delay in physical, cognitive, communication, social, emotional, and/or adaptive development or have a diagnosed condition that has a high probability of resulting in developmental delay (AAP, 2001; IDEIA, 2004). Early intervention involves assessment, planning, intervention and evaluation; these four processes are ongoing throughout a child's therapy program (Case-Smith, 1998). These processes involve negotiation and collaboration among families and professionals and represent the true spirit of the Individuals with Disabilities Education Improvement Act, Part C (IDEIA, 2004). Comprehensive evaluation, development of the Individualized Family Service Plan (IFSP), promotion of teaming, and collaboration with intervention are essential to serving the child with special needs and their family.
Evaluation

Initial entry into early intervention services is made through a referral process that often begins with screening or formal identification of a disability. Referral for early intervention evaluation and services can be made by physicians (AAP, 2001), public health nurses (Stepans et al., 2002), community agencies such as Early Head Start and Women Infants and Children (WIC), local daycares or from the family themselves.

Following referral, the next step in the early intervention process is evaluation. When evaluating infants and toddlers, the early intervention team considers the child’s strengths and needs in respect to all areas of the child’s development, as well as their ability to participate in a variety of environments including their home, daycare/preschool and the community (AOTA, 2004). Play, developmental sensory motor skills, self-care, and social interaction are evaluated through informal observations, standardized scales and parental reports (Case-Smith, 1998). These performance areas are also considered in context of other systems that can influence these areas, such as the child’s cognition, sensory processing, environmental factors (Case-Smith, 1998) and the family system (Schultz-Krohn & Cara, 2000). Assessment of performance components underlying the child’s play performance, sensorimotor-perceptual function and daily living skills is essential to quality evaluation and the subsequent identification of a child’s needs. Identification of systems that restrict the child’s functional performance areas can then become the focus of goals and interventions for the child (Case-Smith, 1998). IDEIA requires that assessment be developed in collaboration with the child’s family, educators and other relevant community agencies so that the best picture of the child’s
performance can be made. These combined services become the building blocks for the IFSP.

*Individualized Family Service Plan*

The team, working collaboratively with parents, is responsible for developing a plan called the IFSP. The plan will be the guide for therapist and parent collaboration in the child’s therapy and services. The IFSP must include statements about the child’s strengths, the family strengths, possibilities for enhancing the development of the child, major outcomes expected, specific early intervention services that the child and family will receive, projected dates for initiating services and service duration, name of the family service coordinator, and steps to help the child and family with the transition to preschool services if/when needed (AAP, 1999). These components in the IFSP ensure that all needs of the young child and family are attempted to be met.

Specific goals, measurable outcomes, and strategies are developed and written with the team based on the entirety of the assessment results and specific parental concerns. The family and team decide which goals are priorities in the appropriate development of the child. By focusing on goals that are the priority of the family first, parents are more likely to gain confidence in the early intervention process, follow-through with therapy, and use supports that are offered (King et al., 1999).

It is expected over time that families and children will change, and the IFSP is reviewed periodically by the entire team supporting the child to reflect these changes. The process of developing an IFSP is intended to be continually responsive to the child’s and family’s changes in priorities and growth or lack of; the plan is fluid and flexible and can change at any time as needed by the family and team (Case-Smith, 1998).
Family Service Coordination

As families begin their journey into special education services, it is helpful to have a knowledgeable and supportive advocate. All infants and young children and their families who are eligible for early intervention under Part C of IDEIA have the right to a family service coordinator to assist them through all components and services of the IFSP process (Addison, 2004). The service coordinator is the single point of contact for the family (IDEIA, 2004) and coordinates services across agency lines. Systems coordination, information and referral including interagency collaboration, identification of family support and resources and trans-disciplinary team collaboration are all facilitated by the family service coordinator (Addison, 2004). Often, the occupational therapist is designated as the family service coordinator for the child and family. While the occupational therapist as the family service coordinator does not carry out all components of the IFSP that are identified, they can be the collaborator and the single point of contact for the family throughout the early intervention services.

Intervention Collaboration

Trans-disciplinary teaming is utilized in many early intervention settings for assessment and service delivery (Meisels & Atkins-Burnett, 2000; Stepans et al., 2002). Collaboration, consensus building and role release among members from many different disciplines is the basis for the trans-disciplinary model (Stepans et al., 2002). Team members from different disciplines are committed to sharing knowledge, skills and expertise so that information from their discipline can be used during the assessment process and service delivery. Role release and role expansion occur as each team member takes on the roles of others on the team; as a result, all team members, including
parents, expand their knowledge base by learning from one another (Stepans et al., 2002). Family participation in this way facilitates understanding of the recommendations and direction given by the therapist and supports family-centered intervention.

Intervention services are individualized for each family and child. In order for services to be effective for the child, it is important to identify strategies to facilitate family involvement. A key strategy is parental inclusion (Bailey et al., 2005). Parents should be involved as valued contributors through each step in the early intervention process. Families should not only be consumers of services but also active participants in the provision of these services (Simeonsson et al., 1995). Collaboration is accomplished when professionals recognize and build on family competence and resourcefulness. Parents who are an integrated part of assessment and planning are more likely to participate in their child’s plan and successfully follow through with interventions and therapeutic plans.

Another strategy to use throughout the IFSP process is to have an active awareness of the skills and attitudes that families and professionals bring to the process (Simeonsson et al., 1995). Educating the parent of the skills the professional has is accomplished with explanation and demonstration during the IFSP and direct service provision, as well as in written form in a parent handbook. Written explanation of the roles and expectations of professionals can serve as a reference for the parent. Parents have a wealth of information about the child that may be unavailable to the professional and parental knowledge needs to be valued and acted upon (King et al., 1999). Understanding and recognizing the background and insights that the parent brings to the
process requires dedicated listening and observation skills on the part of the occupational therapist and the entire trans-disciplinary team.

Parental Involvement

Why involve parents in their child’s intervention and programming? Parental involvement is key to a child’s success (Bailey et al., 2005; Gavida-Payne & Stoneman 1997). An understanding of human development, the unfolding of physical growth and human capability, is the foundation of pediatric health care; in essence, developmental care is prevention and health promotion at its finest (Romeo, 2002). The goal of service providers and therapists is to help parents understand their child in terms of how they grow, learn, function independently and have pleasurable interactions with others (Hanft & Pilkington, 2000). These goals can best be achieved through provision of family-centered services, or a commitment to help families navigate the early intervention system, identify resources, learn new information and adopt strategies to use at home (Stredler Brown, 2005). In a system that is based on family-centered services and enhancing family and child strengths, information becomes a powerful tool for supporting children and helping parents to have an equal voice and better serve the child (Stewart et al. 2006). Occupational therapists and other professionals working in early intervention need to have as much information as possible about families with young children with disabilities so that they can provide the best services possible.

An important function of the professional is to provide information to the family. Information about must be given to parents so that their understanding of disability can improve. In this way, parents and caregivers can advocate and communicate on behalf of their child (Cohn, 2000), and have a better understanding of the rationale for the provided
services offered to them. Provision and use of information about their children is a major concern to families who have a child with a disability (Stewart et al., 2006). All types of information are essential for parents with children with special needs who are involved in health, education and/or social service systems. According to Stewart et al. (2006), general information includes issues in many different areas such as information about disability, how to contact other parents, information on the types of services available at the developmental center and in the community and advice on how to get more information. Specific information refers to professional activities that provide parents with information about their own child, such as results of an assessment or progress on goals. Utilizing information about a disability can also be a positive coping strategy for parents with children with disabilities. For example, Pain (1999) reported that parents found that information that assisted them in accessing services improved their management of their child’s behavior as well as their own emotional adjustment to their child’s disability.

Interventionists have information that parents need and it is the responsibility of the professional to judge the amount and kind of information that the parent can absorb at one time, as well as put it into language that the parent can understand (Stewart et al., 2006). Parents value personal communication through service providers that are approachable and when the information is tailored to fit the family (Hinojosa et al. 2002; Pain, 1999). Information in many different forms is a vital component for parents in understanding the practical implications of the disability and in facilitating adjustment to it (Pain, 1999). Parents should be given information both verbally and in written form. As stated above, verbal information in the form of personal communications needs to fit
specific family needs. Written material is valued because it can be re-read as necessary and can serve as a back-up to personal visits (Pain, 1999). A tool such as a handbook of information for parents would be important because it leads to improved understanding of information, experiences and perception of care.

It is the responsibility of the professional to obtain the parents’ information about their child. Acknowledging parents’ expertise in their unique situation encourages professionals to view them as true partners within the parent/professional relationship (Brett, 2004). Each parent has a wealth of information about their child, as they are watching their child’s behavior in the context of the family life, work and play (Cohn, 2000). Parents witness a larger sample of the child’s behavior in typical environments and parental input enhances assessment as well as intervention planning (Simeonsson et al., 1995). This type of ongoing information and observation is not available anywhere else because each family and each child is so unique. Interventionists need up-to-date information that only parents and caregivers can provide, and therefore must develop the skills to listen carefully to this valuable input. Using a reciprocal relationship with the parent, the interventionist not only gathers important information for assessment and ongoing intervention, but establishes trust with the family. Within the context of this trusting relationship, the interventionist can help the family actualize their roles as the primary facilitators of their child’s development (Stredler Brown, 2005).

Policymakers and professionals alike have promoted the notion that families should be involved in the care of their child with a disability wherever possible and that care should be provided within the home or other natural environment (Brett, 2004). It was felt utilizing a team approach was so important when serving a child with a disability
that federal law (IDEA, 2004) formalized it to be included in the IFSP. Additionally, IDEIA 2004 has mandated services to be in the child’s home or other natural environment (Barnekow & Kraemer, 2005). This is to ensure that parents can have the most input possible in the child’s intervention and so that the child is in a comfortable and safe surrounding where they might learn best. Thus, a mutual awareness of respective skills and attitudes is vital to a successful and collaborative relationship with parents and care providers (Simeonsson, et al, 1995). However, provision of therapy in natural environments does not just occur spontaneously; parents must share their insights, routines and traditions and interventionists must find creative ways to translate their expertise to design meaningful interventions with families (Hanft & Pilkington, 2000).

Professionals are there to help parents understand and clarify their own ideas, attitudes, emotions and behaviors (Russell, 2003). Many parents need help in sorting out their emotions and attitudes about their child diagnosed with a disability or labeled as delayed. There should be recognition of the complex and often painful journey that many parents make in acknowledging, requesting and accepting support (Brett, 2004). Parents might also need help with clarifying the information they are given about their child’s disability, family service plan and their role in treatment of their child (Bailey et al., 2004; Bailey 2005). Professionals who listen respectfully and with understanding to parents’ needs are the ones that the parent will trust (Pain, 1999). Consequently, these are the professionals with whom parents will best cooperate and work with to effectively serve their child.
Importance to the Profession: Occupational Therapy

Occupational therapy plays a critical role in facilitating and helping children in the first years of life who are identified as having developmental concerns. The premise of early intervention is to provide services using a family-centered model (AOTA, 2006; Stephens & Tauber, 2001). Occupational therapists who work with infants and toddlers with disabilities are in a unique position to facilitate family-centered intervention. The role played by the occupational therapist in early intervention focuses on promoting function through adaptation, compensation and remediation techniques while providing family support throughout the entire process (Stevens & Tauber, 2001). Services are provided in an environment that supports typical participation of the child in their home or in their community environment as working in these natural environments reinforces family-centered care (Hanft & Pilkington, 2000).

Family-centered care is desired and outlined in legislation and parental advocacy, however, the implementation of it is a difficult task. There are studies in occupational therapy literature that identify barriers existing in the early intervention process using a family-centered approach (Edwards, Millard, Praskac & Wisniewski, 2003; Hinojosa, 1990; Hinojosa & Anderson, 1991, Schultz-Krohn & Cara, 2000). The challenge of family-centered care for the occupational therapist is in defining who the client is (the child vs. the family), the occupational therapist’s professional role, the nature of work within a family-centered approach (Krauss, 2000; Schultz-Krohn & Cara, 2000) and education (Stewart et al., 2006). Even when the literature embraces the concepts of family-centered intervention, the presumed outcome is still identified in terms of the individual child (Hanft & Pilkington, 2000; Schaff & Mulrooney, 1989). Occupational
therapists working in early intervention need to consider not only the child’s developmental skills, but also the parent-child relationship (Humphry, 1989) and the family system (Krauss, 2000; Schultz-Krohn & Cara, 2000) as part of the intervention plan. Families expect services to focus on their child as that is their primary reason for seeking service; addressing the needs of the child is the primary path to opening the door to a family-centered approach (Harbin, McWilliam & Gallagher, 2002). However, occupational therapists need to have the skill to address the parent-child relationship once the trust in the therapeutic relationship is established.

All family members sharing the young child’s home contribute directly and indirectly to the social, emotional, physical, and cognitive development of the child. According to AOTA, (2002), there are seven contexts that have been identified by occupational therapy practitioners. They include the physical, cultural, social, personal, spiritual, temporal, and virtual contexts or environments. The physical context refers to those things the child encounters through the five senses—touch, smell, taste, sound, or sight. Cultural context includes patterns of group behavior based, in part, on customs, beliefs, rituals and societal expectations. Social context includes the connections and routines that children develop with other people. Personal context encompasses demographic specific factors such as a child’s gender, age, socioeconomic, and educational status. Spiritual context encompasses the inner resources that motivate and encourage a child to attain goals and offer a sense of purpose. Temporal context refers to the aspects of time and place, and their influence on performance and development. Virtual context refers to the technological avenues that children may use to communicate.
Collectively, these seven contexts strongly influence a child and his/her family/caregivers’ lives and impact the way that therapy services are provided.

Approaching early intervention using a family-centered approach may be gaining support in the education and training of occupational therapists. The American Occupational Therapy Association (2006) now requires that a therapist who is specially certified to work in pediatrics have a significant knowledge base of a family systems approach, including implementation of intervention to meet the needs of the child within the family context. Additionally, the Occupational Therapy Practice Framework: Domain and Process addresses engagement in occupations to support participation in context (AOTA, 2002).

Occupational therapists can have significant influence on family life. Hinojosa (1990), found that when families are included in therapy planning and the implementation process, specifically the Individualized Family Service Plan (IFSP), they could better assist in the development of objectives and treatment, and that they subsequently had the confidence to carry them out. Therapeutic interventions are difficult for parents to carry out even when they feel connected to the planning stages. Hinojosa and Anderson (1991) found that parents do not want to take on the role of a therapist, nor do they have the time to necessarily fit therapy into their day with their child. Therefore, it is important to work within the family context prioritizing the needs of the family so that therapy can be interconnected within the daily routine of the child and family. Research by Edwards et al. (2003), found that family individualization is a core concept in providing family-centered early intervention. Further, family individualization is especially important in how relationships are established between
therapists and families and how education is provided (Edwards et al., 2003). Each family has unique needs and having knowledge of process and program empowers a family to identify their unique strengths and needs.

A handbook for parents to utilize as a reference contributes to the profession of occupational therapy as it seeks to empower each parent so that they can support their family in the context in which their child grows and develops. This in turn allows the OT to more effectively provide appropriate therapeutic services to the child and increase the probability of success of the intervention. In an early intervention system that is based on family-centered service and enhancing families’ strengths, information for parents provides them a voice and serves as a powerful advocacy tool (Bailey et al., 2005; Stewart et al., 2006). Written information is be provided by the occupational therapist is a reference and source of information that the parents can use after a meeting or intervention session (Edwards et al., 2003) and is a powerful education tool for therapists. Stewart et al. (2006) found that parents who receive and actively use organized information about their child’s program and interventions experienced significant increases in their perceptions of their ability and self-confidence in getting, giving and using information to assist their child with a disability. Changes in their perception of self-efficacy led to improvements in their perceptions of the care that they and their children were receiving (Stewart et al., 2006). Providing parents with strategies and information regarding their child’s disability assists them in their day-to-day management in parenting their child. A handbook for parents outlining early intervention as it pertains to their child, family and situation is important for parents and for therapists as it leads to
improved understanding of experience and perception of care for their child (Stewart et al., 2006).

Summary

A review of the literature found that family-centered care is a provision of service delivery that is supported by a history of legislation, the occupational therapy profession and current practice in early intervention. When focusing of family-centered care, it is important to consider how to best educate and inform parents about their child’s programming. The development of a resource, such as a parent handbook, is well supported by early intervention literature as well as occupational therapy literature.
CHAPTER III
METHODOLOGY

It was determined through multiple facets that a need existed for a handbook for parents entering the early intervention system. This need was established following discussion with early intervention personnel, administrators and parents at STRIDE Learning Center in Cheyenne, Wyoming. STRIDE Learning Center is a developmental center serving children birth to age six who are eligible to receive early intervention serves in Laramie County, Wyoming. Early intervention personnel included occupational therapists, physical therapists, speech language pathologists, family service coordinators, administrators, and mental health specialists. In addition, a review of early intervention literature and research reinforced the need identified by the involved professionals. An extensive review of the literature was conducted focusing on parental advocacy and involvement as well as the role of the occupational therapist on the early intervention team for the provision of family-centered care. This author’s background is in pediatric occupational therapy, specifically the birth to three population as well as family service coordination, and thus the literature review focused on family-centered provision of services. Additionally, the literature review provides support for the use of a parent handbook in early intervention as a means of effective information sharing.

The review of literature served as a foundation of information for the creation and development of the *Birth to Three Early Intervention Parent Handbook* for STRIDE Learning Center. The parent handbook is to be an advocacy tool for families so that they
may have a reference to understand the process and product of the services they receive.

The handbook in its entirety is contained in Chapter IV of this scholarly project.
CHAPTER IV
PRODUCT

Children are the touchstone of a healthy and sustainable society. Nonetheless, not all children are born healthy; not all children are born free of disabilities or other biological and/or societal vulnerabilities. It is the mission of early childhood intervention to help young children and their families thrive (Shankoff & Meisels, 2000). Parents, being a child’s first and best teacher, can be the greatest advocates for a child with a disability when given the tools to do so. It is the responsibility of the therapist and the family service coordinator working with a family as they enter the early intervention process to ensure the family understands how early intervention can work for their family, how they can be advocates for their child, what the responsibility of the early interventionist is, and what their own responsibilities are with a child with special needs.

The purpose of this study was to investigate family-centered advocacy in early intervention, specifically the development of a parent handbook for families of young children who are eligible to receive early intervention services in Wyoming. It was determined through multiple facets that a need existed for a handbook for parents entering the early intervention system. This need was established following discussion with early intervention personnel, administrators and parents at STRIDE Learning Center in Cheyenne, Wyoming. A parent handbook was developed using information from
current research and literature, as well as input from therapists and administrators working in the field of early intervention.

The resource handbook is designed for parents and community partners so that they may better understand and utilize early intervention in the community where they reside. The parent handbook was designed to be a written reference of services for parents that allows them access to information regarding their child’s programming and intervention. Parents can be involved to a greater extent when they are familiar with definitions, processes and expectations regarding early intervention.
Birth to Three
Early Intervention
Parent Handbook

Sarah Nicholas, OTR/L
Advisor: Gail Bass PhD, OTR/L
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Introduction

Welcome to STRIDE Learning Center! Now that your child is eligible for services and supports, you may have some questions about what comes next. What might seem confusing now will become more manageable and understandable with the help of your family service coordinator. She is like the co-captain of your team at STRIDE. Others that may be on your trans-disciplinary team may include an occupational therapist (OT), physical therapist (PT), a speech-language pathologist (SLP) and/or an early childhood special education teacher (ESCE). You may invite your doctor, nurse, childcare provider or anyone else important to you and your child to be on your team (Stepans, 2002).

The mission of STRIDE Learning Center is to provide comprehensive, quality services for children with special needs and their families in a safe and compassionate environment so that they may achieve their fullest potential.

STRIDE will ensure that all families have equal access to a coordinated program that fosters collaborative partnerships, is family centered, occurs in natural environments or settings, recognizes current best practices in early intervention, and is built upon mutual respect and choice. This means that STRIDE will work closely with you to provide the kinds of services and supports that make the most sense based on your family’s priorities for your child. Activities that fit within your daily routine and use the most current professional techniques are most likely to give the results you want for your child and family.

Services and Supports...

- Foster collaborative partnerships
- Are family centered
- Occur in natural settings
- Recognize current best practices in early intervention
- Are built upon mutual respect and choice
What is STRIDE Learning Center and the Part C Program?

STRIDE Learning Center is a developmental center which provides **early intervention** services in Laramie County, Wyoming. Early intervention is a system of services designed to support children ages birth through age five who have, or who are at risk for, developmental delays. Early intervention professionals include early childhood special educators, early childhood teachers, therapists, case managers, and health professionals. These individuals work closely with families to understand and build on children’s strengths and to provide services that support children and families (Bailey, *et al.*, 2005).

Services at STRIDE are an **entitlement** for Wyoming families whose children from birth through age five years of age have significant disabilities or delays. Services are guaranteed by a federal law known as the Individuals with Disabilities Education Improvement Act 2004 (IDEIA), (IDEA, 2004). Part C of IDEIA guarantees early intervention services for children birth to age three (IDEA, 2004). In 1979, the State of Wyoming committed to providing early intervention services to all eligible children birth through age five years of age. This legislation action provided for the delivery of services through fourteen regional programs; STRIDE Learning Center, or Region 12, is the sole program charged with the provision of early intervention services across Laramie County (*Part C policies and procedures*. (n.d.).

Why is my child eligible for services?

Your child is **eligible** to receive services in one of the following ways:

- A **trans-disciplinary** evaluation of your child’s abilities and needs in the areas of communication skills, motor skills, cognitive or problem solving skills, adaptive skills such as feeding or dressing, personal-social skills or relating to others, visual skills or hearing indicated a significant developmental delay (Stepans, 2004; IDEA, 2004); or
Physician identification of your child as having a specific medical diagnosis that will or may affect development (IDEA, 2004; AAP, 1999).

Why should my family receive services from STRIDE?

The first few years of a child’s life are extremely important for brain development and learning new skills (Bailey, 2004). If your child is not developing as expected early intervention can offer you:

- a valuable way for you to learn how to best help your baby grow and develop;
- visits in your home from trained professionals at predictable times, no waiting for appointments, no waiting rooms, no traveling;
- a trans-disciplinary team that works together to support you in making daily routines a time for your baby to learn new skills;
- a source of information about other valuable resources in your community; and
- confidential services.

Research has shown that not only do children and families benefit from effective early intervention, but beginning services as soon as a need is identified leads to better outcomes for your child and family. Children who receive early intervention are less likely to need special education in the future. Getting supports and services now will continue to help you and your child later. (Bailey, 2004; AAP, 1999.)
How can I help my child?

You know your child best! In fact, you are your child’s first and primary teacher. Your team will enjoy learning about your child’s interests, what helps him or her learn, and what he or she would rather avoid. Together, we will develop ways to help your child. You will learn from, as well as teach, the team members working with your family.

Parenting is not always easy, especially when you may need some unique skills to help meet your child’s special needs. You are your child’s first and best teacher and advocate, with the passion, dreams and commitment to guide your family through a series of decisions and special services. The more you are involved in your child’s program, the more your family will benefit from early intervention services (Gavidia, 1997).

As a parent advocate, you will have to understand and tell professionals, relatives and friends about your family’s priorities and concerns. Communicating with others about your child can sometimes be frustrating, especially when they have a different point of view or when they do not seem to understand you. You can help people understand your point of view if you: 1) have a sense of priorities about your child, 2) have a clear idea about what you want for your child, 3) know what your child likes and dislikes, 4) share what makes you proud of your child and 5) are aware of your own feelings and the feelings of those around you.

Having a child with special needs can be a challenge. Your team will make a plan with your family to help you meet those challenges and your goals in a way that makes sense to you. Together you will develop a written plan called the Individualized Family Service Plan (IFSP).
What is an IFSP?

Your Individualized Family Service Plan (IFSP) is an agreement between your family and STRIDE Learning Center. Your plan will be designed to help everyone on your team understand what is going to happen, who is going to be involved, when and where supports will take place and for how long the services will be provided. As your family changes, supports should also change to meet your needs and choices.

You, your service provider(s) and your Family Service Coordinator will check the IFSP at least every six months to make certain it still fits your priorities and your child’s and family’s needs.

What can I expect from my Family Service Coordinator?

What might seem confusing at first, will become more manageable with the help of your Family Service Coordinator. She/he will:

- Interpret evaluation results and observations;
- Guide you in setting priorities for your child and family;
- Help coordinate services and information from different sources;
- Help you find answers to questions you have about your child;
- Find opportunities for you to connect with other families;
- Help you talk with other specialists involved with your child and family;
- Offer information on helpful state and community resources; and
- Support the trans-disciplinary team (Addison, 2004).

What is an IFSP Meeting?

You, as the parent(s) or guardian and your team will be present at IFSP meetings (King et al., 1999). You may invite others to attend your meeting, such as family members, your childcare provider, physician or nurse, or any friend or provider that you feel should be involved in your child’s program (AAP, 1999). If they cannot attend, their information can still be shared and included. The more involved you are in your meeting, the more meaningful your plan will be. Think honestly about what is important to you and what your child will need. Read the evaluations and assessments describing your child before the meeting and ask any questions you have.

Your Family Service Coordinator will ask you to share information about your child and family, so think what you would like and write it down before the meeting if that helps you.
Team members work together to develop the IFSP by reviewing information, making choices, and developing IFSP outcomes or goals. During these meetings and discussions, you will reach an agreement on the strategies, activities and early intervention services that will support the goals for your child and family.

It is at the IFSP meeting that you and your team will decide what is the best natural environment to serve your child. A natural environment for a young child may be their own home or the home of a relative, daycare, playgroups, playgrounds, or even the grocery store (Hanft & Pilkington, 2000). Providing services in your child’s natural environment will help you develop a good relationship with your service provider because you see them during the visits. You can learn directly from the therapist or teacher how to use specific techniques, and you can continually discuss what is working or not working for your child based on his/her strengths and needs (Hanft & Pilkington, 2000).

**Do I have to pay for these services?**

No. Services at STRIDE are at no cost to families. The cost of services are covered by state and federal dollars; STRIDE is also a United Way Agency. In addition, STRIDE will bill Medicaid services to help cover the cost of our services if that is a program you participate in. You will not see any bills from STRIDE, and you will not have a maximum of services you can receive. Children are eligible to receive the services determined by your team through age 5, or when they enter public education.

You and your family can, however, volunteer time, resources or financially to STRIDE Learning Center, and that is always appreciated. If you have additional questions about how STRIDE is funded for all children, please contact your Family Service Coordinator or the Director of STRIDE.
What are my responsibilities as a parent?

Your most important responsibility is to be an active member of your child’s team. This means sharing information, actively taking part in developing the IFSP, and participating in early intervention visits.

- During visits, hold your child and practice new ways of playing and learning together. Try to make learning fun!
- If the television is on, it is best to turn it off. Do not plan to take care of chores while the early interventionist is providing services.
- If you cannot be available for a visit, call the Family Service Coordinator or your therapist to cancel. Then you may be able to re-schedule at a time that is convenient for you and the provider.
- If your child or another family member in your home is sick, please call the Family Service Coordinator or therapist to cancel and re-schedule your appointment.
- Remember that services and supports are flexible and adjustable. If your child is not making the progress you expect and have planned for, discuss this with a member of your team.

What are my rights as a parent?

Your Family Service Coordinator will provide you with a copy of your Infant/Toddler Family Rights once a year and at any time upon your request. These rights are important for you and your child. Your rights help to ensure you are getting the very best early intervention.

Page 24 of this manual contains a copy of Wyoming Parental Rights and Procedural Safeguards. If you have questions about your parental rights, please call your Family Service Coordinator or the Director of STRIDE Learning Center at 632-2991. You may also call the Part C Coordinator’s office at the Wyoming Department of Health, Division of Developmental Disabilities, 777-6972.

If you are dissatisfied with your program and services at STRIDE, please let us know so that we can work together to solve the problem. If you feel you
cannot approach your team, or have tried to but don’t seem successful, you may contact the Wyoming Department of Health, Division of Developmental Disabilities for assistance and/or mediation of the conflict. It is important to know that any complaint in writing must be responded to in a timely manner.

**How can I be involved in my child’s program?**

There are many ways that you and your family can be involved at STRIDE Learning Center.

- Actively participate in your child’s program with the service provider. Together you can make learning fun for your child.
- Volunteer time and/or resources. We have several fund raisers throughout the year including: bake sales, STRIDE RIDE, and the Men’s Culinary Cook Off. Ask your Family Service Coordinator or your service provider about fun opportunities available.
- Serve on the STRIDE Learning Center Volunteer Board of Directors. To find out more about board appointments, ask the Director of STRIDE at 632-2991.
- Serve on the Laramie County Interagency Coordinating Council (ICC). The ICC is a partnership of parents, providers of support services and community representatives that work to advise and assist developmental centers. To attend an ICC meeting, ask your Family Service Coordinator. Meetings are held quarterly, and all families are welcome to attend!

**What if our family is also in Early Head Start?**

Early Head Start is a Community Action Agency in Cheyenne that provides educational services for pregnant women and families with young children birth to age three. Laramie County Early Head Start and STRIDE Learning Center work together through a community collaboration agreement to provide you the best services together as a team. The EHS

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**FIND OUT MORE!**
Call Laramie County Early Head Start:
637-5784.
disability coordinator will also serve as your STRIDE Family Service Coordinator. The Family Service Coordinator will ensure that:

- Your family has comprehensive and coordinated services across the two agencies,
- Services are not duplicated or confusing for your family,
- The Early Head Start Family Partnership Agreement and the IFSP have common goals for your child and family,
- Service providers from STRIDE and home visitors from EHS are working together to provide your child the best intervention possible,
- Your Early Head Start home visitor and STRIDE service providers are invited to all IFSP meetings.

**What happens when my child turns THREE?**

**Transition** is the time to plan for when your child turns three. Planning will begin about six months before he/she turns three. Not all children who receive services from the infant and toddler program, or Part C, will be eligible to receive services after they become three years of age (*Part C policies and procedures*, n.d.). Additional testing of your child may be required to determine if your child qualifies for these services; your Family Service Coordinator will schedule this with you and your family.

If you child is eligible for services after age three, a “transition meeting” will be held here at STRIDE Learning Center. Individuals from your team and representatives from the receiving program, or Part B, will be present. Remember, you can also invite any one who is important to your child’s programming, such as a physician, nurse, social worker, advocate, relative or friend. Together you will develop an **Individualized Education Plan (IEP)** that will take effect on your child’s third birthday. The IEP is a written plan for providing special education to your child during the school year including annual goals and objectives, and the methods and people who will help your child achieve them in their **Least Restrictive Environment (LRE).**

If your child will not receive special services after their third birthday, your Family Service Coordinator will help you identify possible community resources that are beneficial for your child’s development. Some options to consider include library story hours, cooperative play groups, recreational
programs, Head Start, community preschools, Scottish Rite Language Center, and other groups that you and your child may enjoy.

We hope that your STRIDE experience gives you new ways of shaping your child’s life and that this family handbook makes it easier. Best wishes as we start our work together and you move on to future partnerships!

What you teach us early on will end up lasting all life long!
Glossary

**advocate**: a person who speaks for the best interests of another person

**assistive technology**: devices or services that allow or improve independence in daily activities (for example, a curved handle on a spoon for easier self-feeding; wheelchair; communication board)

**confidential**: private; cannot be shared without your permission

**development**: the process of learning and mastering new skills over time; includes ability to move, communicate, think, see, hear, and play with toys or other people

**disability**: condition that limits or slows down one or more kinds of development

**early intervention**: a system of coordinated services that promotes a child's growth and development and supports families during critical early years

**early childhood special education teacher (ECSE)**: certified teacher with specialty endorsement to teach young children with special needs

**eligible**: meeting the requirements to receive early intervention services at no cost

**entitlement**: all eligible children will receive services regardless of any other factor (such as family income, birth country, etc.)

**IDEIA (Individuals with Disabilities Education Improvement Act)**: a federal law (PL 108-446) that guarantees certain educational rights for all individuals with developmental disability or delays, including those with disabilities. The section of the law covering children birth through age two is called “Part C”, in Wyoming it is called the “Infant Toddler Program Part C”. “Part B” of IDEIA ensures services for children age three through age 21

**Family Service Coordinator**: the person who will help the most to make connections and identify resources for your family; they are your single point of contact for special education services and facilitate the development of the IFSP

**IEP (Individualized Education Plan)**: a written education plan for children age three to age twenty-one that is developed by a team of professionals, including teachers, therapists, etc. and the child's parents or guardians outlining special instruction, accommodations, modifications and related services which enable a child to participate and benefit form the general education program

**IFSP (Individualized Family Service Plan)**: a written plan for children birth to age three that is developed by a team of professionals and the child’s parents or guardians
that describes goals and strategies for the child and family, the services and supports used to reach those goals, as well as where and when services will take place and who is responsible

**least restrictive environment (LRE):** the usual or most typical environment possible for instruction, treatment, and/or living. When applied to education, the least restrictive environment is the regular (mainstream) classroom. For students who have disabilities, the student's IEP team will determine what is the least restrictive environment that will enable the student to function and benefit from their educational program

**mediation:** a way to settle a conflict so both sides win. Parents and professionals discuss their differences and, with the help of a trained mediator, reach a settlement that both sides accept

**natural environment:** settings that are natural or normal for the child's age peers who have no disabilities (Hanft & Pilkington, 2000). These can be places where a child or family lives, learns and plays according to their needs, interests, values, culture and lifestyle (for example: home, childcare, town recreational center, library)

**occupational therapy (OT):** activities designed to improve fine motor skills (fingers, hands or arm movements), oral motor (feeding and mouth coordination), sensory processing, and how a child relates to the world around him/her

**outcome:** targeted skills to achieve performance

**parental rights and procedural safeguards:** a written document explaining a parent's rights and responsibilities under federal and state laws as it pertains to their child and family receiving special education services

**physical therapy (PT):** activities designed to improve gross motor skills (leg, back and whole body movements)

**speech and language therapy:** activities or materials designed to improve a child's ability to understand and express thoughts and information, and oral motor skills including feeding and swallowing

**service coordination:** a way to bring together the different people and information and resources that our child and family may work with as a team. Your Family Service Coordinator is the person who will help the most to make these connections and identify resources for your family; they are your single point of contact for services

**special education:** specifically designed instruction offered at no cost to families for children with disability who require such services to benefit form the general education program
strategies: agreed upon activities to help in the facilitation of achieving outcomes and goals

transition: moving from one program to another program. Typically happens at age three and at age six.

transition team: individuals from your infant/toddler program (Part C) and representatives from the preschool program (Part B) will comprise the transition team
Great Resources for Parents!

Welcome to STRIDE Learning Center! This is a great resource list for parents in Laramie County. If you need additional help contacting any resource, please contact your STRIDE Family Service Coordinator at (307) 632-2991.

<table>
<thead>
<tr>
<th>SERVICES FOR CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent Education</strong></td>
</tr>
<tr>
<td>Network/Parent</td>
</tr>
<tr>
<td>Information Center</td>
</tr>
<tr>
<td>1-800-660-9712</td>
</tr>
<tr>
<td>Helping parents with children with special needs across Wyoming.</td>
</tr>
<tr>
<td><strong>Early Head Start</strong></td>
</tr>
<tr>
<td>1521 Dunn Avenue</td>
</tr>
<tr>
<td>637-5784</td>
</tr>
<tr>
<td>Serving children pre-natal to age three as a home visiting program.</td>
</tr>
<tr>
<td><strong>Parents as Teachers</strong></td>
</tr>
<tr>
<td>Director: Erin Swilling</td>
</tr>
<tr>
<td>421-1303</td>
</tr>
<tr>
<td>Home visiting program for parents and children age birth to 5.</td>
</tr>
<tr>
<td><a href="mailto:eswilling@wpen.net">eswilling@wpen.net</a></td>
</tr>
<tr>
<td><strong>Child Development Clinic at United Medical Center</strong></td>
</tr>
<tr>
<td>307-633-7612</td>
</tr>
<tr>
<td>West Building 214 E. 23ed St</td>
</tr>
<tr>
<td><strong>Grandparent's Support Group</strong></td>
</tr>
<tr>
<td>Terry Kenny 638-2564 ex. 278</td>
</tr>
<tr>
<td>Support for Grandparents raising grandchildren. Meets at the Senior Activity Center every other Thursday.</td>
</tr>
<tr>
<td><strong>Cheyenne Respite Programs</strong></td>
</tr>
<tr>
<td>Mary Benz 286-1205</td>
</tr>
<tr>
<td>Respite care for families who qualify for service.</td>
</tr>
<tr>
<td><strong>Children's Special Health</strong></td>
</tr>
<tr>
<td>633-4103</td>
</tr>
<tr>
<td>City County Health Building</td>
</tr>
<tr>
<td>Provides service for children with special health needs.</td>
</tr>
<tr>
<td><strong>Circle of Parents</strong></td>
</tr>
<tr>
<td>Meets 1st &amp; 3rd Wed, 7-8 pm at the YMCA. Contact: Carrie @637-8622.</td>
</tr>
<tr>
<td>Parent support group for all families.</td>
</tr>
<tr>
<td><strong>State Respite Care</strong></td>
</tr>
<tr>
<td>777-6047</td>
</tr>
<tr>
<td>6101 Yellowstone Suite 186 E.</td>
</tr>
<tr>
<td>Respite care for families who qualify for service.</td>
</tr>
</tbody>
</table>

**DAY SHELTER**

**Wyoming Coalition for the Homeless: Welcome to Mat Day Center**

907 Logan Avenue
634-8499
8:30am - 3:00pm M-F
Provides a variety of services: day shelter, sack lunch, transportation, stamps, maps, Notary Public, place to clean up, help with application, in town bus tokens.

**HOMELESS FAMILIES**

**Cheyenne Interfaith Hospitality Network**

1426 East Lincolnway
772-8770

**INDEPENDENT LIVING**

**Casey Family Programs**

130 Hobbs Avenue
638-2564 Ext. 234
### Community Action of Laramie County, Inc.
1620 Central, Suite 300
635-9291
8a - 5p M-F
Provide information, referral, advocacy, and financial assistance to qualifying low-income individuals/families for essential services.

### Salvation Army
602 East 20th Street
634-2769/634-6514
1p-4p M-F
Meals served daily: Mon-Sat 12p-12:30p. Travel bags, personal care kits, clothing vouchers. One night family lodging with medical need. Commodities for residents. Bread & Bakery items available daily.

### WIC (Women, Infants, & Children)
100 Central Avenue
633-4010
8a-5p M-F
Closed 12p-1p for lunch. Supplies food vouchers to eligible persons.

### Meals on Wheels
2015 South Greeley Highway
7a-3p M-F
635-5542

### Needs, Inc.
900 Central Avenue
632-0409
9a-4p M-F
Provides short-term, emergency assistance for Laramie County Residents. Clothing, household items, furniture, food. Minimal financial assistance for prescriptions, gas, etc. Tutoring, volunteer program, and help like.

### St. Joseph's Church
314 East 6th Street
634-4625
10a-12p, 1p-4p; M-F

### Good Sheppard Assembly
421 East 4th Street
632-9032

### Meals on Wheels
2015 South Greeley Highway
7a-3p M-F
635-5542

### St. Joseph's Church
314 East 6th Street
634-4625
10a-12p, 1p-4p; M-F

### Sunnyside Baptist
3411 Cleveland
632-6496
9a-4p, M-F (Limited)
<table>
<thead>
<tr>
<th><strong>Housing</strong></th>
<th><strong>Cheyenne Housing Authority</strong></th>
<th><strong>Cheyenne North Apartment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bethel Outreach Ministries</strong>&lt;br&gt;1603 Capital Avenue&lt;br&gt;635-7619</td>
<td><strong>Cheyenne Housing Authority</strong>&lt;br&gt;3304 Sheridan Avenue&lt;br&gt;634-7947&lt;br&gt;8:30a-5p M&amp;W&lt;br&gt;1p-5p Tue&lt;br&gt;8:30a-12p Thu-Fri&lt;br&gt;Closed 12p-1p M&amp;W&lt;br&gt;Drop box, or drop off with receptionist 8a-5p M-F.&lt;br&gt;Provides variety of housing services: low-cost or subsidized housing for low-income eligible persons.</td>
<td><strong>Cheyenne North Apartment</strong>&lt;br&gt;4941 King Arthur Way&lt;br&gt;778-8385&lt;br&gt;Low income housing for families &amp; HANDICAPPED. Must be families no singles. Only 2 and 3 bedrooms.</td>
</tr>
<tr>
<td><strong>Cheyenne Station Apartments</strong>&lt;br&gt;1607 Taft Avenue&lt;br&gt;778-4196&lt;br&gt;Low income housing for families and handicapped</td>
<td><strong>Senior Services (Activity Center)</strong>&lt;br&gt;2102 Thomas Avenue&lt;br&gt;635-2435&lt;br&gt;8:30a-5p, M-F&lt;br&gt;Provides services to seniors&lt;br&gt;60+, 7 meal sites, bus service, chore &amp; shopping assistance, home visits, etc.</td>
<td><strong>Camea Shelter</strong>&lt;br&gt;1504 Stinson&lt;br&gt;632-3174&lt;br&gt;8a-5p M-F&lt;br&gt;There is someone one site 24/7, but the doors are locked at 10p.&lt;br&gt;Temporary lodging for singles, couples and families. Breakfast, supper and snacks. Health screening. Job services referrals. Case management services, gas vouchers, traveler’s aide.</td>
</tr>
<tr>
<td><strong>Safe House</strong>&lt;br&gt;1813 Carey Avenue&lt;br&gt;634-8655 (Office)&lt;br&gt;637-7233 (24 Hr. crisis line”)&lt;br&gt;8a-4p M-F&lt;br&gt;Provide advocacy services to victims of domestic violence/sexual assault” shelter, counseling, and education.</td>
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<tr>
<td>EMPLOYMENT SERVICES</td>
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<tr>
<td><strong>Express Temp</strong></td>
<td><strong>Goodwill Industries</strong></td>
<td></td>
</tr>
<tr>
<td>2205 East Pershing</td>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>634-1636/632-0565</td>
<td>612 West 17th Street</td>
<td></td>
</tr>
<tr>
<td>FAX 638-0493</td>
<td>Thrift Store: 3301 East</td>
<td></td>
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<tr>
<td>Temporary Jobs, Temp to Hire</td>
<td>Nationway</td>
<td></td>
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<tr>
<td></td>
<td>Admin: Bldg. and Rehab: 612</td>
<td></td>
</tr>
<tr>
<td></td>
<td>West 17th Street</td>
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<tr>
<td></td>
<td>634-9128/634-0831</td>
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<tr>
<td></td>
<td>8a-5p, M-F</td>
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<tr>
<td></td>
<td>Vocational and Independent</td>
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<tr>
<td></td>
<td>Living training; education &amp;</td>
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<tr>
<td></td>
<td>counseling; job coaching; &amp;</td>
<td></td>
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<tr>
<td></td>
<td>retail store.</td>
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<tr>
<td><strong>Manpower Temp</strong></td>
<td><strong>Adecco Services</strong></td>
<td></td>
</tr>
<tr>
<td>1817 Carey Avenue</td>
<td>Staffing Agency</td>
<td></td>
</tr>
<tr>
<td>634-5909</td>
<td>504 East 17th Street, Suite 250</td>
<td></td>
</tr>
<tr>
<td>8a-5p, M-F</td>
<td>632-4476</td>
<td></td>
</tr>
<tr>
<td>Temporary Jobs</td>
<td>7:30a-5p, M-F</td>
<td></td>
</tr>
<tr>
<td><strong>Youth/Job Corps</strong></td>
<td><strong>Labor Ready</strong></td>
<td></td>
</tr>
<tr>
<td>1510 East Pershing</td>
<td>1414 Logan Avenue</td>
<td></td>
</tr>
<tr>
<td>632-3657</td>
<td>634-1052</td>
<td></td>
</tr>
<tr>
<td>8a-5p, M-F</td>
<td>5:30a-7p, M-F (Summer Hours)</td>
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<tr>
<td></td>
<td>5:30a-7p, M-F (Winter Hours)</td>
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<tr>
<td></td>
<td>Temporary Jobs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEGAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Service for S.E., WY., Inc.</strong></td>
</tr>
<tr>
<td>1603 Capitol Avenue, Room 405</td>
</tr>
<tr>
<td>Majestic Building</td>
</tr>
<tr>
<td>634-1566</td>
</tr>
<tr>
<td>Fax: 634-1370</td>
</tr>
<tr>
<td>8:30a-4:30p, M-F</td>
</tr>
<tr>
<td><strong>Lawyer Referral Services</strong></td>
</tr>
<tr>
<td>Cathy Duncil, Coordinator</td>
</tr>
<tr>
<td>632-9061</td>
</tr>
<tr>
<td>9a-1p, M-F</td>
</tr>
<tr>
<td>Affiliated with the Wyoming</td>
</tr>
<tr>
<td>State Bar. Provides</td>
</tr>
<tr>
<td>Free referrals to attorneys.</td>
</tr>
<tr>
<td>Attorneys may charge for</td>
</tr>
<tr>
<td>services.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City of Cheyenne Transit Program</strong></td>
</tr>
<tr>
<td>2022 Capitol Avenue</td>
</tr>
<tr>
<td>637-6383 (Information)</td>
</tr>
<tr>
<td>367-6253 (Reservations)</td>
</tr>
<tr>
<td>Day in advance, Door-to-Door, public transit: $3.00</td>
</tr>
<tr>
<td>Hourly routes: $1.00</td>
</tr>
<tr>
<td><strong>Greyhound Bus Lines</strong></td>
</tr>
<tr>
<td>222 Deming Drive</td>
</tr>
<tr>
<td>634-7744</td>
</tr>
<tr>
<td>1-800-231-2222</td>
</tr>
<tr>
<td><a href="mailto:ifsr@greyhound.com">ifsr@greyhound.com</a></td>
</tr>
<tr>
<td><strong>VETERAN SERVICES</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>VA Medical &amp; Regional Office</td>
</tr>
<tr>
<td>2360 East Pershing Blvd.</td>
</tr>
<tr>
<td>778-7550</td>
</tr>
<tr>
<td>8a-4:30p, M-F</td>
</tr>
<tr>
<td>24 hour medical, Provides benefits to veterans, their dependents &amp; survivors: medical, rehab, financial. Disabled &amp; homeless vets, drug rehab &amp; counseling.</td>
</tr>
<tr>
<td><strong>MEDICAL/HEALTH CARE</strong></td>
</tr>
<tr>
<td>ACS Consultec (Title-19/Medicaid)</td>
</tr>
<tr>
<td>504 West 17th Street, Suite 100</td>
</tr>
<tr>
<td>772-8400/ 1-800-251-1269</td>
</tr>
<tr>
<td>City/County Health Department</td>
</tr>
<tr>
<td>100 Central Avenue</td>
</tr>
<tr>
<td>633-4000</td>
</tr>
<tr>
<td>8a-5p, M-F</td>
</tr>
<tr>
<td>Call for appointment. Provides preventative health care services, throat cultures, immunizations, HIV testing.</td>
</tr>
<tr>
<td><strong>COMMUNITY CLINIC: FREE</strong></td>
</tr>
<tr>
<td>Community Clinic: Free</td>
</tr>
<tr>
<td>3100 Henderson Suite 3</td>
</tr>
<tr>
<td>638-6842</td>
</tr>
<tr>
<td>5:45p - 7:30p, TUESDAY’S ONLY</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS MEDICAL</strong></td>
</tr>
<tr>
<td>Eye Care Clinic</td>
</tr>
<tr>
<td>6252 Yellowstone</td>
</tr>
<tr>
<td>778-2774</td>
</tr>
<tr>
<td>Will set up payments is customer has a job or on Social Security.</td>
</tr>
</tbody>
</table>
### DENTISTS

**Dental Hygiene Clinic @ LCCC**  
1400 East College Drive  
778-1141 Ext. 1141  
Adults: $18.00 Cleaning  
Children $13.00 (1-17 yrs)  
X-Rays: $3.00 - $20.00 all ages  
Sealants: $8.00 per tooth.

**Orthodontics**  
Apply through City/County Health  
100 Central  
633-4000  
8a-5p, M-F  
Closed 12-1 for lunch

### MENTAL HEALTH SERVICES

**Peak Wellness Center**  
2526 Seymour Avenue  
634-9653  
8a-5p, M-F  
Provides various mental health and community related services, substance abuse assistance.

**Behavioral Health Services**  
2600 East 18th Street  
633-7370  
24 hour information & referral services available.

**Help Line**  
900 Central Avenue  
634-4469  
Available 24 hour/day

### OTHER COMMUNITY AGENCIES

**Social Security Office**  
5353 Yellowstone Road  
BLM Building, 2nd Floor  
777-2135  
9a-4p, M-F

**Vocational Rehabilitation**  
1510 East Pershing  
West Entrance  
777-7364

**Clerk of the District Court**  
Court House, 20th Street  
633-4215  
Child Support Payments

**Child Support Services (POSSE)**  
202 Carey Avenue, 6th Floor  
635-3365

**Cheyenne Light Fuel & Power**  
108 West 18th Street  
638-3361

**Low Income Energy Assistance Program (LIEAP)**  
400 East 1st Street, Suite 206  
Casper, WY 82601  
1-800-246-4221  
1-307-472-4221  
FAX: 1-307-472-2078

**Child Care Finders**  
2622 Pioneer Avenue  
638-2091  
1-800-578-4071

**Pickle Parlor (Safe House donations)**  
104 West 17th Street  
637-3614

**Public Defender**  
2020 Carey, 3rd Floor  
777-7137

**Drivers License**  
5300 Bishop  
777-3835  
777-4800(Help Desk)  
8a-5p M-F

**Birth Certificate (Vital Statistics)**  
2300 Capitol Avenue  
777-7591

**US Post Office**  
4800 Converse Avenue  
North of Dell Range

### CAR SEATS

**City County Health**  
633-4000

**Child Safety Seat**  
Inspection Station  
Located on House Avenue, Access the Street from UMC parking garage call for an appointment. Free seats IQ.  
633-7525  
3p-6p Tue & Thur.
<table>
<thead>
<tr>
<th><strong>EMERGENCY NUMBERS</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Protection Services (DFS)</strong></td>
<td><strong>Poison Control</strong></td>
<td><strong>Suicide Help Line</strong></td>
</tr>
<tr>
<td>777-7921 - ask for intake worker 8a-5p, M-F  After hours, call local police department.</td>
<td>1-800-955-9119</td>
<td>637-3753</td>
</tr>
<tr>
<td><strong>Police and Fire</strong></td>
<td>911</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NON-EMERGENCY NUMBERS</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Police Department</strong></td>
<td><strong>Laramie County Sheriff's Department</strong></td>
<td><strong>Wyoming Highway Patrol</strong></td>
</tr>
<tr>
<td>2020 Capitol Avenue 637-6520</td>
<td>1910 Pioneer Avenue 633-4700 633-4740 (Jail)</td>
<td>1-800-442-9090 (Accidents/emergency) 777-4321</td>
</tr>
<tr>
<td>Emergency = 911</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fire Department</strong></td>
<td><strong>Cheyenne Regional Medical Center</strong></td>
<td></td>
</tr>
<tr>
<td>637-6320</td>
<td>300 East 23rd Street 634-2273</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STATE OFFICIALS</strong></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Representative Barbara Cubin</strong></td>
<td><strong>Senator Mike Enzi</strong></td>
<td><strong>Senator Craig Thomas</strong></td>
</tr>
<tr>
<td>Kate Legerski 307-772-2595</td>
<td>Debbie McCann 307-772-2477</td>
<td>Laura Lewis 307-772-2452</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Developmental Disabilities Division</strong></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Part C (Birth to three) = Geri Smith 777-7115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part B (age three to six) = Barbara Crane-Jaques 777-7115</td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX

Appendix A

Notice of Infant/Toddler and Family Rights
NOTICE OF INFANT/TODDLER AND FAMILY RIGHTS
UNDER WYOMING PART C
EARLY INTERVENTION PROGRAM

Effective February 1, 2007
Wyoming Department of Health
Developmental Disabilities Division
Foreword

The Notice of Infant/Toddler and Family Rights under the Wyoming Department of Health, Developmental Disabilities Division, describes your child's and family's rights, as defined by Part C of the Individuals with Disabilities Education Act (IDEA).

IDEA is a federal law that includes provisions for early supports and services for eligible children starting at birth. To support the implementation of these federal requirements, the Wyoming Early Intervention Part C Program has developed policies and procedures that meet these federal and state Part C requirements.

Because this document is an official notice of your rights under federal law and regulations, some terms may be unfamiliar to you. For this reason, some words are defined where they are used in the document and others are defined in the Glossary.

The family service coordinator working with your family can suggest additional materials to help you understand your rights. He/she can also suggest ways that you and other family members can be partners with community providers to help meet the developmental needs of your child.

State of Wyoming
Department of Health
Developmental Disabilities Division
Early Intervention, Part C Program
6101 Yellowstone Road, Suite 186E
Cheyenne, WY 82002

Toll Free: 1-877-WYO-GROW (1-877-996-4769)
Phone: (307) 777-7115
Fax: (307) 777-3337
From Referral to IFSP Development, Key Points in Process

Referral -
Your child can be referred to the Wyoming Part C Program by you, or another individual (pediatrician, nurse, child care provider, therapist, another parent, etc.). Referrals may be made by telephone, fax, in writing, or in person. A 45-day timeline begins on the day the referral is received by the Part C Program. If your child is eligible for services, his/her Individualized Family Service Plan (IFSP) must be developed prior to the end of that timeline.

Intake -
The intake meeting will be your first face-to-face contact with the Child Development Center program personnel. During this meeting, you will be asked about your child and his/her developmental and medical history as well as your priorities as a family. You will also be provided with written prior notice and asked for your consent to evaluate your child. You may also be asked for your written consent to allow the Part C Program to request pertinent information about your child from his/her doctors and others involved in his/her life.

Parental Prior Notice -
Written prior notice must be given to parents/legal guardians in a timely manner before the Part C Program proposes or refuses to initiate or change the identification, evaluation, or the provision of appropriate early supports and services to your child and family. You will be given prior notice before your child’s evaluation, if he/she is found to be eligible for the Part C Program, and before his/her Individualized Family Service Plan is developed or modified.

Parental Consent -
Consent means that you, as your child’s parents/legal guardians, have been fully informed of all information about the activity for which you are asked to consent. Information must be provided to you in your native language or other mode of communication unless it is clearly not feasible to do so. You will be asked to provide consent before each screening, evaluation and assessment is conducted and before early supports and services are provided.

Screening -
Screening involves the use of selected tools or procedures during the intake visit or other appropriate time to obtain additional developmental information to determine next steps. Screening may or may not be completed for your child and family. Even if screening results indicate that
your child appears to be age appropriate in all developmental areas, you can still obtain evaluations and assessments to determine eligibility for services.

**Evaluation & Assessments**

*Evaluation* means the use of tools and procedures, by qualified professionals, to determine your child’s initial and continuing eligibility for the Wyoming Early Intervention Program, Part C of the IDEA services.

*Assessment* means the ongoing use of tools and procedures by qualified professionals to identify your child’s unique strengths, needs, as well as the resources, priorities, and concerns of your family and the supports and services necessary to enhance your family’s capacity to meet the developmental needs of your infant or toddler with special needs.

**Individualized Family Support Plan (IFSP) Development**

Part C of the IDEA standards requires that each child’s *Individualized Family Service Plan* (IFSP) must be developed within **45 days** of the Wyoming Part C Early Intervention Program’s receipt of the referral. When delays are requested or initiated by a family for any reason (illness, hospitalization, vacation, work schedules, etc.), the initiation of services for your child and family may be delayed.
Introduction

Part C of the IDEA, known in Wyoming as the Wyoming Part C Early Intervention Program, is designed to maximize family involvement and ensure parental consent in each step of the process from the determination of eligibility through service delivery.

Safeguards or rights have been established to protect parents and children. Parents must be informed about these rights or safeguards so they can have a leadership role in the provision of services to their children.

Participation in Wyoming Part C Early Intervention Program is voluntary.

Under the Wyoming Part C Early Intervention Program, as a parent, 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 receipt of the referral by the Part C Early Intervention Program;
- The opportunity to receive evaluation, assessment, IFSP development, service coordination, and procedural safeguards at public expense;
- If eligible under Part C, the opportunity to receive Early Intervention Services for your child and family as addressed in an IFSP. Early Support and Services are available at no cost to families, however if authorized by the parent, private and/or public insurance may be billed.

In Wyoming, "appropriate early supports and services" are determined through the IFSP process. The IFSP must contain a statement of the specific early supports and services necessary to meet the unique needs of your child and family to achieve the outcomes identified in the IFSP. Federal regulations define early supports and services as services that "are designed to meet the developmental needs of each child eligible under this part (Part C) and the needs of the family related to enhancing the child's development."

- The right to refuse evaluations, assessment, and services;
- The right to be invited to and participate in all IFSP meetings;
- The right to receive written notice in a timely manner before a change is proposed or refused in the identification, evaluation, or in the provision of services for 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 supports and services records;
• The right to timely resolution of complaints by parents;
• The right of parents to use mediation to resolve disagreements and individual child complaints;
• The right to an impartial due process hearing to resolve parent/provider disagreements; and
• The right to file an administrative complaint.

In addition to the general rights listed above, you are entitled to be notified of specific procedural safeguards under the Wyoming Part C Early Intervention Program. These rights include: Parental Consent; Prior Notice; Examination of Records; Confidentiality of Information; Individual Child Complaints; Administrative Complaints; and Surrogate Parents. Each of these safeguards is described below.

**PARENTAL CONSENT**

Consent means that: (1) you have been fully informed of all information about the activity for which consent is sought, in your native language, or other mode of communication; (2) you understand and agree in writing to the carrying out of the activity for which your consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and (3) you understand that the granting of consent is voluntary on your part and may be revoked at any time.

Your written consent must be obtained before:
(1) Evaluation(s) and assessment(s) of your child is conducted; and
(2) Early supports and services are provided.

If you do not consent, the Wyoming Part C Early Intervention Program shall make reasonable efforts to ensure that you:

(a) Are fully aware of the nature of the evaluation and assessment or the services that would be available; and
(b) Understand that your child will not be able to receive the evaluation and assessment or services unless consent is given.

If you do not give your consent for an initial evaluation, the Wyoming Part C Early Intervention Program may: (1) provide you with relevant literature or other materials; (2) offer you peer counseling to help your understanding of the value of early supports and services and to address your concerns about participation in
the Part C Program; (3) periodically renew contact with you, on an established
time schedule, to see if you have changed your mind about participation in the
Wyoming Part C Early Intervention Program; and (4) initiate an impartial due
process hearing for resolving this parent/provider disagreement.

In addition, as the parent of a child eligible under the Wyoming Part C Early
Intervention Program, you may determine whether you, your child, or other family
members will accept or refuse any early supports and service(s) under this
program. You may also refuse such a service after first accepting it without
jeopardizing other early supports and services under the Wyoming Part C Early
Intervention Program.

Finally, you have the right to written notice of, and written consent to, the
exchange of any **personally identifiable information** collected, used, or
maintained under the Wyoming Part C Early Intervention Program. (See section
on Confidentiality of Information).

**Native Language:** Where used with reference to persons of limited English
proficiency, means the language or mode of communication normally used by
the parent of an eligible child.

**Personally Identifiable Information**

Includes: 1) the name of your child, your name, or the name of
other family members; 2) the address of your child; 3) a personal
identifier, such as your child's or your social security number; or 4) a
list of personal characteristics or other information that would make
it possible to identify your child with reasonable certainty.
PRIOR NOTICE

Written prior notice must be given to you in a timely manner before the Wyoming Part C Early Intervention Program proposes or refuses to initiate or change the identification, evaluation, or the provision of early supports and services for your child and your family. The notice must be sufficiently detailed to inform you about:

(1) The action that is being proposed or refused;
(2) The reasons for taking the action;
(3) All procedural safeguards that are available under the Wyoming Part C Early Intervention Program; and
(4) The Wyoming Part C Early Intervention Program complaint procedures, including a description of how to file a complaint and the timelines under these procedures. (See Resolution of Individual Child Complaints and Administrative Complaints).

The notice must be:

(1) Written in language understandable to the general public and provided in your native language, unless it is clearly not feasible to do so.
(2) If your native language or other mode of communication is not a written language, the Wyoming Part C Early Intervention Program shall take steps to insure that:
   (a) The notice is translated orally or by other means to you in your native language or other mode of communication;
   (b) You understand the notice; and
   (c) There is written evidence that the requirements of this section have been met.
(3) If you are deaf, blind, or have no written language, the mode of communication must be that normally used by you (such as sign language, Braille, or oral communication).

EXAMINATION OF RECORDS

In accordance with the Confidentiality of Information procedures outlined in this booklet, you must be given the opportunity to inspect and review records related to screening, evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with your child, and any other portion involving Wyoming Part E Early Intervention Program records about your child and your family.
CONFIDENTIALITY OF INFORMATION

The Wyoming Part C Early Intervention Program gives you the opportunity to inspect and review any early supports and services records relating to your child that are collected, maintained, or used by the Wyoming Part C Early Intervention Program. The Wyoming Part C Early Intervention Program complies with a request, without unnecessary delay, and before any meeting regarding an IFSP or hearing related to identification, evaluation, or provision of appropriate early supports and services, in no case, more than forty-five 45 calendar days after the request has been made.

The right to inspect and review Wyoming Part C Early Intervention Program records includes:

1. The right to a response from the Wyoming Part C Early Intervention Program to reasonable requests for explanations and interpretations of the early supports and services record;
2. The right to request that the Wyoming Part C Early Intervention Program provide copies of early supports and services records containing the information if failure to provide these copies would effectively prevent you from exercising the right to inspect and review the early supports and services records; and
3. The right to have someone who is representing you review and inspect the early supports and services record.

The Wyoming Part C Early Intervention Program may presume that you have the authority to inspect and review early supports and services records relating to your child unless the Wyoming Part C Early Intervention Program has been advised that you do not have the authority under applicable state law or court order governing such matters as guardianship, separation, and divorce.

The Wyoming Part C Early Intervention Program shall keep a record of parties obtaining access to early supports and services records collected, maintained, or used under the Wyoming Part C Early Intervention Program (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the early supports and services record.

If any early supports and services record includes information on more than one child, you have the right to inspect and review only the information relating to your child, or to be informed of that specific information.

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The Wyoming Part C Early Intervention Program shall provide you, upon request, a list of the types and locations of early supports and services records collected, maintained, or used by the agency.

The Wyoming Part C Early Intervention Program may charge a fee for copies of records that are made for parents under Part C if the fee does not effectively prevent you from exercising your right to inspect and review those early supports and services records. The Wyoming Part C Early Intervention Program may not charge a fee to search for or to retrieve information under the Wyoming Part C Early Intervention Program.

If you believe that information in early supports and services records collected, maintained, or used under the Wyoming Part C Early Intervention Program is inaccurate or misleading, or violates the privacy or other rights of your child or family, you may request that the Wyoming Part C Early Intervention Program amend the information.

(1) The agency decides whether to amend the information in accordance with the request, within a reasonable period of time after receiving the request.
(2) If the agency refuses to amend the information as you requested, you will be informed of the refusal and be advised of the right to a hearing.

The Wyoming Part C Early Intervention Program, on request, provides an opportunity for a hearing to challenge information in early supports and services records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.

(1) If, as a result of the hearing, it is determined that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the Wyoming Part C Early Intervention Program will amend the information accordingly and will inform you in writing.
(2) If, as a result of the hearing, it is determined that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, you will be informed of your right to place in the early supports and services records of the child a statement commenting on the information and setting forth any reasons for disagreeing with the hearing decision.

Any explanation placed in the early supports and services records of the child under this section must: (a) be maintained by the Wyoming Part C Early Intervention Program as part of the early supports and services records of the child, as long as the early supports and services record or contested portion (that part of the record with which you disagree) is maintained by such agency; and (b) if the early supports and services records of the child or the contested portion are disclosed by such agency to any party, the explanation must also be disclosed to that party.
A hearing held under this section must be conducted according to the procedures under the Family Education Rights & Privacy Act (FERPA), which is found in statute at 20 U.S. C. §1232g, and in regulations at 34 CFR Part 99.

Parental consent must be obtained before personally identifiable information is (1) disclosed to anyone other than officials of participating agencies collecting or using information under the Wyoming Part C Early Intervention Program, subject to the next paragraph of this section; or (2) used for any purpose other than meeting a requirement under the Wyoming Part C Early Intervention Program.

Information from your child's early supports and services record cannot be released to participating agencies without your consent unless the agency participating in the Wyoming Part C Early Intervention Program is authorized to do so under FERPA.

The following safeguards must be in place to ensure confidentiality of records:

- Each Wyoming Part C Early Intervention Program protects the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages;
- An official of each Wyoming Part C Early Intervention Program is responsible for insuring the confidentiality of any personally identifiable information;
- All persons collecting or using personally identifiable information receive training or instruction regarding the Wyoming Part C Early Intervention Program policies and procedures which comply with IDEA and FERPA;
- Each Wyoming Part C Early Intervention Program maintains, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information;
- The Wyoming Part C Early Intervention Program informs parents when personally identifiable information collected, maintained, or used under the ESS program is no longer needed to provide services to the child; and
- The information is destroyed, at the request of the parents. (Permanent early supports and services records of the child's name, address, phone number, and dates of early supports and services shall be maintained.)

1) **Destroyed/Destruction** means physical destruction or removal of personal identifiers from information so that it is no longer personally identifiable;
2) **Early supports and services Records** means the records covered by Family Education Rights and Privacy Act (FERPA); and
3) **Participating agency** means any agency or institution that collects, maintains, or uses personally identifiable information, or from which information is obtained, under this part.
RESOLUTION OF INDIVIDUAL CHILD COMPLAINTS

Wyoming Part C Early Intervention Program has procedures in place to allow parties in disagreement to resolve disputes involving any matter, including matters that arise before filing an individual child complaint, related to the identification, evaluation, or provision of appropriate early supports and services. When a parent has a disagreement or has filed an individual child complaint, the Wyoming Part C Early Intervention Program provides procedures to allow the parties involved in the dispute to resolve the matter through mediation.

If you disagree with the Wyoming Part C Early Intervention Program on the (1) identification, (2) evaluation, or (3) provision of appropriate early supports and services for your child or family, you have the right to a timely administrative resolution of your concerns through mediation and/or an impartial due process hearing.

As a parent(s), you may initiate an individual child complaint by notifying the Wyoming Part C Early Intervention Program, in writing, of the request for an impartial due process hearing or you may request mediation to resolve your concern. If you choose to file a complaint, the complaint must include a statement identifying the specific point(s) of disagreement related to the identification, evaluation, or provision of appropriate early supports and services for your child or family. You must sign the complaint. For assistance in completing an individual child complaint, you can call the Wyoming Department of Health's Developmental Disabilities Division at 307-777-7115.

Mediation

The Wyoming Part C Early Intervention Program provides an opportunity for parents and providers to resolve their disagreements in a non-adversarial, informal manner through mediation. The Wyoming Part C Early Intervention Program ensures that the parties to a dispute have the opportunity to resolve any disagreement through mediation at any time, including disagreements that arise prior to filing a complaint related to the identification, evaluation, or the provision of early supports and services.

Mediation may not be used to deny or delay parents' right to an impartial due process hearing under the Wyoming Part C Early Intervention Program or any other rights under Part C of IDEA. Mediation is voluntary and freely agreed to by both parties. Any party in the disagreement may request mediation, however, parents and providers are not required to use it.
Mediation must be completed in a timely manner, within thirty (30) calendar days of the receipt by the Wyoming Department of Health, Developmental Disabilities Division of a request for mediation. Upon receipt by the Wyoming Department of Health, Developmental Disabilities Division’s Early Intervention and Education Program of a request for mediation, the Wyoming Early Intervention and Education Program Manager will contact all parties relevant to the dispute to review the complaint, the mediation process and to schedule a time and location for the mediation. Each mediation session must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute. A qualified and impartial mediator who is trained in effective mediation techniques will meet with both parties to help them find a solution to the complaint in an informal, non-adversarial atmosphere. Please notify the Wyoming Department of Health, Developmental Disabilities Division’s Early Intervention and Education Program if you wish mediation to resolve your disagreement.

The Wyoming Part C Early Intervention Program maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services, including early intervention.

A mediation agreement must be to the satisfaction of all parties to the dispute and must not conflict with state or federal law or policy of the Wyoming Part C Early Intervention Program. If resolution is reached during mediation, the parties must execute a written agreement that will be legally binding and enforceable in a state court of competent jurisdiction or in a U.S. District court. The written agreement states that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding and is signed by both the parent and a representative of the agency who has the authority to bind such agency. All parties must be given a copy of the written agreement at the end of the mediation. Discussions that occur during the mediation process must be held confidential and the parties to the mediation process may be required to sign a confidentiality pledge prior to the beginning of the process.

The Wyoming Part C Early Intervention Program is responsible for any costs that are associated with the mediation process. There is no cost to the parent(s).

You may simultaneously file a request for mediation and for an impartial due process hearing described in the next section. If an agreement is reached in mediation, the hearing is canceled.
Impartial Due Process Hearing

An impartial due process hearing is a formal procedure to ensure the timely resolution of an individual child complaint, and is conducted by an impartial hearing officer. Families seeking an impartial due process hearing must submit their request directly to the Wyoming Department of Health, Developmental Disabilities Division’s Early Intervention and Education Program. Your individual child complaint for due process hearing must include the following:

1. The child’s name, home address and early supports and services program (provider) serving the child.
2. A statement identifying the points of disagreement related to the identification, evaluation, or provision of appropriate early supports and services to you or your family.
3. A proposed resolution (what you think will solve the disagreement).
4. The signature of the person submitting the complaint, and the date of the complaint.

For assistance in filing a complaint, please call the Wyoming Department of Health, Developmental Disabilities Division; Early Intervention and Education Program Manager at (307) 777-6972. Upon filing an individual child complaint, you will be offered mediation to resolve the complaint. You may refuse or accept mediation, however, mediation will not delay due process procedures.

A Hearing Officer will be assigned by the Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program. A Hearing Officer is an impartial person appointed to conduct the due process hearing. The hearing officer must:

(1) Have knowledge about the provisions of Part C of the IDEA and Wyoming Part C Early Intervention Program and the needs of, and services available for, eligible children and their families; and
(2) Perform the following duties:
   • Listen to the presentation of relevant views about the complaint/disagreement;
   • Examine all information related to the issues;
   • Seek to reach a timely resolution of the disagreement; and
   • Provide a record of the proceedings, including a written decision.

Hearing Officers used in an impartial due process hearing and mediators used in mediation process must be "impartial". Impartial refers to the person appointed to serve as the hearing officer (or mediator) of the impartial due process proceeding.
A hearing officer conducting a hearing shall at a minimum: (1) Not be an employee of the State educational agency or the local educational agency involved in the education or care of the child or a person having a personal or professional interest that conflicts with the person's objectivity in the hearing; (2) possess knowledge of, and the ability to understand, the provisions of this title, Federal and State regulations pertaining to this title, and legal interpretations of this title by Federal and State courts; standard legal practice; possess the knowledge and ability to conduct hearings in accordance with appropriate, standard legal practice; and (3) possess the knowledge and ability to render and write decisions in accordance with appropriate, standard legal practice.

Under the Wyoming Part C Early Intervention Program, you are given the rights listed below in any impartial due process hearing carried out under this section.

1. To be accompanied by and advised by a lawyer (at your expense) and individuals with special knowledge or training about early supports and services for children under the Wyoming Part C Early Intervention Program;
2. To present evidence and confront, cross examine, and to compel the attendance of witness;
3. To prohibit the introduction of any evidence at the proceedings that has not been disclosed to you at least five (5) calendar days before the proceeding;
4. To obtain a written or electronic verbatim (word by word) transcription of the proceeding; and
5. To obtain written findings of fact and decisions.

Any proceedings for implementing the impartial due process hearing must be carried out at a time and place that is reasonably convenient to you.

No later than thirty 30 calendar days after receipt, by the Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program of your disagreement (complaint), the impartial due process hearing required under this section must be completed and a written decision must be mailed to each of the parties. Any party not satisfied with the findings and decision of the impartial due process hearing has the right to bring civil action in state or federal court. A decision made at the impartial due process hearing shall be final, except that any party may bring a civil action in state or federal court.

A decision made by the hearing officer at the due process hearing shall be final, and:
1) shall be made available to the public consistent with the requirements of IDEA relating to the confidentiality of data, information, and records; and
2) shall be transmitted to the Governor's Early Intervention Council.

During the time period pending of any proceeding involving a parent/provider disagreement (complaint), unless the Wyoming Part C Early
Intervention Program and you otherwise agree, your child and family will continue to receive the appropriate early supports and services currently being provided. If the disagreement (complaint) involves an application for initial services, your child and family must receive those services that are not in dispute.

**Administrative Complaints**

In addition to the Individual Child Complaints process (discussed in the previous section) an individual or organization, including an individual or organization from another state, may file a written signed complaint that any public agency or private service provider participating in the Wyoming Part C Early Intervention Program is violating a requirement of the Part C program.

The complaint must include:

(1) A statement that a requirement of Part C has been violated by the Wyoming Part C Early Intervention Program; and
(2) The facts on which the complaint is based.

Complaints must be mailed to the Wyoming Department of Health, Developmental Disabilities Division’s Early Intervention and Education Program Manager at:

6101 Yellowstone Road, Suite 186 E
Cheyenne, WY 82002

The complaint must be filed with the Wyoming Department of Health, Developmental Disabilities Division’s Early Intervention and Education Program within one (1) year of the alleged violation.

Under certain circumstances, the period for filing the complaint may be longer:

(1) If the violation is still occurring for that child or other children;
(2) If the person filing the complaint is requesting reimbursement or corrective action for a violation that occurred within three years of filing the complaint.

Once the Wyoming Department of Health, Developmental Disabilities Division’s Early Intervention and Education Program has received the complaint, the Wyoming Part C Early Intervention Program has sixty 60 calendar days (unless program exceptional circumstances exist with respect to a particular complaint) to investigate the complaint and issue a written decision that contains the facts and conclusions that address each allegation in the complaint, and the reasons for the final decision. The Wyoming Department of Health,
Developmental Disabilities Division's Early Intervention and Education Program will make a determination if an independent on-site investigation is necessary and conducts such investigation. The Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program will also review all relevant information and make an independent determination as to whether the public agency is violating a requirement under Part C. The individual or organization filing the complaint has the opportunity to submit additional information, either orally or in writing, about the complaint. If the final decision indicates that appropriate services were/are not being provided, the Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program must address how to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action. If needed, the Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program will ensure effective implementation of the lead agency's final decision, if needed, including (1) technical assistance activities, (2) negotiations, and (3) corrective actions to achieve compliance. Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program must also address appropriate future provisions of services for all infants and toddlers with disabilities and their families. For more information about these complaint procedures, contact the Early Intervention and Education Program Manager at (307) 777-6972.

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the sixty 60-calendar-day timeline using the complaint procedures described in this document.

If an issue is raised in an administrative complaint that has been previously decided in a due process hearing involving the same parties -
(i) The hearing decision is binding; and
(ii) Wyoming Part C Early Intervention Program must inform the complainant to that effect.

A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program.
Surrogate Parents

The rights of children eligible under the Wyoming Part C Early Intervention Program are protected even if:

(1) No parent can be identified;
(2) The Wyoming Part C Early Intervention Program, after reasonable efforts, cannot discover the whereabouts of a parent; or
(3) The child is a ward of the state under the laws of Wyoming.

An individual is assigned to act as a "surrogate" for the parent according to the procedures that follow. The procedures include a method for determining whether a child needs a surrogate parent and assigning a surrogate to the child. The following criteria are employed when selecting surrogates:

(1) Surrogate parents are selected in the manner authorized by state law.
(2) A person selected as a surrogate parent:
   (a) Has no interest that conflicts with the interest of the child he or she represents;
   (b) Has knowledge and skills that ensure adequate representation of the child;
   (c) Is not an employee of any state agency or a person or an employee of a person providing early supports and services. A person who otherwise qualifies to be a surrogate parent under this section is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent; and
   (d) Resides in the same general geographic area as the child, whenever possible.

A surrogate parent may represent the child in all matters relating to:

(1) The evaluation and assessment of the child;
(2) Development and implementation of the child's IFSPs, including annual evaluations and periodic reviews;
(3) The ongoing provision of early supports and services for the child; and
(4) Any other rights established under the Wyoming Part C Early Intervention Program.
GLOSSARY

Assessment: The ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under the Wyoming Part C Early Intervention Program to identify:

(a) The child's unique strengths and needs and the services appropriate to meet those needs;
(b) 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; and
(c) The nature and extent of early supports and services that are needed by the child and the child's family to meet the needs in (a) and (b) above.

Disclosure: To permit access to or the release, transfer, or other communication of education records, or the personally identifiable information contained in those records, to any party. Disclosure may be by multiple means, including oral, written, or electronic means.

Evaluation: The procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility under the Wyoming Part C Early Intervention Program. The procedures used must be consistent with the definition of "infants and toddlers with disabilities" in 34 CFR 303.16, including determining the status of the child in each of the developmental areas.

Family Assessment: Identification of the family's resources, priorities, and concerns, and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

Individualized Family Service Plan (IFSP): A written plan for providing early supports and services for eligible children/families that:
(a) Is developed jointly by the family and appropriate, qualified personnel providing early supports and services;
(b) Is based on the multidisciplinary evaluation and assessment of the child and the assessment of the strengths and needs of the child's family, as determined by the family and as required in 34 CFR 303.322;
(c) Includes developmental outcomes, strategies, and activities; and
(d) Includes services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

Mediation: Mediation is a process that helps parents and the Wyoming Department of Health, Developmental Disabilities Division's Early Intervention and Education Program providers resolve disagreements in an informal, non-adversarial atmosphere. Mediation is voluntary and both parties must freely agree to participate. It is quicker than going to a hearing or court. Both parties
participate in putting an agreement together and must approve the agreement. Mediation may not be used to deny or delay your right to an impartial hearing.

**Multidisciplinary:** The involvement of two or more disciplines or professionals in the provision of integrated and coordinated services, including evaluation and assessment activities in § 303.322 and development of the IFSP in § 303.342.

**Natural Environments:** Settings that are natural for children who are your child's age and who do not have a disability.

**Parent:** "Parent" means a natural, adoptive parent(s), or foster parent of a child, a guardian (but not the State if the child is a ward of the State) a person acting in the place of a natural or adoptive parent, such as a grandparent, stepparent or other relative with whom the child lives, or a person who is legally responsible for the child's welfare, or an individual assigned to be a surrogate parent, in accordance § 303.406.

**State Lead Agency:** Refers to the Department of Health, Developmental Disabilities Division, as the appointed lead agency for Part C of IDEA in the state of Wyoming.

**Local Lead Agency:** Refers to the 14 Regional Child Development Centers across the State.

**Ward of the State:** The term 'ward of the State' means a child who, as determined by the State where the child resides, is a foster child, is a ward of the State, or is in the custody of a public child welfare agency. Exception the term does not include a foster child who has a foster parent who meets the definition of a parent.

Note: All citations contained in this glossary are references to 34 Code of Federal Regulations (CFR) Part 303.
References

American Academy of Pediatrics, Committee on Children With Disabilities (1999). The pediatrician’s role in development and implementation of an individual education plan (IEP) and/or individual family service plan (IFSP). *Pediatrics*, 104, 124-127.


CHAPTER V
INTRODUCTION

Important Findings in the Literature

Remarkable progress has been made in the development of comprehensive and coordinated services to infants and children with disabilities and their families (Harbin et al., 2000). Thirty years ago, early intervention services and systems were virtually non-existent. Today, every family in every community in the United States can make use of early intervention services if their child is determined eligible to receive those services (Harbin et al., 2000). The most important public policy to affect early childhood education is now entitled IDEIA (2004), Part C. This federal legislation is intended to increase the number of children receiving services, to identify children in need of services as early as possible, and to improve services for children and families by making those services more comprehensive, coordinated and family-centered (IDEIA, 2004).

A review of the literature found that parental involvement in a child’s programming is the key to successful intervention for a child with disabilities (Gavida-Payne & Stoneman, 1997). Involvement can be solicited in many different ways, including the process and development of the IFSP, active participation in daily interventions, monitoring and observing their child’s habits and routines, attending advocacy support groups and reading and research about their child’s disability (Bailey et al., 2004; Hanft & Pilkington, 2000; King et al., 1999).
The goal of early intervention is to help families understand their child in terms of how they grow, learn, function independently and have pleasurable interactions with others (Hanft & Pilkington, 2000). This goal can best be achieved through provision of family-centered services, or a commitment to help families navigate the early intervention system, identify resources, learn new information and adopt strategies to use at home (Stredler Brown, 2005). In a system that is based on family-centered services and enhancing family and child strengths, information becomes a powerful tool for supporting children and helping parents to have an equal voice and better serve a child (Stewart et al. 2006).

Parents should be active participants in the services that they and their child receive. Interventionists have information that parents need in order to be active participants. It is the responsibility of the professional to judge the amount and kind of information that the parent can absorb at one time, as well as put it into language that the parent can understand (Stewart et al., 2006). Parents value personal communication through service providers that are approachable and when the information is tailored to fit the family (Hinojosa et al., 2002; Pain, 1999). Information in many different forms is a vital component for parents in understanding the practical implications of the disability and in facilitating adjustment to it (Pain, 1999). Written material is valued because it can be re-read as necessary and can serve as a back-up to personal visits (Pain, 1999). A tool such as a handbook of information for parents is important because it leads to improved understanding of information, experiences and perception of care. The Birth to Three Early Intervention Parent Handbook was developed to be an advocacy tool for families,
so that they may have a reference to understand the process and product of the services they receive.

Recommendations for Future Research

In order to examine the effectiveness of the parent handbook, an instrument was constructed in alignment with the content of the handbook; this can be found the Appendix. The goal of providing the handbook to parents and caregivers of children with disabilities is to increase their knowledge and awareness of their child’s disabilities, services offered, therapeutic interventions and purposes, early intervention team roles, and their own individual role. Thus, the constructed instrument will measure the obtainment of knowledge regarding the areas covered in the parent handbook.

While evidence of reliability of the instrument has to take place after data collection, validity evidence will be collected prior to administration. Occupational therapists as well as other related therapists will be asked to examine the instrument in regard to the content as it relates to the parent handbook and related processes. Participating therapists will be from STRIDE Learning Center and from the local school district. Information collected from these professionals will provide evidence of content validity (Crocker & Algina, 1986; Linn & Gronlund, 2000; Popham, 2000; Ary, Jacobs, Razavieh & Sorensen, 2006).

The administration of the instrument will be conducted utilizing a pre-test/post-test design which will enable the measurement of growth in knowledge (Agresti & Finlay, 1986; Lomax, 2001). Participants will be offered the survey prior to obtaining the parent handbook and will be informed that participation is voluntary, anonymous, and only used for program improvement. Allowing anonymity of the respondents has been
shown to increase the likelihood of participation (Becker & Bakal, 1970). Participants will be given an agreed upon timeframe to read the document and will be given the opportunity to ask questions after reading the handbook. Questions that arise from the participants will be documented and analyzed for future improvements to the handbook. At the end of the timeframe, participants will be administered the instrument again in order to compare their response from the earlier administration.

Data collected from the instrument will be analyzed using a dependent samples t-test for each of the items as well as the aggregated sum of the items. A dependent samples t-test allows for the examination of change in respondents scores from pre-test to post-test and whether the change can be attributed to change or to actual growth in knowledge (Agresti & Finlay, 1986; Lomax, 2001). All statistical tests of significance will be conducted at an alpha level of .05. These results will help in providing evidence of knowledge growth of participants as well as inform future improvements to the parent handbook.

Piloting the Handbook

Currently, the Birth to Three Parent Handbook is being utilized at the Child Development Center (CDC) in Albany County, Wyoming (CDC Region 11). It was reported by their director, Morita Flynn, that minor revisions have been made to the handbook to accommodate their specific facility and that the handbook appears to be successful for their families participating in their program. Their center has not conducted an effectiveness survey at this time, although indications were present they would be willing to participate in such a study. The Birth to Three Early Intervention Parent Handbook, as it appears in this Scholarly Project, will be piloted Summer 2007 at
STRIDE Learning Center, Cheyenne Wyoming (CDC Region 12). STRIDE Learning Center Part C Birth to Three Program currently serves 158 children identified as eligible for early intervention.

Conclusion

Children are the touchstone of a healthy and sustainable society. Nonetheless, not all children are born healthy; not all children are born free of disabilities or other biological and/or societal vulnerabilities. It is the mission of early childhood intervention to help young children and their families thrive (Shankoff & Meisels, 2000). Parents, being a child’s first and best teacher, can be the greatest advocates for a child with a disability when given the tools to do so.
APPENDIX
Birth to Three Parent Handbook Effectiveness Survey

The goal of providing a handbook to parents and caregivers of children with disabilities is to increase your knowledge and awareness of your child’s disabilities, services offered, therapeutic interventions and purposes, early intervention team roles, and your own individual role in early intervention.

Participation in this survey is voluntary, anonymous, and only used for program improvement. Please circle the best answer choice. Your help is greatly appreciated.

1. What is an IFSP?
   A. Individual Forms for Special Persons
   B. Individualized Family Service Plan
   C. Individualized Education Plan
   D. Important Forms for Special Education

2. At an IFSP meeting, which happens?
   A. Family rights are provided and explained
   B. Your family and child’s strengths and concerns are discussed and documented
   C. Goals and strategies are developed with you to address your child’s concerns
   D. It is decided who will provide service for your child and how often
   E. All of the above

3. What is a Family Service Coordinator?
   A. Your single point of contact for special education services and facilitation of development of the IFSP
   B. The person who provides weekly services
   C. A social worker for your family
   D. An intake worker

4. Before my child turns three, services in Wyoming are:
   A. Billed to my insurance
   B. Required to have direct payment at time of service
   C. Provided at no cost to families
   D. Free, if I am income eligible
5. My child receives services at STRIDE because:
   A. I think my child needs to have special instruction
   B. My child’s doctor referred me
   C. My child is eligible to receive services based on criteria set by the Wyoming
      Department of Health
   D. All of the above

6. When my child turns three years old:
   A. He/She may be tested and transition to the 3-5 year old program
   B. Services will continue as they are now
   C. Nothing will happen
   D. He/She will be enrolled in Head Start
   E. All of the above

7. Who would I call if I had a question about my child’s programming?
   A. The State of Wyoming Division of Developmental Disabilities
   B. The director of STRIDE
   C. A therapist at STRIDE
   D. My Family Service Coordinator
   E. Any of the above

8. The Federal Law that guarantees special education for children age birth to three is:
   A. The Education of the Handicap Act
   B. Individuals With Disabilities Education Improvement Act
   C. No Child Left Behind Act
   D. Infant and Toddler Disabilities Act

9. Services for my child may include:
   A. Occupational therapy and/or physical therapy
   B. Speech language therapy
   C. Special education
   D. Transportation
   E. Psychological services
   F. Any of the above

10. Services for my infant/toddler will take place:
    A. At STRIDE
    B. At a therapy center
    C. In my child’s most natural environment
    D. In my child’s least restrictive environment

Thank you for your participation today! If you have any questions regarding this survey,
please contact the Director of STRIDE Learning Center, Tiernan McIlwaine: 632-2991.
REFERENCES


American Academy of Pediatrics, Committee on Children With Disabilities. (1999). The pediatrician’s role in development and implementation of an individual education plan (IEP) and/or individual family service plan (IFSP). *Pediatrics, 104*, 124-127.


