

A Parent's Guide to Transition and Preschool Special Education



**Ohio Valley Educational Service Center
(OVESC)
Parent Mentor Program**

You may already be receiving services through the Early Intervention (EI) program and want your child to receive special education services after EI ends, or you may be concerned about your child's development and interested in the preschool services available for your child. The early years, birth through preschool, are a critically important time to provide special education services to children with developmental delays or disabilities. At this early age, children's brains are going through their most important period of development, so this is the time when services can make the biggest impact.

Up to this point in your life you have been through hundreds of changes, not realizing that they could be called transitions. These changes or transitions are not usually a clearly defined event, but a continuous process of small events. This is true for the transition from Early Intervention, home environment, or other program to special education in preschool. There are multiple activities or events in the transition process that will occur before your child turns 3 years old, and are based on your child's needs and the vision you have for your child.

As you make this transition, the special education process may also seem overwhelming so we hope the information shared in this guide helps you. You are your child's lifelong supporter and can provide valuable information as a partner with school staff during this transition and throughout your child's education. The Individuals with Disabilities Education Act (IDEA) recognizes that children are most successful when parents and professionals form partnerships to identify the strengths, needs, and developmental and educational goals for children.

The OVESC Parent Mentor Program has also developed a booklet titled "A Parent's Guide to Special Education" which provides more detailed information on the special education process. This guide is not all inclusive of your rights and special education laws. Your rights are explained in a booklet developed by the Ohio Department of Education and titled "A Guide to Parent Rights in Special Education: Special Education Procedural Safeguards Notice".

Parent mentors provide information, resources and support to families of children with disabilities and their school districts. A mentor can help families understand the special education process, their rights and responsibilities, and education laws. Mentors may also help families with community resources and supports. And a mentor is the parent of a child with a disability, so he/she understands the challenges and concerns families may have. All parent mentor services are free of charge to families through funds from the Ohio Department of Education.

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Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) is the federal law that makes available a Free Appropriate Public Education (FAPE) to eligible children with disabilities and ensures special education and related services to those children. Infants and toddlers, birth to 3 years, are covered by Part C of IDEA. In Ohio, the Early Intervention (EI) program serves infants and toddlers who have a disability, developmental delay, or a diagnosed medical condition which has a risk of causing a developmental delay, and are eligible under Part C. Early Intervention focuses on the child and the family, and the services that a family needs to help them enhance the development of their child. These services and outcomes are defined in an Individualized Family Service Plan (IFSP).

The special education services a child is eligible for, from age 3 until high school graduation or age 21, are covered in Part B of IDEA (preschool special education ages 3-5 and school-age special education ages 5-21). These services are provided by the local school district also referred to as the Local Education Agency (LEA). Therefore at age 3, guidelines and services change as eligible children transition from Part C to Part B of IDEA. The Individualized Family Service Plan (IFSP) is replaced by an Individualized Education Program (IEP). The focus of an IEP is on the education of the child with a disability and the special education and related services that may be necessary for the child to receive FAPE.

Special Education

Special Education is defined as “services, programs, and instruction specially designed to meet the individual educational needs of a student with a disability”. Special education is guided by federal and state requirements. The federal law, IDEA, protects the rights of children with disabilities and the rights of their parents. IDEA establishes a formal process for evaluating children with disabilities, and providing specialized education and services.

The state requirements, for children ages 3 to 21, are referred to as the “Ohio Operating Standards for the Education of Children with Disabilities”. The Ohio Operating Standards identify the state requirements that apply to the implementation of special education and related services to children with disabilities by school districts, county boards of developmental disabilities and other educational agencies. They provide a framework to ensure that all children receive quality education tailored to their unique needs.

Eligibility

IDEA defines “children with disabilities” as individuals between the ages of 3 and 21 who have one or more of the following categories:

- Autism
- Intellectual disability (ID)
- Hearing impairment (HI)
- Speech or language impairment
- Visual impairment (VI)
- Emotional disturbance (ED)
- Orthopedic impairment (OI)
- Traumatic brain injury
- Other health impairment (OHI)
- Specific learning disability (SLD)
- Deafness
- Deaf-blindness (D/B)
- Multiple disabilities (MD)
- Developmental delay (preschool age only)

For your child **to qualify** for special education, he/she must have a disability that **meets the criteria** of one of these categories **and** there must be evidence that the disability **adversely affects his/her educational performance**. This simply means that your child has a disability as defined in one of the categories **and** needs specialized instruction for him or her to participate and make progress in public education. Category definitions are included on pages 13-14.

How is Eligibility Determined?

A comprehensive or multi-factored evaluation process determines if your child has a disability that **meets the criteria** for one of the categories **and** if the disability **adversely affects his/her educational performance**. This evaluation isn't one assessment or test. Many areas or aspects of your child should be examined for affecting his/her education. According to federal and state requirements, children must be assessed in all areas of development related to the suspected disability. Refer to the evaluation section of this guide for more information.

Transition from Early Intervention

If your child receives Early Intervention services, your EI service coordinator will help you with the transition process and have ongoing conversation with you about transition planning. This planning will ensure a smooth transition for your child at age 3 and the events that will occur depend on your child's eligibility for specific programs and/or services. Before your child's third birthday, your service coordinator will discuss your child's needs, early childhood special education program options, and schedule a transition conference. This conference could be combined with a regularly scheduled IFSP meeting. You and the team will discuss a variety of topics, such as your hopes, dreams, and concerns about your child; services and programs available; how eligibility for Part B is different from Part C; goals, timelines, and team members' responsibilities; and your special education legal rights. Based on these discussions, you will develop a transition plan to prepare for this change when your child turns 3.

There are specific federal and state requirements for transitioning at age 3 when the IFSP team believes your child is eligible for Part B services. If your child is suspected of having a Part B eligible disability (including developmental delay), the Local Education Agency (LEA)/school district representative, with your permission, will participate in the transition conference and may begin the eligibility determination process for preschool special education. You will be asked to provide consent for the release of records and other information about your child such as assessments completed by Early Intervention, health information, and medical records.

Request for Evaluation

A request for evaluation can be initiated by the child's parent, school personnel, or another agency. If your child receives EI services, your service coordinator will initiate this referral with your permission before your child's 3rd birthday and assist you with the transition process.

If you are making a request for your child, it is recommended that you write the request to provide documentation. The written request should include your concerns, anything you have done to help your child, and if your child has been identified with a disability by other professionals. The school district must document the date the referral was received. This date starts the 30-day timeline to inform you what the district intends to do and to obtain your consent for an initial evaluation. If the district believes there is no suspected disability and declines to conduct an evaluation, the district must send you a Prior Written Notice (PR-01) stating the action and reason for refusal.

Evaluation Planning

If a school district suspects a disability, the district must invite you to participate in the evaluation planning meeting. This is done using the Parent Invitation (PR-02) form and will include other persons that have been invited to attend. If your child is receiving EI services and you have given permission for the LEA to attend your transition planning conference, the evaluation planning meeting may occur at the same time. During the meeting, the Evaluation Planning Form is completed which documents the area(s) of suspected disability, all of the data and documentation that the team currently has, and the proposed assessments and evaluations. Evaluation must be comprehensive and appropriate to your child's individual needs. Information on the developmental areas of the Preschool Evaluation Planning Form are included on pages 10-11.

You must be involved in the planning and decision making to ensure that there is an understanding of what areas will be assessed, by whom and for what purpose. At the end of the planning meeting, you must sign the Consent for Evaluation (PR-05) before the school district can complete the proposed evaluations, assessments, and data collection. When the district receives the signed parental consent, the 60-day timeline to complete an evaluation starts.

The Evaluation

The evaluation is performed using a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about your child, including information provided by you and existing data (Early Intervention or other professionals). The evaluation may include:

- intelligence testing to assess cognitive ability and help identify a child's specific strengths and weakness in learning
- achievement and academic testing to assess specific educational skills or areas such as reading and math
- exams for vision and hearing
- data from interventions
- speech/language evaluations
- large/gross motor evaluations
- fine motor/occupational evaluations
- social emotional assessments
- behavior assessments
- observations of your child



After the evaluation is completed, you will meet with the team to review the Evaluation Team Report (ETR). This report includes each evaluator's assessment results with a description of your child's educational needs and implications for instruction. The report also includes a complete summary of all the assessments, the data and information provided by you, and any medical information that is educationally relevant.

After the assessment results and team summary, is an eligibility determination section. This section indicates if your child is/is not eligible and the disability category for special education and related services. If the team has determined your child qualifies for special education, the school district has 30 days to hold a meeting to develop an Individualized Education Program (IEP).

If your child is not eligible for special education services, the school district may consider whether your child is eligible for services under another federal law, Section 504 of the Rehabilitation Act of 1973. The district may also determine other appropriate interventions or assistance to help your child.



The Individualized Education Program (IEP)

If your child has been identified as having a disability and has been determined eligible for special education, an individualized education program (IEP) will be written. It is the plan for your child's special education program and contains information about his/her strengths and weaknesses, educational goals and objectives, and supports and services needed to achieve the goals. Your child's IEP will be reviewed yearly to determine what progress has been made and whether goals, supports, and/or services need to be adjusted or changed. The IEP has a 364 day timeline based on your meeting date, but it can be reviewed sooner.

When you sign the IEP giving the school district permission to provide the program and services, it becomes a legally binding document. This means the school district is now required by law to provide all the services and accommodations included in the IEP, and must work toward helping your child achieve his/her goals. The school district is not required to make sure your child meets his/her goals in a specific time frame.

Procedural Safeguards

When your child is being evaluated for special education, or is already eligible for special education, you and your child have legal rights and protections under the Individuals with Disabilities Education Act (IDEA 2004). These rights and protections are called procedural safeguards. They are listed in a booklet from the Ohio Department of Education titled “A Guide to Parent Rights in Special Education”. The school district should give you a copy of this booklet when your child is being evaluated or reevaluated, when you have an IEP meeting, and upon your request.

Parental Consent

You must give your permission, in writing, for the school district to take certain actions. Permission also means that the school district gave you information about the proposed action. During your child’s transition to preschool, the school district must have your permission before:

- evaluating your child to determine eligibility for special education
- starting special education services as listed in your child’s IEP
- conducting extra assessments (additional from the evaluation planning)

Prior Written Notice

The school district must give you a written notice, called a prior written notice (PR-01), within a reasonable amount of time before it proposes or refuses to take certain actions. These actions include the district initiating or changing the identification, evaluation or educational placement of your child or the provision of a free appropriate public education to your child. During your child’s transition to preschool, you will receive this notice after the planning meeting, evaluation team report meeting, and IEP meeting.



Preschool Evaluation Developmental Areas

Adaptive Behavior Adaptive and self-help skills form the foundation of childhood social, interactive, and life activities. Self-help skills enable your child to meet his/her own needs and involve activities and behaviors that eventually lead to independence, such as dressing on his/her own or pouring his/her own juice. However, adaptive and self-help skills also involve emotional and cognitive growth, such as learning to express anger with words or respecting the property of others.

Cognition The term cognitive development refers to the process of growth and change in intellectual/mental abilities such as thinking, reasoning and understanding. It includes the acquisition and consolidation of knowledge. A young child's social-emotional, language, motor, and perceptual experiences and abilities foster cognitive development. In early childhood, cognition includes abilities such as questioning, spatial relationships, problem-solving, imitation, memory, number sense, classification, and symbolic play.

Communication Speech, language and communication skills are crucial to young children's overall development, especially cognitive and social-emotional development. Being able to speak clearly and process speech sounds, to understand others, to express ideas and interact with others are major developmental tasks in early childhood. Communication includes:

- Receptive language- the ability to understand spoken language
- Expressive language- the ability to verbally express (formulate and organize) thoughts, ideas, and responses
- Phonological processing- the ability to organize individual sounds within words
- Articulation- the ability to produce sounds with accuracy
- Fluency- the rhythm of speech
- Pragmatics- is a term used for the rules of social language which includes conversational skills, using language for different purposes and strategically (changing language according to the situation), and nonverbal communication (facial expressions, emotions, body language)

Hearing (Audiological) Hearing is essential for language development in early childhood. Even a temporary hearing loss or mild hearing problem affects a child's ability to understand speech sounds and develop language. Treatment and/or accommodations for a child's hearing impairment are extremely important in early childhood.

Vision Since 80% of learning is visual, vision problems can have a profound effect on a child's development. The early detection, treatment, and accommodations for vision disorders give children a better opportunity to develop educationally, socially, and emotionally.

Sensory/Motor Functioning Sensory skills involve using the senses of smell, touch, taste, vision, hearing, proprioception (awareness to know where your body is in space), and vestibular (sense of balance). All these senses work together for overall sensory functioning. Motor skills include coordination of both sides of the body (bilateral coordination), muscle strength and tone, gross motor skills (like jumping and hopping), fine motor skills (like drawing or stacking blocks), balance and posture, visual tracking and coordination, and dominance. Sensory and motor interaction provide for the foundation for a child's growth, development and learning within the world around them.

Social/Emotional Functioning Social and emotional development means how children start to understand who they are, what they are feeling and what to expect when interacting with others. This development consists of children's self regulation in:

- exploring and engaging with the environment in socially appropriate ways and ways that foster learning
- experiencing, managing and expressing one's own emotions and understanding others' emotions

Social/emotional development influences a child's self-confidence, empathy, the ability to develop meaningful and lasting friendships and partnerships, and a sense of importance and value to those around him/her. This development also influences all other areas of development.

Behavioral Functioning Behavior refers to a child's actions, reactions and functioning in response to everyday environments and situations. Challenging behaviors are repeated patterns of behavior that interfere with a child's ability to learn and be engaged in social interactions. Behavioral assessments are used to understand the purpose or function of a specific behavior exhibited by a child and how the behavior is influenced by environmental events in order to develop an individual support or intervention plan.

Physical Examination Some medical conditions may affect a child's learning or behavior. Physical examinations are important in the early diagnosis and treatment of/accommodations for conditions which impact a child's functioning.

Preschool Assessment Methods

Structured Interview You and others, who work closely with your child, can provide valuable information about your child through interviews. You have seen your child function in different environments throughout his/her childhood and can share this information through the interview process and in questionnaires you may be asked to complete.

Structured Observation Structured observations are used to collect data as a child explores and engages in their natural learning environment. Observations can capture the frequency, duration, intensity, or quality of a child's skills, actions, or behaviors in relation to environmental influences.

Norm-Referenced Assessments are standardized tests that compare a child's performance to that of peers. They compare where a child is in relation to other children of the same age or grade.

Criterion-Referenced Assessments measure the specific skills or knowledge a child has mastered. They do not compare a child's relation to a group, rather they measure a child's performance against standard or established criteria (measure of achievement). They may also compare present performance with past performance as a way of measuring progress.

Data from Part C and/or Preschool Program Provider You may sign consent for the release of records from the Early Intervention (Part C) program or other service your child has received to be included in the evaluation data. Your child's current developmental assessments, results of private evaluations, and medical reports are important sources of information for your child's evaluation.



14 DISABILITY CATEGORIES UNDER IDEA

These are the **federal terms and definitions**.

Autism A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

Deaf-Blindness Concomitant (simultaneous) hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness A hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

Developmental Delay Children from birth to age three (under IDEA Part C) and children from ages three through nine (under IDEA Part B), the term developmental delay, as defined by each State, means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive [behavioral] development.

Emotional Disturbance A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (c) Inappropriate types of behavior or feelings under normal circumstances.
- (d) A general pervasive mood of unhappiness or depression.
- (e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Hearing Impairment An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness".

Intellectual Disability Significantly subaverage general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

Multiple Disabilities Concomitant [simultaneous] impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special educational program solely for one of the impairments. The term does not include deaf-blindness.

Orthopedic Impairment A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Other Health Impairment Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that- (a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance.

Specific Learning Disability A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

Speech or Language Impairment A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

Traumatic Brain Injury An acquired injury to the brain caused by an external force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition; language; memory; attention; reasoning; abstract thinking; judgement; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Visual Impairment Including Blindness An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Evaluation Process Checklist

▣ Step 1 Suspected Disability/Evaluation Planning Meeting

The school district will invite you to participate in the suspected disability/evaluation planning meeting. If your child is determined to have a suspected disability, the Evaluation Planning Form is completed which documents the area(s) of suspected disability, the current data and information, and the proposed assessments based on your child's individual needs. Once consent is given, the district will have 60 days to complete the evaluation.

▣ Step 2 Evaluation Team Report (ETR) Meeting

After the evaluation is completed, you will be invited to a meeting to review the Evaluation Team Report (ETR). This report includes all of your child's assessment results and a description of his/her educational needs. The results of the evaluation are used to determine your child's eligibility for special education (if there is a disability that meets one of the criteria and evidence that the disability adversely affects educational performance) and make decisions about an appropriate educational program.

▣ Step 3 Individualized Education Program (IEP) Meeting

If your child is determined eligible for special education by the evaluation team, the district has 30 days to develop an Individualized Education Program (IEP) for your child. The IEP is the plan for your child's special education program and contains information about his/her strengths and weaknesses, educational goals and objectives, and the supports and services needed to achieve the goals.

Notes
