



## ***Partnering with the Early Intervention System***

### **Because you care for young children**

As a care provider, you do all you can every day to help each child to learn and grow. Occasionally, you may be concerned about how to respond when you note that

- ◆ a child is not achieving developmental milestones as expected for his or her age,
- ◆ screening indicates the need for further evaluation, or
- ◆ a parent expresses concern about their child's development, behavior, hearing or vision.

Such concerns are serious and should be addressed as soon as possible. Especially during the first critical months and years of growth and learning, early intervention can make an important difference in children's long-term outcomes (Bruder, 2002).

### **Early Intervention is available everywhere**

Part C of the Individuals with Disabilities Education Act (IDEA) grants funds to states to maintain statewide systems of early intervention services. In every state, in every community, *early intervention is available to support families in meeting the special needs of their children under age three who have diagnosed disabilities and/or developmental delays*. Families of eligible children can receive services regardless of their income level, U.S. citizenship status, or native language. However, before any child can benefit from early intervention, someone who cares about them must make a referral to the service system.

### **Making a referral to the early intervention system**

As an early care educator, you are a part of the early intervention Child Find system. Part C of the IDEA requires important people and agencies that work with young children to refer children (birth to age three) who *may* be eligible for early intervention services. Those who are required to assist with child find include:

- ◆ Hospitals, including prenatal and postnatal care facilities;
- ◆ Physicians;
- ◆ Parents;
- ◆ ***Day care programs;***
- ◆ Local education agencies;
- ◆ Public health facilities;
- ◆ Other social service agencies; and
- ◆ Other health care providers (Sec. 303.321 (d)(3)(i-viii)).

To make a referral, contact the early intervention office in your health region, or call CARELINE at 1-800-868-0404. Just give the child's name, age and contact information for the family. Parental consent for the referral is *not* required. Explain to parents that by making timely referrals, you are fulfilling your obligations under federal law to ensure that they:

- ◆ are contacted and informed as soon as possible about services to which their child and family may be entitled,
- ◆ gain the opportunity to make an informed choice about whether or not to participate in an eligibility determination process, and
- ◆ may choose to receive service coordination and a multi-disciplinary evaluation of their child's development, vision and hearing at no cost to their family.

***Remember: Failure to make referral denies families the opportunity to receive the benefits to which they are entitled by law.***



## ***Partnering with the early intervention system***

### **What families can expect from early intervention**

Soon after referral, someone from the early intervention system will contact the family. Nothing else will be done, unless the parents understand and give their consent (SEC.636(e)). If the parents agree, an early intervention service coordinator will meet with them to hear their concerns and answer their questions. The family will be informed about early intervention including:

- ◆ eligibility standards and process,
- ◆ services, and
- ◆ their rights under the IDEA.

If their child is eligible, and the parents choose to participate in early intervention, the parents will work with a team of professionals to develop an Individualized Family Services Plan (IFSP). *An IFSP is a written document that describes how the resources of the family and those of the early intervention system will be used to strengthen that family's ability to meet the needs of their child* (SEC.631(a)(4)). If the child is *not* eligible for early intervention, the intake coordinator may refer the family to other community programs from which their child may benefit.

### **What you can expect from early intervention**

After making a referral you can expect *partnership*. The federal law under which early interventionists operate stresses the importance of partnership with each child's parents **and** with any other individuals who are identified *by the parent* as sources of support in helping to achieve developmental outcomes for their child. Those individuals may include trusted friends, the child's health care providers, and the family's child care providers.

Most parents will recognize you as someone who knows their child well, and who teaches their child throughout the day in a variety of routines, activities and places to promote his or her growth and well-being. So, some parents will seek your input to their IFSP. As an early intervention partner you may, *with the parent's consent*, ask for needed resources to support your efforts to teach and care for the child (Doggett & George, 1997; Rab & Wood, 1995). Early intervention resources for you and your program may include such things as

- ◆ A statement of the child's IFSP outcomes,
- ◆ Information about the child's developmental or medical needs,
- ◆ Loan of adaptive equipment,
- ◆ On-site consultation from early intervention service providers,
- ◆ Staff training in sign language, or
- ◆ Effective ways of responding to and supporting the child's behavior (Doggett & George, 1997; Sandall, et al. 2005).

Early intervention includes "transition services" to support the child and family whenever there are changes in the location or provision of services. Therefore, when a child who is already receiving early intervention services enters your program, you can expect someone from the IFSP team to help make that change a positive experience for the child, the family, and you (Brown & Conroy, 1997; Sandall, et al., 2005).

**To make referrals to early intervention in South Carolina, call your health region office or:**

**CARELINE:  
1-800-868-0404**

\*



## References

- Brown, W. & Conroy, M. (1997). The interrelationship of contexts in early intervention. In S. K. Thurlow, J. R. Cornwell, & S. R. Gottwald (Eds.) *Contexts of early intervention: Systems and settings*. (pp. 229-240). Baltimore, MD: Paul H. Brookes Publishing.
- Bruder, M. B. (2002). Early intervention for children with disabilities. University of Connecticut, School of Medicine, Child and Family Studies. Retrieved November 10, 2006 from <http://www.bridges4kids.org/articles/9-02/Bruder9-02.html>
- 34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities (Part C of the Individuals with Disabilities Education Act 1997).
- Chandler, P. A. (1994). *A place for me: Including children with special needs in early care and education settings*. Washington, DC: NAEYC.
- Doggett, L. & George, J. (1997). *All kids count: Child care and the Americans with Disabilities Act (ADA)*. Arlington, TX. The Arc (4th printing). Retrieved November 10, 2006, from <http://fs8.formsite.com/thearc/form231441577/index.html>
- Public Law 108-446, the Individuals with Disabilities Education Act (IDEA) 2004.
- Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean M. E. (2005). *DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education*. Longmont, CO: Sopris West Ed. Services.