Assessment

Chapter **7**

Early Start Service Coordination Handbook

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Much of the code and regulation cited in this Handbook has been paraphrased for clarity and conciseness. For the full text of legislative code and regulation, refer online to the citation provided.

KEY CONCEPTS OF ASSESSMENT

- Assessment by qualified personnel shall be based on age-appropriate methods and procedures and may include:
  - Review of medical records;
  - Observation and report by the parent, other qualified personnel, and other family members or caregivers;
  - Informed clinical opinion; and
  - Standardized, normed, or criterion-referenced tests and instruments.
- Developmental screenings are not sufficient to serve as a basis for developing individualized family service plan (IFSP) outcomes.
- Assessment of family resources, priorities, and concerns is voluntary for the family.
- Assessment for service planning is an ongoing process.
- Assessments shall be conducted in natural environments whenever possible.

Notes:

OVERVIEW OF ASSESSMENT

What Is Assessment?

Assessment is completed for each child eligible for Early Start so that the IFSP team has a clear picture of the strengths and needs of the child and family and can identify supports and services to build on the parents' capacity to support the child's development. Both formal and informal measures may be used to gather information to learn about the child and the family, their abilities and strengths, preferences and priorities, and what is working well on a daily basis. Information gathered through a family assessment enables the IFSP team to identify successful home routines, schedules, and activities; the child's preferences and strengths; family priorities and expectations; and routines that offer natural learning opportunities.

Parents participate in all processes and decisions regarding their child's services and are, therefore, integral partners in the assessment process. In addition to specific information provided through a family assessment, parents may facilitate their child's participation in specific assessment activities and provide insight on the child and family that may help professionals interpret assessment results.

Assessment Means...

Assessment refers to ongoing procedures used by qualified personnel throughout the period of an infant's or toddler's eligibility for early intervention services to identify:

- An infant or toddler's unique strengths and needs;
- The services appropriate to meet those needs;
- The family's resources, priorities, and concerns regarding the development of the infant or toddler; and
- Supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler who is eligible for Early Start services.

Title 17 California Code of Regulations (CCR) Section 52000(b)(4)

Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

34 Code of Federal Regulations (CFR) 303.321(a)(2)(iii)

Evaluation and assessment are different procedures with different goals. Evaluation establishes eligibility, whereas assessment identifies service needs (refer also to Chapter 6, Evaluation and Eligibility).

Remember This About Developmental Screening

Screening protocols or instruments, such as the M-CHAT (Modified Checklist for Autism in Toddlers), are designed to determine whether a child requires evaluation. Developmental screenings used alone are not sufficient to serve as a basis for developing IFSP outcomes or service planning.

Who Is Qualified to Conduct an Assessment?

Qualified personnel meet state certification, licensing, credentialing, registration, or other comparable requirements for the area in which they are providing early intervention services or, in the absence of such approved or recognized requirements, meet the Department of Developmental Services (DDS) or California Department of Education (CDE) requirements.

Title 17 CCR Section 52000(b)(49)

Infants or toddlers with solely low incidence disabilities must be assessed by qualified personnel of the local educational agency (LEA) whose professional preparation, license, or credential are specific to the suspected disabilities.

Title 17 CCR Section 52082(h)

What Is Included in an Assessment?

Regional centers and LEAs may use existing evaluation materials if the multidisciplinary team agrees that these materials adequately describe the current level of development and service needs for the infant or toddler.

Title 17 CCR Section 52084(b)

Otherwise, assessment may include:

- Review of medical records;
- Observation and report by the parent, other qualified personnel, and other family members or caregivers;
- Informed clinical opinion;
- Standardized tests and instruments; and
- Voluntary family assessment to identify the family's concerns, priorities, and resources.

Title 17 CCR Section 52084(b–d)

What Is Identified During Assessment?

Assessment for service planning for infants and toddlers eligible for services shall identify all of the following:

1. The infant or toddler's unique strengths and needs in each of the five developmental areas:
   A. Cognitive
   B. Physical and motor, including vision and hearing
   C. Communication
   D. Social or emotional and
   E. Adaptive

   Title 17 CCR Sections 52084(a) & 52082(b)(3)

2. Early intervention and other services appropriate to meet the infant's or toddler's needs.
3. If the family consents to a family assessment, 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 an infant or toddler with a disability.

   34 CFR 303.321(c)(2)Title 17 CCR Section 52084(a)

Notes:

ASSESSMENT OF DEVELOPMENT FOR SERVICE PLANNING

Service coordinators must facilitate a collaborative and comprehensive assessment process that accurately documents an infant's or toddler's performance in daily life, across developmental domains and with specific disability or delay considerations, as well as the family's ability to support the child's development and well-being.

Service Coordinator Responsibilities

NOTE: The responsibilities of a service coordinator for evaluation and assessment often overlap. However, they are two different processes. Evaluation determines a child's initial and ongoing eligibility for the Early Start program. Assessment takes place after eligibility is determined and is the ongoing process of identifying a child's strengths and needs and services to meet those needs.

It is the service coordinator's responsibility to:

- Provide written notice to the parent about:
  - Personally identifiable information maintained;
  - Purpose and types of information used in evaluation and assessment; and
  - The methods used to protect confidentiality.

Title 17 CCR Section 52160

- Obtain written consent from the parent before the initial evaluation and assessment is conducted.

Title 17 CCR Section 52162(a)(1)

- Document in the infant's or toddler's record that the parent has been informed:
  - Of information relevant to evaluation or assessment and exchange of records for which consent is sought, in the language of the parent's choice, and that the parent agrees to the completion of the evaluation or assessment;
  - That consent is voluntary and may be revoked at any time; and
  - About who will receive the records and a listing of the records to be exchanged.

Title 17 CCR Section 52162(b)

- Ensure that, if consent for assessment is not given or is withdrawn, the parent has been informed:
  - Of the nature of the evaluation and assessment that would have been provided;
  - That the infant or toddler will not receive the evaluation and assessment unless consent is given; and
  - That the infant or toddler's record contains documentation of the attempts to obtain consent.

Title 17 CCR Section 52162(c)

- Coordinate the performance of initial and subsequent evaluations and assessments.

Title 17 CCR Section 52121(a)(7)

- Ensure that, in the event that the initial evaluation and assessments are not completed within the required 45-day timeline, the service coordinator:
  - Documents in the child's early intervention records the exceptional family circumstances or repeated attempts by the lead agency or early intervention service provider to obtain parental consent;
  - Completes the evaluation and assessments as soon as possible after the documented exceptional family circumstances no longer exist or parental consent is obtained.

34 CFR 303.310(c)(1–2)

- Provide written notice to the parent a reasonable time before a regional center or LEA proposes, or refuses, to initiate or change the evaluation or assessment of the infant or toddler.

Title 17 Section 52161(a)(1)

- Facilitate the exchange of information among service providers, including health providers, medical case managers, regional centers, and LEAs.

Title 17 Section 52121(a)(11)

Procedures

Assessment for service planning shall be based on age-appropriate methods and procedures that may include any of the following:

- Review of information related to the infant or toddler's health status and medical history provided by qualified health professionals who have evaluated or assessed the infant or toddler.
  - If eligibility is established by medical or other records, proceed with assessments of the child and family.
- Developmental observations by qualified personnel and the parent.
  - This may include current service providers, additional family members, and other care providers.
- Other procedures used by qualified personnel to determine the presence of a developmental delay, established risk condition, or high-risk condition for a developmental disability.
- Standardized tests or instruments.
  - These may include criterion- and norm-referenced tests.

34 CFR 303.321(a)(3)(i)
Title 17 CCR Section 52084(c)(1-4)

Assessments shall be conducted in natural environments whenever possible.

Title 17 CCR Section 52084(e)

To accurately measure and document the child's baseline status and progress over time, the same assessment instrument should be used when a child enters Early Start and throughout participation for reviews and final assessment.

Guidelines for Evidence-Based Infant-Toddler Social and Emotional Assessment and Screening for Early Start in California
https://wested.box.com/s/duoy192uub7aj91py1agzviomkzad7kg

Procedural Safeguards

Written notice must be provided about personally identifiable information maintained; types of information used in evaluation, assessment, and IFSP development; and the methods used to protect confidentiality.

Title 17 CCR Section 52160

Written notice must be provided before a regional center or LEA proposes or refuses to initiate or change assessment of an infant or toddler.

Title 17 CCR Section 52161(a)(1)

Written parental consent must be obtained before conducting an assessment.

Title 17 CCR Section 52162(a)(1)

The child's record must contain written evidence that the parent was informed of information relevant to assessment or exchange of records, in the preferred language of the parent, and agrees to the completion of the assessment.

Title 17 CCR Section 52162(b)(1)

The child's record must contain written evidence that the parent was informed about who will receive records on the child and a listing of records exchanged.

Title 17 CCR Section 52162(b)(4)

If the parent does not give or withdraws consent for assessment, the service coordinator must inform the parent of the nature of the assessment that would have been conducted and that the child will not be assessed unless consent is given and must document attempts to obtain consent in the child's record.

Title 17 CCR Section 52162(c)

Timelines

When Must the Initial Assessment Be Completed?

The initial assessment for service planning (along with evaluation for eligibility) for each infant or toddler shall be completed within 45 days of the date that the regional center or LEA received the referral.

Title 17 CCR Section 52086(a)

"Day" means calendar day.

Title 17 CCR Section 52000(b)(14)

Exceptional Circumstances

In the event of exceptional circumstances that make it impossible to complete both the evaluation for eligibility and the initial assessment for service planning within 45 days of receiving the referral, the service coordinator shall:

- Document the exceptional circumstances in an appropriate section of the infant or toddler's record;
- Complete the evaluation and assessment as soon as possible after the exceptional family circumstances no longer exist or parental consent is obtained.

Title 17 CCR Section 52086(b)

The following examples do not meet the definition of exceptional circumstances:

- Delays caused by the failure to obtain copies of existing records.
- Other administrative events (such as staff vacations, position vacancies, holidays, or service coordinator or other staff illness).

Title 17 CCR Section 52000(b)(18)

An interim IFSP may be developed for a child eligible for Early Start prior to completion of a comprehensive assessment for service planning if an immediate service need is identified.

Title 17 CCR Section 52107(a)

Exceptional Circumstances

Timelines may be extended due to exceptional circumstances that are documented in the child's early intervention record or if the parent has not provided consent, despite documented, repeated attempts by the lead agency or early intervention service provider to obtain consent.

34 CFR 303.310(b)

Exceptional family circumstances are events beyond the control of the regional center or LEA. These include but are not limited to:

- Child's or parent's illness
- Child's or parent's absence from the geographical area
- Inability to locate parent or
- Natural disaster

Title 17 CCR Section 52000(b)(18)

Quality Practices

The following assessment practices are adapted from the *Division of Early Childhood Recommended Practices in Early Intervention/Early Childhood Special Education*[1] and the *Early Start Personnel Manual:*[2]

- Work with the family to identify family preferences for assessment processes.
- Work as a team with the family and other professionals to gather assessment information.
- Ensure that assessment materials and strategies are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.

- Ensure that assessments include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
- Ensure that assessments are conducted in the child's dominant language and in additional languages if the child is learning more than one language.
- Ensure that assessment tools are sufficiently sensitive to detect child progress, especially for the child with significant support needs.
- Ensure that assessments are conducted in the child's and family's natural environments and in authentic, everyday learning and play settings.
- Use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
- Obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.
- Facilitate systematic ongoing assessment to guide the intervention team and family to identify learning targets, plan activities, and monitor the child's progress to revise activities and strategies as needed.
- Facilitate and support a communication process with the family and team regarding assessment procedures and outcomes so that assessment results are understandable and useful to families.

Tips for Success

Some of the tips listed are adapted from the DEC Recommended *Practices in Early Intervention/Early Childhood Special Education Assessment Checklists (2015)*.[3] The checklists pertaining to family engagement in assessment, authentic assessment, and identifying and building on child strengths are included in the Resources section at the end of this chapter.

- Plan your time carefully when gathering assessment information. Several shorter visits with a family, rather than one long visit, may be more comfortable to families and allow time to build the professional-parent relationship.
- Make contacts early with the family's health care providers and specialists to allow for more response time on their parts.
- Explain to the family the purpose of the assessment and how results will be used.
- Share the ways that the family can be involved in the assessment process (for example, interacting with child, being an informant, staying nearby, or watching).
- Discuss family preferences for involvement with assessors and identify appropriate assessment strategies (for example, open-ended questioning, interviews, checklists) for encouraging the family to participate in ways they choose.
- Explicitly acknowledge the family's observations about their child's behavior, skills, and development.
- Encourage assessors to use multiple opportunities to observe the child in a variety of settings and activities with peers and adults familiar to the child and to engage multiple family members and caregivers in discussions about the child's strengths, needs, and preferences.
- Use the list of open-ended questions and comments in the Resources section at the end of this chapter with the child's parents and caregivers to draw out information about the child. Share the list with other assessors.

ASSESSMENT OF FAMILY STRENGTHS AND NEEDS

(An expanded version of this section of Chapter 7 is available as an enhanced, stand-alone Early Start resource.[4])

Assessment of family strengths and needs is an ongoing family-directed process and is not necessarily linear. It involves gathering information with the family about their typical daily routines, their child's life as a member of the family, and the family's involvement in the larger community.

Family assessment centers around three main components that generally follow a logical sequence. Through conversation and guided reflection:

- The family identifies their own strengths and needs.
- The family's self-defined strengths are used to outline and document their resources—the supports and services they already have access to and/or have put in place for themselves.
- The family's self-defined needs are used to draft measurable outcomes of early intervention. Outcomes are future achievements and accomplishments that are desired by the family and meaningful in their life.

Desired outcomes are then used to build a program of services (that is, required, non-required, and other publicly funded services) that will be implemented to support the family as they support the development of their child.

The family's strengths and needs are the heart of early intervention. The desired outcomes created by the IFSP team are the yardstick against which success and family satisfaction will be measured.

What the Law Says

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) is a "United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities" (U.S. Department of Education, 2013). The IDEA was most recently reauthorized on September 28, 2011.

IDEA, Title 1, Part C, Section 636(a)(2) states that "a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler" will be included as a part of "the assessment for service planning for eligible infants or toddlers" (U.S. Department of Education, 2013). Specific guidance on the requirements for this section of Part C can be found in 34 Code of Federal Regulations, Part 303 Early Intervention Program for Infants and Toddlers with Disabilities, section 303.321(a)(1) through (c)(2)(iii).

California Code of Regulations, Title 17, Division 2

Title 17, Division 2, is a California state law that governs how the state will provide early intervention, special education, and related services to children with disabilities.

Chapter 2 (Early Intervention Services), Subchapter 2 (Program and Service Components), Article 2 (Evaluation and Assessment), Section 52084(a)(3) of the statute reads as follows: "If the family consents to a family assessment, 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 an infant or toddler with a disability" shall be identified as a part of the "assessment for service planning for eligible infants or toddlers" (California Department of Developmental Services, 2013).

Service Coordinator Responsibilities

Family assessment is not something done "to" or "on" the family, but rather an activity done with and for the family. As the service coordinator, it is your responsibility to discuss with the family the reasons for doing a family assessment and your role in gathering this information. This is your first opportunity as service coordinator to encourage the family to contemplate and articulate their own strengths and needs and those of their child. The intention of this process is to give the family a sense of confidence and effectiveness in advocating for their child and for themselves. The family's concerns, priorities, and resources for their child and family are the "heart" of Early Start.

Introduction to Early Start

Early Start is an early intervention program that is designed to support families as they provide developmental opportunities for their infant or toddler within the everyday routines, relationships, activities, and places of the family. The process that starts the partnership between the family and the early intervention professional(s) is in exploring the concerns, priorities, and resources in developing an individualized plan to support the health and development of their child.

Parents know their child better than anyone else does. The family's perspectives in presenting the concerns, priorities, and resources are a critical part of developing an IFSP and in delivering identified early intervention services for the child and family.

Concerns

Concerns are needs, problems, stressors, and/or worries that the family identifies as affecting their ability to meet the developmental needs of their child and to function successfully as a family. Concerns may be based on past experiences (for example, "My child is very susceptible to ear infections, and I think it may be affecting his speech"), in the current moment, or centered on aspects of the future. Concerns may also be related to what is or will be possible, how it will be achieved, who and what supports are available, and where or how to access those supports.

Concerns for the Child May Include:

- Preventing re-hospitalization.
- Enjoying loving parent-child relationships.
- Having play date opportunities.
- Eating a variety of foods and textures.
- Gaining weight.
- Feeding time exceeding two hours.
- Communication needs.
- Moving from one area to another to obtain a toy.

- Eating a meal with the family.
- Sleeping through the night.
- Positioning during bathing.

Concerns for the Family May Include:

- Having transportation to the doctor or other early intervention services.
- Wanting to feel comfortable with their child in the community (for example, dealing with people staring).
- Accessing early intervention and community services.
- Sleeping throughout the night.
- Having a primary family language other than English.
- Having their family's culture considered.
- Managing multiple medical or therapy appointments.
- Understanding their child's diagnosis.
- Experiencing marital stress.
- Understanding what their child communicates to them.
- Fostering outings with their child.
- Enjoying worry-free time away from home and their child.
- Experiencing survival issues (such as housing, utilities, food).
- Wanting to include both parents in meetings.
- Having comfortable sibling relationships.
- Helping relatives and friends understand the nature of their child's developmental concerns.
- Making practical adaptations to home and child care.

The lists above are not exhaustive. Each family is unique and brings their own perspective to the table. Encourage and support the family to reflect on their

daily routine and to take the lead in discussions. Follow their train of thought and reflect what you hear back to the family to ensure mutual understanding.

Priorities

Priorities are identified within the family's hopes and dreams, expectations and wants, both immediate and long term, that will enhance their ability to meet their child's developmental needs. Each family's culture, beliefs, preferences, practices, and history potentially contribute to their priorities. Your aim is to work with the family to see their child through their lens, adjusting your own perspective accordingly. When families recognize that your view aligns with theirs, the partnership strengthens. Priorities are translated into meaningful, measurable outcomes related to child development and/or family concerns. For example, keeping a medically fragile child from re-hospitalization might take priority over developmental intervention. Similarly, having a sleep-filled night might take priority over understanding the child's diagnosis. Cultural practices or beliefs may take priority over traditional interventions or settings. Once outcomes have been identified, you and the family work together to identify services and supports that will best enable the family to achieve their desired outcomes.

Preparing Families to Access Services

Families need different levels of support when accessing services. For a true understanding of family needs, build positive and trusting relationships. Share information with families about their rights, all available services that may be provided, eligibility criteria, and responsibilities, including any financial costs that the family may incur.

The following strategies will help you prepare families to access the services they need:

- Inform families of all services available in Early Start and in the community, including early intervention services that may be available from other community agencies and other public services that may provide assistance to the family. If a transition to a community service might occur, inform the family of that possibility.

- Inform families about the potential costs in accessing services (such as co-pays, deductibles, annual fees, income criteria, etc.).

- Clarify the types of services that the family may need. First identify the community services that are available to meet their needs. Then, if additional services are needed, identify the Early Start services that can be provided in order to meet the full level of services and support.

- Discuss and explore with the parents how much support they need or want. For example:
  - Do they just need information about where to apply?
  - Do they want you to accompany them to the agency's office?
  - Do they need a translator?
  - Do they have a family member who can accompany them and assist them in completing the application?
  - Do they need assistance completing forms or applications?
  - Do they need financial assistance to access services?

- Explore whether the family needs tangible support such as written information or transportation assistance, or whether they need intangible support such as confidence-building strategies for coping with stress related to a disability or encouragement to be persistent.

- Ensure that other family members deemed important have the opportunity to participate in discussions about service needs.

- Inform parents about the benefits of family resource centers including those specifically for families whose child is deaf or hard of hearing and, with consent, refer parents to the local family resource center for support in accessing services.

- Partner with your Early Start family resource center. Ask if staff can research a particular service. Assist a parent in completing an application or applying for a service. Ask the staff if they know of a parent who had to access a similar service and if that parent can contact the parent you are serving for guidance and support. Ask your family service representative about any upcoming parent and professional training events.

- Explore any concerns the parents may have about accessing services. What are their expectations? What are they worried about?

- Know the eligibility and application process for each community agency thoroughly to give the parents information that will help them access services quickly and efficiently.

Resources

Families come with any number of positive supports already in place. They may have resources that are so well integrated into their daily lives that they hardly think of them as strengths, but more as facts of life. By using probing questions to explore a variety of possibilities, you will gain a greater understanding of how the family functions and the scope of the family's strengths.

Resources May Include:

- Interpersonal: nuclear, blended, and extended family members; friends, neighbors, and co-workers; child care providers; fellow members of larger communities (for example, defined by geographic area, cultural identity, religious/spiritual affiliation); and/or medical, psychological, educational, and social work professionals who support the family in one way or another.
- Emotional: opportunities to share information, experiences and feelings, ask questions, swap stories, connect, be supported and/or empathize with others.
- Informational: books, periodicals, professional journals, websites, blogs, social media, resource centers, and/or conversations with other and/or more experienced parents.
- Tangible: services such as toy-lending libraries and food banks.
- Financial: family discounts, opportunities to exchange resources; community and government aid programs (for example, WIC).
- Respite: opportunities for social outings and date nights, to attend classes, and/or to get a much-needed break from child care.

It is not possible to provide a complete and comprehensive list of potential resources; however, these categories provide a jumping off place to guide your discussion with the family. Ask probing questions to identify other resources.

Many resources may overlap and/or benefit the family in multiple ways. Collectively, resources serve as a safety net, supporting the family in managing their day-to-day lives. An important responsibility you have as service coordinator is to encourage families to recognize and build upon their own strengths.

Initial and Ongoing Assessment

Your first assessment experience with a family may be vastly different from subsequent encounters with the same family. Each assessment with each family is its own unique experience, but assessment is an ongoing process. Family assessment helps to ensure that you, the family, and entire IFSP team are always working from the same assumptions and with the same intentions. Semi-annual reviews support this outcome as do IFSP team meetings called by the family to discuss a new concern.

Family Assessment Is Voluntary

A family has the right to decline to participate or share information in the family assessment or any portion of the assessment that feels uncomfortable. As is true with all aspects of Early Start, family assessment is entirely voluntary. State legislation indicates that, "With the agreement of the parent [the IFSP must include] a statement of the family's resources, priorities, and concerns, related to enhancing the development of the infant or toddler."

Title 17 CCR Section 52106(b)(1)

Family information is obtained through a personal interview, is conducted in natural environments whenever possible, and is conducted in the language of the family's choice or other mode of communication, unless it is not feasible to do so. Be sure to let the family know that what they say is confidential. If you are going to share any information with others, explain why you are going to share the information and that it will only be done with parental consent.

Documentation

Family assessment is documented in the IFSP with parental agreement by noting the concerns, priorities, and resources identified by the family. Regional centers and local educational agencies throughout the state accomplish this in

different ways. A family's decision to decline family assessment must also be documented on the IFSP.

If a family opts out of family assessment, reassure them that the decision is completely within their rights, and their choices are of paramount importance to everyone on the IFSP team. Explain that without an opportunity to gather information about the family's routines, activities, and day-to-day functioning, it will be difficult to build an intervention program that adequately supports any needs the family may identify.

The family may want more time to consider the information you have shared, and a second (or third) contact may be necessary to move forward. By offering the family this option, you are honoring their priorities and desire to move at their own pace. Your respect for their autonomy demonstrates that you care about their perspective. These factors will serve you well in establishing a nurturing, mutually trusting, and respectful relationship upon which the IFSP team can build an appropriate intervention program.

Gathering Information: Interviewing and Other Tools

Research and scholarship in the field of early intervention point to three critical values that enhance family engagement and participation in services:

- Conducting interventions with children in the context of everyday routines rather than in contrived sessions disconnected from day-to-day life (Kashinath, Woods, & Goldstein, 2006[5]).
- Working with families in a family-friendly manner rather than merely involving them in response to compliance requirements (Dunst, Trivette, & Hamby, 2006[6]).
- Concentrating on family quality of life versus child competence (Lucyshyn et al., 2007[7]).

The question, then, is how best to gather valid and reliable information about everyday routines, family preferences, and other important aspects of the type of life the family envisions for themselves.

Procedures

Throughout Early Start, regional centers and local education agencies may operate independently of one another; however, they share common principles and practices. Often these principles and practices have been established through local interagency collaboration. Interagency agreements and memoranda of understanding are put in place, and a shared family assessment procedure or tool may be a byproduct of this collaboration.

Interviews

Interviews are often the method of choice for most practitioners due to their comprehensive nature, which allows for observation of action and interaction in addition to information gathering. The family's resources, priorities, and concerns can be explored and highlighted during the interview process.

Unstructured, Less Formal Interviews

If you are a more experienced service coordinator, you may feel comfortable with unstructured interviews, while newer service coordinators may want to use more structured formats as you develop your interviewing skills. Either way, an interview is an opportunity to listen to the family, to align with their point of view, to understand their needs and priorities, and to discern what might be the best course of action for providing early intervention services.

The capacity for individualization is an important strength of the unstructured interview. Apart from collection of required demographic and referral information, there is no set of required questions to gather information about the parent's concerns, priorities, and resources. This allows you to explore key topics that emerge during the conversation. Once you establish an informal tone, you can conduct a family assessment conversationally.

Flexibility is another strength of the unstructured interview. Since family assessments are voluntary, families have the freedom to direct the discussion according to their preferences and priorities. As a skilled interviewer, you can follow the family's lead and use probes and active listening techniques to elicit further information that will enhance the family's engagement.

Structured, More Formal Interviews

Structured interviews involve a standard set of questions, usually asked in a specific order. They are designed to cover a range of topics necessary for obtaining relevant information about the family's resources, priorities, and concerns. They may also be used to gather information about a child's behavior and development and the effect of each on family routines and relationships.

One example of a structured and comprehensive interview is the "routines-based interview" (McWilliam, 2010[8]). Routines are everyday activities that happen regularly at home, at child care, or in community settings that are familiar to the child and family. Some examples of routines (Dunst & Hamby, 1999[9]) include:

- Child routines (eating, drinking, dressing, brushing teeth);
- Parenting routines (bath time, bedtime);
- Family routines, rituals, and celebrations (cooking, shopping, birthdays, religious observances);
- Entertainment, literacy, outdoor play, and socialization activities (playing ball, sharing books, drawing, dancing, play dates, family gatherings, yard work).

All families have routines, though perhaps not a great deal of consistent structure to their day. Those unique practices and preferences are part of each individual family and form the basis for the participation of the child as a family and community member. Routines-based interviews are designed to gather information from families regarding their resources, priorities, concerns, and everyday activities through structured conversations. Routines-based interviews help to identify unique family preferences and develop a shared view of the child with the parents, caregivers, and other family members. Finding out about a family's daily routines and activities also sheds light on what is working well, what areas need help, and what may become priorities for improved child and family functioning.

A routines-based interview may include questions such as the following (Lucas, 2005[10]):

- Can you tell me about your day?
- What happens in the morning? Afternoon? Evening?
- Tell me about mealtime; getting dressed; running errands; bathing; playtime; bedtime; visits with friends and family...What are these activities like for you and your family? What characteristics do they include?
- What are your favorite things to do together?
- What makes your child smile and laugh?
- What activities, places, people, pets, toys, and so forth best hold your child's interest?
- What activities does your child dislike? What makes these activities distasteful?
- Where are the places you like to go?
- What activities must you do regularly?
- What would you like to do more of? Do more easily?
- Are there activities you would like to try?
- Who are the key family members and partners in the different activities you do with your child? Where or in what settings do these activities take place?

You can probe family responses further with questions like these:

- Tell me more about that.
- What happens then?
- How does that work out?
- Is that an area where you would like help?

Regardless of the interview process you employ (informal/unstructured vs. formal/structured), you will assemble a foundation of information that will enable early intervention service providers to focus on meaningful and relevant interventions from the outset.

Tools

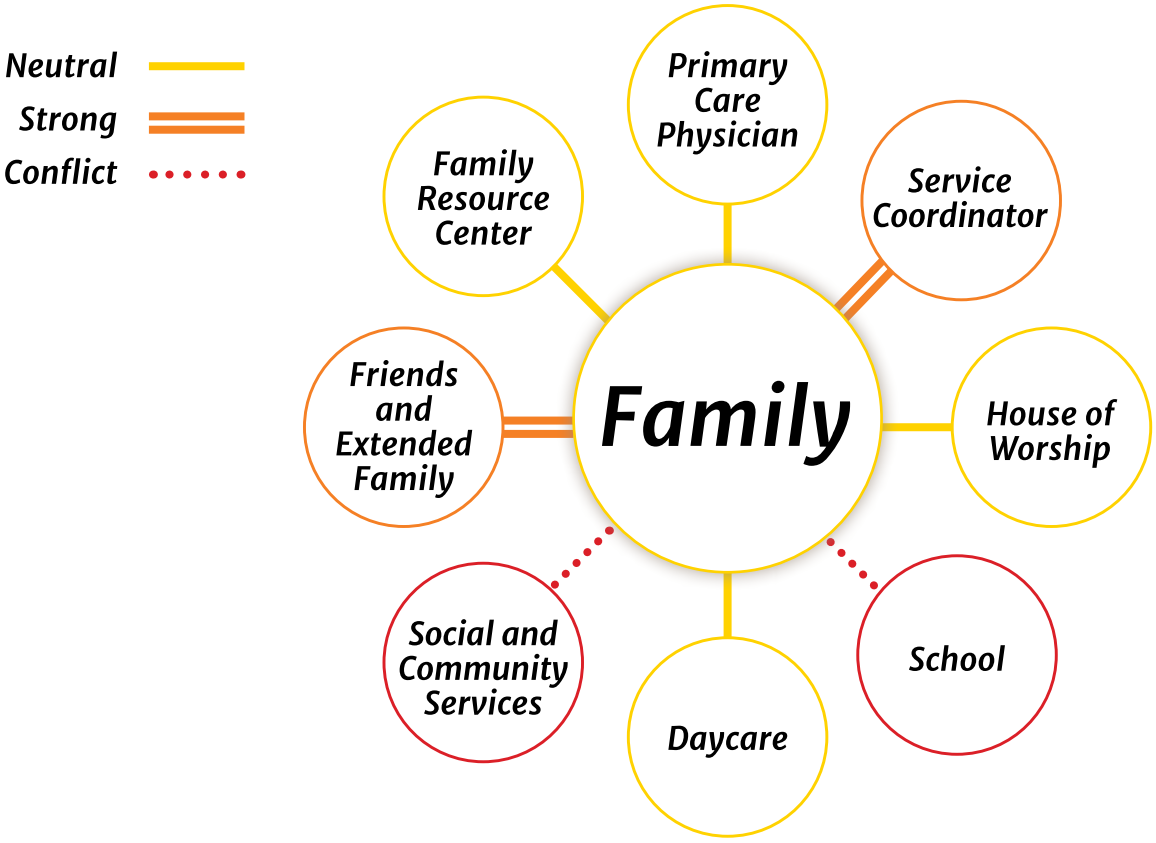
In addition to interviewing techniques, a handful of other noteworthy tools exist in the field. Programs and organizations use different tools for family assessment and information gathering, and they choose the tools either to match the priorities of the organization or the characteristics of their client population. Two examples, an "eco-map" and a scaled family assessment tool, are described on the following pages.

"Eco-map"

An eco-map is a diagram created to represent a family's connections, resources, and supports and the relative strength of each (Hartman, 1995;11 Olsen, Dudley-Brown, & McMullen, 200412). Its purpose is to get to know the family on a deeper level so that high quality recommendations can be made (McWilliam, 201013). An eco-map outlines formal and informal relationships, immediate and extended family members, neighbors, and friends. It represents social relationships and social systems that people have created and their potency, closeness, and value to the family.

Understanding the ecosystem of the family of a child with a disability is as important as having information about the child's development. Using an eco-map enables the IFSP team to design interventions and strategies that involve and meet the needs of the entire family and other key players in the child's life. It makes use of the supports and resources that are most meaningful to all of them. Figure 1 shows a sample eco-map.

Figure 1: Eco-map



Head Start's Scaled Family Assessment Tool

The Scaled Family Assessment Tool is the formal instrument that Head Start programs use when enrolling children in services. It is intended to provide a quantifiable assessment of family needs and strengths, to identify goals, and to review progress toward goals. It is also used by program leadership to track cross-family trends to assess communal service needs, to gather data to support quality assurance for the agency, and to document agency-wide success in achieving family goals.

The questions in the Scaled Family Assessment Tool provide a structure, but the focus is on conducting a dialogue that helps build trust and understanding of the family's strengths, needs, and goals.

In Summary

There is no one "right" family assessment tool or interview procedure. Through trial and error, research, and conversation with colleagues, you will

discover for yourself the procedures and tools that work best for the families you serve.

Quality Practices to Support Families

It is the rare family that feels fully prepared for the arrival of a new baby, and if the family has a developmental concern about their baby, that concern can put the family onto an emotional roller coaster of worry, stress, and fear in addition to the love and joy they feel for their newest family member.

Families of young children with developmental concerns often enter into an unfamiliar community filled with professionals. These professionals come with information and activities designed to give families opportunities to grow and develop new skills and strategies. Families will also uncover skills and strengths on their own that will support them along their journey. One of the first people they meet is you—their Early Start service coordinator. Establishing a trusting, respectful relationship with you is critical.

At the initial contact, you may know very little about the family and their child. It is important to remember that you are a new person entering the family's life. You may experience some discomfort in this situation as you begin. This reaction is completely understandable. Imagine your first encounter with a new doctor or the first time you were called to school on behalf of one of your own children. The unknown can be quite unsettling.

During your first interaction with the family, focus on being warm, open, accepting, and empathetic. Spend at least as much time listening as you do talking, if not more. Remember the aphorism, "No one cares what you know until they know that you care." Active listening is a means of demonstrating care and understanding. Allow the family to tell their story their way, at their pace, and in their words. Plan to have a cushion of time to extend the session if necessary and/or plan to make a second visit if you and the family have not exchanged sufficient information for you to continue. Nurturing a positive, supportive relationship is your primary objective. All other objectives are secondary to that relationship. This family may be one of dozens on your caseload, but the child in that family who has been referred to your program is the family's sole focus.

Fundamental Practices

These fundamental guidelines should form the foundation of your interactions with families:

- Recognize that it is an honor, not a right, to enter into each family's life and home.
- Learn as much as you can about the child's diagnosis; however, recognize that the diagnosis describes the medical issues, but not who the child is as a person. Learn this from the family and the child him or herself.
- Acknowledge that the family is the expert on their child and that you and others who will be supporting the child and family are the experts on the techniques and strategies that will support them in achieving the goals they chose. It will be a team effort, and collaborating, connecting, and communicating are the keys to a successful team.
- Be aware of your own values and beliefs, and understand that each family you work with has a set of values and beliefs that may be similar to or very different from your own. Accept those differences. Learning from one another will enrich your life.

Focus on Strengths

The following suggestions will help you to identify those practices that are working and to build a plan for the family from that foundation.

- Comment on what seems to be working well within the family.
- Discover the people who are involved with the baby and ask each to identify what works for them, as well as the strengths of the child and family. Help determine how to best support the family as they support their child to grow and develop. What does the family enjoy doing with the baby? What does the family enjoy doing together? How is it all working now compared to before the birth of this baby?
- Encourage and support families to make informed decisions and choices for their child and family.

Listen and Reflect

Few interactions among human beings are as powerful as the act of listening. These specific suggestions will add to your repertoire of tools with which to build relationships with your families:

- Listen to understand the family's perspective rather than advise.
- Ask open-ended questions that encourage families to expand on a particular topic. For example you might ask, "What is a typical day like for you and your family?" "Who do you turn to for support?" Then ask factual and "yes/no" questions to clarify information (for example, "How many other children do you have?"). Don't assume you know the answer; ask follow-up questions.
- Reflect back what the family says to be sure you understand correctly.
- Pay attention to what is communicated, both verbally and through body language.
- Balance time listening to the family with sharing information.
- Don't assume that the family hears and understands you the first time you share information. You may have to repeat yourself, and it may be helpful to write down information for the family to keep as reference.
- Let the family know that you are interested in exploring their concerns and working with them to find solutions.
- Employ the three key components of good listening:
  - ***Attending***—use whole body listening with direct eye contact, positive facial expressions, open body posture, and close proximity to the parents to show you are fully interested in what they have to say.
  - ***Acknowledging***—respond verbally and nonverbally to let parents know that you have heard what they said and that you understand, or are trying to understand, what they are communicating. Acknowledgment keeps the conversation going.
  - ***Associating***—link what the parents are communicating with what you know about early intervention—its values, goals, processes, and practices.

- Employ key active listening techniques:
  - ***Restate***—repeat every so often what you think the person said, such as, "Let's see if I understand what you are saying..."
  - ***Summarize***—bring together the facts and pieces of the problem to check understanding (for example, "So it sounds to me as if..." or, "Do I have it correct that...?").
  - ***Use minimal encouragers***—use brief, positive prompts to keep the conversation going and show you are listening (for example, "Umm hmmm," "Oh?" "I understand," "Then?" "And?").
  - ***Reflect***—instead of just repeating, reflect the speaker's words in terms of feelings (for example, "This seems really important to you...").
  - ***Give feedback***—share pertinent information, observations, insights, and experiences. Then listen carefully to confirm.
  - ***Label emotions***—putting feelings into words will often help a person to recognize, state, and clarify their reactions to situations. For example you might say, "I'm sensing that you're feeling frustrated...worried...anxious...Is this correct?"
  - ***Validate***—acknowledge the parents' concerns, issues, and feelings. Listen openly and with empathy and respond in an interested way (for example, "I appreciate your willingness to talk about such a difficult issue," or "I understand how frustrated you may be.").
- Pay attention to what is going on in the environment and to your own perceptions and responses. Being a good listener also requires being a good observer.

Build Trust

Establishing a trusting and supportive relationship with the family is vital to understanding their needs and providing appropriate services and resources. From the initial contact with families, the parent-professional relationship emerges. Good relationships take time, but your time with each child and family may be brief. It is incumbent on all providers, not only you as the service coordinator, to establish trust and open, positive communication as quickly as possible. The family assessment provides an excellent opportunity to begin.

You are more likely to obtain information that is valid and reliable when families feel comfortable with you and other professionals and with interactions as they take place.

- Respect the family's time, readiness to move forward, and level of comfort in disclosing information about themselves, their child, and their family.
- Begin the conversation by insuring that the parent/caregiver has time to talk (for example, "Have I caught you at a good time?" "Do you have a few minutes to talk?"). If not, ask when a good time might be.
- Focus on arranging a time in the near future to meet the family face-to-face if possible (for example, "What would be a good time next week for me to come visit you?").
- Prepare the family for your first meeting by explaining the purpose and process of the meeting so they can be prepared and/or decide who else should be present at the meeting (for example, "I'd like to share information with you about Early Start and explore how we might be able to offer you support.").
- Review the information you have already gathered prior to the meeting. Trust is enhanced when families know you are prepared and respect their time by not expecting them to repeat information you already know.
- Be respectful of the family's rights. Review the procedural safeguards in as much detail as the family requires. Give examples instead of just handing them a copy of their rights. Families need to be fully informed of both their rights and their role as primary decision-makers.
- Avoid acronyms and jargon or be sure to explain what they mean. Providing the family with a list of terms and acronyms will prove very helpful as they encounter multiple professionals who may not be as sensitive to family needs as you are. For a list of standard Early Start acronyms refer to page 88 of Chapter 8, Individualized Family Service Plan.
- Engage co-parents (fathers, domestic partners) whenever possible in talking about their own concerns and feelings.

- Inquire about the family's preferred method of ongoing communication (telephone call, email, text message).
- Ask if the family has any immediate need you can address in the moment before you hang up. Once a family realizes that you are truly responsive to their needs, trust and respect will grow.
- Feel free to tell a family if there's something you don't know. Let the family know that you'll find out the answer and inform them as soon as possible. Follow-through will build trust. If you are unable to get an answer quickly, let the family know and assure them that you'll get back to them with the information once you learn it.

The care and sensitivity you demonstrate in that first contact sets the tone for all future interactions. Make it as positive an experience as possible.

Acknowledge and Employ the Parallel Process

Your supervisor nurtures and engages you. You, in turn, nurture and engage families to nurture and engage their children. As a service coordinator, you initiate the parallel process in all the relationships within the early intervention system. Figure 2 illustrates the dynamic of the parallel process.

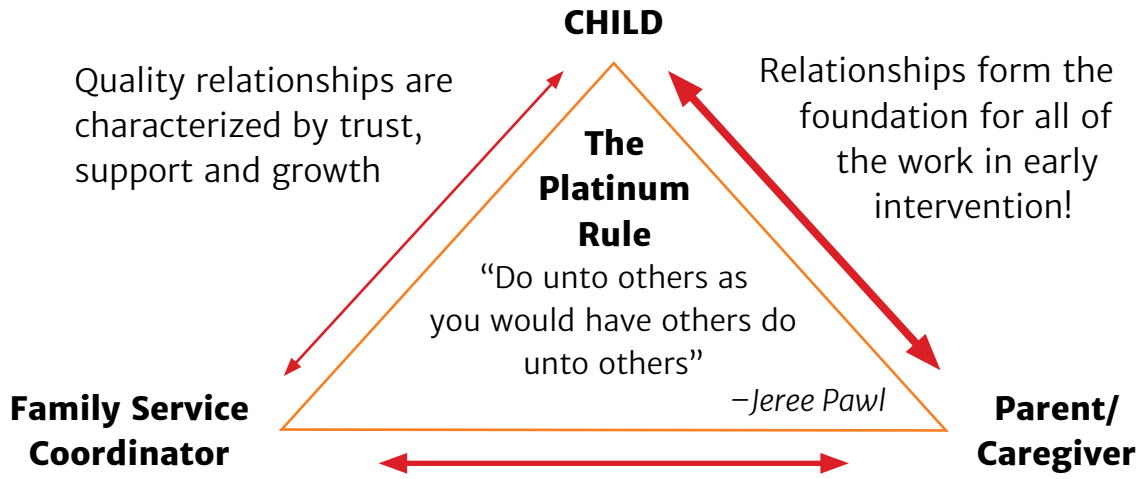
By providing information and assurances you invite families to become active participants in the early intervention process. Sometimes partnerships are difficult to establish. Family worries about their child's developmental needs, concern about a pending or potential diagnosis, and/or financial or personal challenges sometimes distract from the establishment of relationships.

To have trust emerge between families and service coordinators there must be mutual respect. Listen thoughtfully and without judging. There is no one "right" way to parent a child. Respect differences in parenting styles. When you seek to see and understand how each parent is genuinely trying to do the best for their child, you will more often be open and able to work respectfully and establish the trust and mutual respect necessary for a positive working relationship. Consider when your own bias may be affecting your judgments and impeding positive relationships and your work with a family.

Each person brings his or her personal values, perspectives, and cultural experience to the interview process. Try to understand your own emotional and intellectual responses and those of the family. If you see something that concerns you, do not try to fix it. Instead, gather more information through observation and inquiry (Bernstein, 2002–2003[14]).

Figure 2: The Parallel Process*

Family Service Coordinators can encourage and support positive interactions between parents and children by modeling positive interactions between themselves and parents.



*The California Department of Developmental Services would like to acknowledge Jeree Pawl for The Platinum Rule and the New Mexico Family Infant Toddler Program and the University of New Mexico Health Sciences Center for their gracious permission to reprint The Parallel Process diagram from their Service Coordination Online Training Workbook.

Build and Support Partnerships Using a "Mutual Competence" Model

Early Start personnel can apply a "mutual competence" model when interacting with families (Goldberg, 197715). Mutual competence reflects the collaborative nature of Early Start in which professionals respect and validate the skills and capacities of parents and caregivers as equal partners. Building mutually competent relationships is essential at all levels of interaction, from supervisor to practitioner, from practitioner to parent or caregiver, and from parent

or caregiver to child. A major priority of early intervention is to support the competence and confidence of parents and caregivers. Professional expertise, knowledge, and insights are heard and valued by families when providers share mutually competent relationships with parents and caregivers. Keep in mind the saying, "Professional ideas shared are unheard if parents do not believe that their own ideas are valued by the professional."

Ideas for developing mutually competent relationships with parents and caregivers include the following:

- Focus on interactions that enable the parent and child to experience mutual competence—that is, to feel secure, valued, successful, happy, and understood and to enjoy learning together.
- Recognize that the relationship is the primary agent of change. Engaging in "skills instruction" is secondary.
- All parents have strengths and want to do what is best for their children.
- Accept families where they are.
- Value passion where you find it.

Acknowledge and Respect Cultural Diversity

Many of the families with whom you work will be from different ethnic, religious, socio-economic, educational, or generational cultures. They may have beliefs, values, attitudes, roles, and practices different from your own. Honor that diversity and use it to the best advantage of the families by integrating the following suggestions:

- To the degree possible, be aware of your own judgments, biases, and assumptions and understand how they may affect your role and your interactions with your families.
- Respect the cultural values of the family, even if they clash with your own. Instead of trying to change attitudes that are different, try to understand why the family perceives its values as good for their baby.

- Honor the wisdom of family members.
- Learn about the family's traditions, celebrations, and history. Ask the family about any traditions or aspects of their culture that are unfamiliar to you rather than making assumptions based on your own biases.
- Listen for and explore any cultural traditions or alternative medical procedures used by the family.
- Ask yourself why it bothers you if a caregiver does something that makes you uncomfortable. If it is something that you would choose to do differently, say nothing. If it is a safety issue, discuss it with the family member and help the family to discover new ways to do the task.
- Learn who makes the decisions in the family. That person will be helpful in deciding how you, as service coordinator, can best support the family.
- Learn whether the family is part of a larger community social structure.
- If the family's first language is one other than English:
  - Provide materials in the family's preferred language whenever possible, and use as few written forms as possible.
  - Use an interpreter when possible. Using a family member, friend, or neighbor is not recommended. It may be more difficult for the family to discuss concerns and problems with someone who is a part of their community or family.
  - Take time to speak with the interpreter. Let him or her know that it is important to translate exactly what is being said. The interpreter must also understand that what is said is to be kept confidential.
  - Learn a few words in the family's language. It will help to connect you with the family.

Understand the Role of Extended Family Members

Each family defines itself differently. A family may be composed of parents, children, extended family, friends, and/or others. Learn the composition, roles, and expectations for the families you work with.

- Ask the family who they consider to be their family.
- Consider whether to be concerned if a family member defines their family as including the professional(s) working with their child. Doing so may suggest that the family depends more on professionals than they do on their natural supports. This can become a problem when the child goes through transitions.
- Talk to the family about ways the other children in the family can be involved. Siblings can be wonderful models and playmates for their brother or sister with a disability.
- Make a visit when a relative can provide his or her perspective on strategies to achieve the desired goals.
- Recognize that grandparents and other relatives can provide unconditional love and caring to both the child and family.

Manage Your Administrative Responsibilities in a Family-Friendly Manner

Your role as service coordinator inevitably requires you to document information and ideas. The following suggestions will help you make this task as unobtrusive and effective as possible.

- Be sure the family understands the reason you are taking notes. As you ask questions, include the parents' words in your notes. Confirm with the parents that you captured their words correctly.
- Write at a level of understanding similar to that in newspapers and magazines, typically fourth- and fifth-grade level.
- Omit professional jargon. If you must use it, define it in your writing.
- Give the family a copy of reports in time for them to read and possibly edit them before a meeting.
- Include in your reports those activities and procedures that are working for the family and child. Supporting the strengths of the family is as important as mentioning the concerns and problems.

- Provide reading material that is similar to that in newspapers and magazines (fourth- or fifth-grade level).
- Use inclusive terms like "family," "friends," and "caretakers" in any materials given to families. There are many different ways to describe a family.

A Few Final Good Practices

A few basic guidelines should be the foundation of your interactions with families.

- Check with the family before each visit to make sure that there are not pressing health issues that may interrupt the visit. If there are, you might better serve the family by arranging a different date and time for your visit.
- Note the family's regularly scheduled doctor appointments, medical treatments, nap times, feeding times, etc. to help you better arrange your appointments with the family.
- Observe the family's routines and procedures as a way to know them better and use that information to embed goals for the child and family. Be sure that the family is comfortable having you as an observer.
- Parents with medically fragile children are often exhausted and stressed, which can exacerbate problems. At times you may have to forget your agenda and just be present for the family. There is always a next time to accomplish your agenda.
- Learn the signs that a child is tired, hungry, and/or stressed. This is not the time to get those last questions answered or give new information.

Tips for Success from Early Start Families

Finally, you can't go wrong if you heed the wealth of wisdom and advice that Early Start parents have to offer.

- "Define your role. Orient me to Early Start, and help me understand how your program provides services. We meet so many professionals! Let me know your

job as service coordinator is to manage the services we will receive and all your other responsibilities."

- "Give us information and/or a brochure about your agency to share with others who are not present."
- "Ensure that I understand that you value my perspective and see it as essential in making decisions and offering suggestions regarding my child and family."
- "Explain to us that you are a resource to assist us with the services regarding our child's needs. We are likely unaware of the many ways you can assist us, so provide examples of ways you have supported others."
- "Clarify that it is my right to invite extended family members and/or friends to participate in my meetings with you."
- "State clearly that your intention in visiting is not to assess my parenting, housekeeping, or what things I do or do not have. It is okay to point out that if you observe something that is an issue of safety, you will discuss it with me."
- "Be open to learning. Be inquisitive about cultures different from your own. Anything you are privileged to learn will benefit you as a professional."
- "Explain that the focus of a family assessment is to identify our strengths (that is, what is working) and needs (that is, what may not be working or could work better), including those of our child."
- "Clarify that you are not there to dwell on negative aspects of our life, but to help us identify goals and support us in moving forward."
- "Be positive when speaking about interactions between my child and me."
- "Acknowledge and support what I am already doing and what is going well."
- "Delight in our child!"

HEALTH STATUS REVIEW

For the last 20 years or more, research has shown that a child's overall development is inexorably linked to their health status. For many children, developmental supports and intervention strategies must be designed and implemented in the context of the child's current and changing health status.

Health services may be necessary to enable an eligible child to benefit from other early intervention services.

34 CFR 303.16(a)

Health services may include but are not limited to:

- Services such as clean intermittent catheterization, tracheostomy care, tube feeding, changing dressings, changing colostomy collection bags; and
- Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.

34 CFR 303.16(b)

> Federal and state regulations state that a review of medical history and health status may be included as part of the Early Start assessment for service planning.
>
> *Title 17 CCR Section 52084(c)(1)*
>
> "Health status" refers to a description of the physical and mental condition of an infant or toddler and may include, but is not limited to, the following:
>
> - Current diagnoses
> - Medications
> - Regularly required medical procedures
> - Current medical supplies and technological devices
> - Names of primary health care providers (PHCPs), which may include general and family physicians, pediatricians, and nurse practitioners
> - Names of specialty-care providers
> - Immunization status
> - Nutrition
> - Oral health
>
> *Title 17 CCR Section 52000(b)(24)*

Service Coordinator Responsibilities

Early Start service coordinators work together with families and health care providers to coordinate and monitor the delivery of quality, comprehensive health services for eligible children. As with other required services identified on the IFSP, service coordinators inform parents of additional non-required health services, facilitate access to health services, and exchange information with health care providers [Title 17 CCR Section 52121(a)(4-6)]. Many different programs and agencies deliver health services to children eligible for Early Start. As a result, the service coordinator's job can be very complicated.

Initial Health Status Review

The initial assessments for service planning conducted within the 45-day timeline must include a review of medical history and health status.

Title 17 CCR Sections 52082(b)(1) and 52086(a)

No single procedure shall be used as the sole criterion for determining an infant's or toddler's eligibility.

Section 52082(c)

If documentation of medical history and health status from qualified providers is available, a review may be accomplished, at least in part, through a review of medical records. If medical records are not available or do not adequately document the necessary information, additional health evaluation by qualified personnel may be required.

As stated above, children with solely low incidence disabilities are assessed by qualified personnel from the local educational agency whose professional preparation, license, or credential is specific to the suspected disability.

Title 17 CCR Section 52082(h)

As part of the assessment process, these qualified personnel review and integrate health status information into the overall assessment process.

Assessment for Service Planning

Explain to the family that the IFSP team will review and consider their child's medical information to determine:

- Health factors that may impact service delivery strategies in any way; and
- Additional medical records, reports, and/or assessments that may be needed to describe a child's health status and health-related service needs.

Obtain written release(s) of information from the parent or legal guardian for all medical providers who have seen the child. Reassure the parent that all medical information is kept confidential and will not be shared with anyone or any other agency without the parent's consent. It may also be helpful to obtain written releases(s) of information for all medical providers to whom referrals will be made or are in process.

Have current and accurate medical information available to assist the multidisciplinary team in making decisions about the child's health needs to be considered when identifying outcomes and needed services.

Become familiar with community resources available to support families in obtaining indicated health services. These may include, but are not limited to, the following:

- Referrals to Medi-Cal or Supplemental Security Income (SSI); and
- Medical services such as two programs with the California Department of Health Care Services—California Children's Services (CCS) and Child Health and Disability Prevention Program (CHDP)—as well as Medicaid's Early Periodic Screening, Diagnostic, and Treatment (EPSDT), which is a benefit for children under age 21 who are enrolled in Medicaid.

Some required early intervention services designated on the IFSP are funded and/or provided through other state or federal programs, such as California Children's Services, Medi-Cal, Healthy Families, mental health, or social services. Accessing services through these programs may be dependent on financial or medical eligibility or the availability of funding. If the health service is a required early intervention service and the child or family is not eligible or funding is not available, the service must still be provided.

Title 17 CCR Section 52108(b)(1)

Regional centers may not require a family to enroll in public benefits or public insurance programs as a condition to receive early intervention services.

Title 17 CCR Section 52162(d)(1)

Prior to using an infant's or toddler's or parent's public benefits or public insurance to pay for early intervention services, regional centers must provide written notification to the infant's or toddler's parents.

Title 17 CCR Section 52162(e)

Regional centers may use a family's private insurance to pay for evaluation, assessment, or required services, as specified in the IFSP.

Title 17 CCR Section 52162(f)(1)

Since 2009, families are required to use their private insurance or health care service plan for medical services identified in the IFSP, other than evaluation and assessment. However, use of private insurance or a health care plan shall not result in insurance cancellations, loss of benefits, or rate increases related to the Early Start services. Additionally, use of insurance may not delay the delivery of services; a regional center may access a special service code to pay for the service to be provided in a timely manner.

Title 14 California Early Intervention Services Act (CEISA) Section 95004(b) and (c)

Transition Planning

Share medical information with the LEA that may impact transition or the provision of educationally necessary, health-related services after age 3. Invite medical service providers to participate in transition planning by having them attend transition meetings, consult via telephone, or provide updated medical reports.

Gathering Information

How health status affects child and family functioning is often integrated into family stories. Build a relationship with the family to gain a true understanding of the family's situation and needs.

Information for the initial health status review includes the medical history of the child and mother:

- The birth mother's prenatal history and delivery;
- The child's current physical status, including vision and hearing;
- Primary care providers, medical home, and medical specialists providing care;
- Copies of pertinent health-related records;
- Medications or recent changes in medication;
- Special equipment; and
- Sources of funding for medical care, medications, and equipment.

Additional health-related information may be collected through the family assessment and interview process, including the following topics:

- Sleeping patterns;
- Chronic fussiness (for example, during feeding, when going to sleep, daytime, and other times);
- Parent's skill with medical equipment, medications, and medical procedures;
- Understanding need for medical appointments and resources to support obtaining medical care;
- Emergency responses for medical problems and equipment failure and/or problems; and
- Child safety precautions.

Quality Practices

Families may initially focus most of their concern on their child's medical needs, especially if the child is medically vulnerable or has significant health care needs. It is essential that health-related concerns be addressed as effectively and as soon as possible so that family members can give attention to other priority areas, such as general development, relationships, communication, and behavior. To address health-related concerns effectively and in a timely manner, the IFSP team needs a complete picture of the child's health status and the family's concerns and priorities related to health and health care.

- Recognize that the health status provides a profile of the child's physical state and the family's access to and utilization of health care services and professionals, but it does not give a complete picture. Health status must be reviewed within the context of other evaluation and assessment information, including what you learn from the family and the child through interviews and observation;

- Discuss the family's impressions of their child's current state of health and any areas of concern;

- Explore alternative health care practices sought by the family including those which are culturally based;

- Review with the family any needs and options for education and training regarding medical issues, treatments, or equipment;

- Discuss also the impact upon the family associated with the care of a chronically ill or medically vulnerable child; and

- Explore with the family the need for nursing care and/or respite to provide some relief from the intensive medical needs of their child.

The following questions can be helpful to explore the family's health and health-related support and service needs:

- What are the family's expectations related to the child's health?

- What do they worry about in relation to the child's health?
- Does the family need assistance to find medical providers in their area?
- Does the family need assistance to obtain a referral to an audiologist?
- Does the family's health care professional speak their language? Is a translator needed?
- Does the family have an adult member who can accompany and assist them at medical appointments?
- Does transporting the child to medical appointments present a challenge?
- Would the family like a consultation with a regional center or LEA clinical staff member (for example, a nurse, genetic counselor, medical consultant, or nutritionist) to discuss their concerns?

Tips for Success

Here are some additional strategies that, while not required, may improve the initial and ongoing integration of health-status information into service planning, monitoring, and improvement.

- Review medical records prior to conducting the family assessment:
  - To be respectful of the family's time and the value of the information they have previously shared; and
  - To identify medical areas to discuss with the family.
- Inform the family that a multidisciplinary team may include health care providers involved with the child who can provide information about health status and needs.
- Decide, with the family, which medical service providers to include on the multidisciplinary team.

- With the parent's permission, contact health care providers prior to the initial and annual IFSPs to explore their perceptions of the child's and family's strengths and needs.

- If the family is interested, refer them to their local Early Start family resource center for family-to-family support with a family who has a child with similar health care needs; ask if a family may contact them.

- Ask the family what their preference is for home visits:
  - Some families may prefer joint home visits, with involved health care providers and other early intervention personnel participating for the purposes of sharing information. Such coordination may minimize the number of visits needed and disruptions to a family's daily routine and activities.
  - Other families may be overwhelmed by joint home visits and prefer to meet with professionals one-on-one.

- Document in the child's record all referrals to and consultations with health care providers.

- When updating health status during IFSP reviews:
  - Review available information about the impact of health issues on daily routines and activities;
  - Ask families to report any changes with their child's primary health care provider as well as any new health care providers following the child.

- If the primary health care provider is not on the multidisciplinary team, with the parent's permission, contact the primary health care provider to share pertinent information learned during visits and reviews.

- During transition, discuss with the family the importance of maintaining routine well-child follow-up with the primary care physician and keeping immunizations current.

- Cultivate relationships with health care specialists in the local community and with contact people at California Children's Services, Supplemental Security Income, and county child welfare departments (regarding Medi-Cal eligibility) as a resource for clarification of procedures or issues.

RESOURCES

Open-Ended Questions and Comments to Gain More Information

Adapted from the work of Victor Bernstein, PhD

Questions

Do you usually . . . ?

What makes you say that . . . ?

What do you mean by . . . ?

How does he show you that . . . ?

What made you decide to . . . ?

How did you know that . . . ?

Are there other ways that he/she . . . ?

Have you tried other ways to . . . ?

Have you ever seen him/her do that before . . . ?

What happens when . . . ?

Have you ever tried . . . ?

Would you feel comfortable . . . ?

How does she let you know/tell you . . . ?

What do you think you'd do if . . . ?

Comments

Tell me what works best.

Tell me more about it.

It looks like that works well for you.

He/she seems happy when you . . .

Help me understand . . .

What a big boy! Look how much he's learned!

Engaging Families as Partners in Their Child's Assessment Checklist

DEC Recommended Practices Topic Area: **ASSESSMENT**

This checklist includes practices for engaging families throughout the assessment process. Assessment is the process of gathering information to make informed decisions and is a critical component for intervening with young children who are at risk for developmental delays or have delays/disabilities and their families.

Families are important sources of information about what a child can do, likes to do, is interested in, and how well he/she functions throughout the day. This helps practitioners and families focus on child participation, interaction, and independence in everyday activities that are most meaningful and important to the family.

The checklist indicators can be used to develop a plan to improve practitioner's engagement of families in a child's assessment process. The checklist rating scale can be used for a self-evaluation to determine whether the different practices were used to engage a family in their child's assessment.

Practitioner: _____ Child: _____ Date: _____

Please indicate which practice characteristics you were able to use as part of evaluation and assessment of a child:	**Seldom or Never (0-25%)**	**Some of the Time (25-50%)**	**As Often as I Can (50-75%)**	**Most of the Time (75-100%)**	**Notes**
1. Solicit input from the family about the reasons for referral including their questions and concerns about their child.	☐	☐	☐	☐	
2. Explain to the family the purpose of an assessment and how results will be used.	☐	☐	☐	☐	
3. Schedule times for child assessments that the family feels would work best for their child and family.	☐	☐	☐	☐	
4. Share ways that the family can be involved in the assessment process (e.g., interacting with their child, being an informant, sharing information).	☐	☐	☐	☐	
5. Use appropriate assessment strategies (e.g., open ended questions, interviews, checklists) for encouraging the family to participate in ways they choose.	☐	☐	☐	☐	
6. Use formal tools, interviews, or other informal methods (e.g., observations) to identify child's strengths or what might be challenging for the child's participation in everyday activities.	☐	☐	☐	☐	
7. Explicitly acknowledge the family's observations about their child's behavior, skills, and development.	☐	☐	☐	☐	
8. Solicit the family's input on the assessment findings and engage the family in a discussion of their priorities and/or the focus for next steps.	☐	☐	☐	☐	

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Authentic Child Assessment Practices Checklist

DEC Recommended Practices Topic Area: **ASSESSMENT**

This checklist includes key characteristics of authentic assessment practices for observing child participation in everyday activities, the real world learning opportunities that occur in the activities, child behavior in the everyday learning opportunities, and the particular learning opportunities that provide a child the richest array of competency-enhancing learning opportunities.

The main focus of authentic assessment practices is identifying the everyday contexts for child learning, the behavior a child will acquire in these settings, and the environmental and interactional/instructional strategies for promoting child competence while engaged in the activities. Authentic assessment links context-specific assessment information to functional intervention practices.

The checklist indicators can be used by a practitioner to develop a plan to conduct an authentic child assessment or to promote a parent or practitioners' understanding and use of this approach to assessment/intervention. The checklist rating scale can be used for a self-evaluation to determine if the key characteristics were used as part of child assessment.

Practitioner: _____ Child: _____ Date: _____

Please indicate which practice characteristics you were able to use as part of an authentic assessment of a child:	**Seldom or Never (0-25%)**	**Some of the Time (25-50%)**	**As Often as I Can (50-75%)**	**Most of the Time (75-100%)**	**Notes**
1. Observe the child's participation in everyday (family, classroom, or community) activities and routines.	☐	☐	☐	☐	
2. Query the child's primary caregivers (parents, teachers, etc.) about the everyday activities that "make up" a child's everyday experiences.	☐	☐	☐	☐	
3. Identify the context-specific child functional behavior (through observation or caregiver report) that are used in everyday activities.	☐	☐	☐	☐	
4. Ascertain the child behaviors (strengths, interests, preferences, etc.) that sustain child engagement in everyday activities.	☐	☐	☐	☐	
5. Determine which materials (objects, toys, etc.) and adult interactional/instructional behavior are associated with optimal levels of child competence.	☐	☐	☐	☐	
6. Identify which everyday activities, learning opportunities, materials, and adult behavior will be used to support and strengthen child acquisition of functional competencies in a number of different context-specific activities and routines.	☐	☐	☐	☐	
7. Monitor and analyze child learning and progress to determine needed changes in everyday child learning opportunities.	☐	☐	☐	☐	

DEC Recommended Practices are available at http://www.dec-sped.org/recommendedpractices
Access this checklist and other ECTA Center products at http://www.ectacenter.org/decrp/

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Building on Child Strengths Practices Checklist

DEC Recommended Practices Topic Area: **ASSESSMENT**

This checklist includes the key characteristics for identifying child strengths and for using child strengths as the building blocks for supporting and promoting child learning and competence. Child strengths include the behavior, skills, abilities, etc. that are used with materials and other persons, and child interests, preferences, etc. that sustain engagement in everyday activities.

The main focus of the checklist is the methods and strategies that can be used to identify a child's strengths and how strengths can be used as building blocks for engaging a child in everyday activities for promoting child learning and competence in the activities. Child strengths-based assessment practices shift the focus of assessment from what a child cannot do to what a child can do.

The checklist indicators can be used by a practitioner to plan and implement a strengths-based child assessment or to promote a parent or practitioners' use of strengths-based assessment practices. The checklist rating scale can be used for a self-evaluation to determine if the key characteristics of strengths-based assessment practices were used with a child.

Practitioner: _____ Child: _____ Date: _____

Please indicate which practice characteristics you were able to use as part of a strengths-based assessment of a child:	**Seldom or Never (0-25%)**	**Some of the Time (25-50%)**	**As Often as I Can (50-75%)**	**Most of the Time (75-100%)**	**Notes**
1. Observe the child's participation in everyday activities and routines that "make up" the child's learning experiences or opportunities.	☐	☐	☐	☐	
2. Identify the child behavior that he/she uses during everyday activities and the behavior that are indicators of child interests (intense engagement, smiling, laughter, excitement, etc.).	☐	☐	☐	☐	
3. Interview the child's primary caregivers about his or her child's strengths or have them complete a child strengths assessment checklist.	☐	☐	☐	☐	
4. Identify the particular child strengths (skills, interests, etc.) that sustain child engagement and interaction with people and materials in different everyday activities.	☐	☐	☐	☐	
5. Provide the child multiple opportunities to participate in strengths-based everyday activities to encourage engagement, learning, and skills and interest expression.	☐	☐	☐	☐	
6. Use context-specific interactional and instructional practices to sustain child engagement and to promote and enhance child learning and competence.	☐	☐	☐	☐	
7. Monitor changes in child's strengths and provide new learning opportunities to encourage acquisition of new skills and interests.	☐	☐	☐	☐	

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ENDNOTES

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PUBLISHING INFORMATION

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For information about California Early Start, contact DDS at 800.515.BABY, visit www.dds.ca.gov/services/early-start, or email earlystart@dds.ca.gov.

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