Early Childhood Interagency Protocol

Revised: December 8, 2006

For:

School District # _____

Infant Toddler Program, Region _____

Head Start Program _____

Effective Dates: _____to_____

The parties agree to abide by the terms outlined in the State Interagency Agreement, and to utilize the guidance in the Idaho Special Education Manual, Appendix 5B entitled Early Childhood Special Education Transition and the ITP Implementation Manual

District: Name: _____ Phone: _____
IT Program: Name: _____ Phone: _____
Head Start: Name: _____ Phone: _____
Other: Name: _____ Phone: _____

Child Find

The district and agencies will ☐ conduct joint child find activities.
☐ conduct separate child find activities.

If joint, screening to be conducted by: _____

Specify screening location: _____

Specify screening schedule: _____

Referrals

Complete if the referral contact information is different than those listed above.

Contact for new referrals during school year:

District: Name: _____ Phone: _____
IT Program: Name: _____ Phone: _____
Head Start: Name: _____ Phone: _____
Other: Name: _____ Phone: _____

Contact for new referrals during summer:

District: Name: _____ Phone: _____
IT Program: Name: _____ Phone: _____
Head Start: Name: _____ Phone: _____
Other: Name: _____ Phone: _____

New referrals taken during the summer will be processed as soon as possible when the district resumes services in the fall.

Exchange of Information

Confidential information will be exchanged between agencies according to HIPAA and FERPA regulations and agency protocols.

Transition Meeting

Note: This meeting can be held as early as 2 years 3 months of age for a child needing extensive transition planning, but must be held no later than 2 years 9 months of age for any child transitioning to Part B services.

Items marked are required by the district before the meeting:

This information will be sent _____ week(s) prior to the transition meeting.

- ☐ Initial Referral
- ☐ Permission for Initial Evaluation
- ☐ Current Assessments
- ☐ IFSP
- ☐ Authorization to Release Information
- ☐ Other _____

Requested information should be sent to the following:

Name: _____ Address: _____

Fax: _____E-mail: _____

Is faxed/emailed information acceptable? ☐YES ☐ NO

Contact information for transition meeting –list primary contact from each agency.

Note: Specific team members may vary depending on the composition of the child's team.

District:	Name:	_____	Phone: _____
IT Program:	Name:	_____	Phone: _____
Head Start:	Name:	_____	Phone: _____
Other:	Name:	_____	Phone: _____

List the preferred day, time, and place for transition meeting/s:

Day/Time:_____ Meeting place:_____

Are these requirements/contacts the same throughout the district? ☐YES ☐NO

If no, please list the school and the requirements/contacts that are different:

Are these requirements the same for children who receive only speech services? ☐YES ☐NO

If no, please explain:

Contact person/s: _____Phone: _____

The Infant Toddler Program will arrange interpreters or accommodations for non-English speaking families if they are needed for the transition meeting.

Other information:

Evaluations

How current are evaluations required to be for eligibility determination? _____

Note: Assessment information should reflect the current functioning of the child. In determining how current an assessment must be, the team should consider the needs of the child, the assessment tools used, and IDEA requirements for eligibility. If the assessments are not current or sufficient, the team will negotiate the following:

Who will test? ☐ Infant/Toddler ☐ District ☐ Head Start
What additional assessments are required? _____
When will tests be completed? _____

Child Outcome Summary Form and Anchor Assessment Information

The Infant Toddler Program's Anchor Assessment summary report and the *Child Outcome Summary Form* completed at exit will be shared as part of the transition documentation.

The completed COSF will be provided to the District as soon as possible (typically with other transition documents) and no later than 30 days following the child's third (3rd) birthday. .

IFSP/IEP

Are current IFSPs used/implemented for fall placement?
☐Yes ☐No ☐Individually Determined

Eligibility for Part B services must be determined prior to a child's 3rd birthday. In order to ensure that a child is eligible to receive summer services under the IFSP, this determination must be made and confirmed with the Infant Toddler Program. Describe your procedures to ensure that eligible children can receive summer services through the Infant Toddler Program.

Consent for placement should be signed in conjunction with either acceptance of the education-related requirements on the IFSP or the development of the IEP.

The District will arrange interpreters or accommodations for non-English speaking families if they are needed for the IEP or IFSP modification meeting.

Preferred meeting location: _____

The ☐IT Program or ☐District (check one) will call by _____to schedule a specific date.
(date before the end of the school year)

Dispute Resolution

All participating agencies agree to follow the dispute resolution process outlined in the current State Early Childhood Interagency Agreement attached to this protocol.

General Provision

This protocol will be kept current by all participating agencies. The LEA has responsibility to annually initiate the review of this protocol. The agreed upon provisions may be modified or changed upon a written amendment signed by all parties. This protocol becomes effective on the date signed by all parties. This protocol must be renewed annually or more frequently, if requested by any of the parties. A copy must be included in the District's 6-B application for funding in the fall of each year.

Signatures

By:_____Date_____
School District Representative

By:_____Date_____
Infant-Toddler Program Representative

By:_____Date_____
Head Start Representative

By:_____Date_____

Copies of this protocol are to be distributed to:
Administrators
Service Coordinators
Preschool Teachers
Early Intervention Specialists
Developmental Disabilities Children's Program Supervisor