

Early Childhood Special Education



The Process from Referral to Services

The Program

- Early Childhood Special Education: Provides special education services for children ages 3-5 in accordance with the Individuals with Disabilities Education Act, on behalf of school districts.
- These services are provided through Education Services Cooperatives or through school district ECSE programs.

ESC REGIONS



Early Childhood Special Education

- ❖ Serves children with disabilities ages 3 to 5 in accordance with the Individuals with Disabilities Education Act (IDEA)
- ❖ Services include:
 - Screenings
 - Evaluations
 - Preschool instruction
 - Speech/language therapy
 - Related services
- ❖ Funding source: Federal and State Grant through ADE



The Process

- Step 1: Screening
- Step 2: Referral
- Step 3: Referral Conference
- Step 4: Evaluation conducted
- Step 5: Evaluation Conference
- Step 6: Services begin

Screening

- Conducted by center staff or Early Childhood staff
- Results are used to consider the need for a referral
- The screening protocol includes developmental, speech, hearing and vision abilities
- Commonly used Screening tools:
 - DIAL-4
 - ASQ
 - Brigance

Referral From Preschool

- A referral made by a preschool teacher is based on:
 - Results of a preschool screening
 - Previous services
 - Significant classroom concerns
- Please discuss information and concerns with Early Childhood staff before submitting a formal referral form.

Information Needed When Making a Referral

- Copy of the screening report (Including hearing and vision)
- EC Program Referral Form completed
- Copy of Records
 - Birth Certificate
 - Social Security Card
 - ARKids Card (If applicable)

Referral Conference

- Attendees
 - Parent
 - Classroom Teacher
 - Early Childhood Staff
 - Others as deemed necessary
- This committee will determine whether evaluations are necessary to further consider special education needs of the child.

Evaluation Process

- Standardized Assessments
- Classroom Based Assessment
- Curriculum Based Assessment
- Hearing and vision screenings
- Observation
- We have 60 calendar days to complete all components of the evaluation.

Evaluation Conference

The committee (parent, teacher, EC staff, others as needed) will:

- Review evaluation reports
- Determine eligibility and disability category
- Develop Individualized Education Program (IEP)
 - Identify goals and objectives
 - Identify classroom modifications/accommodations
 - Determine placement and service time

Services Begin

The Early Childhood teachers and therapists will begin serving the child, following the plan of the IEP.

Services can include:

- Direct instruction
- Inclusion instruction
- Consultation with classroom teacher
- Consultation / carryover information for parents

Making Changes

- Any changes or new considerations for a child or the IEP will be discussed in a separate programming conference and will be reviewed by the committee.
- It is required to review the IEP annually to determine any needed plan changes. This is done in an annual review conference.

Exiting the Program

Students remain in services until:

- Dismissed satisfactorily
- Transitioned to Kindergarten
- Turn 6 years old (Kindergarten Waiver)

*Even if students leave your center, we can continue to see them as long as they reside in the Cooperative area.

Things to Consider

- Are the concerns significant enough to be considered a Disability and the need to consider Special Education?
- What screening tool / scoring process are you are using?
- When are your screenings are conducted?
- Will they learn these skills in preschool without services?
- Does the child speak English?
- Behavior concerns?

EC Vocabulary

- **Screening:** Tool used to determine need for further referral consideration. Conducted by either your center staff or Arch Ford Staff.
- **Evaluating / Testing:** Conducted by Arch Ford staff AFTER the referral conference has been held and consent from parent is obtained. Results are used to determine Special Education eligibility.
- **Referral:** When you send us a child as a "Referral," we start the Special Education process.
- **Therapy:** Child is placed in services, has an IEP and is being served.

Arch Ford Education Service Cooperative

Arch Ford Early Childhood Program

Beth Harness, Early Childhood Coordinator

P.O. Box 6

Plumerville, AR 72127

Office: 501-208-5417

Fax: 501-354-6947

Confidential Preschool Screening Consent

*Legal Name of Child: (Print) _____

*Child's Social Security Number: _____ *Date of Birth: _____

*Age: _____ *Sex: _____ *Race: _____ *School District of Residency: _____

*Home Address: _____ *City: _____ *Zip: _____

*Child's Medicaid Number: _____ (If Applicable)

*Child's Primary Care Physician if Medicaid: _____

*Daycare/Preschool child attends: _____ (If Applicable)

Parent or Guardian: (Print) _____

The following areas will be screened: Developmental Speech Hearing Vision.

This form must be signed by the child's legal guardian. Should this screening indicate a need for further consideration of special education services, both of the child's custodial parents must be notified of any conference. Please provide the following information for both of the custodial parents and/or legal guardians.

Mother's Name: _____ Email: _____

Mother's Address: _____ Phone: _____

Father's Name: _____ Email: _____

Father's Address: _____ Phone: _____

Legal Guardian (if applicable): _____ Email: _____

Legal Guardian Address: _____ Phone: _____

I give Arch Ford Education Service Cooperative Early Childhood permission to screen my child.

*Signature: _____ *Date: _____

Please return this form to LeAnne Waddle at the Arch Ford Early Childhood Office

Fax: (501) 354-6947

Email: leanne.waddle@archford.org

Phone: (501) 208-5417

ARTICULATION SCREENER

(Only to be used if you have concern with articulation after conducting DIAL-4 screening)

Child's Name: _____ Date: _____

Screening Examiner: _____ Child's Date of Birth: _____

Center: _____ Child's Chronological Age: _____

Directions: Administer all items, regardless of the child's age. Place an "X" in the blank if the child substitutes, distorts, or omits the target sound (indicated in bold). Say: "Say these words after me. Say ..."

2:6 to 2:11	3:6 to 4:5	4:6 to 4:11
1. me	17. fan	33. stop
2. home	18. huff	34. spoon
3. pie	19. so	35. snow
4. hope	20. mouse	
5. win		
6. toe		5:0 to 5:11
7. hat	4:6 to 4:11	36. run
8. bye	21. shoe	35. more
9. tub	22. push	
10. hi	23. Joe	
	24. fudge	6:0 to 6:11
	25. chew	36. think
3:0 to 3:5	26. catch	37. bath
11. day	27. zoo	
12. bed	28. buzz	
13. key	29. van	
14. pack	30. move	
15. go	31. look	
16. hog	32. ball	

Based on the child's performance:

___ Articulation is typical of age peers

___ Further evaluation needs to be considered (mark this box if child has two or more errors in his/her age-range or younger.

3 Years Old

Social

- ☐ State first name
- ☐ State gender
- ☐ Engage in pretend play
- ☐ Sing a familiar song/nursery rhyme
- ☐ Show interest/concern for others

Self-Help/Adaptive

- ☐ Wash and dries hands
- ☐ Take shoes on and off
- ☐ Use spoon for eating
- ☐ Drink from cup or milk carton

Fine Motor

- ☐ Build a block tower (6-7 blocks)
- ☐ Hold crayon with fingers, not fist
- ☐ Use circular, vertical, horizontal writing strokes
- ☐ Turn book pages one at a time

Gross Motor

- ☐ Run forward without falling
- ☐ Walk up and down stairs independently
- ☐ Walk forward and backward with ease
- ☐ Throw a ball forward with direction

Cognitive

- ☐ Identify big and little
- ☐ Recite numbers to 5
- ☐ Understand one, some, all
- ☐ Match by shape or color
- ☐ Identify objects by use

Communication

- ☐ Understand positions (in, on, under)
- ☐ Points and names pictures in a book
- ☐ Follows 2 commands in sequence
- ☐ Asks "wh" questions
- ☐ Uses 4 word phrases
- ☐ Answers "wh" questions

4 Years Old

Social

- ☐ State full name
- ☐ State age
- ☐ Engage in role play / pretend play
- ☐ Cooperate with other children in play
- ☐ Help with clean up tasks

Self-Help/Adaptive

- ☐ Puts on clothes
- ☐ Puts on coat
- ☐ Independently toilets
- ☐ Manipulates buttons

Fine Motor

- ☐ Draw a person with 4 parts
- ☐ Use scissors to cut paper into 2 pieces
- ☐ Copy a circle and a cross
- ☐ Replicate a 5 block structure

Gross Motor

- ☐ Balance on 1 foot for 5 seconds
- ☐ Hop on one foot
- ☐ Catch a large ball
- ☐ Gallop forward

Cognitive

- ☐ Name 5 colors
- ☐ Count 5 objects, one by one
- ☐ Remember facts from a story
- ☐ Answer questions logically
- ☐ Work a simple puzzle

Communication

- ☐ Use pronouns appropriately
- ☐ Complete a few analogies
- ☐ Understand position (in front, behind, beside)
- ☐ Follow multi-step directions
- ☐ Speech generally intelligible

**Arch Ford Early Childhood
HEARING AND VISION SCREENING**

Name: _____

Age: _____

Date of Birth: _____

Date of Screening: _____

HEARING ACUITY

1000		2000		4000	
RE	LE	RE	LE	RE	LE

Pass: _____

Rescreen: _____

Fail: _____

Pass: _____

Fail: _____

Observations

Examiner: _____

Title: _____

VISUAL ACUITY

Pass: _____

Rescreen: _____

Fail: _____

Pass: _____

Wear Glasses: _____

Fail: _____

Observations

Examiner: _____

Title: _____

PRESCHOOL FUNCTIONAL HEARING/VISION SCREENING

Child's Name: _____

Age: _____

Date of Birth: _____

Date of Screening: _____

This screening is for children 2 ½ to 6 years of age. It does not evaluate hearing or vision acuity, but it does address whether functional hearing and/or vision seems adequate to continue with the assessment process.

HEARING (check all that apply)

Does the child...

- ☐ Use appropriate head turn/eye contact when name is called?
- ☐ Use appropriate head turn/eye contact in response?
- ☐ Attend to activities/sounds?
- ☐ Localize to sounds on right, left, and center? (hand clap/drop book/whistle)
- ☐ Startle to loud noise?
- ☐ Sing along with others?
- ☐ Repeat the correct statement, word, or sound?
- ☐ Contribute to discussions?

☐ Functional hearing seems normal.

☐ A hearing problem is suspected. Further evaluation is indicated.

VISION (check all that apply)

Does the child...

- ☐ Have eyes that look forward, not inward or outward?
- ☐ Make eye contact with the objects?
- ☐ Follow moving objects with eyes?
- ☐ Look at objects without covering one eye or squinting?
- ☐ Hold objects at a normal distance from face?
- ☐ Move about without frequently bumping into objects?
- ☐ Move easily from one floor surface to another?

☐ Functional vision seems normal

☐ A vision problem is suspected. Further evaluation is indicated.

Evaluator: _____

Date: _____

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Confidential Program Referral Form

☐ ABC

☐ Head Start

☐ EIDT

☐ Tuition

Program Name: _____

Program Address: _____

City: _____ Zip Code: _____ Phone: _____

Person Referring: _____

Child's Name: _____ Language: _____

DOB: _____ Race: _____ Gender: _____

Parents's Name: _____ Language: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Child's Social Security Number: _____

Child's Medicaid or ArKid's Number: _____

Child's Primary Care Physician if Medicaid: _____

Hearing Screening: Yes ☐ No ☐ Date: _____ By: _____

Vision Screening: Yes ☐ No ☐ Date: _____ By: _____

Screening Results/ Reason for Referral : _____

Current Services: ☐ OT ☐ PT ☐ Speech ☐ Dev.

We will need a copy of the following:

- * Child's Screening Protocol
- * Social Security Card
- * Birth Certificate
- * Medicaid or ArKid's Card if available

*** Please fax or email this form and additional copies to LeAnne Waddle at: 501-354-6947 f
leanne.waddle@archford.org email, or you may call the Early Childhood Office at 501-208-5417