



Early Intervention
Service Coordination
EDIS Roles and Responsibilities

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Introduction

Early intervention is an important program that provides support-based services to infants and toddlers with developmental delays or disabilities and their families. The goal of the program is helping families help their children develop and learn. In doing so, early intervention helps families identify and access a range of family and community resources necessary to achieve their identified priorities. One of the vital functions of early intervention is service coordination.

This guidebook is intended to assist EDIS early intervention providers in fulfilling the critical and complex role of service coordination by providing essential information about their roles and responsibilities. The guidebook begins with a broad look at service coordination including models and practices across states and programs and the philosophical underpinnings critical to effective service coordination. After this broad review, the guidebook covers service coordination roles in EDIS. These roles are organized by the following activities:

- Receiving the Referral
- Making First Contacts
- Coordinating the Evaluation
- Coordinating the RBI & IFSP Development
- Coordinating & Monitoring IFSP Implementation
- Coordinating the Transition Plan

Within each of these activity sections are explanations of service coordination roles and responsibilities, essential information to share with families, actual conversation starters of how service coordinators have shared this information with families, a review of the necessary paperwork associated with each activity, and the key steps for inputting data into the Special Needs Management Information System (SNPMIS). Also included is a list of resources that have proven useful for service coordinators and families.

What Is Service Coordination?

Early intervention involves a coordinated system of family-centered, culturally competent, comprehensive, multidisciplinary, interagency early intervention services for infants and toddlers with disabilities and their families. This requires the commitment and dedication of all service agencies and providers to “cooperatively and collaboratively plan, implement, and evaluate services that enhance the capacity of families to meet the special needs of their child” (RTC, 2002 p. 1). To do this, the law requires the appointment of a service coordinator for each eligible family. At the center of early intervention is service coordination.

Service coordination is probably one of the most critical aspects of early intervention for infants and toddlers with developmental delays/disabilities and their families. It is an active, ongoing process established to assist parents with accessing early intervention services and supports. It includes coordinating the provision of needed services, facilitating timely delivery of services, and continuously seeking services and supports for the benefit of the child and family. Service coordination is required. Each family in early intervention is assigned a service coordinator.

A service coordinator works to keep supports and services across agencies and people from becoming fragmented. He/she helps families decipher and navigate through the early intervention system. As their single point of contact, the service coordinator partners with the family to ensure that all aspects of early intervention, including their Individualized Family Service Plan (IFSP), are provided in accordance with applicable laws, regulations, policies, and practices. This is done while honoring the family’s hopes, dreams, cultural values and beliefs.

Each service coordinator must be knowledgeable of early intervention regulations and processes as well as the resources, supports and services that are required and available. Service coordinators must also help families understand and exercise their rights. Each service coordinator must demonstrate confidence and competence in his/her responsibilities and show empathy and respect for each family’s unique circumstances.

What Are The Requirements Of Service Coordination?

Service coordination is a requirement under the Individuals with Disabilities Education Act (IDEA, 2004) established to ensure coordination of services for infants and toddlers with developmental delays or disabilities across agencies and systems. Early intervention is not nor was it initially intended to be a silo of services. Rather, as stated in IDEA, early intervention represents a “statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families” (IDEA, 2004 20 USC § 1431 (b)(1)). Service coordinators not only coordinate and collaborate with other early intervention providers and staff, they must also interface with multiple community agencies in

support of infants and toddlers with developmental delays or disabilities and their families. Service coordination begins with the intake process and continues until the child transitions. Every child and family receives service coordination to the extent needed by their family.

What Are The Functions Of Service Coordination?

Service coordination is a multifaceted service that functions in congruence with the needs of the child and priorities of the family. It fluctuates to fit the dynamic needs of the child and shifting priorities of the family. As the service coordinator works in partnership with a family he/she helps in a variety of ways. The table below lists some of the general functions of service coordination. Embedded in these functions are specific and required service coordination activities that occur within the context of the early intervention process (i.e., referral through discharge from early intervention).

Service Coordination Functions

- Coordinating intake, screening, and developmental evaluations and assessments.
- Informing families of their rights and providing clarification to help a family understand information.
- Coordinating and assisting families with the development and review of IFSPs.
- Informing families about what services are available and how to get them.
- Assisting families with gaining access to the early intervention services and other services identified in the IFSP.
- Coordinating and monitoring the delivery of services.
- Facilitating the timely delivery of available services.
- Making sure that the family receives the services that are on the IFSP.
- Coordinating with medical and health providers.
- Facilitating the development of a transition plan.
- Continuously seeking services and situations that will benefit the development of each child being served.
- Informing families of advocacy services.

What Are The Desired Outcomes Of Service Coordination?

Beyond considering the functions and activities of service coordination, it is important to understand the desired results of service coordination. The Research and Training Center (RTC) on Service Coordination sought the answer to this question through extensive research (see <http://www.uconnuedd.org/projects/rtc/rtc.html>). Their results revealed nine interrelated outcomes of high quality service coordination. These nine outcomes are stated below (Bruder, 2010 pg. 95).

Outcomes of High Quality Service Coordination (Bruder, 2010 pg. 5)

- Families have access to support, information, and education to address their individual needs.
- Families are able to communicate the needs of their child.
- Families make informed decisions about services, resources, and opportunities for their child.
- Agencies and professionals are coordinated.
- Children and families receive quality service.
- Children and families participate in supports and services that are coordinated effective, and individualized to their needs.
- Families acquire and/or maintain a quality of life to enhance their well-being.
- Families meet the special needs of their child.
- Children's health and development are enhanced.

What Are The Qualities Of A Service Coordinator?

“People won't care how much you know...
until they know how much you care”

Unknown

Beyond the competence in one's own discipline and thorough knowledge about the regulations, practices, and procedures of the early intervention process from entry to exit, service coordinators must possess relationship building skills. Service coordinators most effectively share their knowledge, perspectives, and resources with a family in the context of a trusting relationship. Accordingly, *how* the expertise is delivered is as critical as *what* is being shared. Because the provision of service coordination occurs in the context of a partnership with the family, other professionals, and care providers, service coordinators must be skilled at establishing and maintaining effective relationships. Their actions must reflect a family-centered approach and demonstrate attitudes of genuine concern for the family. They must respect parents as full team members, recognize family strengths, and acknowledge individual family beliefs and values.

Traits of quality service coordinators are harmonious with the skills important in relationship-based early intervention. Gilkerson & Taylor Ritzler (as cited in Edelman, 2004) identified the elements below as essential relationship-based skills.

Essential Relationship Based Skills

The capacity to:

- listen carefully
- demonstrate concern and empathy
- promote reflection
- observe and highlight the parent/child relationship
- respect role boundaries
- respond thoughtfully in emotionally intense interactions
- understand, regulate, and use one's own feelings

The following table identifies essential qualities of service coordinators identified by parents (Cocorikis & IL EI Training Team, 2009).

Parent Reported Service Coordinator Qualities

- Being friendly
- Being open minded
- Showing flexibility
- Being ready to accept change
- Being able to relate to families at families' level
- Demonstrating understanding that all families, children, parents are different (everyone is an individual)
- Letting families know that s/he [service coordinator] is not there to inspect or judge
- Using parent friendly language – not a bunch of technical words
- Doesn't EVER make a parent feel guilty
- Doesn't EVER try to change someone's values or lifestyle

In the absence of family-centered and relationship-based practices, a service coordinator would be ill-equipped to develop the essential partnership required to provide meaningful service coordination that truly supports the child and family.

Who Can Be A Service Coordinator?

The IDEA states that each IFSP must include “the identification of the service coordinator from the profession most immediately relevant to the infant’s or toddler’s or family’s needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services...” (IDEA 2004 20 USC 1436 (d)(7)). It does not, however, designate who can fulfill the service coordination role; this is left up to the discretion of the state. Each state establishes policies and procedures for implementing a statewide system of early intervention services, ensuring that it is designed and implemented so that service coordinators are able to effectively carry out, on an interagency basis, their functions and roles.

In addition to the functions and qualities of service coordination noted above, service coordinators must be persons who demonstrate knowledge and understanding about core early intervention functions. The following table highlights knowledge essential for service coordinators.

Essential Knowledge for Service Coordinators

- Infants and toddlers who are eligible for early intervention.
- Part C of the IDEA and associated regulations.
- The nature and scope of services available under the state's early intervention program, the system of payments for services in the state, and other pertinent information.
- The specific state and local policy, procedures, and best practices for helping a family navigate the early intervention system from entry to exit and exercise their rights.

How Does Service Coordination Vary Across Early Intervention Programs?

While IDEA stipulates service coordination as a required early intervention service, implementation is varied across states and programs. For example, some early intervention programs have separate service coordinators designated to perform only the duties associated with service coordination. Others have service coordinators that provide service coordination in addition to another early intervention service (e.g., special instruction, occupational therapy, speech therapy...). To illustrate service coordination complexity, the RTC defined various roles played by service coordinators (RTC, 2001, p. 13)

Roles Played by Service Coordinators

- Individuals provide service coordination only – no other service.
- Individuals provide service coordination, in addition to intake and evaluation services.
- Individuals provide developmental intervention services (e.g., nontherapies), in addition to service coordination.
- Individuals provide developmental intervention or therapies in addition to service coordination. Individuals provide any type of services from any agency, in addition to service coordination.
- For children with mild-to-moderate needs, service coordination is provided by the interventionist, while children with multiple needs receive service coordination from an individual who provides service coordination only.
- Combinations of the above

The agency or agencies providing service coordination and other early intervention services also contribute to variations of these approaches. The Research and Training Service on Service Coordination (RTC), directed by Mary Beth Bruder, identified five broad models of service coordination (RTC, 2001, p. 1).

Models of Service Coordination

- Independent and dedicated
 - The role of the service coordinator is dedicated to service coordination only and the agency providing service coordination is independent from service provision.
- Independent but not dedicated
 - The agency providing service coordination is independent from service provision, but the service coordinator performs other responsibilities (such as system entry tasks) in addition to service coordination.
- Dedicated but not independent
 - The service coordinator provides service coordination only in an agency that also provides intervention services.
- Blended (*this is the approach used in EDIS*)
 - The service coordinator also provides developmental intervention.
- Multi-level blended and dedicated
 - Children and families with the most complex service coordination needs are assigned a dedicated service coordinator, while intervention service providers carry out service coordination tasks in addition to providing intervention for children and families with less complex needs.

It is difficult to identify the models and roles employed in different states because these can vary within state programs. State early intervention lead agencies help determine the service coordination approaches used. States determine the lead agency of early intervention and these vary as well. State lead agencies include Health, Related Health Agencies, Health and Human Services, Developmental Disabilities, Rehabilitation Services, and Education Services, to name a few.

Cultural Considerations

“All learning takes place in the context of relationships and is critically affected by the quality of those relationships.”

Norman-Murch, 1996

Early intervention must be individualized to meet the unique needs of the child and family. Extra effort is necessary when working with families of different cultures (Zhang & Bennett, 2003). Facilitating this is the evolution from direct child-centered therapy, based on Western held child development beliefs, to helping families help their children grow and learn within the cultural context of their naturally occurring routines and activities.

Being family-centered requires early intervention providers to momentarily relinquish their own values and beliefs about child development and childrearing in order to fully understand the family’s concerns, priorities, resources, and cultural values, beliefs, and childrearing practices. While individuals of similar cultures may have like customs, providers must also be cautious not to stereotype the ways of families based on generalized cultural practices. However, recognizing and

understanding child-rearing methods and unique cultural practices is necessary to make certain providers do not impose strategies or activities that are in disagreement with family beliefs, values, and practices. It is important for providers to recognize and respect individual family culture to effectively establish collaborative relationships and ensure services are truly tailored to meet the unique needs of the family (Lynch & Hanson, 1994).

A group of Navajo family members shared the following thoughts on working with Native American people.

1. Be willing to listen to families, the whole family, not just the parents... It may take a long time for you, but don't assume you know what and how families feel about the child or the direction and hopes they have.
2. Value the family and the culture that is different from yours. You have something to give, but we have something to give too-that is also very important.
3. Learn about my culture, but also about my family. We may all be Indians, but we can be very different as people and families. Also recognize that not all Indian tribes...are the same.
4. We may come from different cultures; you and I. Recognize that and please don't pretend that you are of my culture and that you are Navajo if you are not. You will never be like me in that way. (Pedersen, Arnold, & Phillips, 1998, p.14).

While their thoughts were geared to working with Navajo families, they are also emotionally to the point and deserving of thoughtful regard.

Providers must also respect a family's reaction to their child and his/her disability. Families of different cultures have different perceptions of disabilities and will consequently have different ideas about the type and degree of services needed (Zhang & Bennett, 2003; Lynch & Hanson, 1994). It is important to have an awareness that families' responses and feelings will vary. Accordingly, a sensitive approach is critical, as anything else would contradict the intent of services, which is to partner with families and provide support and services. When working with culturally and linguistically diverse families it is necessary to develop an anchored understanding of their values, beliefs, and concerns to effectively help them (Barrera & Corso, 2002).

Communication facilitates collaborative understanding. Yet, when there is cultural diversity in language and communication styles great efforts must be extended to facilitate a communicative match and ensure that providers are not speaking a different language. While early intervention, in many ways has its own language, it is imperative that this language be translated to facilitate mutual understanding.

Understanding family structure is also necessary when encouraging family involvement. The mandate of family involvement may be strange to families of different cultures. Some families may simply acquiesce to recommendations made by professionals, as they are not comfortable with their right to question or to contribute their own ideas (Zhang & Bennett, 2003). Ensuring families' full understanding of their rights is critical to assuring services meet families' needs. As needs are identified, it is imperative that they are based on family concerns. They cannot be based on professionals' perceptions of the child and family needs from standardized testing and their own child development beliefs. For example, Western beliefs that toddlers need to feed themselves may not mesh with an Eastern belief that parents need to meet the toddler's caregiving need to be fed (Martini, 2002).

Cultural diversity is part of living and working in the heterogeneous society of the United States. As such, early intervention providers need support to effectively work with families of different cultures as well as the flexibility to understand that what is comfortable for them may be uncomfortable for the family and vice versa. Sensitivity to cultural diversity is necessary to understand families' concerns, priorities, and needs and effectively facilitate collaborative relationships.

Regarding Parents And Caregivers As Adult Learners

Early intervention is not just about working with children; it's about helping families with enhancing their children's development. Doing so requires understanding and the use of adult learning principles to work side by side with families. Let's explore essential principles of adult learning as the parents and caregivers which service coordinators partner with are adult learners.

Accentuating principles of adult learning in early intervention reinforces family-centered practices. Family-centered practices place the family at the focal point of support and services, respect the decision-making role of the family, and focus on collaboratively designing support and services that can enhance family functioning in a way that is meaningful to them (McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993).

Adults' desires to learn new skills or strategies for handling certain situations are often influenced by external occurrences (Tennant & Pogson, 1995). For example, having a child with a disability or needing to learn skills to tackle a new situation. Adult learning can be formal or informal, planned or unplanned, and can take place in an endless array of settings. Adult learning is an interactive process, which not only encompasses the relationship between the "teacher" and learner, but also the environmental influences and the social situation at the particular time. As such, learning is dynamic and ever changing with the course of individual, family, community, and greater society happenings.

To help define principles of adult learning Brookfield, a leader in the field of andragogy (adult learning), highlighted six practices that facilitators of learning must respect as they advance learning and engage in learning experiences with other adults. The table below includes Brookfield's (1986) six principles as well as defining statements drawn from the work of Brookfield and other leaders of adult learning.

Principles of Adult Learning

- **Voluntary Participation**
 - Learners' needs, interests, and desires form the center of the learning process (Caffarella, 1993).
 - The decision to learn is in the possession of the learner.
 - "The learning adults value most will be that which has personal value to them" (Knowles, Holton, & Swanson, 1998).

- **Reciprocal Respect**
 - Acknowledge contrasting perspectives (what's natural for you may be unnatural for others).
 - Learners and facilitators should feel comfortable to share impressions, ideas, viewpoints... (*consider culture*).
 - Motivation to learn is enhanced when confidence is peaked; confidence is peaked when there is reciprocal respect.
- **Collaborative Exchange**
 - Facilitators of learning are “resources for learning, rather than didactic instructors who have all the answers” (Brookfield, 1986).
 - Adult learners have a wealth of past experiences and accumulated knowledge. New learning is filtered through the richness of prior experiences and the presence of compiled wisdom.
 - Meeting learners where they are and linking their knowledge and experiences to new concepts is key to facilitating learning (Tennant & Pogson, 1995).
- **Praxis**
 - Gives information depth and brings it to life.
 - Learning in context facilitates initial learning, encourages ongoing implementation of strategies, and facilitates generalization.
- **Critical Reflection**
 - Facilitators have their own biases yet it is not their responsibility to impose these views on learners.
 - Facilitators of learning stimulate alternative thoughts and new ways of considering various aspects of the subject matter being discussed.
 - Learners should be encouraged to question, and discouraged from acquiescing simply because the *teacher* said something was so.
- **Self-Direction**
 - Ultimately learners gain the ability to establish and maintain personal learning goals.
 - Promoting learners ability to see themselves as active change agents.

Empowering Families

"by empowerment I mean our aim should be to enhance
the possibilities for people to control their own lives"
(Rappaport, 1987 p. 119)

Empowered parents are more likely to be involved in all aspects of intervention and more confident in their work with providers, to contribute their own ideas and express their preferences

(Brookman-Fraze, 2003). Facilitating family empowerment means helping families feel confident that they have or know how to access the information, resources, skills, and support needed to deal with the challenge at hand.

If all aspects of the early intervention process maintain a focus on empowering families, then both family and professional resources are more easily mobilized to create effective, collaborative exchange and optimal empowerment (Turnbull & Turnbull, 2001). Optimally, when family and professional resources are brought together in a partnership, model empowerment is probable.

While there are both differences and similarities in what families expect from professionals and what professionals expect from parents, support models direct varying degrees of parent involvement and facilitate different levels of empowerment (Hornby, 2000). Examining different help giving models, Dunst, Trivette, and Deal (1988) noted that some models exercise a broadened ecological focus that enhances family empowerment, while others retain a narrow focus that acts as a hindrance. Reinforcing this assertion, Dunst, Trivette, and Deal (1988) examined Brickman and Bandura's (cited in Dunst, Trivette, & Deal, 1988) four help-giving models.

Help Giving Models

1. **"Moral Model" or the *it's your fault and you'd better do something about it model***

The family is recognized as responsible for their situation and is subsequently obligated to meet their identified needs. The provider believes that the family created the situation they are in, and are therefore responsible for recognizing the need for change. While this model encourages families to meet their own needs, it does not extend the motivation, knowledge, and skill support of professionals to help the family accomplish their goals

2. **"Medical Model" or the *don't worry, it's not your fault we'll take care of it model***

The family is recognized as neither responsible for the condition nor the resolution. Consequently, the motivation, knowledge, and skills of the family are not effectively mobilized, and the family is placed at the mercy of the professional who reminds the family that they can remedy the situation. This model may evidence desired change during intervention sessions, but there is little or no carry over, as the family is not empowered to take charge. The parent who says to the therapist, "it is great that you can get my son to eat from a spoon, but he won't do that for me," evidences the dependency role and feelings of inadequacy instilled upon the family. While therapists might feel good about their accomplishments, they miss the realization that intervention should help families experience accomplishment not just reinforce the therapist's ability to stimulate various developmental skills. This model clearly does not empower families. It is important to reinforce that providers in early intervention must learn to gain their sense of accomplishment through the family, as the goal is to empower families.

3. **"Enlightenment Model" or *you can't do it so we will***

The family is considered responsible for creating the situation, but is not recognized as having the capacity to address the situation. Accordingly, the provider ignores the

motivation, knowledge, and skills of the family and takes charge. Within this model, the family is expected to comply with the intervention and homework therapy prescribed by providers. As such, the family becomes increasingly dependent on the providers.

4. “Compensatory Model” or so here we are what can be done to make it better model.

The family is recognized as “an innocent victim of prior experiences” (Dunst, Trivette, & Deal, 1988, p. 41). Accordingly, the family is not at fault. In addition, emphasis is placed on solutions to the situation. This is accomplished by recognizing the current situation, collaboratively determining what needs to happen to make the situation better and activating family and professional resources to accomplish the collaborative goal. This model represents the optimal coming together of family and professional resources to effectively facilitate empowerment.

Turnbull and Turnbull (2001) identified eight qualities for building alliances with families and facilitating an empowering context that can effectively mobilize family and professional resources.

Qualities for Partnership Building

1. Knowing yourself and understanding that you may see things differently from others
2. Acknowledging that there is no reward for always coming up with the prevailing idea or decision
3. Knowing families and respecting their individuality as well as honoring cultural diversity
4. Building on family strengths
5. Respecting and encouraging family choices
6. Supporting family interests and expectations
7. Communicating positively
8. Ensuring trust and respect

Trust and respect are deep seeded and critical for positive partnership development. Trust and respect take time to build, but are critically necessary in the context of collaboration between families and professionals. Regardless of how solidified other elements are, if trust and respect are lacking so too will other qualities as they all rely on a foundation of trust and respect.

From a family-centered empowering perspective, intervention should optimize families’ abilities to meet their own identified and prioritized needs rather than encourage them to passively receive services. Ultimately, this empowers families and facilitates independence and competence rather than dependency.

Service Coordination In EDIS

The remainder of this guidebook focuses on service coordination in EDIS.

How Is The Role Of Service Coordination Carried Out In EDIS?

Within EDIS, the endorsed model for service coordination is a blended approach with service providers also functioning as service coordinators. Optimally, a family's primary service provider also functions as the family's service coordinator. EDIS does not have dedicated service coordinators functioning solely in this role.

In addition to blending service coordination with service provision, EDIS uses a transdisciplinary primary service provider approach to service delivery. This means that one professional provides ongoing support to the family with backing and assistance from a team of other professionals, in the form of consultation and collaborative visits. The primary service provider, who can be a generalist or specialist, ultimately addresses all of the IFSP outcomes with the family. This means that one consistent provider understands and keeps abreast of the changing circumstances, needs, interests, strengths, and demands in the family's life and brings in or consults with other services and supports as needed.

What Are The Responsibilities Of An EDIS Service Coordinator?

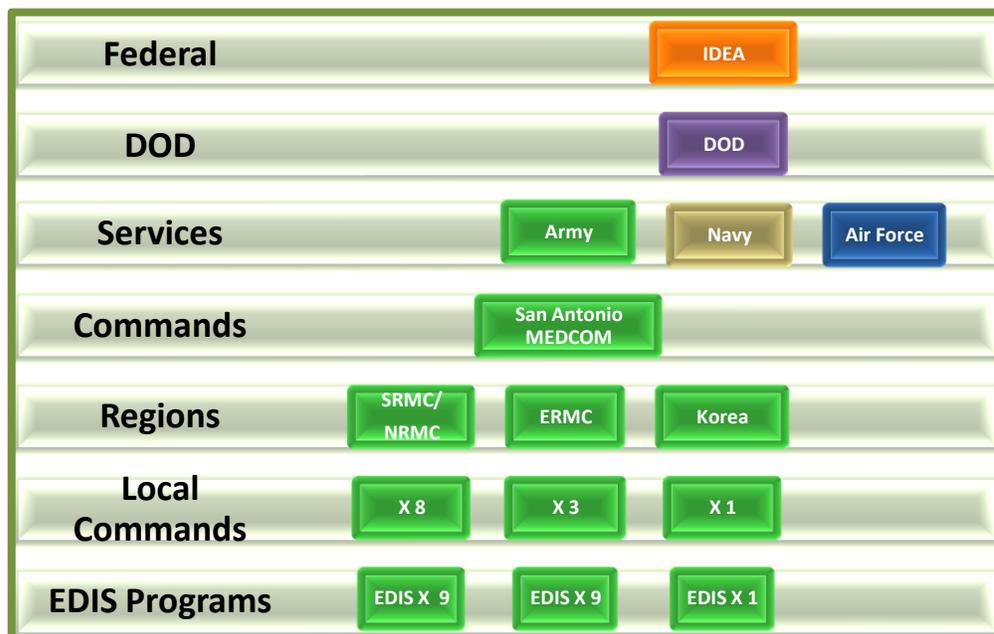
The implementation of service coordination starts at initial referral and continues through transition or discharge from the program. Accordingly, service coordinators must be knowledgeable about the guiding principles, program policies, and implementation procedures for each step in the early intervention process, as well as evidence-based intervention practices and community resources.

In addition to this guidebook EDIS service coordinators must refer to the EDIS website (www.edis.army.mil) and following publications for guidance:

EDIS Guidance Publications

- Department of Defense Instruction (DODI 1342.12)
- US Army Medical Command Regulation (MEDCOM 40-53)
- Army EDIS Supplemental Guidance Questions and Answers
- Individualized Family Service Plan Process Document IFSP-PD: Linking Early Intervention Processes Handbook
- EDIS Procedural Safeguards Tri-fold
- Family-Centered Early Intervention Services in Natural Environments Handbook
- Multidisciplinary-Interdisciplinary- Transdisciplinary: A Family-Centered Continuum Handbook

It is important for service coordinators to understand the chain of command and where EDIS fits in the greater network of care. The following diagram illustrates the basic structure with service level detail for Army programs.



The following is a listing of the Army EDIS Programs in the United States and Overseas

U.S.	Overseas
Ft. Bragg – North Carolina	Ansbach – Germany
Ft. Knox – Kentucky	Heidelberg – Germany
West Point – New York	Landstuhl/Baumholder - Germany
Ft. Benning – Georgia	Schweinfurt – Germany
Ft. Campbell – Kentucky	SHAPE – Belgium
Ft. Jackson – South Carolina	Stuttgart – Germany
Ft. Rucker – Alabama	Vicenza – Italy
Ft. Stewart – Georgia	Vilseck - Germany
Ft. Buchanan – Puerto Rico	Wiesbaden – Germany
	Korea - Korea

Step By Step EDIS Activities And Service Coordinator Responsibilities

The following sections of this guidebook are organized around the early intervention process and provide critical information for service coordinators

Receiving The Referral

Upon receipt of a referral, the EDIS program must identify an initial service coordinator who is able to follow the family from the referral process all the way through development of the IFSP. After that time, the initial service coordinator may remain on the plan as the ongoing service coordinator or another provider may be assigned as the service coordinator. The ongoing service coordinator should also serve as the family's primary service provider and be equipped to address all the outcomes on the plan with the guidance and support of other team members and community agencies through monitoring and consultation as needed.

The means for identifying each initial service coordinator will vary depending upon program size and staffing, and must always give consideration to the nature of the referral. For example,

- if the program receives a referral for a child with a diagnosed hearing impairment and the team has a provider well versed in hearing impairments, it makes sense for that individual to get started with the family as their initial service coordinator;
- if the referral is for a child in a family already receiving early intervention services, it might make sense to have the service coordinator working with the family serve as the initial service coordinator for the newly referred child;
- if the referral is for a child in a family that only speaks Spanish and you have a Spanish speaking provider, it makes sense for that individual to be the family's initial service coordinator.

Be careful not to over generalize these examples, as it is not intended that speech language pathologists are always initial service coordinators for children with concerns in communication, or physical therapists must be initial service coordinators for children with gross motor concerns and so on. Regardless of discipline the initial service coordinator should possess the skills and resources to assist the family with the referral through IFSP development processes.

As a service coordinator, it is important to know referrals to EDIS can come from a variety of sources; however EDIS only accepts direct referrals from the Medical Treatment Facility (MTF) or the family. MTF includes departments such as pediatrics, family practice, social work services, psychiatry, and others that serve families and young children. Upon receipt of a referral EDIS must initiate contact with the family within seven calendar days.

In the event that a referral comes from someone other than the family or the MTF, EDIS must direct the referring individual/agency back to the family to request that the family contact EDIS or assist the family to contact EDIS. This ensures that the family is completely involved in the referral process. Think about how a family might feel if EDIS contacts the family after hearing from the neighbor that there were questions about their child, or if EDIS contacts the family because the day care has questions. These types of situations can lend themselves to upsetting parents and hindering relationships between the parents and referral source as well as EDIS. By only accepting direct referrals from families and the MTF, EDIS helps to ensure that the family is informed about the referral before the phone call or direct contact is made.

Educating Referral Sources

It is also important to note that ongoing education to referral sources is critical for ensuring ongoing and appropriate referrals. Based upon a comprehensive research review, Dunst and colleagues at the Tracking, Referral and Assessment Center for Excellence (TRACE) found that “repeated visits to primary referral sources are likely to be more successful than one-time contacts” (Dunst, 2005 TRACE Practice-Based Research Summaries Volume One Number One September 2005 http://www.tracecenter.info/endpoints/endpoints_vol1_no1.pdf)

The findings showed that four sets of factors were most important if outreach was successful:

- Building rapport and establishing credibility with physicians and other primary referral sources.
- Highlighting and repeating a focused message about the benefits of making a referral to the physician and his/her patients.
- Using concise, graphic written materials that describe the services the physicians and children will receive.
- Making repeated follow-up visits to reinforce referrals, answer questions, and provide additional information.

In fact, they found that repeated follow-up visits were so important that if not done, the other factors didn't matter.

Beyond the MTF as a referral source, it is important that other agencies and services that interface with families of young children also know how to assist families with contacting EDIS when there are concerns or questions about a child's development. These agencies may include Child Development Services (CDC), New Parent Support Program (NPSP), and Women Infants and Children (WIC).

On occasion MTF referrals may come with specific requests. For example, a referral might specifically request speech therapy, a prescribed number of sessions of physical therapy, or an evaluation by an occupational therapist. When referrals such as these are received, it is important to inform the referring agency that referrals to EDIS early intervention activate the early intervention referral process which includes intake, screening, and multidisciplinary evaluation as indicated. While the referring provider is recommending a specific service, EDIS cannot automatically honor the recommendation, as EDIS has specific and distinct processes to follow. The family may however be referred out to receive services from a medically based provider.

Making First Contacts

“To achieve the essential collaborative relationship between practitioner and family, the family must be included, from the beginning, in all aspects of shaping the services to be delivered.”

(Pawl & Milburn, 2008 – in Foley & Hochman Mental Health In Early Intervention)

While the complexity of early intervention and burden of paperwork are sometimes challenging for providers, it can be overwhelming for families. Furthermore, it can create confusion and feelings of uncertainty. The initial contacts with families form the foundation for future interactions. Accordingly, service coordinators must take the time to listen and understand families concerns as well as share information about the program, and encourage family participation.

In order to work in collaboration with families, service coordinators must facilitate empowerment by responding to the families’ concerns and priorities, and respecting their cultural beliefs, values, and practices. As a case study example, Beverly and Thomas (1999) described how providers working with a family found it disturbing that extended family members were coming and going all the time making a hectic environment and creating perceived family stresses. Yet, the family reported that having extended family members around was a strength and something that helped keep the family going. This type of incongruence occurs when professionals do not take the time to understand concerns, priorities, and resources from the perspective of the family and develop ideas and attitudes from their own perspective. Getting off on the right foot with first contacts is important for fueling a partnership relationship.

The early intervention process starts with the very first contact of EDIS and the family. This contact marks the beginning of the early intervention journey. This journey may be short or long lasting. It also shifts and adjusts in response to the needs of each family and its unique circumstances. While the process is respectful of each family’s unique needs and demands, the steps in the process are well defined.

During first contacts, and every contact thereafter, it is important to engage in an exchange of information rather than a one-sided giving or gathering of information. Remember that while there is a wealth of information to give and gather during early contacts with the family, it is important to find a balance between the obligatory paperwork, and listening to the family to discover what brought them to early intervention. Taking the time to listen to the family’s story and helping them learn about early intervention is an important role of the service coordinator.

The IFSP-Process Document (PD) and accompanying handbook should be used to guide the information gathering process. See the Individualized Family Service Plan Process Document IFSP-PD: Linking Early Intervention Processes Handbook for guidance on completing that process.

Below are some additional questions that might be helpful in learning about the child and family.

Open-ended Questions

- *What can you tell me about your child that will help me get to know her/him better?*
- *What are your most frequent topics of conversations about this child?*
- *How do you understand this child's perspective? What does s/he like and want to do? What kinds of relationships might s/he enjoy? How does s/he experience her/his surroundings?*
- *How does s/he prefer to participate in the things that happen day to day?*

In addition to the early information gathered as guided by the IFSP-PD, the service coordinator must also share the following information during initial/early contacts with the family.

Information Sharing

The EDIS Philosophy

Keep in mind that the Federal legislation clearly articulated the following as an intent of Part C early intervention.

- “to enhance the capacity of families’ to meet the special needs of their infants and toddlers with disabilities” (IDEA 2004).

Reviewing the EDIS Early Intervention tri-fold and leaving a copy with the family is a good way to share the philosophy. Remember though whenever written material is left with a family, it is critical that the information is reviewed and that the service coordinator reinforces not only what the document says, but why it is important and why it is being shared.

In sharing the EDIS philosophy, we want families to understand EDIS...

- values the critical role of family in the development of young children.
- recognizes your child within the context of the family system – therefore early intervention is for the whole family, not just the child being referred.
- understands that the first three years of a child's life are critical years for learning.
- knows that infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- works in partnership with families to address their needs and priorities.
- helps families identify and enhance natural learning opportunities for their children.
- respects the culture, ethnicity, linguistic, ... background and unique demands placed on every family.
- assures that each family has one consistent early interventionist that understands and keeps abreast of the changing circumstances, needs, interests, strengths and demands in the family's life.
- brings in other services and supports as needed to support the family's achievement of their outcomes.

The following purple boxes include conversation starters that illustrate ways service coordinators have shared this information with families. The sample conversation starters are provided to help service coordinators craft their sharing of information to facilitate constructive partnerships. These scripts are included as examples and are not intended to be simply read to a family. You are invited to adapt and adjust the words used while maintaining the underlying message.

Conversation Starters

Sharing the EDIS Philosophy

EDIS is here to work with you in achieving the goals you want for your child and family. You will have a single provider who gets to know your child and family so that we can provide you the support you need. Together we'll discover ways to use every day activities to enhance your child's skills because toddlers learn from what happens here, everyday. If necessary, we have other specialists we can ask to be part of the team who can assist us. We will also help you get to know where to find other services and supports in this community. Our goal is to support you in helping your child as his most important learning happens between our visits.

The Early Intervention Process

During the first visits it is important for the family to know what the process is so they can make informed decisions about their interest in proceeding, understand what will happen, help make decisions about what, when, how, and who will be involved in the process, and be respected as a key decision maker in the process.

While it is important for the family to understand what is involved in the entire process, the discussion must be tailored to highlight information immediately pertinent to the step in the process being implemented. For example if screening is being done during the first visit it is important to inform the family of the entire process, but there is no need to go into great detail about the steps following screening until it is known that those steps will occur.

Conversation Starters

First we do a screening...

The screening takes a quick look at all areas of Jenna's development. This is to see if she is doing what is expected at her age and to help us together decide if there is a need to do further evaluation. Since you know Jenna best, much of the screening will involve me asking you questions about what Jenna does. There may be some items I ask Jenna to do or ask you to do with Jenna. Do you have any questions about this?

Screening with no evaluation recommended...

The results from this screening suggest that Desman's developmental skills are solid for his age group. His play and interaction skills are similar to those of other children his age. And his communication abilities which you had some question about are also on track for his age. This is really good news. To keep his developmental momentum going, I'd like to talk with you about some of the skills that will likely be emerging over the next few months, is that something you are interested in?

Screening with recommendation to conduct a re-screening...

...so basically the results from the screening highlight Natalie's strengths and they also show us some borderline skills that may need a little more time to develop. If you're interested we could talk about some ways to bolster these skills. Is that something you are interested in? We could also schedule a time for another screening in 3-4 months to see how things are coming along. Please tell me how you'd like to proceed.

Now that we've completed the screening and we agreed to do further evaluation...

The results from the screening have shown us many of Gordy's strengths, but they also bring up some concerns. Gathering additional information regarding those concerns through an evaluation will help us determine whether or not he's eligible and provide some ideas on ways you may help him. Do you think you'd be interested in us doing further evaluation with Gordy?

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The key steps in the process to highlight for families are:

- Intake (Referral & Screening)
- Evaluation & Eligibility
- Routines-Based Interview (RBI) & IFSP Development
- Support-Based Intervention Services
- Transition

The Partnership Role of the Family

As service coordinators meet and begin to work with families they must promote trust, respect, and a sense of equality so that a partnership can be formed. Families must know that they are truly valued members of the team. Intently, explicitly, and regularly acknowledging family and child strengths is a good way to convey this (McWilliam, P.J., 2010 p. 131). Below are examples of complements that providers have shared with families about the children and about the parents/caregivers themselves.

Child Complements

"He has such an infectious laugh."
"Wow what beautiful blue eyes she has."
"Boy, he is sure persistent to figure that out isn't he?"
"She is so social; she just draws you in to want to play with her."

Parent/Caregiver Complements

"You really know how to read his cues."
"What a great way to help him sit secure in the stroller."
"What you just did worked really good to redirect her from hitting on the fish tank."
"You've really done a lot of research on autism."
"She's really lucky to have such wonderful parents."

We need to help families know that they have a voice in all decisions made regarding the early intervention process as it pertains to their child and family. EDIS does not make any unilateral decisions without fully involving the family. EDIS will provide information and support so that the family can make informed decisions.

Conversation Starters

The Family's Role in the Process

Because young children learn so much from within the context of their family and the things you do together every day, you and your family are at the crux of the work we do. It's important for you to feel a part of the team and a part of the entire process. So please let us know if you have any question or suggestions along the way. To help us understand Jon we'll want to ask you to share information with us about Jon such as examples of things he enjoys, things he dislikes, things he's does well, things that may be challenging for him, as well as his medical and developmental history. If it's ok with you we'll also want to learn a little more about your family...we'll be looking for things like interests, day to day activities, supports you have in the community. How is this so far?

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The Family's Rights

The rights and procedural safeguards required in the IDEA “convey the law’s central principles of respect for families’ privacy, diversity, and role as informed members of the early intervention team.” Hurth & Goff, <http://www.nectac.org/~pdfs/pubs/assuring.pdf>

An important role and obligation of service coordinators is helping families understand their rights and safeguards as they apply to the early intervention system and process. In doing so it is important that the information is shared in family-friendly ways, minimizing the legalese embedded in the legal safeguards without minimizing the rights themselves. A foundational element of family rights is that families are primary decision makers in the process.

Simply providing families with a copy of their rights is not satisfactory. Remember, the rights are more than just paperwork that parents have to sign as an acknowledgement of receipt. Every effort must be taken so as not to inadvertently imply this message (e.g., here’s another copy of your rights. You should be able to wallpaper your kitchen with them). The responsibility is to help families understand their rights not simply give them a copy. Families should understand their rights in the contexts where they apply. For example, as the family is getting started in early intervention it is important to explain in more detail how the rights of *confidentiality* and *consent to release information* apply to this part of the process and the decisions the family will make to proceed. This helps the family see how the rights are operationalized. The conversation may go something like the following:

As we get started with the early intervention process it is important for you to know that we do not share any of this information with anyone without your signed permission. We will however respond back to Dr. Helper who referred you to early intervention. It will be important for his continued care with your child to know the status of the referral he made.

The following table includes the family rights as well as a non-legalese description of what they mean.

Early Intervention Family Rights	
Confidentiality	Information about your family and children remains private. EDIS safeguards all personally identifiable family information.
Consent to Release Information	Personally identifiable information concerning anyone in your family can not be released without your written approval, except if the requesting agency is also a DOD agency, and there is a rightful need for the requested information. Then the information may be released directly.
Examine Records	Records concerning the early intervention services your child and family receive are open to you. You will also receive copies of your records. These records include screening, assessment, eligibility, and the Individualized Family Service Plan (IFSP). You may request copies of your entire record as well, which includes progress notes written by the provider(s).
Prior Written Notice	Before proceeding to change any part of early intervention services EDIS will provide you with written notification (Notice of Proposed Action) of a meeting with you to discuss those changes.
Understand	EDIS makes sure that information is provided to you in a language or mode of communication you understand. This information includes prior written notifications (Notice of Proposed Action) and procedural safeguards.
Accept or Decline	You can accept or decline any or all early intervention services. Choosing not to participate in one service will not affect the delivery of other services you have chosen to accept.
Disagree	If you disagree about any aspect of the early intervention services your child and family receive, you can file a complaint that must be addressed. The brochure we provide you has more information on this as well.
Continued Services	During any action involving a complaint, you and your child will continue to receive the early intervention services currently being provided, unless otherwise agreed upon between you and EDIS.

Conversation Starters

Sharing Family Rights

As a part of this program you have rights that I will review with you now. Please feel free to ask any questions. I will give you a copy of the rights and will offer you additional copies every time we have a formal meeting.

As we get started with the early intervention process, it is important for you to know that as families, you have rights...and responsibilities. This helps to ensure that you and your family get timely and quality services from early intervention; and it helps us establish a solid working relationship. I'll tell you a little

bit about what you can expect from our program in terms of the rules and laws that govern us; and we'll talk about how we can partner up to establish and maintain an open line of communication, which will be crucial to our collaboration.

Rights have been established to protect the confidentiality of families and help to establish and maintain the integrity of quality service provision. It's important we review them now at the very beginning of this process and we'll also review them at future meetings, and at other times should you so desire. This tri-fold summarizes those rights.

It's essential to point out that as Jose's parent, you will be the best advocate for him. Understanding these rights can help you as Jose's advocate. If you have concerns about Jose and/or the early intervention services, you need to know what you can do and how to address those concerns. This information should help. It's also important to note that many of these rights are similar to those set up in other systems (e.g., schools and hospitals) and so learning to advocate for Jose now will help you as he grows and potentially goes through different systems.

Responsibilities are also an important part of this team process; they can help us understand the expectations for each other. One important function is maintaining open communication, this will help me address your concerns and share in your joys. So I will always invite you to share ideas you'd like to explore.

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The Paperwork

The administrative paperwork and process tasks that must be completed with the family before proceeding onto 'Coordinating the Evaluation' are listed in the following tables. Please see the IFSP Handbook and MEDCOM 40-53 for specific directions for completing these forms.

Required Forms for Making First Contacts

- ✓ Entry/Entitlement Form (MEDCOM 758)
- ✓ Permission to Screen/Evaluate Form completed (permission granted for both to proceed) (MEDCOM 718)
- ✓ IFSP-PD completed through the screening section (section 3) (MEDCOM 722)
- ✓ Notice of Proposed Action (MEDCOM 759)
- ✓ Consent for Release or Request of Information (MEDCOM 719) as applicable

SNPMIS Data Entry

As part of the making first contacts process the following information must be entered in SNPMIS:

-  Child and Sponsor Demographics (*Child/Student Demographics* → Add Process)
-  Referral (*IDEA Processes* → Referral → Add Process)

-  Service Coordination Sessions
-  Referral Reason (be sure to update Race/Ethnicity information)
-  Service Coordination Progress Notes with information regarding: Contacts with Family (Direct, Electronic, or Telephone); Intake; Pre-Evaluation Screening

Coordinating The Evaluation

*Tell me, I forget.
Show me, I remember.
Involve me, I understand.*
Chinese Proverb

Discussing and coordinating the evaluation is the next major step for service coordinators. In doing so service coordinators must remain respectful and sensitive to the family's concerns and clearly include family participation before, during, and after the evaluation.

Families may participate in a variety of ways. For example, before the evaluation the family may help identify who will be part of the evaluation team, determine the best time and location for the evaluation, and help decide on the evaluation tools to use. During the evaluation the family may actually present materials and activities to the child, report information about the child's skills and abilities, and review the protocol with the early intervention staff. The early intervention staff should provide the family a commentary of what is happening and what they are looking for, to help the family understand and to reinforce the message that the family is a partner. After the evaluation the family contributes their thoughts about how the evaluation went, helps determine if the evaluation provided a representative view of the child's skills and abilities, and participates in the determination of eligibility. Below are a couple examples of interactions with families during evaluation.

- As the 22 month old child picks up the picture book, the provider relates to the parent *"Let's see how Dari explores the picture book. Look, she clearly knows what the book is for and turns the pages quite nicely for her age. Let's now see if she names pictures in this book or if she points to any pictures we name – this activity will help us see her understanding of pictured objects and give us insight into her vocabulary."*
- *"Now let's place his roly bear just out of his reach and watch him show us his way of getting it. See how he turns his body and uses his hands for support to get into a crawl position - even though he is not crawling he rocks in that position. It's like he is almost there. He was also successful in getting his roly bear by using his belly crawl – that is a problem solving strategy he uses. "*

When planning an evaluation consider its authenticity. Optimally, each evaluation team would have a "yes" response to the following three questions.

- Does it involve the child in real situations with real antecedents and consequences?
- Does it include natural everyday skills?

- Does it welcome and encourage use of materials familiar to the child/family?

Evaluation planning should include opportunities to observe the child in natural play and day to day activities beyond administration of a standardized instrument. This does not necessarily mean spending large blocks time or scheduling additional visits. Rather natural observation can take place as part of evaluation. For example, before administering a screening or evaluation instrument allow time for observation of the child and parent/s doing something they enjoy and/or something the child enjoys doing on his own. Spending some time observing natural interactions provides valuable information about the child's genuine abilities before presenting test items or altering the environment.

As required by the IDEA, evaluations must include a multidisciplinary team. However, the composition of the team depends on the purpose of the evaluation and the unique needs of the family. Assessment for intervention planning is covered in the following section "Coordinating the RBI and Development of the IFSP." Evaluations in this section refer to evaluation for determining eligibility and annual re-evaluations.

Evaluations for Determining Eligibility

In EDIS, there are two categories of eligibility, developmental delay or biological risk. Developmental delay is measured by 1.5 standard deviations below the mean in two or more developmental areas or 2 standard deviations below the mean in one or more developmental areas or, under certain circumstances, a 20 percent delay in two or more developmental areas or 25 percent delay in one or more developmental areas. Biological risk is defined as a diagnosed condition having a high probability of resulting in a developmental delay.

With regard to developmental delay, a standardized (norm referenced) evaluation tool and a standard deviation score is required for determining eligibility. However, when standardized testing does not provide the information needed or does not clearly reflect the child's skills and needs, then the informed opinion process may be used which allows for indicating a percentage of delay to assist with eligibility determination. Please note that although some standardized instruments provide test scores in age equivalents as well as standard scores (e.g., Battelle Developmental Inventory 2), the standard score is the only score that may be used with eligibility determination.

For children eligible under biological risk, a written confirmation of the diagnosis from a licensed physician is required to establish eligibility. The informed opinion process described above does not apply to biological risk. A standardized eligibility evaluation is not required for children who have a biological risk as verified by a physician. However, documentation of the child's present levels of development is necessary. Based upon the unique circumstance, the team may choose to administer a standardized evaluation or use a criterion referenced instrument.

Evaluations for Annual Reviews

At annual re-evaluation a new IFSP is developed. However, a standardized evaluation is not automatically necessary. If there is a question about the child's continued eligibility status, then standardized instrument(s) assessing all five developmental areas must be used. If there is a high degree of certainty that the child's eligibility status will remain the same, and information gathered from standardized instrument(s) will not be value added, then standardized instruments to assess

all five areas of development are not required. However, developmental levels must be determined; this may be done using criterion-referenced instruments.

In addition to the early information gathered as guided by the IFSP-PD, the service coordinator must also share the following information as part of coordinating the evaluation.

Information Sharing

What the Evaluation Will Involve and Who Will Participate

As partners in the entire process the family must not only be informed about the evaluation they must be included in the decision making process to determine who will participate and when and where it will take place. This process is often new for families so it is important to take the time to answer family questions and ensure they are well informed about the evaluation. Ultimately, the family would have answers to the following questions before the evaluation.

- What is the evaluation for – what will we learn (e.g., to help determine eligibility, to understand the child’s developmental levels...)?
- Who will be present for the evaluation?
- Who will do what (roles/responsibilities)?
- What will the evaluation look like – what kind of activities/questions are included?
- Where will it take place?
- When will it take place and how long will it last?
- How and when will the results be shared?

Conversation Starters

What is the evaluation for – what will we learn?

The primary reason for this initial evaluation is to determine whether or not Irma is in need of our services. But the evaluation will tell us a lot more about her development. We’ll actually look at how Irma plays and completes different tasks. This will help us understand Irma’s skills at this time and how she approaches learning. Completing an evaluation is just one more way of getting to know Irma. You are an important part of the evaluation, as you know Irma better than anyone and we hope to learn more about her through you too.

Who will be present for the evaluation?

From EDIS, Monique and I will give the evaluation with your assistance of course. We’d be happy to schedule so that your husband or other family member can be present. If you think your older daughter might be helpful, we can schedule so that she can be here too. Otherwise we will schedule for when she is in school. Most importantly, who do you want present for the evaluation?

Who will do what (roles/responsibilities)?

Since you know your daughter best, you will be an important part of the evaluation team. You have already provided us with lots of information about Irma which is a great start. During the evaluation Irma may need your reassurance. If she isn't interested in our tasks, we may ask you to present them to her. As we go through the evaluation, we will keep you informed as to what we are looking for and how she is doing. You are really a partner in this process, so please let us know if this will work for you.

What will the evaluation look like?

While we have been here talking with you, we have been observing Irma to see how she does things in a natural situation. The information we gain by just seeing her here at home will help us get to know her and how she interacts with the world around her. During the formal evaluation, we will ask you to answer questions about the things she can do, and we'll ask her to do some things for us. We will be using toys and books that we think will be of interest to her. Because we must give the test the same way for all children, we will ask the questions in a standard way and use the same toys. You are a partner in this process so please feel free to ask questions or offer suggestions.

Where will it (the evaluation) take place?

Generally we do evaluations in the home because that's where kids spend a good amount of their time. If Irma spends most of her time here in the apartment with you, we can do the evaluation here. What do you think?

To give you just a little more detail, at your home, the evaluation will take place wherever you feel Irma will be most comfortable. If she has a high chair, booster seat at the table or child's table and chair that she enjoys sitting in, we will use that to help her focus and do the activities. We can also sit on the floor like we did for the screening. What do you think will work best?

When will it take place and how long will it last?

As we plan for when to do the evaluation help me understand the times that Irma is most alert and that are convenient for your family. We'll need about an hour and a half together for the evaluation.

How and when will the results be shared?

*As we go through the evaluation, we will be giving you feedback on what we are looking for and how Irma is doing. We'll give you preliminary results immediately following the evaluation. Then we'll take the information back to the office and score the evaluation and write up the results before the eligibility meeting. We will drop off the report to you the afternoon before the meeting so that you and your husband have an opportunity to read and discuss it before we meet. Please write down any questions you have and we will discuss them at the eligibility meeting. **(Note: the evaluation may also be scored immediately following the evaluation).***

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The Paperwork

The administrative paperwork and process tasks that must be completed with the family before proceeding onto “Coordinating the RBI and Development of the IFSP” are listed in the following tables. Please see the IFSP Handbook and MEDCOM 40-53 for specific directions for completing these forms.

Required Forms for Coordinating the Evaluation

- ✓ IFSP-PD completed through the evaluation (section 5) (MEDCOM 722)
- ✓ Consent for Release or Request of Information (MEDCOM 719) as applicable
- ✓ Report of Eligibility (MEDCOM 720) for new referrals
- ✓ Share family rights, fully explaining applicable sections and obtain signature validating that the information was shared and understood.
- ✓ Eligibility Based on Informed Opinion (MEDCOM 808) as applicable

SNPMIS Data Entry

As part of Coordinating the Evaluation, the following information must be entered in SNPMIS:

To Determine Eligibility:

-  Team Evaluation (*IDEA Processes* → *Evaluation* → *Add Process*)
-  Evaluation Sessions Document all steps in the evaluation process using the appropriate session reason NOTE: Be sure to enter the evaluation completion date
-  Eligibility (*IDEA Processes* → *Eligibility* → *Add Process*)
-  Service Coordination Sessions
 - Contacts with Family (Direct, Electronic, or Telephone) or other Professionals necessary to coordinating the evaluation and eligibility process
 - “IDEA Meeting” for Eligibility meeting

Evaluation when Eligibility is known (e.g., Biological Risk, Annual Evaluation):

-  Team Evaluation (*IDEA Processes* → *Evaluation* → *Add Process*) include Family Assessment as an Evaluation Area in addition to Comprehensive Evaluation
-  Evaluation Sessions. Document all steps in the evaluation process using the appropriate session reason. NOTE: Be sure to enter the evaluation completion date

Coordinating The RBI & IFSP Development

Once the team has determined eligibility and the family chooses to participate in early intervention services the next step is coordinating development of the IFSP, which includes conducting a Routines-Based Interview (RBI) to assist with identifying what the family wants to work on with the

support of early intervention. Together, the family, the service coordinator, early intervention providers, and others invited by the family contribute to the development of the Individualized Family Service Plan (IFSP). The IFSP must be completed in a timely manner. In EDIS that is within 45 calendar days from receipt of the referral.

The guiding principal of the IFSP is that the family is a child's greatest resource, and that his/her needs are closely tied to the needs of the family. The best way to support children and meet their needs is to support and build upon the individual strengths of their families. Accordingly, the IFSP, as a whole, is a family plan with the parents as the most important part of the IFSP team.

Upon completion, the IFSP will include the following components:

- Information about the child's current level of development.
- Information about family resources, priorities, and concerns.
- Outcomes the family desires for their child and family.
- A description of the services and support needed to help the family reach those outcomes.
- Statement about the natural environment where the services will be provided.
- Start date for services and the expected duration.
- Name of the service coordinator who will help obtain the services identified and coordinate the process for the family.
- Transition plan for the child.

To support families it is important to understand the overriding issues and concerns that are important to them. Military life is not easy. Families face repeated moves and many families face periodic separations due to deployments, re-deployments, and/or schools. All of these have an impact on the family and can add to the stressors of everyday life. For early interventionists working with military families it is important to understand the culture of military life and be well versed in the community resources available to help families. When asking about family concerns, reinforce that the family may share as much or as little information they choose.

Understanding who makes up the family and what types of supports they already have in place is critical for IFSP development. This is because intervention is not just for the child; it is for the child and family in the context of their home, community, and life in the greater society (Jung, 2010). For example, while an early interventionist might be well versed on intervention strategies to promote young children's communication skills, these strategies are essentially ineffective if they do not fit the family life or are not shared with the people who have the greatest interaction with the child and most potential for applying the strategies regularly. Knowing about the established supports that a family has access to and drawing upon those most natural supports is important in IFSP development.

Understanding families' concerns, priorities, and resources is foundational to developing shared visions that translate to family-centered IFSP development and ongoing support-based intervention. Dunst, Trivette, and Deal (1988) further reinforced this understanding is cardinal to effectively mobilize services that complement family strengths, interests, and experiences, fill identified gaps, gather resources, and ultimately enhance and empower families to meet their own needs. The ecomap described in the EDIS IFSP Handbook (p. 29) is a recommended means for learning about the mix of formal and informal supports, resources, and relationships that the family has and understanding other supports and resources they may need.

Two additional questions that provide nice insight into family support system are:

- If something really good happens who do you contact/share with?
- If something bad happens who do you contact/talk with?

In addition to discovering information about family formal and informal resources, the functional assessment is also integral part of IFSP development. In EDIS this is the Routines-Based Interview (RBI). The RBI is a family functional needs assessment focused on the child's participation, independence, and social relationships in the context of family and community activities and routines (McWilliam, 2005). It is aimed at identifying what the family wants to work on with early intervention. Focusing on the day-to-day happenings assures that the identified priorities are decided upon by the family and are consequently most meaningful to them. Well identified priorities support the family's ability to enhance their child's development and promote the child's participation in family and community activities.

The IFSP is not just about supporting the child. It is about supporting the family and promoting their confidence and competence in meeting the needs of their child and themselves. Accordingly information about the child and family, the mix of things they do and the mix of strengths and resources they have in place is essential for early intervention to understand to ensure development of an IFSP that is optimally responsive to family priorities.

In addition to the early information gathered as guided by the IFSP-PD, the service coordinator must also share the following information as part of coordinating the RBI and development of the IFSP.

Information Sharing

The Purpose of the IFSP

While IFSPs must be developed in a timely manner, the effort to develop each IFSP should not be hurried. A focus must be on functionality and what the family identifies as needed in the context of their day to day life.

The IFSP is a written and legally binding agreement between the family and EDIS early intervention. Its aim is supporting the child and family by documenting the agreement of what will happen, who will be involved, when and where supports will take place and for how long. As changes occur, the IFSP must also be revised to reflect those changes. The IFSP is more than a document to be filed. It is the individualized curriculum for a child and family that can be changed and revised as needed based upon individual circumstances.

Conversation Starters

What is an IFSP?

The Individualized Family Service Plan or IFSP is a tailored agreement between your family and the EDIS early intervention program. It is a form that you and EDIS complete together; you will receive a copy and be asked to sign it giving permission for its implementation. The plan is a legal document that informs everyone what EDIS will be working on with your family, who will be involved, and

when and where supports will take place and for how long. The IFSP can be changed as needed and must be reviewed every six months. It is an important document that essentially guides what your family and EDIS will be doing.

The IFSP stands for Individualized Family Service Plan. The IFSP is the personalized document that is the driving force of our work together. It describes what Ian is doing now, and what you'd like to see him doing in a year from now. It sketches out a plan of action by outlining your priorities and detailing what support and services will look like for Ian and your family. You are central to the development of this plan and will be asked to participate in each step of its development and implementation. The IFSP is also a fluid document, meaning that if and when changes need to be made, they will be; it will change and grow with Ian and your family. At a minimum it will be reviewed every six months with an annual evaluation to take place a year after services begin. The IFSP is essentially the plan for our work together.

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The RBI and How Outcomes are Identified

The RBI is a semi-structured yet highly detailed interview with three purposes:

- to develop a list of functional outcomes
- to assess child and family functioning
- to establish a positive relationship with families (McWilliam, 2009)

When the RBI is completed as designed, it results in a list of concrete, contextually relevant, and functional outcomes for the child and family that can be used to write the IFSP outcomes and identify resources and intervention strategies needed to meet those outcomes. It also facilitates a collaborative relationship, assures that identified priorities are decided upon by the family, and promotes family-centered intervention in natural environments. The focus of intervention is on the family and their unique mix of routines and activities rather than out-of-context, domain-specific delays of the child. It allows the family an opportunity to see the focus of early intervention extends beyond the child alone to include the greater context of the entire family.

In preparing for the RBI, families are asked to think about their day to day routines and activities, including what is going well and what could go better or smoother. This information is used to help the family identify the priorities they have for their child and family. For example, it may be discovered through the RBI that running errands is really hard for Mary Chin because her 24 month old, Kato, does not sit in the car seat without undoing the safety belt. This may in turn be identified as an outcome the Chin family wants to work on (e.g., Kato will participate in car outings by sitting in his car seat without undoing the safety belt so that car outings can be safe. We'll know he can do this when he goes on 10 out of 10 car rides in a week and plays with toys provided rather than undoing his safety belt.). As another example, Queenah Sanchez reported during the RBI that she wished she had more time for herself as being alone and caring for the twins is difficult now that her husband is deployed. She identified having time to herself as one of her priorities and it resulted in an IFSP outcome (Queenah will find someone (child care/respite/nanny) to care for the twins so

that she can have 12 hours a week to herself. We'll know this is met when Queenah has someone, she is comfortable with to watch the twins for 3 consecutive weeks 12 hours each week.)

Preparing for the RBI also includes a discussion with the family about who will participate and when and where the RBI will take place. It is important to share with the family that the RBI generally takes about 90 minutes to complete and upon completion they will prioritize the outcomes (generally 6-10) that they want to work on with the support of early intervention.

Conversation Starters

Introducing the RBI

To develop the plan of what you want to work on with early intervention I'd like to ask you some questions about day to day life for Kaleb and your family. By understanding what a typical day is like for you, together we can identify the 6 or 10 or so things that you'd like to focus on. This will also help us as we get started with intervention to be certain that we can make suggestions that fit your day to day life and the way you do things. How's that sound to you?

Today we will complete a Routines Based Interview. We will talk with you about your day from getting up to going to bed. We will explore the times of the day that are difficult and those that are fun. When we finish we'll help you to make a list of the things you would like to work on as outcomes for Zella and your family. We'll then write these onto the IFSP.

RBI means 'Routines Based Interview'. This interview will give all of us, including you, information about what's going great and what could go better within the context of your day to day life and learning opportunities for Wally. The RBI helps us figure out how the concerns thus far noted are impacting your daily functioning, and it gives us a jumping off point for strategies and recommendations.

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The Services and Role of the Service Coordinator/Primary Service Provider

As the IFSP outcomes are identified, the team must determine the services needed to help the family achieve their prioritized outcomes. In EDIS a primary service provider approach is used and the primary service provider is most often the family's ongoing service coordinator. This could be, for example, an educator, physical therapist, occupational therapist or speech language pathologist. It is important to highlight that a primary provider approach still allows other team members to interact with the family or caregivers.

Working in partnership with families remains a keystone of early intervention, as does supporting the whole family and ensuring that services provided are based on the agreed upon outcomes defined in the IFSP. In essence the IFSP becomes the "curriculum" for intervention that early intervention providers and the family collaboratively address.

When we recognize that children learn in the context of everyday routines and activities, it becomes clear that the focus of intervention needs to be supporting families and caregivers in meeting the needs of their child and family. Interventionists see a family maybe only one time a week, yet the family and caregivers are with the child all day every day and therefore have an infinite number of opportunities to facilitate outcome achievement. It is what happens between visits that truly has an impact on outcome achievement (Jung, 2003) and as McWilliam (2000) stated, “it’s not more services families need it’s more intervention.”

The service coordinator must ensure the family understands all parts of the IFSP before they sign it thereby giving permission to implement the plan. Thereafter, the service coordinator/primary service provider (also referred to as the ongoing service coordinator and referred to in the remaining sections as the service coordinator) is the “go to” person for the family who ensures that they are not left to decipher different bits of information from various providers. The ongoing service coordinator may or may not be the initial service coordinator; this depends upon the outcomes identified by the family and the team decision about services, primary service provider and ongoing service coordinator. In EDIS, all members of the team can fulfill the roles of initial and ongoing service coordinator/primary service provider.

Conversation Starters

How Children Learn

Children learn by watching, listening and experiencing the world around them. This learning starts when the baby is born. Have you ever noticed a baby watching other small children or cooing back at his mother? He is learning. Have you played with a toddler and seen how he explores and pretends? He is learning. And he will continue to learn from his every day experiences throughout his life, but the first three years are especially important as they form a foundation for future learning. You are your baby’s teacher and so are his brothers and sisters, grandparents, baby sitters and everyone else who is part of his world.

Young children learn by using new skills over and over in natural and meaningful ways. The time between early intervention visits is optimal learning time for children because they can have lots of opportunities to practice new skills in the context of what happens in your day to day life. Imagine that you were trying to learn a new skill – say learning a new language. If you just attended language classes without practice between sessions you likely wouldn’t make the kind of progress you could if you had practice opportunities between classes.

Children learn best when they are happy, in accustomed settings, and in the company of familiar others. For this reason early intervention works with you in the settings where your child spends time so that together we can build upon regularly occurring opportunities for your child’s learning.

What Services Look Like And Won’t Look Like

So many people think that it’s what the providers do that makes a difference, but it isn’t. It’s really what you do that matters. Our short time with your child isn’t enough to make any change at all. But what you do every day makes all the difference in the world. So as we start working together on the priorities you’ve identified. We’ll talk a lot about identifying and enhancing the natural opportunities for learning that occurs in your day to day life.

Because you know your child best and spend the most time with him, you naturally have the greatest ability to promote his development. Therefore, the primary focus of early intervention is supporting you in enhancing _____'s development. This is best accomplished by working in partnership and supporting you in your typical routines and activities. For us to do this we'll want you to be an active participant in every visit and we'll make sure you understand everything and feel comfortable enhancing your child's development between our visits.

Very young children learn differently than older children, they learn through play and the natural activities of everyday life. For this reason, intervention providers won't be sitting down with your child at a little table to do drill work. Instead we will help you tweak what's already in place as a natural way to work on what you've identified as your priorities for your child and family. In this way your child gets intervention every day.

"I've thought about the priorities we talked about last time, and I have some ideas for what might work. I'm going to need your help today thinking through the options, though, because it has to work well for you. So many people think that it's what the providers do that makes a difference, but it isn't. It's really what you do that matters. Our short time with your child isn't enough to make any change at all. But what you do every day makes all the difference in the world."

Why a primary service provider

In early intervention we use a 'primary provider' model for our work with families. A primary provider is another way of saying that there will be one, primary, person with whom you interface. This person is well versed in child development and will coordinate and implement the services that are on your IFSP, with the input and assistance as needed from other team members. What are your thoughts about having a primary service provider?

You will have a primary service provider who will work with you on all the outcomes and help you learn what is available and how to advocate for your child in the community. Your primary service provider may not be the only EDIS provider you see, but she will be the main one. She will work with you on using every day activities to help your child. If additional information is needed from another provider, then that person will be part of the team as a consultant who may monitor your child's progress and discuss intervention strategies with you and the primary service provider. Having a primary service provider allows you to get to know one person rather than having to deal with several different people who may pull you in different directions. Since we'll be working on practical suggestions for everyday activities, a single provider, with back-up from other providers, will be able to assist you in meeting the outcomes you've set for your child and family with the least amount of disruption to your family life.

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The Paperwork

The administrative paperwork and process tasks that must be completed before proceeding onto “Coordinating and Monitoring Intervention Service Delivery” includes the following. Please see the IFSP Handbook and MEDCOM 40-53 for specific directions for completing these forms.

Required Forms for Coordinating the RBI and IFSP Development

- ✓ IFSP-PD completed through the evaluation (section 14) (MEDCOM 722)
- ✓ Share family rights, fully explaining applicable sections and obtain signature validating that the information was shared and understood
- ✓ Consent for Release or Request of Information (MEDCOM 719) as applicable
- ✓ Child Outcome Summary Form (COSF) (MEDCOM 810)

SNPMIS Data Entry

As part of Coordinating the RBI and IFSP Development the following information must be entered in SNPMIS:

- 📄 RBI Documentation – occurs either in Service Coordination or Evaluation Sessions (See IFSP-PD handbook)
- 📄 IFSP (*IDEA Processes* → *Service Plan* → *Add Process*)
- 📄 Service Coordination Sessions
 - “IDEA Meeting” for IFSP Development meeting
 - Contacts with Family (Direct, Electronic, or Telephone) or other Professionals necessary to ensure completion of RBI and IFSP
- 📄 Child Outcomes (*IDEA Processes* → *Service Plan* → *Update Process* → *Child Outcomes*)

Coordinating & Monitoring IFSP Implementation

Once the IFSP is developed and services and supports are in place, the service coordinator becomes responsible for many ongoing activities including:

- Coordinating the provision of services per the IFSP and monitoring all aspects of the IFSP and associated service delivery
- Maintaining a partnership relationship with the family to jointly facilitate implementation of the IFSP
- Linking families with other needed supports and services
- Coordinating with the family and other team members to review the IFSP and facilitate needed changes
- Ensuring completion and documentation of all IFSP processes in accord with regulations

In helping each family get started with intervention it is important to remember that the early intervention process from referral to implementation of the IFSP was multifaceted. It included understanding the family's concern(s) (i.e., what brought them to early intervention), gathering and sharing information for evaluation and eligibility, learning about the family's day to day activities and the child's natural learning opportunities, identifying family priorities, and writing the plan for implementation. Throughout that process the family participated in a variety of different activities including talking with specialists, having specialists evaluate and engage in hands-on interactions with their child, as well as giving and gaining information and sometimes even trying new things. Considering the mix of activities that happened before ongoing intervention begins, it's no wonder that it can be difficult for families to truly know what to expect when it's time to implement the IFSP. It is realistic for families to think that intervention is child-focused since prior activities involved some direct work/assessment with the child. It is even possible for a parent to believe their child needs specific therapies and lots of them because that is what they heard from the referring physician. A parent might also draw upon past experiences or understanding of special education and child-centered services for children. With that said, parents can be uncertain about what IFSP implementation will really look like. For this reason, the service coordinator must help families understand how intervention works for really young children, what to expect and why, and engage them in decisions about ongoing intervention for their child and family.

Using the IFSP, the service coordinator must describe how intervention is tied back to the IFSP, making it the curriculum for intervention. At barebones, a typical intervention visit will have a beginning, middle, and end. The visit starts with friendly greetings and discussion about what is new, different, exciting, and/or troublesome since the last visit. The middle of the visit includes collaboratively working on the IFSP outcomes by discussing current intervention strategies, planning new strategies, and trying out these strategies as necessary. Culminating the visit is a recap of what was discussed, review of what will happen between now and the next visit (i.e., what the family and service coordinator/provider will do), and of course friendly salutations. Because service delivery is beyond the scope of this handbook the details of home visiting are not further elaborated.

As changes occur in children, families, and early intervention teams, the IFSP may need to be altered to accommodate these changes. They may include meeting an IFSP outcome and moving on, deployment and new priorities, or a service coordinator leaving and transferring responsibilities to another provider. Changes or proposals to change any aspect of the IFSP can be made at any time. However, changes must be made with family agreement, as EDIS cannot unilaterally make them. At a minimum, meetings to discuss changes and collaboratively determine how to proceed must include the family and the service coordinator. In addition to periodic changes, the service coordinator must facilitate a review of the IFSP every six months and make arrangements with the family for a new IFSP annually, provided the child remains eligible.

Each family is unique and has different concerns, priorities, and resources. Therefore, the family's service coordinator must stay abreast of what is happening with the child and family and work side by side with them to ensure optimal family-centered support-based intervention.

How IFSP Review/Changes Are Completed

As part of coordinating and monitoring IFSP implementation it is important for the service coordinator to help families understand that intervention is guided by the IFSP and that the focus of intervention is based upon the family-identified outcomes included in the IFSP. Therefore, as changes are needed it is important that they are also articulated in the IFSP.

Family needs and priorities change in response to a myriad of life events. For this reason the IFSP is dynamic and can accommodate changes as they occur. Families need to know that there is a process for changing the IFSP and that any member of the team may ask to make changes. Collectively the team decides how the IFSP will be updated or changed. In addition to changes, the IFSP must be reviewed at least every six months to assess the progress being made and ensure that the plan is still a good fit.

Conversation Starters

The IFSP Review

Because the IFSP guides early intervention support and services for Daytona and your family, we want to make sure that the IFSP is current. This necessitates a review meeting. At a minimum we will formally review the IFSP every 6 months, but we will also informally review the plan during our home visits. At the IFSP Review we will update any changes with Daytona and your family and document progress toward IFSP outcomes and if necessary identify new IFSP outcomes.

Time has flown and Sunni and your family will have been in the program for six months very soon. So, it is time for us to review your IFSP to formally look at how things are going. We will discuss the status of each outcome. Together we may add or delete outcomes. We can also look at the frequency of visits and decide if we need to make changes. This will be our opportunity to see how the plan is working for you and Sunni. How does that sound?

An IFSP Change

Sometimes a change needs to be made to the IFSP to incorporate changes with Javier or your family. For example, if Javier achieves outcomes you've identified for him, an IFSP change might be initiated to capture his progress, and update IFSP outcomes, and/or change services. As another example, if something happens with your family and there is a shift in your priorities, this can be reflected in an IFSP change as well. The IFSP change meeting can be initiated by anyone on the team at any time. Like we talked before, your IFSP is intended to change with Javier and your family.

We have been talking about how well Hassan has been doing. Perhaps it is time to reduce the frequency of my visits. What do you think? If you would like to have a formal meeting to discuss changing frequency, we can set up a time and I will complete a prior notification form for a formal meeting.

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

Dealing with Disagreements

Among the roles of service coordinators is helping families know their rights and how to exercise those rights in the event of a disagreement or conflict with any aspect of early intervention. As a service coordinator, you help families know that they are not only their child's first and best teacher, they are also their child's advocate. And as advocates parents must talk to their service coordinator or someone else in the chain of command (e.g., the EDIS Program Manager) that can help resolve concerns or conflicts if they arise. Whenever possible, it is good to address concerns before they become bigger. It is therefore important to regularly ask the family how the intervention is going for them. Are they receiving the right mix of informational, material, and emotional support? Are they receiving too much or not the right type of support? Is the early intervention support that they receive working? Does anything need to change? Without directly asking the family how things are going, it is difficult to really know if early intervention is effectively meeting the family needs and expectations.

Conversation Starters

Dealing with Disagreements

The rights and responsibilities tri-fold outlines the rights of families participating in EDIS early intervention, including how to officially address disagreements between the family and EDIS. Although we work hard with our families to stay connected and up to date, there may be an occasion in which you are not satisfied with services and want to be heard in an official capacity. The chain of command in handling disputes is outlined in the tri-fold. But I hope that you feel comfortable enough with me to voice concerns early on so that I can address those with you as soon as they may crop up. Maintaining an ongoing and open line of communication with families is the cornerstone of the early intervention process and will ultimately yield positive results for all involved.

Asking About How Intervention is Going

I'm wondering how you think it's going with the support and services Billy and your family are receiving right now? Is there anything you have questions about or would like to be working differently?

It's important for you to let me know when something is working and when it's not so that I can be responsive to your concerns. How do you think things are going?

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The Paperwork

The administrative paperwork and process tasks that must be completed with the family before proceeding onto 'Coordinating the Transition Plan' are listed in the following tables. Please see the IFSP Handbook and MEDCOM 40-53 for specific directions for completing these forms.

Required Forms for IFSP Periodic (6 month) Reviews and Changes (as applicable)

- ✓ IFSP Review/Change Form (MEDCOM 722)
- ✓ Notice of Proposed Action (MEDCOM 759)
- ✓ Consent for Release or Request of Information (MEDCOM 719)

Required Forms for Annual IFSP Reviews

- ✓ Notice of Proposed Action (MEDCOM 759)
- ✓ IFSP-PD completed through the evaluation (section 14) (MEDCOM 722)
- ✓ Child Outcome Summary Form (COSF) (MEDCOM 810)

SNPMIS Data Entry

As part of Coordinating and Monitoring IFSP Implementation, the following information must be entered in SNPMIS:

-  Service Coordination Sessions. Documentation of family interactions and activities not directly related to IFSP outcomes such as “Locating Equipment and Services.”
-  “IDEA Meeting” for all Review/Change Meetings and 6-Month IFSP Review Meeting
-  Enter 6-month Review Complete Date
-  IFSP Changes (*IDEA Processes* → *Service Plan* → *Update Process* → *Addenda*) for any service delivery changes (e.g., new model, new service discipline/provider, changes in frequency, intensity, or location) NOTE: Changes in Service Coordinator from one provider to another, or provider changes within same discipline (e.g., ECSE to ECSE) should be done by Program Manager through Staff Change window under Administration.
-  Provider Sessions. Document all sessions (Kept and Missed/Cancelled) related to services delivered toward achievement of outcomes on IFSP.

Coordinating The Transition Plan

Transitioning from early intervention involves change for the child, the parents, the sending providers, and the receiving program and providers. Considering everyone involved in the change and developing a transition plan early are essential elements to facilitating a smooth transition.

Before a family leaves early intervention, the service coordinator must make sure that steps are in place to ensure a smooth transition. Transitions out of early intervention happen for a variety of reasons and include many different steps to ease the process. For example, when a family relocates to another military assignment, transition activities include helping the family find early intervention services at the new location. When a child progress to a point that he no longer needs services, transition activities include arranging follow-on information and support. When a child turns three years of age, she may be eligible for the preschool services through the local school’s special education program. Transition activities include partnering with the school to determine the child’s

eligibility and developing an Individualized Education Program (IEP). An individualized transition plan is essential to help facilitate a seamless transition for the child and family.

When a child transitions from EDIS early intervention services, certain activities must take place to help the child and family make the change smoothly. Since the special education services provided by the schools are somewhat different from early intervention, parents must actively participate in the transition process to avoid any surprises. Six months before the child turns three years of age, the service coordinator for the family will begin to prepare the family for the transition by discussing the process and how the two programs differ. With the family's permission, EDIS prepares information for the schools and makes the referral. At the point of referral, the schools take the lead in the process. Together with the family, they schedule visits and meetings that will include EDIS as needed. The schools, the family and EDIS will also complete an assessment plan. EDIS will provide information to assist in the development of the assessment plan and IEP. Once the referral is made, the role of EDIS in this transition is to provide support and information so that the schools can efficiently follow their own regulations to take the child into their program.

Transition services also take place when a student leaves special education. The schools have specific procedures to transition the child into appropriate follow-on programs, depending on the age and the needs of the child. For more information on special education and transition processes within the DOD schools, please see the Department of Defense Education Activity (DoDEA) special education website. http://www.dodea.edu/curriculum/special_ed/

Information Sharing

Transition Planning

Early intervention will eventually end for the child and family as it is designed to support children ages birth to three years of age and by law early intervention ends when eligible children turn three years of age. Transition refers to movement out of the early intervention program. Often transition is thought of as the child nears his/her third birthday. However, it may happen as a family leaves the area or when the early intervention support is no longer needed, or when a family no longer desires early intervention services. Regardless of the transition it is important that the service coordinator help the family plan for the transition so that it can be as smooth and seamless as possible and so that follow-on supports are in place when they need them. Transition planning is an important of IFSP development and must be addressed as part of each IFSP.

When a child leaves before their third birthday, the service coordinator must work with the family to identify other available and needed support in the surrounding community or community in which the family is moving. For families moving to another state or location, it is good to equip them with the contact information at their new location. The NECTAC publication by Jo Shackelford, "State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA" (NECTAC Notes Issue No. 21 July 2006) is a valuable resource that highlights eligibility criteria for the different states; it is available online at <http://www.nectac.org/~pdfs/pubs/nnotes21.pdf>. Another important resource is the listing of state Part C programs and state Part C websites. This comprehensive list is also available online at: <http://www.nectac.org/contact/ptccoord.asp>. EDIS program contact information is available online at www.edis.army.mil.

Conversation Starters

Transition Planning

Transitions are something we take into account with each family with whom we work. There are different types of transitions and it might be helpful if we talk a little bit about them now. Is that ok with you? One type of transition is moving out of our footprint area. In that case we'd need to consider where you are moving to and link you with resources in that area. Another transition is when a child turns three years of age. As you know, early intervention goes up to a child's third birthday. We always want to be thinking about types of support a family may need as they prepare to leave early intervention. When it comes to transition we'll help you gather of resources and information you need to make a smooth transition. What, if any, transitions to you see happening for your Carmen or your family in the near future?

To assist you in your transition, I have found the phone number and contact person of the early intervention program where you will be living. You may want to give them a call before you leave to find out more about their program. What do you think? What information do you think would be helpful to know from them?

Transition to another early intervention program

Do you anticipate moving from this area in the next year? If you think you may be moving out of our footprint please let us know. We are able to assist you with getting connected with early intervention at your follow on location. Depending upon your interest, you should be able to be in touch with early intervention program at your follow on location before you leave here. Because eligibility is different from state to state it will be important to make these connections as early as possible so you know what supports and services can be anticipated at your new location. If you are moving to another location with EDIS services they can pretty much start up where we leave off. If you're not sure of where you'll be going I can help you with making sure that you have all the information you need to share with a follow on agency.

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

Preschool Transition

Long before the transition, team members should begin planning. The planning process must be individualized for each child and family and include consideration of what is happening now and what needs to happen to help the child be successful in the new setting/program and to prepare the parents for the change. Children react differently to changes in their routines. Some children adjust easily while others have a difficult time separating from parents and navigating a new experience. Anticipating adjustment challenges and implementing strategies to minimize adjustment struggles are essential ingredients in transition planning.

This transition is a major change for parents too. Concerns parents have may include being away from their child for the first time, putting their child on a bus, building a trusting relationship with a new teacher, learning new program policies and practices, adjusting schedules, and “saying good-bye to the service providers who supported them during the period when they first learned about the special needs of their infant or toddler” (Donegan, Fink, Fowler, & Wischnowski, 1994, p. 2). Addressing parents’ concerns and employing strategies to help parents work through these concerns are also key elements in transition planning.

For children nearing three years of age and possibly needing special education services after they turn three years old, the service coordinator must work with the family and the local school system to help determine if the child is eligible for such services. This transition planning must be in place by the time the child is two years six months, unless of course the child enters early intervention after they are 30 months of age. Under such circumstances transition planning and implementation must be part of the initial IFSP. The service coordinator must get parents’ written permission to share any information with the local school system as part of the referral process. Once the referral is made to the school, the transition steps include a transition conference (generally 90 days before the child turns three), an eligibility meeting, and if the child is eligible, a meeting to develop the Individualize Education Program (IEP).

Conversation Starters

Transition at Age Three

Early intervention is designed for children up to the age of three years. As your child nears 30 months, we will discuss possible transition options. Specifically, we want to consider what supports Rashan may need as he turns three years of age. Pre-school special education may be an option at that time. If this is something that you'd like to consider we can help you by introducing you to the staff, facilitating meetings, and sharing information.

How are Preschool Special Education Services Different from Early Intervention?

While there are similarities between school-based pre-school special education and early intervention, there are striking differences as well. The focus of the pre-school services is the child's educational needs, while the focus of early intervention is on the needs of Mia and your family. The learning setting is different as well – preschool services occur in the school while early intervention happens where you and your child spend time. And just like early intervention, pre-school special education has a process for gathering of information, establishing eligibility and if eligible writing a plan (Individualized Education Plan).

Now that Tao is almost two and a half, it is time to start talking about the school program. The school program will be different from early intervention. While we look at children as family members and our focus is on your child and family, the schools look at children as students and their focus will be helping Tao get ready for school. What do you know about the school preschool and what would you like to know?

Conversation Starters illustrate ways service coordinators have shared this information with families. These sample conversation starters are provided to help service coordinators craft their sharing of information to promote constructive partnerships. You are invited to adapt the words used while maintaining the underlying message.

The Paperwork

The administrative paperwork and process tasks that must be completed

Required Forms for Coordinating the Transition Plan

- ✓ IFSP Review/Change Form (MEDCOM 722) as applicable
- ✓ Consent for Release or Request of Information (MEDCOM 719) as applicable
- ✓ Family Outcomes Survey (MEDCOM) for families receiving services 6 months or more
- ✓ Child Outcomes Summary Form (COSF) (MEDCOM 810)

SNPMIS Data Entry

As part of Coordinating the Transition Plan the following information must be entered in SNPMIS:

-  Service Coordination Sessions. Documentation of family interactions and transition related activities.
-  'IDEA Meeting' for any Review/Change Meetings
-  'IDEA Meeting' for Eligibility and transition meetings
-  IFSP Changes (*IDEA Processes → Service Plan → Update Process → Addenda*) to enter transition information
-  Discharge (*IDEA Processes → Discharge → Add*)
-  Child and Family Outcomes (*Discharge Screen → Child Outcomes, Family Outcomes*). Do not enter discharge until Child and Family Outcome information is available for entry because this information must be entered at the time the Discharge process is entered into SNPMIS
-  Write Discharge Summary
-  Finalize Draft Notes
-  Print Discharge Summary and file in EDIS record

Note: the discharge summary is an important document for the next program to know the progress that has been made on each of the outcomes. Sharing it with the receiving program (with parent permission) should be very helpful to the next program/providers.

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Resources

The following web-based resources are only a sample of the many military related sites that service coordinators and families may be helpful.

[Military OneSource](#)

A resource for all branches of the services. This site is filled with resources – in many ways it is one stop resources for families and service providers.

Army Specific

[Army Aviation Association of America](#)

Support for Army Aviation soldiers and families including financial assistance for college-level education of members and spouses, unmarried siblings, unmarried children and unmarried grandchildren of current and deceased members.

[Army Behavioral Health](#)

Information for soldiers, National Guard and Army Reserve on issues including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and [suicide prevention](#). Includes help for [children, couples and extended families](#).

[Army Community Covenant](#)

Best practices and featured programs of support to soldiers and family members provided by America's communities. Search for resources and best practices by state.

[Army Exceptional Family Member Program](#)

Mandatory enrollment program implemented through [AR 608-75](#) EFMP that works in conjunction with other military and civilian agencies to provide a comprehensive, coordinated, multi-agency approach for medical, educational, community support, housing and personnel services to families with special needs.

[Army Family Readiness Group \(FRG\)](#)

Provides a direct connection to Command information in an online setting for geographically dispersed units and families. Online tools include forums, video e-mail, a telephone tree and photo gallery.

[Army Long Term Family Case Management](#)

A one-stop resolution center that assists families of fallen soldiers - spouses, children, parents and extended family. Includes information on survivor benefits, obtaining service records, soldier services, support programs and more.

[Army OneSource](#)

Provides information on topics including health care; family programs and services; soldier and family housing; and child, youth and school services.

[Army OneSource - Managing Deployment](#)

Provides online tools and resources to help families handle deployment. Includes a Soldier/Spouse Checklist, Deployment Survival Handbook, Army Guide to Family Readiness Group Operations, [Deployment Health and Family Readiness Library](#) and more.

[Army Reserve Family Programs - Military Family Life Consultants \(MFLCs\)](#)

Licensed clinical social workers and psychologists address soldiers' and families' reintegration and reunion issues. MFLCs help with marriage, relationship and family issues, stress and depression, grief and loss, anger management and parent/child communication.

[Army Well Being](#)

Provides soldiers and their families advocacy and support, including information on issues related to deployment, well-being and behavioral health.

[Army Wounded Warrior Program \(AW2\)](#)

Provides individualized support to severely wounded, injured and ill soldiers and their families. Soldiers are assigned to a [Warrior Transition Unit](#) or an [AW2 Advocate](#) and are eligible for a wide array of benefits and services to assist with career, education, finances, health care, insurance, retirement, transition and more.

[Association of the United States Army \(AUSA\)](#)

Provides Active Duty Army, National Guard, Reserve, civilians, retirees and family members professional development opportunities through 125 chapters around the world and operates the Family Programs Directorate. Many AUSA chapters also provide scholarships to soldiers and family members. [Find a chapter near you](#). Web site also provides information for [families](#) and [retirees](#).

[Association of the United States Army \(AUSA\) Family Programs Directorate](#)

Provides Army families with information and resources to help manage the challenges of military life and address Army family concerns.

[Exceptional Family Member Program \(EFMP\) Respite Care](#)

Information on the program that provides temporary rest periods for family members responsible for regular care of persons with disabilities. Care may be provided in the EFMP respite care user's home, EFMP respite care worker's home or other settings such as special needs camps and enrichment programs.

[Family Support Group Leader Handbook](#)

Handbook from the *Resources for Educating About Deployment and You* program (Operation R.E.A.D.Y.) designed for soldiers and families of the Army, Army National Guard and the Army Reserve.

[Military Family Program](#)

Information for families on health, financial, benefits and other services. Includes a comprehensive [Military Family Program Directory](#).

[MyArmyBenefits - Benefit Facts](#)

Lists fact sheets related to pay, education, family services, health care, life insurance, Social Security, transitioning, retirement and VA benefits for wounded warriors. Fact sheets can be sorted by category, component, life event or state/territory.

[The Blue Box - Resources for Soldiers, Civilians & Family Members](#)

Provides a compilation of resources for Army personnel in Europe on various topics from Casualty Assistance and Survivor Support, Family Readiness Support, Reintegration, Civilian Deployment to Rear Detachment Command Regulations.

[U.S. Army Europe \(USAREUR\) Family Focused Deployment Guide](#)

Provides information for USAREUR family members during deployment. Topics covered include counseling, separation, finances, medical, legal, deployment and children and more.

[USASOC Military Community Programs](#)

Provides social service, recreation and education programs wherever Service Members and their families are stationed. These programs mirror those found in civilian communities, and at the same time are tailored to the unique challenges of the more mobile military lifestyle.

[Wounded Soldier & Family Hotline](#)

1-800-984-8523 Army call center offers wounded and injured soldiers and their families help with resolving medical issues.

[Yellow Ribbon Reintegration Program](#)

Provides information, services, referral and proactive outreach programs to soldiers of the Army Reserve and their families through all phases of the deployment cycle.

Air Force Specific

[Air Force Aid Society \(AFAS\)](#)

Helps relieve financial distress of Air Force members and families and assists them in financing their higher education goals. [Find the nearest AFAS location](#) in the U.S. or overseas.

[Air Force Aid Society's Respite Care Program](#)

Offers a "break" for a few hours a week or month to families who have the responsibility of 24 hour a day care for an ill or disabled family member. This person may be a child, spouse, or parent living in the household.

[Air Force Community](#)

Supports the Air Force community with information on helpful military-related support information that affects daily life.

[Air Force Special Needs Identification Assignments Coordination \(SNIAC\) Program](#)

Identifies eligible U.S. Air Force families with special medical and/or education requirements and helps those families obtain required services. This SNIAC process ensures those families have access to necessary services upon reassignment, whether CONUS or OCONUS.

[Air Force Survivor Assistance](#)

Coordinates resources to support family needs, including delivery of benefits, following an unexpected loss of life. Ensures that services and information are tailored to the needs of the family.

[Air Force Wounded Warrior Program \(AFW2\)](#)

Program for airmen medically separated with combat-related disability, including Purple Heart recipients. Assigns a family liaison officer and provides transition assistance, case management, civilian job search assistance and help with filing of VA disability claims.

Navy Specific

[Chaplain Care](#)

An online resource for Sailors and Marines and their families. Includes contact information for 24 hour access to ask a question or talk to a Chaplain

[Commander Navy Installations – Navy Services FamilyLine](#)

FamilyLine is made up of Navy Family volunteers organized to share experiences, strength and hopes as military spouses. FamilyLine is available to answer questions, provide education, and offer free publications.

[Navy](#)

Navy.mil is the official website of the United States Navy. It includes up to date Navy news and has an extensive information index.