INCLUDING ALL CHILDREN IN YOUR EARLY CHILDHOOD PROGRAM

How to Access Support for Children with Special Needs Birth through 5 years old

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To access additional copies of this inclusion guide please contact: the Early Childhood Intervention Council of Monroe County (ECICMC) at (585) 399-4617. A PDF version of this document is available at: www.advocacycenter.com
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The Early Childhood Intervention Council of Monroe County (ECICMC) was
established in 1986 for the purpose of developing and maintaining a coordinated,
comprehensive and cost effective system of service delivery for all children with
disabilities and children “at risk”, birth to five, and their families in Monroe County.
ECICMC’s leadership and standing committees have worked with
representatives of local and state government, consumers, providers and
advocates in an effort to achieve a standard of excellence in service delivery
upon which all agree. Coordination and consensus are key ingredients to
ECICMC’s success. Broad based membership is vital in assuring that the needs
and perspectives of all groups are considered as we pursue our goals. Our
membership is currently made up of service providers, school district
representative
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**Introduction**

We hope that this serves as a useful guide. Put it in a place where you can access it frequently! This guide is made to be in a three-ring binder. Feel free to copy any and all of the information.

**What is Inclusion?**

All children develop at different rates. Some children have delays or special needs that are significant enough for them to be eligible for extra help from professionals. **Inclusion is supporting all children, regardless of their needs, in their natural environments with their peers.** (e.g. homes, preschools, recreation programs, child care programs – in centers or in homes)

**What information is included in this guide:** This guide is designed to provide information on improving the inclusion of children with developmental delays or disabilities in early childhood programs by:

1. Presenting information about the benefits of inclusion
2. Defining terms used in inclusive programs
3. Helping you to identify which children may be eligible for services
4. Outlining the process that is necessary for a child to receive services
5. Helping a parent to understand the process
6. Presenting solutions to barriers in inclusive programs that will help you strengthen your program
7. Providing an overview of team development
8. Providing sample forms that may be useful
9. Listing many resources in the appendix should you want more information on any topic.

**What inclusion may mean for children in your program:**

1. Services and supports are often provided right at your program.
2. Early Childhood teachers and administrators are supported.
3. Friendships among all children are encouraged and fostered.
4. All children are taught to understand and accept differences.

*(see appendix page A -3 for common terms and abbreviations)*
What forms can Inclusion take?

Inclusion is supporting all children, regardless of their needs, in their natural environments. New York State’s Education Department (SED) mandates that children with disabilities be placed in their “Least Restrictive Environment:” Department of Health (DOH) mandates children receiving services through Early Intervention receive them in their most natural environment.

A child’s education must be in the least restrictive environment or “LRE.” This means that placement of students with disabilities in special classes, separate schools that remove them from the regular educational environment occurs only when the nature or severity of the disability is such that, even with the use of supplemental aids and services, learning cannot be satisfactorily achieved. The child’s services must be delivered in his/her natural educational environment, and as close as possible to the child’s home.

Progression of services related to Least Restrictive Environment:

1. **No formal support while in your care:** Children may be included in your program with no formal support. They may not qualify for services. (determined by appropriate evaluation process) If the child does qualiy for services, the child may be bussed to and from another site, a special education program, where services are delivered. Information sharing through notebooks and/or periodic face-to-face meetings is encouraged. Parents may advocate for further evaluation or changes in services at any time.

2. **Special needs Services:** A child may qualify to receive services from a variety of specialists at your site. The frequency of visits is dictated by an IFSP (Individualized Family Service Plan) for children Birth through 2 years, or an IEP (Individual Educational Plan) for children 3-5 years. Service can occur from as little as once per month, to several visits per week. This may also include a support service for parents. Vital to the success of service delivery is a co-partnership between special need providers and childcare providers. These services might include:

   - **Service Coordination for children birth through 2 years** – coordination of medical and developmental services – delivered by a service coordinator.

   - **Special Instruction for children birth through 2 years** – cognitive, self-help, social-emotional, adaptive needs- delivered by a special education teacher.
Special Education Itinerant Teacher (SEIT) for children ages 3 - 5 years—cognitive, self-help, social-emotional, adaptive needs.

- **Speech/Language Therapy (ST)** – speech, language and communication – delivered by speech pathologists.
- **Occupational Therapy (OT)** – fine motor and sensory regulation-delivered by Occupational therapists.
- **Physical Therapy (PT)** – gross motor-delivered by physical therapists.
- **Music Therapy (MT)** – strengthening any area of need through music (Ages 3-5 only) delivered by music therapists.
- **Assistive Technology** – service and devices, e.g. computer peripherals, FM systems- delivered by assistive technologists, audiologists or other specialized person.
- **Counseling** – social workers or psychologists work on developing social skills and managing difficult behaviors
- **Vision / Mobility Teachers** – addresses needs regarding visual impairments-Delivered by vision and orientation/mobility teachers.
- **Teachers of Deaf and Hard of Hearing (TOD)**– address needs regarding hearing impairments/deafness –delivered by teacher of the deaf.
- **Paraprofessionals/1:1 Aides** – work with children who have complex developmental delays requiring additional adult support for safety and/or instruction - Supplemental school personnel/certified teacher assistants.
- **Nutritionists** – to assist with eating related health issues, such as weight gain (Ages Birth – 2 only)
- **Respite Services** – temporary caregiver services for families who qualify (Ages Birth – 2 only)
- **Transportation** – may be provided in some cases for EI and is provided for 3-5 integrated programs.

A child may receive one or more of these services. These services can be provided either in the home or in the early childhood program where the child spends the day or at a separate approved community site.

3. **Integrated Classroom** is another level of support. It mixes typically developing children with children with disabilities. It may come with the support of a special education teacher and a teacher assistant, in addition to an early childhood teacher. It usually runs for 2 ½ hours per day for a morning or an afternoon session and can be 2, 3 or 5 days per week depending on the child’s age and needs. In the 3-5 preschool system, it is usually 5 days per week. Other services (see the previous list), as dictated by the child’s IFSP or IEP, may also be provided within this classroom setting. Transportation to the program
may be provided or parents may elect to apply for reimbursement for bringing their own child.

4. **Special classrooms:** The most intensive special education programs exist for children who have more significant needs. All of the children in these classrooms have special needs and may have opportunities for integration with typically developing peers while there. They might be ½ day or full day programs and can provide a full array of services.
What are the benefits of successful inclusion?

Inclusion benefits everyone—children, parents, and staff. We have included benefits from many different perspectives, and we are sure that you will be able to add to the list as you include all children in your program. Talk with your staff about their views on inclusion, and get their input. Generate specific discussions about how they feel about children with disabilities in their classroom, how children without disabilities benefit, etc. Establish partnerships with special education agencies in which both parties respect each other as valued contributors to the relationship. Each party should be committed to an increased understanding of the work of the other.

All Children - with and without Special Needs:
- Are part of a whole community
- Need peers to serve as role models for one another
- Benefit from diverse peers to provide motivation to communicate
- Learn skills, (i.e. motor, communication), within natural settings
- Benefit from acceptance of differences
- Benefit from diversity of friendships
- Benefit from encouragement, cooperation, and peer mentoring
- Become more resourceful and creative in inclusive environments

All Parents:
- Benefit from awareness of diversity (in all forms)
- Are part of a whole community
- Benefit from knowledge of typical development
- Benefit from support and information from other parents

All Teachers and Providers:
- Learn skills from other professionals – cross training
- Benefit from working with diverse group of children
- Move toward whole developmental perspective
- Learn from hands-on training from other staff
- Benefit from being part of a team with other professionals
- Gain support and information from other team members
- Improve understanding of child development
- Develop a process by which to handle conflicts and support needs.
- Share information on mandates, regulations, and any other constraints (policy, parent organization limits, etc.)
- Work together to develop a shared vision, philosophy, and common ground in practical application regarding early childhood education, inclusion, and special education. Spend a lot of time on this! Be as detailed as possible to determine where you agree and where you do not. If you always seem to agree, talk some more.
Philosophy

Your program’s philosophy toward children is one of the most important aspects of providing a positive inclusive setting in your early childhood program. Whether the services take place in your program or at another site, you will need to think hard about what you want. You need to:

- Make a clear statement of your beliefs about how children learn, and how services should be rendered. Be specific! Generalities can lead to a false sense of compatibility.

- Get familiar with the other agencies’ mission statements. Policy manuals and job descriptions can give a clearer sense of practical applications of mission.

- Whose children are these children? What degree of responsibility for all children in the classroom or program is each partner willing to assume? How is this actualized?

*See Appendix Page A–16 for examples of philosophical mission statements.*

“I’ve gained an understanding of how to help different people with whatever needs they have. I used to feel sorry for handicapped people. I had an image of physical disabilities. I have learned about the abilities of kids.”

Quote from a child care teacher
**Collaboration is Key!**

Collaboration is mutually generated learning and support!

1. **Identify staff views on inclusion.**
   Generate specific discussions regarding how staff feel about children with disabilities in their classroom, and how children with and without disabilities benefit. Get details to determine where staff agree, and where they do not. Use this information for staff training and development purposes.

2. **Develop a resource list.**
   Find out what community agencies or programs are available to provide additional services to preschool children with special needs, their families, as well as to the staff who work with them (see resource list in Appendix A-33). Early Childhood Directions Centers are available to assist with this (585-249-7817). Make sure to use available resources for information, training, materials, and support! Develop a process by which to handle conflicts and support needs.

3. **Develop a shared vision, philosophy, and common ground.** Work with staff toward development of practical approaches and best practices in early childhood education, inclusion, and special education.

4. **Establish partnerships with special education agencies.** Partnerships mean that all parties respect each other as valued contributors and are committed to an increased understanding of the work of the other. Share information on mandates, regulations, and any other constraints (policy, parent organization limits, etc.)

**Collaboration:**

- …must be based on respect that is demonstrated by
  - holding meetings at mutually convenient times and places;
  - ensuring that all team members have the same information;
  - incorporating differing viewpoints;
  - giving validity to differing viewpoints.
- …means power and control must be shared or relinquished...No one member has all the answers all of the time. Balance and give-and-take are KEY.
- …takes time to build trust, to understand roles and responsibilities. to invite and answer questions, to present information necessary for decision-making.
- …is mutually generated learning and support!

*(see appendix page A-7 - A-8 for more information on Team Work, also see www.advocacycenter.com for other documents on Teaming and Staff Development)*
Team Meetings

1. Best Practices for Team Meetings
   - Regular planning time scheduled so that childcare staff and special education staff can attend. Many teams do this during naptime or provide a sub so that the early childhood teacher(s) can be available.
   - Agreed upon norms of operation established (i.e. everyone should participate, the meeting should start and end on time, etc.)
   - Roles assigned and rotated (e.g. timekeeper, note-taker, discussion facilitator, etc.)
   - Agenda reviewed for additional items and distributed prior to the meeting.
   - Team decisions recorded in meeting minutes with time frames and persons responsible noted
   - Meeting minutes shared with all team members
   - Focus on generating solutions, not dwelling on problems
   - Assurance that all ideas are welcomed, brainstorming technique used
   - Positive tone set for meetings i.e. “let’s try” versus “that won’t work”
   - Environmental considerations: enough space, seating, circular set-up, light, temperature, and refreshments.

2. Meetings can have several purposes i.e.:
   A. Planning together for:
      - weekly themes, schedule and routines
      - responsibilities, who designs and sets up which activities, when
      - classroom coverage at different times
      - clarifying each person’s role
      - acknowledgement of what is going well, recognition of individual efforts.
B. Problem-solving together about:
- goals for children with special needs and how to implement them
- development and updating of these goals (the IFSP and IEP)
- classroom issues related to children and families - Behavior Management Plans
- review and results of record keeping
- how the team is working together
- transitioning children to other settings

C. Planning for staff development, consider the following:
- What kinds of training or in-service opportunities are available (i.e. outside speakers, conferences, workshops, media resources, etc.)
- Can we get substitute teachers to free up our time?
- Can we manage to arrange for larger blocks of time to learn from each other and outside experts?
- What do we need to know about each other in order to work well together?
- How do we view children and their strengths and needs?
- What kind of rules and regulations do we each have to work with?
- What do we need to know about modifying our separate programs to provide a truly inclusive program?
- What do we need to know about building teams, having productive planning meetings, choosing activities, and resolving conflicts that arise?
- What do we need to know about working with families?

Remember:
- All staff should help identify topics and needs for training
- All staff should participate together in training activities
- All staff have knowledge and resources to share with each other, so use staff as trainers in addition to bringing in trainers.

When teams meetings result in good communication, solutions to challenges, consistent approaches for children and families, and efficient ways to share the work of the classroom, everyone benefits!

Signs that suggest it is time to “rethink” your meeting!
...Attendance wanes, members arrive late, unprepared, Meetings are too long and not productive, decisions are not made, goals are not accomplished. There is a lot of griping, moping, and/or negative talk. Diverse ideas are not “bubbling up.”, periods of silence.

"It’s great having an administrative support person to help mediate and help work things out on the team.”

Quote from an early childhood teacher
**Confidentiality**

Policy: It is the policy of the providers to maintain confidentiality of a child’s personal information at all times.

Procedure:

1. Special service providers will keep information about a child’s services confidential.
2. Special service providers will not release a child’s information, generated by that service provider, to outside requests without written authorization from the parent or legal guardian.
3. Conferencing with other professionals regarding a child will be done in a private area where other individuals cannot hear confidential information.
4. If a service provider wishes to obtain additional information regarding a child, he/she completes an appropriate release form that must be signed by the parent or legal guardian.
5. Should you receive any records/reports of a child, federal law requires that these documents be kept in a locked file.

*from Early Inclusion Committee of the DDAWNY (Developmental Disabilities Alliance of Western York Working with Young Children Directory).*
**Schedules**

Schedules need to be set so that all staff have knowledge of daily, weekly and annual calendars. All staff should work together to plan schedules. All staff needs to be flexible!!

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<th>Annual</th>
<th>Weekly</th>
<th>Daily</th>
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<td>Share the calendar in the beginning of the school year.</td>
<td>Planning and review meetings should be part of the schedule.</td>
<td>Clarify who is responsible for which part of the daily plan.</td>
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<tr>
<td>Plan for holiday and vacation coverage as needed.</td>
<td>Create a schedule that makes sense to the child and the classroom activities.</td>
<td>Clarify what times during the day are better for fitting in individual or group therapy.</td>
</tr>
<tr>
<td>Plan for snow emergencies.</td>
<td>Discuss opportunities to participate on class field trips.</td>
<td>Everyone should know the daily schedule for each child.</td>
</tr>
<tr>
<td>If children are bussed from different programs, plan for differing arrival and departure times.</td>
<td>Plan for creating small and large group instruction.</td>
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<td>Outline the days and times the children are in attendance</td>
<td>Think about how teachers can co-teach.</td>
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Space and Accessibility

When we think about space, generally we think of the classroom. However, this can also be extended to adult space too. Some of the things to keep in mind include:

- Will some therapists need space outside of the classroom for “pull-out” services?
- Is there therapeutic equipment that will take up a lot of room?
- Is there “quiet space” for children?
- Are there too many people for the size of the classroom?
- Are there times when different staff can set up for activities?
- Are staff responsible for taking care of the space they use?
- Is there space for assessments and evaluations?
- Is there a place for staff belongings?
- Is there a place where staff can write observations and notes?
- Is there a place where staff can keep materials for therapies?

The Americans with Disabilities Act (ADA) is a federal law that requires facilities to be accessible for people with disabilities. As you plan your rooms, imagine what it would be like for a child in a wheelchair to get around. Remember that this includes classrooms as well as bathrooms.

“Kids need space and lots of adults [in the classroom] mean taking up space. Not enough space brings out anxiety in kids and adults.”

Quote from child care provider
Family Involvement

Families are an integral part of the team. To be sensitive to the needs of the families we serve, we must take into account the degree to which our programs are truly focused on both the strengths and needs our families offer. Early childhood programs embracing a family-centered approach ensure that family roles and responsibilities are respected and supported. It is appropriate for early childhood programs to let families know that they can and should expect:

- Providers to recognize that each family is unique and that parents/guardians are the experts on their children.
- That they are welcome at the program.
- To receive accurate and consistent communication both verbally and in writing regarding their child’s progress.
- The system to be responsive to their needs.
- Information on how to access services within the community.
- Their child to receive consistency when transitioning from the early intervention program to the preschool program and from the preschool to the school-age program.

Strategies to Support Family Involvement

- Establish ongoing communication by:
  - Regular written communication (notebooks, reports, updates)
  - Phone calls that are convenient to families
  - Making the classroom accessible for parents/guardians to observe and/or participate.

- Assist families in accessing resources and support including:
  - Understanding their rights and responsibilities within the Early Intervention system (EI) or the Committee on Preschool Special Education (CPSE)
  - Accessing medical professionals including developmental pediatricians
  - Child welfare programs
  - Advocacy resources
  - Community support groups for learning about and working with a specific disability, e.g., Down syndrome, cerebral palsy, autism spectrum disorders, etc.

- Involve all families in your program by:
  - Presenting informational meetings and parent support meetings that meet at a time when families can attend. Provide childcare at such meetings.
  - Planning periodic social gatherings for families and staff such as “pot luck” suppers or a story-telling evening with refreshments. This provides an opportunity to develop a sense of community at the program that celebrates the diverse make-up of your program.
  - Requesting families to participate in the annual program evaluation through surveys. Report openly about areas that you are working to improve including the obstacles and strategies. Post your program’s goals. You never know—a parent may be able to assist with expertise or information about a funding source.

*(See Appendix Page – A-9 State Performance Plan Indicator #8)*
Staff development

As with any collaborative venture, all staff will need to learn from each other, as well as learning about how to work with each other. Together the staff should consider:

What kinds of training or in-service opportunities can be made available to us?
   Can we get substitute teachers to free up our time?
   Can we manage to arrange for larger blocks of time to learn from each other and outside experts?

What do we need to know about each other in order to work well together?
   How do we view children and their strengths and needs?
   What kind of rules and regulations do we each have to work with?

   Will we need to modify our separate programs to provide a truly inclusive program?

What do we need to know about building teams, having productive planning meetings, choosing activities, and resolving conflicts that arise?

What do we need to know about working with families?

Here are some important tips to remember:
- All staff should help identify topics and needs for training
- All staff should participate together in the training activities
- All staff have knowledge and resources to share with each other
- All staff should acknowledge differences in each program and educate each other in your different methods and approaches in an on-going manner

“To have successful collaboration, it is crucial to have in-service around communication skills.”

Quote from an early childhood center director

*(see Appendix page A-7-A-8 for Lines of Authority and Team Communication)
What’s it like to have a child with special needs?

Every family is unique and deals differently with a child with special needs. However, many families express these types of feelings when they discover that they have a child with a disability.

Isolation: We are in this alone. It is us against the world. No one else has ever had this experience. No one understands.

Guilt: Whose fault is this? Why did this happen to us?

Fear: What is going to happen next? How will we afford the additional medical bills and/or educational support? Will we be able to do things like other families? Can we dream?

Anger: This must be the fault of...! (The doctor, God, etc.)

Depression: (Sorrow) This isn’t going to be easy. Look what the other children are doing that my child can’t do.

Acceptance: We can do this. Our child is accomplishing things. There are others in our shoes. Our child is unique, just like every other child, and is a gift.

These feelings come and go like a CIRCLE, as more is discovered about their child. They are perfectly normal and should be accepted and supported as such.

Remember….What families want for their children with identified special needs are the same things that families want for their children without special needs.

*(see Appendix Page A -10 for Developmental Indicators)*
Accessing Special Services for children up to age 5

What do we do if we have concerns about a child’s development?  
(see list of Developmental indicators in appendix, p. A-10)

First Steps:  **Talk** to the family. Do they share your concern? Are they seeing similar problems at home? If you were the parent/guardian, how would you feel about hearing what is being said? Use child-centered language to describe your concerns. For example, “Johnny seems to be frustrated when his friends don’t understand him.” Together you can make a comfortable choice from among these options:

- **Parents/guardian or staff call the Early Childhood Direction Center** to talk over your concerns and obtain a good description of all the options available. They will consult with you even if you have not spoken with the family. Do not share names unless family has been notified. **(RECDC) at (585) 249-7817**  No fee.

- Suggest to the parent/guardian that they discuss these concerns with their **child’s doctor**. The office may choose to do a developmental screening. This is usually done as part of the child’s well-child check at six months or annual intervals. However, a doctor’s referral is not required to pursue Early Intervention (see next bullet) or school district evaluations (see Appendix). A parent can call without a doctor’s referral.

- **If the child is birth through 2 years, 9 months, the parent/guardian may call the Early Intervention (EI) Program in their county** or parents’ or guardians’ may give consent for staff to call. Early Intervention is a service provided by counties governed by New York State Health Department regulations. In Monroe County call **(585) 753-KIDS/5437**. A service coordinator will assist the family in accessing evaluations and services.

- **If the child is older than 2 years, 9 months,** the parent/guardian may contact their local school district’s Committee on Preschool Special Education (CPSE). A free evaluation and justified services are available through this process. Services through CPSE are governed by New York State Education Department regulations.

*(see Appendix Page A – 12 for Differences Between EI and Preschool)*
Here’s how an evaluation works

**Observations** – An observation is a required component of an evaluation. For children over 3. Sometimes the evaluator will come to the childcare center or preschool to see how the child relates and performs. At other times, evaluators will send an observation form to be completed by the child’s teacher. Observation forms usually request information about specific concerns, behaviors, previous screenings, and general *thoughts* about how the child performs in the classroom. This information from the teacher is invaluable towards understanding and completing the evaluation of the child. (See sample observation forms in appendix A-17-A-2.

**Family Interviewing** - Much of the same information is gathered from the child’s family. What concerns do they want addressed? How does the child act at home? How has the child developed over the years? A parent’s view of his or her child’s strengths, needs, and personality is crucial.

**Testing/Assessment** - The formal testing includes all areas of development:

- **Cognition**: thinking, figuring things out, problem solving, focusing and paying attention.
- **Speech/Language**: sounds, talking, understanding, and communicating.
- **Adaptive**: self-help in areas such as dressing, eating, and toileting.
- **Behavior and Social/Emotional**: getting along with others; coping; expressing feelings.
- **Physical**: general health, vision, and hearing. Includes *Gross Motor*: Running, jumping, climbing, balance and planning movements; *Fine Motor*: Manipulating beads, puzzles, drawing, writing and cutting.

**Functional Behavioral Assessment** - A child turning 3 who has been referred to their district for being potentially eligible for continued services through the Preschool Special Education Program, and who has behavior issues severe enough to impact his/her developmental progress should receive a FBA as part of the assessment. Part 200.4 (b)(v) Regulations of the Commissioner of Education states that:

“The individual evaluation must ... include at least:

(v) other appropriate assessments or evaluations, including a *functional behavioral assessment* for a student whose behavior impedes his or her learning or that of others, as
necessary to ascertain the physical, mental, behavioral and emotional factors which contribute to the suspected disabilities.”

**Functional Behavioral Assessment (FBA)** means the process of determining why a student engages in behaviors that impede learning and how the student’s behavior relates to the environment. The FBA includes, but is not limited to, the problem behavior, the definition of the behavior in concrete terms, the identification of the contextual factors that contribute to the behavior (including cognitive and affective factors) and the formulation of a hypothesis regarding the general conditions under which a behavior usually occurs and probable consequences that serve to maintain it.*

Monroe County 3-5 evaluation teams vary in how they conduct the FBA process. They generally rely on other professionals/parents who know the child to bring the concern to their attention, unless it is evident. Some use a checklist, behavior rating scale, standardized instrument, as well as observation and input from parents and others who know the child. Professionals who conduct the FBA vary depending upon the agency…some use Special Educators, School Psychologists, Behavioral Specialists, Psychologists. Assessing a child’s behavior so that a behavioral plan can be implemented is often an ongoing assessment of data collection over time and can extend into the time that service is being delivered in the 3-5 program.

*definition from 200.1(r) Regulations of the Commissioner of Education

*(see Appendix Page A- 17 – A-20 for Sample Child Observation forms)
*(see Appendix Page A – 22 for Authorization for Release of Information and Testing forms)
**EARLY INTERVENTION**

*Making a Referral for Early Intervention (EI)*

If the child is under 2 years, 9 months, call the Early Intervention Program. The family can choose to have a professional screen their child to determine further evaluation. If that is indicated, the child will be seen by at least two professionals, one who has special expertise in the primary area of concern. For example, a speech pathologist would consider the child’s language development. The parent can choose to have the evaluation take place at home, in childcare, or at an agency site. A service coordinator from Early Intervention will discuss evaluator choices with the family. **Phone (585)753 -KIDS/5437 There is no fee.**

**How are children determined eligible for services?**

Children must receive an evaluation to be eligible for services through the Early Intervention Program or the Preschool Special Education Program. An evaluation is a careful examination of a child’s skills, strengths, and weak areas to determine the child’s current levels of functioning. From this, a plan is developed to assist in the areas of need. Evaluations, from the child’s point of view, are usually fun. Evaluators use toys and games to get the information they need. An evaluation procedure consists of gathering information through observation, family interviewing, and testing. In Early Intervention, evaluators can use professional judgment as well it can be done at the child’s childcare setting, home, or an evaluation site.

**Criteria for Receiving Services**

A child under the age of three is eligible for services in EI based on a multidisciplinary evaluation if he or she has been determined to have a developmental delay in one or more of these areas of development: **cognitive, physical (including vision and hearing), communication, social/emotional, and adaptive.** A developmental delay is currently defined as one of the following:

- A twelve-month delay in one of the areas listed above.
- A 33 percent delay in one area or a 25 percent delay in two areas
- Using standardized tests, a score of at least 2.0 standard deviations below the mean in one area or a score of at least 1.5 standard deviations below the mean in two areas.
- If standardized tests are inappropriate, a professional judgment determines eligibility.
- Children diagnosed as having autism, deafness, deaf-blindness, hearing impairment, orthopedic impairment, neurological impairment, traumatic brain injury, or visual impairment automatically qualify for services.

There are other diagnoses as well. Contact EI for a complete listing.
Changes in the child’s development, anticipated health or medical factors, and prognosis for change are also relevant to whether the child receives services. Remember that the expressed needs of the family also impact the decision.

**Developing the service plan: IFSP**

In Early Intervention (for children under 2 years, 9 months), the plan is called the *Individualized Family Service Plan – IFSP*. The meeting where this is developed should take place within 45 days of the date of referral. (This may change to the date of parental signed consent to test) The parents, service coordinator, and evaluator together define family-focused outcomes and the services that will assist the family in meeting these outcomes. Sometimes services take place in a childcare setting, and then the special services provider would partner with the caregiver in meeting the established outcomes. Reviews of the plan occur every six months. The childcare provider would be an important team member at the review. (for how to prepare for such a meeting, see the section below) Ask the parent if you can be invited. Sometimes if there is more than one special services provider, a team meeting is held between IFSP meetings. If changes to the plan are necessary between the reviews, recommended changes are discussed with the service coordinator, the team members and the parent.
Transition of EI Children to Preschool Special Education Services
*(See Appendix A- 23 Transition forms and bibliography A-25)

Early Intervention children potentially eligible for continuing services under Section 4410 of the Education Law, which governs services for children 3 to 5 years old, go through a transition process. If the child continues to be eligible, services will transfer from oversight by the State Health Dept. to the State Education Dept. The school district where the child resides facilitates the services plan. Here are important points about eligibility and the transition process:

- The child’s assigned Early Intervention Service Coordinator refers the child to his/her district about 4 months before their first eligible date after getting the parent’s consent to do so. Participation in the Preschool Special Education Program (also known as CPSE or the 3–5 Program) is voluntary. If parents do not want a referral made, the child’s participation in Early Intervention (EI) will end before the child’s third birthday.
- The child can remain in Early Intervention until their last eligible date as long as the CPSE meeting has been held before their third birthday. Children turning three any time from January through August are last eligible August 31. Children turning three any time from September through December are last eligible Dec. 31. However, these children also have the option of transitioning by August 31.
- The parent has the right to a Transition Conference with the CPSE Chair prior to the meeting, where service options could be discussed. This could be a telephone conference.
- There are significant differences between the Early Intervention Program and the Preschool Special Education Program. An attachment outlines these differences.
- The school district office will send the parent information on their rights and a “Consent to Evaluate.” Parents must sign and return the consent in sufficient time to ensure the child is evaluated and eligibility is determined at a CPSE meeting before the child’s third birthday. Most districts will mail the parent the consent form. Some districts may ask the parent to sign the consent in their office. The City school district requires parents to register at one of three Parent Centers. Service Coordinators can assist with this process.
- Service Coordinators will send the evaluation team requested information with parent consent. The 2 page Transition Plan form used for parental consents is in Appendix A – 24.
- Parents are encouraged to be proactive in making sure the district is timely in holding the CPSE meeting. If parents have not been contacted by the evaluation team by the month prior to the child’s birthday, they should call the district office.
- Once the CPSE receives the consent, they have 30 school days to have the evaluation and CPSE meeting take place.
- Some children with birthdays in January through April who have had evaluations six months before they start services in September may need to have a second meeting in the summer.
PRESCHOOL

Making a Referral for Preschool

If a child is over two years, 9 months, and not yet in kindergarten, the parent should contact their school district’s Chairperson of the Committee on Preschool Special Education from the school district where the child lives. The child will receive an evaluation from two or more professionals, one of whom will be a school psychologist. Phone Numbers in Appendix A-31. There is no fee.

There are also private agencies, clinics, and clinicians that will see young children and bill private insurance or Medicaid. If the child is under three and there are concerns or delays Public Health Law requires them to refer the child, with parental consent, to the Early Intervention Program. Referrals to developmental clinics usually require a pediatrician’s referral. See the Appendix – Local Resources.

Eligibility for the Preschool Special Education Program

The Committee on Preschool Special Education (CPSE) determines eligibility based on discussion of the evaluation results. This evaluation looks at the cognitive, social/emotional, communication, physical and adaptive areas of development and must show that delays, if any, affect the preschooler’s ability to learn. A delay is defined by one of the following:

- A twelve-month delay in one or more areas.
- A 33 percent delay in one area or a 25 percent delay in two areas.
- Using standardized tests, a score of 2.0 standard deviations below the mean in one area or a score of 1.5 standard deviations below the mean in two areas.
- A diagnosis of autism, deafness, deaf-blindness, hearing impairment, orthopedic impairment, neurological impairment, traumatic brain injury, or visual impairment, but the evaluation determines whether the diagnosis impairs the child’s learning.

If a child does not qualify...

If a child does not meet the criteria set down for developmental/educational support, there are other ways of getting support for this child and your classroom. See Local Resources, p. – in the Appendix for services that fit your needs. Early Intervention offers “Developmental Monitoring” to parents who are interested. The Ages and Stages Questionnaire is mailed to parents at age intervals so they can monitor their child’s development.

If a behavioral issue has been noted, regulations state that a Functional Behavior Assessment (FBA) be completed by certified staff working with the child to
determine if the behaviors are adversely affecting the child’s ability to learn. If so, the CPSE would determine services appropriate, i.e. Behavior Consultant, Psychologist, Social Worker, Parent Training. See appendix for more information on FBA.

**After the evaluation**

All observations, interviews, and testing are put into a written report. This should give a clear idea about how a child functions in the key areas of development. What are the child’s strengths? What are areas of need, if any? What goals should be set, if any? If a child qualifies for services, the answers to these questions are the foundation of an intervention plan. The evaluation reports are sent to the parent and are then presented at a meeting where a service plan for the child is developed.

**Committee on Preschool Special Education**

In the Preschool Special Education Program, the plan is called the **Individualized Education Plan – IEP**. This plan is developed at the Committee on Preschool Special Education meeting. **Committee members** include the parent, regular education teacher (child care provider or preschool teacher), special education teacher, a parent of a child with a disability who lives within the district (optional), a school district administrator, an individual who can interpret instructional implications, and any other persons having knowledge or special expertise regarding the child. If the child has been in EI, then the service coordinator attends. Sometimes a representative of the County is present as well.

The **role of the committee** is to determine eligibility, develop the IEP, determine present levels of the child’s performance, strengths and needs, recommend services in the “least restrictive environment”, See State Performance Plan Indicator #6 Appendix) and to make recommendations for services to the Board of Education. The least restrictive environment refers to those settings where typical peers may be found unless there are educational reasons why the child cannot be served in that setting. Then the setting becomes more restrictive… like a mixed group of typical peers and special needs children. Or most restrictive (usually a group with fewer children who are receiving multiple supports from special needs providers)

*(see Appendix Page A-13 CPSE Roles and Responsibilities)*

**Preparing for the CPSE or IFSP Review meeting**

- Talk with other staff who work with the child to confirm or enhance your understanding of the child’s needs and strengths.
- Discuss in advance with the parents what is important to them and you.
- Obtain copies of materials to be used at the meeting.
• Review all records and evaluations.
• Write down information regarding the student:
  - Abilities, interests, performance, history
  - Progress, regression, priorities
  - Functioning and behavior in the classroom
  - Interaction with others
  - Learning style – methods or strategies that have worked
  - Skills or supports you need to accommodate the child
• Write down any questions/concerns you may have.
• Identify what you believe will support the child’s growth and development.
• Be familiar with resources that may help you.
• Let the CPSE chair or Early Intervention Service Coordinator and parent know if you can attend the meeting or if you have questions or concerns

**During the meeting**
• Have your list of information readily available
• Ask for clarification on anything you do not understand
• Maintain a positive attitude
• Provide detailed examples of how the child performs and behaves in your class
• Provide input, particularly on areas that affect your classroom activities
• Ask how the services will be provided and integrated into the daily routine
• If there is a need, ask if training can be made available to you and/or the parent in order to understand how to achieve the student’s goals

**Following the meeting**
• Share information with others who work with the child
• Work as a team with the special service providers (see “Teaming: What is it?” in the following section)
• Incorporate strategies to adapt activities to include the child in your general curriculum as much as possible.

The **IEP** is a legal document that provides the means to ensure that children have services that match their needs, and provide learning opportunities, accommodations, adaptations, supports and services. The **IEP is reviewed annually to assess child’s progress.** *(See Appendix A-9 State Performance Plan Indicator #7)*

The plan consists of goals based on developmental levels and a child’s particular needs and strengths. These goals are reached by carefully mapping out activities using toys, exercises, games, and other play to help the child move toward new goals . . . one step at a time. Sometimes a one to one aide is provided for children who require individual assistance in order to fully participate in their current educational setting.
Most activities can be incorporated into the range of activities within a childcare setting. Early childhood teachers and caregivers, parents, and various specialists (such as speech pathologists, psychologists, physical therapists, occupational therapists and special education teachers) team together to plan and carry out a constructive program.

*Remember* . . .

Any plan must be looked over regularly and re-evaluated to make sure that it is still appropriate for the child. Parents are a very important part of this evaluation process.

All the options described above are available. Parents have the right to accept or reject all or any recommendations even after an evaluation. Some of the terms are described in the Appendix A-2.

**Confused?? Not sure which is appropriate for your situation? Call the Early Childhood Direction Center (585-249-7817) to sort this out!**
Transition from Preschool to School Age Programs

Before entering the kindergarten year, the child will have a CPSE meeting that will serve as an Annual Review of his/her Individual Education Plan (IEP). One of two decisions will be made at that meeting. The CPSE could determine that the child will no longer need special education services and be "declassified" or the CPSE could decide that services need to be continued or changed and the CPSE will make a referral to the Committee on Special Education (CSE).

Declassified:
When the CPSE recommends that services are no longer needed or that the child does not meet the criteria to be eligible for services as a school age child, the CPSE will determine the date that services will end or at the end of the school year, whichever comes first.

General Education Supports:
Most elementary schools provide general education supports in speech therapy and occupational therapy under educational related services support (ERSS) and academic intervention services (AIS).

Referral to the Committee on Special Education:
Eligibility:
In preschool, all children with disabilities receive the same disability code - Preschool Student with a Disability. At school age, students with disabilities must meet the criteria for one of thirteen terms. They are Autism, Deafness, Deaf-Blindness, Emotional Disturbance, Hearing Impairment, Learning Disability, Mental Retardation, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Speech or Language Impairment, Traumatic Brain Injury, Visual Impairment.

The first thing the CSE must determine is if the child is eligible for special education services. They do that by evaluating the child's strengths and needs against the criteria for 13 different disabilities AND the disability must be severe enough to impact the child's ability to learn and function in the kindergarten classroom with the kindergarten curriculum. One of the requirements for
classification at school age is to have exhausted the services available in general education.

Program:
The CSE will also determine what services your child will need and where those services will be delivered (in or out of the classroom, or in a separate setting.) All of those details will be written in an Individual Education Program or IEP. The concept of "Least Restrictive Environment"\(^1\) is different from the least restrictive environment in preschool. For example, home is a natural setting for a preschool child but is considered a most restrictive environment for a school age child. Services are to be provided to "the greatest extent possible, with non-disabled peers." That means that the CSE will make every effort to keep the child in a regular kindergarten program and have his/her special education services brought to him/her. Of course, since the program will be written especially for the child, the IEP will contain the information that is needed to implement his program.

*(See Appendix A-9 State Performance Plan Indicator #12)*
What Can You Expect From a Special Needs Service Provider

(Adapted from Providing Service to Young Children with Special Needs in Child Care Settings: Tips for Success, 2002, ECICMC Standards and Guidelines Committee (see Advocacy Center website for original document)

These tips are for:
- Children ages birth to 5 year olds with developmental disabilities
- Children who meet certain criteria in order to qualify for services
- IFSP (Individualized Family Service Plan - Early Intervention System)
- IEP for children within 3-5 educational system

Service Providers will:

1. Communicate with all interested parties
   - Periodically make contact with administrative staff
   - Set up mutually agreeable dates/times with caregiver for visits with child
   - Be sensitive to caregiver’s responsibilities in classroom and establish a convenient time to talk to them.
   - Listen carefully to staff and administrations
   - Be open to answering questions
   - When possible, talk to caregivers about skills being worked on and child’s progress or performance
   - Use a communication notebook or notes for caregivers explaining activities and child’s performance.
   - Talk to staff about new developments such as new skills acquired
   - Give caregivers ideas about how they can reinforce goals being worked on
   - Call caregivers consistently to follow up on specific issues
   - Leave phone numbers where you can be reached
   - Use a team approach with mutual problem solving

2. Set up visits
   - parents – usually at their homes first
   - other providers if appropriate
   - the child care site to talk to the administrators – leave a business card with contact with information
   - child’s teachers

3. Establish comfort level with caregivers
   - keeping communication open – allowing for questions, touching base with staff
   - building a positive relationship – provider is part of the team and will not come in and change everything
   - providing positive feedback to team members
   - acknowledging their challenging job
   - including caregivers in IFSP and CPSE meetings
   - explaining role as service provider to enhance caregivers role
   - sharing insights, assessment of child, what works or does not work
   - providing ways to be reached
Special Needs Service Provider Checklist

Special needs providers can use this checklist as a reminder when practicing within the child care setting.

- Ask parent for permission to contact child care center
- Check with parent – for child’s schedule
- Contact other providers for information about the child their schedule with child
- Contact child care agency and introduce yourself to administration and staff
- Set up mutually agreeable time and dates for visits
- Notify child care agency and parent of any schedule changes, or need for cancelling the visit.
- Use communication notebook for caregivers, explaining activities and child’s performance
- Explain to caregivers what you are trying to accomplish in your sessions. Listen to the goals and observations of the caregivers
- Give caregivers resources, techniques and strategies about how they can support goals you are working on throughout the week within already planned activities
- Invite caregivers to IFSP and/or CPSE meetings

From ECICMC document Providing Services to Young Children in Childcare Settings –see www.advocacycenter.com website for original document
APPENDIX
Revision September 2007

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Common Terms and Abbreviations

ABA - the design, implementation, and evaluation of systematic environmental modifications for the purpose of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior. It includes the identification of functional relationships between behavior and environments. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcers, and other consequences are used, based on identified functional relationships with the environment, in order to produce practical behavior change.

Adaptive Development – development of task-related skills, which are typically grouped into these skill areas: attention, eating, dressing, personal responsibility and toileting. It is the effectiveness with which the child copes with the natural and social demands of his/her environment.

Advocacy – the act of supporting or defending a child’s interests and rights.

Americans with Disabilities Act (ADA) – legislation that bans discrimination against children and adults with disabilities and requires that a reasonable accommodation be made for a person with a disability. This is relevant to your facility because rooms need to be made accessible, including the bathroom. Also, your classroom floor plans should be such that they allow all children to maneuver easily.

Annual Review – a meeting at which recommendations are made regarding the continuation, modification, or determination of the special education program. The meeting is conducted at least one time per year by the Committee on Preschool Special Education or the Early Intervention Service Coordinator.

Assessment – a methodical process utilized to identify a child’s strengths, weaknesses, and learning modalities related to the child’s development and education compared to children of the same chronological age. Various standardized assessment tools may be used. Written reports outlining the results of the assessment are important in determining a child’s eligibility for service(s).

Assistive Technology – any item, piece of equipment, or product system that is used to increase, maintain, or improve educational/functional capabilities of individuals with disabilities.

Audiology Evaluation – assessment conducted by a licensed audiologist to assess the status of a child’s hearing (which may include identification of hearing impairments).

Cognitive Development – development of the ability to use reasoning and problem solving skills including conceptualization, comprehension, and memory.

Committee on Preschool Special Education (CPSE) – a decision-making committee appointed by the school board to determine eligibility and the appropriate level of services for preschool children aged 3-5. The CPSE is a multidisciplinary team established to conduct meetings that develop, review, or revise the Individual Education Program (IEP) of a student with a disability.
**Committee on Special Education (CSE)** – a decision-making committee appointed by the school board to determine eligibility and the appropriate level of services for children aged 5 - 21. The CSE is a multidisciplinary team established to conduct meetings that develop, review, or revise the Individual Education Program (IEP) of a student with a disability.

**Communication Development** – acquisition of both receptive and expressive language, the use of augmentative communication devices and speech production, perception, and communication. Also includes oral-motor development, development of auditory awareness, auditory processing, and auditory, visual tactile, and kinesthetic skills.

**Confidentiality** – the condition in which personal information about a child and family is not released without parental consent or only when permitted or required by law.

**Consent** – the approval a parent gives to a program or the county, generally in writing. Consent is always voluntary and a parent may revoke it at any time. It is also the written approval parent’s give to EI/CPSE to have their child evaluated and receive services.

**Corrected Age** – age for children born less than full term, in which the prematurity of the child is considered in evaluating developmental growth.

**Developmental Age** – describes level of functioning. This includes cognitive, physical, communication, adaptive, and social / emotional skills.

**Developmental, Individual Difference, Relationship (DIR) model** – The , which has been developed by Greenspan (Greenspan and Wieder, 1997), is used as the basis for a comprehensive intervention approach emphasizing the child’s: (1) affect and relationships, (2) developmental level, and (3) individual differences (in motor, sensory, affective, cognitive, and language functioning). Intervention approaches using the DIR model are based on the theory that symptoms of a child with autism may be related to underlying biologically based processing difficulties, which cause the child to have problems with relationships and affective interactions. The intervention strategy based on the DIR model is sometimes informally referred to as "floor time" because the approach may include a component that encourages the therapist and parent to spend a great deal of time on the floor interacting with the child.

**Disability** – an indication that the child has a developmental delay or has a diagnosed condition, which is very likely to result in the child having a developmental delay.

**Dominant Language** – the one language or mode of communication that the family normally uses. Evaluations of the child are required to be administered in the child’s dominant language.

**Due Process** – procedures designed to protect a person’s rights. This includes requirements for confidentiality, consent, and complaint mechanisms.

**Early Intervention Official** (including their designee) – the person who the county or New York City has appointed to be responsible for the Early Intervention Program in that county.

**Early Intervention Program (EI)** – guided by Federal and State Law, this program serves children with a developmental delay and/or disability under the age of three years. In New York State, the Department of Health administers the program and each County Health Department is responsible for local administration. This program has many components and funds services for an eligible infant or toddler with a developmental delay and/or disability as well as for his or her family.
Early Childhood Direction Center- (ECDC)- a network of centers that assist families of children with disabilities, birth through age five, by providing referral information and assistance in obtaining services in the community. The Center also work to ensure that smooth transitions occur as a child and family move from one service delivery system to another.

Eligibility Requirements- the requirements a preschool child must meet to receive services under the Committee on Preschool Special Education.

Evaluation – the procedures used to determine whether a child is eligible for services under the state’s definition. Developmental tests are used to measure a child’s skills compared to those of typical children of the same age. These assessments include standardized tests used in conjunction with observations and professional judgment.

Extended School Year – summer programming for eligible preschool students with disabilities (see ECICMC guidance document for a more thorough explanation).

Functional Behavioral Assessment (FBA) - the process of determining why a student engages in behaviors that impede learning and how the student’s behavior relates to the environment. It includes identification of the problem, definition of the behavior in concrete terms, the identification of the contextual factors that contribute to the behavior and the formation of a hypothesis regarding the general conditions under which a behavior usually occurs and probable consequences that serve to maintain it.

Impartial Hearing – a formal process used to resolve a disagreement. An impartial hearing officer may resolve disputes regarding evaluations, IFSPs, IEPs and other issues related to services.

Inclusive Programming / Integrated Programs – refers to program models which educate both children with and without disabilities in the same classroom.

Individualized Education Program (IEP) – is a written plan developed by the CPSE which specifies the appropriate level of special education programs and services to be provided in order to meet the unique educational needs of a student with a disability. The IEP includes the child’s current level of functioning in all developmental areas and outlines the goals and objectives to be addresses within the educational setting.

Individualized Family Service Plan (IFSP) – is a written plan for the child and family’s services in the Early Intervention Program that the family develops with a team of qualified personnel including the Early Intervention Service Coordinator. The IFSP includes current developmental levels of the child and projects the desired outcomes to be addressed.

Integrated Classroom – a classroom located in a natural setting that includes children with and without disabilities. It must be approved by the State Education Department (SED) and can have no more than 12 children with disabilities.

Least Restrictive Environment (LRE) – means that placement of students with disabilities in special classes, separate schools or other removal from the regular educational environment occurs when the nature or severity of the disability is such that even with the use of supplementary aids and services, education cannot be satisfactorily achieved in a regular educational environment. The placement of an individual student with a disability in the least restrictive environment shall
- Provide the special education needed by the student
- Provide for the education of the student to the maximum extent appropriate with other students who do not have disabilities.
- Be as close as possible to the student’s home

**Mediation** - a method for solving a problem that uses persons trained in helping people resolve a disagreement. In mediation, the school district and families will try to reach an agreement with which both parties are satisfied.

**Motor Development** – includes fine and gross motor skills. Fine motor skills involve the use of smaller muscles of the body for refined movements such as hand coordination in reaching for, grasping and releasing objects. Gross motor skills involve the use of larger muscles of the body, which may include the following: balance in positions which require trunk and head control; floor play in positions on the belly or back; standing, jumping, and/or rolling.

**Multidisciplinary Teams** – includes the parent and professionals from various disciplines that plan and provide services.

**Natural Environment** – settings that are natural or normal for young children without disabilities. This may include the home, a childcare setting, or other community settings in which children participate.

**1:1 Aide** – support personnel for a child with a disability who is specifically eligible for this service. The aide works directly with the individual student for the length of time determined by the CPSE.

**Placement** – for purposes of the IEP, the identification of placement needs to specify where the student’s IEP will be implemented. Placement should indicate the type of setting where the student will receive special education services and, whenever possible, include the name of the school.

**Preschool Student with a Disability** – a preschool child who is found eligible (due to mental, physical, or emotional reasons) to receive appropriate educational opportunities from special programs and services approved by the State Education Department.

**Psychological Services** – administering and interpreting psychological tests and information about a child’s behavior and child/family conditions related to learning, mental health and development.

**Reasonable Accommodations**- making existing facilities and programs readily accessible to, and useable by, a child with a disability.

**Relationship/Developmental-Based Approach –RDA**- an interdisciplinary approach for working with children diagnosed on the Autism Spectrum.

**Respite** – temporary childcare that may be available to families of children with disabilities. This may include care provided in the home or at another place.

**Review Date** – scheduled times for updates and revisions to a child’s program IFSP/IEP.

**Screening** – instruments and observations used to assess the child’s developmental status and to indicate whether further evaluation is warranted.
**Self-Contained /Special Class** – a classroom consisting of students with disabilities based on similarity of student needs.

**Sensory integration** - the process of taking in sensory information from the environment (visual, auditory, touch) and from our bodies (feel of muscles, position of joints, head position), organizing it, and using it to respond appropriately to a particular situation.

**Sensory integration therapy** - intervention designed to help a child to receive, organize and respond to sensory input in a typical manner. Individuals with sensory processing deficits may be overly sensitive to sensory input, may be less responsive than is typical, may seek out intense sensory stimulation, or may avoid sensory stimuli. This may interfere with their development, social interactions, engagement in play, attention, or ability to learn new motor tasks.

**Social or Emotional Development** – the development of abilities that have to do with interacting with others: developing trust, dealing with emotions, developing a sense of self, and relating cooperatively with others.

**Special Class in an Integrated Setting** – a setting that includes both typical children and children with special needs.

**Transition** – the process where the child will move from EI to CPSE at age 3 or the process where the child will move from CPSE to CSE at age 5.

**Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH)** - a method of structured teaching for children diagnosed on the autism spectrum.

**Transition** – the process where the child will move from EI to CPSE at age 3 or the process where the child will move from CPSE to CSE at age 5.

*Revised 09/07*
Lines of authority
There will be many people involved in this collaborative effort, therefore, lines of authority need to be carefully explored at the initial meeting in order to establish:

- clear channels of communication;
- understanding on the administrator’s part regarding what services are provided and how they address children’s needs;
- understanding on agencies part regarding each other’s mandates and regulations.

Administrators: Includes executive directors, directors, principals, program coordinators

- Need to create specific channels of communication and decision making
- Childcare administrators need to understand and be aware of what services are provided and how they address children’s needs
- Agencies need to understand each other’s mandates and regulations

The Team includes:

Parents or guardians, directors, special education teachers, early childhood teachers, teacher assistants, aides, family childcare providers, occupational therapists, physical therapists, speech and language therapists, social workers, nurse, other therapists, medical personnel working with child.

Clarify Staff Roles of early childhood and special education, and how they interrelate and can support each other.

Consider relationships among staff between agencies and relationships among staff within agencies at each level

- All staff, as well as parents or guardians, are part of the team
- Clarify early childhood and special education staff roles: how they interrelate and how support structures will work together
- Consider the relationships among staff between agencies
- Consider the relationships among staff within agencies at each level
- Ask the following questions:
  1. Who makes what decisions?
  2. How will successes be celebrated?
  3. How will support be made available?
  4. Who is responsible for what - paperwork, contracts, coordination, etc.? (This includes IEPs, IFSPs, childcare checklists, etc.)
  5. How will problems/breeches of regulations or policies be handled?
  6. How will corrective action or training needs be handled?
  7. Who is the related service coordinator or case manager? From which agency? How can they be contacted? Exchange phone numbers.
  8. How can you enable people to release their roles, if necessary?
  9. How can all goals and objectives be shared amongst all persons?
  10. How will confidential information be managed?
Team Communication

Best Practices:
- Recognize that when differences of opinion occur, this creates opportunities for growth! Deal with issues as they arise, but not in the heat of conflict.
- Listen carefully, and ask for clarification to avoid incorrect assumptions and misunderstandings. IE. “What I heard you say…,” or “Did I hear you say….”
- When differences of opinion occur, talk directly to the person involved.
- Try to resolve differences by compromise or agree to disagree. Otherwise request mediation from appropriate resources, i.e. supervisor. Don’t let issues fester!
- Empathize with other people’s perspective. Validate others, and never underestimate the importance of positive feedback!
- Speak for yourself. Be assertive by expressing your own feelings and needs while respecting those of others.
- Focus on solutions, accomplishing tasks and maintaining positive working relationships.

Always remember the goal is to provide the best services for the children served!

Effective Team Communication means
- Offering information
- Offering opinions
- Seeking information from others
- Asking questions
- Being an active listener

Effective communication with families:
- Remember that families hold the vision for their children’s future
- Respect the family’s perspective. They know their children best.
- Offer information, not advice. Only the family can choose what is right for them.
- Maintain confidentiality – share information with others on a need to know basis.

“It’s great having an administrative support person to help mediate and help work things out on the team.”

Quote from an early childhood teacher
Five indicators relating to Preschool:

**Indicator #6**: Monitoring the percent of preschool children with disabilities who are placed in the Least Restrictive Environment

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

The CPSE is required to include in its written report of its recommendation a statement of the reasons why less restrictive placements were not recommended when the recommendation is for the provision of special education services in a setting with no regular contact where age-appropriate peers without disabilities.

**Indicator #7**: Outcomes: Monitoring the percent of preschool children with IEPs who demonstrate improved: Positive social-emotional skills (including social relationships); Acquisition and use of knowledge and skills (including early language/communication and early literacy); and Use of appropriate behaviors to meet their needs.

**Indicator #8**: Parent Involvement: Involves monitoring the percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

**Indicator #11**: Monitoring Transition by looking at the percent of children with parental consent to evaluate, who were evaluated and eligibility determined within State established timeline.

**Indicator 12**: Child Find: Monitoring the Percent of children referred prior to age 3, who are found eligible, and who have an IEP developed and implemented by their third birthday.
Developmental Indicators Suggesting the Need for Referral

The 3 Month Old Baby Who:
- Seems very limp or very stiff when picked up
- Does not react to sudden sounds or voices
- Does not make sounds
- Does not follow moving objects with eyes
- Does not raise head when lying on stomach
- Has a constantly fisted hand and stiff leg to one side

The 8 Month Old Baby Who:
- Is unable to lift head or has poor head control
- Has a rounded back and stiff arms or stiff legs and pointed toes
- Cannot sit without support
- Has feeding difficulties such as persistent gagging or choking when fed
- Does not smile or laugh or “babble”
- Is aloof, cold, unresponsive (no eye contact, actively resists affection or contact)

The 12 Month Old Who:
- Has difficulty pulling into a standing position
- Cannot crawl on hands and knees or only uses one side of body to move
- Cannot name a few (2 or 3) objects or say “mama” or “dada” meaningfully
- Is not babbling with communicative intent
- Is not combining vocalization and gesture to obtain a desired object

The 18 Month Old Who:
- Cannot walk by him/her self
- Shows excessive tip-toeing while walking or demonstrates unusual gait
- Holds arms stiffly and bent or only uses one hand for play
- Cannot follow simple commands such as “Wave bye-bye”
- Sits with weight on one side of the body
-Bangs head for long periods of time

The Two Year Old Who:
- Is not using two-word phrases frequently
- Is not imitating environmental noises or simple words
- Shows no interest in other people
- Does not listen to simple stories, nursery rhymes
- Shows peculiar speech patterns such as echolalia, inappropriate use of pronouns
- Cannot identify some body parts or recognize familiar pictures
- Does not show affection
The Three Year Old Who:
- Does not respond when you call from another room
- Is not conversing in simple 2-3 word sentences
- Is not asking questions
- Is not responding to simple WH questions (what, who, why, where)
- Shows unusual responses such as ritualistic behavior, resistance to change, or peculiar interest in or attachment to objects
- Shows self-stimulating behaviors (spinning, hand flapping, rocking)
- Is overly attached to uncommon objects such as string or rubber bands
- Persistently and frequently engages in the ingestion of non-food (e.g. chalk) or rumination (repeated regurgitation of food)
- Cries easily or frequently, displays extreme anxiety, is frequently worried or afraid

The Four Year Old Who:
- Does not respond to simple two-word directions
- Speaks in jumbled, disordered sentences
- Is overly aggressive (acts out physically against classmates and/or teachers)
- Is socially withdrawn – unable to make friends with even one child and/or is uninterested in activities of classmates
- Is not able to listen to and re-tell simple stories
- Talks but whose remarks are not relevant to the situation or whose speech cannot be understood
- Has poor coordination – cannot pedal a tricycle, catch a large ball, or hold a crayon to draw
## Differences between Early Intervention and Preschool Special Education Services

Successful transition of children and families from the Early Intervention Program to Preschool Special Education can sometimes be challenging. Here are some ideas that you might share with families as you assist them.

<table>
<thead>
<tr>
<th>EARLY INTERVENTION PROGRAM</th>
<th>PRE-SCHOOL SPECIAL EDUCATION SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Early Intervention Programs focus on enhancing the family's ability to help the child develop his/her full potential.</td>
<td>➢ There is no service coordination, unless the child's diagnosis and circumstances make the family eligible for special waiver service coordination.</td>
</tr>
<tr>
<td>➢ Early Intervention Services have a developmental focus.</td>
<td>➢ Focus is on the child’s educational needs.</td>
</tr>
<tr>
<td>➢ In Early Intervention serving children in natural environments is first consideration when developing an IFSP.</td>
<td>➢ Serves children in the least restrictive environment as the first consideration. (similar to Natural Environment concept)</td>
</tr>
<tr>
<td>➢ In Early Intervention the IFSP meeting is where service plans are developed which generate outcomes, services and frequency and duration of services. The IFSP is developed with collaboration of parents, service coordinator and evaluator or service provider.</td>
<td>➢ Developing the child’s service plan (IEP) is the responsibility of the Committee on Pre-School Special Education, which focuses on the child’s individual needs. The IEP determines services, goals, objectives and duration of services. The CPSE incorporates input from the Early Intervention Providers in developing the IEP.</td>
</tr>
<tr>
<td>➢ In Early Intervention if a child is receiving only one related service it is unlikely that this child would be eligible for a classroom in a special education setting.</td>
<td>➢ Services or Providers may not be the same as in EI. The CPSE decides.</td>
</tr>
<tr>
<td>➢ In Early Intervention services are year round. If a family wants their child to transition in July or earlier than September 1st, the child must qualify for 12 month programming under CPSE.</td>
<td>➢ Services are provided directly to the child in 30-minute intervals; Parent training and Consultation is considered a separate service on the IEP. Music Therapy is an approved service.</td>
</tr>
<tr>
<td>➢ Music therapy is not an approved service.</td>
<td>➢ Services are usually available during school calendar only.</td>
</tr>
<tr>
<td>➢ Service planning and continuing eligibility is determined at the 6 month IFSP Review, with the possibility for changes in service between meetings.</td>
<td>➢ Reviews are at least annual, but other meetings can occur as needed.</td>
</tr>
<tr>
<td>➢ Children with certain diagnoses automatically qualify.</td>
<td>➢ Summer services are only available to children who qualify.</td>
</tr>
<tr>
<td></td>
<td>➢ Insurance begins covering equipment needs like hearing aids.</td>
</tr>
<tr>
<td></td>
<td>➢ Services not approved include respite, evaluations by a developmental pediatrician, and nutrition.</td>
</tr>
<tr>
<td></td>
<td>➢ Children with certain diagnoses do not automatically qualify; how their learning is impacted is the determining factor.</td>
</tr>
</tbody>
</table>
CPSE meeting roles and responsibilities

Child’s Parent/Guardian

- Participate in the development of the IEP
- Advocate for their child’s interest
- Share information on child’s developmental history, as well as child’s strengths, needs and culture
- Describe what they want for their child
- Become knowledgeable of all rights, regulations, and procedures
- Make a conscientious effort to attend all meetings, reviews, etc.
- Actively participate in IEP development
- Share concerns and relevant information about the child
- Assist with the review and revision of the IEP
- Help determine what additional data are needed as part of an evaluation of their child and determine the child’s eligibility and educational placement
- Be aware of child’s progress toward reaching the annual goals listed on the IEP

CPSE Chairperson

- Maintain knowledge base of Part 200 Regulations of the Commissioner of Education and Section 4410
- Develop the meeting agenda
- Send notice of meeting at least 5 days prior to meeting date
- Receive summary report and documentation of evaluation from approved evaluator
- Review evaluation materials of child prior to the scheduled meeting
- Set the tone of the meeting by introducing everyone at the table to the parent of the child who has been referred
- Explain the purpose and procedures of the meeting
- Ensure parents understand due process rights, evaluations, and recommendations
- Keep the meeting child-focused
- Communicate with and support the CPSE Chair
- Ask questions that will help clarify information for the parent
- Maintain knowledge of the options that are available for the child
- Discuss placement options in terms of LRE
- Seek to obtain consensus of all committee members
- Identify provider and location of services
- Maintain knowledge concerning the transition process from Early Intervention services to CPSE and from CPSE to CSE
- Maintain knowledge base regarding current issues and trends in preschool special education
  Build positive relationships with key players (parent, parent advocates, school attorney, EI Coordinators, ECDC personnel, SETRC training specialists
- Work with school district personnel and local SETRC office to identify training needs of school faculty, staff and parents
Evaluator (or someone knowledgeable about the evaluation)

- Contact parent to arrange evaluation of child
- Carry out evaluation of referred preschool student
- Complete social history and other evaluations including psychological evaluation, educational, speech evaluation, and OT, PT and others as needed or warranted
- Prepare evaluation reports and summaries and send to parent, district CPSE Chairpersons, and Municipal Representatives
- Be familiar with federal and state regulations
- Maintain current knowledge base of criterion and norm-referenced tests and their reliability and validity with respect to preschool children
- Describe evaluation results in easy to understand language
- Answer questions related to evaluation process
- Use assessment information to identify child’s strengths and needs
- Relate assessment information to instructional needs
- Assist in the development of the IEP at the request of the CPSE or parent

Early Intervention Service Coordinator

- Attend the CPSE meeting
- Participate in Transition Conference and development of Transition Plan
- Explain the differences between the Early Intervention and CPSE process
- Explain the differences in services and eligibility between the two programs
- Be knowledgeable about Section 4410
- Provide information on what child received under Early Intervention program in terms of services
- Provide information on child’s progress
- Assist to ensure the transition from Early Intervention to the CPSE is smooth and seamless

Child’s Teacher

- Participate in the development of the IEP of the child, including the:
  - determination of appropriate positive behavioral interventions and strategies
  - determination of supplementary aids and services, program modifications, and support for school personnel that will be provided for the child to:
    1. advance appropriately toward attaining the annual goals;
    2. be included and progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and
    3. be educated and participate in activities with other children with disabilities and nondisabled children
- Participate in the review and the revision of the MP
- Maintain a current knowledge base of developmentally appropriate practices
- Maintain a current knowledge base of early literacy development

Regular Educator

- Participate in the development of the IEP of the child, including the:
  - determination of appropriate positive behavioral interventions and strategies
  - determination of supplementary aids and services, program modifications, and support for school personnel that will be provided for the child to:
    1. advance appropriately toward attaining the annual goals;
2. be included and progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and
3. be educated and participate in activities with other children with disabilities and non-disabled children

- Participate in the review and the revision of the IEP
- Maintain and share current knowledge base of developmentally appropriate practices

**Maintain and share current knowledge base of early literacy development**

**Special Education Teacher**
- Provide information about the child in terms of classroom performance, interaction with peers, progress towards IEP goals and objectives
- Assist in the evaluation of the child
- Participate in the development of the IEP of the child, including the:
  - determination of appropriate positive behavioral interventions and strategies
  - determination of supplementary aids and services, program modifications, and support for school personnel that will be provided for the child to:
    1. advance appropriately toward attaining the annual goals;
    2. be included and progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and
    3. be educated and participate in activities with other children with disabilities and non-disabled children
- Participate in the review and the revision of the IEP
- Maintain a current knowledge base of developmentally appropriate practices
- Maintain a current knowledge base of early literacy development

**Parent Member**
- Develop and maintain knowledge of the CPSE process
- Develop and maintain knowledge of CPSE Regulations pertaining to the CPSE process
- Support the parent of the child with a disability
- Ask questions to assist parents in understanding the discussion at the CPSE meeting
- Advocate for the child who is being referred to the committee
- Assist in ensuring that the parent understands the CPSE process and feels comfortable
- Participates in the discussions involving eligibility, IEP development and LRE considerations
- Share personal experiences as appropriate
- Keep aware of community services
- Bridge gap between parents and CPSE
- Make sure all parent concerns are addressed
- Know LRE policies and placement options

**Municipality Representative**
- Develop and maintain knowledge of the CPSE process
- Develop and maintain knowledge of NYS Education Law and Part 200 Regulations of the Commissioner of Education
- Develop and maintain knowledge base of disabilities, best practice services, evaluation tools
- Shares information on availability of related service providers as per county list
- Ensures families understand the role of the county in the CPSE process
- Act as a resource regarding appropriate paperwork (STAC and evaluation forms) and timelines, for submission of paperwork to SED, the county, school districts, Boards of Education and provider agencies
- Review evaluation material before meetings
- Communicate with and support the CPSE Chair
- Conduct annual visitations to programs and natural environments where services are being delivered
- Facilitate transition from early intervention to preschool special education
- Provide information on transportation and arranges payment for services
- Maintain a list of certified or licensed professionals to deliver related services
- Assist in the evaluation of the child
- Participate in the development of the IEP of the child
Inclusion as a value supports all children, regardless of their diverse abilities, to participate actively in natural settings within their communities. A natural setting is one in which the child would spend time had he or she not had a disability. Such settings include, but are not limited to, home and family, play groups, childcare, nursery schools, Head Start programs, kindergartens, and neighborhood school classrooms.

DEC believes in and supports full and successful access to health, social services, education and other supports and services for young children and their families that promote full participation in community life. DEC values the diversity of families and supports a family-guided process for determining services that are based on the needs and preferences of individual families and children.

To implement inclusive practices, DEC supports (a) the continued development, evaluation, and dissemination of full inclusion supports, services, and systems so that the options for inclusion are of high quality: (b) the development of pre-service and in-service training programs that prepare families, administrators, and service providers to develop and work within inclusive settings; (c) collaboration among all key stakeholders to implement flexible fiscal and administrative procedures in support of inclusion; (d) research that contributes to our knowledge of state-of-the-art services; and (e) the restructuring and unification of social, education, health, and intervention supports and services to make them more responsive to the needs of all children and families.

**Official position statement of NAEYC, Updated – 1998**
pubaff@naeyc.org

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**Sample Mission/ Vision Statements**

**Rochester Childfirst Network- Vision Statement-**
Our vision is that every child grows up safe and strong, able to achieve his or her full potential.

**Mission statement-**
RCN is a not-for-profit agency dedicated to advancing the quality of early education and care in Western New York, through leadership, advocacy, and innovative direct services to children.

**St. Paul's Day Care Center - Statement of Philosophy**
- Value the individuality of each child and promote well-rounded growth
- Ensure a safe, secure environment
- Serve families from all religious, ethnic, socio-economic, and cultural backgrounds
- Adhere to the principles of the National Association for the Education of Young Children (NAEYC) including, but not limited to:
  - Program and practices appropriate to each child’s development
  - Qualified, well-trained, trustworthy, caring professional staff
  - Children actively involved in learning across multiple areas of development
  - Curriculum based on state-of-the-art knowledge about child care
  - Respect and support for families as they nurture children
  - Interactions among staff and children characterized by respect, compassion,
    active listening, openness, nurturance, and support
  - Children encouraged to share experiences, feelings, ideas
Sample Observation forms

OBSERVATION AND TEACHER REPORT (blank form)

Preschool (3-5 year olds)

Child’s Name: ________________________ Program Name: ___________________________
Date of Birth: _________________________ Days of Attendance: __________ Hours: _______
Number of Children in Class: _________________
Observer’s Name/Title: _________________ Number of Adults in Class: ___________________
__________________________________________________________________________________

Please rate each item according to the child's observed behavior in the classroom.

<table>
<thead>
<tr>
<th>Item</th>
<th>5 – All of the time (3/3 trials)</th>
<th>4 – Most of the time (2/3 trials)</th>
<th>3 – Occasionally (1/3 trials more than 50% of the time)</th>
<th>2 – Seldom (1/3 trials less than 50% of the time)</th>
<th>1 – Never (0/3 trials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attentive for one-to-one instruction</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Attentive in small groups (of 2 or 3)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Attentive in large groups (e.g. circle)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Attentive for books/stories</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Stays with self-chosen activities to completion</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Requires special help to stay focused</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Describe/Comment:

__________________________________________________________________________________

Social Skills

<table>
<thead>
<tr>
<th>Item</th>
<th>5 – All of the time (3/3 trials)</th>
<th>4 – Most of the time (2/3 trials)</th>
<th>3 – Occasionally (1/3 trials more than 50% of the time)</th>
<th>2 – Seldom (1/3 trials less than 50% of the time)</th>
<th>1 – Never (0/3 trials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacts appropriately with adults</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Interacts appropriately with other children</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Shares and takes turns</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Responds well to adult limits</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Tolerates frustration</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Solves social problems appropriately</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Seems comfortable in new situations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Requires help to interact successfully</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Eye contact is appropriate</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Describe/Comment:

__________________________________________________________________________________
Play Skills

- Prefers to play alone: 5 4 3 2 1
- Plays beside but not with others: 5 4 3 2 1
- Plays cooperatively with others: 5 4 3 2 1
- Uses toys as they are intended to be used: 5 4 3 2 1
- Engages in pretend play: 5 4 3 2 1

Describe/Comment:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Learning Skills

- Engages in learning activities: 5 4 3 2 1
- Learns new concepts easily: 5 4 3 2 1
- Recalls information presented: 5 4 3 2 1
- Follows spoken directions: 5 4 3 2 1
- Completes activities independently: 5 4 3 2 1
- Requires extra help to learn (e.g. repetitions, visual cues, etc.): 5 4 3 2 1

Describe/Comment:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Communication Skills

- Communicates needs without words: 5 4 3 2 1
- Speaks only in 1-2 word phrases: 5 4 3 2 1
- Speaks in full sentences: 5 4 3 2 1
- Responds appropriately to questions: 5 4 3 2 1
- Mis pronounces sounds or words: 5 4 3 2 1
- Repeats, hesitates, or holds on to words: 5 4 3 2 1
- Speaks with normal loudness and pitch: 5 4 3 2 1
- Has difficulty explaining wants and needs: 5 4 3 2 1
- Hearing appears normal: 5 4 3 2 1

Teachers/caregivers understand ___% of child’s speech.

Describe/Comment:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
## Motor Skills

<table>
<thead>
<tr>
<th>Description</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to manipulate small objects appropriately</td>
<td></td>
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<td></td>
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<tr>
<td>Demonstrates coordination (e.g. in classroom, outdoors)</td>
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<tr>
<td>Maintains good balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires attention during active play to be safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe/Comment:______________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

## Self-Help Skills

<table>
<thead>
<tr>
<th>Description</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cares for own belongings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps with clean-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows class routine without help</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Demonstrates understanding of dangerous situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Accepts changes in routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe/Comment:______________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Thank you for your help. Please use this space to add any additional information you think would be helpful in understanding this child. What motivates this child to engage? Please comment on learning styles – what works best?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

RCN eval team doc/2005
Observation (sample completed form)

Child’s Name: Jane Doe  DOB: 01/01/01  Date: 02/04/04
Classroom: Ladybugs  Number of Children in Class: 15  Number of adults in classroom: 3

General Description of Classroom: (general routine of program day, specials that student participated in, individual attention the child received): Child arrives at 9:00am and takes care of personal belongings and begins free play period for the first 45 minutes. Class comes together for circle and participates in large group activities. Classroom jobs are generally taken care of and class is split between a sensory activity in the hallway and instructional circles in the classroom. Each group participates in all three approximately 10 minutes each. The class comes together for snack, then the children are split into two 15 minutes groups for motor time. Closing/goodbye circle end our day.

On this particular day, how did the child…..?

Follow the general routine of the day:
Was the child able to follow group directions? Jane follows most routine group directions with little assistance from teachers and other adults, however the level of assistance may increase as she is easily distracted by her surroundings. If too much language is used when giving a direction, Jane can get lost and benefits from repeating the phrase.

Describe how the child participates in group activities (large and small): Jane participates in most activities of the day with little assistance from teachers. She is typically a quiet, yet active participant in familiar large and small group activities. Jane enjoys music, participating in familiar songs and often complies with circle time expectations.

Does the child demonstrate an awareness of the classroom routine? Jane shows an awareness of the classrooms basic routine, yet does require occasional adult support to maintain her task during instructional circle transitions.

Describe the child’s ability to attend to the activities of the day: Jane is able to transition from activity to activity when given extra time to process or think about where she is supposed to go. When she is engaged in a preferred activity during free play, she may spend most of the time in that particular center. Adult assistance to change to a new center may be needed.

Engage in play activities:
Is the child’s play purposeful and productive? Jane’s play is typically independent in nature. She requires little teacher assistance to engage in her appropriate play, however benefits from support when interacting with peers. This may be due to her inability to clearly communicate with peers.

Did the child engage in imaginative play? Jane enjoys baby doll, sensory table, and kitchen play; however, these are usually independent in nature. She usually incorporates her puppy (stuffed animal) into her independent imaginative play.

What is the child’s level of play: independent  parallel  cooperative

Describe the child’s ability to share/take turns (level of support from adults): Jane is able to share and take turns with little assistance from an adult and has shown an increase in defending her right to play with a toy if a peer takes it from her.

Interact with others:
Describe how the child interacts with peers in different situations: Jane’s relationship and level of engagement with peers depends on the amount of assistance from teachers and other adults. She typically engages in independent play, however will interact with familiar peers for a short period of time when invited to play.

Describe how the child interacts with adults in different situations: occasionally, Jane will approach a teacher when she has a question, needs help, or would like to see something. She rarely makes eye contact but will often greet teachers or peers upon arrival. If a teacher greets Jane, she will occasionally respond with a wave or a “hi”.

Perform motor skills:
Does the child move with regard for their own safety and the safety of others? Jane enjoys running, jumping, and playing outdoor games, however, has difficulty keeping up with the group.
Perform adaptive skills:
*How independent is the child with eating, dressing, washing, toileting?* Jane independently cares for her toileting needs. She serves herself at snack, as well as requests snack from an adult, however, it is rare for her to ask a peer to pass snack down to her.

Perform academic skills:
*Describe the student’s strengths and weakness:* Jane is a happy member of our class. She participates in most activities and seemingly enjoys coming to school. Her communication and language skills continue to grow within our classroom. Jane shows pride in her accomplishments.

Was this day reflective of the child’s typical performance? Yes
In not, please describe typical behavior of skill level (use the back of this form as needed):

Signature: ________________________________
AUTHORIZATION FOR RELEASE OF INFORMATION

Child’s Name: ___________________________ Date of Birth: ___ / ___ / ___

Address: _____________________________________________________________

This authorization, or photocopy hereof, will authorize ______________________

To obtain from ___________________________ School District

the IEP regarding my child’s services at the child care agency through the CPSE program.

Date: ___________________ Parent/Guardian Signature

Witnessed by

This permission will expire in one year. Parent/guardian may rescind information at any time. You may use this form to obtain parent permission to receive the IEP from the school district. This form may be duplicated.

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Child’s Name: ___________________________ Date of Birth: ___ / ___ / ___

Address: _____________________________________________________________

This authorization, or photocopy hereof, will authorize ______________________

To obtain from ___________________________ To Furnish ______________________

Service Provider ___________________________

Information regarding my child’s services at the child care agency through the CPSE program.

Date: ___________________ Parent/Guardian Signature

Witnessed by

This permission will expire in one year. Parent/guardian may rescind information at any time. You may use this form to obtain parent permission to receive the IEP from the school district. This form may be duplicated.
Sample Transition Plan

Please review the “Transition Information for Parents” booklet that your Service Coordinator gave you prior to completing this form. This plan is designed to help you through the steps in the process of determining eligibility in the Preschool Special Education Program (PSEP) that is administered by your district under the NYS Education Department. If your child is not eligible for PSEP, the Service Coordinator will assist you with referrals to preschools or other services that may be appropriate.

**Step 1 Submitting your child’s name to the district.** At least 120 days prior to when a child is first eligible, notice of your child’s potential eligibility should be sent to the school district. Review the following dates and decide whether you would like your child referred to your school district. Also confer with the Early Intervention (EI) team to see if the child will achieve the IFSP outcome(s) prior to the expected transition date.

**If your child’s 3rd birthday is between…..**

<table>
<thead>
<tr>
<th>JANUARY 1-JUNE 30, s/he is potentially eligible to transition on the following dates:</th>
<th>JULY 1 – AUGUST 31, s/he is potentially eligible to transition on the following dates:</th>
<th>SEPT. 1 – DEC. 31, s/he is potentially eligible to transition on the following dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2</td>
<td>July 1 (must meet CPSE Standards)</td>
<td>July 1 (must meet CPSE Standards)</td>
</tr>
<tr>
<td>July 1</td>
<td>September 1</td>
<td>September 1</td>
</tr>
<tr>
<td>Your child’s last eligible date in EI is August 31.</td>
<td>Your child’s last eligible date in EI is August 31.</td>
<td>Your child’s last eligible date in EI is December 31.</td>
</tr>
</tbody>
</table>

I understand that to ensure my child continues to receive services on and after his/her third birthday, s/he must be referred to, evaluated by, and found eligible for PSEP. Otherwise, EI services will end the day before my child turns three.

I **do / do not** (circle one) give my consent to the Monroe County Early Intervention Program to notify my school district of my child’s potential eligibility for services. This should be done 120 days prior to when the child is first eligible or prior to my child’s 3rd birthday, whichever comes first. Referral actually takes place when I give my signed consent to the district for the evaluation (either in person or through the mail).

Parent/Guardian signature Date

If the child’s name is not to be submitted to the district, proceed to step 6 on p. 2 to develop a plan to transition the parent/child into community services, as requested, or to assist the parent with information on child development, and on what to do if there are future concerns.
**Step 2 Transition Conference** At least 90 days prior to when your child is first eligible or when your child turns three, when first, you have the right to meet with the school district Committee on Preschool Education Chairperson (or designee) and coordinator to review program and service options available to the family. You have the option to participate by phone if you wish.

☐ I give my consent to the Monroe County Early Intervention Program to arrange a transition conference, which will include my service coordinator (designated as EIOD), and chairperson of the CPSE or designee.

OR  ☐ I do not need to meet with the CPSE chair at this time. I understand that I can contact the Chair by phone or mail anytime in the future.

Parent/guardian signature  Date

**Step 3 Forwarding EI Records** Your child’s most recent Early Intervention Program evaluation report, and EI Provider assessment records are a valuable resource to CPSE and the evaluation team in deciding the type and extent of evaluation needed to establish a child’s eligibility for services.

I give / do not give my consent to the Monroe County Early Intervention Program to forward recent EI evaluations, progress reports, or other documents that I have been made aware of to the CPSE or evaluation team, with these exceptions:

Parent/guardian signature  Date

**Step 4 Evaluation, and CPSE meeting to determine eligibility** The evaluation team will ask for your consent to evaluate and make a recommendation to the CPSE members. You and anyone you choose who has knowledge of your child’s development can attend the meeting. If your child has an early childhood classroom teacher or care provider you may want to invite them as well as the EI providers. You can choose to remain in EI until your child’s last eligible date. When would you like your child to transition?

☐ Last eligible date or ☐ Other_________________

**Step 5 Helping my child transition to a new service** Sometimes a child’s services change from home to preschool, he/she starts taking a bus, or experiences other changes that can be stressful. Visiting the new program in advance, talking to the new provider, and having information transferred from EI all help your child with this adjustment. (Your consent is needed below for transferal of records.) Please let the Ongoing Service Coordinator know if there are there other steps you would like taken.

I give / do not give (circle one) my consent to transmit Early Intervention Program records to any new providers under PSEP at the time my child transitions.

Parent/guardian signature  Date

**Step 6 If my child is not eligible** Your Ongoing Service Coordinator can assist you with giving you information on preschools, child care, a screening tool to help you monitor your child’s development (ASQ), information about making a future CPSE referral, or other information. What would you like?
ENRICH YOUR KNOWLEDGE OF CHILDREN
Armstrong, Thomas (2000). *In Their Own Way: Discovering & Encouraging Your Child’s Multiple Intelligences*. The Putnam Publishing Group

Other books in Addison-Wesley Active Learning Series: Infants, Ones, Two, Threes, & Fives
Wealth of specific activities for enhancing development in a physically active fashion

Church, Ellen Booth & Matthew, Deb (1996). *Everything You Always Wanted to Know About Preschool - But Didn’t Know Whom to Ask*. Scholastic, Inc.


Van Der Zande, Irene (1993). *1,2,3…the Toddler Years: A Practical Guide for Parents and Caregivers*. Toddler Care Press

Kid Source OnLine: Geared for parents with information about topics in education and healthcare that is also helpful for teachers, therapists, etc. [www.kidsource.com](http://www.kidsource.com/)

CURRICULUM AND INSTRUCTIONAL STRATEGIES: For Developing Social Skills and Using Visual Supports to Promote Communication and Independence


Guidelines for using positive behavioral supports appropriate for all children.

Examples of visual supports, discussion of why visual supports should be used, and form for organizing the development of visual supports, discussion of why visual supports should be used, and form for organizing the development of visual supports.


Guidelines for using visual supports appropriate for many children with organizational challenges.


Includes checklists for families and school to assess skills as well as specific lessons (that include visual supports) to teach skills referenced in the skills checklist.


**HOW TO MAKE INCLUSION WORK**


In-depth discussion to guide the transition from a dual system (early childhood programs & special education services) to a single system of early childhood programs for all children


Olson, J., Murphy, C.L., and Olson, P.D


Includes information to bridge the gap from research to practice with user friendly forms designed to be photocopied. Appropriate for preschool and school age classrooms.


*Circle of Inclusion*: Geared for families of young children and early childhood service providers, providing wealth of information. Website available in English, Korean, Japanese, & Spanish language formats. www.circleofinclusion.org/

*SERI* (Special Education Resources on the Internet) www.seriweb.com
Website through Hood College/Frederick, Maryland that offers many links to other websites.

**IDEA – ADVOCACY–HOW IT WORKS AND LEGAL RIGHTS**

The Advocacy Center, a non-profit organization located in New York State, that educates, supports, and advocates with people who have disabilities, their families, & circles of support. Website describes services and includes Guide to Recreation and Other Inclusive Programs (GRIP) database, references to TRAID (Technology Related Assistance to Individuals with Disabilities), & links to other related websites. Portions of the website can be viewed in Spanish. www.advocacycenter.com

An overview of ADA, IDEA, and Section 504 of the Rehabilitation Act of 1973 (Updated 2001)
The ERIC Clearinghouse on Disabilities and Gifted Education
The Council for Exceptional Children www.ericec.org/digests/e606.html


Wrightslaw-100’s of articles, cases, newsletters, & other information about special education law & advocacy. www.wrightslaw.com

**INFORMATION ABOUT SPECIFIC DISABILITIES**

Autism Distance Education Network (formerly NYAN-New York Autism Network) provides linkages to wide variety of resources/information about autism spectrum as well as updates on conferences. Includes links to an article about Asperger Syndrome (1996) written by a developmental pediatrician from the Rochester community, Stephen Bauer, M.D., M.P.H. and a website with information in Spanish language format. www.albany.edu/psy/autism/autism.html

Greater Rochester Attention Deficit Disorder Association provides information about primary inattention as well as links to related website including the national nonprofit organization CHADD (Children & Adults with Attention Deficit/Hyperactivity Disorder) www.gradda.com

LD OnLine is an interactive guide to learning disabilities for parents, teachers, and children www.ldonline.org

The National Information Center of Children & Youth with Disabilities (NICHCY) Option to view portions of website in Spanish language format www.nichcy.org/#about


ERIC Clearinghouse on Disabilities and Gifted Education www.ericec.org
ERIC Digest Database contains 2,283 Digests published through
The digest is updated quarterly www.ed.gov/databases/ERIC_Digests/index/

Woodbine House: Publisher of the Special Needs Collection, which are books for Parents, Professionals, and
Children about a wide range of disabilities (Tel# 1-800-843-7323) or www.woodbinehouse.com

ORGANIZATIONS

Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC)
Information about inclusion, links to other sites including CEC and ERIC (Educational Resources Information
Center). www.dec-sped.org/

ECICMC – The Early Childhood Intervention Council of Monroe County (ECICMC) was established in 1986 for
the purpose of developing and maintaining a coordinated, comprehensive and cost effective system of service
delivery for all children with disabilities and children “at risk”, birth to five, and their families in Monroe County.
ECICMC’s leadership and standing committees have worked with representatives of local and state government,
consumers, providers and advocates in an effort to achieve a standard of excellence in service delivery upon
which all agree. Coordination and consensus are key ingredients to ECICMC’s success. Broad based
membership is vital in assuring that the needs and perspectives of all groups are considered as we pursue our
goals. Our membership is currently
made up of service providers, school district representatives, parents, preschool and child care providers and
community advocacy agencies. www.advocacycenter.com/ecicmc.htm

National Association for the Education of Young Children (NAEYC) focuses on children from the ages of
birth through eight years “…leading and consolidating the efforts of individuals and groups working to achieve
healthy development and constructive education for all young children.” This includes establishing guidelines for
best practices, creating position statements on topics related to early childhood, & publishing a wide assortment
of books, brochures, and videos, with some available in Spanish language format.
www.naeyc.org Local affiliate: www.raeyc.org

NAEYC Catalog of Early Childhood Resources is available in print (Tel# 1-800-424-2460) and electronic format.
Electronic format is searchable by topic and available in both English and Spanish.
www.naeyc.org/resources/default.asp

Recommended NAEYC resources include but are not limited to:

- Accreditation Criteria and Procedures of the National Association for the Education of Young
- Including All Children: Children with Disabilities in Early Childhood Programs. Brochure with
  information on IDEA and ADA
- Bredekamp, Sue & Copple, Carol, Editors (1997). Developmentally Appropriate Practice in Early
  Childhood Programs - Serving Children From Birth Through Age 8. NAEYC
- Kaiser, B. & Rasminsky, J.S. Meeting the Challenge: Effective Strategies for Challenging
  Behaviours in Early Childhood Environments. Canadian Child Care Federation
  Children. NAEYC
- Odom, S.L., Editor. Widening the Circle: Including Children with Disabilities in Preschool
  Programs. Teachers College Press
- Sandall, S. & Ostrosky, M., Editors. Natural Environments and Inclusion. NAEYC
- Sandall, S. & Ostrosky, M., Editors.
- Teaching Strategies: What to Do to Support Young Children’s Development. NAEYC
  Practical Guide for Parents, Caregivers and Teachers. NAEYC.
PICTURE SYMBOLS TO USE WHEN DESIGNING VISUAL SUPPORTS
MayerJohnson  www.mayer-johnson.com
Picture symbols for home & community, including play & daily living activities (black lined drawings)

Rouse, Carolyn & Katera. *Quick and Easy (Classroom Book)*. Solana Beach, CA: Mayer-Johnson
MayerJohnson  www.mayer-johnson.com
Picture symbols for classroom routines and academics (black lined drawings)

CD-Rom: *Boardmaker* Publisher: MayerJohnson  www.mayer-johnson.com
Graphics database with over 3000 picture symbols (black lined drawings). Prints text to pair with graphics in English & 9 other European language formats including Spanish, French, Italian, & German.

CD-Rom: *Picture This* was created by Silver Lining Multimedia, Inc. (2000) Bethesda, MA: Woodbine House  www.woodbinehouse.com
Graphics database with over 2700 picture symbols (color photographs). Prints text to pair with graphics in English, Spanish, French, Italian, & German language formats.
<table>
<thead>
<tr>
<th>Monroe County School</th>
<th>District - CPSE</th>
<th>Chairperson List</th>
<th>2007-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avon</td>
<td>Cathy Hamblin</td>
<td>Kerstin Wheeler (Joann Spencer)</td>
<td>226-2455 x1418</td>
</tr>
<tr>
<td>191 Clinton St. Avon, 14414</td>
<td></td>
<td>Fax: 226-1776</td>
<td><a href="mailto:Kwheeler2@avoncsd.org">Kwheeler2@avoncsd.org</a></td>
</tr>
<tr>
<td><strong>Byron Bergen</strong></td>
<td>Nancy Holland</td>
<td>Donna Moscicki (Joann Spencer)</td>
<td>494-1220 x2009</td>
</tr>
<tr>
<td>6917 W. Bergen Rd Bergen, 14416</td>
<td></td>
<td>Fax: 494-1220 x2309</td>
<td><a href="mailto:Dmoscicki@bbcs.k12.ny.us">Dmoscicki@bbcs.k12.ny.us</a></td>
</tr>
<tr>
<td><strong>Brighton</strong></td>
<td>Katie Hunt</td>
<td>Paul DiStefano (Kathy Russell)</td>
<td>242-5239</td>
</tr>
<tr>
<td>Council Rock School</td>
<td></td>
<td>Fax: 242-5183</td>
<td><a href="mailto:Nholland@bbcs.k12.ny.us">Nholland@bbcs.k12.ny.us</a></td>
</tr>
<tr>
<td>600 Grosvenor Rd. Brighton, 14610</td>
<td></td>
<td></td>
<td><a href="mailto:paul_distefano@bcsd.org">paul_distefano@bcsd.org</a></td>
</tr>
<tr>
<td><strong>Brockport</strong></td>
<td>Joanne Kleehammer</td>
<td>Lynn Carragher (M, T, Th, F) (Joann Spencer)</td>
<td>637-5303 x2445</td>
</tr>
<tr>
<td>40 Allen St Brockport, 14420</td>
<td>Mon/Tues: 8-4 Wed: 8 – 11:45</td>
<td>Fax: 637-1856</td>
<td><a href="mailto:lcarragh@bcs1.org">lcarragh@bcs1.org</a></td>
</tr>
<tr>
<td><strong>Cal-Mumford</strong></td>
<td>Roxanne Pangrazio</td>
<td>Deb Starr (Joann Spencer)</td>
<td>538-3404</td>
</tr>
<tr>
<td>99 North St Caledonia, 14423</td>
<td></td>
<td>Fax: 538-3405</td>
<td><a href="mailto:Debstarr@cal-mum.org">Debstarr@cal-mum.org</a></td>
</tr>
<tr>
<td><strong>Churchville-Chili</strong></td>
<td>Lisa Mancuso</td>
<td>Claudia Militello (Joann Spencer)</td>
<td>293-1800 x2450</td>
</tr>
<tr>
<td>139 Fairbanks Rd Churchville, 14428</td>
<td></td>
<td>Fax: 293-1013</td>
<td><a href="mailto:Cmilitello@cccsd.org">Cmilitello@cccsd.org</a></td>
</tr>
<tr>
<td><strong>E. Irondequoit</strong></td>
<td>Karen McClendon</td>
<td>Wendy Baker (Ralph Pascale)</td>
<td>339-1286</td>
</tr>
<tr>
<td>600 Pardee Rd Rochester, 14609</td>
<td></td>
<td>Fax: 339-1267</td>
<td><a href="mailto:Wendy_Baker@eastiron.monroe.edu">Wendy_Baker@eastiron.monroe.edu</a></td>
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<tr>
<td><strong>East Rochester</strong></td>
<td>Jeanette Smith</td>
<td>Donald Shuryn (Ralph Pascale)</td>
<td>248-6375</td>
</tr>
<tr>
<td>300 Woodbine Ave E Rochester, 14445</td>
<td></td>
<td>Fax: 248-6392</td>
<td><a href="mailto:Donald_shuryn@er.monroe.edu">Donald_shuryn@er.monroe.edu</a></td>
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<tr>
<td><strong>Fairport, Honeoye Falls-Lima, Pittsford</strong></td>
<td>Vicki Bilotta, Barbara Dominiak</td>
<td>Mary Pinkerton CPSE Coordinator (Kathy Russell)</td>
<td>271-6762</td>
</tr>
<tr>
<td>2035 Monroe Ave Rochester, 14618-2027</td>
<td></td>
<td>Fax: 271-6594</td>
<td><a href="mailto:Mary_Pinkerton@boces.monroe.edu">Mary_Pinkerton@boces.monroe.edu</a></td>
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<tr>
<td><strong>Fairport</strong></td>
<td>TBA</td>
<td>Ann Mongeau (Kathy Russell)</td>
<td>421-2037</td>
</tr>
<tr>
<td>140 Hurlburt Rd. Fairport, 14450</td>
<td></td>
<td>Fax: 421-1984</td>
<td><a href="mailto:Ann_mongeau@fairport.monroe.edu">Ann_mongeau@fairport.monroe.edu</a></td>
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<tr>
<td><strong>Gates-Chili</strong></td>
<td>Linda D’Ambrosio</td>
<td>Sally Renter (Joann Spencer)</td>
<td>340-5500 x1342</td>
</tr>
<tr>
<td>3 Spartan Way. 14624</td>
<td></td>
<td>Fax: 340–5595</td>
<td><a href="mailto:Sarah_renter@gateschili.monroe.edu">Sarah_renter@gateschili.monroe.edu</a></td>
</tr>
<tr>
<td><strong>Greece</strong></td>
<td>Annette Warner</td>
<td>Des Richmond (Ralph Pascale)</td>
<td>966-2432</td>
</tr>
<tr>
<td>P.O. Box 300 N. Greece, 14515</td>
<td></td>
<td>Fax: 966-2346</td>
<td><a href="mailto:deserie.richmond@greece.k12.ny.us">deserie.richmond@greece.k12.ny.us</a></td>
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<td></td>
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<td><a href="mailto:annette.warner@greece.k12.ny.us">annette.warner@greece.k12.ny.us</a></td>
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<tr>
<td>Hilton</td>
<td>225 West Ave Hilton, 14468</td>
<td>Julie Norris</td>
<td>392-1000 x6071</td>
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<tr>
<td></td>
<td></td>
<td>Bill Hawkins (Joann Spencer)</td>
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<tr>
<td>Honeoye Falls-Lima</td>
<td>20 Church Street Honeoye Falls, 14472</td>
<td>Deborah Lazarus-Hall (Kathy Russell)</td>
<td>624-7016</td>
</tr>
<tr>
<td>Kendall</td>
<td>1932 Kendall Road Kendall, 14476</td>
<td>Cheryl Cole</td>
<td>659-8906</td>
</tr>
<tr>
<td>Pittsford</td>
<td>10 Grove Street Pittsford, 14534</td>
<td>Debra Sharlow</td>
<td>271-6594</td>
</tr>
<tr>
<td>Penfield</td>
<td>2590 Atlantic Ave Penfield, 14526</td>
<td>Marilyn Grimsley</td>
<td>249-5741</td>
</tr>
<tr>
<td>Rochester City</td>
<td>131 W. Broad St. Rochester, 14614</td>
<td>Nydia Saltares - referrals</td>
<td>262-8457</td>
</tr>
<tr>
<td></td>
<td>Shannel Soanes</td>
<td></td>
<td>262-8451</td>
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<tr>
<td></td>
<td>Sharon Leigh – Coord</td>
<td></td>
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</tr>
<tr>
<td>Rush-Henrietta</td>
<td>150 Telephone Rd W. Henrietta, 14467</td>
<td>Donna Marshall</td>
<td>359-7920</td>
</tr>
<tr>
<td>Spencerport</td>
<td>71 Lyell Ave Spencerport, 14559</td>
<td>Darlene Taft</td>
<td>349-5144</td>
</tr>
<tr>
<td>Victor</td>
<td>953 High Street Victor, 14564</td>
<td>Chris Donnelly</td>
<td>924-3252 x1451</td>
</tr>
<tr>
<td>Webster</td>
<td>119 South Ave Webster, 14580</td>
<td>Karen Fisher</td>
<td>216-0037</td>
</tr>
<tr>
<td>W. Irondequoit</td>
<td>350 Cooper Road Rochester, 14617</td>
<td>Kim Mooney</td>
<td>336-3175</td>
</tr>
<tr>
<td>Wheatland-Chili</td>
<td>940 North Rd</td>
<td>Antoinette Abdo-Whelpton</td>
<td>889-6249</td>
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</table>
Municipal Reps: Ralph Pascale (967-7966); Kathy Russell (544-2643); Joanne Spencer (723-5727)

<table>
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<tr>
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<tr>
<td>Name and Address</td>
<td>Phone/Fax/E-mail/website</td>
<td>Contact/Comments</td>
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<tr>
<td><strong>Advocacy &amp; Legal Services</strong></td>
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</tbody>
</table>
| **The Advocacy Center**  
590 South Avenue  
Rochester, NY 14620 | Phone: (585) 546-1700  
www.advocacycenter.com | **Parent support; advocacy training** |
| **Legal Aid Society**  
1 West Broad Street, Suite 800  
Rochester, NY 14614 | Phone: (585) 232-4090  
Fax (585) 232-2352 | **Legal resource, owner-tenant mediation**  
Contact: Kathia Casion – owner/tenant mediation  
Contact: Receptionist for legal resources |
| **Monroe County Legal Assistance**  
1 West Main Street  
Rochester, NY 14604 | Phone: (585) 325-2520  
Fax: (585) 325-2559 | **Legal resource for Housing/Social Services – ask for intake Monday – Thursday 10 am – 3 pm** |
| **Public Interest Law Office of Rochester (PILOR)**  
1 West Main Street  
Rochester, NY 14604 | Phone: (585) 454-4060 | **Information and referral; legal support for SSI denials. Angela Hale** |
### Child Care Resources

| The Child Care Council  
| 595 Blossom Road, Suite 120  
| Rochester, NY 14610 | Phone: (585) 654-4720  
| www.childcarecouncil.com | Child care resource and referral, equipment loans,  
|  |  | family child care provider training |

| The Family Child Care Satellite Network  
(FCCSN)  
| Rochester Children’s Nursery  
| 941 South Avenue  
| Rochester, NY 14620 | Phone: (585) 697-3569  
| Fax: (585) 461-3771  
| dwebb@RCN4kids.org | Child care resource and referral, equipment loans,  
|  |  | family child care provider training |

### Developmental Assessment and Treatment

| Behavioral Pediatrics Program  
| of Rochester General Hospital  
| 1445 Portland Avenue, Suite 204  
| Rochester, New York 14621 | Phone: (585) 922-4698  
| Fax: (585) 922-5702 | Intake: Kathleen Williams  
|  |  | Ages 3-19 years: Behavioral assessment and follow-up  
|  |  | consultation from a psychologist  
|  |  | Ages 5-19 years: Interdisciplinary evaluation that  
|  |  | includes developmental pediatrics  
|  |  | Need physician referral |
| **Kirch Developmental Services Center of Strong Center for Developmental Disabilities (SCDD)** | **Phone:** (585) 275-2986  
**Fax:** (585) 275-3366 | **Intake:** Kathy Purcell  
**Ages Birth-18 years:** Interdisciplinary evaluation that may include developmental pediatrician and other disciplines (ie speech, physical and occupational therapists) |
|---|---|---|
| **The Pediatric Developmental Unit of Unity Health System** | **Phone:** (585) 546-6130  
**Fax:** (585) 546-6175 | **Ages 3-18 years:** Interdisciplinary evaluation that includes developmental pediatrics. |
| **Disability Resources** | **Phone:** (585) 234-2345  
**info@fcdsn.com** | **Information and peer support for parents of children with Down Syndrome; newsletter.** |
| **Flower City Down Syndrome Network**  
904 Holt Road #324  
Webster, NY 14580 | **Phone:** (585) 234-2345  
**info@fcdsn.com** | **Monroe Developmental Center**  
**Finger Lakes Developmental Disabilities Service Office (DDSO)**  
620 Westfall Road  
Rochester, NY 14620 | **Phone:** (585) 241-5743 or 271-5742  
**Fax:** (585) 241-5767 | **Contact:** Pat Baker  
**Case management support for children & families with complex developmental, medical needs.** |
| **New York State Office of Children & Family Services**  
**Commission for the Blind & Visually Impaired (CBVH)**  
259 Monroe Avenue  
Rochester, NY 14607 | **Phone:** (585) 238-8110 or 1-866-871-3000  
(585) 238-8104 (Voice & TDD)  
**Fax:** (585) 238-8278  
**Syracuse office is taking calls for children at (315) 423-5424**  
**Children’s Consultant:**  
Rick Little (585) 238-8112  
**Senior Consultant (adult services):**  
Mike Bulka (716) 847-3516 | **Services for deaf and hard of hearing children** |
| **Rochester School for the Deaf (RSD)**  
1545 St. Paul St. | **Phone:** (585) 544-1240  
**Fax:** (585) 544-0383 | |
<table>
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<tr>
<th>Educational Resources</th>
<th>Phone: (585) 325-5116</th>
<th>Fax: (585) 232-6058</th>
<th>Early Childhood programs for children 6 weeks through preschool with some wrap around child care. Parent support.</th>
</tr>
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<tbody>
<tr>
<td><strong>Head Start / Early Head Start</strong>  &lt;br&gt;49 Stone Street  &lt;br&gt;Rochester, NY 14604</td>
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<tr>
<td><strong>Rochester Pre-Kindergarten Programs</strong></td>
<td>Phone: (585) 262-8140</td>
<td></td>
<td>Numerous classrooms citywide for three and four year olds; some programs with parent support groups.</td>
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<tr>
<td><strong>Rochester City SETRC</strong>  &lt;br&gt;RCSD Central Administrative Offices  &lt;br&gt;131 West Broad Street  &lt;br&gt;Rochester, NY 14614</td>
<td>Phone: (585) 262-8486  &lt;br&gt;Fax: (585) 262-8611</td>
<td></td>
<td>Contact: Linda Blankenhorn</td>
</tr>
</tbody>
</table>
| **SETRC (Special Education Training & Resource Center)** | **Phone:** (585) 249-7024  
**Fax:** (585) 218-6267 | **Contact:** Cyndi Besig |
| --- | --- | --- |
| **Monroe 1 BOCES SETRC**  
15 Linden Park  
Rochester, NY 14625 | **Phone:** (585) 352-2443  
**Fax:** (585) 352-2659 | **Contact:** Cathy Garcia |
| **Monroe 2-Orleans BOCES SETRC**  
3599 Big Ridge Road  
Spencerport, NY 14559 |  |  |

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<tr>
<th><strong>Family Supports</strong></th>
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</table>
| **Catholic Family Services**  
**Child and Family Services**  
87 N. Clinton Avenue  
Rochester, NY 14604 | **Phone:** (585) 262-7100  
**Fax:** (585) 262-7198 | **Contact:** Brenda Ryan  
**Variety of family support services.** |
| **Community Partners for Youth**  
**Big Brothers/Big Sisters**  
232 S. Plymouth Ave.  
Rochester, NY 14608 | **Phone:** (585) 442-2250  
**Fax:** (585) 442-2428 | **Ages 5 years and up** |
| **Family Service of Rochester, Inc.**  
30 North Clinton Avenue  
Rochester, NY 14604 | **Phone:** (585) 232-1840  
(585) 232-1237 (TDD)  
**Fax:** (585) 423-2201  
[www.fsr.org](http://www.fsr.org) | **Contact:** Rose Csizmadia  
**for ages 3-18**  
**for Blue Choice, need physician referral** |
<table>
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<tr>
<th><strong>Food Link</strong></th>
<th>936 Exchange Street</th>
<th>Phone: (585) 328-3380 or 328-9951</th>
<th>Cooperative food purchase program, affordable. (Referrals need to be made through LifeLine)</th>
</tr>
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<tr>
<td></td>
<td>Rochester, NY 14608</td>
<td>Fax: (585) 464-0497</td>
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<tr>
<td><strong>Hillside Family of Agencies</strong></td>
<td>1183 Monroe Avenue</td>
<td>Phone: (585) 256-7500</td>
<td>Family supports for infants and toddlers</td>
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<tr>
<td></td>
<td>Rochester, NY 14620</td>
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<tr>
<td><strong>Hillside Family of Agencies</strong></td>
<td>Crestwood Children’s Center</td>
<td>Phone: (585) 429-2710</td>
<td>Intake: Sharon Brown</td>
</tr>
<tr>
<td></td>
<td>Primary Intervention Program (PIP)</td>
<td>Fax: (585) 429-2800</td>
<td>Family supports for infants and toddlers</td>
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<tr>
<td></td>
<td>2075 Scottsville Rd.</td>
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<td></td>
<td>Rochester, NY 14623</td>
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<tr>
<td><strong>Hillside Family of Agencies</strong></td>
<td>Family Resource Centers of Rochester</td>
<td>Phone: (585) 458-4100 or 719-2000</td>
<td>Family supports, Parents as Teachers Programs, parent support groups</td>
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<td></td>
<td>426 Lyell Avenue</td>
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<td></td>
<td>Rochester, NY 14613</td>
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<tr>
<td><strong>Jewish Family Services</strong></td>
<td>441 East Avenue</td>
<td>Phone: (585) 461-0110</td>
<td>Emergency food cupboard, counseling and family support, sliding scale.</td>
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<td></td>
<td>Rochester, NY 14607</td>
<td>Fax: (585) 461-9658</td>
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<tr>
<td><strong>Monroe County Department of Human Services - Day Care Subsidy</strong></td>
<td>691 St. Paul St.</td>
<td>Phone: (585) 753-5882</td>
<td>Birth - two years referrals</td>
</tr>
<tr>
<td></td>
<td>Rochester, NY 14605</td>
<td>Fax: (585) 753-4032</td>
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<tr>
<td><strong>Monroe County Department of Human Services – Early Intervention Services Program</strong></td>
<td>Maternal Child Health Division</td>
<td>Phone: (585) 753-5437</td>
<td>Women, Infants and Children food program</td>
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<td></td>
<td>691 St. Paul Street; 4th floor</td>
<td>Fax: (585) 753-5272</td>
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<td>Rochester, NY 14605</td>
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<tr>
<td><strong>Monroe County WIC Program</strong></td>
<td>691 St. Paul Street; 4th floor</td>
<td>Phone: (585) 753-4942</td>
<td>Women, Infants and Children food program</td>
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<td></td>
<td>Fax: (585) 753-5272</td>
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| **Rochester, NY 14605** | **Regional Early Childhood Direction Center (RECDC)**  
41 O’Connor Road  
Fairport, NY 14450 | Phone: (585) 249-7817  
Fax: (585) 249-7816 | Ages Birth-5 years: Referral resources for families and child care providers  
Jill DelVecchio |
| --- | --- | --- | --- |
| **Rochester Early Enhancement Program (REEP)**  
Baby Love- Prenatal Support through Strong Healthy Moms – Prenatal Classes- St.Mary’s | Phone: (585) 266-8410  
Phone: (585) 368-3490  
Fax: (585) 368-3491 | | |
| **Rochester Parent Network  
292-BABY**  
MCC-Damon City Campus  
228 East Main Street  
Rochester, NY 14604 | Phone: (585) 262-1544  
Fax: (585) 262-1561 | Contact: Jim Coffey  
Communication Network: Phone, TV and internet  
For Parents and caregivers of young children – Ask questions-healthcare, childcare, development | |
| **Mental Health Services** | | | |
| **Genesee Mental Health Center**  
| of Via Health  
| Child and Youth Services  
| 224 Alexander Street  
| Rochester, NY 14607 | Phone: (585) 922-7770  
| Fax: (585) 922-7246 | For ages 4-18 years; individual therapy services in clinic, with family sessions as needed; insurance, sliding fee scale. |

| **Mental Health Association**  
| **Better Days Ahead Program**  
| 320 N Goodman Street  
| Rochester, NY 14607 | Phone: (585) 325-3145  
| Fax: (585) 325-3188 | Family support for children with emotional, behavioral problems up to age 18 years |

| **Mental Health Services of Unity Health System**  
| **Evelyn Brandon Health Center**  
| 81 Lake Avenue  
| Rochester, NY 14608 | Phone: (585) 368-6900  
| Fax: (585) 368-6955 | Ages 3 years to adult |
| Mental Health Services of Unity Health System | Mental Health Support  
100 Pinewild Dr.  
Rochester, NY 14606  
Phone: (585) 723-7750  
Fax: (585) 368-6767  
Chemical Dependency Outpatient Services  
1565 Long Pond Road  
Rochester, NY 14626  
Phone: (585) 723-7723  
Fax: (585) 723-7074 |
|--------------------------------------------|----------------------------------------------------------|
| Mental Health Services of Unity Health System | Phone: (585) 368-6550  
Fax: (585) 368-6540  
Serves children 5-18; individual therapy in clinic; health insurance, sliding fee scale, Spanish interpreters.  
Contact: Dave Eckert |
| Mental Health Services of Unity Health System | Phone: (585)  
Fax: (585) |
| Mental Health Services of Unity Health System | Phone: (585)  
Fax: (585) |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Contact</th>
<th>Services provided</th>
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<tbody>
<tr>
<td><strong>Mt. Hope Family Center</strong></td>
<td>187 Edinburgh Street</td>
<td>(585) 275-2991</td>
<td>(585) 454-2972</td>
<td>Sara VanBortel, CSW</td>
<td>Parent-child attachment intervention – for children birth to 5 and their families to improve emotional responsiveness and improve parent-child relationships</td>
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<td></td>
<td>Rochester, NY 14608</td>
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<td>Parenting skills training – targeted parents are those active with Child Protective Services and foster care</td>
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<td>Project MIGHT (Mothers and Infants)</td>
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<td>Growing Healthy Together) – treatment for families of infants struggling with maternal depression</td>
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<tr>
<td>Primary Mental Health Project</td>
<td>The Children’s Institute</td>
<td>(585) 295-1000</td>
<td>(585) 295-1090</td>
<td>Michele Whiteford</td>
<td>Emotional support for elementary and preschool children who have special needs. (eg. divorce, loss, domestic violence, etc.)</td>
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<tr>
<td>The Children’s Institute</td>
<td>274 N. Goodman Street</td>
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<td>Rochester, NY 14607</td>
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<tr>
<td>Rochester Mental Health Center</td>
<td>of Via Health</td>
<td>(585) 922-2500</td>
<td>(585) 922-2646</td>
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<tr>
<td>of Via Health</td>
<td>490 East Ridge Road</td>
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<td>Rochester, New York 14621</td>
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<tr>
<td>Strong Behavioral Health</td>
<td>Child &amp; Adolescent Psychiatry</td>
<td>(585) 274-4626</td>
<td>(585) 256-1901</td>
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<td>Ages 3 and up: Evaluation &amp; counseling</td>
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<tr>
<td>Strong Behavioral Health</td>
<td>Outpatient Services</td>
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<td>315 Science Parkway</td>
<td>Rochester, NY 14620</td>
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<tr>
<td>Professional Organizations</td>
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<tr>
<td>RAEYC (Rochester Association</td>
<td>RAEYC (Rochester Association</td>
<td>(585) 244-3380</td>
<td><a href="http://www.raeyc.org">www.raeyc.org</a></td>
<td>Professional association for early childhood educators and parents of young children; provides workshops, conferences.</td>
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<td>for the Education of Young Children)</td>
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<td>children)</td>
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<td>249 Highland Avenue</td>
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<td>Rochester, NY 14620</td>
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<tr>
<td>ECICMC (Early Childhood Intervention Council of Monroe County)</td>
<td>No longer take calls</td>
<td>Professional association for early childhood educators and parents focusing on the successful inclusion of children with special needs.</td>
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<td>Websites (Local)</td>
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<tr>
<td>Rochester Public Library Community Resources</td>
<td><a href="http://www.rochester.lib.ny.us/communit.html">www.rochester.lib.ny.us/communit.html</a></td>
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<tr>
<td>Monroe County English and Spanish Language Format Program Listings</td>
<td><a href="http://www.monroecounty.gov">www.monroecounty.gov</a></td>
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