Transcript

>> KATY SCHMID: All right. Hello and welcome everyone to The Arc@School's webinar, Engagement in the Early Intervention Program Planning Process for Parents and Professionals. A special welcome to our presenter today, Dr. Rachel Brady. Dr. Brady is a physical therapist and assistant professor at the Georgetown University Department of Pediatrics at Georgetown University Center for Child and Human Development. Dr. Brady has over 30 years of experience in inclusive early childhood and intervention services and 20 years in early childhood personnel training and related research. We are very excited to have her as our guest speaker today. I'll now turn it over to Dr. Brady.

>> RACHEL BRADY: Hi, everyone. Welcome to Engagement and Early Intervention Program Planning Process for Parents and Professionals. We will discuss some more contemporary and strategies and resources for collaborating with each other to create individual program plans for young children with developmental delay, and within systems. However, we created this presentation with a variety of experience in mind. Just a few notes. This may be the first time some of you are seeing some of these strategies or tools. And for those with more experience, you may already be aware of them.

Discussion of specific strategies or tools is not an endorsement or meant to be an exhaustive list today. There are more strategies and tools available and there are a few resources at the end of the presentation that might point you in those directions.

Although I'm at, as you heard the Georgetown University Center for Child and Human Development and the Center for Excellence in Developmental

Disabilities, I'm not representing their stance on any specific tool, strategy, or point of view. This is strictly an informational presentation.

And lastly, I want to acknowledge that everyone's experience is different. Service providers, families, people with disabilities. We come from many cultural and linguistic traditions and we value the varied and rich experiences of all. I value your questions and feedback about our discussion today.

So in that mode, we want to thank you for attending. On the screen, you should be seeing the PowerPoint presentation and a video, hopefully a small one of me. I am a fair-skinned woman with brown hair and brown eyes and dark glasses. I am wearing a cream colored top with little polka dots on it.

As far as I'm my background, I've been an early intervention provider, a service coordinator and evaluator. I've advised local systems on practice issues and provided training in best practices in early intervention. Currently, I'm the director of the Georgetown University certificate program in early intervention and the training director for our Georgetown University Leadership Education in Neurodevelopmental and related Disabilities or LEND for short. Although, I've sat in many of the seats that you're in, I've not been a family member in the system.

So that's a little bit about me. So what I'd love to know is who we have here today by either using the reaction buttons or the chat feature, how many folks are family members? How many are providers? And when I say service providers in these early childhood systems, I also include teachers. So it could be OT, PT, speech language pathology, teachers, music therapists, service coordinators.

I'd also like to know how many are policy or decision-makers. And if I've missed a category, feel free to put that in there. I see some social workers popping up. So I apologize. You are also service providers. Thank you. I'm reading all the folks that are entering into the chat.

>> KATY SCHMID: Wow. Thank you all so much for being here today.

>> RACHEL BRADY: This is great. So it looks like a pretty big mix. Great. Some other Arc folks. Lots of service coordinators. I keep seeing that popping up. Program manager, some advocates and a lot of service providers as well from all over. Again, thank you for joining and thank you for telling me a little bit about who's here today.

[inaudible 00:05:12] So the beginning of this is going to be a refresher for some and an introduction for others. The Individuals with Disabilities Education Act, or IDEA, as everybody likes to refer to it, are set up as a legislation that sets up these systems.

This law provides for federal grant programs to support children with developmental delays, to maximize their learning and need fewer services and support as they move through school in adulthood. It's a good read for those who are interested. I know some of you and many of you probably have already read it. The laws lay the science behind the legislation and we need to remember that the law is a result of a grassroots effort by families who saw the inequity and attempting to secure a free and appropriate education for their children with disabilities.

Although, we will talk about its parts and accomplishments, I want to just point out inequities are still inherent in these systems and that can be a whole nother discussion or webinar. So as a refresher or an introduction, there are four parts to IDEA. Part A lays out the need and the definitions.

So that science-based that I was talking about. Part B is special education, what we usually are most familiar with and provides a free and appropriate public education in the least restrictive environment for children with disabilities through the delivery of special education and related services for children ages three to five in a special section called Section 619. And then on from kindergarten to 21.

Part C is the federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers birth through two, or sometimes people say birth to three, so at three something else begins with disabilities and their families.

Part D discusses the national activities. The state systems have to participate including data collection. You'll see at the top of the slide, there are links to read more about the law on its parts. And on the right side of the screen is a screenshot from the homepage for IDEA at the US Department of Education. So that's it in a nutshell. The pieces that we're interested in are the purposes of both Part C and Part B Section 619.

Since the focus today is more on the young child end of things. If you read the legislation, the purposes of Part C are designed to enhance the development of infants and toddlers. And the second piece that sometimes gets a little lost to enhance the capacity of families to meet the needs of their infants and toddlers. When I talk about this in training with new providers, it's sometimes a surprise to them that our focus is on supporting the adults in the child's world.

Since this is where they learn and grow, and they will leave the early intervention system quickly, we have to make sure caring adults in their orbit can meet their needs and support and advocate for them as they move into school age. So this is why everyone needs to be prepared to participate their best in the early intervention processes in any of the

young, early childhood processes. Building capacity of caregiving adults in a child's world in the context of their families and communities are the key to successful early intervention and early preschool special education.

So there's a few, or at least one thing that early intervention is not. It's not intended to be a standalone program serving this population and the law states that, and you can see that in Section 143A in the statute. But Part C is intended to build collaborations to meet the needs of infants and toddlers in their communities. It's great that we have an individualized plan in each of the Part B and C service systems and sets of services to support children and families to meet outcomes or goals.

But that's not the only thing early intervention is. It's just as important to build the plans, to build into the plans, the things that we know are most supportive of children and families, connections in their communities, and leveraging other systems designed to support children and families such as headstart, childcare, family supports both formal and informal in their communities and in their environments.

That's why the principles of Part C are laid out the way they are. I'm going to read some of this. Again, many of you may be very familiar with it and some, this may be new information. So infants and toddlers learn best in everyday experiences and interactions with familiar people and familiar contexts. All families with necessary supports and resource can enhance their children's learning and development. The primary role of a service provider in early intervention is to work with and support family members and caregivers in the children's lives.

The EI process, or early intervention process from initial contact through transition must be dynamic and individualized to reflect the child and family member's preferences, learning styles, and cultural beliefs. IFSP outcomes must be functional and based on children and family's needs and family

identified priorities. The family priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support and interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations. And you see a reference at the bottom of the slide to take you to those key principles, if you are interested.

So a little note on as we're talking about early intervention as children grow and learn, what happens at age three and Part C is no longer a system they're going to take advantage of. They transition families and children, transition to either community support, some other system of care, and many do go onto the Part B system of IDEA that preschool special education or the Section 619 of that.

We can do a whole discussion on transition out of Part C, but here we're recognizing it as an important part of early intervention and another opportunity in place that we're supporting engagement, not just of families, but of each other.

So let's review a little bit about Part B. When we talk about what's next for children and families that mainly for Part B Preschool Special Education. And again, like I said, that age three to five, there's a separate section for that 619. The Part B system in preschool special education's purpose is different than Part C. Again, we're trying to meet preschoolers where they are in their learning. The mission for Part B is to provide a free and appropriate public education in the least restrictive environment for children with disabilities through the delivery of special education and related services for children three to five.

There's some less principles laid out, but definitely a focus for Section 619, and they are free schoolers with disabilities who need special assistance

are eligible. And there's ways to determine eligibility. Special education is provided in the least restrictive environment. Related services are provided to help the child access their education curriculum, environment, and extracurricular activities.

Sometimes we leave off the environment and extracurricular activities piece. The individualized education program, so the program plan in the Part B is to support the child's access to their education. So whereas in Part C, we were focused on how a child was functioning in their family and what the family members could do to support them, the function here is to... And the focus here is to support children, to access their education.

IEP goals are related to education outcomes and developed by a team of family members, the child when appropriate special and general education teachers related service providers and other specialists as appropriate to help them meet their goals. Special education and general education work together and related services should support the teachers to support the child's learning needs. So the environment is the education system that the child is in.

Okay. So since we're talking about how to increase engagement particularly in this program planning environment, just a review of the program planning requirements. So in Part C, so both systems do require a plan. As you saw in the last few slides, they're a little bit different in focus. So for IDEA Part C early intervention, the law says that the following things on your screen are required in the plan. So the child's status, family information, outcomes, early intervention services to support meeting those outcomes. And that includes assistive technology.

Other services that would make the family able to participate in early intervention, dates and duration of services. Not if. I apologize for the typo there. The name of the service coordinator. So the service coordination is

required, and there's a whole set of pieces to support transition. Now, children don't just transition out at age three. That's typically if they're in the system, they do leave by age three, but transition can happen at any point if a child no longer requires early intervention.

States of different ways that they do this, and the plans look different from each other in each state on the right is a flow diagram about the process starting with referral. Depending on your service system, you're usually signed a service coordinator right away to get an eligibility meeting or an eligibility assessment done to determine if you're eligible.

Then there's the development. If the child's eligible, then an IFSP development happens. And this IFSP meeting occurs. Services will happen. And then there's periodic check-ins about are we meeting the outcomes that we had hoped that the child would meet on the plan. And that's the essential pieces of the IFSP. So for the individualized education program, their mission and focus are different, but the program plan requirements are a little bit different as well.

The individualized education program includes the child's present levels of academic achievement and functional performance, measurable annual goals, including academic and functional goals, special education and related services in any supplementary aids and services to be provided to the child on or behalf of the child and maintain program modifications, or supports for school personnel that will be provided for the child. It was hard to reduce these two easy bullets. They're a little more wordy in Part B.

Educated and participate with other children with disabilities and non-disabled children. And the reasons if children are not being educated with non-disabled peers. Accommodations for state and district-wide assessments or alternative assessments, and the projected date for beginning the assessments trand their frequency location and duration.

So that was quite a quick review of what IDEA says in part B and C and what the program planning requirements are. So I want to just stop there and see if there are any questions.

>> KATY SCHMID: If you could put the questions in the Q&A option as opposed to the chat, that would be super helpful if there are any questions at this moment.

>> RACHEL BRADY: So we shared all this to share the context for what the strategies of engagement will be for different points of view in the system, including families, providers, the children themselves, policy or decision makers. So I do see one question in the chat is this program only available for children with disabilities? So for Part C, you don't have to have a diagnosed disability. Children are eligible based on how much... They could have a disability and that might make them automatically eligible for Part C. However, some children might have a developmental delay and know disability or diagnosis that we know, but it's enough to be concerned and to provide those supports for their them and their family

So the second question is what happens if you don't have a referral? So you don't need a referral per se from someone for Part C. You can a parent to call up that Part C program and say, "I'm really worried about my child's development. I'd like an eligibility evaluation." And that would be done and determine if their developmental delays just need some support community resource support or if they really do need some services and support and a plan created to get them to an outcome.

For Part B, it's similar. If children are in preschool or early elementary education and they're recognizing their delays, there are steps that they'll provide supports and see if that mitigates or reduces the concern academically and participation wise. If the child continues to need lots of

supports, then they may consider eligibility for special education and related services to make sure they have access to their education.

So there's a question that says, "What does IDEA say about the IFSP team responsibilities with respect to facilitating the transition to Part C to Part B?" I don't know if it lays out very specific responsibilities for each team member, but the teams do have to start talking about, and this is usually under the guise of the service coordinator, talk about the fact that if the child is two, just reminding families that at age three, they're no longer eligible for Part C by age, and we have to look at other services and support systems, community resources, to continue with them, if they need that and help facilitate an eligibility evaluation in the Part B system.

So the team would have discussions around that. When I say team, I include the family in that word. So the family and the service providers and service coordinator would have those conversations all along, starting at about age two, just to get everybody ready. And there are responsibilities and timelines as to when that happens.

So what resources are available for children who aren't eligible for, I'm assuming from Part C to Part B due to their age. There are many, and it's hard to answer this without knowing what state or community you're in, but the team that you work with in Part C would know a lot of those resources that are available. So for example, I've had children who are born prematurely, and we needed to help them along in their development.

We were successful in doing that. And then families are a little worried about not having services and supports, but the child was pretty much at their peer level. So we recommended some things in their community that were within their means to continue the child's development, things like depending on the family, but it could be headstart, it could be childcare. It could be a private preschool. It could be, we do a music program at the

YMCA. It depended on what the child's needs were to continue communication or motor development, that sort of thing.

And there was a question about, do you help with people with housing that have a disability? I know under the other services, that Part C might not get housing for people, but they will connect people with housing appropriate, particularly if you have a disability with the housing authorities in their community that could support them. And it can be also, I'm in the district of Columbia, there are neighborhood collaboratives that support people in doing those things or the community resources that are there to do that.

I know school systems have specific types of outreach folks and facilitators who do that as well for families who are having struggles in housing and food, and those sorts of things.

>> KATY SCHMID: I just added a resource that the Arc national office also offers some resources focused on housing. It's called futureplanning.thearc.org. I just threw it in the chat box.

>> RACHEL BRADY: Great. Thanks, Katy.

>> KATY SCHMID: If anybody wants to follow up. Now, there's a number of questions that were thrown into the Q&A box. I don't know if you'd like for me to stop and look at those, or do you want to save those to end? I'm just looking at time.

>> RACHEL BRADY: Yeah. Let's save those to the end, and we'll continue to talk about some ways to promote engagement and everybody on the team, and thank you for reminding me there's social workers on the team. Absolutely. That's the nice thing about early childhood services. Everybody is on the team, and have been some of my best teachers.

All right. So what does all of this mean for engagement, for families and students, for service providers, for administrators and policy makers? So let's talk now about applying these purposes and plans to what it means for engagement, for families, children, and students, service providers, and for those who do make decisions. Nice. I'm going to skip the slide because it's not cooperating.

Okay. There you go. All right. Let's consider what is preparation for full participation, for any of the folks that I just discussed. There are some basic questions to consider. So the early intervention and preschool or Part B service systems processes, we have to consider how we're gathering information, how we're delivering services and how we're gathering feedback. These are all places where team trust and engagement happen for service providers, for families, for the students, for the policy makers.

These are really good places to think about. And important touchpoints for engagement all along the Part C and B process. Gathering information includes referral. So I want to be clear, there's all of this in the process. Referral, evaluation for eligibility, any other assessments and the parts we need to build the plan or decide if services are meeting outcomes or goals.

In general, across all these folks in the systems we have to consider, how are we communicating with each other? How are we being intentional about the models of collaboration that we've decided to use and how we are interacting? How do we deliver services and set up our systems and how do they encourage engagement or in some ways become barriers. Never intentionally, but okay.

So let's talk about family members. So families, how can you be more engaged? And we're going to talk about how do we encourage family engagement when we're talking about the next sets of folks? So we want to think about strategies to support collaboration.

So for families, I say you have the information to lead the team, but I don't mean you have to stand up there and be all assertive. You can be. But sometimes families feel when we say stuff like that, that's culturally not in their realm. They don't feel confident in that. I have all these experts around me, but you have key information that we can't do this work without.

We can talk about how the team can be responsible about gathering the information that makes you feel a part of the team and value what we know. But for this part, think about as a parent, what's your preferred communication method? And this may not stay steady over time. You may decide right now it's texting and maybe next time it's, could you just write that down?

But it's good to remember as a family, you can talk to the team about your preferred method of getting information during service delivery, to get the reports and find out what the findings are. There's texting, writing emails, phone calls, video chatting. How do you like to receive that information and how do you like to give information? Those might be two different questions. So you may prefer to text or have a conversation. So think about it in that way, both giving and receiving information.

One thing I would also recommend is using providers as a resource for more information. There are no silly questions ever. I know as a service provider, I appreciated when families ask questions, because then I knew where they came from. And then it gave me the opportunity to offer some other information they might not have known about. So definitely use them as a resource. I heard about this thing, whatever it is. Could you find out more about that for me?

Also, use your service coordinators in early intervention. They are your point people and there are point people in your child's school. It's okay to regularly communicate with them. So I know more about the service

coordinator end of it. I appreciated when families would ask me questions as service coordinators so that I would have even more contact with them because they're very busy people granted, and they are required to check in with you at least monthly, and probably more often, but it's nice when families are also initiating some of that conversation, so I know how to get you what you need.

The other thing I want to point out is connection to other families and community partners, both formal and informal may be one thing that is most helpful to you particularly early on in the Part C system, but also in Part B. So don't feel afraid to ask for... Do you know any other families going through this or is there a group of families I can get connected to? In your communities, it might be within a school group. It might be just a little playgroup in the area, or it might be a larger, more national resource.

Your service providers and your team are very good at connecting you with others. Think about too what... So you're going to work on some things with your child or you're going to ask service providers to help you in an area. Think about what improves your child's engagement. And we'll talk about children specifically in a minute, but parents are great of like, he loves bubbles and he hates loud noises or she loves dolls, or the family cat. Whatever it is. Those are really good sources of information for your engagement of your service providers.

It's great also to give feedback that can feel intimidating, but I would rather have a family member tell me, "Wow, something went wrong in that last session or that last session was great. I want to do it more like that. I want to have collaborations more like that. Or when we were in the IFSP meeting, I felt really intimidated by and whatever it is. Or that IFSP meeting went really well and I really want to do it more like that next time."

Lastly, I know your rights get thrown at you every single meeting. That's important. It seems like drudgery at the time, but it's really important if you don't understand something, people are covering particularly in the area of your rights, or even if we're not in a meeting, you say, "I remember you told me about my rights and there was this thing. Can you tell me more about that?"

I think it's really important for family members to, if you don't want to dig through a deep document to just ask the question or ask if there's a family friendly version of that or a low literacy version of it, if family members need that, or you might have a grandparent who is not understanding what's going on and you can't explain it, find out if there's a way to do that, a video, whatever. Your team would really... And that will help your engagement and their engagement with you. So those are just some tips for family members.

So as far as making sure families understand the process of eligibility program planning and services, there are some nice guides. Note that these are not accessible for parents with disabilities often in low literacy or languages that families may speak. You may have to dig a little bit for that. But as service providers and as families, you can find out if there's adaptations. You can ask for time to discuss the contents of these in a meeting with your service provider, your service coordinator, or another trusted adult in the community.

We want to make sure that families have the same knowledge footing to equally participate. So engagement and participation doesn't happen if... You guys know all this stuff, and I don't know anything about it. I think particularly for our families who come into the system new, it's worth spending a little bit of time to say, "Hey, you're going to get a lot of stuff through you if you have questions or do you want to make a time to go over

some of this?" And we'll discuss some resources in a minute that you can get support for understanding these as well.

Don't forget young children and students are still a source of information and a touchpoint for engagement. It's important to understand especially as they get older and have more abilities, they can tell us about their needs and wants in different ways. Often this is mediated through the adults in their world, but adults, families, service providers can observe or ask for these.

Don't overlook preferences because a child is young. One of the best things we do for engagement with children is help them learn to make decisions and make choices. We also have to understand what is motivating. If you read IDEA talks about the brain science. We're in the most plastic phase of brain development for age five. But what we know about early learning is that through their ability to practice and persist is how they actually learn.

It's important to know about their likes, motivations to promote learning. And the example I gave before of the cat is really exciting. Then think of all the ways you can support families or use the cat to promote almost any skill. It could be in the plan. It could be part of the strategy and that's engaging for everybody.

Top of the list to promote young children is their ability to communicate. We really want to promote that ability in any way that that's possible and engaging with adults and other children. So that's some tips on... Don't forget that they're a good source of that information.

All right. So for service providers and teachers, the lists are longer. We have a lot of knowledge that we can share with families. We want to make sure that, again, when I say service providers, I'm including service

coordinators, therapists, social workers, teachers, all the folks that we talked about. We have to think about how we gather information, deliver services, and gather feedback that create collaboration or put up walls.

I know we get lost in the system that says we have to do things this way. But thinking about it and what the intentions are of those system procedures is really important. Think about these places to consider to be more collaborative and through partners with families. So things like examine how you're teaming with families and providers. Is your teaming professional centric? Are families included and welcome, and what that process is? How are you communicating and in what forms? Have you asked what forms of communication work with your team or families?

Is that driven by family need? Have you explored your attitudes and beliefs about families, about your cultural and linguistic competence? One set of trainers in coaching practice methods that you may all be familiar with [inaudible 00:39:04] ask us to consider who's driving the bus? The service provider or the family? And hint, it should be the family. And that doesn't mean, again, families have to take this like, "Okay, you people do these things." But the family has to feel the inclusion as an equal member of the team. And that's guiding what we're doing.

The other way is through authentic assessments. So the next process about assessments and eligibility, this can be through observation. There are some really good tools to have a very good conversation with families around what are the environments and where are they struggling? It can be the routine based interview. I know family guided routines based practices.

I may have messed that up a little bit so that you're really understanding what the environment is, not just the natural environment place, but the routines and the learning opportunities. When you're doing assessments, you're getting a really good read on. Think about offering evidence based

strategies. Are we using these effective intervention models and practices to deliver services.

They're based in making it family centric. So using a primary service provider approach or a model, using, for example, a coaching approach to service delivery. Examine what you are doing that in your practice is really to fidelity because these models and service approaches need to be done to fidelity in order to promote engagement and true partnership with families.

Think about the training opportunities you're taking advantage of. Invest in these kinds of approaches and service practices that are family centered in spending your continuing education dollars and time. And think about how is your system supporting these practices. You do have a voice in the systems you practice in, and they can also be either promoting or barrier to service delivery, how your time is spent and can you really team with the other team members.

Don't forget community connections is really important. Widen your scope of evidence based practices to use information across discipline organizations. I've learned so much from the teaching world's professional associations, and I'm a physical therapist. I've learned a lot from my social work counterpart's organizations and team members. So keep that scope open. Don't stick just to your own professional organization. There's a lot of opportunity there.

I realize we're getting a little short on time, so I'm just going to show certainly there are some really great tools. Bonnie Keilty who has a book about early intervention practice has gone well and even deeper into family engagement and family partnership. So if you haven't seen that as a resource, I highly recommend it. The government US Department of Education has developing high quality functional ISP outcome and IEP goal

training packages that I highly recommend. They're free. You can take them.

Think about the fidelity tools for the practices you're using and think about using self-assessment checklists like the personnel providing services and supports in early intervention and early childhood education settings at the National Center for Cultural and Linguistic Competence.

My stuff is hidden behind here. And lastly, I want to talk about the policy makers. You do have an important part of this engagement piece and things like creating consistent, comprehensive feedback loops for families and service providers is so important in building very family centered systems and growth.

If a family feels comfortable in these systems, they know where to ask questions, they know, and they feel like they can give feedback, the trusting relationship is bigger and the engagement is more. Continuing education that's of quality and uses evidence-based adult learning practices is key. It's great to have a one off workshop, but if you want your systems and personnel to use the practice, think about going deeper and longer into these practices and have feedback both from the families and the service providers and how that's going, and in their learning processes.

Providers and teachers need mentorship and ongoing opportunities to use in practice and get feedback. Think about reflective practices and mentorship or some good ways, some good tools. Along with practice fidelity measures give you to look at areas that are strong and need improvement particularly where it comes to the engagement piece with families.

As many of you know data systems are now collecting more information to improve quality. But you want to ask who are we collecting the data from?

Who's informing that? Who's missing from the information system data gathering and how that's being interpreted and who's doing the interpretation.

Collaborate formally and informally with all these early childhood systems. Think about your relationships with the funders, the family groups, headstart programs. Help me grow. Things like that, that are going on in your state. And then think about the self assessment tools that are available, that look at your cultural linguistic competence as a system and ask how well you're using those... As well as how you're using the practices that are available. I think we look at systems and kind of who's missing and then these can help you think about that really well.

Okay. So a couple of tools for policymakers that are really good. Family engagement and systems assessment tool by family voices, I would recommend you explore and the Cultural and Linguistic Policy Assessment and the National Center for Culture and Linguistic Competence may help inform your system if it's more family centered and wider in scope. Culture and linguistic competent, the engagement does happen.

I also want to say, this is for everybody, families, service providers, policy makers. There are lots of ways to engage in systemwide change and growth. Your inner agency, state inter-agency coordinating council for Part C is one of them. There's also usually an advisory group at the Part B level.

Parent training and information centers in your states and community parent resource centers. I have a link to that. There are really great sources of information for both families and providers and policymakers. And then you can reach your local and state government Part C and B coordinators. I have the Part C and Part B ones listed there.

As resources in general, I've taken you to these resources through this presentation several times, but here there are just homepage URLs for family voices, the early childhood technical assistance center and the Center for Parent Information and Resources. There are a lot more that we could talk about, but I want to make sure we leave some time for your questions.

Let me see. So somebody put in the chat about pre-birth learning experiences particularly for hearing. So some testing to understand the child's hearing level. Okay. And then some more resources at the, looks like the New Jersey Autism Center for Excellence. I may have missed several. So if, Katy, you want to help me answer?

>> KATY SCHMID: Did you want to open it up for questions now? I did pull some as you were going through the content. Okay, great. So I'll go ahead and I'll just pose the questions that I pulled from the pool of questions that were put in the Q&A.

>> RACHEL BRADY: Great.

>> KATY SCHMID: Before I get into that, just a reminder to folks, please try to keep your questions broad. We're not going to be able to get into in depth personal circumstances. So the broader your questions are, the easier they are for us to address. So if you could try to keep that in mind, when you're putting a question into the Q&A box, that would be helpful for everyone.

>> RACHEL BRADY: Great.

>> KATY SCHMID: So I have a couple here. The first one is who should a family contact first or who would you suggest that a family contact first, their primary care physician or healthcare professional or the school?

>> RACHEL BRADY: So by school, I'm thinking your child is maybe school age or preschool age. You could start with the teacher. So I don't know your specific district. There's not an either or here. So you could talk to your family physician and say, "Look, I have these concerns about their participation in school." I am also going to talk to the teacher about who I contact for that at the school level.

There can be both happening at the same time. And I know if the child is early intervention age, we do recommend that. Please go to your family physician and also, "Hey, let's make this referral at the same time. So everybody knows what's happening is usually really a helpful way to go." And if it's a scary process and you're really unsure, I would definitely reach out or ask for someone who's gone through these systems to stand there with you. There are many folks ready to step up and stand there with you if it's a process that's confusing or not. Doesn't make you gives you the sweats.

>> KATY SCHMID: Perfect. The next question is, for Part C what is the criteria to qualify for services? It seems the level of delay has to be very impactful, leaving children with mild or moderate delays out of the system.

>> RACHEL BRADY: That's a great question. So there are three ways kids can be eligible under IDEA. Every state though has a little different spin on it. So if a child has a disability like autism or cerebral palsy, we know that that results in delay or disability and they're automatically eligible in the system. However, if we don't, in most kids, birth to three, don't have a disability that's diagnosed, but they're having delays.

Every state gets to set up, what does that mean? What is the amount of delay that ends up qualifying them, making them eligible for their Part C system? A lot of states have chosen the 25% delay in one or more areas of development, but not all states use that criteria. So it'd be dependent on

your state. If in fact, you go through the eligibility evaluation and your child is not eligible, you may ask the team, "Okay, they're not eligible, but I'm still worried about their communication. What do you recommend in the community that I can use in order to support their communication development?" And they will know the area in which you're in order to do that.

>> KATY SCHMID: Wonderful.

>> RACHEL BRADY: I hope that answered the question.

>> KATY SCHMID: The next question is, and this individual is asking on behalf of immigrants, do immigrants have to be green card holders, or is citizenship required to have the right for finding help for early intervention?

>> RACHEL BRADY: No. I'm going to qualify that I don't know every state, but in the states I'm familiar with, it is not dependent on your immigrant status. That's a population we have difficulty engaging with because there it sounds like a government service, and they're going to maybe kick me out. And I'm not so sure if I want to participate, but in the areas in the states that I'm in, that is not your status as a US citizen or a green card holder is not a factor in, if you can become eligible. Your child can become eligible and participate in Part C.

>> KATY SCHMID: Right. In my experience at the national level and working closely with a former special education attorney, I believe that to be true nationally is my understanding, but don't quote me on that. All right. The next question is related services to help access education are required by Part C. Would you say a child who needs one on one in a typical preschool, least restrictive environment would be a related service that would have to be supplied by the early intervention provider.

>> RACHEL BRADY: Okay. Give me the beginning of that again. I was following it and then I lost the train.

>> KATY SCHMID: No problem. So related services to help access education are required by Part C. Would you say that a child who needs one on one and that child would be in the least restrictive environment in a typical preschool classroom. So would you say that that one on one would be a related service that would need to be supplied by the early intervention provider?

>> RACHEL BRADY: Ooh, I can't answer that specifically. In the way the question was worded is I think some of it is Part B and some of it's Part C. So if you're in preschool special education and you're under an IEP, it's a little different. So they would decide if the child, in order to access their education in preschool needed some assistance from an aid in that aspect, that would be put into the IEP. So if we're talking part C birth to three, we're interested in, if they're in childcare, if they're in the home, if they're wherever, that they're able to participate in their family, in whatever environments that they're in.

I haven't really seen, except in very rare cases, somebody deciding that an aid needs to support a child under three in their systems. And that would be up to the team and the system that they're in, the service coordinator, the family, and any related service providers that are in that team would have to make a decision about this is the best way to meet these outcomes for this child. And then how that gets paid for varies by state. That's why it's a difficult question to answer.

>> KATY SCHMID: Wonderful. So the next question is who should families contact, or who would you suggest that they consider contacting if they're not satisfied with their IFSP services?

>> RACHEL BRADY: So if initially you have one or more services that are being given, and you're not happy with it, the first place you would go is your service coordinator and say, "Look, they're not showing up when they said they are, or they're just following around with a little iPad." And I don't know what this service is. And that's feel talk comfortable talking to a service provider themselves. You could start there. You can go to your service coordinator and say, "Eh, this isn't working and maybe we need a meeting or maybe I just don't want to see that person anymore and I would like to switch providers."

So depending on the circumstances. If you're not getting satisfaction with the service coordinator, you can go above the service coordinator. They may be a supervisor of the service coordinator. They may be the program manager of the system and say, "I'm not getting satisfactory answers out of this."

There are two ways that families could then elevate it past that. You could choose to do a mediation like, "Okay, we went through all this. I'm not happy, or I'm just going to skip all that and go straight to mediation." And then in states, there's also in Part B, you're used to a due process hearing. They also have a similar or same system in Part C where you could write a formal complaint that gets reviewed at the state level. And then everybody comes together to make a plan as how they're going to remediate or fix whatever is going on for the family and the child in that case.

So families have rights to communicate along this process at any level that they choose to do that. Wherever you see your early intervention program

online, easy ways to access that complaint system, if you're skipping the service coordinator and the program manager part of that.

>> KATY SCHMID: Great. So I see that we are at time. So unfortunately I'm going to go ahead and wrap up questions. But before everybody hops off, I do want to just remind you that you will be redirected to a survey following this webinar. So please fill that out, provide feedback to us. And we'll also send that out along with a copy of the webinar slides, a link to the recording and any resources that were mentioned. We have to gather all those materials along with the transcript. So usually that takes about a week.

So that's why it takes a little longer is because we're ensuring that we're sending everything at once. So again, just wanted to thank you all for joining today and please provide feedback to us and please keep an eye out for future webinars and resources from The Arc@School. Thank you all so much. And thank you, Dr. Brady. We really appreciated having you as our guest speaker.

>> RACHEL BRADY: Thank you, everyone.