Early Intervention: What Do You Need to Know

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Topics

• What is Early Intervention and Why it is so Important

• EI from Identification and Referral through Transition at 3

• Discussion
Why Early Intervention?

Birth to Three is a Critical Time for Brain Development

- **Research shows** EI is important: Decades of research shows that children’s early experiences play a critical role in brain development
  - Neural circuits are most flexible (plasticity) during the first three years of life
  - Toxic stress can damage the developing brain
  - Positive early experiences can strengthen the brain
  - Early social/emotional development and physical health provide the foundation upon which cognitive and language skills develop

- Early Intervention has **good outcomes**:
  - It’s **more effective and less costly** (saves an estimated $7-10 per dollar)
  - It improves social, cognitive, communicative, physical (motor) and adaptive abilities
  - NEILS found that 46% of children who had received EI and been at risk of needing special education services did not need special education at kindergarten age.
Early Intervention Principles
Adopted by the Illinois Interagency Council on Early Intervention

- **Support**
  - families to promote their child’s optimal development

- **Facilitate**
  - child’s participation in family and community activities

- **Encourage**
  - active family participation

- **Collaborate**
  - with families and teams

- **Develop, implement, monitor and modify**
  - intervention plans & strategies

- **Build plans**
  - around family routines

- **Embed strategies**
  - into daily routines
**Access** to materials and activity & routine settings.

**Participation** in activities and routines with family members and peers within homes, child care, and the community.

**Support** within the child care setting, within the community, and at the systems level.
How EI Supports Your Role

- Access to evaluations and assessments
- Children better prepared to learn and participate
- Contracted child care providers eligible for enhanced CCAP rate
- Collaborative opportunities with early interventionists to support provider and parents
- Adaptive equipment may be available to program
Early Intervention Eligibility

Children from birth to age 3 and a qualifying disability

1. is experiencing a **medically diagnosed** physical or mental condition that typically results in developmental delay like Down Syndrome, Cerebral Palsy or Rett syndrome (full list found [here](#)); or

2. is experiencing a **delay** (30% or greater) in one or more of the following areas: cognitive, physical, social-emotional, communication, or adaptive; or

3. **at risk** of substantial developmental delay because of **multiple** factors like homelessness, teen parent, and substance abuse.
Early Intervention Services

- Family training, counseling, and home visits
- **Speech-language** pathology services (sometimes referred to as speech therapy)
- Audiology services (hearing impairment services)
- **Occupational therapy**
- Psychological services; medical services (only for diagnostic or evaluation purposes)
- Assistive technology devices and services
- **Physical therapy**
- Health services needed to enable child to benefit from the other services
- Social work services
- Transportation
- Nutrition services
- Service coordination
- Developmental therapy
Role of Early Interventionist

“Early Interventionists coach, consult, & collaborate with families & community members so they are comfortable and confident that they can promote child learning, development, & participation in everyday activities.”

Bonnie Keilty
Ties to Additional Services

Assessments are used to qualify children for Child SSI and other services

Social work services connect families to community resources

Smooth transition to special education school aged services is required

Head Start/Early Head Start and some pre-K programs must enroll children with disabilities

Early Intervention
Topics

• What is Early Intervention and Why it is so Important

• EI from Identification and Referral through Transition at 3

• Discussion
Early Intervention Timeline
Child Find

Early Childhood Providers are Primary Referral Sources

Who to Refer:

- If child has a diagnosed condition including Down Syndrome, autism, spina bifida, fetal alcohol syndrome
- If a child is at risk due to multiple risk factors
- If child is not meeting developmental milestones based on observation and/or developmental screen (e.g. ASQ3 and ASQ/SE)
  - Most early childhood programs required to ensure that all children are screened
  - All silver and gold programs in ExceleRate required to ensure screenings annual developmental screenings
How to Ensure that All Children Receive Developmental Screenings

Screenings are as easy as 1-2-3!

- **Step 1:** Direct families to a free developmental screening
  - Contact the Child’s School District, your regional CFC, Child’s Healthcare Provider or Easter Seals

- **Step 2:** Follow up and referral after screening
  - Talk about screening results with the family regardless of indicated results
  - If screening indicates a need for an evaluation, refer children birth to 3 to local CFC and children 3-5 to local school district

- **Step 3:** Follow up after referral and evaluation
  - If a child is found ineligible and you are still concerned with development, you can refer again
  - If a child is found eligible, help support the implementation of services

http://www.excelerateillinoisproviders.com/docman/resources/91-three-steps-to-screening
http://www.excelerateillinoisproviders.com/resources/resources-by-standard?id=50
Child Find

Early Childhood Providers are Primary Referral Sources

How to Refer (Illinois):

• Complete **Standardized EI Referral & Fax Back Form**
  • Include all developmental screenings, teacher observations, etc.
• Refer family to their Child and Family Connections (CFC)
  • **Chart of CFCs by ZIP code** or call 1-800-323-4769 (GROW)

Links to Standardized EI Referral & Fax Back Forms:

https://illinois.edu/blog/files/6039/114611/4515.pdf

https://www.illinois.gov/hfs/SiteCollectionDocuments/hfs652.pdf
# Standardized Referral Form

State of Illinois
Department of Healthcare and Family Services

## Standardized Illinois Early Intervention Referral Form

Please complete sections 1 through 6 of this form to refer a child to Early Intervention (EI) for eligibility determination.

### Section 1: Child Contact Information

<table>
<thead>
<tr>
<th>Child Name:</th>
<th>Date of Birth:</th>
<th>Child Age:</th>
<th>Race:</th>
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<table>
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<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
<th>County:</th>
</tr>
</thead>
</table>

### Type of insurance Coverage: [ ] Medicaid

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Relationship to Child:</th>
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</table>

<table>
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<tr>
<th>Primary Language:</th>
<th>Home Phone:</th>
<th>Other Phone:</th>
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</table>

<table>
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<tr>
<th>Alternate or Emergency Contact Person:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

### Section 2: Reason(s) for Referral

Reason(s) for referral to EI: (Please check all that apply):

- [ ] Identified condition or medical diagnosis (e.g., Spina Bifida, Down Syndrome)
- [ ] Suspected developmental delay based on objective developmental screening using (please note screening tool used)

(If applicable, please check area(s) of concern):
- Motor/Physical
- Social/Emotional
- Cognitive
- Speech
- Behavior
- Adaptive/Self-Help Skills
- Language/Communication
- Vision/Hearing

Other, specify:  

Comments:  

- [ ] Environmental Factors ("at risk") (Please describe environmental risk factors):

Other, (Please describe):  

- [ ] Family is aware of reason for referral

### Section 3: Referral Source Contact Information

If the Primary Care Provider is the source of referral, skip Section 3, go to Section 4 and check here: [ ]

<table>
<thead>
<tr>
<th>Referred By:</th>
<th>Date:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Referring Agency:</th>
</tr>
</thead>
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<table>
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<tr>
<th>Address:</th>
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<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<table>
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<tr>
<th>Office Phone:</th>
<th>Office Fax:</th>
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<table>
<thead>
<tr>
<th>E-mail:</th>
<th>Contact Person at Referral Site:</th>
</tr>
</thead>
</table>

### Section 4: Primary Care Provider Contact Information

<table>
<thead>
<tr>
<th>Name of Child's Primary Care Provider:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

### Section 5: Early Intervention CFC Office Referral Location

Insert the CFC number where the child is being referred: CFC #:

CFC Offices can be located using the DHS Office Locator available online at: [http://www.dhs.state.il.us/page.aspx?module=12](http://www.dhs.state.il.us/page.aspx?module=12)

### Section 6: Authorization to Release Information

1. **Referral to Early Intervention.**

   The purpose of this disclosure is to refer (print child's name) to the Illinois Early Intervention program.

   I, (print name of parent or guardian),  
   
   give my permission for my child's primary care provider, (print provider's name),  
   
   to share pertinent information about my child, (print child's name),  
   
   regarding suspected developmental delay or related medical conditions with the Early Intervention program. I understand that I may withdraw this consent by written request to my child's primary care provider, except to the extent it has already been acted upon.

2. **Release of Early Intervention Eligibility Determination and Service Information to Referral Source.**

   The purpose of this disclosure is to release information from the Department of Human Services (DHS) to the Department of Healthcare and Family Services (HFS) about your child, including name, ARID/ID recipient identification number, date of birth, and information about your child's referral to and eligibility for Early Intervention, including services received and other referrals made by Early Intervention. Your consent allows HFS to share information with your child's assigned primary care provider (listed in Section 4 above) and treating doctors within the group, for care coordination. Care coordination allows your child's primary care provider to use HFS's information for analysis purposes and to measure the quality of the care coordination process between the primary care provider and Early Intervention. Information and reports resulting from data analysis will not be released with any identifying information about your child.

   Your consent allows the Early Intervention Program to share reports and results related to the previously referenced information with the child's primary care provider listed above in Section 4. Your consent allows the Early Intervention Program to share reports and results related to previously referenced information with the referral agency listed above in Section 5, if any.

   I understand that I may withdraw this consent by written request to Early Intervention, except to the extent it has already been acted upon. I certify that this Authorization to Release Information has been given voluntarily and without any pressure. Information collected and shared may be re-disclosed unless the person who consented to this disclosure specifies otherwise. Your consent allows disclosure and the re-disclosure is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

   *Consent is effective for a period of 12 months from the date of your signature on this release.*

   Parent/Guardian Signature:  
   
   Date:  

### Section 7: For CFC Office Use Only

<table>
<thead>
<tr>
<th>Date of Referral:</th>
<th>Name of person receiving referral:</th>
</tr>
</thead>
</table>

Page 2 of 2
Early Intervention Fax Back Form

PART 1 of 2

Complete Part I upon contacting the family, or when a family cannot be contacted in a timely matter. If the parent/guardian consented to the release of information in Section 6 of the Standardized Illinois Early Intervention Referral Form to the primary care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 1 of the Referral Fax Back Form to the primary care provider and/or the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to the primary care provider (PCP) or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: ______/____/____
Child’s Name: ___________________________ DOB: ______/____/____
Parent/Guardian Name: _______________________________

Date Referral Received: ______/____/____

This child was referred to our Child and Family Connections (CFC) office. The following is the status of that referral:

☐ The family was contacted on (date): ______/____/____
☐ A Service Coordinator has been assigned to the family:
  Name: ___________________________
  CFC # / Location: __________ / _______________________
  Phone Number: ______ - ______ - _______ Fax Number: ______ - ______ - _______
  E-Mail: _______________________
☐ Repeated attempts have been made to contact this family - we were unable to establish contact.
  Date final contact attempt made: ______/____/_____.
  Please let us know if the family is still interested in having an evaluation for their child.
☐ The family has been contacted and requests that you contact them directly for results.
  Date request made by family: ______/____/_____
☐ The family has declined services at this time.
  Date service declined: ______/____/_____

Additional comments:

PART 2 of 2

To be completed after eligibility is determined and the Individualized Family Service Plan (IFSP) is completed to inform the primary care provider about Early Intervention eligibility, other referrals provided and other Early Intervention service recommended, if eligible.

Note: If the parent/guardian consented to the release of information in Section 6 of the Standardized Illinois Early Intervention Referral Form to the primary care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 2 of the Referral Fax Back Form to the primary care provider and the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to either the PCP or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: ______/____/____
Child’s Name: ___________________________ DOB: ______/____/____
Parent/Guardian Name: _______________________________

1. ☐ The family has been contacted and the following has occurred:
   ☐ The child has been evaluated and found to be not eligible for services at this time (Skip to #4).
   ☐ The child has been evaluated and found to be eligible for services based on the following:
     ☐ 30% or greater developmental delay
     ☐ Qualifying Diagnosis of: _______________________
     ☐ Other: _______________________

2. ☐ The child and family have been recommended to receive the following Early Intervention services:
   ☐ Developmental Therapy
   ☐ Occupational Therapy
   ☐ Physical Therapy
   ☐ Speech Therapy
   ☐ Social Work/Counseling
   ☐ Other: _______________________
   ☐ Notes: _______________________

3. ☐ An IFSP was/will be developed for the child and family. The IFSP Summary Report will be released to the provider identified in Section 6. Authorization to Release Information, in the Standardized Illinois Early Intervention Referral Form (a full copy of the plan may be obtained through the contact listed in Part I).

4. ☐ The child and family received referrals to the following non-El services: _______________________

5. ☐ The evaluation/assessment and service planning process have not been completed because:

Additional comments:
CHILD AND FAMILY CONNECTIONS
CONSENT FOR RELEASE OF INFORMATION

Child’s Last Name, First Name & Middle Initial

Child’s Date of Birth (Month/Day/Year)

Cornerstone Participant ID # 

CBO/EI #

I authorize Child and Family Connections to release/obtain the below information: ☐ TO ☐ FROM

Name:

Address:

City, State & Zip:

Specific Information to be Disclosed if Available

<table>
<thead>
<tr>
<th>Obtain</th>
<th>Release</th>
<th>Type of Information</th>
<th>Description (timeframe, date of service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Developmental Reports</td>
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<td>☐</td>
<td>☐</td>
<td>Occupational Therapy Reports</td>
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<td>Physical Therapy Reports</td>
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<td>Speech/Language Reports</td>
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<td>Audiological Reports</td>
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<td>Vision Reports</td>
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<td>☐</td>
<td>Medical Reports, Diagnosis, Prescriptions</td>
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<td>☐</td>
<td>☐</td>
<td>Program Eligibility &amp; Financial Status</td>
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<td>☐</td>
<td>☐</td>
<td>Eligibility Information to Referral Source</td>
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<td>☐</td>
<td>☐</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

This information is needed for the following purpose(s): (check all that apply)

☐ Establish Early Intervention eligibility
☐ Coordinate, monitor and implement EI services
☐ Develop an Individualized Family Service Plan
☐ Facilitate transition
☐ Treatment, payment, healthcare operations

This consent for disclosure is valid until: Month / Day / Year

I understand that I have the right to inspect and copy the information to be disclosed. I understand that my consent is voluntary and that I may withdraw this consent by written request to the CF/C above at any time, except to the extent that it has already been acted upon. I understand that my refusal to consent to disclosure will have the following consequences, if any: Inability to establish EI eligibility; develop an IFSP; coordinate, monitor and implement services; or facilitate transition.

Other consequences:

Parent/Guardian/Surrogate Printed Name:

Parent/Guardian/Surrogate Signature:

Witness Signature:

Notice to Receiving Agency/Person:

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Send Information to: (enter name and address)

Name:

Office Name:

Address:

City: State: Zip Code:
Intake, Evaluation & Eligibility Determination

- Child Find
- Intake, Evaluation & Eligibility Determination
- Creation of IFSP
- Eligibility Review
- Transition to Special Education
Intake, Evaluation & Eligibility Determination

Evaluation and eligibility determination must occur within 45 days of referral:

• Early childhood providers provide valuable information and support for family during process
• Teacher reports/observations/behavior reports
• Developmental screening results
• Parents can challenge a decision that their child is not eligible for services or seek re-evaluation while child is under age 3

If child found ineligible, early childhood provider should help link family to services in the community outside of EI.
Creation of IFSP
IFSP Plan

If Eligible for EI, an Individualized Family Services Plan (IFSP) is Developed

- Documents services with frequency and duration
- Developed by multi-disciplinary team
- Must be in family’s native language
- Parent entitled to free copy of IFSP plan
- IFSP must be implemented “as soon as possible” which Illinois says is within 30 days
- Children not allowed to be on waitlists

STATEMENT OF

Development

Measurable Results or Outcomes

Services

Transition Steps

Outcomes and Strategies
Settings of Early Intervention Services

- Home/Community
  *PREFERRED as Natural Environment

- Early Childhood Center
  *PREFERRED as Natural Environment

- Clinic

- Hospital
Eligibility Review

Special Education
IFSP Reviews

• IFSP reviewed every 6 months or whenever a concern arises

• IFSP rewritten every year (re-establish eligibility)

• Families are part of any decision to change services

• Help family to contact the service coordinator or CFC manager with any concerns

• 10 days prior notice
Transition to Special Education
Transition to Special Education

Transition from Early Intervention to Special Education is Guaranteed by Law

- 2 years 6 months to 2 years 8 months
- Transition planning conference with EI service coordinator + referral packet to school
- 2 years 9 months to 3 years
- Evaluation
- By 3 years
- IEP meeting + placement
- By 2 years 9 months
- Transition conference with EI + school district
What is Special Education?

- Federal law for children with special needs from 3–21

- Requires school districts to offer free and appropriate public education (FAPE) designed to help the child learn
  - Specially designed instruction and related services
  - At no cost to the parent
  - To meet the unique needs of a child with a disability
Examples of Special Education Disabilities

- Autism
- Cognitive disability
- Deaf-blindness
- Deafness
- Developmental delay
- Hearing impairments
- Multiple disabilities
- Orthopedic impairments
- Specific learning disability
- Traumatic brain injury
- Speech or language impairment
- Visual impairment

Having a disability or diagnosis is not enough for special education eligibility. It must adversely impact educational functioning.
Early Intervention Myths

• Children in EI cannot receive outside therapies

• Children transitioning to ECSE must wait until beginning of next school year to receive services

• Children cannot be re-referred to EI

• Children can be placed on waitlists for services

• If child receives one service on IFSP that child is not on a waitlist for services.

• Children found ineligible for EI will be linked to community supports

• Children in EI can be given one service if another service unavailable (e.g. developmental v. speech)

• EI therapist is not allowed to work with child in the early childhood care/education classroom unless DCFS licensing approves

• EI provider must work in a separate location with the child at the early care/education program
Team Contributions

Beginning the Partnership

Build Trust/Ownership

Referral Source

Eligibility Informant

IFSP team member

Ongoing intervention

Progress monitor

Transition team member

“If everyone is on board - the kids, family, EI and child care, then it is completely life changing.”

Melissa, Child Care Provider
Maintaining the Partnership

Parents & Family

Child

Child Care

Early Intervention
We are writing you because we do not agree with the outcome of [Insert child’s first & last name]'s Early Intervention eligibility determination on [Date of IFSP creation or determination of ineligibility]. [Insert child’s first & last name]'s was found ineligible for certain/any Early Intervention services despite strong evidence that services are needed. You are in receipt of a referral packet that contains health records, screening results, and observations that provide information about [Insert child’s first & last name] and point out the need for appropriate services.

Specifically, we are asking that [Insert child’s first & last name] be re-evaluated after being found ineligible for:

- [list of services that child should receive]
- [list of services that child should receive]
- [list of services that child should receive]

We are requesting that you reconvene the IFSP Team as soon as possible to reconsider these services. If you should need further information regarding this child and cannot reach the child’s parent/guardian please contact the initial referral source below.

We look forward to collaborating with you.

Sincerely,

[Parent Name and Signature]  [Referral source name and signature and email]
Child Care and EI video

Child Care and EI: Natural Partners in Natural Environments

http://go.illinois.edu/ElandChildCare
Supplements for video

Booklet (pdf)

- 16 pages
- Defines and explains EI in Illinois
- How to talk to families and providers
- State resource listing

http://go.illinois.edu/EITPvideos
Supplements for video

Child Care Provider Handout (pdf)

http://go.illinois.edu/EITPvideos
Supplements for video
EI Provider Handout (pdf)

Early Intervention Training Program (EITP)
Working in Child Care as an EI Provider

Child care settings are ideal for early intervention services. They have regular routines, play-based and child-centered activities, and opportunities for peer interaction. Additionally, many programs run all day and year-round providing continuity of care. Providing quality, coordinated care between child care and early intervention (EI) can improve child and family outcomes.

If the family requests services in the childcare setting, it is important to establish a respectful, collaborative relationship with the child care provider (CCP). To be effective and respectful, you should take the time to learn about the child care program including their program philosophy, schedule, meeting type, the information about the EI process, your role, what to expect during an EI visit, and their role in EI. With the family’s permission, share and discuss the IEP with the child care provider.

Discuss with family members how they would like to involve their child care provider in early intervention.

Ways to Involve Child Care Providers

During evaluation & assessment
CCPs can provide valuable information about the child’s skills and behavior during their care.

During plan development
CCPs can provide information about daily routines, child preferences, and challenges experienced in the childcare setting.

Throughout intervention
CCPs can utilize and help to modify recommended strategies to support a child’s development during childcare routines and activities.

During visits
- Follow the visit policies of the program.
- Take time to work with the administrator.
- Great child care providers and children.
- Share any plans for your visit.
- Embed intervention within program materials, daily routines, and peer interactions.
- Ask the childcare provider about the success of suggested strategies.
- Model intervention techniques and discuss how these techniques support the child’s functional outcomes.
- Allow time for questions from the child care provider.
- Focus on supporting the child care provider through task coaching strategies.

Learn more about task coaching strategies:
http://eseil.vanderbilt.edu/resources/training_pages.html

Other Considerations
- Value child care providers as important members of the team.
- Respect their authority in their programs and classrooms.
- Recognize the multiple responsibilities of child care providers and be flexible in your teaching.
- Take time to observe the program in order to make relevant, meaningful, and functional suggestions for strategies.
- Establish time for joint planning for visits.
- Establish a communication system (e.g., phone, text, email).
- Schedule visits when family members can be present or discuss how information will be shared with the family.
- Provide resources for child care providers on relevant topics.

“Working as a collaborative team effort. We are all there for the best interest of the child and all want to see the child succeed, so the more we stay on the same page, the better the outcomes for the child will be.” —Adrienne, Early Intervention Provider

Resources

Early Intervention & Child Care: Natural Partners in Natural Environments
- http://go.illinois.edu/EIandChildCare

This video is a great resource to share with child care providers to introduce Early Intervention.

CARA’s Kits

These kits provide strategies to embed strategies into daily routines at home and in community programs. They are available through the free lending library at the Illinois Early Intervention Clearinghouse. For more information, please visit www.iclearninghouse.org.

Checklists for Providing/Receiving EI Supports in Child Care Settings

These checklists are based on current evidence supporting the use of natural learning environment practices and coaching as an intervention style for building the capacity of the child care provider to promote child learning and development.

Center for Social Emotional Foundations of Early Learning
- http://csefel.vanderbilt.edu/this center provides resources for task coaching strategies and strategies for classroom settings.

Technical Assistance Center on Social Emotional Intervention (TACSEI)
- http://challdeningbehavior.fmh.ufl.edu/index.htm

This center has a variety of family and practitioner friendly resources on development.

http://go.illinois.edu/EITPvideos
Videos and Related Materials

http://go.illinois.edu/EITPvideos
References

Upstream Health:
upstreamhealth.org
Importance of EI:
EI Outcomes:
http://www.nectac.org/~pdfs/pubs/outcomesofearlyintervention.pdf
CFC Locater:
http://www.wiu.edu/ProviderConnections/links/CFCList.html
Standardized Referral Form:
https://illinois.edu/blog/files/6039/114611/4515.pdf
Standardized Fax Back Form:
https://www.illinois.gov/hfs/SiteCollectionDocuments/hfs652.pdf
Release of Information:
Screening Resource Tools:
http://www.excelerateillinoisproviders.com/resources/resources-by-standard?id=50
Three Steps to Screening:
http://www.excelerateillinoisproviders.com/docman/resources/91-three-steps-to-screening
ExceleRate Standards of Care:
http://www.excelerateillinoisproviders.com/docman/resources/52-fcc-overview-chart/file
Memorandum of Understanding Resources:
http://www.excelerateillinoisproviders.com/resources/resources-by-standard?id=52
Early Childhood Inclusion Statements:


Special Education Parent Brochure for Children Ages 3-5:
We are writing you because [Insert child’s first & last name] is not receiving all of the Early Intervention services he/she was determined to be eligible for on [Date of IFSP creation].

[Insert child’s first & last name]’s was found eligible for all of the following Early Intervention services:

- [list of services that child is approved to receive]

Unfortunately, [Insert child’s first & last name] has not received the following services:

- [list of services that child is not receiving]

IFSP services must begin within 30 days of IFSP development. We are requesting that these services be implemented immediately.

If you should need further information regarding this child and cannot reach the child’s parent/guardian please contact the initial referral source below.

- We look forward to collaborating with you.

- Sincerely,

- [Parent Name and Signature]   [Referral source name and signature and email]
TO: [Insert CFC Service Coordinator Email address]

SUBJECT: [Insert Child’s First & Last Name and Date of Birth]-Referral Timeline

[Insert Case Manager Name],

This is a friendly reminder that the [insert one timeline not met- EITHER 45 DAYS to develop an IFSP, OR 30 DAYS to implement IFSP] timeline has [expired OR is about to expire]. Please let me know the status of this referral. I am dedicated to supporting this referral process so please let me know if anything needs to be communicated to or followed up on by the parent/guardian. Please do not hesitate to contact me with any questions. I can be reached at [insert your phone number and email address].

I look forward to further collaboration.

Sincerely,

[Insert Your Name] [Insert Your Title]
TO: [Insert Case Manager Name at placement school]
FROM: [Insert Your Name & Title]
RE: [Insert Child’s First & Last Name and Date of Birth]

[Insert child’s first & last name] is receiving special education services/supports at your school and also attends our Head Start program.

Please inform me of all dates and times of the IEP annual review or other relevant meetings.

Please consider me a resource and contact me if you should need further information regarding this child or if you cannot reach the child’s parent/guardian.

I can be reached at [insert your phone number and email address].
I look forward to collaborating with you.

I have attached a release of information.

Sincerely,

[Insert Your Name]
[Insert Your Title]
Thank you

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