

An Educator's Guide to Quality Programming

For Children With Autism Spectrum Disorders



Introduction

The Preschool Special Education Services Program has developed this educator's guide to help The Committee on Preschool Special Education (CPSE), families and providers identify some indicators of quality programs for young children with autism spectrum disorders. This guide will also help the CPSE identify supports and services that best suit the family's needs and those of their children regardless of the specific educational methodologies used. Suffolk County is well known for its long history of outstanding programs serving children with autism spectrum disorders. This reputation is a direct result of Suffolk County's strong commitment to make available an array of services to young children with disabilities as well as to their families.

Effective interventions for young children with autism spectrum disorders emphasize the need for their educational experience to include not only knowledge and skill acquisition, but also concentration on socialization, language and communication, the reduction of problem behaviors and development of adaptive skills. While the majority of efforts are focused on the child, high-quality programs incorporate the family's values, goals and concerns.

Developmental research overwhelmingly endorses the key role of parental involvement in treatments for young children. Interventions should support parents and family members as active participants in all aspects of their child's ongoing evaluation and treatments. The providers of service should bring parents timely information about educational philosophies, curriculums and service options.

There are different teaching techniques and environments that will be more effective for some children with autism than for others. It is for this reason that CPSE members, service personnel and families work together to identify and develop quality interventions to address the individual needs of each child. We hope that this *Educator's Guide to Quality Programming* will be used to identify practices that will result in the highest quality services for children with autism spectrum disorders as well as their families.

Sincerely,

Meryl T. Zaglin

Meryl T. Zaglin, Ed.D.
Director

ACKNOWLEDGEMENTS

We would like to acknowledge the Suffolk County Early Intervention Coordinating Council's Ad Hoc Committee on Autism, who developed the initial document that served as the basis for this guide.

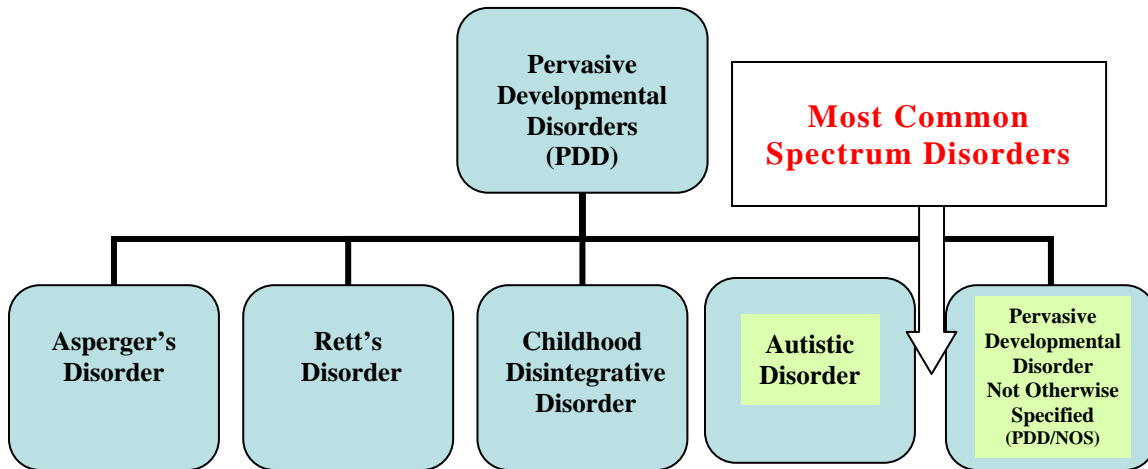
We gratefully acknowledge the following persons who played an integral role in developing *An Educator's Guide to Quality Programming For Children with Autism Spectrum Disorders 2008*:

Dolores Binstock	Sachem CPSE Chairperson
James Ciaravino, Ph.D.	West Islip CPSE Chairperson
Ellen R. Ellis	Suffolk County Dept. of Health Services
JoAnn Fiesel	Marian K. Salomon & Associates
Susan Gerweck, Ph.D.	William Floyd School District CPSE Chairperson
George Heintz	Suffolk County Preschool Coordinator
Linda Kaye	Lindenhurst CPSE Chairperson
Katie Moore	Bilinguals, Inc.
Carol Sauer	Suffolk County Dept. of Health Services
Robin Solomon	Patchogue-Medford CPSE Chairperson
Marti White, Ph.D.	Northport - East Northport School District psychologist
Meryl Zaglin, Ed.D.	Suffolk County Dept. of Health Services

TABLE OF CONTENTS

Introduction	i
Acknowledgements	iii
Table of Contents	v
Definitions and Characteristics of Autism Spectrum	1
Diagnostic Evaluations	4
Development of an Individualized Education Program (IEP)	8
Challenging Behaviors	9
Program Options	10
Instructional Methods	11
Family Training and Support	15
Coordination of Home and Center-Based Services	17
Reimbursement of SEIT Services	20
SEIT Responsibility of Coordination of Services	21
Transition from CPSE to CSE	22
Frequently Asked Questions	23

DEFINITIONS AND CHARACTERISTICS OF AUTISM SPECTRUM DISORDER



Autistic Disorder/Pervasive Developmental Disorder (PDD-NOS)

According to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), published by the American Psychiatric Association (1994, pp. 70-71), the onset of symptoms in autism occurs within the first 3 years of life and includes three general categories of behavioral impairment common to all persons who have autism:

- qualitative impairments in social interaction
- qualitative impairments in communication
- restricted, repetitive, and stereotyped patterns of behavior, interest, and activities

As defined in the DSM-IV, Autistic Disorder is one of the clinical conditions classified within the spectrum of pervasive developmental disorders. Autistic Disorder is distinct from other pervasive developmental disorders such as Rett's Disorder or Childhood Disintegrative Disorder, two other distinctive clinical conditions classified within the spectrum of pervasive developmental disorders.

The most common pervasive developmental disorders diagnosed are Autistic Disorder and Pervasive Developmental - Disorder Not Otherwise Specified. If your child has a diagnosis of "PDD," it likely refers to pervasive developmental

disorder, not otherwise specified (PPD NOS). This diagnosis is given when some, but not all, of the criteria for a specific pervasive developmental disorder are present. We often see this diagnosis used especially with young children, as the diagnosis of autism is difficult to make with certainty at a young age. Children with pervasive developmental disorders all exhibit problems in developing the ability to relate to others and to communicate effectively. Because they overlap, these disorders are also referred to as Autistic Spectrum Disorders.

What are the Characteristics of Autistic Spectrum Disorders?

Autistic spectrum disorders are neurologically based complex developmental disorders. They are characterized by deficits or impairments in the ability to relate to others and to communicate effectively. These disorders are often associated with self-stimulatory and repetitive behaviors, and narrow or overly-focused interests. When these behaviors are significant, they interfere with a child's ability to grow and learn. These disorders often involve a number of underlying problems, including:

- Taking in sensations or information: The child may be under or over reactive to the information received through his senses of vision, hearing, touch, smell, taste and body awareness.
- Processing information: The child may have difficulty understanding or organizing the sensory information he receives.
- Planning or executing responses: The child may have trouble using his body or his thoughts to respond to the information he has taken in.

What are Examples of Behaviors Parents may Observe?

Relating to Others:

- A tendency to avoid interaction; difficulty paying attention to or making eye contact with others
- Repetitive statements, play, or behaviors
- Failure to develop pretend play
- Intense fears about ordinary objects, activities or events

Language and Communication:

- Problems following simple directions
- Echolalia, or repeating what has just been said
- Difficulty making needs and desires known by gestures, words or play.
- Not pointing to show or request things

Regulatory and Sensory-Motor:

- Difficulty dealing with changes in environment
- Avoidance of hugs or light touch
- Poor coordination
- “Self-stimulatory” behaviors; such as spinning, hand flapping, head banging

Clinical Clues for Possible Autism

- Delay or absence of spoken language
- Looks through people; not aware of others
- Not responsive to other people's facial expressions/feelings
- Lack of pretend play; little or no imagination
- Does not show typical interest in, or play near peers purposefully
- Lack of turn taking
- Unable to share pleasure
- Qualitative impairment in nonverbal communication
- Not pointing at an object to direct another person to look at it
- Lack of gaze monitoring
- Lack of initiation of activity or social play
- Unusual or repetitive hand and finger mannerisms
- Unusual reactions, or lack of reaction, to sensory stimuli

Clinical Practice Guidelines, Report of the Recommendations, Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (Age 0 - 3 Years), Second Printing, 9/99 Table III-4, page 57, NYS Dept. of Health Early Intervention

How Does the Diagnosis Relate to Long-Term Outcomes?

Whatever the specific diagnosis, children on the autistic spectrum can learn and make gains with appropriate interventions and supports. Children do not naturally “outgrow” autism, but symptoms may lessen as the child develops and receives treatment.

(www.autismsociety.org)

At this time, there is no “cure” for autism, yet there are effective treatment options. We hope that the services provided to children through the Suffolk County Preschool Programs will help each child achieve his or her full potential.



DIAGNOSTIC EVALUATIONS

Preschool eligibility and services are established through a comprehensive evaluation process. While it is not necessary to have a medical diagnosis to receive services under the preschool program, when a question is raised about a possible Autistic Spectrum Disorder (ASD), best practice during the evaluation process becomes more complex.

What is a Diagnostic Evaluation?

A diagnostic evaluation is an assessment to determine if a child has an Autistic Spectrum Disorder. Assessment and diagnosis of a child suspected of having an Autistic Spectrum Disorder (ASD) must include measures of current intellectual, communicative, social and adaptive functioning. The evaluator should present assessment results in a developmental framework detailing the child's abilities, strengths, and current needs.

INDIVIDUAL EVALUATION: Thorough diagnostic, developmental, and educational assessments using a comprehensive, multidisciplinary approach are used to identify students' strengths and needs.

- | | |
|----|---|
| 1) | Evaluations are conducted by multidisciplinary teams made up of qualified personnel who are familiar with the characteristics and response patterns of students with autism. |
| 2) | The medical and developmental history review factors specific to autism. |
| 3) | Evaluations include the examination of the individual skills and strengths of students with autism, as well as their needs. |
| 4) | Evaluations use a variety of measures and sources of information, including: <ul style="list-style-type: none"> a) appropriate standardized, developmental, and observational methods, b) autism-specific measures, c) parent and family input, d) review of recent progress and functional level. |
| 5) | For both verbal and nonverbal students, speech and language evaluations use standardized measures, parental report, observation, and spontaneous language samples to assess: <ul style="list-style-type: none"> a) receptive language, b) expressive language, c) speech production, d) communicative intent, e) pragmatics. |
| 6) | Evaluation reports integrate results from all areas in ways that lead directly to programmatic recommendations for instruction. |
| 7) | Evaluation reports are written in a meaningful, understandable manner. |
| 8) | Evaluation reports are shared with the student (if appropriate), parents, educators, and other professionals who work collaboratively with the family. |

Adapted from: *AUTISM PROGRAM QUALITY INDICATORS, A SELF-REVIEW AND QUALITY IMPROVEMENT GUIDE FOR SCHOOLS AND PROGRAMS SERVING STUDENTS WITH AUTISM SPECTRUM DISORDERS, August 2001*, The University of the State of New York, New York State Education Department, Office of Vocational and Educational Services for Individuals with Disabilities, Albany, NY 12234

The child's behavior should be observed across a variety of settings and situations. Given the difficulties in social skills and adaptive behavior commonly associated with ASD, detailing a child's behavior among both peers and adults in a variety of situations becomes important for the planning of appropriate intervention.

Why is a Diagnostic Evaluation Done?

A diagnostic evaluation should be conducted whenever there is evidence of the possibility of autism. Indications of autism may arise during the initial multidisciplinary developmental evaluation or during the course of treatment. Sometimes, a screening instrument such as the Modified Checklist for Autism in Toddlers (M-CHAT) is recommended to help decide the need for a diagnostic evaluation.

Concerns regarding the diagnosis of an autism spectrum disorder should be discussed with parents and recorded in writing as part of the initial evaluation or periodic progress report. The written report provides a documented rationale for recommendation of an autism diagnostic evaluation.

When is a Diagnostic Evaluation Done?

A diagnostic evaluation should be done only after a general assessment of the child's development has already been completed. The initial assessment establishes developmental levels and eligibility for Preschool services. A health assessment, often including an audiological examination, is important to identify other conditions that may be associated with autism.

A licensed Psychologist will have to use autism-specific testing and the most current Diagnostic Statistical Manual (DSM) to determine the presence of an autism spectrum disorder.

If the testing is the initial multidisciplinary evaluation or if the child has not had a psychological evaluation within one year, then the CPSE can request that a psychological be completed. The licensed psychologist or educator must first establish that the child has the mental age functioning that meets the criteria of the diagnostic tools. The psychologist might need to do a functional behavioral assessment (FBA).

If the child had a diagnosis in Early Intervention and it is felt that there is still evidence that the diagnosis is appropriate, the CPSE can use the Early Intervention testing and progress notes. Parental permission must be secured to use testing and reports from Early Intervention.

If the child had a diagnosis in Early Intervention at an early age (before 2 years of age) and there appears to be a question as to whether or not the autism spectrum disorder is still an appropriate diagnosis, the CPSE can authorize additional testing to be used when the child has the initial multidisciplinary evaluation.

If sometime after the initial evaluation but before a year ends there is noticeable change in a child's behavior, additional psychological testing can be requested. A written rationale must be attached to the STAC form for processing.

How is a Diagnosis Determined?

WHO CAN MAKE A DIAGNOSIS USING THE DSM CRITERIA?

Based on the practice acts of New York State

- Licensed Psychologists
- Physicians

Diagnosis of autism or another pervasive developmental disorder is based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV). Results of formal assessment using the ADOS, CARS, or other test instruments and reports add information to the process of diagnosis, but ultimately the decision is based on clinical judgment, in conjunction with test scores and DSM-IV criteria. Families should share the education evaluation and/or diagnosis with their pediatrician or other appropriate medical professionals.

What Specific Behaviors or Abilities are Assessed?

- **Social Skills**

Emotional Referencing: facial expressions directed at others, shared enjoyment in interaction, responsive social smile, range and quality of affective responses, response to name.

Eye Contact: initiation of joint attention (looking at an object, then to a person and back to the object to make sure the other person notices it), response to joint attention, unusual eye contact, avoidance of eye contact.

Social Coordination: showing, giving, gestural imitation, quality of social overtures, integration of gaze and vocalization/gesture to initiate or sustain interaction, response to adult's intrusion in play, anticipatory excitement.

- **Communication Skills**

Declarative Language: frequency of vocalization directed at others, use of vocalization to invite others to interact, pointing, use of other gestures as forms of nonverbal communication (e.g., clapping to get attention).

Idiosyncratic Use of Language: use of another's body to communicate, echolalia

(non-communicative and inappropriate echoing), quality of intonation, stereotypic/ idiosyncratic use of sounds, words, phrases.

- **Play Behavior**

Functional Play: spontaneous explorative play, purposeful interaction with a variety of toys, symbolic representation.

Atypical/Restricted Play: stereotyped/repetitive play, atypical sensory behaviors/ body use, restricted range of interests, hyperactivity, aggressive/self-injurious behavior.

How Will These Behaviors be Assessed?

The Autism Diagnostic Observational Schedule (ADOS) is recommended for children who are ambulatory and who have a mental age above 12 months. Caution must be used in interpreting test scores for children with mental age between 12 and 18 months. The ADOS scoring is based entirely on direct observation of the child during the assessment. Extensive training is needed to learn how to administer the ADOS.

The Child Autism Rating Scale (CARS) is recommended for use in conjunction with the ADOS for children over two years of age. The CARS provides a structured format for gathering and rating observation and parent report of the child's behavior on 15 dimensions of autism. If a standardized test cannot be utilized, the evaluator will address all of the required components through parent interview, clinical observation and interaction with the child.



DEVELOPMENT OF AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Appropriate educational objectives for children with autism spectrum disorders should include behaviors and skills that are observable and measurable. These objectives should be developed to help improve the child's participation in the educational program, the community and family life.

The use of evaluation results, parent and family concerns, and present performance levels in developing individual programs to meet student needs are indicators of a quality IEP and should be used to develop goals.

<p>DEVELOPMENT OF THE INDIVIDUALIZED EDUCATION PROGRAM: The Committee on Preschool Special Education (CPSE) and the Committee on Special Education (CSE) use evaluation results, parent and family concerns, and present levels of performance in developing individualized education programs (IEPs) to meet students' needs.</p>	
1)	The IEP identifies developmental, health, social-emotional, and behavioral needs.
2)	While the IEP addresses a broad range of developmental and educational needs, it specifically includes the areas of: <ul style="list-style-type: none"> a) communication, b) social interaction, c) behavior and emotional development, d) play and use of leisure time.
3)	Goals and objectives: <ul style="list-style-type: none"> a) relate directly to the student's present level of performance and identified needs, b) reflect parental input and family concerns, c) are observable and measurable, relate to long-term outcomes, d) are selected to achieve long-term outcomes.
4)	The IEP identifies program modifications, including environmental and instructional adaptations and accommodations, that are needed to support the student.
5)	"Parent counseling and training" is indicated as a related service as appropriate.
6)	Augmentative and alternative communication systems are considered for students with limited verbal abilities.
7)	Opportunities for interaction with nondisabled peers are provided as appropriate. <p style="text-align: center;"><i>Adapted from: AUTISM PROGRAM QUALITY INDICATORS, A SELF-REVIEW AND QUALITY IMPROVEMENT GUIDE FOR SCHOOLS AND PROGRAMS SERVING STUDENTS WITH AUTISM SPECTRUM DISORDERS, August 2001, The University of the State of New York, New York State Education Department, Office of Vocational and Educational Services for Individuals with Disabilities, Albany, NY 12234</i></p>

CHALLENGING BEHAVIORS

Intervention strategies must focus on assessments from a variety of sources including a Functional Behavioral Assessment resulting in the development of a Behavioral Intervention Plan (BIP). Strategies should include functional behavioral supports, and proactive approaches that have empirical support. The IEP team should prioritize goals and focus on those that will improve the child's behavior and the ability to participate in peer groups and family life.

ELEMENTS TO LOOK FOR IN A BEHAVIORAL PROGRAM

- Defined behavioral expectations
- Staff training in behavioral strategies
- Data collection and analysis
- Use of Functional Behavioral Assessment

Multiple assessment methods used

School and non-school factors

Assessment of contributing factors to challenging behaviors

- Development of a Behavior Intervention Plan (BIP)
- Focus on long-term outcomes
- Policies for crisis intervention
- Periodic team re-assessment of effectiveness
- Opportunity for Parent Involvement and training

Adapted from Autism Program Quality Guidelines; A Self Review and Quality Improvement Guide From Programs Serving Young Students With Autism Spectrum Disorders, New Jersey Department of Education, Office of Special Education Programs, Fall 2004

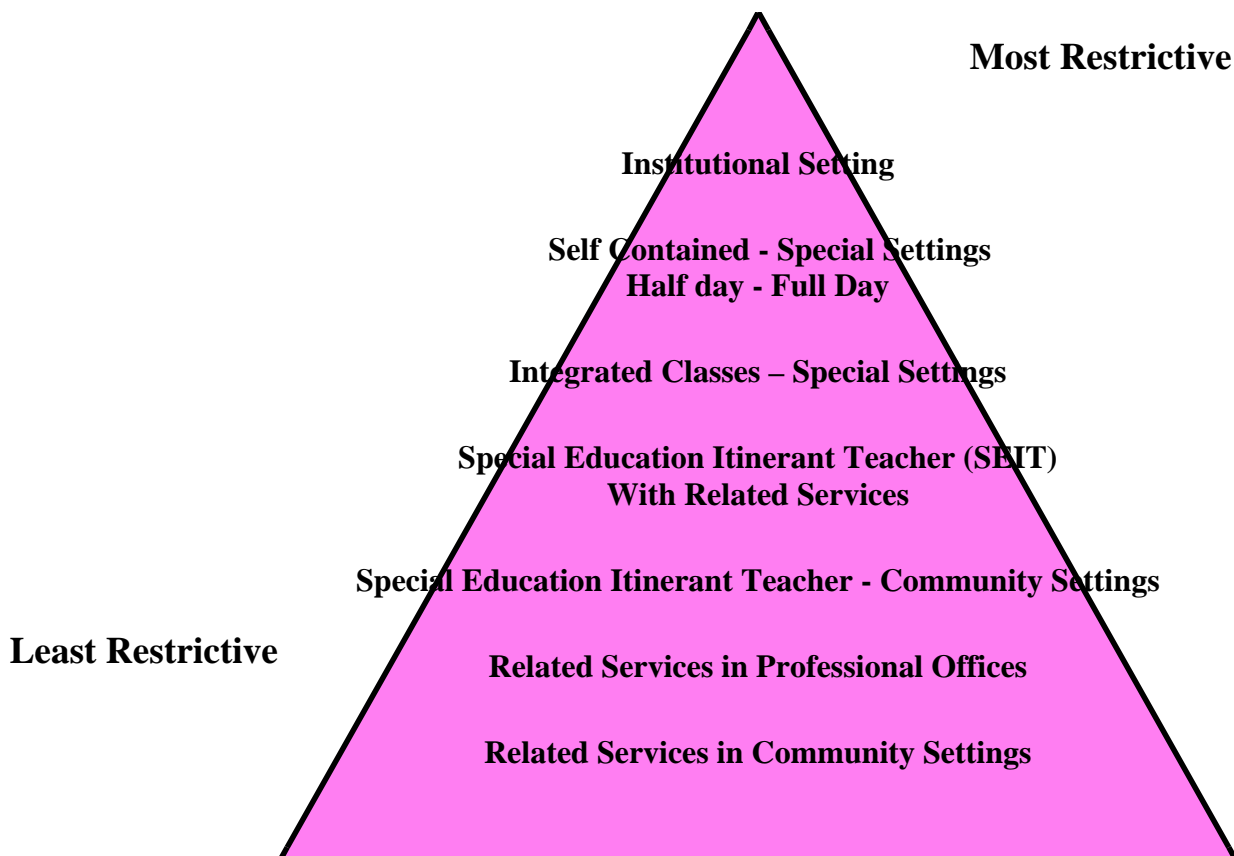


PROGRAM OPTIONS

According to the New York State Education Department, the Least Restrictive Environment must always be considered first. **Recommendations for programs and related services should be solely based on the child's individual needs and not on a specific diagnosis.**

The Committee on Preschool Special Education (CPSE) makes recommendations for placement of preschool students with disabilities. The CPSE is required by law and regulation to first consider the appropriateness of providing related services only; or special education itinerant teacher services (SEIT) only; or related services in combination with SEIT services; or a half-day preschool program or a full-day preschool program. The CPSE is also required to first consider providing special education services in a setting where age-appropriate peers without disabilities are typically found, before recommending the provision of special education services in a setting, which includes only preschool children with disabilities.

The CPSE is required to include in the written report of its recommendations a statement of the reasons why less restrictive placements were not recommended when the provision of special education services is to take place in a setting with no regular contact with age-appropriate peers without disabilities. This applies to programs developed for children with autism spectrum disorders as well.



INSTRUCTIONAL METHODS

A child's individual program should provide a variety of developmentally and functionally appropriate activities, experiences and materials that engage the student in meaningful learning. Teaching methodology should reflect the unique needs of the children with autism spectrum disorders and are varied according to developmental appropriateness and individual strengths and needs. New York State Education Department indicators of quality instruction include:

CURRICULUM: The program uses a curriculum that addresses the significant skill deficits of students with autism and relates to the New York State Learning Standards.	
1)	The curriculum contains a written statement of goals and philosophy from which instructional objectives, methods, and activities proceed.
2)	The curriculum focuses on maximizing independent functioning in home, school, vocational, and community settings.
3)	The curriculum is adapted to the different ages, abilities, and learning styles of students with autism.
4)	The curriculum emphasizes the development of: <ul style="list-style-type: none"> a) attention to social stimuli, b) imitation skills, c) communication and language, d) social relationships, e) symbolic play, imagination, and creativity, f) self-regulation, g) skills to meet the learning standards, h) vocational skills.
5)	With respect to communication, the curriculum emphasizes the development of a functional communication system for both verbal and nonverbal students with autism.
6)	With respect to social relationships, the curriculum emphasizes the development of social interaction skills with adults and peers for a range of occasions and environments.
7)	The curriculum focuses on the maintenance and generalization of learned skills to more complex environments. Adapted from: AUTISM PROGRAM QUALITY INDICATORS, A SELF-REVIEW AND QUALITY IMPROVEMENT GUIDE FOR SCHOOLS AND PROGRAMS SERVING STUDENTS WITH AUTISM SPECTRUM DISORDERS, August 2001, The University of the State of New York, New York State Education Department, Office of Vocational and Educational Services for Individuals with Disabilities, Albany, NY 12234

INSTRUCTIONAL METHODS: Teaching methods reflect the unique needs of students with autism and are varied depending on developmental appropriateness and individual strengths and needs.

- | | |
|----|--|
| 1) | Instructional methods are adapted to the range of ages, abilities, and learning styles of students with autism. |
| 2) | Instructional methods reflect empirically validated practices or solid evidence that demonstrates effectiveness over time. |
| 3) | The degree of structure and intensity of teaching are geared to the functional abilities of the student. |
| 4) | Instructional methods: <ul style="list-style-type: none"> a) emphasize the use of naturally occurring reinforcers, b) promote high rates of successful performance, c) encourage communication and social interaction, d) encourage the spontaneous use of learned skills in different settings. |
| 5) | As instruction proceeds, an effort is made to teach students to cope with the distractions and disruptions that are an inevitable part of daily living. |
| 6) | There is a clear plan showing methods for systematically promoting the maintenance and generalization of learned skills |

INSTRUCTIONAL ACTIVITIES: The program provides a variety of developmentally and functionally appropriate activities, experiences, and materials that engage students in meaningful learning.

- | | |
|----|---|
| 1) | Instructional activities: <ul style="list-style-type: none"> a) enhance response opportunities, b) are appealing and interesting, c) promote active engagement of the student, d) focus on basic skills before more complex skills, e) provide multiple opportunities for practicing skills identified on the IEP, f) are (whenever possible) embedded within ongoing and natural routines of home, school, vocational, and community settings. |
| 2) | Activities use a variety of instructional formats—one-to-one instruction, small group instruction, student-initiated interactions, teacher-directed interactions, play, peer-mediated instruction—based upon the skill to be taught and the individual needs of the student. |
| 3) | IEP goals and instructional methods are compatible and complementary when the program uses components of different |
| 4) | Instructional activities are adapted to the range of ages, abilities, and learning styles of students with autism. |
| 5) | Daily instruction is provided to meet the individual communication needs of students with autism. |

INSTRUCTIONAL ENVIRONMENTS: Educational environments provide a structure that builds on a student's strengths while minimizing those factors that most interfere with learning.

1)	Environments are initially simplified to help students recognize relevant information.
2)	When needed (particularly for younger students), classrooms have defined areas that provide clear visual boundaries for specific activities.
3)	Environmental supports (e.g., the use of visual schedules) are available that facilitate the student's ability to: a) predict events and activities, b) anticipate change, c) understand expectations.
4)	Communication toward and with students: a) is geared to their language abilities, b) is clear and relevant, c) encourages dialogue (when appropriate), rather than being largely directive. <i>Adapted from: AUTISM PROGRAM QUALITY INDICATORS, A SELF-REVIEW AND QUALITY IMPROVEMENT GUIDE FOR SCHOOLS AND PROGRAMS SERVING STUDENTS WITH AUTISM SPECTRUM DISORDERS, August 2001, The University of the State of New York, New York State Education Department, Office of Vocational and Educational Services for Individuals with Disabilities, Albany, NY 12234</i>



WARNING

There are many therapies that purport to help children with autism. While parents and educators should be aware of various treatment options, it is important for educators and parents to protect themselves and their children from false treatment claims. We are providing this checklist adapted from the American Arthritis Foundation and printed in *Science in Autism Treatment, Premiere Issue, Spring 1999*, which can be used to evaluate treatment claims.

PSEUDOSCIENTIFIC THERAPIES: SOME WARNING SIGNS

- 1. High success rates are claimed.**
- 2. Rapid effects are promised.**
- 3. The therapy is said to be effective for many treatments and disorders.**
- 4. The “theory” behind the therapy contradicts objective knowledge (and sometimes common sense).**
- 5. The therapy is said to be easy to administer, requiring little training or experience.**
- 6. Other, proven treatments are said to be unnecessary, inferior or harmful.**
- 7. Promoters of the therapy are working outside their area of expertise.**
- 8. Promoters benefit financially or otherwise from adoption of the therapy.**
- 9. Testimonials, anecdotes, or personal accounts are offered in support of claims about the therapy’s effectiveness, but little or no objective evidence is provided.**
- 10. Catchy, emotional appealing slogans are used to market the therapy.**
- 11. Belief and faith are said to be necessary for the therapy to “work.”**
- 12. Skepticism and critical evaluation are said to make the therapy’s effectiveness evaporate.**
- 13. Promoters resist objective evaluation and scrutiny of the therapy by others.**
- 14. Negative findings from scientific studies are ignored or dismissed.**
- 15. Critics and scientific investigators are often met with hostility and are accused of persecuting the promoters, being “closed-minded,” or having some ulterior motive for “debunking” the therapy.**

Reprinted from *Science in Autism Treatment, Premiere Issue, Spring 1999*

FAMILY TRAINING AND SUPPORT

While the majority of educational efforts are rightly focused on the child, high quality programs also incorporate family members, and consider their values, concerns, and priorities. Consistent collaboration between educational personnel and family members is essential to the success of all young students, especially those with Autistic Spectrum Disorders (ASD).

What is Family Training?

Service providers are responsible for making substantial efforts to recognize, value and assist parents as partners in the development and implementation of a child's individual service plan. "Family Training" is one of the services offered through the Preschool Special Education Program to actively support families and enable them to acquire new skills for increasing appropriate behaviors and reducing challenging behaviors of their child. The intent of family training is to help families embrace the methodology and have it become part of their daily lives.

Family training can and should be an integral part of a child's interventions. A family trainer will help parents be active participants in the intervention team to the extent of their interests, resources and abilities. Family training will provide parents with a chance to review their child's progress, discuss any concerns, and update their child's program.

Why is Family Training Important?

Research shows that when parents take an active role in their child's intervention the outcomes are more successful. Family training is important to help families incorporate behavioral and communication techniques into the daily routines of the child and family and to ensure consistency in the intervention approach . *

What Can I Expect From My Family Trainer?

Your family trainer is your intervention team contact and will get in touch with you after your CPSE meeting. Here are some of the topics you may want to discuss with your training professional:

- Your child's diagnosis
- Your child's behavior and development (strengths and needs)
- Your concerns
- Interventions that can be used
- What you can expect from all parties involved

Parents may be asked to fill out a questionnaire for the family trainer. This will help prioritize your concerns about the child. The programs that are devised for each child should be a direct result of the evaluation and all of the factors mentioned.

*(NYS DOH Clinical Practice Guidelines, Report of the Recommendations, Second Printing, pg.140).

VIEWS FROM THE STATE PARENT TRAINING AND SUPPORT

FAMILY INVOLVEMENT AND SUPPORT: Parents are recognized and valued as full partners in the development and implementation of their children's IEPs.	
1)	Parents and family members are supported as active participants in all aspects of their child's ongoing evaluation and education to the extent of their interests, resources, and abilities.
2)	Parents are informed about the range of educational and service options.
3)	The program demonstrates an awareness and respect for the culture, language, values, and parenting styles of the families they serve.
4)	The program makes available "parent counseling and training" services, which: <ul style="list-style-type: none"> a) provide parents with information about child development, b) assist parents to understand the needs of their child, c) foster coordination of efforts between school and home, d) support the family in behavior management, e) enable parents to acquire skills to support the implementation of their child's IEP.
5)	Parents are provided with opportunities to meet regularly with other parents and professionals in support groups.
6)	Parents receive regular communication from the program regarding their child's progress.
7)	Parents are assisted in accessing services from other agencies (when available and as appropriate) such as respite, in-home behavior support, home health care, transportation, etc. Adapted from: AUTISM PROGRAM QUALITY INDICATORS, A SELF-REVIEW AND QUALITY IMPROVEMENT GUIDE FOR SCHOOLS AND PROGRAMS SERVING STUDENTS WITH AUTISM SPECTRUM DISORDERS, August 2001, The University of the State of New York, New York State Education Department, Office of Vocational and Educational Services for Individuals with Disabilities, Albany, NY 12234

The family trainer will show the caregiver how to practice skills with the child. The family should be shown how to recognize and capitalize on learning opportunities in the child's environment. As intervention continues, the trainer's role changes. Each program should be reviewed with the family and intervention strategies should be demonstrated for implementation by the caregivers.

COORDINATION OF HOME AND CENTER - BASED SERVICES

Some children receiving services for Autism Spectrum Disorders in Suffolk County receive both home and center based instruction. CPSE approval of these services is based solely upon the child's individual needs.

Intended Outcomes of Dual Services

- The primary goal of home-based services for children with autism spectrum disorders is to teach the parent how to incorporate the ABA methodology into the child's home life. SEIT services will assist the parent in developing strategies to help the child gain skills of daily living, adaptive social behaviors and facilitate cognitive and language development. Therapists should work with the parent to devise strategies to address IEP goals. Home-based therapists will also work on reinforcing the skills that the child has worked on in his or her program in order to promote skill mastery. It is essential that the parent or caregiver is available to work with the therapist. Services should move from a more secluded setting to a more generalized environment. **The goal is to reduce the need for home hours as the family becomes better adept at using the methodology.**
- **The need for home services and the amount of home services is a child specific determination.** Some children show evidence of significant regression if the skills they have acquired are not continuously reinforced. It is necessary to analyze data to determine if the child substantially regresses following an interruption of services. Children who evidence significant regression that can be documented may require a more intense program of home-based services than others.



Excerpted from:

Guide for Determining Eligibility and Special Education Programs and/or Services for Preschool Students with Disabilities

The New York State Education Department Office of Vocational and Educational Services for Individuals with Disabilities Albany, New York January 2003

Extended School Year Programming

Extended school year services may be appropriate for some preschool students with disabilities who require a structured learning environment to prevent substantial regression. Substantial regression means a student's inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August of such severity as to require an inordinate period of review at the beginning of the school year to reestablish and maintain IEP goals and objectives mastered at the end of the previous school year. As a guideline for determining eligibility for an extended school year program, a review period of eight weeks or more would indicate substantial regression has occurred. The CPSE is responsible for determining a student's eligibility for an extended school year program and recommending the appropriate July and August special education program and/or related services needed to prevent substantial regression.

The Department has previously issued guidelines on the provision of services to students with disabilities in the least restrictive environment during the months of July and August. The publication, *The Provision of Extended School Year Programs for Students with Disabilities in Integrated Settings (August 1996)*, provides more information.

Coordination of Services

Responsibilities of Both Center Based and SEIT Teachers

- When a child's IEP includes two or more related services only, the board of education must designate one of the service providers to coordinate the provision of services. If the IEP includes special education itinerant services (SEIT) and one or more related services, the SEIT provider is responsible for the coordination of services.
- A communication book between the SEIT teacher and the classroom teacher must be used so that meaningful collaboration takes place. This should be completed after each session.
- Home and center based classroom teachers must arrange to meet and discuss the child's needs as well as to review the IEP. This meeting can take place before, during or after school hours at the discretion of the team.
- Data taken at all locations should be reviewed and used for future planning.

Role of the Parent During Home/Community Service Delivery.

- Parents need to be present when direct services are being delivered. If this is not possible, an adult caregiver must be home, remaining close to the teaching site.
- The parent should be involved during the whole process, including the determination of primary reinforcers, especially if edibles are being considered.
- Parent should be available for parent training and counseling for the specified number of hours authorized on an IEP. If the parent or caregiver is not available, the home provider cannot substitute direct student services for the parent training. The provider should leave the home if the parent or caregiver is not available.
- A communication book between parent, home teacher and classroom teacher should be used so meaningful collaboration takes place. Entries should be completed after each session by all parties.

Some Issues to Remember in Home Service

- Generalizing means across people, places and situations.
- Be sure to rotate interventionists.
- Skill development must occur in a variety of settings. Consider varying the locations where services take place.
- Providers of service are responsible to implement the plan as written by the CPSE. The intervention team must assure that all activities are related to outcomes stated on the child's IEP.
- When recommending continuation or change of SEIT services, the child's current skill levels must be presented.
- The SEIT should make objective educational recommendations.

- The SEIT must maintain professional boundaries.
- Providers can meet families at community settings, but cannot transport children.

REIMBURSEMENT OF SEIT SERVICES

In accordance with Part 200.9 (f)(2)(ix)(d)¹ of the Regulations of the Commissioner of Education, Special Education Itinerant Teacher service rates will be reimbursable on a half hour unit rate based on enrollment (not attendance) and on the number of units indicated on a student's IEP on session days that the school operates. SEIT services are not billed on a 40 week calendar unless specifically approved by NY SED.

SEIT Providers may bill:

- If the service is provided in accordance with the IEP;
- If the teacher is absent and a substitute teacher provides the service during the week;
- If the teacher conducts a make-up session during that week; and
- If the student has an excused absence.

SEIT Providers may not bill:

- If the school is on vacation or not in session, unless otherwise noted;
- If the teacher is absent and no substitute teacher is provided;
- If the day care or nursery school that the child attends is closed unless otherwise noted; and
- If the SEIT provider attends a CPSE meeting, a Treatment Team meeting or provides any other coordination activity since these functions are included in the half hour rate

SEIT providers shall:

- Submit a voucher for services rendered no later than fifteen (15) days after the quarterly dates;
- Shall submit a voucher not more that thirty (30) days for any additional payment due to a rate increase notification by the Commissioner or shall notify the County of any refund due to a rate decrease notification by the Commissioner;
- Submit claims for the reimbursement for approved costs not later than six (6 months) after the end of the school fiscal year or the approval of a tuition rate, whichever is later.

¹ Part 200.9 (f)(2)(ix)(d) Special education itinerant service rates will be calculated so that reimbursable expenditures shall be divided by the product of the number of days in session for which the program operates times the number of direct and/or indirect special education itinerant service hours per day times two. In instances where the special education itinerant services are provided in a group session, i.e., two or more students with a disability within the same block of time, the half hour rate must be prorated to each student receiving services. Special education itinerant service rates shall be paid on the basis of enrollment as defined in section 175.6(a)(1) and (2) of this Title for the period of enrollment as defined by the student's IEP.

Transition

- **Question:** Are service coordination services provided to families under Section 4410 of the Education Law?

Answer: No. There is no requirement under the Education Law to provide service coordination services to children and families eligible for services under Section 4410 of the Education Law. However, when a child's IEP includes two or more related services only, the board of education must designate one of the service providers to coordinate the provision of services. If the IEP includes special education itinerant services (SEIT) and one or more related services, the SEIT provider is responsible for the coordination of services.

- **Question:** How can families find out about the programs and services available under Section 4410 of the Education Law?

Answer: There are a number of ways families can access information about services available under Section 4410 of the Education Law. Service coordinators are responsible for informing families about the transition process, including programs and service options available under Section 4410 of the Education Law and for linking families to services in the community needed by the child that are not available under the EIP or under Section 4410 of the Education Law. In addition, an important purpose of the transition conference is to review program and service options available to the child and family when the child transitions to preschool special education. The State Education Department's publication, *Special Education in New York State for Children Ages 3-21: A Parent's Guide*, is also an important source of information for families. Parents may also be referred to the Early Childhood Direction Center (ECDC) serving the county in which the family resides (see Appendix B).

Excerpted from: *The Transition of Children from The New York State Department of Health Early Intervention Program to The State Education Department Preschool Special Education Program or Other Early Childhood Services*, February 2005

This 102 page document can be accessed at: http://www.health.state.ny.us/community/infants_children/early_intervention/transition/docs/transition.pdf



TRANSITION FROM CPSE TO CSE

Transition is a time of change:

- Fostering educational placements in educational settings.
- Time to start considering long range plans for each child.
- Focus on regulatory requirements for instructional contents.
- Functional outcomes relate to educational performance.
- Diagnosis often requires medical testing and confirmation.

There are 13 educational classifications, as follows:

200.1 (zz) *Student with a disability* means a student with a disability as defined in section 4401 (1) of Education Law, who has not attained the age of 21 prior to September 1st and who is entitled to attend public schools pursuant to section 3202 of the Education Law and who, because of mental, physical or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the department. The terms used in this definition are as follows:

Autism

Mental retardation

Deafness

Multiple disabilities

Deaf-blindness

Orthopedic impairment

Emotional disturbance

Other health-impairment

Hearing impairment

Speech or language impairment

Learning disability

Traumatic brain injury

Visual impairment (including blindness)

Excerpted from: *Regulations of the Commissioner of Education Pursuant to Sections 207, 3214, 4403, 4404 and 4410 of the Education Law, art 200 -Students with Disabilities*
(Includes all Amendments through December 2005)



FREQUENTLY ASKED QUESTIONS AND ANSWERS **ON TRANSITION**

Excerpted from: The Transition of Children from the New York State Department of Health Early Intervention Program to the State Education Preschool Program or Other Early Childhood Services, February 2005

AGE ELIGIBILITY

1. Question: Can a child be age-eligible for the Early Intervention Program (EIP) and special education services under Section 4410 of the Education Law at the same time?

Answer: Yes. Under IDEA and New York State Public Health and Education Law, there is overlapping age-eligibility for the EIP and preschool special education programs and services for children over the age of two years. This is to ensure that children do not experience a gap in services when transitioning from the EIP to preschool special education programs and services; and, to ensure that children have access to a free appropriate public education by their third birthday. However, under PHL, a child who is receiving services under Section 4410 of Education Law cannot be an eligible child under the EIP.

Under Public Health Law (PHL), children are age-eligible for the EIP from birth through two years of age, unless the child has been determined eligible for services under Section 4410 of the Education Law before the child's third birthday. If a child is determined eligible for services under Section 4410 of the Education Law before his or her third birthday, the parent may choose to have the child continue to receive EIP services until he/she ages out, or transition the child to preschool special education programs and services.

The specific date when a child is first eligible for preschool special education programs and services depends upon the month during which a child is born.

2. Question: If a child currently receiving EI services is in the process of receiving an evaluation under Section 4410 and turns three, may the child continue to receive EI services on and after his/her third birthday?

Answer: No. The amended Public Health Law is explicit. A child who is not determined eligible for Section 4410 programs and/or services before his/her third birthday may not continue to receive EI services after his/her third birthday. Please refer to page 16 for information on parents' due process rights under the Education Law.

3. Question: If the CPSE does not determine that a child is eligible before his or her third birthday, and then the CPSE determines the child eligible for special education programs and services *after* the child has already turned three years of age, can the child return to the EIP and resume the services included in his or her previous IFSP? Alternatively, if a child exits the EIP while eligibility for services under Section 4410 of the Education Law is pending, and the child is subsequently found eligible for these services, can the child re-enter the EIP and continue in the EIP until s/he is no longer age-eligible?

Answer: No. If the child turns three years of age, and the CPSE has not rendered a determination as to whether the child is eligible for services under Section 4410 of the Education Law, the child's eligibility for the EIP ends at his or her third birthday. In this case, it is recommended that the concern be discussed with the CPSE or directed to the appropriate Special Education Quality Assurance Office (see Appendix H). The child may not re-enter the EIP at or after his or her third birthday. Similarly, if a child exits the EIP while eligibility for services under Section 4410 of the Education Law is pending, and the child is subsequently found eligible for these services after the child's third birthday, the child cannot re-enter the EIP. As always, to address areas of disagreement, or when the CPSE has not acted within the required timeframes, under Education Law, parents may pursue their due process rights to mediation, an impartial hearing, or a sixty-day State complaint (see page 16).

4. Question: What should the Early Intervention Official (EIO) do if a child is referred to the EIP when s/he is age-eligible for services under Section 4410 of the Education Law?

Answer: If a child is referred to the EIP when s/he is age eligible for services under Section 4410 of the Education Law, the EIO should recommend to the parent that the child be referred directly to the CPSE of the school district in which the family resides. However, if a parent chooses to continue with the referral to the EIP, an initial service coordinator must be assigned and the service coordinator must assist the parent in the receipt of a multidisciplinary evaluation for the child consistent with the EIP requirements. The parent should be informed that the transition process must also be initiated, including notice to the school district, arranging for a transition conference and evaluation of the child by the CPSE to determine the child's eligibility for services under Section 4410 of Education Law. The parent should be informed that if the child is not referred, evaluated, and found eligible for preschool special education programs and services before the child's third birthday, the child's eligibility for the EIP will end when the child turns three years old.

NOTIFICATION AND REFERRAL

5. Question: Can the notification to the CPSE of a child's potential eligibility for services under Section 4410 of the Education Law also serve as the referral to the CPSE?

Answer: There is nothing in Public Health or Education Law to prohibit the notification of a child's potential eligibility for services under Section 4410 of the Education Law from also serving as the referral, as long as the notice is clearly identified as a referral and the notice includes all the information required by the CPSE to be considered a referral.

6. **Question:** Must a school district/CPSE accept all referrals of age-eligible children?

Answer: Yes. Under the Education Law, the CPSE is required to accept and act upon referrals of age-eligible children. This includes requesting consent to evaluate the child, follow-up with parents who do not provide consent to ensure they understand the request, and completing an eligibility determination and, if appropriate, an IEP within required timeframes.

7. **Question:** Is it each county's responsibility to establish a policy regarding the specific age for children to be referred to the CPSE?

Answer: No. Each county and New York City must adhere to the requirements in Public Health and Education Law regarding age-eligibility requirements and the timeframes for notice to the school district, convening of a transition conference, and eligibility determinations. However, counties may develop procedures consistent with State laws and regulations and Department of Health and State Education Department policies.

8. **Question:** Must the Early Intervention Official (EIO) notify school districts and arrange transition conferences **EXACTLY** 120 days and 90 days, respectively, prior to the child's potential eligibility for services under Section 4410 of the Education Law?

Answer: No. EIP regulations require the notice be **AT LEAST** 120 days prior to the child's potential eligibility for services under Section 4410 of the Education Law; and, the transition conference to be convened **AT LEAST** 90 days prior to a child's potential eligibility for services under Section 4410 of the Education Law or the child's third birthday, whichever is first. To manage notice and transition conferences at the municipal level, it is permissible for the EIO to notify school districts and arrange for transition conferences during the month or quarter in which a child's birth date falls, as long as the notice is sent and the transition conference is convened within the timeframes required in regulations and within sufficient time for the CPSE to render an eligibility determination before the child's third birthday.

9. **Question:** At what age must the school district CPSE accept a referral for preschool special education?

Answer: In order for a child to receive preschool special education by their third birthday or on the first day of their eligibility for preschool special education (whichever comes first), the referral must be accepted in time to allow the CPSE to provide a recommendation to the board of education within thirty school days of receipt of written consent by the parent for the individual evaluation of the child.

10. **Question:** What information must be included in the referral to the CPSE?

Answer: The referral to the CPSE must be made in writing and must include the following information: the name of and contact information for the child and the

child's parent or person in parental relation; the reasons for the referral, including, with parent consent, any records upon which the referral is based that may be in the possession of the person submitting the referral; a written description of the child's participation in EIP services; and, the extent of parental contact or involvement prior to the referral.

TRANSITION CONFERENCE

11. **Question:** Should a transition conference be arranged for all children exiting the EIP?

Answer: A transition conference should only be arranged, with parental consent, for children potentially eligible for services under Section 4410 of the Education Law. Please refer to pages 10 and 11 for criteria to be considered in identifying these children.

12. **Question:** Who must participate in the transition conference?

Answer: The EIO is responsible for convening the transition conference with the parent, service coordinator, and chair of the CPSE or his or her designee.

13. **Question:** Is the CPSE chairperson or a designee required to participate in the transition conference to review the child's program options?

Answer: Yes. Pursuant to Section 4410(3)(f) of the Education Law, the Chairperson of the CPSE of the local school district in which the child resides or his or her designee must participate in the conference.

14. **Question:** Who else should participate in the transition conference?

Answer: With the parent's consent, representatives of other service delivery systems, with whom the child and family are currently involved or from whom the child may need services (such as OMRDD or OCFS) should be invited to participate in the transition conference.

15. **Question:** Can required participants in the transition conference participate by telephone conference call?

Answer: Yes. The transition conference must be convened in a location that is mutually convenient to the participants. It is permissible for participants to participate in the conference by telephone.

16. **Question:** What is the role of the CPSE chairperson or the designee at the transition conference?

Answer: The CPSE Chairperson or the Chairperson's designee must participate in the conference with the parent(s) and the EI Service Coordinator to support the child's potential transition to preschool special education and to ensure that the

parent is fully informed of the special education or other early childhood program options, including but not limited to nursery school, day care or Head Start programs. The CPSE Chairperson can provide information and respond to the parent(s) questions or concerns regarding the CPSE process including children's eligibility for services, timelines from referral to provision of preschool special education programs and services, and/or the provision of transportation services for the child.

17. **Question:** Can the Early Intervention Official (EIO) be the CPSE chairperson's designee?

Answer: No. The EIO cannot act as the designee of the CPSE chairperson. Since the EIO represents the county at the transition conference and at meetings of the CPSE, the EIO cannot be designated to serve in this role as a representative of the school district. Qualifications for the designee of the CPSE Chairperson at the transition conference are not established by state law or regulation. It is appropriate for a member of the CPSE (Section 200.3(a)(2) Regulations of the Commissioner) who is knowledgeable about the transition process and is experienced in reviewing the needs of children transitioning from early intervention to represent the child's school district as the appointed designee of the CPSE Chairperson.

TRANSITION PLAN

18. **Question:** Is a transition plan required for all children exiting the EIP, or only those children who will transition to services under Section 4410 of the Education Law?

Answer: Yes. A transition plan must be developed for all children exiting the EIP, regardless of whether the child is transitioning to services under Section 4410 of the Education Law or to other early childhood and supportive services. However, the CPSE chairperson or his or her designee only participates in transition planning for children potentially eligible for preschool special education programs and services.

19. **Question:** When should the transition planning process begin?

Answer: Because children are in the EIP for a short time, it is appropriate to begin transition planning as early as possible. For children potentially eligible for services under Section 4410 of the Education Law, transition planning must be initiated in accordance with requirements in PHL in this document. For children for whom a referral to the CPSE is not appropriate, a transition plan should be developed at the IFSP meeting within six months prior to the child's third birthday.

20. **Question:** If a parent does not wish to have and does not consent to a transition conference, but does consent to notification and referral to the school district and to an evaluation by the CPSE, when is the transition plan developed and who is responsible for development of the plan?

Answer: If the parent does not wish to have and does not consent to a transition conference, transition planning should begin at the IFSP meeting closest to the date

when the EIO is required to notify the school district of the child's potential transition. Transition planning should continue in any subsequent meetings (e.g., the first meeting of the CPSE) that include discussions about the child's transition to services under Section 4410 of the Education Law. The transition plan, when completed, is incorporated into the IFSP with parental consent.

21. **Question:** What are the required components of the transition plan?

Answer: The transition plan must include procedures to prepare the child and family for changes in service delivery, including steps to help the child adjust to and function in a new setting or with a new service provider; and, procedures to prepare program staff or individual qualified personnel who will be providing services to the child to facilitate the smooth transition. With parent consent, the transition plan should be incorporated into the IFSP.

CPSE EVALUATION PROCESS

22. **Question:** If a child is currently receiving EI services and has recently been evaluated in the EI system, what is the process and time frame for the decision to be made as to which specific evaluation components the approved preschool evaluator must complete?

Answer: A CPSE Chairperson who receives a referral must immediately notify the child's parent(s) that a referral has been received and must request consent for evaluation of the preschool student. In addition, with the consent of the parents, approved evaluators and committees must be provided with the most recent evaluation report for a child in transition from early intervention programs. Nothing prohibits an approved evaluator or the CPSE from reviewing other assessments or evaluations to determine if those assessments fulfill the requirements of State law and regulations for determining eligibility for services under Section 4410 of the Education Law. As part of an initial evaluation, if appropriate, and as part of any reevaluation, a group that includes the CPSE and other qualified professionals, must review existing evaluation data on the student including evaluations and information provided by the student's parents, current classroom-based assessments and observations, and observations by teachers and related service providers. The group may conduct its review without a meeting. On the basis of that review and input from the student's parents, the CPSE and other qualified professionals, must identify what additional assessment data are needed. Discussion about existing EI evaluations should be part of the transition conference. The CPSE must complete its evaluation of the child and provide a recommendation to the board of education within 30 school days of receipt of the parental consent for evaluation.

Parents have the right to choose which records and reports, if any, are transmitted to the CPSE. Parents have the right to sign either a general release or selective release, which specifies by name or category those individuals to whom information may be disclosed.

23. **Question:** Who is responsible for transmitting appropriate evaluations, assessments, IFSPs, and other pertinent records from the Early Intervention Program to the CPSE?

Answer: The service coordinator is responsible for reviewing information concerning the transition procedure with the parent and obtaining parental consent for the transfer of appropriate records, including evaluations, assessments, IFSPs, and other pertinent records. Parents should be encouraged to share appropriate records with the CPSE, since the purpose of this requirement is to reduce the need for unnecessary or duplicative evaluations of the child. However, a parent is not required to consent to the release of some or all of these reports.

24. **Question:** Is the Early Intervention Official (EIO) required to attend the initial and subsequent CPSE meetings for a child transitioning from the EIP to preschool special education programs and services?

Answer: There is no requirement in Public Health Law (PHL) or regulation that an EIO attend CPSE meetings for children transitioning from the EIP to preschool special education programs and services. The EIO is responsible for convening the transition conference, with parental consent. If the transition conference is combined with the first meeting of the CPSE, the EIO must attend this combined meeting. The EIO does have a responsibility to ensure a smooth transition for children receiving EIP services to preschool or other appropriate services. Section 4410(a)(2) of the Education Law requires that “the appropriately licensed or certified professional designated by the agency that has been charged with the responsibility for the preschool child pursuant to applicable federal laws relating to early intervention services shall attend all meetings of the committee conducted prior to the child’s initial receipt of services pursuant to this section.” This professional may be the municipal EIO, service coordinator, or a professional from the agency that has knowledge of the child’s status, services received, and progress.

TRANSITION FROM THE EIP TO PRESCHOOL SPECIAL EDUCATION PROGRAMS AND SERVICES

25. **Question:** What happens when a child currently receiving EIP services is eligible for preschool special education programs and services, but continues in the EIP and makes significant progress so that the Early Intervention Official (EIO) believes the child may not require preschool programs and services?

Answer: The CPSE, and not the EIO, is responsible for determining whether a reevaluation is necessary to determine the child’s eligibility for preschool special education programs and services. If the EIO has reason to believe that the eligible child has made significant progress, the EIO should work with the service coordinator in securing parental consent to forward additional records such as recent assessments and progress notes to the CPSE. The EIO should ensure that the service coordinator transmits additional records to the CPSE.

26. **Question:** If a child receives services in community or home-based settings under the EIP, can s/he continue to receive services in these settings when s/he transitions to services under Section 4410 of the Education Law?

Answer: Yes. The continuum of services available under Section 4410 of the Education Law includes services in community and home-based settings and onsite at approved provider locations, if recommended by the CPSE.

27. **Question:** Can a child continue to receive services from their EIP provider when s/he transitions to services under Section 4410 of the Education Law?

Answer: Only if the Early Intervention provider(s) is also approved to provide services under Section 4410 of the Education Law.

28. **Question:** Are service coordination services provided to families under Section 4410 of the Education Law?

Answer: No. There is no requirement under the Education Law to provide service coordination services to children and families eligible for services under Section 4410 of the Education Law. However, when a child's IEP includes two or more related services only, the board of education must designate one of the service providers to coordinate the provision of services. If the IEP includes special education itinerant services (SEIT) and one or more related services, the SEIT provider is responsible for the coordination of services.

29. **Question:** How can families find out about the programs and services available under Section 4410 of the Education Law?

Answer: There are a number of ways families can access information about services available under Section 4410 of the Education Law. Service coordinators are responsible for informing families about the transition process, including programs and service options available under Section 4410 of the Education Law and for linking families to services in the community needed by the child that are not available under the EIP or under Section 4410 of the Education Law. In addition, an important purpose of the transition conference is to review program and service options available to the child and family when the child transitions to preschool special education. The State Education Department's publication, Special Education in New York State for Children Ages 3-21: A Parent's Guide, is also an important source of information for families. Parents may also be referred to the Early Childhood Direction Center (ECDC) serving the county in which the family resides (see Appendix B).

30. **Question:** Are parents required to provide information about private insurance to the CPSE?

Answer: No. There is no requirement for use of private insurance for services under Section 4410 of the Education Law. There is a requirement that insurance information be provided to the Early Intervention Official for purposes of reimbursement of EIP services.

31. Question: If the CPSE determines that a child currently in the EIP is eligible for 4410 programs and services, what date does the CPSE recommend to the board of education for the initiation of services?

Answer: At the time that the CPSE meets to find the child eligible for preschool special education, the CPSE and parent(s) should discuss and agree upon the timeframe for transition. The specific date of initiating the child's preschool special education program and services will depend upon whether the parent elects to have the child continue in the Early Intervention Program or to transition the child to services under Section 4410 of the Education Law. The CPSE must indicate on the IEP the date for initiation of special education, based on the agreement reached by the CPSE and the child's first date of eligibility for preschool special education. The IFSP should be modified to include the last date of EIP services, which should be based on the date when preschool special education services will begin.

32. Question: If a parent chooses to have the child remain in the EIP until s/he is no longer age-eligible for the EIP, does the EIP have to provide additional services included in the IEP (if any) that are not considered EIP services and not included in the child's IFSP?

Answer: No. The EIP is only responsible for providing the EIP services included in the child's IFSP. If the parent wishes the child to receive additional services included in the child's IEP, the parent must transition the child to preschool special education programs and services included in the child's IEP.

33. Question: A child who was never in the EIP is referred to and evaluated by the CPSE. The CPSE finds the child eligible for preschool special education programs and services and develops an IEP. Services in the IEP are not delivered in a timely manner. Under these circumstances, can the child be referred to the EIP, if s/he is still age eligible for the EIP?

Answer: No. If a child is determined eligible for preschool special education programs and services, and the programs and services are not provided in a timely manner, the parent may follow procedures outlined on pages 15 and 16 related to resolving concerns with the CPSE process.

34. Question: If the CPSE, with parent consent, reviews the child's EIP evaluation(s) and assessment(s) and determines additional evaluations and/or assessment data (e.g., physical examination, psychological evaluation) is required by the CPSE to determine eligibility for services under Section 4410 of the Education Law, are such evaluations paid for under the EIP under DOH, or preschool special education under NYSED?

Answer: Any additional evaluations and/or assessment data required by the CPSE to determine eligibility for services under Section 4410 of the Education Law are the fiscal responsibility of the county/NYC Department of Education.

35. **Question:** Must all required members of the CPSE be present to determine whether a child who is in the EIP and who is turning 3 is eligible for preschool special education programs and services?

Answer: Yes. In order for the eligibility determination to be valid, all required members of the CPSE must participate in the CPSE meeting where eligibility is determined and the IEP is developed.

36. **Question:** Must all the components of the IEP required under Part 200 of the Regulations of the Commissioner of Education be developed at the time a child is determined eligible for preschool special education programs and services?

Answer: Yes. An IEP, which includes all required components, must be completed at the time the child is found eligible for preschool special education programs and services. In addition, the CPSE is responsible for explaining to the parent(s) the differences between the IEP and the IFSP.

37. **Question:** Should a child over age 3, who is initially found eligible for preschool special education programs and services, and whose parent(s) have decided the child should remain in the EIP, be discharged from the EIP, if the CPSE reevaluates the child and finds the child not eligible?

Answer: Yes. Only those children who are eligible for preschool special education programs and services can remain in the EIP beyond their third birthday. If the child's eligibility status for preschool special education programs and services changes while the child is in the EIP, the child is no longer eligible to remain in the EIP and must transition out of the program.

The information in this guide is intended to be used as a reference and resource for educators working with children with autism spectrum disorders. The information contained herein has been compiled from a variety of sources. We have tried our best to ensure that the information contained is accurate.

2008 Edition



County of Suffolk

Steve Levy
Suffolk County Executive

Humayun J. Chaudhry, D.O., M.S.
Commissioner of Health Services

Meryl T. Zaglin, Ed.D.
Director

Suffolk County Department of Health Services
Division of Services for Children with Special Needs

www.suffolkcountyny.gov/health

Dial 852-COPS-for Non-Emergency Police Calls in Suffolk County