EARLY CHILDHOOD EDUCATION

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EARLY CHILDHOOD EDUCATION

2.1 PURPOSE AND SCOPE

The South East Consortium for Special Education, Santa Clara County Office of Education (SCCOE), districts, and Regional Center will actively and systematically seek out all children with disabilities from birth to age five to refer, assess and determine eligibility for special education services.

An Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) will be developed by a multidisciplinary team to identify the child’s needs and plan appropriate services for the child and the family. Districts and the SCCOE will work cooperatively with the Regional Center and other appropriate public agencies to provide all necessary services.

2.2 IDENTIFICATION AND REFERRAL

Child find activities may include:

1. Assigning liaisons to local hospitals and hospitals with neonatal intensive care units;
2. Contacting local parent organizations and support groups;
3. Distributing early intervention materials to agencies and individuals providing medical, social and educational services in the community;
4. Community-wide health and developmental screening;
5. Producing and distributing public service announcements;
6. Producing pamphlets, brochures and other written communication; and,
7. Making presentations to local professional groups, philanthropic organizations and other organizations established to inform and/or to serve culturally diverse populations.

Regional centers and districts shall coordinate local child find activities with each other and other public agencies.

Primary referral sources include, but are not limited to, hospitals, including prenatal and postnatal care facilities, physicians, parents, childcare programs, districts, public health facilities, other social services agencies and other health care providers.

Regional centers and districts shall inform primary referral sources of the following:

1. Eligibility criteria for early intervention services;
2. Types of early intervention services available through the Early Start Program;

3. Contact persons and telephone numbers for regional centers and districts; and,

4. Federal requirement that a referral shall be made to the regional center or district within two (2) working days of identification of an infant or toddler, who is in need of early intervention services.

The regional center, county office, or district that receives an oral or written referral for early intervention services shall ensure that:

1. The date of the referral is documented in the infant’s or toddler’s record;

2. A service coordinator is assigned; and,

3. Written notice is provided and consent is requested. (17 CCR 52040, 52060)

2.3 EARLY START PROGRAM DESCRIPTION

The Early Start Program (ESP) is a collaboration between San Andreas Regional Center (SARC) and the Santa Clara County Office of Education (SCCOE). The ESP, through SCCOE or SARC vendored private infant programs, shall include services specifically designed to meet the unique needs of infants, from birth to three years of age, and their families. The primary purpose of an early education program is to enhance development of the infant in the context of his or her family. To meet this purpose, the program shall focus upon both the infant and his or her family, and may include home visits, group services, family involvement, and/or parent education activities. Services shall be provided in the natural (home, community) environment whenever possible.

Early Start Programs shall include, as program options, home-based services and group services.

Home-based and group services will be provided through a transdisciplinary team consisting of the parent and a group of professionals from various disciplines.

The frequency of home-based services shall be weekly, bi-weekly or monthly, depending on the needs of the infant and the family.

Early education services may also be provided through both home visits and group settings with other infants. The frequency of group services shall not exceed three hours a day for up to, and including, two days a week, and shall be determined on the basis of the needs of the infant and the family.

Parent involvement/education activities are provided in conjunction with home based and group services. (EC 56424-56426.2)
2.4 ASSESSMENT TO DETERMINE ELIGIBILITY

Each infant or toddler referred for evaluation for early intervention services shall have a timely, comprehensive, multidisciplinary evaluation of his or her needs and level of functioning in order to determine eligibility.

The determination of eligibility for an infant or toddler shall be made by qualified personnel of the SCCOE as per Memo of Understanding and contract between, SELPA, SCCOE and SARC. The determination shall be made with the participation of the multidisciplinary team including the parent. Evaluation and assessment shall be based on informed clinical opinion and include:

1. A review of pertinent records related to the infant or toddler’s health status and medical history provided by qualified health professionals, who have evaluated or assessed the child.

2. Information obtained from parental observation and report.

3. Evaluation by qualified personnel of the child’s level of functioning in each of the following areas:
   a. cognitive development
   b. physical and motor development, including vision and hearing
   c. communication development
   d. social or emotional development
   e. adaptive development

4. No single procedure shall be used as the sole criterion for determining a child’s eligibility.

5. Standardized tests or instruments may be used as part of the evaluation. If such tests are used they shall be selected to ensure that, when administered to an infant or toddler with impaired sensory, motor or speaking skills, the tests produce results that accurately reflect the infant’s or toddler’s aptitude, developmental level, or any other factors the test purports to measure. The test should not factor in the infant’s or toddler’s impaired sensory, motor or speaking skills unless those skills are the factors the test purports to measure. The tests must be validated for the specific purpose for which they are used.

6. Procedures and materials for evaluation and assessment of infants and toddlers shall be selected and administered so as not to be racially or culturally discriminatory.

7. Infants or toddlers with solely low incidence disabilities shall be evaluated and assessed by qualified personnel of the LEA or SELPA whose professional preparation, license or credential authorization are specific to the suspected disability.
8. Regional Centers, LEA’s and multidisciplinary teams shall not presume or determine eligibility, including eligibility for medical services provided through the Department of Health Services, for any other state or local government program or service when conducting evaluations or assessments of an infant or toddler or their family. (17 CCR 52082; GC 95016)

2.5 ASSESSMENT FOR SERVICE PLANNING
Assessment for service planning for eligible infants or toddlers shall identify all of the following:

1. The child’s unique strengths and needs in each of the above areas.

2. Early intervention and other services appropriate to meet the needs.

3. 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.

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

1. A review of information related to the child’s health status and medical history provided by qualified health professionals, who have evaluated or assessed the child.

2. Developmental observations by qualified personnel and the parent.

3. Other procedures used by qualified personnel to determine the presence of a developmental delay, established risk condition, or high risk for a developmental disability.

4. Standardized tests or instruments.

Assessments of family resources, priorities and concerns related to enhancing the development of the infant or toddler shall be voluntary on the part of the family. The family assessment shall:

1. Be conducted by qualified personnel trained to utilize appropriate methods and procedures;

2. Be based on information provided by the family through a personal interview;

3. Incorporate the family’s description of its resources, priorities and concerns related to enhancing the development of the child; and

4. Be conducted in the language of the family’s choice or other mode of communication unless it is not feasible to do so.
Evaluations and assessments for service planning shall be conducted in natural environments whenever possible. (17 CCR 52086)

2.6 TIMELINE FOR COMPLETION OF EVALUATION AND ASSESSMENT

The evaluation and assessment for eligibility for each child shall be completed within 45 days of the date that the regional center or SCCOE received the referral.

In the event of exceptional circumstances, which make it impossible to complete the initial evaluation and assessment for eligibility within 45 days of receiving a referral, the service coordinator shall inform the parents and document the reasons for the delay. In such cases, an interim IFSP will be developed and the services agreed upon will be implemented. The interim IFSP will include the name of the service coordinator and timelines for completing assessments. (17 CCR 52086)

2.7 ELIGIBILITY

The term “eligible infant or toddler with a disability” means infants and toddlers from birth through two years of age, for whom a need for early intervention services is documented by means of assessment and evaluation and who meet one of the following criteria:

1. Infants and toddlers with a developmental delay in one or more of the following five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development.

2. Infants and toddlers with established risk conditions, who are infants and toddlers with conditions of known etiology or conditions with established harmful developmental consequences.

3. Infants and toddlers who are at high risk of having substantial developmental disability due to a combination of biomedical risk factors, the presence of which is diagnosed by qualified clinicians recognized by, or part of, a multidisciplinary team, including the parents. (Note: “high risk” will be eliminated sometime in 9/30/09)

If standardized, normed or criterion referenced instruments are used as part of the evaluation, a significant difference between a child’s current level of functioning and the expected level of development for his or her age shall be established when the child’s age equivalent score falls one third below age expectation. (17 CCR 52022; GC 95014)
2.8 DEVELOPMENT OF THE IFSP

An initial IFSP shall be developed by the regional center and/or LEA for each eligible infant or toddler, within 45 days of the receipt, by either the regional center or LEA, of the oral or written referral.

A periodic review of the IFSP shall be conducted every six months or more frequently if service needs change, or if the parent requests such a review.

All IFSP meetings shall be conducted in settings and at times or by means that are reasonably convenient to the parent and in the language of parent’s choice unless it is clearly not feasible to do so.

Meeting arrangements shall be made in collaboration with the parent. A written notice of meeting shall be provided to, the parent and other members of the multidisciplinary team in a timely manner to ensure attendance at the IFSP meeting.

Each initial IFSP meeting and each annual IFSP meeting shall include the following participants:

1. The parent of the infant or toddler;
2. The service coordinator; and,
3. The person(s) who conducted the evaluations or assessments.

If requested by the parent, each initial IFSP meeting and each annual IFSP meeting shall include the following participants:

1. Other family members
2. An advocate or person outside of the family.

Each IFSP meeting shall include persons who will be providing services to the infant or toddler and family as appropriate. (17 CCR 52102, 52104)

2.8.A Contents of the IFSP

The IFSP must be in writing and contain:

1. A statement of the infant’s or toddler’s present levels of development in the following areas:
   a. physical development,
   b. cognitive development,
   c. communication development,
   d. social or emotional development, and
   e. adaptive development.
2. A statement of the family’s resources, priorities, and concerns relating to enhancing the development of the family’s infant or toddler with a disability.

3. A statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.

4. A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services.

5. A statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

6. The projected dates for initiation of services and the anticipated duration of the services.

7. When is dually eligible, the service will be SARC social worker. If the eligibility is solely low incidence, the identification of the service coordinator from the profession most immediately relevant to the infant’s or toddler’s family needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the plan and coordination with other agencies and persons.

8. The steps to be taken to support the transition of the toddler, with a disability, to preschool or other appropriate services.

The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained before early intervention services can be provided. If the parents do not provide consent with respect to a particular early intervention service, then the early intervention service to which consent is obtained shall be provided. (17 CCR 52106)

2.8.B Review of the IFSP
The IFSP shall be evaluated once a year and the family must be provided a review of the plan at 6-month intervals (or more often where appropriate based on infant or toddler and family needs).

The IFSP team will review the degree to which progress toward achieving the outcome is made and document all modifications and revisions of the outcomes or services as necessary. (17 CCR 52102)
2.9 TRANSITION REQUIREMENTS FOR EARLY INTERVENTION
To ensure a smooth transition for toddlers receiving early intervention services to preschool or other appropriate services, the following requirements must be met:

1. The families of such toddlers will be included in the transition plans.

2. At 2 years 6 months of age, the service coordinator will notify the District for the area in which the child resides and the parent that the child will shortly reach the age of eligibility for preschool services.

3. The District of Residence will hold an IEP meeting before the third birthday that ensures smooth and effective transition to a preschool program so that the child is in his/her preschool program on his/her third birthday. The IFSP transition planning meeting will be convened with the service coordinator, the family and the district at least 90 days (and at the discretion of all parties, up to 6 months) before the child is eligible for the preschool services to discuss the transition steps and timelines, dates for transition activities and any such services that the child may receive.

4. In the case of a child who may not be eligible for preschool services, with the approval of the family, reasonable efforts will be made to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services. (17 CCR 52112; EC 56426.9)

5. An invitation to the initial IEP team meeting shall, at the request of the parent, be sent to the service coordinator or other representatives of the early education or early intervention system to assist with the smooth transition of services.

2.10 PRESCHOOL CHILDREN (AGE THREE TO FIVE) WITH DISABILITIES

2.10.A Identification and Referral
Preschool children age three to five with disabilities will be identified through

1. Child Find activities listed in previous sections.

2. Direct referrals from parents, preschools, physicians, members of the community, and Kindergarten teachers.

3. Children who are in transition from the Early Start Program.

Children who have been participating in the Early Start Program and are eligible to participate in preschool program will experience a smooth transition to preschool programs in the district or county office of education. Representatives of the district will participate in all transition planning conferences to ensure a smooth transition.
2.10. B Evaluation and Assessment
Assessment procedures, as described in Chapter 1 are applicable to preschool children from three to five years of age.

The assessments will be conducted by a transdisciplinary team including early childhood specialists, speech and language pathologists, school psychologist and other professional professionals as appropriate.

The team will use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent that may assist in determining whether the child has a disability.

Special attention will be given to:
1. Assessing children with developmentally appropriate assessments.
3. Assessing children to identify participation in appropriate preschool activities.
4. Involving preschool personnel in observing and assessing children.

When standardized tests are considered invalid for children between the ages of three and five years, alternative means will be utilized (e.g. scales, instruments, observations, and interviews) as specified in the Assessment Plan. (EC 56441.11, 56441.6, 56426.6)

2.10. C Eligibility
The special education eligibility criteria listed in Chapter 1 shall apply to preschool children, between the ages of three and five years. A preschool child qualifies as a child who needs early childhood special education services if the child meets the following criteria:

1. Is identified as having one of the following disabling conditions, or an established medical disability:
   a. autism
   b. deaf-blindness
   c. deafness
   d. hearing impairment
   e. mental retardation
   f. multiple disabilities
   g. orthopedic impairment
   h. serious emotional disturbance
   i. specific learning disability
   j. speech or language impairment in one or more of voice, fluency, language and articulation
Chapter 2

k. traumatic brain injury
l. visual impairment
m. established medical disability

2. Needs specifically designed instruction or services

3. Has needs that cannot be met with modification of a regular environment in the home or school, or both, without ongoing monitoring or support as determined by an IEP team.

A child is not eligible for special education and related services if the child does not otherwise meet the eligibility criteria and his or her educational needs are due primarily to:
1. Unfamiliarity with the English language;
2. Temporary physical disabilities;
3. Social maladjustment; or,
4. Environmental, cultural, or economic factors.

Established medical disability is defined as a disabling medical condition or congenital syndrome that the IEP team determines has a high predictability of requiring special education and services (EC 56441.11, 56440, 56333-56339; 5 CCR 3030, 3031)

2.10.D Individualized Education Program

The requirements for developing, implementing, and reviewing IEPs described in Chapter 2 are applicable to preschool children, age three to five.

An early education program for preschool children with disabilities shall include specially designed instruction and related services to meet the unique needs of preschool children and their families. To meet this purpose, the program focus is on the young child and his or her family and shall include both individual and small group services, which shall be available in a variety of typical age-appropriate environments for young children, including the home, and shall include opportunities for active parent involvement.

A preschool teacher, who has observed the child in an appropriate preschool environment, will be a member of the IEP team.

The IEPs of preschool children will describe how the disability affects the child's participation in appropriate activities. (EC 56441.2)
2.10.E Services for Preschool Children with Disabilities

Services for preschool children with disabilities and their families shall be provided in coordination with other state and local agencies.

Services will be provided at public expense, under public supervision and without cost to the parents.

Early education services for preschool children may be provided to individuals or small groups and shall include:

1. Observing and monitoring the child’s behavior and development in his or her environment.

2. Presenting activities that are developmentally appropriate for the preschool child and are specially designed, based on the child’s exceptional needs, to enhance the child’s development. Those activities shall be developed to conform to the child’s IEP and shall be developed so that they do not conflict with his or her medical needs.

3. Interacting and consulting with the family members, regular preschool teachers, and other service providers, as needed, to demonstrate developmentally appropriate activities necessary to implement the child’s IEP in the appropriate setting, and necessary to reinforce the expansion of his or her skills in order to promote the child’s educational development. These interactions and consultations may include family involvement activities.

4. Assisting parents to seek and coordinate other services in their community that may be provided to their child by various agencies.

5. Providing opportunities for young children to participate in play and exploration activities, to develop self-esteem, and to develop pre-academic skills.

6. Providing access to various developmentally appropriate equipment and specialized materials.

7. Providing related services that include parent counseling and training to help parents understand the special needs of their children and their children’s development.

Appropriate settings for these services include any of the following:

1. The regular public or private nonsectarian preschool program;

2. The child development center or family day care home;

3. The child’s regular environment, that may include the home;
4. A special site where preschool programs for both children with disabilities and children, who are not disabled, are located close to each other and have an opportunity to share resources and program;

5. Special education preschool program, with children, who are not disabled, attending and participating, for all or part of the program; or,

6. A public school setting which provides an age-appropriate environment, materials, and services.

Early education services shall be provided by a transdisciplinary team. Responsibilities of early education staff shall include consultation with regular preschool program providers, consultation with other specialists, assessment services, and direct services.

Services may be provided by any of the following methods:
1. Directly by a LEA (SELPA, district or county office of education);

2. Through an interagency agreement between a local educational agency and another public agency;

3. Through a contract with another public agency;

4. Through a contract with a nonpublic, nonsectarian school or nonpublic, nonsectarian agency; or

5. Through a contract with a nonsectarian hospital. (EC 56441.3, 56441.4, 56441.8)

2.10.F Instructional Adult-to-Child Ratio

Appropriate instructional adult-to-child ratios for group services shall be dependent on the needs of the child. However, because of the unique needs of individuals with exceptional needs between the ages of three and five years, inclusive, who require special education and related services, the number of children per instructional adult shall be less than ratios set forth in subsection (b) of Section 18204 of Title 5 of the California Code of Regulations, as it read on May 1, 1987, for young children in a regular preschool program.

Group services provided to individuals with exceptional needs between the ages of three and five years, inclusive, identified as severely disabled pursuant to Section 56030.5 shall not exceed an instructional adult-to-child ratio of one to five. (EC 56441.5)

Duration of group services will not exceed four hours, unless determined otherwise in the child’s IEP.
2.10.G Transition from Preschool to Kindergarten

As the preschool age child approaches the age to enter the elementary school environment, the child’s preparation is geared toward readiness for kindergarten and later school success.

Prior to transitioning a child with disabilities from a preschool program to kindergarten, an appropriate reassessment of the child shall be conducted to determine if the child is still in need of special education and services.

It is very important that the gains made in the special education program are not lost by too rapid a removal of individualized programs and supports for these children.

As part of the transitioning process, a means of monitoring continued success of the child shall be identified by the IEP team for those children of kindergarten or first grade equivalency who are determined to be eligible for less intensive special education programs.

As part of the exit process from special education, the present performance levels and learning style shall be noted by the IEP team. This information shall be made available to the assigned regular education teacher upon the child’s enrollment in kindergarten or first grade as the case may be.
APPENDIX

APPENDIX A: EARLY START PROGRAM SOUTH EAST SELPA LOCAL PLAN
APPENDIX B: SELPA, SARC, SCCOE Early Start MOU
### Early Start Program
(Santa Clara County Office of Education and San Andreas Regional Center)
SOUTH-EAST SELPA's LOCAL PLAN
Appendix B

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Special Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCCOE &amp; SARC</td>
<td>Santa Clara County Office of Education (SCCOE) &amp;/or another San Andreas Regional Center (SARC) vendor will handle all referrals for eligibility assessment for the Early Start Program (ESP) for children birth through 33 months of age.</td>
<td>IFSP within 45 days of initial contact from referring source for all children 0-33 months of age. This includes all children up to 60 days prior to their 3rd birthday.</td>
<td>Part C Regulations apply e.g. 45 day timeline from first contact from referring source. Year-round referrals.</td>
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<tr>
<td>SCCOE</td>
<td>When a referral comes to the SCCOE ESP intake office for a 34 or 35 month old child, all information will be forwarded to the DOR for completion of referral and eligibility for preschool special education services</td>
<td>Within 2 days of receipt by SCCOE ESP Intake office to DOR Referral</td>
<td>45-60 days prior to child's 3rd birthday, DOR must conduct initial assessment &amp; initial (IFSP/IEP) within 45 days of referral to SCCOE ESP. Part C Regulations, not Part B Regulations apply. 45 day timeline (vs. 60) 12 months a year including summer. Less than 45 days prior to 3rd birthday, normal Part B timelines apply.</td>
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<tr>
<td>DOR</td>
<td>District of Residence (DOR) will be responsible for new referrals for children who are 34 or 35 months of age on date of initial including 1) Completion of assessment for eligibility for special education as necessary for referral. 2) Hold IEP as appropriate.</td>
<td>IEP within 45 days of initial contact to SCCOE ESP from referring source for all children 45-60 days prior to child's 3rd birthday on initial referral date to SCCOE ESP.</td>
<td>District will provide services for eligible children referred at 34, 35 months. Parents are expected to attend SCCOE ESP early intervention services – as Part C is a family service.</td>
</tr>
<tr>
<td>SCCOE &amp; SARC</td>
<td>Provide IDEA Part C ESP services for eligible children until their 3rd birthday.</td>
<td>Last day of ESP service = day before their 3rd birthday</td>
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</tr>
<tr>
<td>DOR</td>
<td>Transition IFSP-Initial IEP – for children in an SCCOE or SARC vendor ESP program • DOR must be in attendance at the Transition Planning IFSP • DOR is required as per IDEA to invite an ESP representative to the initial IEP if the parent requests. ESP completes an EXIT IFSP concurrently.</td>
<td>• 3-6 months prior to child turning 3. As per ESP Transition Timeline • On or before the child’s 3rd birthday.</td>
<td>For more details see: • ESP Transition Timeline • ES Notification of Transition to DOR • Transition Planning page of IFSP</td>
</tr>
<tr>
<td>DOR</td>
<td>Explores option(s) and arranges visitation(s) to appropriate program(s) with family</td>
<td>Before or after the IEP as per IFSP Transition Planning meeting.</td>
<td></td>
</tr>
<tr>
<td>DOR</td>
<td>Provides IEP services to eligible children as of their 3rd birthday.</td>
<td>As per IDEA Part B for all children known to ESP on their third birthday.</td>
<td>State Performance Plan (SPP) Indicator # 12 Part C to Part B Transition</td>
</tr>
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South-East SELPA February 2011
Approved 01/26/11
MEMO OF UNDERSTANDING
BETWEEN
SAN ANDREAS REGIONAL CENTER,
SANTA CLARA COUNTY SELPAS
AND
SANTA CLARA COUNTY OFFICE OF EDUCATION
Implementation of Part C of the Individuals with Disabilities Education Improvement Act
and California’s Early Start Program
July 2017–June 2020

1. PURPOSE

The purpose of this agreement is to describe policies and procedures of the San Andreas Regional Center (SARC), Santa Clara County Special Education Local Plan Areas (SELPAs) and the Santa Clara County Office of Education (COE) relating to the implementation of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (hereinafter referred to as “Part C” or Part C of IDEA) and its implementing regulations. Specifically, this agreement will define the responsibilities of each agency, procedures for resolving disputes, and other components necessary to ensure effective cooperation, collaboration, and coordination between the two agencies.

2. PARTIES

The parties to this agreement are SARC and COE as designated in the local plans of the six Special Education Local Plan Areas (SELPAs) in Santa Clara County.

<table>
<thead>
<tr>
<th>SELPA</th>
<th>Districts</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Los Altos, Palo Alto, Mountain View-Whisman</td>
</tr>
<tr>
<td>2</td>
<td>Cupertino, Sunnyvale, Montebello</td>
</tr>
<tr>
<td>3</td>
<td>Cambrian, Campbell, Lakeside, Loma Prieta, Los Gatos, Luther Burbank, Moreland, Saratoga, Union</td>
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<tr>
<td>4</td>
<td>San Jose Unified</td>
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<tr>
<td>South-East Consortium</td>
<td>Alum Rock, Berryessa, Evergreen, Franklin-McKinley, Mt. Pleasant, Oak Grove, Orchard, Milpitas</td>
</tr>
<tr>
<td></td>
<td>Gilroy, Morgan Hill</td>
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<tr>
<td>7</td>
<td>Santa Clara Unified</td>
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</tbody>
</table>

3. AUTHORITY

This agreement fulfills requirements of
- United States Code (USC) Title 20, Chapter 33.111, Section 1431 et seq.;
- Code of Federal Regulations (CFR) Title 34, Parts 300 and 303;
- Welfare and Institutes Code (W&IC) Section 4500 et. seq. (Lanterman Act);
- California Education Code (EC), Part 30, Chapter 4.4;
- California Government Code Title 14 (California Early Intervention Services Act) Chapters 1-9, the approved state application submitted under the authority of Title 34 CFR;
4. PHILOSOPHY

SARC, SELPAS and COE endorse the philosophy that promotes a coordinated interagency service delivery system for infants and toddlers with special needs and their families within Santa Clara County. Santa Clara County’s Early Start Program (ESP) service delivery system shall utilize available resources to enhance the ability of the family to promote the growth and development of their infant or toddler, thereby enabling the child to live within the community alongside his or her peers with or without disabilities.

5. TARGET POPULATION

This agreement applies to activities and services performed on behalf of infants and toddlers, birth to three years of age, and their families, who are eligible for early intervention services under Part C of IDEIA, as defined in California statute, regulations and policies. The eligible population is:

**Developmental Delay**  
LEA to funded capacity  AND  RC

A developmental delay exists if there is a significant difference between the infant’s or toddler’s current level of functioning and the expected level of development for his or her age in one or more of the following developmental areas: 1) Cognitive; 2) Physical: including Fine and Gross Motor, Vision and Hearing; 3) Communication: including receptive and expressive; 4) Social or Emotional; and 5) Adaptive.

**Established Risk**  
LEA to funded capacity  AND  RC

1. An established risk condition exists when an infant or toddler has a condition of known etiology which has been certified as having a high probability of resulting in developmental delay (e.g. Down Syndrome); or
2. An established risk condition exists when an infant or toddler has a solely low incidence disability (e.g. blind, low vision, deaf, hard of hearing, orthopedically impaired, deaf/blind).  

**High Risk Category**  

Children 0-3 with two or more High Risk factors will be eligible to receive an assessment and appropriate Early Intervention required services.

6. CHILD FIND

SARC and COE shall conduct coordinated child find activities to locate all infants and toddlers who may be eligible for early interventions services. Primary referral sources include but are not limited to hospitals, including prenatal and postnatal care facilities, physicians, parents, childcare programs, LEAs, public health facilities, other social services agencies other health care providers, public events such as community fairs (i.e. Juneteenth, Summer Festival-Rotary Garden) places of worship, etc. Child find activities may include:

1. Assigning liaisons to local hospitals and hospitals with neonatal intensive care units;
2. Collaborating with the local Family Resource Center (FRC)—Parents Helping Parents (PHP) and other parent organizations or support groups;
3. Distributing early intervention materials to agencies and individuals providing medical, social and educational services in the community;
4. Producing and distributing public service announcements;
5. Producing and distributing pamphlets, brochures and other written communication; and,
6. Making presentations to local professional groups, philanthropic organizations and other organizations established to inform and/or to serve culturally diverse populations.

SARC and COE shall inform primary referral sources of
1. the eligibility criteria for early intervention services;
2. types of early intervention services available through the Early Start Program;
3. the Santa Clara County toll free telephone referral number which is 1-800-404-5900;
4. the federal requirement that a referral shall be made to the Santa Clara County Early Start Program (ESP) within two work days of identification of an infant or toddler who is in need of early intervention services.

7. FINANCIAL RESPONSIBILITY

A. Payor of Last Resort

SARC and COE will operate within the provisions of the State Interagency Agreement and executed between the Department of Developmental Services (DDS) and the California Department of Education (CDE) on September 9, 1993.

Due to the importance of the provisions entitled "Payor of Last Resort", these pertinent sections of the State Interagency Agreement are presented below:

1. Definition - "Payor of Last Resort" means the regional center or local education agency (LEA) that is ultimately responsible to arrange, provide, or pay for appropriate early intervention services, as defined in Title 34 CFR, Section 303.527, as listed on an individualized family service plan (IFSP) as a required service, after all other providers or payors have been considered and eliminated because their legal responsibilities have been fulfilled under state or federal law.

2. Regional Center - The regional center will be the Payor of Last Resort for all Part C eligible infants who are regional center clients as defined by state law and policies, and the annual state application.

3. Local Education Agency - The LEA will be the Payor of Last Resort for those infants with visual, hearing or severe orthopedic impairment, or any combination thereof, who meet the criteria in California Education Code Section 56026 and 56026.5; and in the California Code of Regulations CCR Title 5, Section 3030 and Section 3031.
B. Maintenance of Effort

The COE will serve all eligible infants and toddlers with solely low-incidence disabilities. Solely low incidence disabilities are: blind/visually impaired; deaf/hard of hearing; deaf-blind or severe orthopedic impairment or a combination thereof.

COE shall provide special education and related services to infants who meet both COE & SARC eligibility criteria provided COE does not exceed its 1980-81 mandated cap of 171 (= 128 dual eligible + 43 solely low incidence) eligible infants or toddlers plus newly identified infants or toddlers with solely low incidence disabilities. COE agrees for the 2017-2018; 2018-2019; 2019-2020 school years, to serve dually eligible children with multiple impairments that include deafness or hearing impairment “under cap” (up to our funded capacity).

SARC will be responsible for funding all SARC-eligible infants and toddlers and mutually eligible children over the COE 171 cap. SARC is the designated Payor of Last Resort for infants and toddlers jointly served by SARC and COE.

C. Year-round Provision of Services

SARC & SCCOE-agree to work together to ensure the provision of services during periods of school vacations when services are required on the IFSP. The multidisciplinary IFSP team will determine the need for continued services during short or extended school breaks. In instances where it is felt appropriate to introduce a new service provider to an “under-cap” child during a school break, SCCOE ESP director will consult with SARC Executive Team to consider either contracting with a SARC vendor temporarily, in the interim, for the duration of the vacation until SCCOE ESP resumes program or shifting the “under-cap” child to “over-cap” permanently. SARC will assume the cost for providing the temporary interim service only until the school program reconvenes.
8. PROGRAM IMPLEMENTATION POLICIES

The ESP receives referrals for residents of Santa Clara County from a variety of individuals, public and private agencies and other sources. All referrals should be directed to the toll free referral number, which is 1-800-404-5900.

A. Referral Procedures

All referral information is entered onto a computer database that is accessible to and meets the needs of all parties. All of the local elementary school districts in Santa Clara County have agreed to complete assessments on children who are 2 years-10 months on the day of referral. A joint referral will be made to SARC regular intake department for these children aged 2.10 through 3 years old so that they can proceed with determination of eligibility for regional center services and establishment of an IFSP as appropriate.

The ESP eligibility enrollment specialist will:

- begin a communication log for each referral documenting the date the referral was received and logging all contacts to the family or attempts to contact the family regarding e.g. gathering information, scheduling appointments etc.
- forward referrals to the family's district of residence the same day the referral is received by ESP.
- take all database information agreed upon to complete the ESP Student Intake Data Input Sheet.
- will send an intake packet to the family the same day the referral is received.

  Welcome letter
  ESP flyer
  Authorization for Exchange of Student Health and Educational Information (SCCOE
  HIPPA compliant)
  Passbook Intake Form w/Home Language Survey
  Passbook Medical and Developmental History
  Parent Rights flyer
  PHP information
  Maps to SARC and Chandler Tripp
  Return envelope

- will make a file for the intake including all necessary forms for the service coordinator to begin the intake process including Parents Rights Booklet and SARC Due Process packet.

SARC and the COE will meet weekly to review the status of all referrals (except those considered solely low incidence) and assign ongoing SARC service coordinators. The 45-day intake time period begins on the day the initial referral is received from parent or other referring party. A referral includes a fax referral form or any other form of documentation or oral contact from any individual, not limited to the parent. The COE ESP intake team will log all attempts to contact the parent from the time that the initial information was received by the COE office.
The initial evaluation and assessment for eligibility for each infant or toddler shall be completed within 45 days from the time of the referral. \textit{Exceptional circumstances} beyond the control of the ESP which make it impossible to complete the initial evaluation and assessment within 45 days of the receipt of the referral, will be documented. Exceptional circumstances (CCR Title 17 Section 52086) include but are not limited to: the illness of the child or parent/care provider; the absence of the child from geographic area; inability to locate parent/care provider, a natural disaster, or other circumstance beyond ESP's control. Parents will be informed of the reasons for the delay and their agreement with the reasons for the delay shall be documented. At this time an alternate timeline (which includes a specific date for completing the evaluation as soon as possible) will also be documented in the child's record.

\textbf{B. Intake Procedures}

The intake process for ESP begins when the phone call is received by the \textit{eligibility enrollment specialist}. The \textit{COE Intake Team} is responsible to collect all of the necessary forms, medical information and permissions from the family. These forms include:

- \textit{Authorization for Exchange of Student Health and Educational Information} (SCCOE HIPPA compliant)
- Intake Referral Packet Checklist
- \textit{Passbook to Services Intake Form}
- \textit{Passbook Medical and Developmental History}
- California School Immunization Record
- \textit{Assessment Plan- Part C}
- \textit{Notice of Meeting}
- IFSP Forms
- \textit{IFSP Changes/Additions}
- Agency specific forms (responsibility of each agency)

All intakes are scheduled in the natural environment whenever possible by mutual agreement between the intake service coordinator and the family.

\textbf{C. Assessment Procedures}

COE will utilize agreed upon assessment tools and reporting formats, which also meet SARC requirements to evaluate eligibility for all incoming referrals and to conduct ongoing assessment in the following areas: family priorities, concerns and resources; physical development including vision and hearing; cognitive development; communication development; social-emotional development and adaptive development. Copies of assessment, IFSPs, and other appropriate documentation will be sent to SARC.

A joint eligibility meeting will be held weekly with SARC and COE where all referrals are shared and eligibility for each agency is discussed. Information is shared, with the consent of the family, to recommend eligibility for both agencies to the IFSP team. COE will continue to assess all referrals as per contract with SARC and then serve all eligible children up to their mandated number. COE will continue to serve and assess all eligible children with solely low incidence disabilities. COE will keep SARC informed of all program openings on a weekly basis. SARC service coordinators will try to do joint
intake meetings with COE. However, at least one contact with the family will occur prior to the IFSP meeting to insure all information is communicated regarding the Early Start process and to ascertain the needs of the family.

D. Individualized Family Service Plan (IFSP)

SARC and COE will participate in the IFSP for any child it is agreed is likely to be served by COE to the extent possible.

COE intake service coordinators will assume responsibility for scheduling the multi-agency meeting, notifying all appropriate agency personnel, and assuring that team members have shared information prior to the meeting. All participating agencies will provide information for review at the IFSP meeting.

The six-month IFSP review shall be conducted by the SARC or COE Service Coordinator identified by the parent(s) on the IFSP. Any changes that need to be made to the IFSP during or before the six-month review must be documented by completion of the Review of IFSP form and a copy must be sent to all involved agencies (e.g. school district &/or SARC) for their records. If a change is requested that will result in new or additional services being provided, the agency that will provide or pay for those services must concur and approve. Any change to the IFSP may not be implemented without prior written approval of the parents.

It is understood that each agency can only commit to providing services funded by that agency; i.e., SARC can only authorize payments for SARC services and the COE for COE services. {GC95014 (d)} Services will be provided as soon as possible.

The agency's representative attending the IFSP meetings will have the authority to sign the IFSP document for the agency.

If English is not the primary language of the family, it is agreed that the agency that conducts the initial intake meeting with the family will arrange for the services of an interpreter for the multi-agency IFSP meetings.

E. Transfer and Transition Procedures

SARC and COE will use existing information whenever possible to determine continued eligibility and to minimize delay in the provision of services when transfers occur from another regional center or LEA to Santa Clara County with an existing IFSP. The procedures contained in California Education Code (EC) 56325, pertaining to the IEP, shall apply for an infant or toddler with an existing out-of-county IFSP who moves into Santa Clara County. If Santa Clara COE is operating under funded capacity or for an infant with a solely low incidence disability, COE’s administrator shall ensure that the child is immediately provided with services in conformity with an IFSP, unless the parent agrees otherwise. If COE’s enrollment is at their funded capacity, services for the new child shall be provided by SARC.
In both instances the IFSP will be implemented to the extent possible within existing resources. Before the end of the 30-day period, the IFSP services shall be reviewed and recommendations made by the IFSP team for services. The IFSP team will use information from records and reports from the program from which the child transferred as well as information gathered during the interim services. (California EC 56325 (a) (b))

Part C transition procedures will be followed by SARC, COE and the School District as outlined and agreed upon to abide by the timetable of activities as outlined in Reference Appendix A. SARC, COE, and SELPA will collaborate to conduct joint trainings for SARC Service Coordinators, COE staff, and School District staff regarding Part C transition.

F. Service Coordination

Either agency may be called upon to assume the role of the IFSP Service Coordinator. It is anticipated that many of the families jointly served by SARC and by COE under the current mandate may have a member of the COE’s Early Start Program as its IFSP Service Coordinator. In that instance, the SARC Service Coordinator would still be responsible for arranging all needed purchases of service normally provided by SARC and for assuring that all generic services are pursued prior to the purchase of any service with SARC funds.

9. SURROGATE PARENTS

A. SARC or COE shall assign an individual to act as a surrogate parent if:

- No parent can be identified;
- The infant or toddler is a dependent of the juvenile court and the parental rights of the parent have been limited by the court or relinquished; or
- The parent cannot be located, after reasonable efforts by SARC or COE.

B. Assignment of a surrogate will follow guidelines as outlined by Santa Clara County SELPAs and will include procedures for

- Determining whether an infant or toddler needs a surrogate parent;
- Assigning a surrogate parent to the infant or toddler consistent with the provisions of this Article and Government Code Section 7579.5;
- Insuring that surrogates have no interest that conflicts with the interests of the infant or toddler he or she represents;
- Insuring that surrogates have knowledge and skills that insure adequate representation of the infant or toddler (e.g. through periodic Surrogate Parent Training provided by SELPA);

- Insuring that the surrogate parent is not an employee of any regional center, SELPA, LEA, COE or service provider involved in the provision of early intervention services to the infant or toddler. A person who otherwise qualifies as a surrogate parent is not
an employee solely because he or she is paid by a regional center, SELPA, LEA, or COE to serve as a surrogate parent.

C. A surrogate parent may represent an infant or toddler in all matter related to:

- The evaluation and assessment of the infant or toddler;
- Development and implementation of the infant’s or toddler’s IFSP including annual evaluations, assessments and periodic reviews;
- The ongoing provision of early intervention services to the infant or toddler;
- Requesting mediation or due process hearings; and
- Any other early intervention service established under Part C of IDEIA, Title 20 US Code Sections 1431-1445.

D. A surrogate parent may not provide consent for medical services for which consent by a parent or legal guardian is required.

10. PROCEDURAL SAFEGUARDS

SARC, SELPAs and COE will abide by the Procedural Safeguards as outlined in the Federal Law, Part C of IDEA and other relevant federal and state regulations. (Refer to Reference Appendix C: Parents’ Rights and Responsibilities in the Early Start Program under IDEA)

11. DISPUTE RESOLUTION

SARC, SELPAs and COE must abide by the established dispute resolution process as described in the Parents Rights, should a dispute arise in one of the areas:

a. Which agency is responsible for the infant and family evaluation, assessment; service coordination; and the development and implementation of the IFSP and,

b. Which agency is responsible for the provision/purchase of appropriate early intervention services.

Dispute Resolution Process:

STEP 1: Every attempt should be made to resolve the dispute at the lowest possible administrative level starting with the supervisory level up to the agency director at SARC and the SELPA director.

STEP 2: If resolution of the dispute is not achieved, the two parties can request technical assistance from the Department of Developmental Services (DDS) and the California Department of Education (CDE).

STEP 3: If resolution cannot be reached within 60 calendar days, the issue will be referred to DDS and CDE for a state-level review and resolution.

STEP 4: The state-level review will be conducted jointly by DDS and CDE and a decision rendered within 60 calendar days of receipt of the dispute.
12. STATUS OF SERVICES DURING A DISPUTE

During the pendency of a dispute, a child must continue to receive the appropriate early intervention services currently being provided. If the dispute involves initial early intervention services, the child must receive all of the early intervention services identified and agreed to in the IFSP.

13. JOINT TRAINING

All agencies agree to the joint training of staff regarding the implementation of Part C within the county. Staff will be informed of the contents of this Agreement. Future joint training may be held if new procedures are developed or this agreement is substantially modified. SARC and COE agree to notify the other party of any conferences or workshops pertinent to the implementation of Part C.

COE will provide 5-10 one to two hour assessment related trainings to SARC to provide training to SARC service coordinators and Private Infant Program (PIP) staff regarding ESP eligibility assessment, report writing, and overall intake process and procedures.
14. TERM OF AGREEMENT AND REVIEW SCHEDULE

This agreement shall be in effect from July 1, 2017 until June 30, 2020. Should either SARC, SELPAs or COE request modifications, all parties shall review the agreement. All parties may extend this agreement on an annual basis by the signing of a Notification of Extension.

Javier Zaldivar, Executive Director
San Andreas Regional Center

Leo Mapagu
Executive Director
South East Consortium SELPA

Anna Marie Villalobos, Ed.D.
Director
Santa Clara SELPA I, II, III, IV and VII

Steve Olmos, Ed.D.
Chief Schools Officer
Santa Clara County Office of Education

Mary Ann Dewan, Ph.D.
Interim Superintendent
Santa Clara County Office of Education

11/08/2017
12/13/2017
12/14/2017
Date
Date
Date
ANNUAL REVIEW OF AGREEMENT

The undersigned represent and acknowledge that they are duly authorized representative authorized to review this interagency agreement for their respective agency.

By signing below, the representative of each agency acknowledges that they have reviewed the agreement and find that it continues to be appropriate and modifications are not necessary.

Reviewed for school year, _______________.

Javier Zaldivar, Executive Director  
San Andreas Regional Center  
11/28/2017  
Date

Leo Mapagu, Executive Director  
South East Consortium SELPA  
12/13/2017  
Date

Anna Marie Villalobos, Ed.D.  
Director  
Santa Clara SELPA I, II, III, IV and VII  
12/12/2017  
Date

Steve Olmos, Ed.D.  
Chief Schools Officer  
Santa Clara County Office of Education  
12/13/2017  
Date

Mary Ann Dewan, Ph.D.  
Interim Superintendent  
Santa Clara County Office of Education  
12/14/2017  
Date

ESP MOU--SARC & Santa Clara COE  7/1/2017

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