

MIAMI DADE COUNTY COMMUNITY ACTION AGENCY
HEAD START POLICIES AND PROCEDURES

SUBJECT: **INDIVIDUAL EDUCATION PLANS (IEP)**

EFFECTIVE DATE: AUGUST 1, 2008

DATE OF LAST REVISION:

PURPOSE

Miami Dade County CAA Head Start has established this policy and procedures to establish process for development and implementation of Individual Education Plans. These procedures cover both Head Start developed and Miami Dade County Public School (MDCPS) developed IEP. This procedure meets the requirements of Head Start Performance Standards 1308 and Federal Law IDEA.

PROCEDURES

IEP DEVELOPMENT

Each preschool child with an identified disability will have an Individual Education Plan (IEP). The IEP is developed with the parent and members of a multi-disciplinary team (Staffing Team). Each child's Staffing Team will include the parent, the child's teacher and appropriate individuals who will provide input into the case. The Staffing Team may include Disability staff, center director, curriculum specialist, social services staff, as well as persons involved in the evaluation of the child (medical professionals, psychologists, speech language pathologists, developmental specialists). IEP development may be initiated by either MDCPS or Head Start.

With the parent as a participant, the Staffing Team will develop an IEP for the child to include:

1. The child's strengths and needs;
2. Specific long range goals, short term objectives, and measurable outcomes to address the child's needs;
3. Specific services, equipment and adaptations to meet the child's identified needs;
4. Identify the method of service delivery and the persons responsible for providing the service;
5. At home activities to support the child's learning and developmental growth;
6. Consent for Special Services form signed by the parent; and
7. Copy of the Parents' Rights.

HEAD START IEP

When Head Start develops an IEP, while waiting for MDCPS eligibility determination or to address services not available from MDCPS, the following steps will be followed:

1. All evaluation data will be entered into the Disability/Mental Health database (ACCESS).
2. Parent will be contacted to schedule a staffing meeting. This is usually two weeks prior to the meeting to ensure all necessary participants are available and that the time and place are convenient for the parent. A written Notification of Meeting letter is also given to the parent or sent by US mail.
3. Once the staffing date is established, all participants are notified via email of the time and place. Required participants include the parent, teacher, evaluators, intervention providers, and Disability/Mental Health staff.

4. The Disability/Mental Health staff person conducts the staffing meeting and is responsible for completion of the IEP document. This IEP document can be handwritten or completed electronically. The electronic format is part of the Disability/Mental Health database. There are five pages to the IEP and all five must be completed.

- a. PAGE 1 – Child Identification, Evaluation Data, Participants Signatures
- b. PAGE 2 – Discussion of strengths and areas of concern, recommended intervention services, eligibility category, start and end dates for IEP, parent signature and staffing leader signature
- c. PAGE 3 – Child goals and objectives. Goals must address areas of concern noted on page 2. Objectives must be written as in measurable terms and doable within one year of IEP date. Measurable terms mean clear statements of quantity or quality and frequency of performance; need to consider the child has completed the objective. Example: “Names 20 common objects when shown pictures with no prompting 4 out of 5 sessions”. OR “Remains on task for 5 minutes in a one-to-one with teacher with no more than three redirections for 4 of 5 sessions.”

Objectives for the classroom need to support the intervention services provided by therapists. Example: Child will work on knowing the function of common object in therapy. Classroom Objective: “Tell the function/use of 20 objects when shown pictures with no more than one prompt for 4 or 5 sessions.”

There is a list of potential objectives to be used as a guide. This list is a WORD document.

- d. PAGE 4 - Family Goals and Transition Planning: Referrals to social services to address family needs related to the child's disability. Example: Child no longer has Medicaid and family cannot afford therapy.

Home learning activities to support the IEP goals and objective: Select activities for the parent and child to work on at home. These are a drop down list.

Transition planning: Is re-evaluation needed before kindergarten? Will a new consent be needed? Where will the child go to school and are services needed from MDCPS.

- e. PAGE 5 - Consent for intervention services. All services are listed, and the funding source, and amount of intervention per week. Parent signs giving permission for the entire plan

If the parent does not want the special services offered, a Refusal of Services form will be signed, and a referral will be made to Social Services for follow-up.

PROVISION OF PROGRAM SERVICES AND RELATED SERVICES

Following the development of an IEP the following steps are followed by Disability/Mental Health staff to secure the services identified in the IEP and to ensure ongoing documentation of progress:

1. Disability/Mental Health staff enters the IEP date and services into the Disability/Mental Health database.
2. If the child has a MDCPS IEP, the center's social service staff will assist the parent in registering the child at the assigned MDCPS school.
3. Disability/Mental Health staff will contact the MDCPS site assigned for MDCPS therapy services to schedule the child for therapy.
4. Once therapy schedule is determined, Disability/Mental Health staff will schedule CAA transportation. When CAA transportation is provided, Center staff must accompany the child to therapy. Whenever possible, groups of up to three children may go to therapy together.

5. When a child receives therapy/intervention services from a Head Start contract provider, the grantee's Disability/Mental Health staff assigns therapy/intervention to one of the pool of contract providers. The provider chosen is usually the agency who completed the evaluation; however, if the provider cannot start services within two weeks of the IEP (usually due to therapy schedules) another provider will be selected to ensure that therapy/intervention is not delayed.
6. Therapy/intervention services must be provided on a consistent schedule for the amount of time indicated on the IEP. To ensure this, grantee's Disability/Mental Health staff forward a copy of the IEP and "Plan of Care" to the provider. The IEP specifies the type and quantity of therapy/intervention to be provided.
7. The therapist sign-in at the Center and indicate the children to be served and the start and end time.
8. Monthly, the therapist provides written progress notes clearly addressing the goals and objectives of the IEP and "Plan of Care." The amount of progress is also recorded. This progress note form is given to the teacher at the beginning of each new month for inclusion in the child's record. A copy is also submitted with the contract provider billing as proof of service rendered.

Following the development of the IEP, the Curriculum Specialist reviews the goals and objectives with the teaching staff and initial documentation of the IEP objectives are recorded in Galileo.

1. Classroom staff must enter the specific objectives from the IEP into Galileo NOTES.
2. This documentation of learning activity to address the objectives and progress on objectives is completed weekly.
3. The classroom staff also document when intervention services take place. ("Henry had therapy today with Ms Jones.") If the therapist has provided specific data regarding mastery of skills the teacher will include this in the Galileo documentation.
4. The therapy providers keep progress notes documenting intervention services and progress. These progress notes are given to the teacher at the beginning of each new month for inclusion in the child's record. Ongoing therapy progress is not written in Galileo.
5. Teacher share each child's progress information with the parent during parent conferences and/or home visits.
6. Teachers are responsible for ensuring the progress notes are placed in the child record.